

Radiography Program Policies and Procedures Manual

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PREFACE

At Santa Barbara City College, it is felt that if students are given an incentive to learn, and guidance toward the grasp of principles underlying the art and science of Radiography, they have the opportunity to build toward a solid foundation for their future careers.

This handbook is designed to help the student who participates in the Radiography Program. Specifically, it can be used as a reference for Radiography students and faculty.

In general, this handbook presents the policies of the Radiography Program at this college.

MISSION STATEMENT 2011

The mission of the Associate Degree of Radiologic Technology is consistent with the mission of Santa Barbara City College and the standards of the Joint Review Committee on Education in Radiologic Technology. Our mission is to educate students to become competent entry level technologists who serve patients in an ethical and compassionate manner.

Program Goals

Goal 1: Students will be clinically and technically prepared to enter the current job market.

Student Learning Outcomes:

Student will pass the ARRT on first attempt
Students will apply accurate positioning skills
Student will select appropriate technical factors

Goal 2: Students will be professional and ethical.

Student Learning Outcomes:

Student will practice radiation protection
Student will provide competent patient care
Students will produce high quality radiographs

Goal 3: Students will demonstrate effective communication skills.

Student Learning Outcomes:

Students will demonstrate written communication skills
Students will demonstrate oral communication skills
Students will properly communicate with patients

Goal 4: Students will demonstrate critical thinking and problem solving skills in the performance of their duties.

Student Learning Outcomes:

Students will evaluate radiographs for diagnostic quality
Students will adjust procedures and techniques for various circumstances
Students will demonstrate an understanding of the basic functions of radiographic equipment

Accountability Statement

The design and curriculum of the Radiologic Technology Program is based on national standards established by the Joint Review Committee on Education in Radiologic Technology. The JRCERT serves as the accrediting body for the Department of Education as well as the California Department of Health Services. Periodically the Radiographic Imaging and Science Department at Santa Barbara City College undergoes voluntary process of evaluation and site-visits by the JRCERT.

The Radiology Technology program at SBCC has participated in the JRCERT accreditation process for the past 25 years. The program is fully accredited and in good standing with the JRCERT. We are scheduled for our next accreditation in Spring 2007.

Recognition Statement

The Radiology Program is accredited by the Committee on Allied Health Education and Accreditation (CAHEA) of the American Medical Association through the Joint Review Committee on Education in Radiologic Technology (JRCERT). Any student with questions or concerns regarding the Radiologic Science Program at Santa Barbara Community College and compliance with the JRCERT Standards may contact the JRC at:

JRCERT
20 N. Wacker Drive Suite 2850
Chicago, IL 60606-2901
(312) 704-5300 Email: mail@jrcert.org

The Radiology Program is also approved and recognized by the following departments and organizations: Department of Health Services of the State of California, Department of Education of the State of California, and the Veterans Administration. Any student with questions or concerns regarding the Radiologic Science Program at Santa Barbara Community College and compliance with the DHS Standards may contact the DHS at:

Department of Health Services Radiation Branch
PO Box 942833-MS178
Sacramento, CA 94234-2833
916-445-0931

Upon satisfactory completion of the AS Degree Radiography Program, the graduate is eligible to sit for the State of California (CRT) and National Certification Exams (ARRT).

Admissions Policy

Admission Requirements:

1. Eligibility for Math 107–Intermediate Algebra.
2. Eligibility for English 110–Freshman English and Composition
3. Complete Human Anatomy (BMS 107 at SBCC)
4. Complete Human Physiology (BMS 108 at SBCC)

Proving Eligibility is shown by:

1. Submission of SBCC assessment test results showing eligibility for required course(s) and/or;
2. Submission of college transcripts showing completion of the required courses.

Application Procedure:

Obtain a program application from the Health Technologies Office (Administration Building, Room A218).

Submit to the Health Technologies Office:

1. Completed Radiography application
2. Official transcripts from colleges other than SBCC
3. Unofficial transcripts from SBCC

It is the responsibility of the applicant to verify receipt of all transcripts and completion of application file.

Entry Procedure:

Once application is accepted and before entry into the program, the applicant is required to:

1. Complete RT 100 Introduction to Radiography or the equivalent at another college (must be approved by the Health Technologies counselor and the RT Program Director).
2. Attend a Program Orientation meeting (time and date will be announced).
3. Complete the SBCC physical examination on SBCC form including immunizations.
4. Obtain a CPR card, which must be kept current throughout the program.
5. Complete a background check.
6. Submit the results of a drug test.
7. Pay a one-time Radiation Film Badge fee at registration.

Failure to comply with any of the above requirements will make the student ineligible for admission to the program.

Assessment Testing

Make an appointment for the math and English assessment test with the Admissions Office. You do not need to take the test if:

1. You can show eligibility for Math 107 and English 110 on SBCC transcripts; OR
2. You can show that you have had the equivalent of Math 100 and English 110 with a grade of “C” or better on another college campus; OR
3. You have received required scores on the SBCC assessment test. You must submit a copy of your test results to the Health Technologies Office.

Transcripts:

Submit “official” transcripts of high school and previous college work. “Official” transcripts are sent from the original school in a sealed envelope directly to SBCC Health Technologies Office. Health Technologies Office–Applications Secretary, 721 Cliff Drive, Santa Barbara, CA 93109

It is the applicant’s responsibility to make sure transcripts arrive in the Health Technologies Office. Call the Applications Secretary to verify that required materials have been received.

Appeals:

Any applicant who does not meet the entrance requirements may write a letter of appeal to the “Radiography Appeals Committee” stating why the applicant feels the application should be reconsidered. Send the appeal to: Radiography Appeals Committee, Santa Barbara City College, 721 Cliff Drive, Santa Barbara, CA 93109

Radiography Program Faculty

1. Debra McMahan, M.S. RT(R) PA-C
Director/Chairman/Instructor, Radiography

2. Bruce Oda, B.A, R.T. (R)
Clinical Coordinator/Instructor, Radiography

Adjunct Faculty

1. Nick Spina, B.S., RT(R), (S)
Instructor, Radiography

2. Charles Scudelari, B.S., RT(R)
Instructor, Radiography

Dean

1. Betty Pazich, MSN
Dean, Educational Programs

SANTA BARBARA CITY COLLEGE RADIOGRAPHY PROGRAM CLINICAL AFFILIATES

SANTA BARBARA

1. Cottage Hospital
Pueblo at Bath Streets, SB, CA 93105
Clinical Instructor - Hilda Kirchmaier, RT(R).
Tel: 805-682-7111 or (805) 569-7279
2. Goleta Valley Community Hospital
100 South Patterson Avenue,
Santa Barbara, CA 93111
Clinical Instructor—Patty Charest, AS, RT(R)
Tel: 805-967-3411 or (805) 681-6406
3. Sansum/SB Medical Clinic
317 W. Pueblo Street, SB, CA 93105
Clinical Instructor: Dawn Ensign, RT(R)
Tel: 805-898-3141
4. SB Medical Foundation Clinic
215 Pesetas Lane, Santa Barbara, CA 93110
Clinical Instructor—Dawn Ensign, RT(R)
Tel: 805-681-7671 (Radiology)
5. Pueblo Radiology
250 W. Pueblo Street, Santa Barbara, CA
Clinical Instructor: Silvia Placentia, RT(R).
Tel: 805-682-7984
6. Santa Ynez Valley Cottage Hospital
2050 Viborg St., Solvang, CA 93455
Clinical Instructor: Richard Gonzalez, R.T. (R)
Tel: 805-686-6431

SOUTH COUNTY

7. Ventura County Medical Center
3291 Loma Vista, Ventura, CA 93003
Clinical Instructor: Milton Bagley, RT(R)
Tel: 805-652-6080
8. Ventura Community Memorial Hospital
147 N. Brent Street, Ventura, CA 93003
Clinical Instructor: Tim Weigand, RT (R)
Tel: 805-648-7811
9. Pueblo Ventura Medical Group
4516 Market St. Bldg. 1A
Ventura, CA 93003
Clinical Instructor: Leslie Sepulveda, RT (R)
Tel: 805-654-8170
10. Ojai Valley Community Hospital
1306 Maricopa Highway
Ojai, CA. 93023
Clinical Instructor: Richard Nunley, R.T. (R)
Tel: 805-640-2250
11. Palm Imaging Center
1901 Outlet Center Drive
Oxnard, CA 93036
Clinical Instructor: Danielle Capuano, R.T. (R)
Tel: 805-604-9500
12. Santa Paula Hospital
825 North 10th St.
Santa Paula, CA 93060
Clinical Instructor: Mike Gram, R.T. (R)

NORTH COUNTY

13. Arroyo Grande Hospital
345 South Halcyon Road
Arroyo Grande, CA 93420
Clinical Instructor: Andrew Campagnola, R.T.(R)
Tel: 805-473-7672

14. Marian Medical Center
1400 E Church Street, Santa Maria, CA 93454
Clinical Instructor—Mandi Wiseman, R.T.(R)
Tel: 805-739-3000

15. Lompoc Health Center
508 E. Hickory Ave, Lompoc, CA 93436
Clinical Instructor: Kristi Marshall, R.T.(R)
Tel: 805-737-3300

16. Sierra Vista Medical Center
1010 Murray Street, San Luis Obispo, CA 93405
Clinical Instructor: Jimmy Diaz , R.T .(R)
Tel: 805-

17. MRI Diagnostic Medical Imaging
522 E. Plaza Drive
Santa Maria, CA. 93454
Clinical Instructor Jim Shaffer, R.T. (R)
Tel: 805-928-3673

- 18.** French Hospital Medical Center
1911 Johnson Ave
San Luis Obispo, CA 93401
Clinical Instructor: Stephanie Ownes, R.T. (R)
Tel: 805-542-6697

Program Orientation

A program orientation takes place in April, approximately two months prior to the commencement of the Radiography Program in June. The Policy and Procedure Manual, which contains all the pertinent information about the program including purpose, organization, function, operation and policies is shown to them at this time.

When the students begin the program in June, they are required to read and review the policy and procedure manual, and are tested on the content at this time. After completing the exam, all students must sign the “Student Agreement Forms” which verify their understanding of the policies and procedures of the Master Plan and are willing to comply with the program structure.

During orientation, students are also notified of all other obligations and fees including:

1. SBCC Physical Examination
2. CPR Requirements
3. Film Badge and Lab
4. Registration/Tuition
5. Uniforms and Costs
6. Background check
7. Drug screening
8. TB testing
9. Titers
10. Hepatitis vaccination

Student Orientation

A pre-enrollment (unpaid) physical is required of all new students, which includes T.B. skin testing, and titres showing proof of immunization for Measles, Mumps, Rubella (MMR), varicella, and Hepatitis B.

All new students must attend general orientation of their clinical department within 30 days of starting their clinical rotations. All new students are required to attend all safety and educational programs as mandated by their position and/or the Hospital (safety, blood borne pathogens, hazardous materials, etc.). Department orientation consists of:

1. Orientation of all work areas (including equipment) and Diagnostic Imaging Department.
2. Explanation of their role and responsibilities in the department as it relates of their job description, patient population (pediatrics, adolescents, adults, and geriatrics), and mission statement.
3. General department policies, including, but not limited to, attendance, time and attendance system, environmental safety, radiation safety, role in Quality Assurance/Quality Improvement (QA/QI).
4. Once department orientation is complete, one copy of the Department Orientation Checklist is placed in the student’s personnel file. (See appendix for form.)

Curriculum

The curriculum for the School of Radiologic Technology shall meet the criteria identified in the Essentials and Guidelines of an Accredited Education Program for the Radiographer adopted by the Joint Review Committee on Education in Radiology Technology and the Minimum Standards for Diagnostic Radiologic Technology Programs published by the State of California, Department of Health Services, Radiological Health Section Certification.

The master plan of instruction shall include specific goals, objectives, and directed assignments related to the three major sections of the training program: Academic Courses, Clinical Instruction and Assignment, and Student Evaluation both Academic and Clinical. The following academic courses are included within the curriculum.

SUMMER

RT 101	Introduction to Radiology	2.3
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FALL 1st Year

RT 102	Fund of Rad Pos/Proc I	4.0
RT 109	Principles of Rad Tech	3.0
RT 120	Patient Care in Radiography	2.0
HT 120	Med Terminology	1.0
RT 191	Clinical Practicum 1	4.7
Total Units		14.7

WINTER INTERSESSION

RT 192A	Clinical Practicum 1A	2.1
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SPRING 1st Year

RT 103	Fund of Rad 2	4.0
RT 111	Principles of Rad Tech	3.0
RT 119	Rad Physics	2.0
RT 192	Clinical Practicum 2	4.7
Total Units		14.7

SUMMER 2nd Year

RT 293	Clinical Practicum 3	5.9
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FALL 2nd Year

RT 220	Radiation Biology and Protection	3.0
RT 250	Fund of Cross Sect Anatomy	2.0
RT 230	Radiation Pathology	3.0
HT 251	Mammography	2.0
RT 294	Clinical Practicum 4	7.1
Total Units		17.1

SPRING 2nd Year

RT 202	Advanced Procedures	3.0
RT 203	Certification Preparation	4.0
RT 295	Clinical Practicum 5	7.1
Total Units		14.1

I. PROGRAM DESIGN

The Radiography Program adheres to the essentials set forth by the Joint Review Committee on Education in Radiologic Technology, as well as the essentials and regulations of the California Department of Public Health--Radiologic Health Section. Upon successful completion, the student will be awarded an Associate in Science Degree in Radiography and will be eligible to write the ARRT Exam (American Registry in Radiologic Technology) and the C.R.T. Exam (California Department of Public Health Exam in Radiologic Technology).

The program is a twenty-four month, six-semester program in length, commencing with the first Summer session in June. In the entire program there will be a total of four (4) major clinical education rotations. Minor rotations in other specialty imaging areas will also be included to compliment the students' clinical experience. Rotations and program sequence will take place in the following manner:

Clinical Rotations: All rotations have been portioned so that each one contains approximately the same number of clinical education hours. Students will be assigned to their respective clinical affiliates by the college for their first major rotation. Students will be assigned to the second, third and fourth rotation through a cooperative selection system. Students will be asked to make first and second choices for clinic assignments. Based on these selections, the Clinical Coordinator will make every effort to assign the student to one of their choices. Placements are made so that they will best benefit the student. In some cases, student may be required to drive up to 75 miles each way to the clinical site, therefore students must be able to provide their own transportation.

II. COURSE SEQUENCE

A. First Year

1. **Summer (RT 101)** This course is designed to introduce and orientation incoming students to the Radiographic and Imaging science program. The course will provide students with entry-level information and skills to begin practicing in a Radiology department. Topics include ethics, darkroom techniques, and introduction to fluoroscopy, lab practice, basic radiation protection and patient care.
2. **Fall I (RT 102).** This course is designed to cover radiographic positions and procedures dealing primarily with the respiratory system, the abdomen, upper and lower extremities, upper and lower joints and spine. The course contains two (3) hours of lecture, two (3) hours of skills lab at the college, and sixteen (16) hours of clinical lab per week at the assigned clinical affiliate. For this clinical lab the student will report to the clinical affiliate on Tuesday and Thursday, eight (8) hours each day.

