

2017-2019

RADIOLOGIC TECHNOLOGY

Policy Manual

INDIANHILLS
COMMUNITY COLLEGE

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WELCOME

Welcome to the Radiologic Technology program. This program is eight (8) terms, (24 months) in length. Upon successful completion of this program, an Associate of Applied Science (AAS) Degree will be awarded. Graduates will be eligible to write the national American Registry of Radiologic Technologists exam.

Indian Hills Community College is accredited by the Higher Learning Commission of Colleges and Schools and a member of the North Central Association. The Radiologic Technology program is accredited by the Joint Review Commission on Education in Radiologic Technology.

The Radiologic Technology Program is part of the Health Sciences Division. Jill Budde is the Executive Dean, Career and Workforce Education and Heidi Jones is Associate Dean of Health Sciences. The Program Director is Tammy Delker MS, RT(R). Alice Shepard BS, RT(R)(M), and Amanda Beane, BS, RT(R)(CT)(BD)(MR) are Instructors/Clinical Coordinators.

This student handbook has been developed by the staff and administration of the Health Sciences Division of Indian Hills Community College. Its purpose is to serve as a guide for all students enrolled in the Radiologic Technology program. The handbook supplements the Indian Hills Community College Student Handbook and College Catalog; consequently all policies and procedures from the student code of conduct handbook are to be observed in addition to those outlined in the following pages.

This booklet contains specific information that may help you understand the policies and procedures of the Radiologic Technology Program. Please read the handbook carefully and ask questions if any of the information is unclear. The Program Director and Instructors/Clinical Coordinators are the best resources for answering questions that you might have concerning program policies or procedures.

Non-Discrimination Policy

Non-Discrimination Policy: It is the policy of Indian Hills Community College not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion, and actual or potential parental, family, or marital status in its programs, activities, or employment practices as required by the Iowa Code §§216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

If you have questions or complaints related to compliance with this policy, please contact Kristen Parks, Director of Human Resources/Equity Coordinator, 525 Grandview Ave, Ottumwa, IA 52501, 683-5108; Chris Bowser, Executive Dean, Student Services (students), 683-5159; Darlas Shockley, Executive Dean, Arts & Sciences (students with disabilities), 683-5174; U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312/730-1560, fax 312/730- 1576.

INSTITUTIONAL MISSION

Indian Hills Community College changes lives by inspiring learning, diversity, social enrichment, and regional economic advancement.

INDIAN HILLS COMMUNITY COLLEGE VALUES

- Academic Excellence and Student Success
- Integrity, Relationships, and Teamwork
- Acceptance, Inclusion, and Accessibility
- Tradition and Culture
- Innovation and the Future

INSTITUTIONAL PURPOSE

Indian Hills Community College is dedicated to providing a dynamic and timely response to the ever-changing needs of our business community and the populace of our small towns and rural areas.

In this context, it is our purpose to provide, to the greatest extent possible, the following education opportunities and services.

1. The first two years of college work, including pre-professional education.
2. Career and technical training.
3. Programs for in-service training and retraining of workers.
4. Programs for high school completions for students of post-high school age.
5. Programs for all students of high school age who may best serve themselves by enrolling for career and technical training, while also enrolled in a local high school, public or private.
6. Programs for students of high school age to provide advanced college placement courses not taught at a student's high school while the student is also enrolled in the high school.
7. Student personnel services.
8. Community services.
9. Career and technical education for persons who have academic, socioeconomic or other disabilities which prevent succeeding in regular career education programs.
10. Training, retraining and all necessary preparation for productive employment of all citizens.
11. Career and technical training for persons who are not enrolled in a high school and who have not completed high school.
12. Developmental education for persons who are academically or personally under prepared to succeed in their program of study.

INDIAN HILLS COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM

MISSION STATEMENT

The Radiologic Technology Program, as an integral part of Indian Hills Community College, believes its main purpose is:

To provide a program of radiologic education that builds on previous experiences and affords the student the opportunity to acquire attitudes, knowledge and skills necessary to become effective members of the health care team and serve the health needs of society.

RADIOLOGIC TECHNOLOGY PROGRAM PHILOSOPHY

Indian Hills Community College, as a community centered institution, strives to meet the needs of people for post-secondary education. The college believes every opportunity should be provided for each student to develop to their maximum potential in order that they might assume a contributive position in our complex and ever-changing society.

The faculty believes that people are social beings who function within a social system in which life is a constantly changing experience. We further believe that this requires sensitivity to and respect for the privacy and dignity of each individual.

We believe radiologic technology is an art and science that has as its primary focus the health needs of all individuals – needs ranging from states of high-level wellness to states of illness, disability and impending death. Therefore, education in radiography is based on a specialized body of knowledge and skills that focus upon preparation of a competent specialized professional.

We believe that learning is an individual and continuous process resulting in behavioral changes which can be measured. Also that learning is facilitated and affected by motivation, self-discipline and structured experiences. We further believe that the role of the instructor is to guide the learner, identify learning needs, and implement the best approaches to meet these needs.

We believe that the Radiologic Technology student is an adult learner and as such shares the responsibility for their learning. We believe that the best knowledge base for practice is a combination of general and technical education. This allows the student to develop into an effective practitioner, responsible citizen and more fulfilled mature individual.

PROGRAM GOALS

Upon successful completion of the Radiologic Technology program the student will possess the attitudes, knowledge and skills necessary to:

Goals:

1. Students will demonstrate clinical competence as a radiologic technologist
 - a. Students will position patients for radiologic procedures
 - b. Students will select radiographic techniques
 - c. Students will demonstrate radiation protection
 - d. Students will manipulate radiographic equipment
 - e. Students will provide quality patient care
2. Students will demonstrate communication skills
 - a. Students will demonstrate oral communication skills
 - b. Students will demonstrate written communication skills
 - c. Students will demonstrate non-verbal communication skills
3. Students will possess critical thinking and problem solving skills
 - a. Students will position non-routine radiology procedures
 - b. Students will evaluate radiographic images
4. Students will demonstrate professionalism
 - a. Students will identify the professional resources available to them
 - b. Students will develop a personal philosophy on professionalism
 - c. Students will demonstrate professional behaviors in the clinical setting

TO THE STUDENT:

Occasionally you will encounter circumstances requiring assistance or guidance. The following is a partial list of potential problems and who to see:

Problem	Who to See
Difficulty/concern with a specific course	Instructor
Difficulty with course work in general or problems of a general nature	Program Director Associate Dean Executive Dean SUCCESS Center
Concerns about clinical rotations	Clinical Coordinator Program Director Associate Dean Executive Dean
Problems/concerns at clinical site	Clinical Instructor Clinical Coordinator Program Director Associate Dean Executive Dean
Information concerning Policies and Procedures	Program Director Associate Dean Executive Dean
Personal Problems	Program Director Instructor Associate Dean Executive Dean
Concerns about the program	Program Director Associate Dean Executive Dean

Feel free to talk to any staff member if you think he/she can help you.

RADIOLOGIC TECHNOLOGY DO'S

1. Expect to spend from 2 to 3 hours per day on course homework.
2. Come to class regularly, be on time and be alert and/or access online course materials in a timely manner.
3. Ask questions frequently in class and outside class.
4. Take responsibility for your own learning.
5. Submit all required assignments by the due dates provided in each course.

RADIOLOGIC TECHNOLOGY DON'TS

1. Expect instructors to do everything for you.
2. Waste time and energy trying to decide whether or not a course is relevant – JRCERT, the RT Advisory Committee and Faculty do that for you.
3. Complain to people who cannot help you.
4. Procrastinate with your work or with looking for solutions to problems.

LEVEL OF INSTRUCTION

The Radiologic Technology program is an eight (8) term program that starts in the fall each year. Upon successful completion of this ninety-six (96) semester hour program, the graduate will be awarded an Associate of Applied Science Degree (AAS) in Radiologic Technology. The graduate is also eligible to take the American Registry of Radiologic Technologists certification examination.

Radiologic Technologists are responsible for the provision of patient care while producing diagnostic radiographs. A variety of health care settings provide unlimited employment opportunities for dedicated individuals who desire a challenging and rewarding career.

PROSPECTIVE STUDENTS

This post-secondary program is designed for both traditional and non-traditional type students who have a high school diploma or equivalent. An interest in working with people, excellent communication skills and a desire to provide diagnostic-related health care are essential characteristics for individuals considering Radiologic Technology as a career.

ENTRANCE REQUIREMENTS

A high school diploma or its equivalent is required for admission. Prospective students must:

- 1) Complete an IHCC application by February 1**
- 2) Request high school and college transcripts**
- 3) Take the ACT and/or ACCUPLACER assessment**

To be considered for admission to the Radiologic Technology program, prospective students must have achieved a 3.0 GPA on their most recent transcript. For a GPA from a college transcript to be considered, the applicant must have completed a minimum of eight (8) semester hours at that college. Qualified applicants will be required to complete an online orientation session and an additional academic orientation with the radiologic technology program director and instructors. Additional requirements will be provided at the academic orientation session. Criteria considered for admission to the program include:

- 1) IHCC application**
- 2) GPA**
- 3) ACT/ACCUPLACER**
- 4) Completion of online orientation**
- 5) Attendance at academic orientation session**

Meeting minimum requirements does not guarantee acceptance into the Radiologic Technology program.

CLASSROOM/CLINICAL INSTRUCTION

Classroom time will be spent in a lecture-discussion type format with an emphasis on class participation. Laboratory exercises will parallel classroom lecture when appropriate. The second year of this program is a combination of Hybrid on-line and online classes (Hybrid on-line refers to an on-line class with limited classroom participation each term). Class projects, assignments, and tests will be used to determine the final grade in each course. Students will be assigned to various clinical sites beginning with Term II to apply radiologic knowledge and skills acquired in the classroom and laboratory setting. Clinical Coordinator, Instructor and Technologist evaluations will be used to determine competency of the clinical objectives and formulate the clinical grades.

ACADEMIC SCHEDULE

The Radiologic Technology Program is eight (8) terms in length and is comprised of classroom, laboratory, hybrid and on-line classes and clinical instruction. Each term is approximately three (3) months (12 instructional weeks) long.

Term I: Students attend didactic and laboratory classes on campus Monday through Thursday. The clinical aspect of the program begins the second term.

Term II: Students attend didactic and laboratory classes on Tuesday and Wednesday. Students will attend clinical on Monday/Wednesday or Thursday/Friday for a total of sixteen (16) clinical hours per week.

Term III: Students attend didactic and laboratory classes on Tuesday and/or Wednesday. Students will attend clinical on Monday/Wednesday or Thursday/Friday for a total of sixteen (16) clinical hours per week.

Term IV: Students attend didactic and laboratory classes on Tuesday and/or Monday. Clinical Component scheduled for twenty-four (24) hours per week Wednesday-Friday

Term V-VIII: Students are enrolled in online and hybrid/online courses that meet four or more times a term scheduled on Thursdays. Students will attend clinical Monday-Wednesday for a total of twenty-four (24) hours each week.

At no time will students be assigned/allowed to be involved in classes and clinical more than forty (40) hours per week! Additionally, for the safety of students and patients, students will not be scheduled more than ten (10) clinical hours in any one day.

Clinical hours vary at each site, but are typically 7:00 am to 3:30 pm, 7:30 am to 4:00 pm, or 8:00 am to 4:30 pm. The Radiologic Technology faculty makes clinical assignments. Requests for specific clinical health facilities cannot be honored. The JRCERT defines the operational hours of traditional programs as Monday-Friday, 5:00 a.m. – 7:00 p.m.

Classes on campus are typically scheduled between 7:00 am and 4:45 pm.

ACCREDITATION STATUS

The Radiologic Technology program was last evaluated by the Joint Review Commission on Education in Radiologic Technology (JRCERT) in June 2012. The program was awarded accreditation for a period of 8 years, the maximum duration that may be awarded by the JRCERT.

The programs credentialing examination pass rate, job placement rate, and program completion rate may be viewed on the JRCERT's website at www.jrcert.org and on the Indian Hills website.

RADIOLOGIC TECHNOLOGY CURRICULUM

Term I		Credits	Term VI		Credits
BIO 175	Human Anatomy	3	CSC 105	Computer Essentials	1
BIO 176	Human Anatomy Lab	1	RAD 545	RT Clinical V	3.5
HSC 113	Medical Terminology	2	RAD 738	RT Pathophysiology	2
RAD 108	Radiology and Medical Imaging	2.5	RAD 826	Physics in Medical Imaging II	<u>1.5</u>
RAD 125	RT Position I	2		Total	8
RAD 126	Position and Film Critique Lab I	<u>1.5</u>			
	Total	12			
Term II		Credits	Term VII		Credits
BIO 178	Human Physiology	3	RAD 133	Advanced Radiographic Procedures	2
BIO 179	Human Physiology Lab	1	RAD 595	RT Clinical VI	3.5
ENG 105	Composition I	3	RAD 715	Digital Imaging	<u>3</u>
RAD 127	RT Positioning II	2		Total	8.5
RAD 128	Positioning and Film Critique Lab II	1			
RAD 205	RT Clinical I	2			
RAD 325	RT Imaging I	<u>3</u>			
	Total	15			
Term III		Credits	Term VIII		Credits
PSY 111	Introduction to Psychology	3	RAD 635	RT Clinical VII	3.5
RAD 129	RT Positioning III	2	RAD 685	RT Seminar	<u>5</u>
RAD 130	Positioning and Film Critique Lab III	1		Total	8.5
RAD 225	RT Clinical II	2			
RAD 335	RT Imaging II	1.5			
MAT XXX	Approved Mathematical Reasoning Course	<u>3</u>			
	Total	12.5			
Term IV		Credits	Optional Courses		
RAD 131	RT Positioning IV	2	RAD 886	Introduction to Mammography	2
RAD 132	Positioning and Film Critique Lab IV	1.5	RAD 887	Introduction to CT	2
RAD 265	RT Clinical III	3.5	RAD 888	Introduction to MRI	2
RAD 875	Diagnostic Imaging Protection	<u>1.5</u>			
	Total	8.5			
Term V		Credits			
RAD 525	RT Clinical IV	3.5			
RAD 785	Radiographic Legal and Ethical Aspects	1.5			
RAD 816	Physics in Medical Imaging I	1			
RAD 885	RT Biology	1			
XXX XXX	Approved Culture Course	<u>3</u>			
	Total	10			

INDIAN HILLS COMMUNITY RADIOLOGIC TECHNOLOGY

2017-2019 COURSE DESCRIPTIONS

RAD108-Radiology and Medical Imaging Introduction-2.5 SH

This course introduces radiology and its role in healthcare delivery. Academic and administrative structures of the profession are discussed. Basic principles of radiation protection are introduced. Ethical and legal responsibilities of the profession are emphasized. The basics of patient care and imaging are examined. A brief introduction to special modalities and mobile imaging is presented.

Prerequisites: None

ENG105-Composition I-3 SH

This course emphasizes competent writing skill, focusing primarily on expository and analytical writing. Particular attention is given to rhetorical modes and analysis of social issues and/or literary works. Students will write four to six 500- to 1000-word essays. Instruction also includes clarity, punctuation and style. All students enrolled in this course must take the reading and writing portions of the Compass test.

Prerequisites: None

RAD125-RT Positioning I- 2 SH

This course acquaints students with radiographic terminology. An introduction to arthrology and a study of basic routine positions and anatomy of the chest, abdomen and upper extremities is provided. The basic pathophysiology related to chest, abdomen and upper extremities is identified.

Prerequisites: None

RAD 126-Positioning and Film Critique Lab I-1.5 SH

Basic radiographic equipment and skills will be introduced. Chest, abdomen and upper extremity examinations will be simulated. The standards used to critique radiographs for correct positioning and quality will be described. Radiation protection will be introduced and simulated during this lab experience. Transporting and safety will be emphasized.

Prerequisites: Concurrent with RAD 125 RT Positioning I

BIO175-Human Anatomy -3 SH

This course covers basic concepts in human anatomical structure in relation to simple body functions. All body systems are covered with emphasis on structure. This course is for students interested in pursuing health or science programs. To succeed in this course a student should have a strong background in biology.

BIO176-Human Anatomy Lab –1 SH

Anatomy lab covers the lecture topics through the use of models, computer simulations, and diagrams to confirm anatomical structure of tissues, bones, and muscles.

Prerequisite: SC 155T Anatomy or may be taken concurrently

RAD205-RT Clinical I-2 SH

Basic imaging and positioning theories are applied in this course. Patient care and communication techniques are implemented. Radiation protection theories are emphasized. Radiographic skills of chest, abdomen and upper extremities are performed.

Prerequisites: RAD108, RAD125, RAD126

HSC113-Medical Terminology 2 SH

This course offers a study of the basic medical language essential to health occupation careers. Emphasis will be placed on word analysis and construction, definitions, pronunciation, spelling and standard abbreviations.

BIO178-Human Physiology-3 SH

This course offers a detailed look into the physiology of the nervous, respiratory, digestive, circulatory, urinary, reproductive, and endocrine systems. This course is designed for Health Sciences majors.

Prerequisite: SC 155T Anatomy

BIO179-Human Physiology Lab-1 SH

Physiology Lab covers the lecture topics emphasizing the visual and simulated physiology of body systems and their accompanying organ anatomy.

Prerequisite: SC 157T Physiology or may be taken concurrently

MM110T-Math for Liberal Arts-3 SH

This course is intended for students with a wide variety of mathematical backgrounds. Emphasis is upon problem-solving and applications.

