RADIOLOGIC TECHNOLOGY PROGRAM

STUDENT HANDBOOK

ACADEMIC & CLINICAL PROGRAM POLICIES

2017 – 2018
STUDENT HANDBOOK

FOR THE

STUDENT RADIOGRAPHER

DEVELOPED BY

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A sincere appreciation goes to the Clinical Instructors for their hard work and dedication to the student body and Radiography Program. Julie Lackscheide and Heather Klare wish to thank these individuals for their support, suggestions for improvement and many hours of commitment. Also, a special thanks goes to the Advisory Committee members and our affiliate radiology department staff for the assistance that they provide to the students.
RT Health Admission Procedures

A new incoming student must meet the requirements for admission to the College before being considered for the RT program. Students who chose to enroll in the Radiologic Technology Program may do so online at www.grcc.edu/prospective or request an application from the Enrollment Center at 616-234-4100. All information about the program is available online at www.grcc.edu/health.

A current or returning student must fill out a plan (curriculum) code change form in the Enrollment Center, the Counseling Office or the Health Admissions Office in Room 502 College Park Plaza Building.

Program Requirements for Acceptance into the Radiologic Technology Program:
The student will provide the following to the Admission’s Office:

- A completed GRCC application designating Radiologic Technology
- A copy of your high school transcript designating 2.0 GPA or higher*, or GED and college transcript

*Students who do not have a 2.0 GPA at the high school and/or college level will be asked to take the following courses:
  - MA 003 Math for College Students
  - RD 097 Introduction to College Reading or RD 098 College Reading
  - PY 101 Learning to Adjust to College
  - EN 097 Academic Foundations English I

**Biology course must have a lab component; BI 103 General Botany is not acceptable**

- Completion of one year of high school algebra with a grade of C or better
- Score of at least 40 on the algebra and 76 on the health algebra test
- Score of at least 74 on the health reading test.
- Earn a grade of “C” or better in BI121 & BI122. (Effective 02/13/15) Successful completion is defined as a grade of C or better within two attempts. A withdrawal from a course=one attempt.
- In order to be eligible for graduation, Radiologic Technology students must:
  - Earn a minimum cumulative GPA of 2.0 in the prescribed Radiologic Technology curriculum.

After Program Requirements have been met, the Admission’s Office/Health Admission Coordinator will assign a Health Ready Date to you. Your permanent file will be sent to Health Program Office and managed by the Health Admission Coordinator.

Grand Rapids Community College’s Academic Probation Policy can be reviewed at the following website:
http://www.grcc.edu/academicstanding

You will be placed on a deferred enrollment list in chronological order from earliest to latest ready date. Students with identical ready dates are further ranked according to their date of application. In the rare instance where students have identical ready and application dates, they are ranked alphabetically.

You will be sent a letter announcing your acceptance into the Radiologic Technology Program. The Radiologic Technology Program admits approximately 30 students once each year starting fall semester and ends after completion of 4 semesters & two summer sessions.
First Semester RT Student Failures & re-entering RT Program:

Students may re-enter one year from the start date of the class that was failed &/or dropped, provided that there is a clinical slot available. This is the only opportunity to re-enter.

Should a student fail/drop more than one class, the student will be required to reapply to the program and follow current prerequisites for placement on the ready list. Further, the student that has failed first semester RT courses must complete BI121 & BI122 prior to readmission to the RT program. Students will be given only one opportunity to re-enter, provided RT requirements are completed should the student fail a second time they will be returned to the bottom of the ready list.

Please Note: Student will not be guaranteed return to original clinic site. See re-entry guidelines on page 56.

Honesty/ Professional Ethics Policy

Radiologic Technology students are expected to adhere to high standards of professional ethics and academic honesty. Because of the nature of the work, these behaviors may affect the life and safety of clients. To that end, the Radiologic Technology faculty has adopted the following policy:

1. The following behaviors shall not be tolerated: cheating, copying, lying, plagiarism, withholding pertinent information, stealing, falsification of records, breach of confidentiality, giving false information, etc. A student who is found to have violated this policy will be immediately dismissed from the course, and may be permanently dismissed from the Radiologic Technology Program, and/or the College.

2. The instructor involved with the incident of dishonesty shall provide written documentation to the Director of the Radiologic Technology Program.

3. The student may appeal the decision of the faculty to the Program Director within 2 school days by submitting a letter containing pertinent information. (The Program Director may bring the instructor and the student together). The Violation Notice and a written record of the interview shall be placed in the student's file with copies to the student, the Director of Radiologic Technology Program and the Assistant Dean of School of Workforce Development. *

4. The RT Program Director shall render a decision within two school days of the meeting.

5. The student may appeal the decision of the Program Director in writing, giving pertinent information, by submitting a letter to the Assistant Dean of School of Workforce Development* within two school days of receiving written notice of a violation of the Dishonesty/Violation of Professional Ethics Policy.

6. The Assistant Dean* shall render a final decision on the matter within two school days.

* The Dean of School of Workforce Development, or Vice-President of Academic Affairs will act in the absence of the Program Director, Assistant Dean or Dean.
Clinical Notes & Guidelines:

Topic: **Criminal background checks**: Criminal background checks are required prior to admission into the GRCC RT program, as well as a drug screen. They are also performed prior to starting the program in the summer semester. This information is available at grcc.edu/health & GRCC’s College catalog.

Topic: **Small Notebook & Student Handbook**:
You are required to purchase a small notebook to record important information when the CI and radiology staff give you info to remember. Radiographers do like to tell you important information, but they only want to do it once. You should be writing in your notebook positioning, imaging technique & anything you deem important to remember. You must have your current semester’s clinical operational forms with you at your clinical site at all times. If you do not bring them with you, you will be required to makeup time if you’re sent home to retrieve them. Remember to record kVp & mAs manual techniques. You will be required to know techniques starting fall of your second year.

Topic: **Off-Site Hospital Verification of Comps**: not base hospital
Students are required to complete minimum of 10 comps at the off-Site hospital during RT 230. They must be verified by the off-site clinical instructor. Failure to complete 10 comps at the off-site hospital will result in a half grade reduction for each competency short of 10. This grade reduction will be taken from your final RT 230 grade.

Topic: **Multiple Critical Competencies**
How many critical comps can be completed? For each critical competency you may complete 2 comps.

Topic: **Surgery Experience**:
Students are not usually assigned to surgery experience for RT130 clinical course, but the CI has the prerogative to assign students to surgery. Students will be assigned to attend surgery experience starting in RT131 summer clinic. Students must be monitored or supervised at all times in surgery by the CI or radiographer & never be left alone to finish the exam. Please discuss this topic with your CI. Students should be instructed (in addition to GRCC didactic) about sterile fields in order to not contaminate the sterile field before going to surgery. Students are instructed to remove surgery scrubs and place them in the proper receptacle leaving them at the hospital & never taking them home.

Topic: **Critical Thinking Skills (CTS), Mid-Term Student Progress Evaluation grade, & Affective Objectives**:
All students are responsible for completing 4 Critical Thinking Skills as described on the Competency form for each semester they are at clinics.

Topic: **Final Clinical Grade Audit Form & other operational forms**:
It is very important that you record required information requested in the operational forms. Complete this information before turning forms in to your CI.

Topic: **Direct & Indirect supervision & Repeat Examinations**:
Students are monitored by direct supervision. This means that you must be supervised by the staff radiographer & or CI when you are positioning the patient & making the exposure, until you have mastered the examination by showing proficiency in that area. This is shown by passing competencies and meeting the satisfaction of your Clinical Instructor. When an exam projection must be repeated for first and second year students, you must be supervised by the radiographer or the CI when doing a repeat exam. It is your responsibility to not repeat unless the CI or staff radiographer is in the x-ray room watching you. Remember, you must refuse to do the exam until you find supervision.
HEALTH GUIDELINES for the Radiologic Technology Students

1. Students will be required to maintain current record of vaccinations during clinic semesters including: TB test results, or Chest X-ray date and report. Hepatitis B shot record, Diphtheria/Tetanus shot record, date of Chicken pox or Varicella injection record, and Measles, Mumps, Rubella (MMR) shot record, along with flu vaccine. A flu immunization and TB test or screening must be completed yearly. The TB must not lapse, and the flu vaccine must be acquired no later than November 7. These results need to be on file in the Radiologic Technology office. These records are your responsibility to maintain and keep up to date. If your records lapse, you will not be permitted to attend clinic. You will be required to take your one “free day”. If that has been used, this will count as an unexcused absence for each day you need to become compliant. (See and follow the unexcused absence policy)

Students will also be required to maintain and provide proof for health insurance coverage during the duration of the program. A copy of the student’s insurance card will be collected with the immunization record.

As a first year RT Program student, the deadline to have these records to the college is November 7. If you do not have them in by this date, you will receive a five percent (5%) reduction in your overall grade in RT 111: Radiographic Exposure.

2. A student who is pregnant will follow the Attendance/pregnancy procedure as listed in the RT Student Handbook.

3. Each student needs to be aware of the Michigan Recommendations on HBV-Infected and/or HIV-Infected Health Care Workers. Any infected student is encouraged to seek confidential counseling from his/her personal physician and is not required to share this information with faculty or health care providers. Information and booklets are available in the Health Education Learning Lab.

Latex Glove Sensitivity
A history of chemical/latex or other sensitivities and/or allergies, which occur in the work or clinical environment, may limit or prohibit your ability to complete the clinical requirements of the program.