3. **Winter Intersession (RT 192A)** This course is designed for the opportunity of students to perform learned exams at their clinical assignment. Furthermore, the winter intersession allows for the opportunity of students to solidify their positioning knowledge on a more repetitive basis. Students are required to perform 14/8 hr. days during the winter break.
4. **Spring I (RT 292)** Third in a series of clinical education courses which requires 40 hours per week in the clinical setting. This rotation allows the student opportunity to enhance basic skills, positioning techniques, patient care and understanding of clinical operations. The student must demonstrate continued competency in those exams previously mastered and additional competencies throughout the semester.
5. **Spring I (RT 103)** This course is designed to cover the entire skull and all routine examinations requiring contrast media. The contrast studies will include the gastrointestinal and urinary systems. A survey of invasive vascular procedures of the abdominal region will be included. The course consists of three (3) hours of lecture, (3) hours of skills lab at the college, and sixteen (16) hours of clinical lab per week at the assigned clinical affiliate. For this clinical lab the student will report to the clinical affiliate on Tuesdays and Thursdays, eight (8) hours each day.
6. It should be noted that first year students will follow the regular college schedule during this first year, taking part in all holidays, vacation periods, final exam breaks and designated recesses. During this first year the students will report exclusively on Tuesdays and Thursdays during their clinical site. Weekend or evening assignments are permitted during this time if approved by the Clinical Instructor and Clinical Supervisor. The day shift consists of an 8-hour clinical experience. The hours are determined by the clinical site and will vary from one clinical site to another. Some examples of possible schedules are as follows: 5:00 – 1:30, 6:00-2:30, 7:00 – 3:30, 8:00 - 4:30, 9:00 - 5:30. Students are not permitted to work more than 10 hours per day or 40 hours per week.

B. Second Year

1. **Summer II (RT 293)**. This Summer Practicum course is designed exclusively for the beginning second-year student to improve on clinical skills and complete examination previously learned during the RT 102 and RT 103 course experiences. The student will report for the eight-week Summer practicum for eight (8) hours each day, for a total of forty (40) hours per week. During this time the students may be assigned to weekend or evening assignments to complete the 5 mandatory rotations. Upon completion of this Summer Practicum, the student will be on a vacation period until the program resumes in the Fall semester.
2. **Fall II (RT 294)** Fourth in a series of clinical education courses to increase technical and clinical proficiency in routine and advanced X-ray procedures under supervision of the clinical coordinator/clinical instructor and departmental radiographers. The student must

demonstrate competency of recently taught radiographic exams plus continued competency of exams previously evaluated.

3. **Fall II (RT 220)** This course is designed to extensively cover fluoroscopic equipment, radiation safety, and biology. The course consists of three (2) hours of lecture, and twenty-four (24) hours of clinical lab per week at the assigned clinical affiliate. For this clinical lab the student will report to the clinical affiliate on Monday, Wednesday and Friday, eight (8) hours each day. So that students may gain additional experiences and become more self reliant, they will be required to complete one (1) week (5 days) of extended clinical education during this semester. When on this assignment, students will be released from their regular day rotation (see definition of Extended Clinical Experience).
4. **Spring II (RT295)** Fifth in a series of clinical education courses to increase technical and clinical proficiency in routine and advanced X-ray procedures under supervision of the clinical coordinator/clinical instructor and departmental radiographers. The student must demonstrate competency of recently taught radiographic exams plus continued competency of exams previously evaluated.
5. **Spring II (RT 202)**. This course is designed to introduce the advanced student to advanced imaging procedures (C.T., MRI, Ultrasound, special procedures), Mammography and Pediatric Radiology. The course consists of three (3) hours of lecture and has no skills lab assignment. There are twenty-four (24) hours of clinical lab assignments per week during this semester. For this clinical lab assignment the student will report to the clinical affiliate on Monday, Wednesday and Friday, eight (8) hours each day. When on this assignment, students will be released from their regular day rotation in order to participate in the second portion of the required extended clinical experience assignment (see definition of Extended Clinical Experience).

As a final compliment to the clinical rotations, each Radiography student will be rotated through the following specialty imaging areas to familiarize themselves with these special imaging modalities. Although students may participate more actively in some of these minor rotations, the main objective is to observe. These minor rotations will begin in the Second Year.

- | | |
|---------------------------------------|------------------|
| a. Mammography | 2 weeks (6 days) |
| b. Ultrasound | 1 week (3 days) |
| c. Interventional procedures/Cath Lab | 1 week (3 days) |
| d. Magnetic Resonance Imaging | 1 week (3 days) |
| e. Nuclear Medicine | 1 day |
| f. Radiation Therapy | 1 day |

The student's total clinical education requirement for the program is 2,000 hours (California Department of Health regulation). Clinical requirements not completed must be accounted for before a student can qualify to sit for the California Diagnostic Radiography Certification Examination.

Faculty Expectations for Student Performance

To assist in your success during your stay in the Radiography Program, the following recommendations have been provided as expectations of student behavior.

At the college, the student is expected to:

1. Adhere to all college and departmental policies/procedures
2. Be on time for class and clinical sessions.
3. Complete all assignments for all courses according to the date and time scheduled.
4. Take examinations on the day and time scheduled.
5. Make-up exams automatically by the next class day following the date of the exam.
6. Be prepared to participate in class by preparing assignments and answering objectives prior to the class.
7. Maintain a consistent pattern of professional and ethical behavior by:
 - a. Completing your own work on tests and written exams.
 - b. Not writing assignments for other students.
 - c. Consulting with the instructor regarding any material in the course that is not clear.

In order for the radiography student to qualify for the state certification examination they shall be in good standing at the time of the exam administration. Good standing means students are:

1. Currently enrolled in the terminal courses of the program with a minimum of a "C" average at the time of exam administration.
2. Have completed all previously required courses in sequence with a minimum of "C" grade.
3. In good clinical standing by being in the Satisfactory Category.
4. Clinically, a student shall not owe more than two (2) clinical education days (absences).

Ethical and Professional Conduct

The student radiographers will accept and uphold the professional and ethical standards established by, but not limited to, the Radiological Society of North America (RSNA), American Registry of Radiologic Technologists (ARRT), American Society of Radiologic Technologists (ASRT), (see attachments).

- A. Ethical and professional conduct will encompass all students' competence, integrity, appearance and honesty in dealings with co-workers and clients.
- B. Definitions:
 1. Ethical Conduct: The thoughtful and reflective application of moral principles and a competent level of knowledge and skills, according to principles and standards established and generally accepted by society and the profession.
 2. Professional Conduct: The act, manner or process of carrying out the profession, Department of Imaging expectations, principles and standards.
- C. Unethical and Unprofessional Conduct:
 1. All students will refer suspected or actual unethical and/or unprofessional conduct to immediate supervisor as soon as the occurrence takes place.
 2. The supervisor will investigate occurrence to determine reporting requirements and the necessary action to be taken.
 3. Disciplinary action will be consistent with School Policy.

Code of Ethics

FOR THE PROFESSION OF RADIOLOGIC TECHNOLOGY

PRINCIPLE 1

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

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

PRINCIPLE 2

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

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

PRINCIPLE 3

The Radiologic Technologist provides service to patients without discrimination.

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

PRINCIPLE 4

The Radiologic Technologist practices technology founded on scientific basis.

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

PRINCIPLE 5

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

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

PRINCIPLE 6

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

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

PRINCIPLE 7

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

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

PRINCIPLE 8

The Radiologic Technologists practices ethical conduct befitting the profession.

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

PRINCIPLE 9

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

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

PRINCIPLE 10

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

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

Rules of Conduct

Every organization must have rules and regulations if it is to function effectively. Because of the nature of the services given, hospitals in particular must have very strict adherence to these rules and regulations. The following are some of the violations, which will be considered cause for immediate termination or dismissal from clinical affiliations.

1. Abuse or inconsiderate treatment of patients.
2. HIPPA Violations of patients' privacy by any unauthorized release of confidential information.
3. Interference with, insubordination, or refusal to obey any supervisor or other duly constituted authority.
4. Possessing, drinking or being under the influence of alcohol or drugs on the hospital premises.
5. Falsifying enrollment application, attendance records, or any hospital document.
6. Unauthorized handling, possession or use of narcotics or drugs.
7. Theft from the hospital, fellow employees, patients or anyone on hospital property.
8. Immoral or indecent conduct to fellow students, patients, staff or faculty.
9. Any serious misconduct on or off duty that may reflect upon the profession.
10. Accepting monetary tips or gratuities from anyone.
11. Intentionally giving false information in accident or insurance cases.
12. Altering attendance records or intentionally altering another student's records.
13. Absence for three consecutive working days without notice to the program director.

Clinical Regulations

While on all clinical education assignments, the Radiography student will be required to:

1. Purchase and maintain a radiation film badge with the carrier prescribed by the college. The student must wear this badge whenever s/he is in a radiation area.
2. Provide his/her own health insurance and immunizations.
3. Provide his/her own means of transportation to and from the clinical education site.
4. Successfully complete all of the required clinical objectives and assignments of each course, within the assigned semester. A student who is unable to fulfill this requirement shall be placed on academic probation.
5. Maintain the Clinical Workbook, documenting all exams and/or procedures completed. The student is responsible for obtaining a clinical evaluation twice each semester. These evaluations shall remain in the Clinical Workbook. The Summer Practicum, RT 292A, will require only one (1) evaluation.
6. Maintain regular prescribed clinical assignments by reporting:
 - a. On the assigned days.
 - b. At the assigned time.
7. Notify the assigned clinical instructor in event of illness/absence. This must be done before the shift begins. Notifying anyone other than the clinical instructor is unacceptable.
8. Frequent absenteeism will result in a UPA and counseling with the Clinical Instructor/Clinical Coordinator and, eventually, the Program Chairman/Director. Frequent absenteeism beyond the time allotted may result in clinical probation and the eventual student's withdrawal from the program.
9. Changes in schedule or clinical assignments must be proposed in writing 72 hrs. prior to the change, and notification of the Clinical Instructor and Supervisor is mandatory.
10. Notification must be given to the Clinical Instructor and Clinical Supervisor if s/he must leave the clinical site prior to the scheduled time.
11. Maintain appropriate behavior and conduct while on clinical assignment. This includes:
 - a. Maintaining respectful behavior towards the clinical faculty and staff.
 - b. Maintaining courteous treatment of patients and visitors.
 - c. Maintaining high standards in the performance of all assigned duties.
 - d. Maintaining patient confidentiality.
 - e. Following the departmental regulations of the clinical affiliate you have been assigned to.
 - f. Providing radiation safety to patients and personnel, according to the California Department of Health regulations--Title 17.
 - g. Avoid using inappropriate or profane language, especially around patients.
 - h. Avoid gambling on the hospital/clinic property.
 - i. Avoid any type of physical altercation on hospital/clinic property.

12. Maintain proper/required dress, appearance and grooming by:
 - a. Wearing the required uniform (see dress code). It must be clean, pressed and in good repair.
 - b. Wearing the prescribed school ID and film badge so that they are visible.
 - c. Maintaining proper grooming and cleanliness by keeping:
 - Hair clean and off the collar and kept in a neat style.
 - Nails clean and short.
 - Keeping cosmetics on in moderation and wearing perfumes/colognes to a discreet level.
 - Men's beards trimmed and neat.
 - Limiting jewelry to a wedding ring, engagement ring or watch. Small earrings are permissible.
 - Wearing a white lab coat to cover visible tattoo or if you are cold.
13. Request, in writing to the Clinical Supervisor and Instructor, any changes in clinical assignments of two days or more. Approval for changes in the student's schedule shall come from the Program Chairman, in writing before the event occurs.

Student Policies

1. Students shall follow all regulations of the Radiography Program.
2. Students shall meet all the district requirements for the Associate of Science Degree, as well as all the Radiography Program requirements. No student shall sit for any certification exam unless these requirements have been met.
3. No students shall terminate the program with vacation.
4. All courses must be taken when they are offered. No alterations shall be made in any of the following unless permitted by the course leader or Program Director.
5. All special requests in the Radiography Program shall be made through the R.T. Program Director, in writing and in advance (5 days minimum). All requests shall be approved in writing. This shall include any alterations in the clinical education or special leave requests.
6. A grade of "C" or "CR" (clinical) shall be maintained in all Radiography courses. A grade of less than this shall require the student to drop from the program. The student may apply to the Radiography Program for readmission only after the course has been successfully repeated with a grade of "C" or better.
7. Students are responsible for obtaining all clinical evaluations and maintenance of their clinical workbooks. This will be calculated into the clinical grade.
8. All evaluations and clinical hours must be completed before proceeding to the next clinical rotation. Failure to do this would require the instructor of record to assign an incomplete grade for the course.

Disciplinary Action

A student who does not adhere to the *Code of Ethics, Rules of Conduct, or Clinical Regulations* as outlined in the Radiography Policies and Procedures Manual may be subject to disciplinary probation, suspension, or expulsion from the program. Each specific incident will be reviewed by the program officials and the necessary action is decided upon on the individual basis. Further details regarding disciplinary action and dismissal are explained in the College Catalog.

Causes for disciplinary action (including suspension and possible termination), include but are not limited to the following:

1. Excessive or unjustified absence or tardiness from classes or clinical rotations.
2. Failure to observe clinical work schedules, including rest and lunch periods.
3. Failure to maintain clinical records and workbook.
4. Failure to inform the clinical site promptly when unable to report for clinical assignments.
5. Inefficient or careless performance of duties, including failure to maintain proper standards of workmanship, productivity or clinical workbook.
6. Disorderly conduct on hospital premises, such as fighting, practical jokes, horseplay, etc.
7. Wasting time, loafing or sleeping during clinical hours, or loitering on clinical property at anytime.
8. Failure to observe safety rules and regulations of the clinical site.
9. Failure to report immediately errors, accidents, or "near" accident so occurring on clinical premises.
10. Use of clinical telephones for personal business.
11. Leaving the clinical site or department during working hours without proper permission.

Disciplinary Probation

A student will be placed on probation if he/she fails to meet the criteria for retention or fails to adhere to the *Code of Ethics, Rules of Conduct, or Clinical Regulations* outlined in this Policy Manual. The student will be informed of probationary status via a probationary notice and conference with the Program Director.

The probation notice should be specific as to the reason for probation and recommendations made to the student by the Program Director. The Program Director should also document what conditions are necessary to remove the student from probationary status and what circumstances may lead to disqualification. The original probationary notice will be maintained in the student's file in the School Office.

Grading Policy

The following grading policy has been adopted by the R.T. faculty and shall be utilized for all RT courses.

A = 92 - 100 B = 84 - 91 C = 75 - 83 D = 65 - 74 F = 0 - 64

A grade designate of "CR" shall indicate a passing evaluation for the clinical portion of the program. A grade of "D" or "F" shall constitute a failure in the didactic portion of the program.

Academic Standards

The academic school year is divided in to approximately six grading periods. At the conclusion of each grading period, the student shall be evaluated, both clinically and didactically, by the Program Director and the Clinical Supervisor. At the end of each evaluation, the student will receive a copy of his/her evaluation.

This evaluation will also allow the student an opportunity to express his/her opinions on the training program. Students should be aware, however, that if he/she is experiencing problems, either academically or clinically, he/she is encouraged to discuss it with the Program Director, Clinical Coordinator and/or Clinical Instructor as soon as possible.