Among the topics included are logic, probability, statistics, and consumer mathematics. At least two additional topics will be chosen from among set theory, algebra basics, voting theory, and consumer mathematics

RAD325-RT Imaging I-3 SH

Equipment routinely used in producing radiographic images will be discussed. Factors that directly relate to the production of radiation will be explained. Emphasis is placed on image quality such as technical, geometric, and visibility factors. Prime Factors and Multi-Factor problems are introduced.

Prerequisite: RAD108 Radiology and Medical Imaging Introduction

RAD225-RT Clinical II-2 SH

Basic imaging and positioning theories are applied in this course. Fluoroscopy exams including gallbladder and upper and lower gastrointestinal studies will be introduced. Radiation theories relating to fluoroscopy will be emphasized. Radiographic skills of the upper and lower extremities are performed. Basic skills for critiquing radiographs for correct positioning and quality will be demonstrated. The use of contrast for gastrointestinal studies will be introduced.

Prerequisite: RAD205RT Clinical I. Rad127 RT Positioning II. RAD128 Positioning and Film Critique Lab II

RAD127-RT Positioning II-2 SH

Basic radiographic procedures of the lower extremities, upper and lower gastrointestinal tract, and biliary system are discussed. The anatomy and pathophysiology related to these systems are described.

Prerequisites: RAD125-RT Positioning I, RAD126 Positioning and Film Critique Lab I, BIO175 Human Anatomy, BIO176 Human Anatomy Lab

RAD128-Positioning and Film Critique II- 1 SH

Radiographic techniques related to upper and lower extremities and the gastrointestinal tract are introduced and simulated. The standards used to critique radiographs for correct positioning and image quality will be described.

Prerequisites: RAD 125 Radiographic Positioning I, BIO 175 Human Anatomy, BIO 176 Human Anatomy Lab, and RAD 126 Positioning Lab and Film Critique Lab I

RAD335-RT Imaging II-1.5 SH

This course introduces the student to radiographic film, latent image processing, intensifying screens, beam-restricting devices, the grid, radiographic exposure and technique. Special emphasis is placed on factors that reduce patient radiation dose. The theories discussed in RT Imaging I and problems related to intensity, technique and multi-factor problems will be reviewed.

Prerequisite: RAD325-Radiographic Imaging I

RAD129-RT Positioning III-2 SH

Basic radiographic procedures for the urinary system, pelvis, hip, vertebral column and bony thorax are discussed. The anatomy and pathophysiology related to radiographs of the urinary system, pelvis. Complex examinations and technical considerations related to radiographs of the urinary system, pelvis, hip, vertebral column, and bony thorax will be explained.

Prerequisites: RAD140-Radiographic Positioning II, BIO178-Human Physiology, and BIO 179-Physiology Lab

RAD130-Positioning and Film Critique III- 1 SH

Radiographic techniques related to the urinary system, pelvis, vertebral column and bony thorax are introduced. The use of standards to critique radiographs for correct positioning and quality will be described. This course will also include a review of the administration of contrast material, as it relates to the urinary system.

Prerequisites: RAD127 Positioning II, RAD128 Positioning and Film Critique Lab II, BIO 178 Human Physiology and BIO 179 Human Physiology Lab

RAD265-RT Clinical III-3.5 SH

Imaging and positioning theories are applied to this course. Radiation protection theories are emphasized. Radiographic intravenous contrast procedure for imaging of the urinary system will be introduced. This course will include administration of intravenous contrast, contraindications, adverse reactions, and pharmaceuticals related to contrast. Radiographs of the pelvis, hip, spine and bony thorax are performed. The student will be introduced to mobile radiography.

Prerequisites: RAD129 RT Positioning III. RAD130 Positioning and Film Critique Lab III. RAD 225RT Clinical II

PSY111-Introduction to Psychology-3 SH

The course provides a broad introduction to the principles of contemporary psychology. The course is based on providing the student with an understanding of the theoretical foundations of psychology, as well as a survey of empirical research dealing with behavior and mental processes.

RAD133-Advanced Radiographic Procedures-2 SH (Hybrid on-line format)

This course introduces radiographic imaging involving portable and surgical procedures, basic pharmacology, venipuncture, trauma, forensics, and imaging of the pediatric and geriatric patient. Medical, professional, and ethical issues will be explored.

Prerequisites: RAD545-RT Clinical V.

RAD525-RT Clinical IV-3.5 SH

Imaging and positioning theories are applied in this course. Radiation protection theories are emphasized. Radiographic skills of the sinus, cranial and facial bones are performed. The student is introduced to sectional imaging and special procedures.

Prerequisite: RAD 131RT Positioning IV. RAD132 Positioning and Film Critique Lab IV. RAD225 RT Clinical III

RAD131-RT Positioning IV- 2 SH

Basic radiographic procedures for facial and skull bones will be discussed. Special procedures including sectional imaging will be explored. The anatomy and pathophysiology of the reproductive system are discussed. Complex examinations and technical considerations for radiographic imaging of the facial and skull bones will be explained.

Prerequisites: RAD129 RT Positioning III, RAD 130 Positioning and Film Critique Lab III

RAD132-Positioning and Film Critique IV – 1.5 SH

Manual techniques related to portable and c-arm imaging will be introduced. Situations involving the square law and inverse square law as related to the intensity of the beam will be reinforced. Radiographic techniques related to the head and facial bones are introduced. The use of standards to critique radiographs for correct positioning and quality will be described.

Prerequisites: RAD130 Positioning and Film Critique Lab III, and RAD 129RT Positioning III

RAD875-Diagnostic Imaging Protection-1.5 SH

Physics relevant to radiation protection will be introduced. Regulatory and advisory limits for human exposure to radiation will be discussed. The implementation of patient and personal radiation protection practices for diagnostic radiographic procedures will be emphasized. Radiation monitoring devices will be discussed. The historical evolution of radiation quantities and units will be described. Topics emphasized include differentiation of somatic and genetic effects, effective dose, and international and traditional units.

Prerequisites: RAD335 RT Imaging II

RAD816-Physics in Medical Imaging I-1 SH (Hybrid on-line format)

Physics relevant to Radiologic Technology will be examined. Topics of study will include an in-depth look into the discovery and use of x-rays, how they are created, along with how x-rays are quantified. The various components of the x-ray tube and circuit will be explored in detail, as well as investigating the nature of electromagnetic radiation.

Prerequisite: RAD335 RT Imaging II

RAD545-RT Clinical V-3.5 SH

The student will perform specified radiographic competencies required prior to graduation. The focus will be on the completion of exams in an efficient manner. Critical thinking skills regarding emergency procedures will be demonstrated. Radiographic dictation will be observed. Pathophysiology will be emphasized.

Prerequisites: RAD525 RT Clinical IV

RAD885-RT Biology-1 SH (Online format)

The biological effects of radiation will be introduced. Molecular and cellular radiation biology will be discussed. The effects of radiation on the organ systems will be described. Cell structure, composition and function for radiation biology will be discussed. Radiation therapy and the use of radioisotopes in radiology will be explained.

Prerequisites: RAD875 Diagnostic Imaging Protection

RAD826-Physics in Medical Imaging II-1.5 SH (Hybrid on-line format)

Further investigation into physics associated with medical imaging will include a study of x-ray interactions with matter, and identification of the various emission spectrums and the factors which influence them. The function and purpose of automatic exposure control will be identified, as well as an overview of the quality control tasks routinely performed on radiographic equipment.

Prerequisites: RAD816 Physics in Medical imaging I

RAD785-Radiographic Legal and Ethical Aspects- 1.5 SH (Online format)

Moral, legal and ethical issues related to radiography and health care are discussed. Topics of study include caring, communication, patient autonomy, informed consent, death and dying, and diversity. Career issues will be discussed.

Prerequisites: RAD875 Diagnostic Imaging Protection

RAD595-RT Clinical VI-3.5 SH

The student will participate in advanced radiographic procedures. Competencies will be completed or simulated in preparation for completion of graduation requirements. The focus will be on proficiency and critical thinking in film supervision. Radiographic skills will include digital imaging and picture archival communication imaging skills. Completion of a career portfolio is required.

Prerequisite: RAD545- RT Clinical V

RAD738-RT Pathophysiology-2 SH (Online format)

Basic principles of radiographic pathology and disease processes will be discussed. Recognition of the radiographic appearance of specific diseases and how they affect the imaging technique will be addressed. Selecting the proper modalities and determining the need for repeat radiographs in different situations will be explained.

Prerequisites: RAD 131-Positioning IV

RAD635-RT Clinical VII-3.5 SH

This course emphasizes attainment of all required radiographic competencies required prior to graduation. Proficiency in radiographic and critical thinking skills is stressed. Radiographic dictation, venipuncture rechecks and blood pressure assessments are verified. Film critique of surgical and trauma films with emphasis on pathophysiology will be performed. The student will observe Computed Tomography and additional modalities will be explored.

Prerequisite: RAD595-RT VI

RAD715-Digital Imaging-3 SH. (Online format)

Basic computer science will be discussed. The course introduces the patient to digital radiographic and fluoroscopic imaging, computed radiography, and PACS. Computed tomography and sectional imaging will be examined.

Prerequisites: RAD826 Physics in Medical Imaging II

CSC105-Computer Essentials-1 SH

The basics of the Windows operating system, electronic communications, and internet research will be covered. Students will use basic features of word processing and presentation software. This course is intended for students with limited computer skills.

RAD685-RT Seminar-5 SH (Hybrid on-line format)

All elements of the Radiologic Technology curriculum will be reviewed in preparation for the American Registry of Radiologic Technologists exam. Topics included are: patient care, positioning techniques, digital imaging, pathophysiology, legal and ethical issues, radiographic procedures and radiographic protection, biology, and physics.

Prerequisites: RAD715-Digital Imaging, RAD595 RT Clinical VI

PROGRAM POLICIES

Program Policies

CLINICAL AFFILIATION SITES

Broadlawns Medical Center, Des Moines, IA
Central Iowa Healthcare, Marshalltown, IA
Davis County Hospital, Bloomfield, IA
Fort Madison Community Hospital, Fort Madison, IA
Great River Medical Center, Burlington, IA
Greater Community Hospital, Creston, IA
Grinnell Regional Medical Center, Grinnell, IA
Henry County Health Center, Mt. Pleasant, IA
Iowa Ortho in Ankeny, Pella and Pleasant Hill, IA
Jefferson County Hospital, Fairfield, IA
Keokuk Area Hospital, Keokuk, IA
Knoxville Community Hospital, Knoxville, IA
Lucas County Hospital, Chariton, IA
Mahaska Health Partnership, Oskaloosa, IA
McFarland Clinic PC, Marshalltown, IA
Mercy Medical Center, Iowa City, IA
Mercy Medical Center, Centerville, IA
Moberly Regional Medical Center, Moberly, MO
Northeast Regional Medical Center, Kirksville, MO
Ottumwa Regional Health Center, Ottumwa, IA
Pella Regional Health Center, Pella, IA
Skiff Medical Center, Newton, IA
State of Iowa Medical Examiner's Office, Ankeny, IA
University of Missouri Health Care, Columbia, MO
Veterans Administration Medical Center, Des Moines, IA
Veterans Administration Medical Center, Iowa City, IA
Washington County Hospital, Washington, IA

PREREQUISITES

The Radiologic Technology core curriculum must be completed in the order offered. Core curriculum classes include all Radiology classes in addition to Anatomy, Anatomy Lab, Physiology and Physiology Lab. If a student fails any of these core curriculum courses he/she will not be allowed to continue in the program. The student will be required to successfully repeat the course(s) failed when it is next offered. Please refer to the Repeat/Readmission Policy.

If a student has course work equal to a course required in the Radiologic Technology curriculum, he/she will be awarded transfer credit. This decision is made by the Registrar in consultation with the Radiologic Technology Program Director, the Associate Dean and Executive Dean of Career and Workforce Education.

REENTRY POLICY

Program statistics indicate that students that repeat specific courses more than one time or re-enter the program multiple times are less likely to be successful on the national board testing. To support student success the following repeat policy statements have been developed.

- 1). Students will be allowed to repeat a core radiology course one time if they do not achieve a final grade of a “C” (78%) or better.
- 2). Any student enrolled in a core radiology course, which results in a withdrawal (after the 8th day of the Term) or a grade of less than 78%, constitutes an attempt of the course.
- 3). Students repeating a course must meet with the Program Director to receive permission to repeat the course and complete the required “Intent to Repeat” form.
- 4). Students desiring to re-enter the radiology program will be required to complete the appropriate college and program forms which can be obtained from the Program Director. Prior to re-entering the program applicants will be required to submit a Plan of Action identifying strategies that will be implemented to support student success. A conference will then be scheduled with the Program Director to review the Plan of Action before the student registers for classes.
- 5). Students requesting to re-enter the radiology program, after the allotted one time, will be considered on an individual basis. Factors that may be considered include, but are not limited to: 1) academic success; 2) remediation activities; 3) clinical performance; 4) student behavior/attitudes/ professionalism; and 5) attendance pattern.
- 6). Students that do not complete Term I of the radiology program are not considered re-entry students and must reapply and be screened for admission to the program based on testing and GPA scores for that core class.
- 7). Readmission is based on the availability of openings in clinical sites.
- 8). Due to advances in radiology and technology in the health care arena, readmission to the radiology program after an extended time (3 years from last enrollment) may necessitate repeating all core radiology courses.

CLINICAL COMPONENT

All students have, as part of the curriculum, learning experiences in the hospital clinical areas. A clinical learning experience is obtained at a health care agency, and gives the learners the opportunity to apply knowledge that has been acquired in the classroom.

- 1) Clinical experience will be assigned at least one month in advance of the rotation. Selection of clinical facilities will be based on previous miles traveled to clinical, required competencies needed, and size of institution. Due to the number of students in the program, requests for specific sites **CANNOT BE HONORED**.
- 2) Students are required to be at the assigned clinical location at the time determined by the Clinical Instructor/healthcare facility. The assigned hours will be in accordance with actual working shifts in the clinical area. **Students are not to alter schedules without first approving changes with the Program Director and Clinical Coordinator. Students more than 10 minutes late will be considered as absent for that clinical day and the absence noted on the student time card.**
- 3) The actual clinical areas and hours at the cooperating health agencies are determined by the administration of the school in consultation with the administration of the health agency.

- 4) A Clinical Instructor will be responsible for assignments and learning experiences of the students in each clinical area. Some facilities may have more than one Clinical Instructor.
- 5) Students must remember that the institution is cooperating with the college to provide the necessary experiences for learning their health specialty. The students must remember they are guests of the cooperating agency and conduct themselves in an appropriate manner, observing any special rules and regulations applicable to those who work for that facility.
- 6) If a clinical facility requests a student be removed, the faculty will conduct an investigation. If the concerns are founded, the student will be asked to leave the facility and will not be reassigned to another clinical facility. Reconsideration of the student's clinical assignment will occur at the time of the next clinical rotation. Reassignment of clinical will be based on clinical openings and determinants based on review by the Program Director and Health Sciences Associate Dean. Students who are asked to leave two different clinical facilities during the course of the program and where cause has been found will be immediately removed from the program. Rotations will not be made without prior notice to the student. All days missed will be deducted from the students personal time.
- 7) Declared pregnant students will be made aware of the risks in clinical areas and are required to sign a form releasing the school and clinical facility from liability if they choose to remain in the program. See "Pregnancy Policy" for more information.
- 8) Rotational clinical competency evaluations are based on the student's ability to exhibit readiness for performing examinations. Completed procedural competencies may be removed by either the Clinical Instructor or Clinical Coordinator after consultation with the Program Director.
- 9) The student shall be expected to master each procedure and complete a Procedure Competency (check-off) as procedures are presented during each term (II-VIII). A mastery level of 85% is required to complete each procedure. (See Student Competency/Evaluation Manual.)
- 10) If a student performs a competency check-off during a shift that the Clinical Instructor is not in attendance the Clinical Instructor **must** review the resultant radiograph(s). This review will be performed using the Film Review Checklist.
- 11) **Students admitted to the Radiologic Technology Program will be required to have dependent adult/child abuse, criminal background checks and a drug screen prior to entering the clinical component of the program.** Some facilities require evidence of health insurance and this is the responsibility of the student. Students that fail to comply with the requirement will not progress in the program. Reports generated from criminal and abuse background checks will be evaluated by a single point of contact to determine clinical eligibility. The cost of the background checks and drug screen/s will be the responsibility of the student. Any student who is advised of a hit on their background check will be required to submit the appropriate forms to the

ARRT ethics committee (arrt.org). A copy of the letter from ARRT apprising the student of their status concerning board eligibility is then submitted to the Program Director to keep on record. No clinical assignment will be made without proof of eligibility from the ARRT ethics committee. The program is not responsible for submitting the ARRT ethics requirements.

See Drug Screen Policy – Addendum T

- 12) The student shall perform all procedures with direct supervision until competency is proven and with indirect supervision thereafter. **UNDER NO CIRCUMSTANCES ARE STUDENTS TO PERFORM BEDSIDE OR SURGICAL PROCEDURES WITHOUT SUPERVISION. THE STUDENT SHALL NOT BE SUBSTITUTED FOR PAID STAFF.**

According to the JRCERT the parameters of direct supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement;
2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge;
3. A qualified radiographer is present during the conduct of the examination; and
4. A qualified radiographer reviews and approves the radiographs.