CRIMINAL BACKGROUND CHECKS of Radiologic Technology Students
Criminal background checks are required by all long term care and many acute care facilities. This will involve Campus Police investigating by performing a fingerprint background check. If you have not been a resident of Michigan for the last three years, you will be required to provide fingerprints from your local Police Department to the GRCC Campus Police at your own cost ($65.00). Failure to provide permission for the background check or a criminal history will result in dismissal from the clinical facility and RT program.

DRUG TESTING is required for all Radiologic Technology Students. At Med-1 the cost is $35.00.
*These must be performed at admissions to get on the “wait list” and at the start of the program in the summer semester.

**Administration, Faculty and Adjunct Faculty**

GRAND RAPIDS COMMUNITY COLLEGE  
143 Bostwick NE  
Grand Rapids, MI  49503

**Phone Numbers: Radiologic Technology Department - 502 College Park Plaza (CPP)**
616-234-4348 - Health Admissions Secretary, Amy Brannon  
616-234-4233 - Program Director, Julie Lackscheide  
616-234-3735 - Educational Clinical Coordinator, Heather Klare  
616-234-4349 - Program Secretary Office, Claudia Galvez  
616-234-4000 - Information Office  
616-234-4100 - Admissions Office  
616-234-4120 – Registrar’s Office  
616-234-4020 – Cashier’s Office for tuition, 234-4120 - Records, 234-3599 -Transcripts  
616-234-4070 - Credit Card Orders

**College Administration, Faculty, and Adjunct Faculty**

President – Bill Pink, Ph. D

Provost & Vice President of Academic Affairs- Laurie Chesley Ph. D

Dean of Workforce Development – Amy Koning – Ph. D

Assistant Dean of Workforce Development – Jimmie Baber Ed.D.

Program Director, Radiologic Technology – Julie Lackscheide MS, RT (R)(CT)

Educational Clinical Coordinator, Radiologic Technology – Heather Klare BA, RT (R)

Adjunct Faculty - Radiologic Technology Program –
  Jeffrey Lloyd MS, RT (R) (I) (N)
  Joel Rescoe MS, RT (R)
  Jeanne Schumaker BS, RT (R) (M)

**Clinical Affiliates, Staff, and Clinical Instructors**

**Radiology Department Chairperson and Educational Coordinator**
Spectrum Health – Butterworth/Blodgett Campus-Manager Diagnostic Radiology-Devrea Lalonde RT(R), Supervisor of Diagnostic Impatient Radiology-Lori Marvin BBM, RT(R)(M)

Holland Community Hospital – Radiology Manager – Eric Badgero BS, RT (R)

Metro Health Hospital, Clinical Supervisor – Suzanne Kasper BS, RT (R) and Dobbie Austin B.S., RT (R)
St. Mary’s Mercy Medical Center, Director of Medical Imaging, Teresa LaLonde BS, R. T. (R), Radiology Department Manager, Tammy Jerome BS, RT (R)

Spectrum Health–Zeeland Community Hospital, Radiology Director, Stacy Sotke BS, RT (R)

SPECTRUM HEALTH
BLODGETT CAMPUS
Radiology Department
1840 Wealthy SE
Grand Rapids, MI 49506
PH: 616-774-7826
Clinical Instructors:
Jeffrey Lloyd MS, RT (R)(I)(N)
Marcie Vos RT (R)

MERCEY HEALTH-ST. MARY’S HOSPITAL
Radiology Department
200 Jefferson, S.E.
Grand Rapids, MI 49503
PH: 685-6215 Main Dept.
Clinical Instructors:
Johanna Cobb B.S., RT (R)
Renee Gonzalez RT (R)
Ruth Vachon RT (R)

SPECTRUM HEALTH
ZEELAND COMMUNITY HOSPITAL
Radiology Department
8333 Felch Street
Zeeland, MI 49464
PH: 616-748-8704 Main Dept.
Clinical Instructor:
Laura Holstege, RT (R)

METRO HEALTH SOUTHWEST PLAZA
Radiology Department
2215 44TH Street SW
Wyoming, MI 49519
PH: 616-252-8319
Clinical Instructors:
Jaclyn Brown, RT (R)
Mary Schaafsma, RT (R)

HOLLAND COMMUNITY HOSPITAL
Radiology Department
602 Michigan Ave.
Holland, MI 49423
PH: 616-546-4943
Clinical Instructor:
Amanda Wiggins RT (R)

METRO HEALTH HOSPITAL
Radiology Department
5900 Byron Center Ave.
Wyoming, MI 49519
PH: 252-7196
Clinical Instructors:
Jaclyn Brown, RT (R)
Mary Schaafsma, RT (R)

MERCY HEALTH-SAINT MARYS
SOUTHWEST CAMPUS
Radiology Department
2373 64th Street SW
Byron Center, MI 49315
PH: 616-685-3927 Main Dept.
Clinical Instructors:
Johanna Cobb, BS, RT (R)
Renee Gonzalez RT (R)
Ruth Vachon RT (R)

HOLLAND MEDICAL IMAGING CENTER
Radiology Department
3235 North Wellness Drive, Building C
Holland, MI 49424
PH: 616-546-4905
Clinical Instructors:
Amanda Wiggins RT (R)
Melissa Torres RT (R)
Mission Statement & GRCC Program Goals

The mission of the Grand Rapids Community College Radiologic Technology Program is to educate students in radiographic, critical thinking, and communication skills, while applying radiation safety, patient care, professional attitudes, and lifelong learning characteristics that will prepare students for entry into the workforce of diagnostic medical imaging as a registry eligible radiographer.

Program Goals:

Upon completion of the Radiologic Technology Program at Grand Rapids Community College, the student will be able to:

Goal #1 Demonstrate critical thinking abilities when solving clinical problems
   Student Learning Outcomes:
   #1 Student adapts correctly to mobile/trauma radiographic exams
   #2 Student modifies exam for non-routine patient (wheelchairs, stretcher trauma, etc.

Goal #2 Demonstrate appropriate communication skills.
   Student Learning Outcomes:
   #1 Student will be able to demonstrate effective oral communication skills
   #2 Student will be able to demonstrate effective written communication skills

Goal #3 Apply radiation safety principles when performing radiographic procedures.
   Student Learning Outcomes:
   #1 Student will apply radiation safety according to ALARA principles
   #2 Student graduates will demonstrate positioning skills
   #3 Student graduates will select appropriate technical factors

Goal #4 Demonstrate professional behaviors.
   Student Learning Outcomes:
   #1 Student will exhibit professional attributes in the professional setting
   #2 Student will determine the importance of continued professional development

Program Philosophy

Radiologic technology is an integral part of the health team. As a health team member, it serves to meet the needs of the community to conserve and promote life. Radiologic technology is a health discipline found in many different settings from the doctor's office to the large general hospital. The role of the technologist is varied and challenging. The technologist's ability to handle and work with many different kinds of patients while setting up technical equipment to yield diagnostic radiographs is of primary importance. The Grand Rapids Community College Radiologic Technology program is designed to provide students with educational opportunities and experiences in the field of radiologic technology.

The program demonstrates a high quality standard of education. The program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) located at 20 North Wacker Drive, Suite 2850 Chicago, Illinois 60606-3182. The JRCERT contact number is (312)704-5300.

For further questions or concerns related to the JRCERT standards, refer to their website at www.jrcert.org. In the event the program is alleged to be in noncompliance every effort will be made to resolve the issue immediately. A meeting will take place between all involved parties
and if the allegation is determined valid the program will make every attempt to resolve the issue within 30 days. If the program is contacted by the JRCERT with regarding an allegation the program will work with the JRCERT and the parties involved to resolve the issue according to JRCERT timeframes.

The college administration provides the program with financial resources. These resources provide unique opportunities for students to gain learning experiences in all phases of radiologic technology. The academic and clinical phase is integrated throughout the program. The curriculum is based on planned educational objectives. The responsibility for planning, supervising, and evaluating selected learning experiences of students rests with the college in conjunction with clinical affiliations. A relationship of cooperation between the college and the clinical affiliations benefit the student. Within this framework, the student gains insight of radiologic technology with different radiologic staffs, technical methods and work environments. Ultimately, the student will have received opportunities to become an efficient, high quality medical radiographer.
Equal Opportunity and Non-Discrimination

Grand Rapids Community College is an equal opportunity institution and does not discriminate on the basis of race, color, religion, sexual orientation, political persuasion, gender, age, national origin, weight, height, marital status or non-disqualifying disability in any of its educational programs and activities, including admissions and employment.

The above measures, in conjunction with other related state laws and the College’s policies and procedures, will assure all individuals opportunity for consideration or redress of complaints of illegal discrimination. Affirmative action, equal employment opportunity, and American Disabilities Act information may be obtained from the Supervisor of Labor Relations, AA/EEO, 404B CPP, 143 Bostwick Avenue NE., Grand Rapids, Michigan 49503-3295. Telephone 616 234-3453.

Technical Standards
Students will be required to perform certain physical functions in order to successfully complete the program. You will perform them throughout your course work and/or clinical experience and later in your employment. These functions are not conditions for admission to the program; they are listed for the purpose of alerting you to what physical functions will be expected of you.

PHYSICAL STRENGTH
You will assist in transferring patients from the wheelchairs and beds to x-ray table and vice versa. These patients may be comatose, paralyzed or suffer from some degree of incapacity. You may have to move heavy equipment such as portable x-ray machine to different locations.

MOBILITY
In the course of performing your duties in radiography you will be expected to stand and reach overhead to position the x-ray tube hanging from the ceiling; you must move quickly in an emergency; you must perform your work standing over a long period of time.