All students must maintain an average of at least 75% in all academic and clinical work. Failure to maintain an average of at least 75% in all academic and clinical work will result in probationary action. Regarding academics, not maintaining an average of at least 75% will result in a probationary period in that subject for the following grading period.

Academic Probation

The probationary period is designed to ensure that a student is able to prove competency in a subject matter previously failed. A student shall be placed on academic probation whenever he/she fails to maintain an average of at least 75% in one subject for any grading period. The conditions to satisfy the probationary period must be established by the student and the appropriate instructor. All makeup work designated by the instructor must be completed with competency, within the following grading period.

Disqualification/Retention

The School of Radiologic Technology reserves the right to dismiss a student at any time during the program if the student is found not qualified or is determined a poor candidate to become a Radiologic Technologist.

Inability or failure to maintain the Standards for Retention and Rules of Conduct, insubordination, unprofessional conduct, constitute reasons for dismissal from the program.

Inability or failure to meeting the following established academic standards shall result in immediate dismissal:

- a. Failure to maintain an average of at least 75% in all radiography classes or the clinic within the same grading period,
- b. Failure to satisfactorily complete the clinical competencies or assignments, **OR**
- c. Failure to satisfactorily complete the designated makeup work during the probationary term, **OR**
- d. Probation in any two consecutive grading periods, or
- e. Probation once in the past and once again failed to meet the 75% grading standard.

Whenever possible, a student should be placed on probation and receive counseling and a probationary notice before disqualification.

Standards for Retention

1. Suitable attitudes and personal relationships to the radiologic technology profession as defined in the ASRT Code of Ethics.
2. Satisfactory performance of radiologic technology skills as evidenced in class work, directed clinical practices and laboratory situations.
3. Understanding and maintenance of ethical conduct.
4. Ability to maintain the physical, mental and emotional health essential to the performance of duties in the radiologic technology profession.
5. Use of good judgment and ability to make sound clinical decisions.
6. Ability to work well with others in the clinical setting.
7. Ability to maintain professional appearance and grooming.
8. Ability to maintain a continuing 75% average in each radiologic technology course and to meet attendance requirements of the program.

Student Due process

The school recognizes the right of a student to express valid grievances that may arise in the day to day working situations without fear of recrimination. The following due process procedures gives students the proper methods and communication path to take when seeking solutions to problems which may occur between the students and the faculty, or the students and clinical personnel. The following steps should be taken when trying to resolve a problem or grievance.

METHOD I:

Step 1: Applies to any student or group of students recognizing a grievance in the clinical education site. The student wishing to seek due process for the problem must pursue the following procedure unless it relates to Sexual Harassment.

Any complaint concerning a clinical matter should first be discussed with the clinical instructor of the designated clinic within the first two weeks of the occurrence of the situation creating the grievance. The clinical instructor will investigate and obtain all pertinent factual information regarding the problem, and will provide the student with a solution or decision within three academic days following the receipt of the verbal or written discussion of the problem. A report reflecting the discussion and decisions made will be submitted to the assigned clinical supervisor, the student, and the clinical personnel involved.

Step 2: If the grievance is not satisfactorily solved by the assigned clinical instructor, the student may appeal verbally or in writing to the assigned college assigned clinical supervisor of the program. The college faculty member will obtain all pertinent factual information and provide the student with a written or verbal solution or explanation within five academic days following the receipt of the complaint or problem. A report reflecting the discussion and decision made will be submitted to the Clinical Coordinator, (if the Clinical Coordinator is not the assigned university faculty member), the student, and the faculty involved.

Step 3: If the grievance is not satisfactorily solved by the assigned college faculty (clinical supervisor), the student may appeal verbally or in writing to the Clinical Coordinator (or Program Director if the Clinical Coordinator is the college faculty, move to Step 4). The Clinical

Coordinator will obtain all pertinent factual information and provide the students with a written or verbal solution or explanation within five academic days following receipt of the problem. A report reflecting the discussion and decisions made will be submitted to the assigned clinical supervisor, the Program Director, the student and the clinical instructor.

Step 4: If the grievance is not satisfactorily solved by the Clinical Coordinator, the student may appeal verbally or in writing to the Program Director. The Program Director will obtain all pertinent factual information and provide the students with a written or verbal solution or explanation within five academic days following receipt of the problem. A report reflecting the discussion and decisions made will be submitted to the Dean of the Allied Health Department, the Clinical Coordinator, assigned clinical supervisor, the student and the clinical instructor.

Step 5: If the decision of step 4 does not provide a satisfactory solution to the problem, the student may appeal in writing to the Dean of the Department of Health Technologies. The Dean will review the problem and provide the student with a written or verbal solution or explanation within five academic days following receipt of the problem. A report reflecting the discussion and decisions made will be submitted to the Dean of the Allied Health Department, the Clinical Coordinator, assigned clinical supervisor, the student and the clinical instructor.

Step 6: If the decision of step 5 does not provide a satisfactory solution to the problem, the student may appeal to the Dean of Student Affairs within one week following the receipt of the Dean's recommendations regarding the problem. Request are to be in writing and made to the Santa Barbara Community College Dean of Academic Affairs as outlined in the District's *Standards of Conduct for Members of the College Community and Guidelines for Due Process*. *The Student Planning Guide*, available at the Counseling Center is distributed to all students during advising session and contains information regarding due process.

METHOD II:

Applies to any student or group of students recognizing a grievance regarding a grade, the instructor, the course content, or any aspect of the didactic courses and /or campus laboratory sections. The student must pursue the procedure listed in the College Catalog.

METHOD III:

Applies to any student or group of students recognizing a valid grievance involving a grade, the instructor, the course content, or any aspect of a Santa Barbara Community College faculty not employed for the Program. The student must pursue the procedure listed in the College Catalog to resolve an academic grievance concerning a general education course, or a course required for another program or major.

Student Policy for Re-Entry and Leave of Absence

This policy refers to students who were previously enrolled in the Radiography Program and desire to apply for re-entry or return to the program from a leave of absence. Students in both of these categories (RE-ENTRY or LOA) are not guaranteed to be readmitted into the program. Cases will be considered on an individual first-come, first-serve, basis dependent upon space available. Once you have left the program, there is no guarantee for re-entry. **Student may re-enter the program only one time** providing they meet the following criteria:

I. RE-ENTRY

- a. For any student withdrawn from the Program due to academic failure, failure to meet the minimum requirement of 75% or “C” in any of the Radiography courses, the student must first submit a petition to re-enter the next semester in which the failed course/s is/are being offered. For example, if a student fails a class in the Fall semester, they must reapply for the following Fall semester. Failure to re-apply for the Fall semester will negate any considerations for priority enrollment.
- b. If a student is readmitted the student will be required to repeat the clinical rotation for that semester while repeating the required course. In the event that a student fails a course during the first semester, all courses will be repeated so that the student may fully participate as a member of the incoming class.
- c. Petition for re-entry must be filed by March 1 for those requesting re-entry for the Fall semester and by September 1 for those requesting re-entry for the Spring semester.
- d. Re-entry will only be granted if the student can provide sufficient evidence of the issues that contributed to the academic failure and the changes that have been made to assure success if given re-entry.
- e. All petitions will be considered on a first-come, first-serve basis, based on space availability. If the class is full, there will be no re-entries granted.
- f. **NOTE:** If a student receives a grade of “D” or “F” in more than one class, they must reapply as a new student and will be added to the bottom of the wait list.

II. LEAVE OF ABSENCE

- a. Students in good standing who have taken a leave of absence from the Program will be allowed to re-apply to the Program if done so within one year of the LOA. For example if the student leaves at the end of the Fall semester, they must return by the following Spring semester. Petition for re-entry must be filed by March 1 for those requesting re-entry for the Fall semester and by September 1 for those requesting re-entry for the Spring semester.
- b. Failure to re-apply within the first year of absence will negate any considerations for priority enrollment and the student must re-enter as a new student.
- c. Re-admission is based on a first-come, first-serve basis, based on space availability. If the class is full, there will be no re-entries granted.

III. REQUIRED RE-ENTRY PROCEDURE

- a. Submit a petition to the Heath Technologies office by the appropriate deadline for consideration for readmission to the Radiography Program.
- b. Meet with the Radiography Program Chairman to review previous records and determine if placement is possible.
- c. Complete new physical exam, background check, and drug screen if required.

IV. NOTIFICATION

- a. Once all requirements have been met and the returning student is qualified, she/he will be notified by acceptance in writing.

Student Clinical Workbook

Each student will be provided with a Clinical Workbook to identify and introduce the student to the various clinical assignments they will participate in during their training program. Included in this manual are the following introductions, information, and policies:

- a. A brief explanation of each assignment area identifying the unique learning experiences of the assignment.
- b. The specific learning objectives identified for each assignment together with a list of the duties and responsibilities of both the student and the clinical instructor.
- c. Individual references that differentiate between the expected learning and competencies to be achieved between the first and second year student assigned to the clinical rotation.
- d. Clinical education, clinical supervision, and repeat examination requirements.

A description of the system established for student evaluation is included in the Student Policy and Procedure Manual. The system includes five individual yet integrated assessment areas.

Didactic Evaluations are given every semester. Clinical Evaluations are given twice a semester.

- a. Competency based evaluation
- b. Cumulative evaluations
- c. Needs assessment
- d. Directed self-study evaluations
- e. Routine formal counseling sessions

Clinical Evaluation and Grading

The School shall promote successful student outcomes and insure a clinical experience which progresses through a series of additive tasks by setting certain student performance standards. The successful completion of these tasks shall be documented using three evaluation criteria; clinical evaluations, clinical competency grades, and clinical record keeping. These three criteria will be used to clinically grade the students during their five clinical semesters. During the last semester, ARRT mandated terminal competencies will be added to the evaluation process and must be completed to finish the program.

Procedure

As previously stated, clinical education evaluations and grades for the clinical semester are calculated as follows:

1. Clinical rotation evaluations: 30 %
2. Clinical competencies: 50 %
3. Clinical records: 20 %
4. Clinical grade: 100 %

During the last trimester the clinical grading criteria will be adjusted to reflect the need to obtain the required terminal competencies. Therefore, the clinical education evaluations and grades for the last clinical trimester are calculated as follows:

1. Clinical rotation evaluations: 30 %
2. Clinical competencies 20 %
3. Terminal competencies; 30 %
4. Clinical records 20 %
4. Semester clinical grade: 100 %

FINAL CLINICAL EDUCATION EVALUATION AND GRADE

Although it is necessary to pass all clinical rotations, no letter grade is given for the clinical rotations. All clinical hours are graded on a credit no-credit basis. It is necessary to complete all of the assigned clinical hours, competencies, evaluation and a total score of 75% to received credit for the clinical portion of the program

UPA Forms

Each completed UPA (Unsafe or Unacceptable Practice Act) form represents a 3% reduction in the student's clinical grade. If a student receives three (3) UPA forms at any clinical assignment, they will be dropped from the program. Examples of actions that will result in a UPA form include: failing to properly provide for the safety of the patient and failing to maintain client confidentiality. See page 76 for an example of a UPA form and the 25 listed actions that warrant a UPA form.

Ongoing Program Self-Evaluation

In order to maintain a continuing standard of excellence, regular self evaluation shall occur outside the cycle of re-accreditation self study. This will be accomplished by the adoption of an evaluation plan that measures program effectiveness through self evaluation and measurable program outcomes

Procedure

The following activities will be undertaken in order to evaluate and monitor performance:

Instructional Evaluation: - each course and instructor shall be evaluated by the students as to effectiveness and content. The P.D. shall be responsible for monitoring compliance to the course outlines.

Course review: - the P.D. and instructor shall review course content annually and shall recommend changes when appropriate.

Program review - the faculty shall review the didactic and clinical sections of the program annually to determine strengths and weaknesses. This review shall include input from students, faculty, and other communities of interest. A report shall be made available to the Dean of Health Technologies and Vice President of the College.

Physical resources evaluation - the P.D. shall review available resources annually and shall maintain the resources necessary to promote the goals of the program.

Self-Evaluations - student will be given a self-evaluation at 12 and 18 months to evaluate their progress.

Graduate survey - a written questionnaire asking the graduate to evaluate their didactic and clinical educational experiences. Additionally, future educational and career choices or desires are asked for.

Graduate employment survey - a survey is given to a graduate's employer asking the employer to rate the technical and clinical abilities of the recent graduate.

All of the above mentioned evaluation tools will be use in the annual self evaluation process of the program. The annual self evaluation will take place during the month of July with a report to be prepared immediately after.

Student Accountability

Throughout the entire program, students are primarily and ultimately responsible to the Program Director and Clinical Coordinator. Since clinical instructors are not available for each rotation, the responsibility for clinical performance of the student has been delegated to the supervisor of the shift and/or the technologist with whom student is assigned. If a problem should arise in the clinic and the Clinical Supervisor or Clinical Instructor is available, students should direct all problems to them.

Student Clinical Supervision

All students will be adequately supervised. The quality of radiographic procedures performed by students will be adequately monitored to maintain both the proper development of skills and habits and high level of Radiographic film quality.

PROCEDURE

1. All students of the School will be under direct supervision during their clinical practicum assignments at all times until they are judged by the Clinical Instructor to be competent in a given procedure.
 - a. Direct supervision consists of:
 - i. a qualified technologist reviews the request in relation to student's competency;
 - ii. a qualified technologist evaluates patient condition in relation to student's competency and knowledge
 - iii. a qualified radiographer is present during the examination
 - iv. a qualified technologist reviews and approves the radiographs.
 - b. Repeat radiographs must be performed under direct supervision of a qualified technologist.
 - c. Students may not be assigned to a radiographic room or portable unit unless a qualified technologist is also assigned to the specific area until the student is judged to be competent.

2. Direct supervision of students, as defined, is required under the following conditions
 - a. Portables and surgery
 - b. Mammography and special imaging modalities
 - c. Repeat examinations

3. Students judged competent in a specific area of radiography may perform procedures under indirect supervision.
 - a. Indirect supervision is defined as that provided by a qualified technologist immediately available to assist the student regardless of competency level.
 - b. Prior to student competency achievement, a single qualified technologist may not be directly responsible for more than one first-year student and indirectly one second-year student during all clinical assignments.

Clinical Visitations, College Faculty (Clinical Supervisor)

During each semester that students are assigned to the clinical education sites, the college faculty will visit the First and Second Year students on a weekly or bi-weekly basis. The goals for the clinical visits shall include:

1. Observe the students in the clinical environment.
2. Observe the students in patient management procedures.
3. Meet with the students to discuss progress.
4. Meet with the clinical instructors to review student progress.
5. When appropriate, meet with the radiologist/staff technologists.
6. Assess whether or not clinical education is being integrated in an organized manner and in accordance with each specific course/program design.
7. Assess whether or not the student is following required procedures regarding patient handling, radiographic procedures, and Radiation biology.
8. Review the student's clinical workbook and sign with the date affixed. Discuss the positioning/procedure progress.