In support of professional responsibility for provision of quality patient care and radiation protection, **UNSATISFACTORY RADIOGRAPHS SHALL BE REPEATED ONLY IN THE PRESENCE OF A QUALIFIED RADIOGRAPHER, REGARDLESS OF THE STUDENT'S LEVEL OF COMPETENCY.** Students are to complete the "Repeat Log" after repeating radiographs and the supervising technologist must sign the form also. Student individual repeat log is to be turned in to the Program Director at the end of each term.

The JRCERT interprets "indirect supervision of students" as that supervision provided by a qualified radiographer immediately available to assist a student regardless of the level of student competency achievement. "Immediately available" is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This applies to all areas when ionizing radiation equipment is in use. This does not include communication by any electronic device.

- 13) To maintain an equitable learning opportunity for all students, students will **NOT** be allowed to observe or participate in hysterosalpingograms during any clinical rotation. For mammography, all patients will sign an observation authorization to allow a student to be present during the exam. These forms are kept at the facility where the exams are performed.
- 14) During the students 2nd clinical rotation, the **MANDATORY ORTHOPEDIC C-ARM COMPETENCY** must be completed. If a student happens to be attending clinical at a facility where there is no surgery performed, the student and Clinical Coordinator will make arrangements to obtain the surgical competency at another clinical facility.

UNITS OF TIME

- 1) **Length of Program:** 24 consecutive months.
- 2) **Class Days:**

Term I: Didactic and Lab Component Monday-Thursday. No clinical component.

Terms II: Didactic and Lab Component scheduled for Tuesdays and Wednesday. Clinical Component scheduled for 16 hours per week on Monday/Wednesday or Thursday/ Friday.

Term III: Didactic and Lab Component scheduled for Tuesday. Clinical Component scheduled for 16 hours per week Monday/Wednesday or Thursday/Friday

Term IV: Didactic and Lab Component scheduled for Tuesday. Clinical Component scheduled for 24 hours per week Wednesday-Friday.

Term V-VIII: The students will be enrolled in Hybrid on-line courses that will meet four times throughout the term scheduled on Thursdays. The clinical component is Monday-Wednesday for a total of 24 hours.

Hours of Instruction:

Didactic Component will be scheduled during normal college instructional hours. Clinical Coordinators/Instructors will schedule clinical hours during shifts normally staffed by registered technologists. There are no evening or weekend rotations. Clinical will be scheduled 8 ½ hour days with 2 – 15 minute breaks and 30 minutes for lunch. The JRCERT defines the operational hours of traditional programs as Monday-Friday, 5:00 a.m. – 7:00 p.m.
- 3) **Holidays:** No classes are held and no clinical education assignments are made on holidays. IHCC observes the following holidays: Memorial Day, Independence Day, Labor Day and Thanksgiving Day. **Students are not allowed to make up clinical time during holiday breaks.**
- 4) Some clinical facilities such as the Veterans Hospitals in Des Moines and Iowa City have additional holidays such as Martin Luther King Day that are not part of IHCC's holidays. If a holiday occurs on a scheduled clinical day only one student will be allowed to attend clinicals that day, since only one registered technologist will be available. All other students must arrange with the facilities clinical instructor a day to make up the missed day. Additionally the students must inform the clinical coordinators and program director, by email, of the day that they will be attending clinicals to make up the day missed. If the department is closed students must use a personal day. All personal days including these must be documented on the student's time card.
- 5) **Vacations:** All students will receive a Christmas Break, Spring Break and Summer Breaks as shown on the college calendar. The college calendars are available on the Indian Hills Website. **Personal days (clinical) are NOT to be used for vacation. Please plan your vacations around those scheduled by the college.**
- 6) **Emergency Call Duty:** No call assignments are made for any student.

- 7) **Class Schedules:** The Associate Dean of Health Sciences and the Executive Dean, Career and Workforce Education plan all didactic class schedules and each student will receive a copy of each term's schedule prior to registering for classes.
- 8) **Rotations:** Student radiographers will rotate through 3 clinical affiliates at intervals of 6 months for first rotation, 9 months for second rotation, and 6 months for the third rotation. Program faculty decide all rotations. All efforts are made to keep student travel time to a minimum. Any changes in clinical site assignments will not be made unless educational benefits are obtained and all parties are consulted prior to final changes.
- 9) **Special Rotations:** There will be a required CT rotation during RT Clinical VI. RT Clinical VII provides the opportunity to rotate through Ultrasound, Nuclear Medicine, Radiation Therapy, and MRI. Students who rotate through MRI are required to complete the MRI Screening Form (Appendix Q). Special Rotations require a Registered Technologist to be present at all times. In order to assure equitable learning, students may observe/participate in mammography examinations as long as the "Mammography Observation Authorization" form is completed and signed by the patient. Due to the sensitive nature of hysterosalpinograms, students are only allowed to observe outside of the examination room where viewing monitors would allow the visualization of the procedure being performed.
- 10) **Educational Meetings:** Students will be expected to attend and participate in all educational meetings, seminars, review sessions and/or events deemed necessary by the Program Director. Mandatory meetings will be considered part of the clinical hours for that week. Non-mandatory meetings may be attended with permission of Program Director. Students unable to attend educational meetings due to special circumstances must attend clinical. This arrangement must be made with the Program Director prior to the event. Orientation or visits to a university will count towards a personal clinical day.
- 11) **Professional Organizations:** All student radiographers are encouraged to belong to the I.S.R.T. ASRT student membership will be paid for by the program. Application forms can be obtained from the Program Director. Participation into the Skeleton Crew Radiology Club for IHCC is highly recommended.
- 12) **Graduation:** Students must maintain a 2.0 G.P.A (to graduate from Indian Hills Community College) and obtain a passing grade in all required classes. All clinical time missed due to leave of absences, etc., must be completed before the student may graduate and sit for the national ARRT exam.
- 13) **ARRT examinations** are computerized and are offered through designated testing centers in Des Moines and Iowa City. The exam may be taken only after all requirements of the program have been successfully completed. Graduates are encouraged to complete the exam as soon as possible upon program completion. Application process details are provided to students by the Program Director during Term VIII.
- 14) **Faculty Workshop Days:** Students will not attend clinical on faculty workshop days. Workshop days will be announced by the Program Director. Faculty Workshop Days are typically at the beginning of each term.

ATTENDANCE POLICY

Prospective employers consider attendance records a good indicator of future employee behavior. We consider attendance important for that reason and because learning rarely takes place if you are absent, regardless of the reason. Therefore, to satisfactorily complete the objectives of the Radiologic Technology program, the following policies must be adhered to:

- 1) Students are expected to be present for all clinical experiences to attain the objectives of the program. **If a student is unable to attend, he/she is to report his/her absence each day--stating name and reason.**
On clinical days the student will notify the Clinical Instructor, along with text messaging ***both*** Alice Shepard at 641-777-8574 and Amanda Beane at 641-426-6948 between 6-7AM. Failure to comply will result in a conference report and possible loss of one personal day per offense. If a student fails to contact the facility and/or clinical coordinator and the clinical coordinator arrives for a clinical visit and the student is not present, two clinical days will be subtracted from the students 10 days.
Class days – students email the instructor of each course that they will be absent from. Failure to do so may result in a zero on any assignment/quiz/test given that day.
- 2) All absences and failure to be on time for classes or clinical experiences will be documented in the student's record. **Any student being more than 10 minutes late for clinical will be considered absent for that day.**
- 3) The faculty will review attendance frequently to determine if each student is meeting the objectives of the program. Documentation of missed clinical days will be made on the students time card. Each student is responsible for making sure the time card is signed by the Clinical Instructor. The student will include a copy of the time card at the end of each term for the faculty to review. Failure to meet these objectives will result in the student meeting with the faculty and possible termination from the program.
- 4) Students needing to take a Leave of Absence (maternity, surgery, death in immediate family, hospitalized child) may submit a written request to the Program Director for review by the Attendance Review Committee.

Approval is based on the following:

- a) If the student's previous performance indicates he/she is able to achieve the objectives of the program, and
- b) If it is possible for the faculty to plan the student's progress so all learning experiences can be satisfactorily completed.

If the leave is granted, the student will be scheduled to make up the clinical days missed following graduation (Fall Term). The student may apply for board registry; however testing may not be completed until requirements for graduation are met.

- 5) A maximum maternity leave of four (4) weeks will be granted for an uncomplicated pregnancy. Any further extension of maternity leave will require a written excuse from the attending physician.

- 6) Before leaving the clinical site, the student must report to the Clinical Instructor/Technologist.
- 7) In case of snow days called by the college, the student who reports to his/her clinical site, if local weather permits, will be credited with the time. If the college is not closed due to adverse weather, students are expected to attend clinical. If the student feels the conditions are too extreme for travel, the clinical time will be deducted from his/her personal time. **THESE DAYS MUST BE DOCUMENTED ON THE TIME CARD.** A school alert system has been established to keep you aware of any school cancellations. This system has been proven to be an excellent way of communicating school closings, so be sure to register for this free service.
- 8) Each student will be allowed ten (10) clinical days (80 hr.) for the entire length of the program. These are not intended to be additional vacation days. When the student decides to use these days he/she must call in to the clinical site and ***state the reason*** for absenteeism. Absences will be documented on the time card and signed by the Clinical Instructor. A record of this document will be kept in the student's file. The original time card must remain in the student's Competency and Evaluation Manual. Clinical Coordinators and Instructors will review hours on a regular basis. Failure to make available your time card at any clinical visit will result in a conference with the Program Director and may result in a clinical day being deducted from the student's time. Clinical Instructors will notify the faculty if the student has been absent 8 or more days and is in danger of exceeding their (10) days. If a student misses more than six (6) clinical days the first year, the student must withdraw from the Radiologic Technology Program. Second year students who miss more than 10 days and do not meet the criteria stated in the Leave of Absence Policy must withdraw from the Radiologic Technology Program.

ATTENTION: The process for students who use over the allowed ten (10) days due to Leave of Absence is as follows:

- Clinical Instructor or Clinical Coordinator will notify the Program Director.
 - A review will be made of the student records.
 - No makeup time will be allowed prior to completion of Term VIII clinical schedule.
 - Students will not be allowed to makeup time on weekends, evening, holidays or any day in which the school is closed.
 - The student will be able to participate in the graduation ceremony with the class
 - The student will return to their last clinical site, the first day of the fall term and complete the clinical component
 - The makeup **MUST** be done on a day the Clinical Instructor or Department Manager is at the facility.
 - Upon completion of the required make-up days, the Clinical Instructor will notify the Program Director. The student will present their OSL badge and Competency Evaluation Handbook to the Program Director for review. The Program Director will then sign off on the ARRT completion data.
- 9) If a student fails to email/call in absent before the class period ends on a scheduled exam day, the student will receive a "o" for that exam. This applies to all Radiologic Technology classes.
 - 10) Pop quizzes offered on the day a student is absent may not be made up at a later date.

- 11) OVERTIME: No overtime is awarded.
- 12) BANKING: There is no banking of hours.
- 13) Students will be allowed the opportunity to makeup exams missed due to absences. However, the student that misses an exam must initiate the makeup process by contacting the instructor. The time for makeup exams will be scheduled by the instructor. All make-up exams will be taken at the testing center in Trustee Hall.
- 14) On clinical days, the student will report absences or late arrivals directly to the instructor before the assigned duty time. Failure to report absences or late arrivals before assigned duty time will result in a conference between the student and instructor, and may interfere with the student's ability to successfully complete the clinical course. The student who is late, leaves clinical early, or is sent home due to a violation of a program or hospital policy will be considered absent for the entire clinical day. The student then has the option of writing a letter to the Attendance Committee within one week of the occurrence. The committee will decide if the day will be counted as a clinical day or remain an absence. The letter should include date and time of the occurrence and a concise explanation. Only students arriving late or leaving early should submit letters to the Attendance Committee.
- 15) Students returning to the radiology program within a five-year period will be required to count previously missed clinical absences.

Attendance Policy Revision (3-21-12)

GRADES

Tests will be given throughout each course. Each instructor will determine the time of the tests and a schedule will be provided to the student. All schedules are tentative based on the needs of the class.

Conferences will be scheduled periodically to discuss grades, progress, and concerns. Students may schedule conferences with the instructor or program director at any time. Students are expected to take the initiative in scheduling conferences when grades are below average.

In order to graduate, a student must receive a passing grade in all courses listed for that major and achieve a cumulative grade point average (GPA) of 2.00 or above. This is equivalent to a "C" average.

Any student whose current term GPA falls below 2.00 will be placed on academic probation for the next term. Academic probation may affect your financial aid. See the Financial Aid Counselor for clarification of your individual situation.

Two terms of academic probation in succession will result in dismissal from school unless the student receives special permission to continue.

To graduate, a student must obtain a “C” in all radiology courses in the curriculum. The following courses are considered radiology courses:

- RT Positioning I, II, III, IV
- RT Clinical II, III, IV, V, VI, VII
- Introduction to Radiology and Medical Imaging
- RT Imaging I & II
- Diagnostic Imaging Protection
- RT Biology
- Radiographic Legal and Ethical Aspects
- Advanced Radiographic Procedures
- RT Physics I and II
- RT Pathophysiology
- Digital Imaging
- Positioning and Film Critique Lab I, II, III, IV
- RT Seminar

A passing grade must be achieved in the support courses. The following courses are considered support courses:

- Medical Terminology
- Anatomy & Anatomy Lab
- Physiology & Physiology Lab
- General Psychology
- College Writing I
- Computer Essentials
- College Algebra or Math for Liberal Arts
- Humanities Elective
- Fine Arts Elective

Grades are based upon individual achievement, not upon the relative performance of your classmates. Should a student be unable to complete some portion of assigned course work during the regular term, a mark of "I" (incomplete) may be assigned. In such cases, the student must then complete the course work by midterm of the following term. "Incomplete" grades automatically convert to the letter grade "F" unless the work is satisfactorily completed within the time period specified.

Students who wish to terminate or withdraw from the program are required to obtain appropriate papers and meet with the Program Director. Withdrawal forms completed and processed two weeks prior the final date of the term insures that the student does not receive grades of “F” for all of the courses he/she was enrolled in at the time of withdrawal.

Technical Education grading is based upon the following percentage scale:

<u>Percentage Scale</u>	<u>Letter Grade</u>	<u>Numerical Grade</u>
100 - 93	A	4
92 - 85	B	3
84 - 78	C	2
77 - 75	D	1
0 - 74	F	0

You may compute your GPA at any time by following this example:

Course	Credit Hours	x	Numerical Grade	=	Grade Points
Radiologic Patient Care	1		4 (A)		04
Radiographic Positioning I	2		3 (B)		06
Clinical Education I	3		3 (B)		09
College Writing I	3		1 (D)		03
Medical Terminology	2		4 (A)		08
Anatomy	3		2 (C)		06
Anatomy Lab	1		1 (D)		01
Credit Hours Attempted =	15		Total Grade Points =		37

Total Grade Points divided by Credit Hours Attempted = Grade Point Average (GPA)
 (37 divided by 15 = 2.46 GPA).

Should a student detect any errors concerning his/her grades, he/she should notify the school within two weeks after grades have been posted. The student should check any individual grade questions immediately with the instructor who issued the grade. If you have questions regarding your GPA, contact your instructor.

CLINICAL COMPONENT GRADING

In the clinical component, each student will be evaluated every 6 weeks. These evaluations include a Clinical Coordinator, Clinical Instructor and Technologist evaluations. Evaluation assessments are consistent with Joint Review Committee on Education in Radiologic Technology (JRCERT) suggestions. Each clinical has a competency portion, which includes competency examinations for radiographic procedures being presented in the didactic portion. Students must complete all competencies in the radiology lab and demonstrate competency prior to achieving a check-off in the clinical setting. See “Lecture, Lab & Clinical Correlation”. It is the responsibility of the student to submit midterm and end of term paperwork. Failure to submit paperwork will result in an incomplete. Refer to your Clinical Competency and Evaluation manual for the forms listed below.

***Requirements for midterm:**

Midterm evaluation

Cover evaluation sheet (copy only)

***Requirements for end of term:**

Cover evaluation sheet (copy only)

3 Technologist evaluations

1 Clinical Instructor evaluation

Clinical Coordinator Evaluation

Repeat Rate Analysis

Time Card (copy only)

Fluoro Log

Clinical Quizzes – minimum 78% required on all quizzes

Portfolio as required

OSL Report

TESTING

- 1) Tests will be given throughout each course. Each instructor will determine the time and content of the tests.
- 2) Each student must notify the course instructor prior to test time or before the scheduled class time ends if he/she is going to be absent.
Failure to notify the instructor on a testing day will result in a “o” for that test.
- 3) Make-up exams must be completed within one week. The student that misses exams must initiate the make-up process with the instructor. The instructor will schedule make-up exams.
- 4) Quizzes may not be made up.
- 5) Make-up tests may not be taken during scheduled class, lab or clinical time.
- 6) All make-up tests will be submitted to the testing center.
- 7) Final examinations are scheduled for each course at the end of each term.
- 8) Pop quizzes offered on a day a student is absent may not be made up at a later date.
- 9) The use of cell phones are NOT allowed for testing when working math problems.
- 10) Students who are tardy for a test will not be allowed entrance during the testing and must make up the test outside class time.
- 11) Students requiring accommodations for testing should contact the Success Center to obtain the necessary assistance. Classroom instructors may not make accommodations without proper notification from the Success Center.