HEARING
You must have the ability to hear sound from a distance of 15 feet--approximately the distance between the control panel and exposure switches and the x-ray table where the patient is being placed. You must also be able to hear faint sound signals emitted by a dysfunctional machine.

VISUAL DISCRIMINATION
You must have vision to enable you to differentiate changing colors of the x-ray films, to read marking on dials, digital monitors etc.

COORDINATION
Good motor skills, eye-hand coordination skills, and at least sensory function in at least one upper limb are needed to align body parts of a patient with the film. Many other functions also require dexterity, including filling syringes, putting on surgical gloves, and manipulating locks on equipment.
MANUAL DEXTERITY
Motor skills such as standing, walking, and writing are all required to perform your duties. In addition, you must have fine motor skills, such as, the ability to make insertion of IV lines, calibrate equipment, draw blood, and so on.

COMMUNICATION SKILLS
You must be able to communicate in English orally and in writing. Example: You must be able to read and give directions and instructions and to record health data from patients.

Academic Regulations and Policies
Academic counseling for each student in the Radiologic Technology program is available in the Counseling Academic Support Services office. Although academic counseling is intended to provide effective guidance, each student is responsible for completing his/her program and degree requirements to graduate.

1. A minimum of 74 semester hours are required for graduation in the Radiologic Technology major.
2. A minimum cumulative G.P.A. of 2.0 is required to remain, or graduate from the Radiologic Technology program.
3. A 75% minimum passing score is required for all components of the RT courses. Students must pass the lecture and the lab components with a minimum of 75%. Final course grades below 75% in lecture or lab will require the student to repeat the course both lecture and lab components the next time it is offered. The student will not be allowed to enroll in the next semester's classes. A minimum of 75% is required to pass all clinic courses.
4. Certification to take the Registry Examination as given by the American Registry of Radiologic Technologists (ARRT) is granted to the student that fulfills all academic and clinical courses in the RT curriculum.
5. The RT Program is accredited by the Joint Review Committee on Education in Radiologic Technology.

Policies are subject to change by Program administrative decision. Students will be notified of Program and course changes one semester before policies are implemented.

Critical Thinking Skills Information
A practicing Radiologic Technologist must be able to use Problem Solving Techniques in all phases of radiology. The radiographer must develop skills to encompass modifications of ordinary and routine procedures. It is important for our students that Critical Thinking skills (CTS) are incorporated into our student’s education in order to achieve competency in the Art and Science of radiography. Specific topics include, positioning skills & imaging skills to evaluate the radiograph for optimal quality, quality assurance programs of X-ray equipment – such as automatic processing & sensitometry, repeat/reject film analysis, radiation safety and patient care and communication techniques. The student can learn how to implement these techniques following a plan for corrective action. The solution is then reassessed at intervals to examine its impact. These activities may include: Problem-solving techniques, Identification or the problem, Establishment of priorities, Analysis, Formulation of action, and Follow-up. Critical thinking skills have been incorporated into the Clinical Competency Form. The same principals may be applied to identifying an imaging problem which is a three step process: 1. the classification of the image, 2. the determination of the cause of the problem and, 3. the recommendation of corrective action. The CI helps the student to evaluate the radiograph for positioning & imaging
corrective action. Critical Thinking Skills are taught in the core RT courses including positioning & imaging.

*The student is responsible to demonstrate four (4) separate Critical Thinking Skills when doing a radiographic examination & recording corrective action on the Clinical Competency Evaluation Form. The CTS score is based on checking 4 CTS boxes & writing comments on 4 separate clinical Competency Evaluation Forms/semester. The student will receive a 1/3 grade reduction for each CTS competency not obtained.

**RT Classroom and Laboratory Suite**
The RT classroom and laboratory Suite is located on Grand Rapids Community College’s campus, third floor Cook Room 329 N in the Main Building. The suite has a large classroom for lecture that will seat about 40 students with a connecting laboratory. The laboratory has four energized X-ray rooms and 5 non-energized X-ray tables and tube stands and X-ray Darkroom with automatic film processor. The laboratory will accommodate 18-20 students. Various X-ray equipment is located in the suite including Kodak and Fuji Digital Film Processors, 2 DR/CR systems, X-ray illuminators, 5 phantom subjects, various phantoms, X-ray cassettes and grids and other small items.

**EQUIPMENT**
All equipment, within the radiology laboratory is very sensitive and costly. The students will only use equipment in its intended fashion and follow the following guidelines:

- It is imperative that the student keep three (3) points of contact on the DR (digital radiology) plates plate at all times (two hands, and body) when carrying. Cost to replace if dropped: $50,000.
- The plate will not be “propped” against any surface. Appropriate holders will always be used.
- Tape is not an appropriate holder.
- The DR plates will be put back into the designated resting spot at the end of each lab and the battery in the back will be placed in the corresponding toaster for charging.
- Pixies/Phantoms will be moved via a three (3) person move, making sure the head is supported in transfer.

**Library and Health Sciences Resource and Tutoring Laboratory**
Complete library services are available to all students at Grand Rapids Community College. The College maintains a library facility, plus complete laboratories in audio-visual learning media in both general and health science education. Each hospital offers reference facilities which are accessible to the student. Also, each radiology department offers readily available reference manuals and textbooks. The Health Science Resource and Tutoring Lab, Fourth Floor of Cook offers large & private rooms for study or testing, a variety of multi-media software, computers and reference material.

**Academic Policies Listed in College Catalog**
- Admissions
- Academic Performance
- Class Standing
- Course Repetition
RT Grading Policy:
The RT Program follows the same grading scale for all RT classes including the clinical courses. The grading scale will be implemented for didactic (academic) and clinical courses. NOTE: The Radiologic Technology Program will require a 75% passing grade for all Radiologic Technology courses using the RT designation. Example: RT 110. 74% and below will be a failing grade.

94 - 100  A  85 – 84  B-  74 – 73  D+
92 - 93  A-  83 – 82  C+  72 – 69  D
91 - 90  B+  81 – 77  C  68 – 67  D-
89 - 86  B  76 – 75  C-  66 – below  E

The grade as indicated by the instructor is final & no rounding of percentage points will raise the final grade for clinic.

RT Student Success in Clinical Education
To be successful in anything worth accomplishing requires complete dedication, discipline and the ability to develop practical and suitable goals. Developing goals for the tasks ahead provides a course which depending on student effort and commitment can yield a variety of results. By enrolling in the Radiologic Technology Program you have put into place the condition for goals to be developed. Whether these goals are realized and achieved is solely up to the individual. Only the individual can develop his/her own personal goals. It is important for the radiography students to strive for excellence in the clinical setting. The purpose for clinical practicum in radiologic technology is to allow the student to apply
theoretic principles of radiography, patient care and departmental procedures, to practical experience. Students will have the status of learners and will not replace members of the affiliating clinical facilities staff. Clinical practicum is designated for each semester course where clinical practice has been established as part of the objectives. The clinical practicum schedule is established by the program.

Clinical Education Procedures

CLINICAL EDUCATION ROTATION POLICY
Students enrolled in clinical courses will be assigned to an affiliating base hospital radiology department and one other radiology department for eight-week rotation. After the student completes RT130 and RT 131, the student will enter RT230. The student will rotate the first eight weeks of RT230. Clinical rotation scheduling is the responsibility of the Clinical Coordinator. Since clinical assignments are based on space availability, however, a choice of clinical sites will not be guaranteed to any student. The Clinical Coordinator will hold a lottery draft to determine the student's clinical assignment during the first semester of the program.

CLINICAL EDUCATION CENTERS
There are many factors involved in providing quality clinical education for the radiography program to be successful. One of these factors is the effectiveness of the clinical education center. These institutions offer the facilities and staff to accomplish course objectives set by the program and provide supervised competency based radiography training. Hospitals, imaging centers and health care clinics all contribute to the professional development of the radiography students. The Grand Rapids Community College Program is affiliated with five clinical education centers. While enrolled in the program, students will be assigned to at least two of these institutions. By allowing the student to train in these different health care facilities, we hope to enhance the learning experience by exposing the student to a variety of medical modalities, radiographic procedures and expertise of departmental staff.

When working in the affiliating hospital's radiology department, the student is required to observe the regulations imposed by the cooperating clinical facility on its employees in connection with patient welfare. The student's assigned academic & clinical schedule must be strictly followed by the student.

In case of illness or other emergency, the student must call the GRCC RT Program Director's office at 616-234-4233 prior to 8 a.m. The time and message of your call will be recorded on voice mail. Also, you must call the affiliating hospital's Radiology Department prior to 8:00 a.m. and report your absence. Absences will be recorded at the clinical site. The student will follow the Program's Absence Policy. If call is an emergency requiring you to speak to someone in person, call GRCC Health Office at 234-4349.

While performing various clinical duties, the student is directly responsible to the Clinical Instructor and radiology staff of the assigned affiliating hospital. All GRCC affiliates are recognized as teaching hospitals and radiographers within the radiology department are responsible to educate students. Should any operational or personality problems arise, a settlement on this level is preferred. If the student is dissatisfied with such action, the clinical instructor should be consulted. If the situation still does not seem negotiable, the GRCC Clinical Coordinator should be consulted.
**CLINICAL INSTRUCTOR**

While at the clinical site, the student will be under the supervision and guidance of the Clinical Instructor. As an on-site representative of the radiography program, the clinical instructor establishes the means for the students to accomplish course objectives in the radiology department and enforces regulations according to program policy.

*Faculty are in accordance with the JRCERT’s list of responsibilities.