Affiliate Clinical Regulations

1. It shall be considered unlawful to employ students in lieu of certified radiologic technologists.
2. Extended clinical education may not exceed more than ten percent of the total clinical education hours. These hours may take place during any time of the program.
3. Direct supervision (technologist in the same room) shall be given to all students until the student is capable of performing the assigned x-ray procedures accurately and safely. A student shall be permitted to repeat a film **only under direct supervision** of a certified radiographer.
4. Clinical supervision of all students shall be based upon the following ratio:
5. One full-time (100 percent) Clinical Instructor for every ten students on each clinical site at one time. For example, if four students are on site at one time requires a clinical instructor 40 percent or 16 hours for minimal supervision.
6. All clinical education days must be made up no later than the Friday prior to the entrance of grades for each clinical rotation.
7. All students shall follow the prescribed course outline for the course they are enrolled in. Students should never be permitted to attempt clinical examinations they have not studied or do not feel confident to approach. Basically, students may attempt any clinical examination they have been assigned within a given course at the college.
8. All students must receive a clinical evaluation by the clinical instructor on the 8th and 15th week of each semester they are enrolled in. All evaluations must be reviewed with the student, clinical instructor with the clinical supervisor present. All signatures must be affixed upon completion of the evaluation.
9. It is the student's responsibility to turn these evaluations in at the set deadlines.

Clinical Assignments

1. Clinical days consist of 8 hours. Those hours will vary depending on the clinical site. While standard hours are 8:00 – 4:30, they may range from 5:00a.m to 9:00a.m depending on the rotation and site. Students are required to report to their supervisor in their assigned areas and be ready to participate in the procedures at the time posted on the assignment schedule.
2. Any changes in the clinical assignment time for reporting must be brought to the attention of the clinical instructor for approval, in advance.
3. Students wishing to change clinical assignments with another student must request permission in advance through the clinical instructor or coordinator.
4. Students will not be permitted or required to fill-in schedules of technologists.
5. Requests for adjustments in clinical assignment times, or changes in the clinical assignment must be submitted on the approved format at least 48 hours prior to the requested change. In emergency situations, the above policy will be waived and approval considered on an individual basis. No permanent changes will be allowed.
6. Approval from the Clinical Instructor is required for all requested clinical assignment changes. Changes which occur without the Clinical Instructor approval, will result in lost clinical hours.
7. If a student is unable to report to their clinical assignment they must call within 30 minutes of their assigned shift to the Clinical Instructor and the Clinical Supervisor.
8. Failure to call-in within 30 minutes of assigned shift, or at all, will result in disciplinary action up to and including dismissal.

Student Schedules

Clinical Education Requirements

The Radiography student's total clinical education responsibility for the program is 1850 hours (California Department of Health regulations). This must be completed on or by the program anniversary date, twenty-four months later. Clinical education time not completed must be completed before any student in the program can qualify to sit for any certification examination.

PROCEDURE

The Clinical Coordinator is responsible for assigning the students to their clinical sites and handling all clinical problems.

Clinical Coordinator or Clinical Instructor:

1. Plans schedule for each 16-week semester. Schedules should be posted 2 weeks in advance of the schedule start date.
2. All students will receive equal rotations to assigned areas and shifts. Rotations will be on a one to two week basis.
3. It is the students' responsibility to be aware of the changing scheduled hours and clinical assignments. If a student shows up on the wrong shift, they will be sent home and no clinical hours will be rewarded. The student is still required to work his assigned shift.
4. Scheduling Changes must be made in advance with the clinical instructor.
5. Routine Shift Schedules:
Students are scheduled no more than 10 hours per day or forty hours each week even when making-up missed time. Students are not assigned to "call" on night shifts 11:00 p.m. to 7:00 a.m, holidays or weekends unless they volunteer.

The specific hours of assignment will depend upon the clinical assignment of the student. Normal assignment shifts include:

- 5:00 a.m. to 1:30 p.m.
- 6:00 a.m. to 2:30 p.m.
- 7:00 a.m. to 3:30 p.m.
- 8:00 a.m. to 4:30 p.m.
- 9:00 a.m. to 5:30 p.m.
- 1:00 p.m. to 9:30 p.m.

The normal assignment schedules for students are arranged from Monday through Friday. When assigned to a Saturday or Sunday, this is considered a special assignment and the student is given equal time off during the week.

Extended Clinical Education

During the Fall or Spring semesters of the first or second year, students will be required to participate in one (1) week of this specialty experience for a total of five days. Each student in the program will be required to participate, with dates being scheduled in advance. The days and times used for this experience will be as follows:

- a. Monday through Friday Evening, 12-8 p.m., 1-9 p.m., 2-10 p.m. or 3-11 p.m.
- b. Saturdays and/or Sundays day or evening shift (7-3, 9-5 p.m.; 1-9 p.m.; 3-11 p.m.)

The purpose of this clinical education is to allow the advanced Radiography student to become more independent by being assigned to a limited crew in the x-ray department.

Students who wish to elect additional extended clinical experience may elect option 2 of the R.T. electives. **THE TOTAL EXTENDED CLINICAL EXPERIENCE MAY NEVER EXCEED TEN (10) PERCENT OF A STUDENT'S ENTIRE CLINICAL EDUCATION.**

Appropriate schedules will be submitted to the clinical supervisor and coordinator once the schedule has been established by the student and clinical affiliate.

Radiography Program Electives

1. RT 299 (Option 1) Independent Study--A 1-4 unit Independent Study shall be offered each semester. Students interested in enrolling must confer with the Radiography Program Faculty.
2. Additional Extended Clinical Experience (Option 2)--In the Fall and Spring semesters of the second year a student may elect to spend an additional two (2) weeks of his/her regular 3-day rotation on evenings or weekends. The hours may be:
 - a. Weekdays 1-9 p.m., 2-10 p.m., 3-11p.m.
 - b. Weekend days 8-4:30 p.m., 9-5:30 p.m.
 - c. Weekend evenings 1-9 p.m., 2-10 p.m., 3-11 p.m.
 - d. Mammography

Winter Intersession (RT 191)

Winter Intersession shall consist of 14 days (112 Clinical Hours) of relevant clinical assignments. Students will be assigned to full eight-hour days for the purpose of evaluating their clinical competencies and completing the total number of clinical hours required by the California Department of Health, RHB Section. This will take place during the Winter Break of the first year.

Student Image Quality Control

Responsibility

The following individual maybe responsibility for checking student's images:

- a. Clinical instructors,
- b. Floor supervisors and/or
- c. Staff technologist assigned to the student.

Procedure

If there is a question regarding the necessity of repeating an image, the above responsible person shall sign the student repeat log, assuming responsibility from the student if the exam is questioned at a later date.

It is the student's responsibility to ask for such verification, and if it is not forthcoming to indicate same on the request.

If a student is required to repeat an image the student must be allowed to see the first image in order to correct any positioning or technical factor problem. The repeated examination must be performed under the direct supervision of a licensed technologist. The technologist should review the positioning and technique before the exposure is taken.

Repeat Examinations

1. Examination shall be repeated by the person who performed the original exam.
2. Students shall not repeat examinations for technologists.
3. Technologists shall not repeat examinations for students.
4. Repeat exams should be recorded in the "repeat log" noting the supervising technologist and the reason for the repeat.

Review of Complete Images and Repeat Exams

All student images must be checked before completion of an exam.

1. Responsibility for checking student images falls to the following:
 - a. Clinical instructors,
 - b. Floor supervisors and/or
 - c. Staff technologist assigned to the student.
2. If there is a question regarding the necessity of repeating an image, the above responsible person shall sign the front of the requisition assuming responsibility from the student if the exam is questioned at a later date.
 - a. It is the student's responsibility to ask for such verification, and if it is not forthcoming to indicate same on the request.
 - b. If a student is required to repeat an image the student must be required to see the image in order to correct any positioning or technical factor problem.

3. Examinations that need to be repeated shall be repeated by the person who performed the examination originally. Students shall not repeat examinations for technologists and technologists shall not repeat examinations for students.
4. All repeat radiographs must be performed under the **direct supervision** of a qualified radiographer, meaning the radiographer is present and with the student during the repeat examination, regardless of the student's competency level.
5. Repeat exams shall be documented on a repeat log sheet and initialed by the technologists supervising the repeat.

Use of Fluoroscopy by Student Radiographers

In accordance with the state law pertaining to the use of fluoroscopy, student technologists **may NOT** independently perform fluoroscopic procedures that involve positioning of patients or energizing the fluoroscopy tube under any circumstances.

Radiologic technologists possessing a current Fluoroscopic certification may assist a radiologist or physician who is permitted by the State as an Operator and Supervisor in Radiography and Fluoroscopy with the limitations defined by the fluoroscopy permit only.

Any student found performing fluoroscopy on patients as a means of previewing routine positions, such as IVP, KUB, GI overheads, etc., will be subject to disciplinary action up to and including dismissal.

Competency of Student Radiographers

Each student in Radiology is competent according to his/her responsibilities.

Each employee in Radiology is competent according to his/her responsibilities to insure that he/she is knowledgeable and maintains:

1. The necessary skills to appropriately perform his/her duties according to his/her designated rotation and stage of training.
2. The proper training and orientation in the operation and safe use of all equipment in the performance of his/her duties.
3. The proper training and orientation in the prevention of contamination and transfer of infections.
4. The proper training and orientation in cardiopulmonary resuscitation.
5. The proper training and orientation in all lifesaving interventions in accordance with the employee's job description.

Each semester every student will be required to complete a specific number of competency evaluation.

1. All students will be under direct supervision during their clinical practicum assignment at all times until they have achieved clinical competency in the given category of exams.
2. Failure to achieve at the minimum number of clinical competency per semester will result in an incomplete in the clinical experience grade.

Student Counseling

Radiology students are counseled to discuss areas of concern. This may encompass clinical performance, academic achievement, behavior, conduct, etc.

1. Meetings/discussions held with Radiology students to discuss clinical related performance, academic achievements, behavior, conduct, etc., are documented on the Student Conference form.
2. Copies of the completed Conference Self-Evaluation form (see appendix) are made available to the student and for the School personnel file.
3. Counseling memos are used to commend students as well as to document discussions regarding matters which do not fall within the disciplinary procedure but do require counseling.
4. Counseling of the student is strictly confidential and is conducted in private. However, in any clinical counseling session that may result in disciplinary action, the Clinical Supervisor must be present and the Clinical Coordinator should be informed.

Clinical Objectives

Student Progress Evaluations

The purpose of the student progress evaluation is to provide both you and the school with specific information about how well you are performing. This information should be helpful in understanding your strengths and weaknesses and in identifying ways in which you can become a more effective part of the organization and gain more satisfaction from your training.

The Clinical Instructors are accountable to the Clinical Supervisors that progress evaluations are completed in a timely manner. Appropriate radiology supervisors are accountable to the Clinic Instructor that students under their direct supervision are evaluated appropriately.

1. The student clinical evaluation forms will be utilized as an aid in completing performance evaluations.
2. The established evaluation form will be utilized when completing performance evaluations.
3. A student self-evaluation will be completed prior to interview with clinical instructor for evaluation.
4. Performance evaluations will be completed in the middle and at the end of each semester.
5. It is each student's responsibility to assure their clinical evaluations are being completed and delivered to the school office at the end of each semester.
6. Each student should review their rotational evaluations with the supervising technologist at the end of each rotation.
7. Failure to complete clinical evaluation will result in an incomplete in the clinical experience grade.

Students will be graded upon 5 categories which include 1) Demonstrates Technical Skills, 2) Fulfills Professional Role, 3) Uses Communication Skills, 4) Demonstrates Critical Thinking Skills and 5) Follows Program Requirements.

Clinical Competency Evaluation

CLINICAL COMPETENCY

The radiologic technology students' success in clinical education is measured by their:

1. technical skill,
2. dependability,
3. initiative,
4. personal relations.

TECHNICAL SKILLS

The student must demonstrate the following skills with increasing ease as he progresses through the sequence of clinical education:

1. Good technique, as measured by neatness, accuracy, and precision;
2. Ability to familiarize himself with and manipulate equipment appropriately, with a minimum of mishaps or abuse;
3. Maintenance of cleanliness and orderliness of equipment he uses;
4. Performance of procedures with decreasing supervision.
5. Maintenance of records and reports that are complete, accurate, and legible;
6. Organization of work with care, efficiency, and economy of time and materials.
7. Production of high quality radiographs.
8. Attention to patient safety.

DEPENDABILITY

Dependability is an essential professional characteristic. The student is expected to demonstrate an increasing sense of patient-and-colleague-oriented responsibility as an integral part of professional practice. Awareness of an appreciation for this responsibility will be shown by his demonstrating:

1. Respect for the needs of others;
2. Willingness to accept instruction in procedures;
3. Faithfulness in completing assignments without external stimuli;
4. Realization of one's limitations, and need for consultation in such areas;
5. Recognition of the fallacy and potential danger of shortcuts;
6. Observation of rules and lines of authority.

INITIATIVE

Initiative is based upon self-confidence, resourcefulness, and sensitivity to potential problems and opportunities. In this category, individual differences are perhaps most recognizable, but some degree of initiative is required of any successful radiologic technologist. Educational experiences provided by the program and its setting offer opportunities for the student to strengthen his innate appropriate attitudes, and increase his sensitivity and resourcefulness. The following characteristics identify evidence of initiative:

1. Willingness to go beyond the specific assignments, and recognition of opportunities to increase productivity and to help colleagues;
2. Acceptance of responsibility;
3. Adjustment to varying situations without compromising individual integrity;

4. Ability to analyze problems and arrive at conclusions (or solutions) that are supported by valid evidence, and result in effective action;
5. Interest in, and attention to opportunities for enlarging personal and professional competence.

PERSONAL RELATIONS

Since personal relations form the environment within which work is accomplished and learning takes place, cooperation and respect are major considerations. Both verbal and non-verbal expressions of these characteristics are important. Desirable personal relations are demonstrated by:

1. Response of patients, peers, supervisors, and teachers to the individual;
2. Willingness to accept responsibility for, and to correct his own errors with a good disposition, seeking and accepting help when appropriate;
3. Generosity in giving praise to others when appropriate;
4. Accepting praise gracefully;
5. Willingness to contribute to the realization of goals which are group endeavors;
6. Respect for the needs of others, in terms of sharing, in the use of supplies and equipment;
7. Maintaining appearance with appropriate dress, neatness, good grooming, and conduct;
8. Respect for confidential nature of information about patients.
9. Respect and empathy for the patient regardless of race, color, religious beliefs or physical and mental states.

Performance Objectives

- A. **Evaluation of Requisition:** the student will be able to:
 - a. Select appropriate image size and identify procedures for exam to be performed.
 - b. Upon request, recall patients age and name of the patient.
 - c. Identify patients' mode of transportation to the clinical area.
 - d. Pronounce the patients name.
 - e. Recall the patient's admitting diagnosis.
 - f. Recall the ordering physician's name.
- B. **Physical Facilities Readiness:** the student will be able to:
 - a. Provide clean radiographic table.
 - b. Exhibit orderly cabinets and storage space.
 - c. Provide appropriate size cassettes available.
 - d. Provide emesis basins and drugs ready.
 - e. Locate syringes and needles as necessary.
 - f. Turn machine "on" and be prepared for exposures.
 - g. Turn tube in position necessary for the exam.
 - h. Resupply linens if appropriate.

- C. **Patient and Technologists Relationship:** the student will be able to:
 - a. Select and correctly identify each patient.
 - b. Assist patient to radiographic room.
 - c. Assist patient to radiographic table.
 - d. Keep patient clothed and/or draped for modesty.
 - e. Talk with patient in a concerned, professional manner.
 - f. Give proper instructions for moving and breathing.
 - g. Have patient gowned properly.
 - h. Follow proper isolation procedure when appropriate.