- 12) All books, book bags, notebooks must be closed and placed along the side of the classroom. Cell phones must be off and left in the closed bag. No hats may be worn. If additional paper is needed, it will be provided by the instructor. Calculators will be allowed as determined by the instructor. No smart watches will be allowed during test time.
- 13) Students having questions regarding previous tests should contact the instructor AFTER class.
- 14) To minimize distractions for students who are testing, you are asked to sit quietly after submitting the completed test. **If you choose to leave the room at the completion of the test, do not re-enter the classroom until all students have completed testing.**
- 15) Tests will be graded as soon as possible and grades will be posted on MyHills. Tests will not be reviewed in class or answers provided until the instructor has had time to thoroughly review the test results and grades have been posted.

HONESTY

- 1) Honesty is expected in all actions and activities related to the Radiologic Technology Program. Please see academic integrity statement on page 80.
- 2) Cheating is defined as the use of unauthorized resources by a student during a test and/or written assignment. This includes using notes, books or other written information during a test or duplicating someone else's work.
- 3) Test questions will be answered without prompts and all written work is expected to be original.
- 4) A violation of this policy will result in a zero (0) for the test or a failure (F) for the written assignment.
- 5) In the event that a student is suspected of violating this policy the instructor or administrator suspecting the violation shall prepare a written statement notifying the student of the alleged violation.
- 6) The student has the right to appeal. All appeals are to follow the Student Appeal Process outlined in this handbook.

PLACEMENT

The ability of a student to get a job in his/her career field upon graduation is a very important part of the educational process. The department, working cooperatively with each student, will do everything possible to see that this objective is met.

- 1) Students, by law, are not allowed to take a radiographic exposure outside of the clinical setting. This means that students may not be employed to take x-rays until they have successfully completed the ARRT examination and obtained any state requirements in which they are employed. (Iowa Permit to Practice)
- 2) The student is responsible to actively seek employment.
- 3) The radiology program will make students aware of job opportunities by written and/or verbal communication, as well as posting the information on the programs Facebook page.
- 4) The student will be responsible for providing the program with graduate follow-up survey information in regards to employment.
- 5) Students are responsible for obtaining 24 hours of continuing education every biennium as mandated by the ARRT.

DRESS CODE

Student radiographers represent the college and the profession of Radiologic Technology. It is imperative that certain standards be met and a dress code followed. All students in Health Sciences should be neat and clean at all times. During class period, students may use their own judgment in attire, but it must conform to the codes of decency. Shoes must be worn at all times.

While at the clinical site, students are to follow the dress code for Indian Hills Community College Radiologic Technology students:

Uniform Dress Code:

- 1) All students will be required to wear IHCC Radiologic Technology scrubs purchased from the IHCC Bookstore. Lab coats, purchased from the bookstore may also be worn. No pullover sweaters/sweatshirts are allowed to include zip-up hoodies. Long sleeved shirts/turtlenecks may be worn under the uniform polo if they are white, gray or navy. Hospital owned scrub pants may be worn ONLY when the student is assigned to surgery, or, depending on the clinical site, when the student is assigned to portables. If a student's clothes become soiled at clinical, they may change into scrubs for the remainder of the day.
- 2) Uniforms must be clean and neatly pressed. Clothing that is skin tight is considered inappropriate.
- 3) Students must be clean and free of body odor. Strong odors or the smell of smoke is not acceptable.
- 4) Makeup must be conservative in nature.
- 5) Hair must be neat. Beards and mustaches should be neatly trimmed and not excessive in length. Hair shoulder length and longer including bangs must be pulled back or pinned up. Shaggy, unkempt hair is not permissible regardless of length.
- 6) Fashion or sports hats are not allowed during clinical, as well as distracting hair adornment.
- 7) Jewelry must be kept to a minimum. Wearing of rings must be such that they do not impair the ability of the person to adequately wash their hands, perform procedures or provide direct patient care activities. No more than 2 earrings per ear should be worn while at clinical.
- 8) Clean tennis shoes must be worn. No tennis shoes with excessive color or writing are allowed. Shoes must be worn with socks. Open toed shoes are not allowed including soft sided shoes or Crocs.
- 9) Appropriate undergarments must be worn. Full-coverage briefs/boxers are recommended.
- 10) OSL badges must be worn at all times at the clinical site on the collar. If lost, the program director must be notified immediately and a replacement badge will be ordered at a cost of \$35 to the student.
- 11) Picture identification badges obtained at the IHCC Library denoting Student RT status will be worn when in attendance at the clinical site.
- 12) Only white or soft basic fingernail polish may be worn. No bright, dark or glitter colors are permissible, including any chipped nail polished. Nails must be short and well-manicured. Acrylic nails are not allowed.
- 13) Body piercing including a tongue ring is not considered to be professional attire and is not permitted when such piercing is visible to others.
- 14) Hair dye or sprays consisting of bright colors such as orange, pink, yellow etc. are not allowed.
- 15) All tattoos must be covered completely while attending clinical.

Failure to follow IHCC Radiology Program Dress Code Policy will result in the student being asked to leave the clinical facility and a personal day deducted from the assigned ten days.

PROFESSIONAL CONDUCT

When caring for sick and injured patients, employees and students must conduct themselves in a professional manner. Any serious violation or several minor violations could lead to dismissal from the program.

- 1) The student is responsible for being available for instruction in his/her assigned area.
- 2) The student will be ready for work at the assigned time and will report to the clinical instructor or the supervisor of the department.
- 3) Students are to be directly supervised by a registered technologist until they have proven competence.
- 4) Students are to be under indirect supervision in areas of demonstrated clinical competence. **If a radiograph is to be repeated, a registered technologist is required to be present in the radiographic room.**
- 5) The student is responsible to the Clinical Instructor and in his/her absence the supervisor of the department.
- 6) The student will develop a sense of protection for the health and well-being of the patient, themselves and the general public.

The following examples are considered misconduct:

- 1) Falsifying records or dishonest behavior.
- 2) Leaving a clinical area during clinical hours without permission, loafing or sleeping on the premises or conducting personal business during clinical hours.
- 3) Failing to follow instructions or neglecting duties assigned.
- 4) Any immoral conduct such as using alcohol or illegal drugs while on duty or reporting for clinical or class under the influence of alcohol or drugs.
- 5) Fighting, horseplay, disorderly conduct, loud talking or the possession of weapons on health care facility property.
- 6) Threatening any person while in the clinical or classroom setting.
- 7) Discourtesy toward patients, visitors, physicians or fellow workers. This includes the use of vile or abusive language.
- 8) Abusing time spent on breaks or lunch.
- 9) Disregard for health care facility safety rules.
- 10) Smoking in unauthorized areas.
- 11) Chewing gum while with patients.
- 12) Disclosing information about patients, students, technologists or physicians and their practices.
- 13) Absenteeism and tardiness.
- 14) Violating dress code.
- 15) Refusing to provide service to a patient because of patient's race, color, sex, religion, age, socioeconomic status, beliefs or disabilities.
- 16) Destroying, stealing or misusing hospital, patient or college property.

CONFIDENTIALITY

All patient information that students have access to is personal and private; therefore, confidentiality in radiology is crucial. Any violation of the “patient’s rights” would be possible cause for dismissal. Violation would include, but not be limited to:

- a) Discussing information about a patient in an inappropriate setting, or with someone not related to the care of the patient.
- b) Taking pictures of the patient for personal keeping.
- c) Exposing a patient unnecessarily.
- d) Handling inappropriately the personal possessions of the patient, such as going through a patient’s purse/wallet without authorization by the patient.
- e) Contacting a patient by e-mail, text message or FaceBook for personal reasons.

All students will adhere to the HIPAA (Health Insurance Portability and Accountability Act) regulationsx

SEXUAL HARASSMENT

Sexual harassment is a form of sexual discrimination in violation of Title VII of the Civil Rights Act of 1964.

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when such conduct has the purpose or effect of unreasonably interfering with an individual’s school performance or creating an intimidating, hostile or offensive classroom or clinical environment. Behaviors that may constitute sexual harassment include (but are not limited to):

- Sexual innuendo or comments about a person’s body
- Sexual jokes or stories
- Whistling at someone or making “cat calls”
- Looking a person up and down
- Making sexually suggestive gestures, facial expressions or body movements
- Displaying sexually suggestive visuals
- Patting or pinching
- Any touch of a sexual nature
- Massaging of the neck, shoulders or back
- Standing close or brushing up against another person

If you believe you are being sexually harassed, report the situation to the classroom or clinical instructor, Program Director, Associate Dean or Executive Dean of Health Sciences. The Executive Dean of Health Sciences and the Executive Dean of Student Services at IHCC will investigate reported cases of sexual harassment. The Executive Dean of Health Sciences can be reached at 641-683-5165 and the Executive Dean of Student Services can be contacted at 641-683-5159. Sexual harassment will not be tolerated and is cause for dismissal from the radiologic technology program.

RADIATION PROTECTION

The responsibility of the radiologic technologist is to maximize the benefit from each x-ray exposure and to minimize the radiation received by the patient.

1. Techniques
Take time to position the patient properly.
Choose exposure factors based on the patient's measurements/bodily habitus.
2. Collimation
Limit the size of the beam to include only the area of interest.
There is never justification for a beam larger than the image receptor.
Collimation improves image quality.
Collimation may be the single most vital thing the technologist can do to protect the patient.
3. Gonadal Shielding
Use gonadal shielding whenever it will not interfere with the anatomy being radiographed based on the physician's order.
4. Image Processing
Process the image properly.
5. Protecting Yourself
Remember the cardinal rules: TIME, DISTANCE, and SHIELDING.
Always wear lead apron when applicable.
Always wear dosimeter to monitor exposure. Wear this at collar level, outside the lead apron.
NEVER HOLD A PATIENT OR IMAGE RECEPTOR DURING AN EXAM.

A "Radiation Protection" policy will be signed by each student and kept in his/her file.

STUDENT'S RESPONSIBILITIES

A major portion of a student's time in the Radiologic Technology program is spent at the clinical site (health care affiliation). Therefore, in addition to the Indian Hills Community College Catalog and the Radiologic Technology Student Handbook, the Radiologic Technology student will be responsible for the following:

- 1) Liability for both students and occupants of themselves and their vehicles to and from the health care affiliation.
- 2) Personal conduct at the college, the health care affiliation, in transportation between the two institutions, and any time you are publicly wearing the approved uniform.
- 3) Academic achievement and skill achievement in all education situations whether in the classroom or in the health care affiliation. (A student must maintain a cumulative G.P.A. of 2.00 during each term he/she is in the program.) All core classes require a "C" or above for continuing in the program
- 4) Radiation monitoring device, student identification badge and dress code as specified in the program policies and procedures manual are required for all clinical experiences.
- 5) Abide by work standards set forth by the health care affiliation and the Clinical Instructor.
- 6) Required attendance at clinical experiences, classes, seminars, and individual conferences with the instructors.

- 7) Attendance at clinical rotations as scheduled by Radiologic Technology Program Clinical Coordinators and/or Program Director. Changes in clinical rotations will not be made without prior notice to the student.
- 8) Additional clinical facility requirements as needed (flu shot, health insurance, driving record, background check, drug screens, etc.)

DOSIMETERS

OSL badges shall be worn as follows:

During routine radiographic procedures, when a protective apron is not being used, the dosimeter should be attached to the clothing on the front of the body at collar level to approximate the location of maximal radiation dose to the thyroid, head and neck.

When a protective lead apron is used during fluoroscopy or special radiographic procedures the dosimeter should be worn outside the apron at collar level on the anterior surface of the body because the unprotected head, neck, and lenses of the eye receive 10-20 times more exposure than the protected body/trunk.

Loss of the dosimeter or accidental exposure must be reported to the Clinical Coordinator and Program Director. Students are given a minimum of 2 weeks notice for badge return date. **Failure to exchange or loss of a badge will result in a \$35.00 charge.** Pregnant students will be provided an additional fetal badge and will be charged \$55.00.

RADIATION SAFETY POLICY

The Iowa Department of Public Health (IDPH) requires that an employee is considered a radiation worker if their dose exceeds 10% of the MPD of 5000 mrem/year. In accordance with state guidelines for maintaining radiation exposure “As Low As Reasonably Achievable (ALARA)”, Indian Hills Community College strives to assure student exposure during clinical rotations stays under 500 mrem/year. The action levels established are 200 mrem/quarter and 400 mrem/quarter which are below the state regulated limit of 1250 mrem/quarter. The radiology instructors provide students with information about protecting themselves, patients, patient’s families, and the health care team. Information is provided prior to assignments to clinical rotations.

Students in the Radiologic Technology Program receive and are required to wear a radiation monitoring badge(s) at all times when at clinical rotations. The badge(s) is to be worn as instructed.

To assure student safety:

- The Radiation Safety Officer will review radiation monitoring badge reports quarterly.
- If a student’s exposure exceeds 200 mrem in one calendar quarter, he/she receives a letter and is counseled.
- If a student’s exposure exceeds 400 mrem in one calendar quarter, he/she receives a letter, is counseled, and exposure is recorded by the RSO. The RSO will determine if an additional measures need to be taken.

- Individual quarterly radiation monitoring badge reports are printed by the students, signed and dated, and placed in their file that is maintained in the Program Director's office.
- Coursework covers information on radiation monitoring devices and radiation protection in greater detail.

FLUOROSCOPY POLICY

Students are not allowed to assist or perform fluoroscopic exams without the direct supervision of a radiologist/physician.

Students are not allowed to use fluoroscopic equipment to take a preliminary/scout film for any exam, including arthrograms or spotting of the terminal ileum for a small bowel follow through.

INCIDENTS

All incidents, which are inconsistent with routine hospital care or treatment, must be reported to the Clinical Coordinator immediately and a written report describing the incident completed.

SMOKING POLICY

Iowa Law has mandated that smoking is not allowed on campus or at clinical facilities; this includes the use of tobacco in your vehicle.

CELL PHONES/LAPTOPS/TABLETS—CLINICAL AREA

Personal cell phones/laptops/tablets (smart devices) are to be kept with personal belongings and not used during clinical hours except for designated breaks. The use of these devices are prohibited at clinicals.

CLINICAL FACILITY COMPUTER USE

The use of computers at clinical facilities for personal use is prohibited. Some clinical facilities may require students to sign forms in recognition of this policy.

PROFESSIONAL DEVELOPMENT POLICY

During the 2nd year of the radiologic technology program, students will be required to participate in a minimum of ten hours of professional development. These hours can be obtained by either, district, state or national meetings.

All 2nd year students are required to attend either the Student Educator Seminar in Iowa City, West Coast Student Educator Seminar in Atlanta or Florida or the Kettering Review, at the programs discretion. Students may also choose to attend the Indian Hills Community College Diversity Conference when offered. Students may choose alternative activities that must be pre-approved by the Radiology Program Director.

STAFF DIRECTORY

Jill Budde

Executive Dean, Career and Workforce Education (641) 683-5165

Heidi Jones

Associate Dean, Health Sciences (641) 683-5292

Vicki Ellis

Health Sciences Department Assistant (641) 683-5247

Tammy Delker, MS, RT(R)(ARRT)

Radiology Program Director/Instructor (641) 683-5316 (W)
(641) 777-1715 (C)

Alice Shepard, BA, RT(R)(M)(ARRT)

Clinical Coordinator/Instructor (641) 777-8574 (C)
(641) 683-5111 (W) ext. 1856

Amanda Beane, BS, RT(R)(CT)(BD)(MR)(ARRT)

Clinical Coordinator/Instructor (641) 426-6948 (C)
(641) 683-5111(W) ext. 1781

HEALTH SCIENCES FAX NUMBER

(641)683-5254

Administrative Assistants

Laurie Gray

(641) 683-5287

Michelle Engel

(641) 683-5164

IHCC also has a toll free number, 1-800-726-2585. The extension you desire would be the last four numbers on the regular telephone number.

HEALTH RELATED POLICIES

Health Related Policies

STUDENT HEALTH STATEMENT

Each student is required to sign a student health statement which includes a list of physical abilities requirements at the beginning of a program and upon return to clinical following absence due to health status that have the potential to influence patient/student safety and affect the quality of care provided by the student.

CLINICAL PROTECTIVE HEALTH POLICY

The Radiologic Technology faculty at Indian Hills Community College believes that physical and mental health is essential components of well-being and is imperative for successful performance in the RT program. An alteration or limitation in physical or mental functioning has the potential to influence patient/RT safety and affect the quality of care provided by the student.

To assure that patient safety is not compromised and to avoid the increased risk of student injury, the RT faculty, using professional knowledge and judgment, may request the student to leave the clinical setting if the student's physical or mental status is impaired. Physical and mental impairment that potentially may affect student performance in the clinical setting may include, but is not limited to:

- contagious conditions (ex. chicken pox, influenza, herpes simplex)
- immune-suppressed conditions (ex. chemotherapy)
- physical limitations (ex. back/neck injury, fracture, sprain, surgery)
- impairment of judgment/mental function (ex. prescription drug, drug or alcohol use/abuse)
- cognitive impairment (ex. anxiety disorder, panic disorder, depression)
- uncorrected visual/hearing impairment

When the faculty member becomes aware of any of the identified or similar conditions, the following procedure will be followed:

Procedure:

1. After gathering sufficient information concerning the physical and/or mental status of the student, the instructor will determine the feasibility of the student remaining in the clinical setting. If it is determined that the student is not able to perform at the expected level due to physical illness or limitations and/or mental impairment, the student will be dismissed from the clinical setting.
2. The student will be notified that dismissal from the clinical setting will result in a clinical absence or absences that will be addressed as specified in the student handbook.
3. The instructor will notify the Program Director of the student's health status and the action taken within 24 hours.
4. Documentation of the student's status and instructor's action will be completed on a Conference Report within 24 hours and a copy will be submitted to the Health Sciences Department Office within 48 hours.
5. A signed note by a physician (MD or DO) will be required at the discretion of the instructor and in consultation with the Associate Dean before the student can return to the clinical setting. Information provided by the physician must include a statement confirming that the student's condition has resolved and no longer present a patient/student safety concern. The student must be able to resume functioning at a level compatible with meeting clinical requirements and achieving clinical competence.
6. The student will be required to sign a student health statement before returning to clinical. Physical Ability Forms will be available with the Radiologic Technology instructors or in the Health Sciences office.