**Responsibilities of the Clinical Instructor:**

1. Knowledgeable of program goals.
2. Provide opportunities for radiography students to observe and participate in clinical education.
3. Interpret policies and regulations of the affiliate institution to the radiography student.
4. Plan learning activities for the radiography student which draws upon and enriches college course curriculum by understanding the clinical objectives and clinical evaluation system.
5. Assign student radiographers to the appropriate radiographic areas. The clinical instructor understands the sequencing of didactic instruction and clinical education.
6. Provide students with clinical instruction and supervision.
7. Confer regularly with departmental staff on the student's clinical performance.
8. Provide feedback to program faculty regarding the student's clinical performance and evaluation.
9. Counsel students when necessary regarding clinical performance and completing course objectives.
10. Coordinate the evaluation of the student's overall clinical performance.
11. Maintain a confidential folder on each student and their performance. Included should be any attendance and/or anecdotal records.
12. Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development.

**Responsibilities of the Clinical Staff:**

1. Understand the clinical competency system.
2. Understand requirements for student supervision.
3. Support the educational process.
4. Maintain current knowledge of program policies, procedures, and student progress.

**CI TEACHING MANUAL**

The purpose of the teaching manual is to coordinate topics and demonstrate similar teaching between affiliates. The topic items that comprise the manual include; the cognitive domain, positioning lecture (including anatomy & positioning techniques), film education seminars to critique radiographs and the psychomotor domain to demonstrate peer positioning techniques. The affective domain will demonstrate shared attitudes between student, patient & radiographers. The manual will coordinate a plan of what the CI will teach the student on a semester basis for each of the 5 clinical courses. The manual will help new Clinical Instructors prepare for teaching within the three domains and to become familiar various topics to teach and how to evaluate the student. Each Clinical Instructor has access to the student handbook and clinical operational forms to guide their clinic class instruction.
**CLINICAL SUPERVISION**

While in the radiology department, students will be supervised at all times by the Clinical Instructor (CI) and registered radiographers. According to the Joint Review Committee on Education of Radiologic Technology (JRCERT), no more than ten students shall be assigned to a Full-time Equated (FTE) Clinical Instructor. The CI must also maintain a 1:1 student to radiography clinical staff ratio at all clinical settings. All radiographs shall be checked and evaluated by a CI or designated radiographer prior to submission for interpretation. Students, while in clinical practicum, will be responsible to the Clinical Instructor, and radiology department supervisors and staff radiographers.

**BREAKS/MEAL TIME ALLOTMENT**

Students will be given a 45 minute lunch break during their 8 or 10 hour shift. These 45 minutes reflect the 30 minute meal time and 15 minute personal time formally allotted to students. Students may not leave the hospital campus during their break.

**Clinical Policies, Procedures and General Rules**

**EVALUATION OF CLINICAL PERFORMANCE**

Evaluation of student performance at the clinical site is as important as didactic assessment within the classroom. The evaluation process in the clinical setting provides the student the appropriate feedback to interpret his/her level of professional development. Students receive this data in the form of written evaluation and daily interactions with staff radiographers and the clinical instructor.

Students will be evaluated on his/her ability to demonstrate professional development in three areas:

1. **Cognitive Knowledge** - Acquired knowledge and conceptual understanding.
2. **Psychomotor Skills** - The ability to perform specific competencies.
3. **Affective Behavior** - Judgement, values and work ethic

These three components provide the appropriate feedback so students have the opportunity to advance based on their abilities, knowledge, and motivation. From this data clinical staff and program faculty can evaluate the student's performance based on completion of procedure evaluations and course objectives. Once the level of clinical competency has been determined, the student is counseled on his/her performance in the clinical setting and graded accordingly.

Prior to beginning the first semester of the program, (during summer) the student will visit 3 clinical affiliate's radiology department for two (2) hour observation periods. The form is part of the EDP process.

The Radiologic Technology Program is approximately 24 months comprising four semesters and two summers. Students start clinical education in the second semester (Winter semester) of the first year and continue until completion of the program. By beginning clinical education in the second semester, the student will have the opportunity to simulate positioning on peers and radiograph the phantom in the first semester, and continue with other positioning courses. The positioning objectives that the student masters in the lecture course and laboratory in the first semester are the same type of objectives that the student is tested upon in the first clinical course of the next semester. This pattern is followed throughout the program.
STRUCTURE OF CLINICAL EDUCATION
GRCC Clinical Education is documented via course syllabi. Course outlines demonstrate general & specific goals to be attained. Clinical education is reflected to be a progression of required competencies from basic to advanced knowledge over the entire educational program through a valid plan for clinical rotations.

Clinical Course Syllabi and Clinical Operational Forms
Clinical course syllabi consist of:
- RT130  First year, Winter Semester (second semester)
- RT131 First year of program, Summer Session
- RT230 Second year of program, Fall Semester (third semester)
- RT231 Second year of program, Winter Semester (fourth semester)
- RT232 Second year of program, Summer Session

Clinical course syllabi and operational forms are available on Black Board online. Clinical course syllabi are available for viewing at the following locations: Campus Library, Health Learning Laboratory, and RT lecture room – 217 Cook

Clinical Operational forms are required for clinical evaluation. Completed forms will be placed in student's clinical folder giving evidence of meeting course objectives and requirements.

CLINICAL EDUCATION FLOW CHARTS
The graphic flow charts labeled Graphic #1 & Graphic #2 demonstrates domains that integrate our clinical education in the cognitive, psychomotor and affective aspects of our curriculum. The following list demonstrates the process:

1. The student completes required didactic prerequisites.
2. The student begins clinical education by participating in laboratory practice.
3. The student progresses through laboratory practice by completing designated competencies.
4. The student observes a qualified radiographer in the execution of their duties.
5. Clinical education moves from a passive mode of observation to a more active mode by the student assisting the radiographer in performing radiographic procedures. The rate of student participation and progress depends on the student’s ability to comprehend and perform the various assigned tasks under a radiographer’s direct supervision.
6. The student attempts designated competencies. If unsuccessful, the student returns to the appropriate practice setting for structured and tailored remediation.
7. As the student gains experience in performing various radiographic procedure(s) and is successfully evaluated and proven competent, a gradual move into a more independent clinical performance stage evolves. At this stage, the student actually performs radiographic procedures under the indirect supervision of a radiographer.
8. The criteria for successful completion of the program’s competency-based clinical education system and how performance is evaluated is available online for students to review and print.
9. Structured remediation should be planned and tailored to meet the individual needs of students who cannot attain specific competencies.
Graphic # 1
CLINICAL EDUCATION FLOW CHART
WITHOUT RECHECKS

DIDACTIC INSTRUCTION

LABORATORY PRACTICE

SUCCESSFUL

OBSERVATION IN CLINICAL ASSIGNMENT

ASSISTING WITH DIRECT SUPERVISION BY QUALIFIED RADIOGRAPHER

COMPETENCY EVALUATION

SUCCESSFUL

PERFORMANCE WITH INDIRECT SUPERVISION BY QUALIFIED RADIOGRAPHER

FINAL COMPETENCY EVALUATION

SUCCESSFUL

COMPLETES PROGRAM REQUIREMENTS for CLINICAL PERFORMANCE
Graphic #2

CLINICAL EDUCATION FLOW CHART WITH PERIODIC RECHECKS

DIDACTIC INSTRUCTION

LABORATORY PRACTICE

UNSUCCESSFUL

LABORATORY COMPETENCY

SUCCESSFUL

OBSERVATION IN CLINICAL ASSIGNMENT

ASSISTING WITH DIRECT SUPERVISION BY QUALIFIED RADIOGRAPHER

COMPETENCY EVALUATION

SUCCESSFUL

PERFORMANCE WITH INDIRECT SUPERVISION BY QUALIFIED RADIOGRAPHER

PERIODIC COMPETENCY RECHECK

SUCCESSFUL

CONTINUED INDIRECT SUPERVISION

UNSUCCESSFUL

FINAL COMPETENCY EVALUATION

SUCCESSFUL

COMPLETES PROGRAM REQUIREMENTS FOR CLINICAL PERFORMANCE
Students are evaluated in three areas of the clinical course:
See Composite Form: Final Grade Audit Form

I. Clinical Competency Evaluation (25% of Grade)
II. Clinical Evaluation (50% of Grade)
III. Clinical Instructor's Requirement or Evaluation (25% of Grade)

Clinical Competency Evaluation
Clinical Competency Evaluation is an important instrument used to assess the student's level of professional development. This evaluation process demonstrates the student's knowledge, skill, and competency level for a particular radiographic procedure. Students are required to demonstrate their level of competency by performing a variety of radiographic examinations in a professional manner. Successful completion of clinical training will be dependent on the student's performance in this area.

REQUIREMENTS FOR CLINICAL COMPETENCY EVALUATION
The following must be satisfied before a competency evaluation is performed:

1. Upon satisfactory completion of didactic course work, laboratory practice, and/or clinical practice, the student will be eligible to perform competency evaluation. Students must receive didactic and clinical instruction before the evaluation process.

2. It is recommended that the student practices or simulates a competency a minimum of five times prior to evaluation. The exception to this requirement is surgical procedures or examinations that are not routinely performed in the department.

CRITERIA FOR CLINICAL COMPETENCY EVALUATION (see form at end of document)
Upon satisfactory completion of didactic course work, laboratory practice and clinical education the student should be able to perform clinical competencies. The following criteria will be utilized by the evaluator to assess the student's competency.

GENERAL
Interpretation of Requisition
The student will be able to:
1. Identify the procedure and clinical indications on the request.
2. Identify the patient's name, age and mode of travel.