- B. **Positioning Skills:** the student will be able to:
 - a. Position the patient correctly on table (prone or supine, head at appropriate end).
 - b. Align center of part to be demonstrated to the center of the film.
 - c. Center central ray to the center of the film.
 - d. Oblique patient correctly if required.
 - e. Angle the central ray to the film.
 - f. Remove unwanted anatomical parts from the radiographic area.

- C. **Equipment Manipulation:** the student will be able to:
 - a. Turn tube from horizontal to vertical.
 - b. Move the bucky tray and utilize locks.
 - c. Identify and utilize locks.
 - d. Insert and remove cassettes from buck tray and spot film devise.
 - e. Operate film advance for automatic chargers (e.g. chest)
 - f. Select appropriate factors at control panel.
 - g. Demonstrate proper use of a technique chart.
 - h. Properly measure the patient with calipers.
 - i. Identify the film with "R", "L", and other appropriate identifications.
 - j. Fill syringes using aseptic technique.
 - k. Direct mobile unit.
 - l. Operate controls for mobile unit.
 - m. Select proper cassette size.
 - n. Adopt technique for changes in SID/FFD, grid ratio, collimation, etc.

- D. **Evidence of Radiation Protection:** the student will be able to:
 - a. Cone or collimate properly.
 - b. Use gonadal shields, when appropriate.
 - c. Demonstrate utilization of lead apron and gloves, if appropriate.
 - d. Produce the film badge as required by the institution.
 - e. Select proper exposure factors
 - f. Adjust exposure technique for motion, when appropriate.

E. Image Evaluation Objectives:

Radiograph(s) Demonstrates:

1. Anatomical Part(s): Part is shown is proper prospective.
2. Proper Alignment:
 - a. Imaging plate centered
 - b. Anatomical part centered
 - c. Tube centered
 - d. Patient obliqued or rotated correctly.
3. Standard Radiographic Exposure: Radiographic Techniques
 - a. Chart was used correctly for selection of technique.
 - b. Compensation of factors for Pathology.
 - c. Correct exposure used to produce image. (Proper density and contrast)
4. Film Identification and/or Other Identifications
 - a. "R", "L", in correct location.
 - b. Minutes or hour markers visible.
 - c. Patient information and date can be identified.
5. Radiation Protection
 - a. Cone or collimation limits visible.
 - b. No repeats.
 - c. Gonad shields in place (if utilized).

Time and Attendance

ABSENCES

All days of student absence are to be noted on the attendance record. This would include illness, personal days, funerals, etc. All required clinical hours must be accounted for. The accuracy and validity of clinical records are essential towards maintaining accreditation.

In event of clinical tardiness or absence, the student is required to contact the clinical instructor within 30 minutes of their assigned shift on the assigned day.

Students are allowed one (1) clinical absence per semester. Any absences over two (2) will result in a UPA. The second absence must be made up within two (2) weeks of the absence/s occurred. Each additional absence will result in an additional UPA. Three (3) UPA's in the same semester will result in dismissal from the program.

All absences must be made up at the clinical affiliate/rotation in which the absence/s occur by the end of the grading period for that semester. No absences or deficient time may be carried over to the next semester or clinical rotation. Arrangements for makeup shall be arranged with the clinical instructor, clinical supervisor and the clinical affiliate within two (2) weeks of the occurrence.

All clinical absences shall be accounted for before students are allowed to sit for the state and national certification examinations. No student will be permitted to graduate unless all clinical absences have been made up. Instead, the student will be extended an incomplete grade for the clinical portion of the course in which the absence/s occurs. The student will then be given a specific designated time period in which to successfully complete all the clinical requirements.

Any absences occurring beyond the allotted number in the college lab will be added to the clinical lab as clinical education hours. The student is permitted one (8) eight-hour day per semester, one lecture, and one college lab session.

Absences in excess of 5 day in any one affiliate or semester percent in any one semester at any one clinical affiliate may be justification for dismissal, pending a Radiography Program faculty review. Unused absences can be banked and carried over to the next semester and clinical rotation.

TARDIES:

1. Students are expected to be in their assigned work areas, in proper attire, at the beginning of the scheduled shift (i.e. at 7:00 am for a 7:00 am assignment). If the student is not at their assignment work area at the beginning of the shift they will be considered tardy.
2. If a student is tardy they may be allowed to make up the time lost at the end of the shift. Any lost time will be deducted from their clinical hours. If a student knows they are going to be late, they need to notify the clinical site or Program as soon as possible and include an expected arrival time with the message.
3. The accumulation of 3 tardies in any one semester will result in a UPA.

SICKNESS/EXTENDED ILLNESS, ETC.

Three (3) consecutive days of absence will require the completion of the Return From Illness form by the student's attending physician. Students cannot return to the program without it. Extended illness or acute hospitalization that will break the continuity of a student's program will require the student to withdraw from the program. Each student will be allowed eight (8) days. Beyond this time limit, students will be required to withdraw from the program and consider re-entry at a later date. A Return From Illness form will need to be completed and signed by your attending physician.

Clinical Make Up Hours

1. Any student who has exceeded their sick time or vacation time must make up the time prior to the end of the semester.
1. All make-up time will be scheduled by the Clinical Instructor as soon as possible and before the end of the semester.
2. Approval of make-up time will be scheduled at the discretion and clinical needs of the department as determined by the Clinical Instructor.
3. Excess time spent in the department without the direct approval of the Clinical Coordinator will not be credited to the students' hours.
4. In case of a communicable disease, first year students who exceed their sick time may be given an incomplete and allowed to make-up their time during the summer session, at the discretion of the Program Director.
5. Second year students, who have not completed their clinical hours, will have their training time extended beyond the normal graduation date until the clinical hours have been satisfied.
6. Any student owing in excess of 10% of their clinical hours may be dropped from the program.
7. Student are not permitted to work more then 10 hours per day or 40 hours per week in the clinical setting

Banking of Clinical Education Days

Students are permitted to bank up to three (3) days at any one affiliate. These may be used at a later date for illness or other reason approved by the Department Chair. This may be accomplished only if the student makes a formal request in writing to the Radiography Program Chairman. The student may not commence in the banking process until written approval has been received from the Program Chairman. Banking forms are available at the clinical affiliate or through the department at the college.

In the banking process, the student shall not exceed the 40 hours per week requirement. The 40 hours per week requirement is defined as the sum of all lecture, college lab, and clinical lab hours.

All banked days shall be used at the affiliate in which they occur. No banked days may be transferred to a new affiliate. Banked days not used at the affiliate in which they occur shall be voided.

RE: Banking Form – All parties (Clinical Instructor, Department Chair and student) must sign. Each party shall receive a copy.

Jury Duty

Students are strongly encouraged to postpone any jury duty assignments until the program is completed. A lengthy assignment would require the student to withdraw from the program and re-enter at a later date. A letter of support will be written by the Program Chairman to assist you with your postponement request. If the student chooses to serve, a maximum of eight (8) days will be allowed.

It should be noted that all absences other than funeral leave must be made up in the semester in which they occur. Special circumstances/conditions may be exceptions to this rule through a petition process to the Program Chairman. All absences must be completed at the clinical affiliate in which they occur.

Request for Exchange of Clinical Education Assignment for Special Circumstances.

A student may petition for an exchange of clinical education assignment or site. This shall be done in advance of the event and shall be done in writing to the Radiography Program Chairman. The Chairman will respond to the student accordingly.

Examples of Special Circumstances

1. Military assignment
2. Religious commitments or assignment
3. Business commitments
4. Financial hardship

SBCC OBJECTIVES

SBCC Holidays

Labor Day	September
Veterans Day	November
Thanksgiving Holiday	November
Winter Vacation	December/January
Martin Luther King Day	January
Lincoln's Birthday	February
Washington's Birthday	February
Spring Vacation	April
Memorial Day	May
Independence Day	July

First and Second year students will observe the above holidays. Students are allowed to work holidays if they so desire to bank days or make-up missed time.

Dress Code

The following policy has been prepared to clearly outline the dress guidelines for students in their clinical rotation.

Policy Guidelines

1. It is important for the general welfare of the Radiology Program that each student present a professional appearance to patients and the public.
The importance and value of individual expression and freedom, and the fact that styles and fashions change, is recognized. However, people judge an organization not only by the quality of service, but also by the appearance of the people they meet. Therefore, Clinical Instructors and Supervisors are responsible for assuring that students are dressed and groomed in a manner acceptable and appropriate to the hospital environment.
2. Hospital appearance should identify students as professionals in the healthcare field.
 - 2.1 Cleanliness
 - 2.1.1 Clothes must always appear fresh and clean.
 - 2.1.2 Personal hygiene should be maintained so as not to offend patients or fellow employees.
 - 2.1.3 Fingernails must be clean, neatly trimmed and not be longer than 1/4 inch. Nail polish, if worn, must be kept in good condition; extreme colors are not acceptable, i.e., neon, green black, blue.
 - 2.1.4 Foot apparel should be clean and polished. Hose or socks must be worn.
 - 2.2 Neatness:
 - 2.2.1 Clothing should be well fitting, and not excessively tight or baggy.
 - 2.2.2 Makeup should be used to give a natural appearance. Excessive use of perfume, cologne, or after-shave should be avoided.
 - 2.3 Hairstyles for women should be neat and close to the body. Long hair should be restrained or tied back at the nape of the neck. Barrettes or short tasteful scarves are acceptable to tie the hair back. Afros and naturals must be of moderate size. Wigs and hairpieces must be neat and in keeping with the hospital environment.
 - 2.4 Hairstyles for men should be neat and in keeping with your profession. Long style hair is acceptable, if groomed. If it touches the shoulders, it must be tied back. Leather strips, covered elastic or rubber bands are acceptable for this purpose. Afros and naturals must be of moderate size. Wigs and hairpieces must be moderate in style and size.
 - 2.5 Beards and mustaches are permitted only if they are kept well groomed. They **may not be** grown while on the job. Men without beards and mustaches are expected to be clean-shaven each day. Failure to shave will result in being sent home to do so.
3. Identification:
 - 3.1 Picture ID Badge: An identification badge will be issued from the school. Picture ID's must be worn while on hospital premises, clearly visible and without markings or defacement.

4. Additional Guidelines:

4.1 Male Students

- 4.1.1 Scrubs are acceptable in the following colors only: navy blue and or white. Scrubs must be worn as matching sets and be thick enough not to be seen through.
- 4.1.2 Sandals and excessive boot styles are not acceptable. Clean leather tennis/gym shoes are acceptable attire. Socks must be worn.
- 4.1.3 White lab coats or jackets may be worn. T-shirts with slogans or advertising are **NOT acceptable**. All lab coats must be laundered and ironed. There are many different styles of lab coats and smocks available.

4.2 Female Students

- 4.2.1 Scrubs are acceptable in the following colors only: navy blue and or white. White skirts or white uniform dresses may be worn in place of scrubs. Scrubs must be worn as matching sets and be thick enough as not to be seen through.
- 4.2.2 All clothing must be of an opaque material. T-shirts with slogans or advertising, low-cut necklines, short, halter or tube tops are NOT acceptable. All tops must be long enough to be tucked in.
- 4.2.3 White lab coats or jackets may be worn. All lab coats must be laundered and ironed. There are many different styles of lab coats and smocks available.
- 4.2.4 Some types of hose must be worn with the uniform style you choose.
- 4.2.5 Clean leather tennis/gym shoes are acceptable attire.
- 4.2.6 Jewelry, such as rings and earrings are acceptable, but should not be excessively large. Students MAY NOT wear more than two (2) earrings in each ear. No other body rings, such as lip, nose or eyebrow rings may be worn in the clinics.

5. Tattoos and Body Piercing:

- 5.1 If student has visible tattoos on the arms or legs, they must be covered with a lab coat or pants at all times while in the clinic.
- 5.2 Nose rings, eyebrow rings, tongue balls, lip rings and belly rings are not permitted in the clinical sites as part of the uniform.

** Any questions as to the acceptability of a clothes item or appearance item should be brought to the attention of the Clinical Instructor before you begin to wear it to be sure that your appearance is in compliance with the appropriate dress standards. Each Clinical Site has specific dress standards that must be adhered to while at the site. This may vary slightly from the School Dress Code.

Sexual Harrasment

Sexual harassment of a student in the workplace is considered a form of behavior that is unacceptable and not tolerated by the Radiography Program and Santa Barbara City College.

1. All Radiology employees and students, whether management or non-management, are expected to refrain from any behavior or conduct that could be interpreted as sexual harassment toward any other employee, student, patient or visitor.
2. Management and supervisory personnel will take prompt, corrective action whenever they become aware of sexual harassment in the workplace.
3. Corrective action will include discipline that may include termination of the offending employee(s) or student(s).
4. All incidence of sexual harassment should be reported to the Program Director or Clinical Supervisor immediately.
5. All students should familiarize themselves with the SBCC policy on Sexual Harassment. In the case of Sexual Harassment the Radiography Program will abide and uphold the SBCC policy.

Patient Rights and Responsibilities

The Radiology Program is aware of and respects the rights of all patients. In addition, all patients can exercise their rights without regard to sex, culture, economic status, educational background, religious beliefs, or the source of payment for care.

1. A copy of the patient's rights and responsibilities, written in English and Spanish, shall be prominently posted in all patient-waiting areas of the department (see attachment).
2. All patient education manuals in the department will have a patient's rights section with a copy of the Patients Rights. In addition, copies of the Patients Rights and Responsibilities shall be available, upon request, to anyone.
3. There is a hospital procedure established whereby patient's complaints are processed for quick resolution. Knowledge of this procedure shall be readily available to patients. Additional follow-up of complaints will be handled promptly and appropriately.

Patient & Family Education

The Radiology Program is committed to providing patients, families and the community, health education, as directed in the hospital's mission and philosophy statement. Through patient education the Department of Diagnostic Imaging and the School of Radiologic Technology expects to: relieve patient anxiety regarding procedures and treatment; have a positive effect on the patient's feelings about his/her stay in the department; provide for and improvement in the patient's general health status; and, provide increased adherence to out-patient therapeutic regimens.

Patient/family education will be provided by Diagnostic Imaging professionals which include but are not limited to: physicians, registered nurses, technologists, sonographers, students, and others involved in patient care.

Diagnostic Imaging personnel and students will participate in providing patient's and their families, and significant others with education that can enhance their knowledge, skills and those behaviors necessary to fully benefit from the health care services provided by the Diagnostic Imaging Department.

Information that provides specific knowledge and/or skills needed to meet the patient's on going health care needs will include but is not limited to:

- A. Information concerning what the patient should expect during procedure.
- B. Safe and effective use of medication and medical equipment.
- C. Instructions on potential drug-food interaction.
- D. How to obtain further information/treatment, if needed.
- E. Psycho-social implications of illness and treatment.

Educational materials and instructional methods utilized in patient/family education will be medically current, instructionally correct, and cost effective.

All imaging procedures will be explained to the patient before the exam begins. Post procedure instructions will be documented according to the medical center's documentation guidelines utilizing the appropriate form (i.e.; integrated progress notes, patient/caregiver education record, and any other teaching checklist).

SBCC Health Technologies & Human Services Policy Statement

Infection Control

The risk of infection among patients and personnel is minimized through the strict attention and infection control measures.