PHYSICAL EXAMINATION

Student Radiologic Technologists will be in direct contact with patients at the clinical affiliations. It is extremely important that each student have a physical examination prior to starting the clinical component to assure both the student and the affiliate that the student is physically able to participate in the activities required of a Radiologic Technologist. Each student will have a physical performed by a licensed physician or Advanced Nurse Practitioner. In addition, documentation and/or results of the following immunizations and tests is required: Poliomyelitis; MMR or Rubella; Mantoux Skin Test for Tuberculosis (1 if test has been performed within one year or 2 if no test has been performed); Tetanus/Diphtheria Booster; and Hepatitis B (optional). The completed form will be kept in the student's permanent file. TB skin tests will be expected to be kept current during the length of the radiology program, if the skin test expires during the program year it will need to be renewed.

BLOODBORNE PATHOGENS & HIV POLICY FOR HEALTH SCIENCE PROGRAMS

Students may be participating in activities within the Health Sciences Programs, which have potential for exposure to infectious diseases including but not limited to Hepatitis B and HIV. All measures must be exercised to minimize the risk. Students who fail to comply, jeopardizing the safety of others or themselves, may be asked to withdraw from these programs.

In the event of a significant exposure (e.g. an occupational incident involving eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material, including saliva), the student must report the incident **immediately** to the instructor or clinical supervisor and file an incident report for the college.

Follow-up evaluation will be required consistent with Federal regulations. This may involve going to their personal physician or the emergency room. Students are responsible for the cost of their own medical care.

Hepatitis B

It is highly recommended that all students providing direct patient or childcare in the Health Sciences Department receive immunization against Hepatitis B. Although this is not required, it is highly recommended and is considered to be an extremely good investment. Students are particularly vulnerable to contamination, as their hand skills generally are not yet well developed. Although the incidence of the infection is relatively low, the outcome can be fatal. Since there is a vaccine available, all health care providers who are at risk are encouraged to become immunized.

The Disease

Health care professionals are at increased risk of contracting Hepatitis B infection. Hepatitis B is usually spread by contact with infected blood or blood products and risk of acquiring Hepatitis B increases with the frequency of blood contact. Hepatitis B virus may also be found in other body fluids, such as urine, tears, semen, vaginal secretions and breast milk. Hepatitis B infection can have severe consequences, including progressive liver damage and the possibility of developing hepatocellular carcinoma. Six to ten percent of the people who contract the virus become chronic carriers.

The Vaccine

Vaccination is the only available means of protection against Hepatitis B. No currently available therapy has proven effective in eliminating the infection. This vaccine, prepared from recombinant yeast cultures, is free of association with human blood or blood products. Full immunization requires three doses of the vaccine over a six-month period. Because of the long incubation period for Hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given, and in that case, the vaccine would not prevent development of clinical hepatitis.

Procedures

You will need your physician's approval or order prior to being immunized. He or she will provide you with information regarding the contraindications and side effects of the vaccine. Contact your physician for additional information.

Education

As part of the curriculum all students in Health Sciences programs will receive instruction regarding Hepatitis B and HIV prior to providing patient care. This shall include but not be limited to:

1. epidemiology
2. method of transmission
3. universal blood and body fluid precautions
4. types of protective clothing and equipment
5. work practices appropriate to the skills they will perform
6. location of appropriate clothing and equipment
7. how to properly use, handle, and dispose of contaminated articles
8. action to be taken in the event of spills or personal exposure
9. appropriate confidentiality and reporting requirements
10. review of program policy related to refusal to care for specific patients.

Post Exposure Procedure for Health Science Students

1. If a student has been exposed to a contaminant parenterally (needle stick or cut) or superficially through a mucous membrane (eye or mouth) they are to follow the following procedure:
 - a. immediately wash the affected area with the appropriate solution (soap and water, alcohol, water),
 - b. seek appropriate medical attention through their personal physician (students are responsible for their own medical care). This may include baseline testing for HIV antibody at this time, followed by recommended series of testing. (Physicians may also inquire about the students status in regard to tetanus and hepatitis immunization at this time.)
 - c. follow institutional (agency) policy regarding determining HIV and hepatitis status of patient, (students are responsible for the cost of any testing)
 - d. maintain confidentiality of patient,
 - e. seek appropriate counseling regarding risk of infection.

Guidelines for HIV Positive Health Care Providers

1. The Center for Disease Control has specific guidelines for health care workers, which are revised periodically. They have been incorporated into these policies and are reviewed annually.
2. There shall be no routine serological testing or monitoring of students for Hepatitis B or HIV infection.
3. Barrier or universal blood and body fluid precautions are to be used routinely for all patients. These include:
 - a. The use of glove(s) when:
 - 1) cleaning rectal and genital areas;
 - 2) carrying soiled linen;
 - 3) bathing patients, if the student has a cut on the hand;
 - 4) suctioning or irrigating even if the orifice does not require sterile technique;
 - 5) there is, at any time, a possibility of spillage of blood or body fluid onto the student's hands, (i.e. accucheck, discontinuing an I.V., I.M.s) regardless of the presence of open lesions;
 - 6) emptying urine drainage bags, suction catheters, colostomy and ileostomy pouches; and
 - 7) providing mouth care.
 - b. The use of masks, goggles or glasses and/or aprons when there is a possibility of fluids splashing onto the face or body and clothing.

Specific Guidelines for Known HIV - Infected Health Science Students

1. HIV positive health sciences students who do not perform invasive procedures need not be restricted from work/clinical experience unless they have other illnesses or signs and symptoms for which such restrictions would be warranted.
2. HIV positive health sciences students should wear gloves for direct contact with mucous membrane or non-intact skin of patients.
3. HIV positive health sciences students who have exudative lesions or weeping dermatitis should refrain from direct patient care and from handling patient care equipment and utensils.
4. Reasonable accommodations will be made within the curriculum to assist the HIV positive student to meet course/program objectives.
5. The policy of agencies utilized for clinical experience will supersede college policy if they are more stringent.
6. Confidentiality will be maintained whenever possible, with only the appropriate individual(s) being informed of the HIV status of health sciences students.

PREGNANCY POLICY

According to the U.S. Nuclear Regulatory Commission: Regulatory Guide 8.13 a student enrolled in the Radiologic Technology Program who becomes pregnant will be provided the following options related to the pregnancy.

The regulations allow a pregnant student to decide whether to formally declare the pregnancy to the advantage of lower dose limits for the embryo/fetus. The choice whether to declare a pregnancy is completely **voluntary, and at any time can the student, in writing, withdraw the declaration of previously declared pregnancy.**

The Radiologic Technology Program provides the following options:

- 1) A student may voluntarily declare the pregnancy by notifying the Program Director in writing and providing a physician's statement that includes name, a declaration of pregnancy, the estimated date of conception (only the month and year need be provided), and the date that the Program Director was provided the letter. If this option is chosen the student will conference with the Program Director regarding NRC Regulations and potential risk. Students that declare a pregnancy may continue in the program without any modification to didactic and clinical education course requirements.

If the student chooses to voluntarily declare the pregnancy, the following options will be provided. The student may:

- a) Sign a Release of Liability Statement releasing Indian Hills Community College and the Clinical Education Setting from liability and to continue in the program. The signed "Release of Responsibility" will be included in the student's permanent IHCC record. The student will review a copy of the Radiation Protection Regulations and Current Reports from the National Council for Radiation Protection and the Nuclear Regulatory Commission regarding the effects of radiation on the unborn fetus. The student will be provided an additional fetal monitoring dosimeter and will be directed in the use of this dosimeter.
 - b) Withdraw from the program and re-enter when an opening is available. Typically, this would be the following year.
 - c) A student must have a medical release from her doctor to return to clinicals.
- 2) If the student chooses not to declare the pregnancy no further action by the Program Director or other officials will result.

TUBERCULOSIS POLICY

Indian Hills Community College programs in Health Sciences have adopted the following policy: Students enrolled in the clinical education portion of all Health Sciences Programs will not knowingly be assigned to provide care to individuals who have active tuberculosis.

IHCC does and will continue to require an annual TB Skin test on all students at their own expense. Initially students will be required to complete a two-step TB Skin Test if they have not had a previous one within the past year. See Student Physical Form.

If a student is exposed to an individual who tests positive for tuberculosis the protocol for medical follow-up of the institution where the student is assigned will be implemented.

HAZARDOUS MATERIALS/WASTE POLICY

HAZARDOUS MATERIALS/WASTE: The proper handling, storage, and disposal of hazardous materials and waste products is everyone's responsibility.

Contact your instructor immediately if you suspect exposure to or contact with any hazardous materials.

Your instructor will acquaint you with the following for any areas in which hazardous materials are in use:

- Location of the Material Safety Data Sheets (MSDS)
- Protective clothing, etc. required for handling materials
- Proper disposal of used or unwanted materials and waste

GRIEVANCE AND APPEALS PROCEDURES

- 1) Students shall first try to resolve their difference with the person against whom they have a complaint.
- 2) If the differences are not resolved, the student shall take his/her concern to the coordinator or instructor of the appropriate course.
- 3) If this does not resolve the problem, the student shall meet with the appropriate department chair/associate dean. In the event the situation involves a violation of the standards of student conduct as outlined in the Policy for Student Conduct Suspension and Dismissal or the program student handbook, a written statement shall be prepared notifying the student of the alleged violation and intended action.
- 4) If the problem is not resolved, the student shall have three (3) days to request a hearing with the Executive Dean of Students. The Executive Dean of Students will hold a hearing within three (3) days of the request and receive all evidence by listening to the testimony of the student and other relevant witnesses and considering any relevant documents. Within two (2) days of the hearing, the Executive Dean of Students will issue a decision.

STUDENT GRIEVANCE PROCEDURE FOR DISCRIMINATORY PRACTICES

A policy for grievances by students and parents of students, in addition to grievances for applicants for employment and employees of Indian Hills Community College has been established as follows:

Level 1:

A student or parent with a complaint of discrimination on the basis of gender, race, age, national origin, disability, or religion may discuss it with the instructor, counselor, supervisor, administrator, or contact the person most directly involved in order to solve it informally.

Level 2:

If the grievance is not resolved at Level 1, and the grievant wishes to pursue the case, it may be formalized by filing a complaint in writing to the next level of supervision. If the grievant is a student or parent of a student, a copy of the grievance should be forwarded to the Executive Dean of Students. A meeting will be set up between the grievant, the appropriate dean, and any other representatives of the college involved. The formal meeting must take place within 15 school days after the written grievance has been received in the office of Student Services. One additional meeting may be needed to resolve the matter. A final written decision will be supplied to the grievant by the appropriate dean within 30 school days after receipt of the original complaint. If the grievance is still unresolved, the grievant may proceed to Level 3.

Level 3:

At Level 3, the grievant will present a written appeal to the President of the college within 10 school days after the grievant has received the report from the appropriate dean. The grievant may also request a personal meeting with the President of the college or his/her designee. A decision will be rendered by the President or his/her designee within 10 school days after the receipt of the written appeal. This procedure in no way denies the right of the grievant to file a formal complaint with the Iowa Civil Rights Commission, the Federal Office of Civil Rights, or the Equal Employment Opportunity Commission for Mediation or Rectification of Civil Rights Grievances, or to seek private counsel for complaints alleging discrimination.

RADIOLOGIC TECHNOLOGY CLINICAL SITES

BROADLAWNS MEDICAL CENTER

1801 Hickman Road
Des Moines, IA 50315
Nick Meyne 515-282-2259

CENTRAL IOWA HEALTHCARE

3 South 4th Avenue
Marshalltown, IA 50158
Tony Etcher 641-754-5076

DAVIS COUNTY HOSPITAL

509 N. Madison
Bloomfield, IA 52537
Matt Thompson 641-664-7139

FORT MADISON COM. HOSPITAL

Hwy 6 West Box 174
Fort Madison, IA 52627-0174
Lisa Lamb 319-376-2040

GREATER COMMUNITY HOSPITAL

1700 West Townline Suite #3
Creston, IA 50861
JR Rockhold/Samantha Krantz
641-782-3508

GREAT RIVER MEDICAL CENTER

1221 South Gear Avenue
West Burlington, IA
Jen Parrott/Jake Stewart
319-768-4880

GRINNELL REGIONAL MEDICAL CENTER

210 4th Avenue
Grinnell, IA 50112
Hannah Morrison 641-236-2356

HENRY COUNTY HEALTH CENTER

407 South White
Mt. Pleasant, IA 52641
Carolee Benz 319-385-6158

IOWA ORTH-ANKENY

710 1ST St
Ankeny, IA 50219
Elicia Van Zelderan 515-247-9591

IOWA ORTH-PELLA

404 Jefferson
Pella, IA 50219
Makenzie Rusch 641-621-1390

IOWA ORTH – PLEASANT HILL

5900 E. University
Pleasant Hills, IA 50327
Jennafer Borrion 515-247-8400

JEFFERSON COUNTY HOSPITAL

2000 S. Main St.
Fairfield, IA 2556
Jessica Moeller 641-469-4325

KEOKUK AREA HOSPITAL

1600 Morgan
Keokuk, IA 52632
Jill Schlatter 319-526-8700

KNOXVILLE AREA HOSPITAL

1002 S. Lincoln
Knoxville, IA 50138
Josh Ten Napel 641-842-1466

LUCAS COUNTY HEALTH CENTER

1200 N. 7th Street
Chariton, IA 50049
Melissa Ryan 641-774-3223

MAHASKA HEALTH PARTNERSHIP

1229 C. Ave. E
Oskaloosa, IA 52577
Jill Huddleston/Nicole Keller
641-672-3322

McFARLAND CLINIC

312 E. Main
Marshalltown, IA 50158
Linda Swartz 641-844-2215

MERCY HOSPITAL

1 St. Joseph Drive
Centerville, IA 52544
Dan Dueker 641-437-3462

MERCY HOSPITAL

500 East Market
Iowa City, IA 52245
Brenda Andeway 319-339-3668

MOBERLY REGIONAL MEDICAL CENTER

1515 Union Avenue
Moberly, MO 65270
Emily Morgan 660-269-3163

NORTHEAST REGIONAL MEDICAL CTR

800 West Jefferson Street
Kirksville, MO 63501
Heather Kincaon/Scott Shively
660-785-1614

OTTUMWA REGIONAL HEALTH CTR

1001 East Pennsylvania Avenue
Ottumwa, IA 52501
Lisa Garrison/Lisa Maize
641-684-2430

PELLA REGIONAL HEALTH CENTER

404 Jefferson
Pella, IA 50219
Theresa Cummings/Susan Veenstra
641-628-6620

SKIFF MEDICAL HOSPITAL

204 North 4th Avenue East
Newton, IA 50208
Annette Sheets 641-791-4310

STATE OF IA MEDICAL EXAMINERS OFFICE

1002 S. Ankeny Blvd.
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UNIVERSITY OF MISSOURI HEALTH CARE

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3600 30th Street
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VA MEDICAL CENTER

Hwy 6 West
Iowa City, IA 52240
Drew Hellige/Daniel Martin
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WASHINGTON COUNTY HOSPITAL

400 E. Polk
Washington, IA 52353
Jeff Burroughs 319-863-3964

IHCC FAX NUMBER

641-683-5254

ARRT STANDARDS OF ETHICS

Please be sure to read the details of the Standards of Ethics included in this handbook.

Included is the statement that if you have had:

1. Any conviction of a crime, including a felony, a gross misdemeanor or a misdemeanor with the sole exception of speeding and parking violations.
2. Any alcohol and/or drug related violations
3. Criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty or nolo contendere.
4. Military court-martials that involve substance abuse, any sex-related infractions, or patient related infractions.

MUST be reported which includes reporting these prior to taking your registry boards. Determination as to if you can take the National Registry Boards is presented to you following contact with the ARRT. If you fall under any of these clauses it is your responsibility to contact the ARRT immediately to make sure you will be able to take the registry.

The following is pertinent information to you for making contact with the ARRT:

Address: American Registry of Radiologic Technologists®
1255 Northland Drive
St. Paul, MN 55120-1155

Phone: (651) 687-0048

Web Address: www.arrt.org

ARRT[®] Standards of Ethics



Last Revised: September 1, 2015
Published: September 1, 2015

PREAMBLE

The *Standards of Ethics* of the American Registry of Radiologic Technologists[®] (ARRT[®]) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, “Certificate Holders”), and to persons applying for certification and registration by ARRT in order to become Certificate Holders (“Candidates”). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The *Standards of Ethics* are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT’s definition of what it means to be qualified. Exhibiting certain behaviors as documented in the *Standards of Ethics* is evidence of the possible lack of appropriate professional values.