Facilities Readiness
The student was able to:
1. Have radiographic table and other equipment ready
2. Have room stocked with linens, emesis basins, syringes, etc.
3. Have equipment turned on and cassettes ready.

Equipment Use
The student was able to:
1. Prepare and safely operate standard radiographic and fluoroscopic equipment.
2. Prepare and safely operate mobile x-ray equipment.
3. Prepare and safely operate tomographic equipment of any equipment necessary to perform the examination being evaluated.

**PERFORMANCE EVALUATION**

**Patient Care and Handling**

The student was able to:

1. Identification of patient by 3 way identification.
   a. Ask the patient his/her name
   b. State the patient's name
   c. Check the name on the wristband
2. Assist the patient to and from the x-ray table.
3. Have patient gown up properly and keep covered for privacy.
4. Explain examination to patient so he/she understands
5. Give proper moving and breathing instructions.
6. Follow correct procedures for isolation patients.

The student was able to:

1. Assist patient on the table to required positions.
2. Place film holder and body part in correct position
3. Center and/or angle central ray.

**Correct Accessory Selection and Use**

The student was able to:

1. Select the proper film, film holder, grid, etc.
2. Use immobilization devices as needed - sandbags, sponges, etc.
3. Fill syringes with correct contrast media or other solutions using aseptic technique.
4. Prepare barium contrast medium according to departmental protocol.

**Correct Technical Factor Selection**

The student was able to:

1. Use the technique chart or appropriate AEC settings to acquire optimal radiographic quality.
2. Adjust exposure factors for body habitus, pathology and motion.
3. Adapt exposure factors for changes in SID, grid ratio and collimation.

**General Radiation Protection**

The student was able to:

1. Cone or collimate to the part
2. Use gonadal shields where applicable.
3. Wear film badges.
4. Wear lead apron and gloves as appropriate.
5. Keep door to radiographic room closed.
6. Request that any person in the vicinity of the patient move away before making an exposure.
7. Acquire information regarding the possibility of pregnancy in accordance with departmental policy.
**IMAGE EVALUATION**

**Correct Centering and Alignment**
The radiograph demonstrates:
1. Correct transverse and longitudinal centering.
2. Correct tube-part-film alignment.
3. Correct SID and CR angulation.

**Correct Density, Contrast and Definition**
The radiograph demonstrates:
1. Proper density and contrast
2. The factors were adjusted for pathology or motion.
3. Correct film, film holder, grid, etc. were used.
4. No motion, grid lines or artifacts.

**Correct Position and Rotation of Part**
The radiograph demonstrates:
1. The body part in the proper position and rotation.

**Correct Patient Identification and Markers**
The radiograph demonstrates:
1. Right and Left markers properly placed.
2. Time and/or position markers correctly placed.
3. Patient information, name, number, etc. clearly visible.
4. Student markers are clearly visible.

**Evidence of Radiation Protection**
The radiograph demonstrates:
1. Cone or collimation marks visible
2. Gonadal shielding visible (where applicable)
3. NO repeats at supervisor's discretion

**Film Critique**
The student was able to:
1. Recognize the difference between poor and good image quality.
2. Evaluate image quality and technical consideration

**CLINICAL COMPETENCY EVALUATION FORM PROCEDURE**
Student competencies will be assessed on the Clinical Competency Evaluation Form. During each clinical education phase, the student will perform radiographic procedures a number of times to gain confidence before challenging a category. Categories are listed by Clinical Course Code i.e., RT130-RT232, as listed under Clinical Objectives - Clinical Evaluation Categories - Tracking Record.

When the student feels confident to take a competency evaluation, the clinical instructor and/or staff should be notified. If the student is unable to prepare for a category evaluation because of insufficient practice trials of a particular radiographic procedure, the student may simulate the procedure for practice and competency evaluation. **It is suggested that the student perform each procedure in the category a minimum of five times before**
challenging the category. The clinical instructor will randomly pick from the category a radiographic procedure for the student to perform or the student may initiate a competency examination. The evaluation may take place at any time. The student may not be given advance notification of evaluation testing. The instructor or staff radiographer designee will evaluate the student's performance on the, "Clinical Competency Evaluation Form". The CI will review the evaluation with the student and place the Competency Evaluation in the students' clinical folder.

The specific number of required competency evaluations a student must take to prove competency is listed by each category according to course number & course objectives. The student must achieve 75% and above on the competency evaluation before moving into the next clinical course. All portions of the competency evaluation must be passed with a 7.5 or higher to pass.

The Clinical Competency Evaluation portion of the Final Clinical Grade will determine 25% of the total grade.

The competency portion of the grade will be based on the number of competencies performed satisfactorily by the student. The number of required competencies must come from the listed categories in the clinical course syllabus and addendum. In other words, RT 130 has category A as Lower Extremity and category B as Upper Extremity, etc.

The student must fulfill the required core competencies and the extra competencies (total of 20 or 25) to avoid a competency grade of zero (0) averaged into their final clinical competency evaluation score for each competency not completed.

If the student does not fulfill the core competencies, but passes the clinical course, they will be placed on probation for the following semester and will be required to fulfill the incomplete previous semester category(s) in addition to the current semester requirements.

**MID-TERM CLINICAL EVALUATION**

The student will receive a mid-term evaluation for each clinical course. The Clinical Instructor will use the Mid-term Evaluation form. This score will not be used when calculating your final grade. It is used as a tool to indicate the student's progress about midway within the current semester. The evaluation is intended to give feedback to the student in order to work towards improvement.
**Clinical Competency Evaluation Form**  
(Note: CI will not fill out this form. Use this form as a guide for Evaluator to mark/grade the student during a Comp. Test)

<table>
<thead>
<tr>
<th>Examination/Procedure</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student will notify the clinical instructor or designee evaluator when ready to perform competency. Starred (*) tasks are critical to successful completion of competency. If the student fails to perform a starred task, the evaluator will note it on Competency form &amp; inform student to correct for future performance procedures.</td>
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</tbody>
</table>

**PLEASE NOTE: CRITICAL THINKING SKILL** – Check the appropriate box below marked CTS if any part of exam requires modifications from standard procedure which requires problem solving skills to obtain optimal radiograph. Student then writes explanation of the Critical thinking Skill in the Comment section. CTS score is based on checking 4 CTS boxes & writing comment on 4 separate clinical Competency Evaluation Forms/semester. The CTS score is based on checking 4 CTS boxes & writing comments on 4 separate clinical Competency Evaluation Forms/semester. The student will receive a 1/3 grade reduction for each CTS competency not obtained.

**PERFORMANCE EVALUATION SUGGESTED GUIDELINES:**

### A. Evaluation of Requisition

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identified procedure(s) to be performed</td>
<td></td>
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<tr>
<td>2. Identified the patient’s age name and age.</td>
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<tr>
<td>3. Identified patient location and mode of transportation.</td>
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<td>4. Acknowledged any pathological conditions.</td>
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<tr>
<td>*5. Acquired appropriate clinical patient history.</td>
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<tr>
<td>6. Critical Thinking Skill</td>
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</tbody>
</table>

### B. Physical Facilities Readiness

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>1. Verified that equipment is operational.</td>
<td></td>
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<tr>
<td>2. Introduced himself/herself to patient and briefly explain the procedure</td>
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<td></td>
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<tr>
<td>3. Obtained appropriate supplies for examination</td>
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<tr>
<td>4. Critical Thinking Skill</td>
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</tr>
</tbody>
</table>

### C. Patient Care and Communication Skills

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Selected the correct patient</td>
<td></td>
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<tr>
<td>2. Introduced himself/herself to patient and briefly explain the procedure.</td>
<td></td>
<td></td>
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<tr>
<td>*3. Requested last menstrual period (LMP) date of female patient between the ages of 12-60.</td>
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</tr>
<tr>
<td>4. Transported patients to appropriate imaging area.</td>
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<tr>
<td>5. Verified if patient is properly prepared for the examination</td>
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<tr>
<td>*6. Identified, when appropriate, that there are no contraindications for performing procedure.</td>
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<tr>
<td>7. Provided safe storage for patient’s belongings.</td>
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<tr>
<td>8. Provided appropriate assistance to radiographic table based on patient’s condition.</td>
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<tr>
<td>9. Maintained patient dignity and modesty through proper</td>
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<td></td>
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<tr>
<td>10. Gowning and covering for the patient.</td>
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<td></td>
</tr>
<tr>
<td>*11. Applied universal precautions as established by the Centers for Disease Control.</td>
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<tr>
<td>12. Provided proper instructions for moving and breathing.</td>
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<td></td>
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<tr>
<td>*13. Checked patient’s condition at regular intervals.</td>
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<td></td>
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<tr>
<td>14. Provided for patient security if the patient is left alone in the radiographic room.</td>
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</tr>
</tbody>
</table>
15. Critical Thinking Skill
16. Students must be able to properly communicate English grammar with proper pronunciation and articulation in order that the patient will be able to follow directions.

D. Equipment Operation
1. Maneuvered the x-ray tube and bucky utilizing appropriate controls and locks.
2. Selected the proper film, film holder, grid etc.
3. Selected appropriate FFD (SID).
4. Manipulated image receptor, as appropriate, for accurate imaging.
5. Measured the patient.
6. Used immobilization devices, as needed.
7. Referred to technique chart.
8. Selected exposure factors.
9. Used equipment so as not to exceed recommended safety guidelines.
10. Critical Thinking Skill

E. Positioning Skills
1. Positioned the patient.
2. Aligned center of part to be demonstrated to the center of the film.
3. Set the correct tube angle.
4. Set the correct FFD (SID).
5. Critical Thinking Skill

F. Provide Evidence of Radiation Protection
1. Collimated to part.
2. Used gonad shields, if appropriate.
3. Demonstrated use of lead apron, gloves and lead blockers, if appropriate.
4. Selected proper exposure factors.
5. Adjusted exposure factors for motion, pathology or patient size when appropriate.