PROCEDURE FOR IMPLEMENTATION

1. ISOLATION PATIENTS

- 1.1 The Department of Diagnostic Imaging should be informed when isolation patients are to be sent to the department.
- 1.2 Recommended isolation precautions must be adhered to as outlined within the Infection Control Manual.

2. HANDWASHING

- 2.1 Hand washing is the most important procedure in preventing the spread of infection. Personnel should wash their hands when reporting to and leaving work.
- 2.2 Hands should be washed when entering and leaving isolation rooms and between ALL patient contacts.

3. SURGICAL SCRUBS

- 3.1 A cleaning preparation, which is approved for use as a surgical hand scrub, should be used (according to FDA approved label instructions) before all invasive procedures, e.g., Angiograms, Myelograms, Arthrograms, Drainage Procedures and Biopsies.

4. INJECTIONS

- 4.1 The site must be cleansed with alcohol or providone iodine solution prior to injection.
- 4.2 Needles and syringes must be disposed of in labeled 'Sharps' containers.
- 4.3 Major injection sites (Lumbar Punctures, Arthrograms, Angiograms, Drainage Procedures, Biopsies, etc.) should be shaved and prepared with providone iodine solution. Sterile drapes must surround the site.

5. INSERTION OF CATHETERS

- 5.1 Catheter insertion should be done with an aseptic technique.
- 5.2 Traffic in the room should be kept to a minimum.
- 5.3 The injection site must be shaved, prepared with providone iodine solution and draped with sterile towels.
- 5.4 Handwashing must be done in a clean sink with a surgical scrub by the physician and the scrub technologist.
- 5.5 Cleaning of equipment should be done at a dirty sink. All equipment should be disposable when possible. Procedures for cleaning the equipment should follow the manufacturer's recommendations.

6. BARIUM ENEMA

- 6.1 All barium mixing and preparation should be done within the clean area.
- 6.2 Hands should be washed before and after all barium studies.

7. GENERAL CLEANING

- 7.1 All equipment and instruments coming into contact with contamination (e.g., blood, feces, urine, isolation patients) must be cleaned after each case. All other items coming into direct contact with patients should be cleaned at least once each day. Surfaces will be cleaned/disinfected using either the hospital approved environmental disinfectant or 70% alcohol.
 - 7.1.1 Wipe off gross contamination.
 - 7.1.2 Whip wet surface thoroughly with alcohol.
 - 7.1.3 Allow surface to air-dry.
- 7.2 All cleaning of dirty equipment should be done at a sink within an area labeled "dirty area".
- 7.3 Bathrooms should be cleaned daily.
- 7.4 Wheelchairs and litters should be cleaned once each week.

8. STANDARD PRECAUTIONS should be used when having contact with ALL patient's blood and/or body fluids.

- 8.1 GLOVES should be worn for performing all invasive procedures, touching body substances or handling items or surfaces soiled with blood or body fluids. Change should occur after each substance contact.
- 8.2 NEEDLES and sharps must be disposed within puncture-resistant containers. Needles should not be recapped by hand.
- 8.3 MASKS AND EYEWEAR should be worn during procedures likely to generate droplets of blood or other body fluids (sectioning or intubation).
- 8.4 GOWNS should be worn with judgment when potential contamination with body fluids is anticipated (as in the treatment of major trauma or major drainage).

9. EMPLOYEE ORIENTATION AND RESPONSIBILITIES

- 9.1 Each new employee should be oriented to the department's infection control policy with special regard to personal hygiene and his or her personal responsibility to Infection Control.
- 9.2 A record will be kept in each employee folder to document infection control orientation.
- 9.3 All open sores (boils, cuts, wounds) especially on the hands, should be reported to the department supervisor. They will determine what action or special precautions are to be taken.

10. STERILITY/INTEGRITY OF ITEMS

- 10.1 Check instruments or tray covers for broken or tampered seal.
- 10.2 Check instruments and trays for expiration date prior to use.
- 10.3 Check gas or steam indicator tape around trays or instrument packages indicating sterility was met. Steam and gas tape should be evenly covered with striped marks.
- 10.4 When trays or instruments are opened, check the internal gas or steam indicator for change; indicator should be evenly colored with markings.
- 10.5 Instruments or trays should never be used if there is the slightest doubt of sterility.

Hepatitis/HIV Precautions

The Health Technologies and Human Services faculty agrees with and adopts the National Center for Disease Control's guidelines for control of the spread of the human immunodeficiency virus and Hepatitis B, and related hepatitis viruses.

All students as health care and service providers need to know and practice precautions to protect themselves and their patients from exposure to the Hepatitis viruses and the human immunodeficiency virus (HIV) which causes AIDS and AIDS Related Complex (ARC). Blood and body secretions from all individuals are considered potentially infectious. Therefore, preventive measures will be taught throughout the HT/HS programs.

Specific recommendations based on CDC guidelines are:

Use appropriate barrier precautions routinely to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient/client is anticipated. (These substances include vaginal, seminal, pleural, synovial, cerebrospinal, oral secretions, feces, pericardial and amniotic fluid and any body tissue.)*

Wear latex gloves for touching blood and body fluids, mucous-membranes, or non-intact skin of all patients/clients, or for handling items or surfaces soiled with blood or body fluids, including linen that may be soiled with secretions. Gloves should be changed using correct asepsis after contact with each patient/client, and hands washed thoroughly and immediately.

Wear mask and protective eyewear during procedures likely to generate droplets of blood or other body fluids to prevent exposure of mucous-membranes of the mouth, nose and eyes. Gowns should be worn during procedures likely to generate splashes of blood or other body fluids. Wash hands and other skin surfaces immediately and thoroughly if contaminated with blood or other body fluids.

Take precautions to prevent injuries caused by needles, scalpels and other sharp instruments. To prevent needle stick injuries, do not recap needles by holding needle cap in hand; rather direct needle into cap on instrument tray. Do not purposely bend or break needles by hand, remove from disposable syringes, or otherwise manipulate by hand. After use, place all sharp instruments in puncture-resistant container for disposal, located as close as possible to the use area. (If syringes are used for repeated injections, do not recap after use, but rather place the unsheathed needle into a "sterile field" between injections, and dispose in appropriate "sharps" container.)

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, have mouth pieces, resuscitation bags, or other ventilation devices available for use in areas where the need of resuscitation is predictable.

Although pregnant women are not known to be at greater risk of contracting HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant women should be especially familiar with and adhere strictly to precautions to minimize risks.

Check your hands for any cuts, abrasions or breaks in skin and cover with water-proof dressing. Refrain from direct patient/client contact if you have an exudative lesion or weeping dermatitis until the condition resolves.

If accidental contact occurs, an immediate evaluation of the patient/client within legal parameters must be made for AIDS or Hepatitis B. If AIDS is confirmed, AZT treatment should be initiated. H-

BIG (Hepatitis B immune globulin) is indicated to provide immediate protection from Hepatitis B. Hepatitis B vaccine, Heptavax-B, or Recombivax HB are available to provide active immunity to Hepatitis B infection. Clinical studies have shown that 85 to 96 percent of those vaccinated evidence immunity. Side effects have been minimal in vaccine trials. The most common complaint has been arm soreness; a few individuals have reported rash, nausea, joint pain and low-grade fever. No long-term reactions to the vaccine have been reported.

* Though the CDC does not include nasal secretions, urine and vomitus (unless contains visible blood), barrier precautions are required whenever working in a dental operatory, diapering young children, or in acute care setting handling these body secretions.

Student Health

Prior to admission into the program, all students are required to pass a physical examination. Any student who does not meet the health standards required by the sponsoring institution will not be admitted into the program.

Once enrolled in the Radiology Program, health care is available to the student through the Student Health Center and Workman's Compensation. Health insurance and medical expenses incurred during training are not covered by the hospital. Students are responsible for their own primary care, hospital coverage, pharmaceuticals, dental and eye care.

Substance Abuse

Santa Barbara City College has clear policies regarding substance abuse. The Radiology Program adheres to the campus policy regarding substance abuse for both students and faculty.

Reasonable Accommodation and Undue Hardship Limitations (ADA)

Under the American Disabilities Act (ADA)

Reasonable accommodation is a critical component of the American Disabilities Act's (ADA) assurance of nondiscrimination. ADA indicates that reasonable accommodation is any change in the work environment or in the way things are usually done that results in equal employment opportunity for an individual with a disability. The employer is not required to lower quality or quantity standards to make an accommodation. Nor is an employer obligated to provide personal use items, such as glasses or hearing aids, as accommodations.

The employer is not required to provide an accommodation if it will impose an undue hardship on the operation of its business. **Undue hardship** is defined by the ADA as an action that is:

"excessively costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the business."

The Radiology School will make a reasonable accommodation to the known physical or mental limitations of a qualified applicant, student or employee with a disability unless it can show that the accommodation would cause an undue hardship on the operation of its business.

1. Examples of reasonable accommodation include:
 - a. Making existing facilities used by employees or students readily accessible to, and usable by, an individual with a disability.
 - b. Job restructuring.
 - c. Modifying work schedules.
 - d. Reassignments to a vacant position.
 - e. Acquiring or modifying equipment or devices.
 - f. Adjusting or modifying examinations, training, materials, or policies.
 - g. Providing qualified readers or interpreters.
2. In determining undue hardships, factors to be considered include the nature and cost of the accommodation in relation to the size, the financial resources, the nature and structure of the employer's organization, as well as the impact of the accommodation on the facility.

Actions that Constitute Discrimination (ADA)

Under the American Disabilities Act (ADA)

The Radiology School will not perform any action(s) which is/are in violation of the American Disabilities Act (ADA). The ADA specifies that the following types of actions that may constitute discrimination:

1. Limiting, segregating, or classifying a student applicant in a way that adversely affects career opportunities for the student applicant because of his/her disability.
2. Participating in a contractual or other arrangement of relationship that subjects a school applicant with a disability to discrimination.
3. Denying admission to a qualified individual because he/she has a relationship or association with a person with a disability.
4. Refusing to make reasonable accommodation to the known physical or mental limitations of a student applicant with a disability, unless the accommodation would pose an undue hardship on the school.
5. Using qualification standards, entrance tests, or other selection criteria that screen out or tend to screen out an individual with a disability unless they are job-related and necessary for the school.
6. Discriminating against an individual because he/she has opposed an admission practice of the school or filed a complaint, testified, assisted, or participated in an investigation, proceeding, or hearing to enforce provisions of the American Disabilities Act.

GENERAL SAFETY PRECAUTIONS

To insure the safety of patients, students and employees in Radiology, proper safety precautions shall be maintained against fire and explosion.

PROCEDURE

A. General Safety

1. No patient shall be left unattended when on the radiology table.
2. Appropriate immobilization of the patient shall be required to prevent the patient from falling from the radiology table.
3. Any defects in transportation equipment will be immediately noted and reported.
4. Contaminated needles are to be placed in Sharp boxes located in all radiographic rooms.
5. Smoking, eating, or drinking is prohibited in the radiology room and corridors.

B. Electrical

1. All electrical defects will be immediately reported to the Supervisor.
2. Serious malfunctions of radiology equipment will be reported and the equipment shall not be used until repairs are made.
3. When closing the radiology room for the day, the equipment will be turned off and the main equipment breaker will be put in the OFF position.
4. Prior to replacing fuses, light bulbs, or removing any cover or panel, the main equipment breaker must be turned to the OFF position.
5. Electrical safety inspections are conducted by the Engineering/Bio Med Department and documented in their records.
6. If a serious problem exists, the room will be closed to all personnel and patients.

C. Mechanical

1. Technologists will make daily checks of x-ray tube, bucky, indicator light, interlocks and table movements to insure correct operation.
2. Mobile equipment will be checked to insure wheel, tube column and locks are in working condition.
3. Patient safety will be considered and care exercised when tilting the table and moving table tops.
4. All wheelchairs and gurneys are cleaned and checked for mechanical defaults weekly and problems are fixed by Engineering Department
5. Any malfunctions found will be reported to the Supervisor for necessary repair.
7. If serious problems exist, the room will be closed to all personnel and patients.

D. Fire and Explosion

1. In the event of fire, remove patient in danger.
2. Close door.
3. Activate fire alarm.
4. Telephone extension (see hospital phone book) and give your location on phone.
5. Extinguish fire by using nearest fire extinguisher.

Fire Safety

It is the policy of most hospitals that all personnel in the department receive initial training and orientation as well as periodic in-services as required on fire response and that such training shall be documented and records maintained.

PROCEDURE

In the event of Fire, the patient/personnel are to be removed from any danger. The electrical supply is to be turned off by turning off equipment and unplugging or shutting off main breaker switch. All doors are to be closed and all lights left on.

Do not allow papers, etc., to accumulate in storage areas and lounge areas. Do not fail to report defective wiring of electrical devices, using hazard notice forms.

IN CASE OF ACTUAL FIRE (SEE HOSPITAL FIRE PLAN): Know “**RACE**”

1. **R**escue/**R**emove patients/personnel to safety.
2. **A**larm/**A**lert-Pull fire alarm-report CODE RED to telephone operator
3. **C**ontain fire-**C**lose doors
4. **E**xtinguish/**E**scape-extinguish a small fire by using nearest fire extinguisher-Escape a large fire

KNOW FIRE ALARM SIGNAL FOR YOUR AREA

KNOW LOCATIONS OF FIRE ALARMS

KNOW LOCATIONS FIRE EXTINGUISHERS AND WHAT “**PASS**” STANDS FOR:

1. **P**ull Pin
2. **A**im
3. **S**queeze
4. **S**weep

KNOW LOCATIONS OF OXYGEN SHUT OFF VALVES

KNOW LOCATIONS OF EXIT ROUTES

Student Pregnancy

The following policy has been adopted for the radiation protection of the fetus of the expectant student while assigned to the clinical portion of her training program. In the event a student becomes pregnant it is her right to inform or withhold the information from the School.

POLICY GUIDELINES

1. Pregnant students may voluntarily notify the Radiation Safety Officer at the earliest opportunity of their condition so that appropriate radiation safety measures can be discussed and instituted if so desired. In order for a student to declare pregnancy:
 - 1.1 Student must fill out a Declaration of Pregnancy Form to the Radiation Safety Officer acknowledging the pregnancy.
 - 1.2 Verification of pregnancy must include the anticipated date of delivery.
2. Upon verification of pregnancy, the Radiation Safety Officer will:
 - 2.1 Review the student's radiation exposure levels and the options to do one of three things:
 - 2.1.1 temporarily discontinue the program with the ability to return after the birth of the child
 - 2.1.2 continue with adjusted rotations
 - 2.1.3 continue without adjusted rotations.
 - 2.2 Review all appropriate and applicable principles of proper radiological safety related to personnel with the student.
 - 2.3 Review and adjust, if desired, the student's clinical assignments to minimize her potential exposure and assure compliance with the MPD established for the embryo and fetus in occupationally exposed women.
 - 2.4 Notify all appropriate radiology department personnel of the expectant status of the student in order to insure proper clinical training while maintaining standards of radiologic safety practice.
 - 2.5 If a student decides to continue in the program based on information provided, she must sign a waiver which releases SBCC and the hospital from any responsibility for any possible complication associated with the pregnancy and
3. During the entire gestation period, the maximum permissible dose equivalent to the fetus from occupational exposure of the expectant mother may not exceed 0.5 rem.
 - 3.1 Radiation safety reports will be monitored monthly to ensure compliance with this recommended MPD.
 - 3.2 Additional changes in the clinical assignments may be instituted in order to ensure compliance with this recommended MPD standard.
 - 3.3 The student will be required to purchase and wear an additional film badge at waist level. The Department Chair will closely monitor badge readings. If the readings reach a total of 0.5 rem, a leave of absence will be mandatory.
4. At any time upon written notice to the Radiation Safety Officer, the student can withdraw their Declaration of Pregnancy.