The *Standards of Ethics* provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support the ARRT’s mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

A. CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and Registration are methods

of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients. The Rules of Ethics are enforceable. Certificate Holders and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by the ARRT or any state or federal agency, or by indicating in writing certification and registration with the ARRT when that is not the case.
2. Subverting or attempting to subvert ARRT's examination process, and/or the structured self-assessments that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR assessment process includes, but is not limited to:
 - (i) disclosing examination and/or CQR assessment information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR assessments when such information is gained as a direct result of having been an examinee or a participant in a CQR assessment or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
 - (ii) soliciting and/or receiving examination and/or CQR assessment information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR assessments from an examinee, or a CQR participant, whether requested or not; and/or
 - (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR assessment materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR assessment participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR assessment materials; and/or
 - (iv) using or purporting to use any portion of examination and/or CQR assessment materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR assessment; and/or
- (v) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR assessment materials without authorization; and/or
- (vi) removing or attempting to remove examination and/or CQR assessment materials from an examination or assessment room; and/or
- (vii) having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR assessment of ARRT; and/or
- (viii) disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR assessment of ARRT; and/or
- (ix) communicating with another individual during administration of the examination or CQR assessment for the purpose of giving or receiving help in answering examination or CQR assessment questions, copying another Candidate's, or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing unauthorized materials including, but not limited to, notes; and/or
- (x) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR assessment on one's own behalf; and/or
- (xi) using any other means that potentially alters the results of the examination or CQR assessment such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.
3. Convictions, criminal proceedings, or military courts-martial as described below:
 - (i) conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported; and/or
 - (ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; or
 - (iii) military courts-martial related to any offense identified in these Rules of Ethics.
4. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.
5. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally

supervised by someone who is competent (through training and/or education or experience).

6. Engaging in unprofessional conduct, including, but not limited to:
 - (i) a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;
 - (ii) any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety.Actual injury to a patient or the public need not be established under this clause.
7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.
8. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.
9. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.
10. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.
11. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.
12. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.
13. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.
14. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making,

causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.

15. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.
16. Violating a state or federal narcotics or controlled-substance law.
17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.
18. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's *Continuing Education (CE) Requirements*, and/or ARRT's Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's CE or CQR Requirements includes, but is not limited to:
 - (i) providing false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
 - (ii) assisting others to provide false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
 - (iii) conduct that results or could result in a false or deceptive report of CE or CQR completion; and/or
 - (iv) conduct that in any way compromises the integrity of the CE or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned.
19. Subverting or attempting to subvert the ARRT certification and registration processes by:
 - (i) making a false statement or knowingly providing false information to ARRT; or
 - (ii) failing to cooperate with any investigation by the ARRT.
20. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding the individual's education, training, credentials, experience, or qualifications, or the status of the individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.
21. Knowing of a violation or a probable violation of any Rule of Ethics by any Certificate Holder or Candidate and failing to promptly report in writing the same to the ARRT.
22. Failing to immediately report to his or her supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient's care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in handling challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Certificate Holders and Candidates are required to comply with these Administrative Procedures. The failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding on a challenge may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

1. Ethics Committee

(a) Membership and Responsibilities of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints at least three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. The alternate member will participate on the Committee in the event that one of the members of the Ethics Committee is unable to participate. The Ethics Committee is responsible for: (1) investigating each alleged breach of the Rules of Ethics and determining whether a Certificate Holder or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

(b) The Chair of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the *Standards of Ethics*. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the *Standards of Ethics*.

(c) Preliminary Screening of Potential Violation of the Rules of Ethics

The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a

charge of a violation of the Rules of Ethics; or (2) the allegations against the Certificate Holder or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

(d) Alternative Dispositions

At the Chair's direction and upon request, the Executive Director of ARRT shall have the power to investigate allegations and to enter into negotiations with the Certificate Holder or Candidate regarding the possible settlement of an alleged violation of the Rules of Ethics. The Executive Director may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding settlement, but rather may recommend a proposed settlement to the Ethics Committee.

The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures. A Certificate Holder or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(e) Summary Suspensions

If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Certificate Holder, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Certificate Holder and without a prior hearing, summarily suspend the certification and registration of the Certificate Holder pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of a Certificate Holder in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the Certificate Holder written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the Certificate Holder to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the Certificate Holder. If the Certificate Holder requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than three members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the Certificate Holder's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable

provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected Certificate Holder, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

(f) Voluntary Surrender of Credentials

At any time during the ethics review process, the Certificate Holder may request to voluntarily surrender his or her ARRT credentials and accept permanent revocation of ARRT Certification and Registration. To request a voluntary surrender, the Certificate Holder must complete the Voluntary Credential Surrender and Sanction Agreement form ("Agreement") that is available on the ARRT website at www.arrt.org. The Agreement must be signed by the Certificate Holder, notarized, and submitted to the ARRT. The Executive Director of ARRT shall have the authority to receive the request and may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding agreement, but rather may recommend a proposed action to the Ethics Committee. The Ethics Committee will then decide whether to accept or deny the request for surrender of credentials. If denied by ARRT, the ethics review will continue according to the *Standards of Ethics*. If accepted by ARRT, the ethics review process will be discontinued, the Certificate Holder agrees to waive all rights set forth in these Administrative Procedures, and a sanction for permanent revocation will be entered against the Certificate Holder.

(g) Civil or Criminal Penalties

Conduct that violates the ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the *Standards of Ethics*, the ARRT may, without giving prior notice, pursue civil and/or criminal penalties against the Certificate Holder or Candidate.

2. Hearings

Whenever the ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of a Certificate Holder or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Certificate Holder or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in the amount of \$100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by the ARRT) within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Certificate Holder or Candidate who

requests a hearing in the manner prescribed above shall advise the Ethics Committee of his or her

intention to appear at the hearing. A Certificate Holder or Candidate who requests a hearing may elect to appear by a written submission which shall be verified or acknowledged under oath.

Failure to appear at the hearing or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Executive Director. The Certificate Holder or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing.

The hearing is conducted by the Ethics Committee with any three or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Certificate Holder or Candidate in question. In the event of such disqualification, the President may appoint a Trustee to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Certificate Holder or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Certificate Holder or Candidate in question, by legal counsel or other representative if he or she desires (at the sole expense of the Certificate Holder or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in his or her own defense; to hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. The Certificate Holder or Candidate in question shall have the right to submit a written statement at the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in-person hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of the ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question.

In the case of alleged violations of the Rules of Ethics by a Certificate Holder or Candidate, the Ethics Committee shall assess the evidence presented at the hearing and make its

decision accordingly, and shall prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question. Potential sanctions include denial of renewal or reinstatement of certification and registration with ARRT, revocation or suspension of certification and registration with ARRT, or the public or private reprimand of a Certificate Holder or Candidate.

Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Certificate Holder or Candidate in question.

3. Appeals

Except as otherwise noted in these Administrative Procedures, the Certificate Holder or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in the amount of \$250. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Certificate Holder or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Certificate Holder or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe. All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Certificate Holder or Candidate to make an unauthorized publication or revelation of the same, except to his or her attorney or other representative, immediate superior, or employer.

4. Publication of Adverse Decisions

Final decisions and summary suspensions that are adverse to the Certificate Holder or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual's certification and registration status. ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the

reasons therefore. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected Certificate Holder or Candidate does not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

5. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in the amount of \$250. A Request that is not accompanied by the fee or is submitted before the matter is eligible for reconsideration will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a request to remove a sanction.

Although there is no required format, the Request must include compelling reasons justifying the removal of the sanction. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that his or her behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person's current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration via the policies and procedures in place at that time as stated in Section 6.05 of the *ARRT Rules and Regulations*.

If the Ethics Committee denies removal of the sanction, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction for as long as is directed by the Committee.

6. Amendments to the Standards of Ethics

ARRT reserves the right to amend the *Standards of Ethics* following the procedures under Article XI, Section 11.02 of the *ARRT Rules and Regulations*.

ACCREDITATION STANDARDS

Standards for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2014

Adopted by:
**The Joint Review Committee on Education
in Radiologic Technology - October 2013**



Joint Review Committee on Education in Radiologic Technology
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Chicago, IL 60606-3182
312.704.5300 • (Fax) 312.704.5304
www.jrcert.org

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

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

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STANDARD ONE:

Integrity

Standard One: The program demonstrates integrity in the following:

- **Representations to communities of interest and the public,**
- **Pursuit of fair and equitable academic practices, and**
- **Treatment of, and respect for, students, faculty, and staff.**

Objectives:

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

- 1.1 Adheres to high ethical standards in relation to students, faculty, and staff.
- 1.2 Provides equitable learning opportunities for all students.
- 1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.
- 1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.
- 1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
- 1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.
- 1.7 Assures that students are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of non-compliance with the **STANDARDS**.
- 1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.
- 1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.
- 1.10 Makes the program's mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.
- 1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.
- 1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
- 1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.
- 1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
- 1.15 Has procedures for maintaining the integrity of distance education courses.

STANDARD TWO:

Resources

Standards Two: The program has sufficient resources to support the quality and effectiveness of the education process.

Objectives:

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

Administrative Structure

- 2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.
- 2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.
- 2.3 Provides faculty with opportunities for continued professional development.
- 2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Learning Resources/Services

- 2.5 Assures JRCERT recognition of all clinical education settings.
- 2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.
- 2.7 Reviews and maintains program learning resources to assure the achievement of student learning.
- 2.8 Provides access to student services in support of student learning.

Fiscal Support

- 2.9 Has sufficient ongoing financial resources to support the program's mission.
- 2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

STANDARD THREE:
Curriculum and Academic Practices

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

Objectives:

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

- 3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.
- 3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.
- 3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.
- 3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.
- 3.6 Maintains a master plan of education.
- 3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.
- 3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

STANDARD FOUR:
Health and Safety

Standard Four: The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Objectives:

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

- 4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.
- 4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
 - Written notice of voluntary declaration,
 - Option for student continuance in the program without modification, and
 - Option for written withdrawal of declaration.
- 4.3 Assures that students employ proper radiation safety practices.
- 4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.
- 4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.
- 4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.
- 4.7 Assures sponsoring institution's policies safeguard the health and safety of students.
- 4.8 Assures that students are oriented to clinical education setting policies and procedures in regard to health and safety.

STANDARD FIVE:
Assessment

Standard Five: The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Objectives:

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

Student Learning

- 5.1 Develops an assessment plan that, at a minimum, measures the program's student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Program Effectiveness

- 5.2 Documents the following program effectiveness data:
- Five-year average credentialing examination pass rate of not less than 75 percent at first Attempt within six months of graduation,
 - Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
 - Program completion rate,
 - Graduate satisfaction, and
 - Employer satisfaction.
- 5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

- 5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.
- 5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

STANDARD SIX:

Institutional/Programmatic Data

Standard Six: The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Objectives:

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

Sponsoring Institution

- 6.1 Documents the continuing institutional accreditation of the sponsoring institution.
- 6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Personnel

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

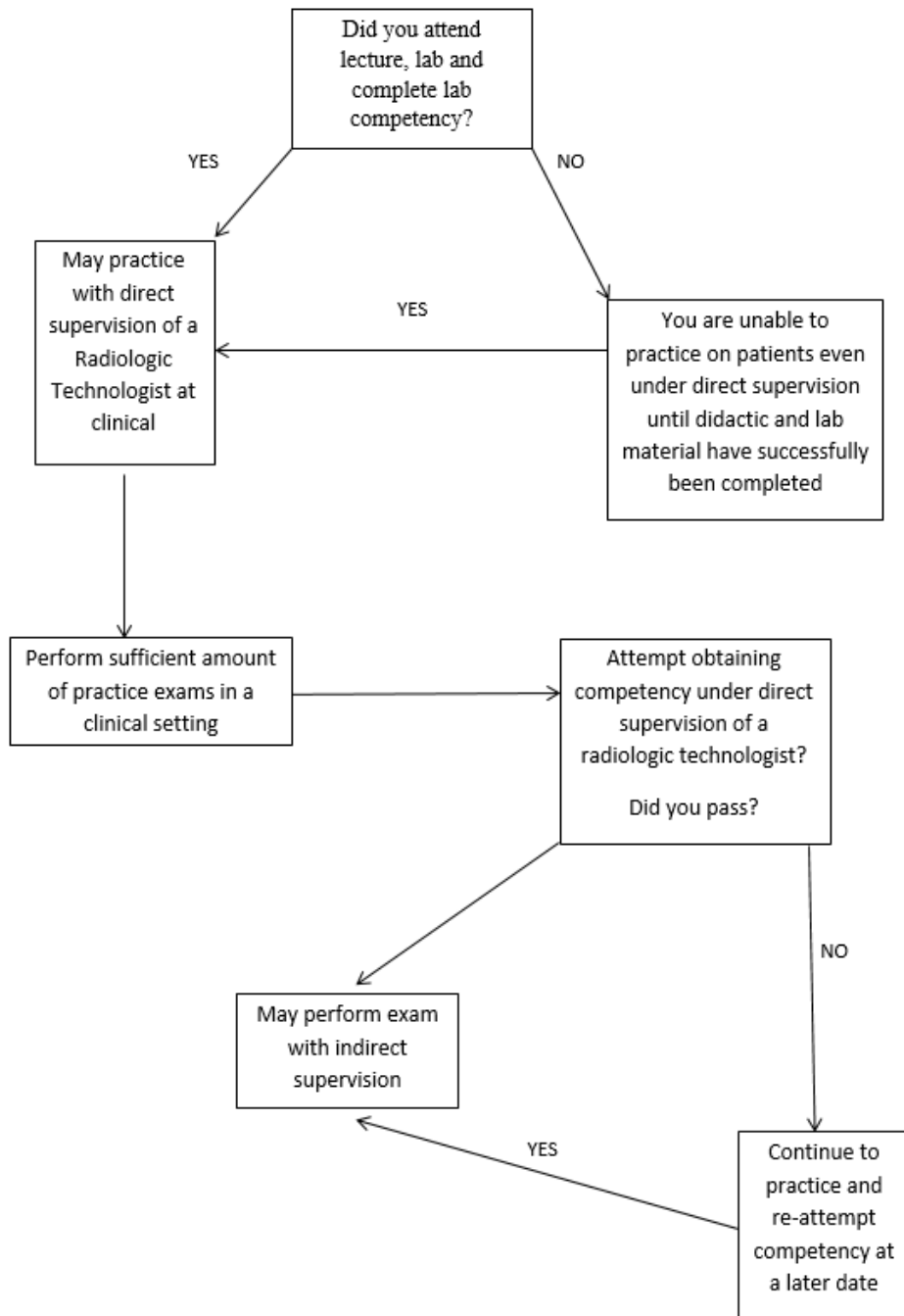
Clinical Settings

- 6.4 Establishes and maintains affiliation agreements with clinical settings.
- 6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials

- 6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

LECTURE, LAB, AND CLINICAL CORRELATION



APPENDIX A: PREGNANCY POLICY

According to the U.S. Nuclear Regulatory Commission: Regulatory Guide 8.13 – A student enrolled in the Radiologic Technology Program who becomes pregnant will be provided the following options related to the pregnancy.

The regulations allow a pregnant student to decide whether to formally declare the pregnancy to the advantage of lower dose limits for the embryo/fetus. The choice whether to declare a pregnancy is completely **voluntary**.

The Radiologic Technology Program provides the following options:

1. A student may **voluntarily declare** the pregnancy by notifying the **Program Director** in writing and providing a physician's statement that includes name, a declaration of pregnancy, the estimated date of conception (only month and year need to be provided), and the date that Program Director was provided the letter. If this option is chosen the student will conference with the Program Director regarding NRC Regulations and potential risk. Students that declare a pregnancy may continue in the program without any modification to didactic and clinical education course requirements.

If the student chooses to voluntarily declare the pregnancy, the following options will be provided. The student may:

- a) Sign a Release of Liability Statement releasing Indian Hills Community College and the Clinical Education Setting from liability and continue in the program. The signed "Release of Responsibility" will be included in the student's permanent IHCC records. The student will review a copy of the radiation Protection Regulations and Current Reports from the National Council for Radiation Protection and the Nuclear Regulatory Commission regarding the effects of radiation on the unborn fetus. The student will be provided an additional fetal monitoring dosimeter and will be directed in the use of this dosimeter.
 - b) Withdraw from the Radiologic Technology Program and re-enter when an opening is available. Typically, this would be in the following year.
2. If the student chooses not to declare the pregnancy no further action by the Program Director or other officials will result.

Student's Signature _____

Date _____

Program Director's Signature _____

Date _____

**INDIAN HILLS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM**

Pregnancy Declaration

Program Release of Responsibility

I, the undersigned, have been informed of all risks and complications possible from engaging in the practice of radiology while pregnant, and release the school and clinical facility from any responsibility for any complications that may arise. Principles of Radiation Protection have been discussed.

In accordance with the NRC's regulations at 10CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need be provided). I will be expected to pay \$55.00 for the additional fetal badge required for my declaration of pregnancy.

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter).

The following information has also been discussed and all questions answered to my satisfaction:

1. U.S. Nuclear Regulatory Research
"Instruction Concerning Prenatal Radiation Exposure" 6/99
2. NCRP Commentary #9
"Considerations Regarding the Unintended Radiation Exposure of the Embryo",
Fetus or Nursing Child." 5/94
3. U.S. Nuclear Regulatory Research
"Instruction Concerning Prenatal Radiation Exposure." 6/99

Student's Signature _____ Date _____

Program Director's Signature _____ Date _____

APPENDIX B: RADIATION PROTECTION POLICY

Principles of Radiation Protection

The responsibility of a radiologic technologist and a student radiographer is to maximize the benefit from each x-ray exposure and to minimize the radiation dose received by the patient.