6. Critical Thinking Skill

G. Anatomical Part(s)
1. Part shown in proper position.
2. Adequate detail (no motion visible).
3. Identified anatomical structures.

H. Adequate time completion of Radiologic examination to be completed within a minimal amount of time according to the student’s peer

I. Proper Alignment
1. Film centered.
2. Part centered.
3. Tube centered.
4. Patient aligned correctly.
5. Critical Thinking Skill

J. Radiographic Techniques
1. Technique chart used correctly (proper contrast and density).
2. Compensation of exposure factors for pathology.
3. Correct exposure factors used to produce diagnostic image.
4. Correct film screen, grid, FFD (SID) and OFD (OID).

K. Critical Thinking Skill

L. Film Identification and/or Other Identifications
1. Right and left markers properly displayed (free of pertinent anatomy).
2. Accessory markers visible, if required (minute, hour and directional).
3. Patient information and date identified.
4. Critical Thinking Skill
DOCUMENTATION OF COMPETENCY
Each student at every clinical site is to observe, assist with and perform as many radiographic procedures as possible during their tenure as a GRCC student in the Radiologic Technology Program.

All clinical experiences are to be carried out under direct supervision until the student acquires proficiency and performs competencies in each of the categories of Clinical Practicum. After satisfactory completion of each competency under direct supervision, students may perform these documented competencies under indirect supervision.

When a student completes various competencies from listed categories that are required for each clinical course during the program, verification must be signed or initialed by CI or radiographers next to the student’s name to identify who the student has worked with and who checked their competency. In order to help the student with this process, it is suggested that the student be assigned to rooms rather than be assigned to staff radiographers in order to give the student a better opportunity to achieve all competencies.

PEDIATRIC COMPETENCIES
Each student is required to complete a minimum number of competencies each semester on pediatric patients. A pediatric patient is anyone 18 and under. These competencies may come from either the Critical Categories or from Previous Categories. During each Clinical Practicum a student must complete a minimum of 2 pediatric competencies. If these two pediatric competencies are not met, the student’s overall grade will be reduced by 1/3 of a grade for each pediatric competency not met. Note: the ARRT requires specific pediatric competencies for patients 6 years of age or under.

MINIMUM PERFORMANCE REQUIREMENTS
Each competency performed for a portion of the final clinic grade must be passed with a minimum performance of 75%. If a grade of less than 75% is acquired the student will be allowed to repeat the competency. The repeats will be performed only after remedial instruction and observation. The student will be allowed 3 remedial repeats. If a passing grade is not acquired during any of the three remedial tries a grade of zero will be entered for that competency and averaged with the rest of the other Comp.

Repeats will be allowed only for competencies that have been failed on the first attempt. Each of the 10 categories must be met with a 7.5 or higher out of 10 or higher.

COMPETENCY SUPERVISION
All Competency Evaluations are to be performed under direct supervision of the CI or radiographer. The radiographer providing the direct supervision will grade the competency.

If at any time, a student is not demonstrating the level of competency for a mastered exam, the student may have that mastered competency revoked. The student will need to go through the competency process again for that exam. The clinical coordinator should be contacted prior to any competencies being revoked.

CORE COMPETENCIES
In each Clinical Practicum students are required to complete the assigned number of competency evaluations from each category. These are called Core Competencies, which are completed mastery tests. Any other competencies completed can come from either the list of Core Comp. for that semester or from the previous categories of past semesters. The number of Core Competencies in each category is listed in the course work for each clinic semester.
In the first clinical experience (RT 130), because there are no previous categories, all comps. must come from the Core Category. In each of the subsequent Clinical Practicum classes (RT131, RT230, RT231, RT232) the student will be required to complete 5 competencies from a previous category. Previous category comp. serve to help students do continuous mastery learning throughout the RT Program.

For very difficult categories, a student can double-up on two (2) exams of the same procedure/body part but one must be “routine” while the other must be “non-routine.” Only one (1) occurrence per semester and it must be approved by the Clinical Instructor. Upon the Clinical Instructor approval, the student can write a research paper to replace an exam that is not obtainable. This can be done with complex exams only. (i.e. fluoroscopic procedures, not routine, plain radiograph exams) Only one (1) occurrence per semester and must be approved by the clinical instructor. The student can also perform an observation, in another modality, of an exam that is not obtainable in diagnostic radiography along with this observation, the student must write a paper regarding their observations. Only one (1) occurrence per semester and must be approved by the clinical instructor.

**COMPETENCY EVALUATION MAINTENANCE**

Although a student may have successfully completed clinical competency evaluation early in the program, continued performance of that procedure is required for the student to develop into a skilled radiographer. Maintenance of competencies continues when the student completes testing on previous category as listed by clinical course number - tracking record.

**SIMULATED COMPETENCY EVALUATION**

In the event that a required procedure cannot be obtained during the semester, the Clinical Instructor may choose to grade the competency by performing a simulated procedure. The student can obtain up to two simulated exams without grade penalty upon the clinical instructor approval of exam. Simulations for CTS (Critical Thinking Skills) competencies are not acceptable.

A simulation can also be performed upon the student’s request. This is not an excusable situation, and the student cannot receive a grade greater than 90% on the competency. This is in situations where the competency of interest is available, but the student neglected to act upon acquiring the competency.

**RADIOGRAPHIC PROCEDURE CATEGORIES & REQUIREMENTS**

Students are required to successfully complete between 15-25 competency procedures each semester including 10 critical competencies and 5 previous competencies. Specific competencies are listed according to Clinical Course by alphabetical listing of categories.

**RT130**

A. Lower Extremity  
B. Upper Extremity  
C. Abdomen  
D. Chest Studies
Students will be tested on the clinical competency categories listed under each clinical course according to course outline, and the specific competencies within each category.

II. Clinical Student Progress Evaluation

Student clinical progress evaluations are used to assess the student level of competency and professional development in the areas of clinical performance, patient relationships, personal attributes and affective behaviors. As the student progresses in their training, certain levels of proficiency will be expected by clinical staff and program faculty. By evaluating the student in these areas, we are able to ascertain specific behaviors, which should be encouraged, and those, which are considered limiting to professional development. Students should use this feedback as a means to establish goals for achieving a higher level of clinical efficiency.

One evaluation will be completed by the Clinical Instructor, and a minimum of three evaluations by qualified radiographer(s) at the end of the semester. Also a Mid-term progress evaluation will be completed at the midpoint of the semester (approximately the eighth week of the 15-week semester) and a single mid-term evaluation will be filled out and distributed by the clinical instructor on week four in the seven-week semester.

Note: All Student Progress Evaluations must be signed by the student, evaluator, and Clinical Instructor. Forms not signed will be considered incomplete and will not be accepted for the grading process. Until all requirements are satisfied, the student will receive an incomplete grade for the semester.

Final Student Clinic grades must be hand delivered to the Clinical Coordinator by the student or the clinical instructor. A student may not deliver any grades other than his or her own.

Self-Evaluation: Periodically, students will be asked to complete a self-evaluation on their performance in the clinical setting. Self-evaluations will allow the student to assess their achieved goals, professional development, and areas in which he/she requires additional instruction and/or repeated participation. Self-evaluations will be used by the student to
establish future academic goals and the means to achieve them. **Self-Evaluations are for the student's personal use and will not be part of the grading process.**

### III. Clinical Instructor's Assignment/ Requirement

Beginning each semester, the Clinical Instructor determines specific assignments for student completion. The CI determines the criteria of evaluation for the assignment depending upon the type & amount of work to be completed. Assignments can be comprised of but not limited to written reports or term papers, quizzes, tests, simulated positioning, assisting in specialized areas, and assisting in equipment quality control.

The Clinical Instructor's Assignment fulfills one major portion of the student's clinical grade. The Clinical Instructor's Assignment is consistent between all affiliating hospital clinical radiology departments. The assignment requires the student to do the following.

**The student will be required to complete three components of testing listed below:**

1. Two objective tests with no greater than 50 questions or replace one test with component #2 listed below.

2. In place of one of the above tests, the student may complete a report, a journal, or a presentation.

3. A competency examination of positioning either with an actual patient or peer-simulated patient, based upon particular semester’s clinical course objectives. This is not a typical competency test. The Clinical Instructor must evaluate the student.

The combined components listed above will equate to three test scores valued at 100% each. The three tests are then averaged. **Example:** Student received combined component scores of 100, 90, & 85 points totaling 275 points. 275 divided by 3 = 91.66% for the CI Assignment grade. The CI Assignment/ Requirement grade equals 25% of the student’s final grade. Thus, in the above example, the CI will multiply 91.66 times 0.25 = 22.91 points of one portion of the Final Grade.

### FINAL CLINICAL GRADE EVALUATION

The Clinical Final clinical grading of RT 130, RT 131, RT 230, RT 231, & RT 232 is based upon the following:

1. Clinical Competency equals 25% of grade.
2. Clinical Student Progress Evaluations equals 50% of grade.
3. Clinical Instructor's Assignment equals 25% of grade.

### PROGRAM GRADING SCALE

The program will exercise the following grade point system. The grading scale will be implemented for didactic (academic) and clinical courses.