PREGNANCY SCREENING PRIOR TO DIAGNOSTIC PROCEDURES

It is the policy of the School of Radiologic Technology that steps will be taken to ensure that female patients of childbearing age (12-50 years old) are not pregnant prior to the performance of any diagnostic, therapeutic, and/or interventional procedures that expose the patient to ionizing radiation.

PROCEDURE

1. Signs are posted in the waiting rooms and injection areas in English and Spanish that tell the patient they should inform the technologist if they are pregnant or think they might be.
2. The technologist also asks the patient if there is a chance they could be pregnant prior to performing the procedure.
3. In those cases where the patient states they are pregnant or are unsure of whether or not they are pregnant, the technologist informs the physician on duty.
4. The physician will then make a determination of the appropriate course of action.

Voluntary Declaration of Pregnancy

In accordance with Title 10 of the Code of Federal Regulations, Part 20, I hereby declare my pregnancy to the Santa Barbara City College Radiographic Imaging Department Radiation Safety Officer (RSO). This declaration authorizes the RSO to evaluate the dose received by the embryo/fetus from my occupational exposure to ionizing radiation and to assist me in limiting that dose to 0.5 rem (500 mrem). I understand that this limit is intended to provide an extra measure of protection for the embryo/fetus since it may be more sensitive to ionizing radiation than an adult. The 0.5 rem limit will be applied from the estimated date of conception, _____, until the end of the pregnancy. I will comply with any restrictions imposed on my use of ionizing radiation by the RSB in order to meet this limit.

Student Name (print): _____

SSN: _____ Expected DOB: _____

Clinical Site: _____

Mailing Address: _____

Signature: _____ Date: _____

Privacy Act Statement: The information requested on this form is essential for maintenance of records for individuals potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Part 20. Certain information is protected by the Privacy Act of 1974.

Radiation Safety Officer's Receipt of Pregnancy Declaration

By signing this statement, I acknowledge receipt of the declaration of pregnancy of the above individual. I have evaluated her prior exposure (internal and external) to ensure appropriate limits to control the dose to her unborn child have been established and are in accordance with above stated limitations and the ALARA program, and that the appropriate monitoring is being provided.

Signature: _____ Date: _____



Radiography Program

Pregnancy Release Form

Date: _____

I, _____, a student participating in the Radiography Program at Santa Barbara City College, notified the school of my existing pregnancy on _____. I will remain in the program until the end of this semester and therefore release Santa Barbara City College and the individuals or facilities affiliated with the program from responsibility of any adverse effects upon my pregnancy that may appear to be caused by radiation exposure.

It is clear to me that, statistically, there is a vanishing small probability that clinical or school lab radiation exposure will in any way adversely affect my pregnancy. I take full responsibility to protect myself in accordance with recommendations in the National Council on Radiation Protection and Measurement (NCRP) Report #53. Furthermore, I will absorb the cost of a second radiation monitor to be worn under the lead apron at waist level and will wear the lead apron whenever needed.

I acknowledge that the _____, my present clinical affiliation, has been notified and has advised me of their specific procedures.

Radiation Safety Officer: _____

Date: _____

Student Radiographer: _____

Date: _____

Program Director: _____

Date: _____

Voluntary Declaration of Pregnancy with Low Dose Assignments

In accordance with Title 10 of the Code of Federal Regulations, Part 20, I hereby declare my pregnancy to the Santa Barbara City College Radiographic Imaging Department Radiation Safety Officer (RSO). This declaration authorizes the RSO to evaluate the dose received by the embryo/fetus from my occupational exposure to ionizing radiation and to assist me in limiting that dose to 0.5 rem (500 mrem). I understand that this limit is intended to provide an extra measure of protection for the embryo/fetus since it may be more sensitive to ionizing radiation than an adult. The 0.5 rem limit will be applied from the estimated date of conception, _____, until the end of the pregnancy. I will comply with any restrictions imposed on my use of ionizing radiation by the RSB in order to meet this limit, and therefore choose to be assigned to low exposure areas.

Student Name (print): _____

SSN: _____ Expected DOB: _____

Clinical Site: _____

Mailing Address: _____

Signature: _____ Date: _____

Privacy Act Statement: The information requested on this form is essential for maintenance of records for individuals potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Part 20. Certain information is protected by the Privacy Act of 1974.

Radiation Safety Officer's Receipt of Pregnancy Declaration

By signing this statement, I acknowledge receipt of the declaration of pregnancy of the above individual. I have evaluated her prior exposure (internal and external) to ensure appropriate limits to control the dose to her unborn child have been established and are in accordance with above stated limitations and the ALARA program, and that the appropriate monitoring is being provided.

Signature: _____ Date: _____

Voluntary Declaration of Pregnancy with no Change in Assignments

In accordance with Title 10 of the Code of Federal Regulations, Part 20, I hereby declare my pregnancy to the Santa Barbara City College Radiographic Imaging Department Radiation Safety Officer (RSO). This declaration authorizes the RSO to evaluate the dose received by the embryo/fetus from my occupational exposure to ionizing radiation and to assist me in limiting that dose to 0.5 rem (500 mrem). I understand that this limit is intended to provide an extra measure of protection for the embryo/fetus since it may be more sensitive to ionizing radiation than an adult. The 0.5 rem limit will be applied from the estimated date of conception, _____, until the end of the pregnancy. I choose not to comply with any restrictions imposed on my use of ionizing radiation by the RSB in order to meet this limit and therefore choose to be assigned to all normal areas of exposure.

Student Name (print): _____

SSN: _____ Expected DOB: _____

Clinical Site: _____

Mailing Address: _____

Signature: _____ Date: _____

Privacy Act Statement: The information requested on this form is essential for maintenance of records for individuals potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Part 20. Certain information is protected by the Privacy Act of 1974.

Radiation Safety Officer's Receipt of Pregnancy Declaration

By signing this statement, I acknowledge receipt of the declaration of pregnancy of the above individual. I have evaluated her prior exposure (internal and external) to ensure appropriate limits to control the dose to her unborn child have been established and are in accordance with above stated limitations and the ALARA program, and that the appropriate monitoring is being provided.

Signature: _____ Date: _____

Voluntary Temporary Withdrawal from the Program due to Pregnancy

In accordance with Title 10 of the Code of Federal Regulations, Part 20, I hereby declare my pregnancy to the Santa Barbara City College Radiographic Imaging Department Radiation Safety Officer (RSO). At this time I choose to temporarily withdraw from the program due to the pregnancy. I understand that if I do not complete the semester, I will not receive credit for those courses and will be required to repeat them. If the withdraw occurs at the completion of the semester, I may enroll for the subsequent semester the next time classes are offered. I realize that I may re-enter the program when the required courses are offered again, provided I follow the re-entry policy and procedures.

Student Name (print): _____

SSN: _____ Expected DOB: _____

Clinical Site: _____

Mailing Address: _____

Signature: _____ Date: _____

Privacy Act Statement: The information requested on this form is essential for maintenance of records for individuals potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Part 20. Certain information is protected by the Privacy Act of 1974.

Radiation Safety Officer's Receipt of Pregnancy Declaration

By signing this statement, I acknowledge receipt of the declaration of pregnancy of the above individual. I have evaluated her prior exposure (internal and external) to ensure appropriate limits to control the dose to her unborn child have been established and are in accordance with above stated limitations and the ALARA program, and that the appropriate monitoring is being provided.

Signature: _____ Date: _____

PREGNANCY POLICY AWARENESS

Female students enrolling in the Santa Barbara City College Radiography Program are not required to report their pregnancy to any school official. Any student may seek additional information regarding the health of a pregnant student or of the baby, as it relates to the demands of the course of study, by contacting their personal physician, the Radiation Safety Officer or the Program Director. Radiation Safety and a Pregnancy Policy are published in the Student Policy and Procedure Manual which is posted on the SBCC Radiology website at <http://sbcc.edu/radiology>.

The student's signature below indicates that they are aware that the Program Pregnancy Policies exist. The availability of additional information and reading materials and or forms may be requested from the Radiation Safety Officer or Radiography Program Director at any time from any interested party.

Student Name: _____

Student Signature: _____

Date: _____

School Official Signature: _____

Date: _____

Radiation Safety for Campus Lab and Clinical Sites

No students will be permitted to participate in skills labs or clinical rotations at any time without a personal monitor. If a lab or clinical rotation is missed, it must be made up at a later date with instructor approval.

1. The operator must be aware of, and implement, all applicable requirements of the California Radiation Control Regulations.
 - a. No student shall be used to hold x-ray patient or films except in an emergency, and no person shall be regularly used to hold patients (Section 30308c1).
 - b. Careful collimation shall be used to restrict the x-ray beam to the size of the film, or area of interest, whichever is smaller (Section 30308c3).
 - c. The operator must make use of the appropriate operator protection devices provided, e.g. lead apron, lead shield, etc. (Section 30307 & 30308).
 - d. Students will always wear Personnel monitoring devices when in the lab, hospital or clinic. The monitoring device must be worn on the collar outside of the apron when a lead apron is worn (Section 30307 I 30309).
 - e. The operator is responsible for clearing the x-ray room of non-essential persons prior to generating x-rays (Section 30308c2).
 - f. Gonadal shielding shall be used on all patients who have not passed the reproductive age during procedures in which the gonads are in the direct beam, except in cases in which this would interfere with the diagnostic procedure (Section 30308c4).
2. The operator must adhere to any special radiation safety instructions relating to a specific machine or procedure.
3. Any unusual occurrence or apparent malfunction of the x-ray apparatus that may involve exposure to radiation shall be reported to the instructor or supervisor responsible for that section.
4. Never place yourself in the direct path of the x-ray beam. You should always stand behind the control booth during an exposure.
5. Never permit yourself or fellow students to serve as “patients” for purpose of demonstration or test exposures.

Medical X-RAY Procedures (Sections 30307, 30308, 30309)

1. Protective aprons shall be worn in the fluoroscopic room by all staff, including students.
2. The operator of a mobile x-ray unit shall stand at least six (6) feet from the patient and well away from the useful beam. The operator should wear a protective apron.
3. When required, personnel monitoring devices shall be worn at or near the collar and outside the lead apron during fluoroscopic procedures.
4. Whenever possible, the tube side of a C-arm shall be located below the patient to reduce scatter to personnel

Radiation Area Monitoring

The need for area monitoring shall be evaluated and documented.

1. The school has two fully energized x-ray rooms which are the only source of radiation. The lab contains the required Title 10 Code of Federal Regulations Part 20, Subpart B section 20.1101 and CCR Title 17 section 30253 (a) posting outside the entrances to both rooms of the energized lab is a red light "caution x-ray" sign which is energized when the x-ray machines are energized. There is also a posted sign "caution x-ray" located outside the rooms and also inside the lab located by the control panel.
2. The school Radiation Safety Office is responsible to inspect the light signs and make sure they are in proper working order each semester before using the labs. He is also responsible to maintain the posted signs and make sure they have not been removed.

We do not work with any radioactive material therefore radiation area monitoring for particulate and gamma radiation is not necessary or required.

Instrument Calibration and Maintenance

Instruments used to verify compliance with regulatory requirements must be appropriate for use and calibrated at required frequencies. Specify instruments to be used and procedures to verify conformity.

Various instruments are used in the lab in our QC program to take standard measurements on the equipment such as PBL accuracy, collimation accuracy, density and contrast levels with DR. All instrument calibration and maintenance of the equipment is done by an outside agency as needed for compliance with registration.

Maintenance of the machine should be addressed. This may be addressed in part by the operator's manual from the manufacturer.

Due to minimal use of the equipment and budget constraints the equipment is not on a routine preventative maintenance program. The equipment is used only twice a week while classes are in session with an instructor present. The performance of the x-ray equipment is evaluated with image production on a daily basis and repairs are made as deemed necessary.

Personnel Radiation Monitoring

It is the policy of Santa Barbara City College to evaluate exposure to personnel on a quarterly and accumulative basis.

A. MATERIAL AND METHODS

1. All personnel assigned to work in an area where it is anticipated that they will receive 100mRem exposure in one month or 300mRem in one quarter will wear a body TLD personal monitor.
2. The TLD badges will be worn at all times when in the department and shall be positioned on the front of the body between the waist and neck; if lead apron is worn, the badge shall be positioned on the collar outside of the apron.
3. All TLD badges are to be exchanged quarterly with radiation safety officer.

B. PERSONAL MONITOR REPORTING

1. When the personal monitoring reports are received from Global, they are reviewed by the Radiation Safety Officer and subsequently by the Program Director. If any readings exceed the allowable limits of Section 30265, Title 17, (California Control Regulations):
 - a. The individual is notified in writing by the RSO.
 - b. An investigation of the overexposure is undertaken to determine the reasons for overexposure and to insure that it does not reoccur.
 - c. Exposures above 1250 mREM and below 5000 mREM in a single quarter exposure are reported to the California Department of Public Health Services and the Radiation Safety Committee of the clinical site within 30 days.
 - d. Exposures above the 5000 mREM but less than 25 REM will be reported to the California Department of Public Health Services within 24 hours.
 - e. Exposure rates 5x in excess of the annual exposure dose limit will be reported to the California Department of Public Health immediately.
2. The personal monitoring are maintained by the college forever in the office of the Radiation Safety Officer. These records are made available to students each quarter and a record of their exposure is available upon request at the time or after graduation.
3. The quarterly accumulative exposures are posted in the Department Lab each quarter and kept in a file with the Radiation Safety Officer.
4. A copy of each current report is posted for review and a copy of these records is available to students.

Radiation Protection Program ALARA Program & Reporting

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

Dose Limits:

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

Level 1 investigation limit is:

Whole body deep 125 mrem to 374 mrem

Level 2 investigation limit is:

Whole body deep 375 mrem and higher

PROCEDURE

1. Every 3 months radiation detection badges are returned for processing and reading.
2. All readings are recorded by computer and are checked to see whether or not an individual exceeded the quarter's ALARA levels.
3. If an individual exceeds the quarter's ALARA level, a notice will be generated by the company that reads the badges stating the exposure and the level has been exceeded.
4. The school will then send a notice to the individual informing him of the exceeded level. (see attachments)
5. If level two has been exceeded, a response from the individual is required.
6. If the dose limit is exceeded, the investigation must also include notification of the Department of Public Health, Radiologic Health Branch, Certification Unit with follow up required by Title 22.
 - a. Exposures above 1250 mREM and below 5000 mREM in a single quarter exposure are reported to the California Department of Public Health Services and the Radiation Safety Committee of the clinical site within 30 days.
 - b. Exposures above the 5000 mREM but less than 25 REM will be reported to the California Department of Public Health Services within 24 hours.
 - c. Exposure rates 5x in excess of the annual exposure dose limit will be reported to the California Department of Public Health immediately.
7. Copies of all notices, investigation, etc, will be maintained in the ALARA binder and the individual's personnel file.