1. Techniques
 - a. Takes time to position the patient properly.
 - b. Sets techniques correctly utilizing manual, anatomic programming and digital equipment.
 - c. Use the highest kVp and the lowest mAs that is consistent with acceptable image quality.
2. Collimation
 - a. Limits the size of the beam to include only the area of interest.
 - b. There is never justification of a beam larger than the IR.
 - c. Collimation improves image quality.
 - d. Collimation is one of the most vital things the technologist can do to protect the patient.
3. Gonadal Shielding
 - a. Use gonadal shielding whenever this will not interfere with the diagnosis.
 - b. Gonadal shielding should be used on every patient, along with shielding eyes, breasts, and thyroid, as appropriate.
4. Radiographic Image Processing
 - a. Process radiographic images based on departmental criteria.
5. Protecting Yourself
 - a. You can be protected by the same techniques used to protect the patient.
 - b. Always wear lead aprons when applicable.
 - c. Always wear dosimeter to monitor exposure. Wear this at collar level, outside of the lead apron.
 - d. **NEVER HOLD A PATIENT OR AN IR (IMAGE RECEPTOR) DURING ANY RADIOGRAPHIC PROCEDURE.**
 - e. Remember the Cardinal Rules: TIME, DISTANCE, SHIELDING.

APPENDIX C: CONFIDENTIALITY POLICY

INDIAN HILLS COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM

CONFIDENTIALITY STATEMENT

Throughout the Radiologic Technology Program at Indian Hills Community College, I

_____, will have access to patient information. I realize that
(name)

this information is private and should be kept confidential. I realize that any unauthorized release of
information is punishable by fine and/or imprisonment.

Throughout my education in the Radiologic Technology Program at Indian Hills Community College, I
will at no time inappropriately release confidential information and I will adhere to the Code of Ethics of
the profession. I understand that release of unauthorized patient information will result in immediate
termination from the Indian Hills Community College Radiologic Technology Program.

Student's Signature _____

Date _____

APPENDIX D: PROGRAM CONTRACT FOR RETURNING STUDENT

Program Contract for Returning Student

I _____ agree to the following policies and stipulations for returning into the Indian Hills Community College Radiologic Technology Program. I understand that re-entry into the program is based upon the GPA and Testing Scores of the class entering.

- *Application into the program is required prior to 12 weeks of term entering.
- *Student must attend an orientation with Program Director.
- *Re-entry into the program is limited two times.
- *Student is required to pay all expenses incurred such as OSL badge & school/clinical supplies.
- *Student is required to update CastleBranch information including an updated background check and drug screen.
- *The student is required to complete all required clinical rechecks prior to the end of the first returning term. This includes completion of that term's competencies and rechecks.
- *Attendance is required for all classes and clinical
- *Clinical time (10 days) will be based on the following:
 - If re-entering from beginning 10 days will be provided
 - If re-entering term 2 through 7 the student will continue with same number of days available at the time student left the program.
- *The student may be required to enter at a different term for completion of courses. For example, if a student failed the Radiation Protection class offered in the 5th term and that class has been moved to 3rd term due to a curriculum change, the student will be required to begin the 3rd term for completion of that specific course.
- *Assignment of clinical facility is made by the Program Director according to facility availability.
- *TB testing, Criminal Background Checks and BLS training must be completed prior to clinical start.

Student Signature

Date

Program Director

Date

APPENDIX E: REQUIREMENTS FOR RETURNING STUDENTS

REQUIREMENTS FOR RETURNING STUDENTS

Student Name: _____ Returning Term: _____

Entrance Requirements:	Meet Requirements of entering class	Conference with Program Director	Contract Signed	Student Handbook
Classroom Requirements:	Attendance	Optional classroom attendance at all previous passed courses as recommended by Program Director		
Lab Requirements:	Student is required to make an appointment with the Positioning Instructor to review competencies in lab no later than 3 wks. prior to returning to assigned clinical	Required Check-off Competencies Prior to Assignment of Facility – Selection of Positioning/Lab Instructor		
Clinical Requirements:	TB Testing Background Check Drug Screen	Assignment of Clinical Facility (Site selected by Program Director)	Required re-checks (listed below)	BCLS Training DAA/CA criminal background check
Supplies	Books and supplies as required by class entering	\$70.00 for OSL badge. \$5.00 name ID badge	Markers purchased if needed	Dress attire according to policy of class entering

Required Clinical Rechecks: Individualized based on students previous competency level.

- Returning students will have an individualized plan of action implemented for their clinical competency component.
- All competencies acquired while previously enrolled in the program must be repeated upon reentry into the program.

APPENDIX F: RADIOLOGY MID-TERM CLINICAL EVALUATION

Radiology Mid-Term Clinical Evaluation

Student's Name _____ Date _____

Clinical Facility _____

Clinical: 1 2 3 4 5 6 7

Fill out and return each mid-term. Comments are **required** to support mid-term rating.

Clinical Instructor Mid-Term Evaluation				
1	2	3	4	5
Does Not Meet Expectations	Below Average Expectations	Average Expectations	Above Average Expectations	Exceeds Expectations
Comments:				

Clinical Instructor's Signature _____ Date _____

Clinical Coordinator Mid-Term Evaluation				
1	2	3	4	5
Does Not Meet Expectations	Below Average Expectations	Average Expectations	Above Average Expectations	Exceeds Expectations
Comments:				

Clinical Coordinator's Signature _____ Date _____

Students must have completed at least 50% of their competencies to be considered passing at Mid-Term.

_____ PASS
 _____ FAIL

Student's Signature: _____ Date _____

APPENDIX G: CLINICAL INSTRUCTOR/TECHNOLOGIST EVALUATION

INDIAN HILLS COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM

CLINICAL INSTRUCTOR – TECHNOLOGIST EVALUATION

Student Name: _____ Circle One- Term: I II III IV V VI VII

EVALUATION

Directions: Circle the number that corresponds to the student's performance **BASED ON THEIR LEVEL OF EDUCATION**.. Any 0 or 1 circled requires a comment. Any 2 - comments are encouraged.

4 = Excellent 3 = Above Average 2 = Average 1 = Below Average 0 = Unacceptable

1. **Performs Positioning Skills Accurately:**

a. Demonstrates knowledge of anatomy	4	3	2	1	0
b. Utilizes age-appropriate positioning skills	4	3	2	1	0
c. Manipulates table, tube and bucky correctly	4	3	2	1	0

Comments: _____

2. **Demonstrates Proper Technical Skills:**

a. Sets techniques correctly utilizing manual, anatomical programming and digital equipment.....	4	3	2	1	0
b. Demonstrates knowledge of imaging skills related to technical factors	4	3	2	1	0

Comments: _____

3. **Performs In A Safe Manner That Minimizes Risk To Patient And Others:**

a. Observes health and safety regulations	4	3	2	1	0
b. Utilizes proper radiation safety measures	4	3	2	1	0

Comments: _____

4. **Patient Care:**

a. Exhibits sensitivity to differences in race, creed, gender, age, national or ethnic origin, sexual orientation, and disability or health status	4	3	2	1	0
b. Assists patient prior to, during, and following procedure	4	3	2	1	0

Comments: _____

5. **Critical Thinking Skills:**

a. Applies principles and generalizations already learned to new situations.....	4	3	2	1	0
b. Performs analysis of films appropriate to level of education.....	4	3	2	1	0
c. Demonstrates the capacity to think for oneself	4	3	2	1	0

Comments: _____

6. **Communication Skills:**

a. Communicates with clinical staff and college faculty in a respectful and timely manner	4	3	2	1	0
b. Utilizes age-appropriate communication skills effectively	4	3	2	1	0
c. Communicates appropriately based on situational needs	4	3	2	1	0

Comments: _____

7. **Maintains Professional Legal and Ethical Values:**

- a. Abides by relevant ethical and legal codes, standards and guidelines 4 3 2 1 0
- b. Maintains confidentiality..... 4 3 2 1 0

Comments: _____

8. **Demonstrates Professionalism:**

- a. Is punctual and dependable 4 3 2 1 0
- b. Demonstrates initiative 4 3 2 1 0
- c. Maintains productive working relationships with patients and health care team ... 4 3 2 1 0
- d. Accepts constructive criticism from Clinical Coordinator, Instructors and Technologists 4 3 2 1 0
- e. Displays overall confidence for level of education 4 3 2 1 0
- f. Adheres to policies related to dress code and personal appearance 4 3 2 1 0
- g. Responds to suggestions in a positive manner 4 3 2 1 0
- h. Uses downtime constructively to enhance clinical skills 4 3 2 1 0
- i. Seeks new learning experiences 4 3 2 1 0

Comments: _____

Additional Comments:

APPENDIX H: STUDENT LABORATORY PARTICIPATION AGREEMENT

INDIAN HILLS COMMUNITY COLLEGE
Health Sciences Division

Student Laboratory Participation Agreement

I, (name) _____, agree to participate in Indian Hills Community College Radiology Program laboratory activities. During the laboratory experiences I will role-play as a professional radiographer and patient. I will be expected to have physical contact with other students while learning various radiographic procedures, blood pressures, pulse, respirations and venipuncture.

Student's Signature _____ Date _____

APPENDIX I: ORIENTATION CHECKLIST
INDIAN HILLS COMMUNITY COLLEGE - RADIOLOGIC
TECHNOLOGY PROGRAM

ORIENTATION CHECKLIST

Please complete this checklist with each student, or group of students beginning a clinical site rotation at your facility.

HOSPITAL

- 1. Safety
 - a. Medical Emergency Code Numbers _____
 - b. Tornado Safety Plan _____
 - c. Fire Safety Plan (electrical & chemical) _____
 - d. Evacuation Routes _____
 - e. Other Safety Policies _____
- 2. Tour _____
- 3. Smoking Policy _____
- 4. Parking _____
- 5. Employee Health Requirements (If Applicable) _____
- 6. HIPAA _____
- 7. Standard Precautions _____

DEPARTMENT

- 1. Introductions
 - a. Staff Technologists _____
 - b. Radiologists _____
 - c. Support Staff _____
- 2. Tour
 - a. Radiographic Rooms _____
 - b. Equipment Operation _____
 - c. OR/ER _____
- 3. Department Protocols/Routine _____
- 4. Radiologist Routine/Preferences _____
- 5. Location of Clinical Books/Paperwork _____
- 6. Exchange of Phone Numbers _____
- 7. Computer System _____
- 8. Filing System/PACS _____
- 9. Phone System _____
- 10. Scheduling/Patient Prep Information _____

Student's Signature _____

Date _____

Clinical Instructor's Signature _____

Date _____

This Orientation Checklist must be completed and returned to the IHCC Clinical Coordinator within two weeks of the student's first day at a new clinical site. This form will be retained in the student's file.

Rev. 6-12

APPENDIX J: REPEAT RATE ANALYSIS

IHCC STUDENT - REPEAT RATE ANALYSIS

JRCERT Standard 4.6 states: “The program assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images”. This analysis is to be turned in at the completion of each term and will be kept with the end-of-term evaluations in the student’s file.

Student Name: _____ Month/Year _____

Clinical Facility: _____

Date	Patient ID#	Exam	Reason for Repeat	Clinical Instructor or Registered Technologist

APPENDIX K: STUDENT CLINICAL PERCEPTION FORM

INDIAN HILLS COMMUNITY COLLEGE

Radiologic Technology Student Clinical Perception

Student Name: _____ Clinical Facility: _____

Rotation: _____

Scoring: 4 Strongly Agree
 3 Agree
 2 Disagree
 1 Strongly Disagree

FACILITY:	4	3	2	1
1. The facility provided me with an adequate number and variety of learning experiences.	_____	_____	_____	_____
2. I was encouraged to ask questions and received clarification on techniques, policies, and procedures from department employees and technologists	_____	_____	_____	_____
3. I received assistance from the department staff when it was requested.	_____	_____	_____	_____
4. I was encouraged to complete procedures independently.	_____	_____	_____	_____
5. I was supervised within JRC guidelines (direct/indirect supervision)	_____	_____	_____	_____
6. I feel more competent as a result of being at this facility.	_____	_____	_____	_____
7. I was not expected to perform procedures I had not been taught in theory.	_____	_____	_____	_____
8. This facility has a professional yet comfortable atmosphere.	_____	_____	_____	_____
9. I was not subjected to destructive criticism by department staff, radiologists, or clinical instructor.	_____	_____	_____	_____
10. I feel that this clinical facility did everything possible to make this a positive learning experience.	_____	_____	_____	_____
11. I would like to work at this facility.	_____	_____	_____	_____

CLINICAL INSTRUCTOR:	4	3	2	1
1. Clinical Instructor adequately and clearly explained expectations.	_____	_____	_____	_____
2. Room assignments reflected areas I needed to be in and were adequate in length.	_____	_____	_____	_____

APPENDIX L: TIMECARD FORM

INDIAN HILLS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL TIME CARD

NAME: _____ **START DATE:** _____

CLINICAL FACILITIES: _____

Each student will be allowed ten (10) days for the entire length of the program. These are not intended to be additional vacation days. When the student decides to use these days he/she must call in to the clinical site and state reason for absenteeism. Absences will be documented on this time card. Clinical Instructors will notify the faculty if the student has been absent 8 or more days and is in danger of exceeding their (10) days. If a student misses more than six (6) clinical days the first year the student must withdraw from the program. Second year students who miss more than (10) days and do not meet the criteria stated in the Leave of Absence Policy must withdraw from the program. There are no banking of days.

Term	Date Absent	Reason	Signature Clinical Instructor Midterm	Signature Clinical Instructor Final

Program Director:	Midterm	Final
Term I:	_____	_____
Term II:	_____	_____
Term III:	_____	_____
Term IV:	_____	_____
Term V:	_____	_____
Term VI:	_____	_____
Term VII:	_____	_____

APPENDIX M: STUDENT RESPONSIBILITIES

INDIAN HILLS COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM

Student Responsibilities

A major portion of a student's time in the Radiologic Technology Program is spent at the clinical site (health care affiliation). Therefore, in addition to the Indian Hills College Catalog and the Radiologic Technology Program Policies and Procedures the student will be responsible for the following:

1. Liability for both students and occupants of themselves and their vehicles to and from the health care affiliation.
2. Personal conduct at the college, the health care affiliation, and in transportation between the two institutions, and at any time you are publicly wearing the approved uniform.
3. Academic achievement and skill achievement in all education situations whether in the classroom, lab or in the health care affiliation. (A student must maintain a cumulative G.P.A. of 2.00 during each term he/she is in the program).
4. Radiation monitoring device, student identification badge and dress code as specified in the program policies and procedures manual are required for all clinical experiences.
5. Abide by work standards set forth by the health care affiliation and the Clinical Instructor.
6. Required attendance at clinical experiences, classes, labs, seminars and individual conferences with the Instructor.
7. Attendance at clinical rotations as scheduled by the Radiologic Technology Program Clinical Coordinators and/or Program Director. Changes in clinical rotations will not be made without prior notice to the student.
8. Additional clinical facility requirements as needed (flu shot, health insurance, driving record, background check, drug screens etc.)

Student's Signature _____ Date _____

Program Director's Signature _____ Date _____

APPENDIX N: PROFESSIONAL CONDUCT

IHCC - RADIOLOGIC TECHNOLOGY PROGRAM

PROFESSIONAL CONDUCT

When caring for sick and injured patients, employees and students must conduct themselves in a professional manner. Any serious violation or several minor violations could lead to dismissal from the program.

1. The student is responsible for being available for instruction in his/her assigned area.
2. The student will be ready to begin clinical at the assigned time and will report to the clinical instructor or the supervisor of the department.
3. Students are to be directly supervised by a registered technologist until they have proven competence
4. Students are to be under indirect supervision in areas of demonstrated clinical competence. **If a radiograph is to be repeated, a registered technologist is required to be present in the radiographic room.**
5. The student is responsible to the clinical instructor and in his/her absence the supervisor of the department.
6. The student will adhere to radiation protection guidelines for the safety and well-being of the patient, themselves and the general public.

The following examples are considered misconduct:

1. Falsifying records or dishonest behavior.
2. Leaving a clinical area during clinical hours without permission, loafing or sleeping on the premises or conducting personal business during clinical hours.
3. Failure to follow instructions or neglect of duties assigned.
4. Any immoral conduct such as the use of alcohol or illegal drugs while on or off duty.
5. Fighting, horseplay, disorderly conduct, loud talking or the possession of weapons on health care facility property.
6. Threatening any person while in the clinical setting.
7. Discourtesy toward patients, visitors, physicians or fellow workers. This includes the use of vile or abusive language.
8. Abuse of time spent on breaks or lunch.
9. Disregard for health care facility safety rules.
10. Smoking in unauthorized areas.
11. Chewing gum while with patients.
12. Disclosing information about patients, students, technologists or physicians and their practices.
13. Theft, destruction or misuse of hospital property or that of patients.
14. Absenteeism and tardiness.
15. Violating dress code.
16. Refusing to provide care to a patient because of patient's race, color, sex, religion, age, socioeconomic status, beliefs, or disabilities.
17. Destroying, stealing or misusing hospital, patient or college property.

This list is not all inclusive and the school reserves the right to review student conduct and determine the disciplinary action to be taken.

Student's Signature _____ Date _____

Program Director's Signature _____ Date _____

APPENDIX O: ACADEMIC INTEGRITY STATEMENT

IHCC - RADIOLOGIC TECHNOLOGY PROGRAM

ACADEMIC INTEGRITY STATEMENT

Indian Hills Community College expects a full commitment to academic integrity from each student. Your signature on the form is your commitment to academic integrity as a student enrolled in the program.