**NOTE:** The Radiologic Technology Program will require a 75% passing grade for all Radiologic Technology courses using the RT designation. **Example:** RT 110. 74% and below will be a failing grade. There will be NO rounding of grades. Example: 93.9% = 93% A-
The grade as indicated by the instructor is final & no rounding of percentage points will raise the final grade for clinic. **PLEASE NOTE:** The "D" grade is not available. The student will receive only A, B, C, OR E (FAILURE).

The clinical instructor assigned to each hospital is responsible for written evaluation materials. The evaluation should consist of:
- Evaluations centered around the course objectives.
- Any written notations recorded by the Clinical Instructor.
- Any solicited comments given by the staff technologists.
- Any comments given by staff technologists, the Departmental Manager and staff radiologists.

Each Clinical Instructor is advised to orally review with the student his/her progress during the term as well as the completion of his rotation. This is meant to be a critical review to benefit the student. A comprehensive clinical examination may be given a student prior to graduation. This examination must be passed before final certification and graduation is granted.

As previously stated, the **Clinical Course Grade** is based upon the following:

2. Student progress evaluation.
3. Instructor Assignment & Attendance record.

In number 1 above, the student will complete 15 to 25 competency tests & be graded upon each specific competency test. The student must pass the other items: numbers 2, and 3 in order to complete the clinical education course. Specific attention must be given to the attendance record. The student's attendance record will affect the numerical grade if the student is absent from clinic during clinic course. See Absence Policy, Student Handbook.

### IV. Program Procedures

**ABSENCE POLICY**

Continuity in clinical activity and performance is necessary in order to achieve the stated objectives for clinical practicum and clinical experience working in the radiology setting. The clinical absence should be used for legitimate illness, physician and dental appointments and not for outside employment purposes.

Students will attend all Clinical assignments scheduled according to meeting times of designated Clinical Courses of RT 130, RT 131, RT 230, RT 231, and RT 232. If any absences or tardiness occur, the following policies will apply. A record of clinical absence and tardiness will be maintained by the Clinical Instructor at the clinical site. The Absence record will be placed in the student’s clinical folder and forwarded to the College’s Educational Clinical Coordinator at the end of the semester. If the student is ill or expects to be tardy for a clinical assignment, he/she **WILL Notify the Program Director’s Office**
and Clinical Affiliate site before 8 a.m. and report their absence. The PD’s office phone number is (616) 234-4233. If the student fails to make calls to Program's office or Clinical Site before 8 a.m. for first shift, and before 2:30 p.m. for second shift, the student will receive an unexcused absence.

FAILURE OF THE STUDENT TO NOTIFY BOTH THE COLLEGE AND THE CLINICAL SITE IS CONSIDERED AN UNEXCUSED ABSENCE. EACH STUDENT IS RESPONSIBLE FOR MAKING THEIR OWN CALL TO REPORT ABSENCE. In addition, the student may not give a message to another student to pass on to the CI to report absence.

ABSENCE PROCEDURE
The student will be administratively withdrawn from the clinical course for clinical absence according to the following list. The following list designates the parameters of the absence policy of total excused and unexcused absences each semester. All clinical courses: RT 130, RT 131, RT 230, RT 231, & RT 232:

The student is permitted three days of absence and the fourth day of absence the student is withdrawn from the course. The student is permitted to be absent from the clinical assignment for legitimate illness providing that the student properly notifies the Clinical Instructor and Program staff. Please Note: See the excused and unexcused absence and tardiness policy below that describes grade reduction absence policy.

EXCUSED AND UNEXCUSED ABSENCE AND TARDINESS
Excused, unexcused absences and tardiness will be combined to determine the effect on the student's over-all clinical grade. Any time that is missed must be made up. It is made up as straight time or double time based on whether it is unexcused or excused. Excessive absenteeism will result in a failing grade or administrative withdrawal.

UNEXCUSED ABSENCE GRADE REDUCTION AND WITHDRAWAL PROCEDURE
1 UNEXCUSED ABSENCE = ONE WHOLE GRADE REDUCTION (MAKE UP TIME IS DOUBLE)
2 UNEXCUSED ABSENCES - STUDENT IS WITHDRAWN FROM CLINICAL COURSE

Any unexcused absences received by a student during a semester must be made up by double the time missed, i.e., eight hours of unexcused absence = 16 hours of make-up time. The student will receive a written notice that he/she has received an unexcused absence. The student must have contact with the CI within three clinic days of the unexcused absence to develop a plan on how the time will be made up. If the student has not made contact with the CI within the three allotted days, there will be a one third grade reduction to the student’s overall clinic grade. (Exceptions are on a case-by-case basis). The student has 20 working days to make up the missed time at the assigned clinical site. If the student has not made up the clinic time within the allotted 20 working days, the student will receive a one third grade reduction to the student’s overall clinic grade. (Exceptions are made on a case-by-case basis). Make up time will be completed before entering the next clinical course. In the event of unexcused absence during the RT232 course, the make-up time must be completed within seven days from semester's last clinic day. If the student fails to complete make up time within reasonable limits, the student may be administratively withdrawn from the clinical course.
EXCUSED ABSENCE INCIDENT GRADE REDUCTION
*After the student has used their one “free day” the following absence policy applies.
FIRST EXCUSED ABSENCE INCIDENT = NO GRADE REDUCTION. (MAKE UP TIME MISSED AS STRAIGHT TIME)

SECOND EXCUSED ABSENCE INCIDENT = ONE THIRD GRADE REDUCTION (MAKE UP TIME MISSED AS STRAIGHT TIME) Example: B IS LOWERED TO B-.

THIRD EXCUSED ABSENCE INCIDENT = TWO-ONE THIRD GRADE REDUCTIONS (MAKE UP TIME MISSED AS STRAIGHT TIME) Example: A- IS LOWERED TO B.

FOURTH ABSENCE: CONSIDERING CIRCUMSTANCES OF ABSENCE, STUDENT IS ADMINISTRATIVELY WITHDRAWN FROM CLINICAL COURSE.

The first excused absence has no grade reduction and time must be made up as straight time. The second absence has a one half grade reduction and you must make up the time that is missed. EX - If you miss your second absence, your grade will go from an A to A- and you need to make up the hours that were missed (7.5 hours). The third absence must be made up as straight time, but the individual will also receive two one third reductions (A to B+).

It is possible that a student may fail a clinical course if the student HAS RECEIVED three excused absences. If the student for example receives an 80% (C) final clinical grade and then three absences are figured into the grade, the student's grade will drop two final grades and become an E grade. Two one third grade reductions from a C final grade equals a failing grade of 74% and below and "E" for the course. Each semester including summer, the student will be given 8 hours or one (1) sick day of excused absence. This time does not need to be made up and will not accrue from semester to semester. The student will also be given 4 hours or one (1) half day with a choice on penalty. The four hours can be made up double time or with a one third grade reduction. A physician's release or other similar document will NOT be considered as a valid waiver of the Absence Policy, revised, June, 1997. Excused absence incidences indicate student absences are taken as consecutive days of absence (more than one day of absence), but must not exceed absence policy limits. However, each case will be considered on an individual basis.

PROGRAM GRIEVANCE PROCEDURE
Step 1: Any student who has a grievance/complaint against a Radiologic Technology faculty member, regarding a grade (final grades see #4 below) or for any other reason, is encouraged to approach the specific faculty to attempt to resolve the grievance. The student has 5 business days to approach the faculty member to lodge a grievance/complaint. The student’s complaint will be listened to (by faculty member involved) carefully and every effort will be made to respond in a fair and unbiased manner within 5 business days.

Step 2: If the student’s grievance is not resolved through Step 1, the student should next approach the Radiologic Technology Program Director within 2 business days following the faculty member’s decision. The Director, after hearing the student’s grievance and in an effort to resolve the issue in a fair and equitable manner, should consider scheduling a meeting with all concerned parties within 2 business days. The final program decision will be made within 2 business days. The student will be required to meet with the Director. At this time the student will be given written confirmation of the program’s decision.
Step 3: Any student who has a grievance against the policies/procedures of the Radiologic Technology Department/Program is encouraged to first approach the Associate Dean of the School of Work Force Development. The student has 5 business days to approach the Associate Dean to lodge a grievance/complaint. A decision will be made within 5 business days. The Associate Dean’s decision at this stage is final and binding.

Step 4: Final Grade appeals: refer to the Student Academic Grievance Procedure for Grand Rapids Community College.

**PROGRAM CLINIC GRIEVANCE POLICY**

Parties involved:

1. **Student**: GRCC Radiologic Technology student at the clinical site participating in the clinical experience.
2. **Academic Clinical Coordinator**: GRCC Radiologic Technology Faculty member responsible for coordinating the student’s clinical experience with the facility.
3. **Clinical Instructor**: Representative from the clinical facility who works as a supervisor for The Radiologic Technology Program at the clinical site.

Step 1: Any Radiologic Technology student who has a grievance/complaint against a Clinical Instructor regarding a grade or any other reason must approach the Clinical Instructor within 5 business days. The student’s complaint will be listened to carefully and every effort will be made to respond in a fair and unbiased manner within 5 business days.

Step 2: If the student’s grievance is not resolved through Step 1, the student should approach the Program Clinical Coordinator for the Radiologic Technology Program at GRCC within 2 business days following the decision of the Clinical Instructor. The Clinical Coordinator, after hearing the student’s grievance and in an effort to resolve the issue in a fair and equitable manner, should consider scheduling a meeting with all concerned parties within 5 business days.