Radiation Monitoring

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

Radiation Dosages – Evidence of Excessive Dose

All students' dosimeter reports will be monitored by the Radiation Safety Officer and Program Director for excessive radiation doses, and if a student exceeds 125 mRem during the fluoroscopy course, the faculty will investigate the causes for the excessive dose level. The investigation can include interviews with the student, the clinical education facility supervisor, the clinical coordinator and/or other relevant individuals. Previous reading for the student will be evaluated. The objective of the investigation will be to learn why the student received the excessive dose and to determine what type of corrective action may be needed. A report of the information obtained from the interviews and other sources with subsequent recommendations will provide the corrective action. The corrective action will be enforced and the results of the investigation and corrective action will be placed in the student's file for future reference.

Name:

Dates of monitoring:

Dosimeter Badge Type:
gamma ray):

Radiation Quality (**Photon, x-ray or**

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

Deep (DDE)	Eye (LDE)	Shallow (SDE)

This is the accumulated dose received during time spent in the fluoroscopy certification program. These readings were reported to the radiography program by Global Dosimetry Solutions.

REPORT OF EXCESSIVE RADIATION DOSAGE DISCOVERY/CORRECTIVE ACTION:

Internal Audit Procedures

The Registrant must audit the Radiation Protection Program on an annual basis. Documentation of the annual audits may be requested during inspection. The following items should be addressed depending on the scope of the radiologic health protection problems:

1. Identification of inspection types and program audits conducted, to include radiation machines, personnel and procedures.
 - a. All students and faculty are monitored for radiation on a quarterly basis using Thermoluminescence Dosimeter personal monitors. The reports are sent to the school and reviewed by the Radiation Safety Officer for minimum and maximum exposure level every three months. After reviewing the documents they are initialed and dated by the RSO and posted in the Lab for the students to review.
 - b. The Radiation Safety Program is reviewed annually along with the Policy and Procedure Manual. All documents are reviewed and revised by the Program Director, Radiation Safety Officers and faculty.
2. Identification of the individual(s) who are responsible for performing inspections and/or audits. Radiation Safety Officer, the program director and the faculty all participate in the review of documentation and the policies and procedure used for Radiation Protection.
3. Identification of where and at what intervals the inspections and/or audits are conducted. The audits of radiation monitoring records are done every three months with review of the personal monitoring reports. Reports are posted in the lab for review by the students. Additionally, the Policies and Procedures are reviewed and revised annually as needed.
4. Procedures for conducting the inspections and/or audits.
 - a. Every summer the staff meets for review of the policy and procedure manual and the radiation safety program.
 - b. The labs are used by the students for positioning of phantoms and videotaping positioning techniques on one another in RT 101, 102, 103, 109 and 220. The equipment is not used for the purpose of exposing humans. The equipment is maintained, inspected and calibrated every summer by students and instructors performing required QC experiments in RT101 and in RT 229. When a problem is identified, outside physicists or electricians are called to service the equipment.
5. Instructions on identification of proper use of instrumentation if staff performs machine maintenance or fluoroscopic monitoring.
 - a. The C-arm mobile fluoroscopic unit is used for demonstrational purposes only and the performance of lab experiments which are performed annually by all students. Each student is required to perform 15 hours of lab experiment on the college C-arm or the equipment in their clinical facilities. Test measuring collimation, dose rates, ABC, maximum exposure rates, image lag and contrast are performed on an annual basis in RT 220 labs. A standard quality control kit is used for this purpose.

APPENDICES

Agreement to Abide by Policies

This is to certify that I, the undersigned, have read and completely understand all policies described in the Student Policy and Procedures Manual. In signing this document, I agree to abide by the patient's right to confidentiality as well as all the policies listed and described in the manual. I understand that failure to adhere to the policies can result in disciplinary actions and/or expulsion from the Radiography Program.

I understand that the program undergoes continuous review and self-evaluation. In an effort to improve student outcomes or comply with JRCERT Standards, it may be necessary to periodically modify the curriculum. In addition, policies and/or procedures may be revised or added during the training period. I agree to adhere to these changes as implemented and communicated by the Program Director.

Student Name (print): _____

Signature: _____

Date: _____

Witness: _____

Date: _____

Department Orientation Checklist

It is the purpose of this orientation to familiarize the new Radiology student with the different functions contained within the Radiology Department. As you go through the different areas, you will be shown the basic functions of each unit. When you complete your orientation of each unit, you will then put your initials on the line indicating that you have completed your training. The instructor who has trained you will place his/her initials on the line opposite yours. When all areas have been completed, return this form to School Office. It will be kept in your student personnel file.

ORIENTATION	STUDENT'S INITIALS	CLINICAL INSTRUCTOR
LOGISTICS/ENVIRONMENT		
1. Diagnostic Radiology Procedure Rooms/ER/Surgery/SSS/Portables		
2. Tour of Department		
3. Fire Extinguishers		
4. Fire Alarms and Fire Plan Procedures		
5. Emergency Call Buttons and Codes		
6. Exits		
7. Fire Extinguishers		
8. Restrooms/Lounge/Lockers		
9. Crash Carts		
10. EKG, Pulse Oximeter Monitoring Equipment		
11. Oxygen Tanks		
12. Supply Storage and House Keeping Duties		
13. Attendance Record Keeping		
14. Phone Number in Case of Absence or Late		
15. Patient Bill of Rights		
16. Tour of the Hospital or Facility		
DEPARTMENT MANUALS—REVIEW AND KNOW LOCATION		
1. Familiarize with departmental Policy and Procedure Manual		
2. Familiarize with Safety and Infection Control Manual		
SBCC POLICY AND PROCEDURES--REVIEW AND UNDERSTAND		
1. Incident Report		
2. Review Department Dress Code		
3. Cell Phone Policy		
4. Review Hospital Plans for Codes: RED, BLUE, PINK, GRAY etc.		

Student Name (print): _____

Student Signature: _____

Date: _____

Clinical Instructor: _____

Date: _____

Graduation Requirement Form

All students enrolled in the Radiography Program will be considered eligible for graduation once the following criteria is met:

1. Students must complete a minimum of 60 units
2. Students must maintain a GPA of 2.0 in all Radiography courses
3. Students must complete 1850 clinical hours and 150 Skills Laboratory Hours for a total of 2000 hours.
4. Students must meet the District and State requirements for the Associate of Science Degree:
 - a. English 110
 - b. History 100 or Political Science 101
 - c. BioMed 107 and 108
 - d. Communication 121 or 131
 - e. Logical Thought or Math Proficiency (Math 107)
 - f. Multicultural/Gender Studies (one course) see Catalog listing
5. Physical Education (2 units) required or one activity of PE and HE 101, 102, 213
6. Payment of all financial obligations at the college
7. Completion of all Clinical Workbook documentation.

Students are required to fulfill all graduation requirements before they will be released to take their State and National Certification Examinations.

I, the undersigned, have read and completely understand the described policy.

Student Name (print): _____

Student Signature: _____ Date: _____

Program Director: _____ Date: _____



Radiography Program

PROGRAM RELEASE FORM

I, _____, hereby accept a position in the Diagnostic Radiography Program at Santa Barbara City College. In consideration for my position in said program, I am executing the hereinafter stated release.

I understand that successful completion of the course of study requires the ability to perform all of the normally assigned tasks, but not limited to, lifting, moving, and caring for the physical needs of hospitalized patients.

I further understand that my contact with hospitalized patients may expose me to infection from diseases, some of which are undiagnosed. I realize that such contact may increase the risk of complications in pregnancy.

I further understand that my participation in the clinical component of the program gives rise to a potential exposure to radiation from energized radiographic units and other equipment.

I further understand that if I am injured while at the hospital, the hospital emergency room will only provide initial emergency care and I am responsible for all services rendered beyond this emergency care. The services beyond emergency care will be covered by my own health insurance.

I further understand that I will be required to spend two to three days per week in the clinical practice area for the duration of the twenty-four month program. During this time in clinical practice, I realize that I may spend long periods of time on my feet.

I have read the foregoing and after consultation with my physician I wish to participate in the Diagnostic Radiography Program.

I hereby release the Santa Barbara City College and its employees or affiliates from any and all claims arising out of my participation in said program.

Signature: _____

Date: _____



Radiography Program

Return From Illness Form

Date: _____

This is to certify that I have examined _____ and find _____ to be sufficiently recovered from _____ and is able to resume all duties and responsibilities required by the Santa Barbara City College Radiography Program, including care for hospitalized patients, and all other activities associated with the Radiography Program.

Comments:

Physician's Signature: _____ Date: _____

Office Address: _____

Tel: _____ Fax: _____

COMPETENCY EXAMS PER SEMESTER (CEPS)

STUDENTS NAME: _____

<p>Site Name: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">RT 191</th> <th style="width:65%;">First Fall Semester:</th> <th style="width:20%;"></th> </tr> <tr> <th>COMP #</th> <th>EXAMS</th> <th>DATE</th> </tr> </thead> <tbody> <tr><td>1.1</td><td></td><td></td></tr> <tr><td>1.2</td><td></td><td></td></tr> <tr><td>1.3</td><td></td><td></td></tr> <tr><td>1.4</td><td></td><td></td></tr> <tr><td>1.5</td><td></td><td></td></tr> <tr><td>1.6</td><td></td><td></td></tr> <tr><td>1.7</td><td></td><td></td></tr> <tr><td>1.8</td><td></td><td></td></tr> </tbody> </table>	RT 191	First Fall Semester:		COMP #	EXAMS	DATE	1.1			1.2			1.3			1.4			1.5			1.6			1.7			1.8			<p>Site Name: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">RT 193</th> <th style="width:65%;">Summer Semester</th> <th style="width:20%;"></th> </tr> <tr> <th>COMP #</th> <th>EXAM</th> <th>DATE</th> </tr> </thead> <tbody> <tr><td>3.1</td><td></td><td></td></tr> <tr><td>3.2</td><td></td><td></td></tr> <tr><td>3.3</td><td></td><td></td></tr> <tr><td>3.4</td><td></td><td></td></tr> <tr><td>3.5</td><td></td><td></td></tr> <tr><td>3.6</td><td></td><td></td></tr> </tbody> </table>	RT 193	Summer Semester		COMP #	EXAM	DATE	3.1			3.2			3.3			3.4			3.5			3.6																																
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As part of their educational program, candidates must demonstrate competence in the clinical activities identified in this document. Candidates must demonstrate competence in the areas listed below.

1. Six mandatory general patient care activities.
2. Thirty-one mandatory imaging procedures.
3. Fifteen elective imaging procedures to be selected from a list of 35 procedures.
4. One elective imaging procedure from the head section.
5. Two elective imaging procedures from the fluoroscopy studies section, one of which must be either an UGI or a BE.

UPA -Unsafe or Unacceptable Practice Act

A "UPA" is an action that potentially or actually jeopardizes client safety or an action in which the student demonstrates poor judgment in areas in which the student has had previous opportunities for learning and may result in exclusion from the clinical area depending upon the severity of the UPA.

Student Name	Clinical Site	Date	UPA #
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You have failed to properly
Safety of Patient and personnel
1. Announce to personnel in close proximity before doing a portable x-ray exposure
2. Shield gonads of pediatric/child bearing age patient.
3. Practice radiation protection
4. Ask if patient is pregnant
5. Ask if patient has allergies prior to CM administration
6. Verify patients ID
7. Practice universal precautions/Isolation
8. Observes and practices standard patient safety
9. Verify physician orders for procedure
10. Recognize and report important patient changes: respiration, color, bleeding, ALC
11. Other _____
Client Legal Rights
12. Protects confidentiality & follows HIPPA guidelines
13. Provide client privacy
14. Use appropriate communication techniques
15. Treat patients with respect and dignity
Student Role Requirements
16. Performs procedure not competent to perform without supervision
17. Performs repeat radiograph without supervision
18. Excessive tardiness (3 or more)
19. Excessive absences (2 or more)
20. Failure to call or show up for a scheduled shift
21. Impaired by alcohol or drugs
22. Falsifying clinical records (time and attendance)
23. Failure to maintain adequate clinical records
24. Insubordination to a technologist or supervisor
25. Begins shift on time and stays allotted time
26. Follow appropriate dress code guidelines.

I understand and agree to the following remedial behaviors:

Student Signature	Clinical Instructor	Date
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Radiography Program Policies and Procedures Manual

CLINICAL PROGRESS EVALUATION –SANTA BARBARA COLLEGE RADIOGRAPHY

Student _____ Clinical Site _____ Date _____ Midterm <input type="checkbox"/> Final <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Total Points Earned ÷ 100 = _____ % Total deficient hours _____ UPAs this semester _____ Completed number of competencies _____
---	--

Grading Scale:

2.0 = Unsatisfactory: Does not meet expectations for level of education, significant improvement required

3.0 = Needs Improvement: Usually meets expectations for level of education

3.5 = Satisfactory: Consistently meets expectations for level of education

4.0 = Exceeds: Consistently exceeds expectations for current level of training

For level of clinical education 90% of the time the student exhibits:

A	DEMONSTRATES TECHNICAL SKILLS BY: A-7	2	3	3.5	4
1	demonstrating positioning skills				
2	demonstrating technique selection skills				
3	completing assigned tasks in a timely manner with accuracy				
4	preparing room and organizing sequence of tasks				
5	utilizing collimation and correct cassette size				
6	using anatomical markers and patient identification on each radiograph				
7	safely using and properly caring for equipment				
(28 points = 28%)		Total A: _____			
B	FULFILLS PROFESSIONAL ROLE BY: B-5	2	3	3.5	4
8	preparing legal documentation for each radiograph				
9	accepting constructive criticism and responsibility for errors				
10	using clinical time effectively and demonstrating initiative				
11	demonstrating compassion and concern for patient modesty and comfort				
12	offering assistance to staff: teamwork				
(20 points =20 %)		Total B: _____			
C	USES COMMUNICATION SKILLS BY: C-4	2	3	3.5	4
13	exhibiting sensitivity to cultural diversity				
14	introducing self to the patient & verifying ID with 2 identifiers (HIPAA)				
15	explaining the procedure to the patient				
16	maintaining a professional demeanor with patients/ healthcare team/ others				
(16 points = 16%)		Total C: _____			
D	DEMONSTRATES CRITICAL THINKING SKILLS BY: D-4	2	3	3.5	4
17	practicing radiation protection for patients, self & others				
18	following appropriate contrast media protocol				
19	ensuring safety of patients and others during radiographic procedures				
20	adapting to special needs/challenges of pediatric, geriatric, trauma, and mentally/physically challenged patients				
(16 points =16 %)		Total D: _____			
E	FOLLOWS PROGRAM REQUIREMENTS: E-5	2	3	3.5	4
21	wearing uniform & maintaining grooming/hygiene standards of clinical site				
22	completing required competencies				
23	maintaining clinical logs				
24	being punctual and adhering to scheduled clinical hours				
25	making up absences in a timely manner				
(20 points = 20%)		Total E: _____			

COMMENTS

Student's Strengths: _____

Improvement: _____

General Comments: _____

Student's Comments: _____

I certify that this evaluation represents my best judgment as an educator.

Clinical Instructor

Clinical Supervisor

Date

This report has been discussed with me; my signature does not necessarily indicate agreement.

Student's Signature

Print Student Name

Date

I request a discussion with college faculty (check if necessary)