Academic integrity means:

- Your work on each assignment will be completely your own.
- You will not copy or share test questions, materials or assignments without instructor permission.
- Your collaboration with another classmate on any assignment will be pre-approved by your instructor.
- You will not practice plagiarism in any form.
- You will not allow others to copy your work.
- You will not misuse content from the Internet.
- You will report to the instructor cheating incidents that are personally witnessed in or out of class or in the clinical setting. The standards in healthcare require the reporting of any unethical behavior that is witnessed and this professional practice begins upon entry into healthcare education.

Plagiarism is defined as copying or using ideas or words (from another person, an online classmate, or an Internet or print source) and presenting them as your own. It also includes submitting the same (or nearly the same) paper in more than one course without instructor permission. This is considered self-plagiarism.

Please be aware that all instructors use a myriad of technologies to check student work for authenticity. If an instructor confirms that a student has plagiarized work in any manner, the student will be subject to consequences determined by IHCC administration and may be removed from the course with a failing grade.

I acknowledge that I have read the Academic Integrity Statement agree to the policies and procedures stated therein.

Student Signature

Date

APPENDIX P: CLINICAL PROGRESS ALERT
IHCC - RADIOLOGIC TECHNOLOGY PROGRAM

Clinical Progress Alert

To: _____ From: _____
(Clinical Coordinator/Program Director) (Clinical Instructor)

Student: _____ Date: _____

Please use this form to inform the Clinical Coordinator or Program Director of a potential problem that a student in your clinical setting may have. **Early detection** of student problems is critical in helping the student find an adequate solution to his/her situation.

- _____ Irregular Attendance
- _____ Declining quality of work
- _____ Declining quantity of work
- _____ Inability to complete competencies required
- _____ Poor motivation
- _____ Poor attitude toward work
- _____ Poor attitude toward co-workers/fellow students
- _____ Confidentiality issues
- _____ Safety issues
- _____ Lack of self-confidence
- _____ _____
(Other)

Other clinical instructor comments: _____

Follow-up conference with student: _____

(Student's Signature) (Date)

(Clinical Coordinators or Program Director's Signature) (Date)

APPENDIX Q: FLUOROSCOPY POLICY

IHCC - RADIOLOGIC TECHNOLOGY PROGRAM

Students are not allowed to assist or perform fluoroscopic exams without the direct supervision of a radiologist/physician.

Students are not allowed to use the fluoroscopic equipment to take a preliminary/scout film for any exam, including arthrograms or spotting of the terminal ileum for a small bowel follow through.

REMINDER:

INDIRECT SUPERVISION:

JRCERT interprets “indirect supervision of students” as the supervision provided by a qualified radiographer immediately available to assist a student regardless of the level of student competency achievement. “Immediately available” is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This applied to all areas where ionizing radiation equipment is in use. This does not include communication by any mobile/electronic device including cell phones and pagers.

DIRECT SUPERVISION:

The parameters of Direct Supervision according to the JRCERT are:

A qualified radiographer:

1. reviews the request for examination
2. evaluates the condition of the patient
3. is present during the conduct of the examination
4. review and approves radiographs

Remember that students must have direct supervision on all portable and surgical procedures, as well as on ANY repeat exam that was completed with indirect supervision.

APPENDIX R: MRI

IHCC - RADIOLOGIC TECHNOLOGY PROGRAM

MRI Safety

The MRI magnet is ALWAYS on. This means that no person is allowed to enter the MRI scan room without clearance and permission from a certified technologist. Metallic objects (such as fingernail clippers, pocket knives, keys, pens, etc.) can lead to serious bodily injury if brought within the magnetic field.

Projectiles are one of the biggest dangers associated with the MRI scanning environment and occur when the strong magnetic fields of the MRI magnet attract ferromagnetic (metal) objects which then become airborne. Metallic objects in and outside of the body can have dangerous effects when placed in a magnetic field. Some metal implants, including some metal fragments, may move inside the body causing internal injury.

All radiologic technology students that participate and observe in MRI, must be screened for items that may be hazardous to themselves or others prior to entering the MRI scan room.

IHCC – Student MRI Screening Form

Name: _____

Weight: _____

Facility: _____ Date: _____

Age: _____

Do You Have or Have You Ever Had :

- | | | | | | |
|-----------------------------|------------------------------|---|-----------------------------|------------------------------|--|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Aneurysm Clip(s) | <input type="checkbox"/> NO | <input type="checkbox"/> YES | Body Piercing(s) |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Pacemaker, Defibrillator, or Loop Recorder | <input type="checkbox"/> NO | <input type="checkbox"/> YES | Tattoo or Permanent Makeup |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Pacemaker/Defibrillator wires | <input type="checkbox"/> NO | <input type="checkbox"/> YES | Claustrophobia |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Neurostimulator | <input type="checkbox"/> NO | <input type="checkbox"/> YES | Catheter (Swan-Ganz, Foley, etc.) |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Heart Valve | | | |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Insulin or Medication Pump | | | |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Stents, Filters, or Coils | | | |

If yes, Where in Body _____

What year was it placed _____

- | | | |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Medication Patches (Nicotine, Fentanyl, etc.) |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | History of Cancer |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Shunt (Spinal or Intraventricular) |

If yes, what kind _____

- | | | |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Ear or Eye Implant |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Kidney or Liver Problems |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Bone Stimulator |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Diabetes |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Any Metal Fragments/ Shrapnel |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Had Metal Particles in Eyes |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | If yes, have eye x-rays been done |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Dentures/ Partials |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Hearing Aids |

Female Patients Only:

- | | | |
|-----------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Pregnant or Possibly Pregnant |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Breastfeeding |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | IUD or Diaphragm |

- | | | |
|-----------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Ever Been on Dialysis |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Hypertension |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Kidney/Liver Transplant |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Asthma |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | X-ray, CT, or MRI Contrast |

Reaction/Allergy

- | | | |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Any Type of Prosthesis (eye, penile, etc.) |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Surgical Staples or clips |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES | Joint Replacement (Knee, Hip, etc.) |

If you answered **YES** to any question, please provide additional information.

Student's Signature _____

MRI Technologist's Signature _____

Developed 10-2014

APPENDIX S: Indian Hills Community College Health Sciences Division Drug Screening

INDIAN HILLS COMMUNITY COLLEGE HEALTH SCIENCES DIVISION DRUG SCREENING

All Health Science students will be **required to have a drug screen** prior to the clinical experience. The **student portfolio** (on the CastleBranch website) will contain the drug screen results. Those results will be available to both the student and program administrator.

The process will be as follows:

- The student will be provided with information on setting up their account for the Castle Branch portal during the mandatory program orientation
- The student will place an order and pay for the drug screen on the portal.
- The student is responsible for the drug testing fee.
- Castle Branch accepts Visa, Mastercard, Discover, debit, electronic check or money order.
- The confirmation of payment will be issued to the student.
- The confirmation form will be printed as proof to the program administrator.
- The program administrator will then issue the Forensic Drug Testing Custody and Control Form.

How should students schedule their drug test?

- Call the Ottumwa Regional Health Center Occupational Health at 641-684-2466 to set up a drug testing appointment.
- Take the Forensic Drug Testing Custody and Control Form to the appointment at Ottumwa Regional Health Center Laboratory.
- Results will be submitted to the Castle Branch Certified Background database from the lab testing site.
- The student will receive an email to check their account for further information.

Who gets the results?

- The test result will first be reported to the Medical Review Officer (MRO) associated with Castle Branch for review and interpretation.
- The MRO will then report a confirmed positive test result to the student.
- The MRO will attempt to call the student two times from this phone number 800-526-9341. The hours of the follow up phone call will be between 8-5 EST.
- Any questions regarding the results of any drug or alcohol test may be directed to the MRO.

Negative Results:

- Negative Test Result: notice will be posted on the Castle Branch student account of passing the initial drug or alcohol test.

Positive Results:

- Positive Test Result/Failed Test: The MRO will confirm any proof of the student prescriptions, and make any necessary updates to the positive test result.
- Right to Secondary Confirmatory Test: A student with a confirmed positive test result may ask for a second confirmatory test using **ONLY** the results from the first test sample from another approved laboratory within seven days of the IHCC mailing of the positive test results to the student.
- The confirmatory test will be conducted on a portion of the sample collected at the same time as the sample that produced the positive test result.
- *The student is responsible for the cost of second confirmatory test.*
- The **sample** of collection test will be split in the presence of the individual student to allow for the confirmatory testing of any initial positive test result.
- During the confirmatory process, students may be suspended from the clinical and/or classroom experience.

Confirmed Positive Results:

- Students with any **confirmed positive results** will be withdrawn from the program.

Legal Medication/Drugs Notification

- A student must notify the clinical supervisor or program director whenever he/she is using a prescription or over-the-counter drug, which may affect safety or work-performance.
- In making this determination, the student is responsible for consulting with their licensed healthcare professional and reviewing any warning on the label to determine if any medication or drug would adversely affect the student's ability to safely perform essential functions of the clinical or classroom experience.
- If the student is deemed by a Medical Doctor, Doctor of Osteopathy, Physician Assistant or Nurse Practitioner to be safe during the clinical or classroom experience, a "release to attend clinical/classroom document" is required to be signed and kept in the student's file at IHCC.
- The student who does not fully disclose this information will be subject to possible disciplinary action which may lead to dismissal from the program.

Prescription medications that do not impair performance may be brought to the clinical site and should be taken as prescribed. All prescription drugs must be kept in the pharmacy dispensed container.

Testing due to reasonable suspicion:

- Once a student is enrolled in the program, if there is a **reasonable suspicion** of drug or alcohol use, the Program Director will have the right to approve an additional drug or alcohol test at the student's expense. The clinical site also has the right to request a drug/alcohol test at the student's expense.

Reasonable suspicion may include, but is not limited to:

- student behavior or conduct including physical manifestations
- evidence that the involved student has caused or contributed to a clinical or classroom related accident
- objective signs that the involved student may have used drugs or alcohol (i.e., slurred speech, staggering gait, odor of alcohol), or reports from others of a clinical “accident”, slurred speech, etc.

When a program director, faculty member or clinical instructor has suspicion of alcohol or drug use during the clinical experience, the following steps will be taken:

- Remove student from the patient care area or assigned work area and notify the clinical instructor and the Program Director.
- Consult with another faculty, clinical instructor, or employee for verification of suspicions in a confidential manner.
- Upon verification by a second person, inform the student that he/she is relieved from duty and that there is a need “for cause” drug/alcohol screening.
- If the student admits to alcohol and/or drug use, the student must undergo urine drug testing
- Pending the resolution of any testing, the student will be suspended from clinical and/or classroom sites
- A student subsequently found to have positive test results will be removed from the program.
- All incidents involving "reasonable suspicion" drug testing in the clinical setting will be handled with strict confidentiality
- Costs for "reasonable suspicion" drug testing are the student's responsibility.

Transportation of student after reasonable suspicion:

- An unimpaired person (such as a family member or friend) or taxi cab must transport the student to nearest testing facility. A release form must be signed by the person transporting the student and provided to the Clinical Supervisor/Program Director. If a taxi is transporting the student, the person observing the student enter the taxi may sign the release form and provide to the Clinical Supervisor/Program Director.
- If the nearest testing facility is at the clinical site, student should be sent for testing and then an unimpaired individual or taxi cab should take the student home. If a taxi is transporting the student, the person observing the student enter the taxi may sign the release form.
- While awaiting transport, the student should not be allowed to leave the supervisor’s presence or ingest any substances.
- If the student insists on driving, either clinic supervisor or Program Director will notify law enforcement.
- Pending the resolution of any testing, the student will be suspended from clinical and field sites.
- A student subsequently found to have positive test results will be removed from the program.

If the student refuses “reasonable suspicion” testing:

- Have an unimpaired individual or taxi take the student home
- Document the following in writing:
 - Student behavior
 - Actions taken
 - Written statement of person verifying behaviors
 - Student’s response
- Contact the Clinical Supervisor/Program Director as soon as possible and deliver written documentation to the Clinical Supervisor/Program Director within 3 days of the incident.
- Students who refuse reasonable suspicion testing will be removed from the program.

If a facility other than the approved testing site at Ottumwa Regional Health Center performs drug/alcohol testing:

- The student is **obligated to notify** the Program Director of any request by a clinical site for additional testing due to reasonable suspicion.
- If tested by a clinical site, the student shall provide the Program Director with a copy of any test results.
- Failure to promptly notify the Program Director shall be ground for dismissal from the program.
- The student is responsible for any expense incurred with testing.

If a student voluntarily discloses a drug or alcohol problem:

- If a student **voluntarily discloses** that he/she has an alcohol/drug problem and requests assistance, they are then referred to IHCC Student Health.
- Students may be temporarily suspended from the program and/or clinical experience until such time as they have completed drug/alcohol treatment and are considered safe to return to both the classroom and clinical site by a Medical Doctor, Doctor of Osteopathy, Physician Assistant or Nurse Practitioner.

Minor Students:

- Any **minor student** under the age of 18 must abide by the drug and alcohol testing policy.
- A parent or legal guardian of a student under the age of 18 must sign an acknowledgment of receipt of a copy of this policy.
- Those students who are minors under the age of 18 must obtain notarized parental/legal guardian consent on Section II of the Drug/Alcohol Test Release & Consent For Minors.
- Lack of consent for testing will disqualify the minor from continued clinical participation and participation in the Program.

Providing False Information:

- Any student who provides false information when completing paperwork required for a drug test or when responding to required questions for an alcohol or drug screen test will be removed from the Program.
- Any student who dilutes, contaminates, tampers with, alters or interferes in any way with the collection of a specimen for testing purposes will be removed from the program.

Costs:

- The costs of alcohol or drug rehabilitation, treatment and counseling will be the responsibility of the student.
- Costs of drug/alcohol testing are the responsibility of the student



**INDIAN HILLS COMMUNITY COLLEGE
DRUG TEST OF MINOR**

I give permission for _____
to have a drug test as required by the IHCC Health Sciences Division. I also
authorize "reasonable suspicion testing of" _____.

Signature of Parent or Legal Guardian

Printed Name

Date

Return completed form to your Clinical Supervisor or Program Director.

07/26/16

Life. Changing.

IndianHills.edu

OTTUMWA CAMPUS
Indian Hills Community College
525 Grandview Avenue
Ottumwa, Iowa 52501
(641) 683-5111 (800) 726-2585

CENTERVILLE CAMPUS
Indian Hills Community College
721 N. First Street
Centerville, Iowa 52544
(641) 856-2143 (800) 670-3641

NORTH CAMPUS
Indian Hills Community College
Ottumwa Regional Airport
Ottumwa, Iowa 52501
(641) 683-5111 (800) 726-2585



**INDIAN HILLS COMMUNITY COLLEGE
TRANSPORTATION WAIVER**

I hereby assume responsibility for transporting _____
from _____. I accept responsibility for taking
_____ to the assigned facility for drug and
alcohol testing then transporting the individual to their home.

Driver's Signature

Printed Name

Date

Return completed form to your Clinical Supervisor or Program Director.

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**INDIAN HILLS COMMUNITY COLLEGE
MEDICATION WAIVER**

I verify that the medication being taken by _____
Will not impair his/her performance in the classroom or clinical experience.

Signature of MD, DO, NP, PA

Printed Name

Date

Return completed form to your Clinical Supervisor or Program Director.

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**INDIAN HILLS COMMUNITY COLLEGE
TRANSPORTATION WAIVER TAXICAB**

I verify that _____ has been transported by
_____ taxicab and the taxicab has been
instructed to take _____ to the assigned
facility for drug and alcohol testing and then provide transport to the individual's
home.

Signature of person observing individual entering taxicab

Printed Name

Date

Return completed form to your Clinical Supervisor or Program Director.

07/26/16

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POLICY AGREEMENT

1. Receipt of Indian Hills Community College Radiologic Technology Program Policy Manual

I understand I am responsible to read the Radiologic Technology Program Policy Manual completely and will be held accountable for complying with all policies and procedures of the Radiologic Technology program. It is my responsibility to ask for clarification from the staff/faculty regarding any policy or procedure I do not understand. I will read new policies or procedures that are issued by the program. I understand that I am also responsible to read and comply with the general student policies of IHCC.

2. Responsibility for Conduct and Actions as a Radiologic Technology Student

I understand that having been admitted to the IHCC Radiologic Technology program, I am held responsible for my conduct and actions as a radiologic technology student. I understand that breach of IHCC or the Radiologic Technology program policies or the ARRT code of ethics may result in consultation, and perhaps probation, suspension or dismissal depending on the nature of my actions.

3. Titles VI and XII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972

I understand that IHCC complies with Titles VI and XII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and other federal laws and regulations; and does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to admissions, employment, financial aid and educational services. I understand I may follow the grievance procedure guidelines described in this handbook if I wish to file a complaint.

4. Medical Treatment

I understand I am responsible for payment for any medical treatment that may be necessary and is not covered under the provisions of the Iowa Code.

5. Computer User Agreement

As a condition of using the IHCC computer equipment, I agree not to use the equipment to duplicate copyrighted software in violation of its end user's license agreement, whether it is my personal copy or is owned by IHCC. I assume liability for any copyright infringements caused by me.

I have received the Radiologic Technology Program Policies and Procedures Manual and have read and understand that I am responsible for its contents.

Student Signature: _____ Date: _____