Step 3: Clinical Coordinator will meet with the student and relevant clinical personnel to discuss concerns and establish plan of action.

Step 5: The Clinical Coordinator will document the proceedings and initiate an Action Plan within 5 business days. The Program Director will be notified. This will become a part of the student’s permanent record.

Step 6: If student’s grievance is not resolved: refer to step #2 of Program Grievance Policy.
ATTENDANCE RECORD

Total number of unexcused hours absent: _____

Number of excused hours absent: _____
Total number of days tardy: _____

Number of make up hours required: _____

at ________________________________
Clinical site

Clinical Supervisor's Signature _________________ Date _______________

Student Signature ___________________________ Date ____________________

Actual Number of Clinic Days Each Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>RT 130</td>
<td>Spring</td>
<td>30</td>
</tr>
<tr>
<td>RT 131</td>
<td>Summer</td>
<td>39</td>
</tr>
<tr>
<td>RT 230</td>
<td>Fall</td>
<td>44</td>
</tr>
<tr>
<td>RT 231</td>
<td>Spring</td>
<td>44</td>
</tr>
</tbody>
</table>
TEN HOUR/DAY & 40 HOUR/WEEK RULE:

ABSENCE MAKE-UP TIME: The procedure for a student to make up excessive absences: The student must make up excused absence time on a 1:1 basis. Every hour missed must be made up. Excused absences must be made up within 20 working days. Any absences not made up (outstanding) at the end of the semester, the student will be given an incomplete "I" for the clinical course. The student will contact the Clinical Instructor and schedule make up time according to available clinic/staff space according to on site capacities. The student may be assigned to evening work shifts by the CI or at a necessary time to meet the instructional objectives of the course. The student must not exceed 10 hours a day between didactic and clinical experience. Nor will the student be allowed to make up time if the hours are more than 40 hours per week of didactic and clinical practicum experience. The student may be able to schedule make up time during College breaks if the CI waives the 10 day make up period after an absence has been taken. After the make-up time has been completed, the student must have the CI send a memo to the College's Clinical Coordinator indicating that the make-up time has been completed. In order to be clear, the student must notify the CI when they will make up their missed time. It is the student’s responsibility to arrange this make up time.

TARDINESS
Tardiness is failure to arrive at the clinical site at the start of the clinical work shift. (Tardiness is defined as anything over 6 min up to 1 hour.) Students will be considered "on time" if they are at their assigned clinical station at the beginning of the work shift. At times, extenuating circumstances account for tardiness. However, tardiness will result in disciplinary action. The student will be allowed three (3) tardies each semester without penalty. On the fourth (4th) and beyond, regardless of duration of tardy, they will count as unexcused absences. An unexcused absence requires that the student will make up 16 hours within four weeks of incident. You will receive one whole grade reduction of the total clinic course grade. If not completed by end of semester you will receive an incomplete for the course until all criteria is met.

TRAJECSYS TIME PUNCHES
Trajecsys is the online documentation system used to monitor time punches and paperwork affiliated with the clinical setting. Each time the student arrives to the clinical site, they are required to punch in via a facility computer on the Trajecsys website. If the student forgets to punch in, a time exception must be entered. When excessive time exceptions are entered, disciplinary action will result. The student will be allowed three (3) time exceptions each semester without penalty. On the fourth (4th) and beyond, regardless of the reason, will count as a 1% grade reduction for each occurrence in their final clinical instructor requirement grade.

ATTENDANCE POLICY: Off Site Assignment/Rotation
If during a ten-week off-site assignment/rotation, the student becomes ill, the make up time for absences may be completed at either the base hospital or the off-site hospital or a combination split between both hospitals. The student’s make-up time should be completed in eight hour blocks rather than fraction segments. The student’s absences should be made up on holidays or during final exam week. The student will not be allowed to make up time beyond his/her eight-hour clinical experience. The student’s make up time must be documented and verified by the Clinical Instructor or designee. The student will not be allowed to make up time beyond the ten-hour limit.
**ATTENDANCE/PREGNANCY PROCEDURE**

All declared pregnant students who are absent from a clinical assignment will be required to follow the Absence Policy of the Program. Prior to when a declared pregnant student absence occurs from clinical assignment beyond allowable 3 days, the student is advised to seek counseling from the Program Director or the Clinical Coordinator to determine options. **Options include:** 1) Continue the Program without modification or interruption, 2) Leave of absence from the clinical assignment, 3) Leave of absence from the program.

**REPEAT PROCEDURE**

*(See Student Safety & Affirmation Signature Form)*

Students are encouraged to take part in all aspects of the Clinical Practicum experience. There is a natural evolution of participation. It should proceed as follows:

A. Observation  
B. Assistance  
C. Perform procedure under direct supervision  
D. Perform procedure under indirect supervision  

In each of these situations, if there are radiographs on a patient that must be repeated, (for whatever reason) all repeat radiographs are to be done under direct supervision by the Clinical Instructor or staff radiographer. This repeat procedure holds true whether it is the student's first day or the last day that they are in the clinical setting.

If this policy is violated, it will result in probation for the remainder of the semester. If it occurs again during the remainder of the time the student is in the program, they will be dismissed from the program.

This repeat procedure is to be posted and adhered to at all clinical sites.

**LEAVES OF ABSENCE**

1. Leaves shall only be granted for such reasons as Military Service, death in family and pregnancy.  
2. Leaves of absence will follow the absence procedure.  
3. Student will be granted 3 excused days of absence from clinical course for death of immediate family.

**Actual Number of Clinic Days Each Semester**

- RT 130 - Spring - 30  
- RT 131 - Summer - 39  
- RT 230 Fall - 44  
- RT 231 - Spring - 44  
- RT 232 - Summer - 38

**VACATION / HOLIDAYS**

Students are given all legal holidays. Students must follow the absence policy as provided in the current student handbook. Students are given the following holidays off from clinic and will follow the same holiday schedule as the College. Depending on the holiday, one or two days are usually given.

- Labor Day  
- Memorial Day  
- Spring Holiday  
- Thanksgiving Day  
- Independence Day

**ACADEMIC LEAVE**

Radiography students at GRCC are encouraged to become involved in educational events which augment their didactic and clinical experience (MSRT Meetings & Conventions, RSNA, Tech Bowl Practice). Students that participate in these functions will be excused from clinical training and will receive attendance credit. Students that do not attend will be required to report to their clinical assignment. All academic leave requests must be approved by the
Program Director prior to attendance.

**BEREAVEMENT LEAVE**

Students will be granted an excused leave of absence for up to 3 consecutive days from Clinical Practicum/Didactic Course in the event of a death of an immediate family member. The day may be taken without penalty at the discretion of the Program faculty. One day of bereavement for non-immediate family members. This day will be excused. If the student needs additional travel time, those days must be made-up before the end of the semester, or the student will receive an incomplete (I). For a non-family member, the student will need to use their sick day. If there are no sick days left, the student will need to make up that day with no penalty on a one to one basis.

**CONDUCT**

The Clinical Affiliation and the College reserve the right to refuse admission to the clinical site of any Radiologic Technology student who is involved in any activity not considered professional or conducive to proper patient care. Students must follow employee guidelines of affiliating hospitals and clinics.

**Students will:**

Report to the Clinical Assignment in an alert condition. Report to the Clinical Assignment in the proper complete uniform. Not be in possession of drugs or liquor, nor engage in their use while on Clinical Assignment. The Clinical Affiliation must comply with the State and Federal laws regarding drug and alcohol abuse.

**The following is a list of behaviors that will not be tolerated. These behaviors include but are not limited to the following:**

- Not steal.
- Not sleep during clinical assignment.
- Not engage in theft of any articles from the Clinical Affiliation.
- Not engage in immoral conduct, as defined by Clinical Affiliation rules and regulations, and the college’s Student Handbook while on Clinical Assignment. Adhere to appropriate guidelines as published by the College for initiation of grievances concerning any aspect of clinical course-work. This includes maintaining a professional attitude when in the presence of other students, staff technologists, program faculty, physicians, and patients.
- Not engage in abusive physical behavior and/or abusive language.
- Not smoke in areas where it is prohibited while on clinical assignment.
- Not eat in areas not specifically designated for that purpose.
- Not leave the Clinical assignment for meals, or clock in early or late for meals.
- Not use the clinical affiliation telephone for personal use; pay phones are available in close proximity for use during breaks and meals.
- Not refuse to accept assignments by the Clinical Instructors commensurable with their capabilities, or to take directions from an individual designated by the clinical supervisor.
- Not leave their assigned area within the Radiology Department.
- Not punch in or otherwise fill in the attendance record of another student.
- Not make any entry on their own time cards if they forget to punch in or out, or if the time clock is not working. Students will have the Clinical Instructor make the appropriate entry and initial the time card in any of these situations.
- Not accept any type of gratuity or "tip" from a patient or a patient's family.
- Not report to clinic under the influence of drugs or alcohol.
- Not have excessive tardiness or absenteeism
- Not commit any acts that are considered unsafe to oneself, staff, or patients.
- Not commit any violations of hospital/clinic rules and regulations.

- Note: hospital/clinic has the right to refuse admission to students that violate the conduct guidelines.
- Any student convicted of a felony during their tenure in the program shall be dismissed from the program.
SOCIAL MEDIA POLICY
The Radiologic Technology Program follows and abides by GRCC’s (Grand Rapids Community College’s) Technology and Social Media Policies:

- Acceptable Use of Technology
- Acceptable Use Agreement

If the student violates the above conditions of conduct, the following action will occur:

1. Student will be notified that conditions of conduct have been reported and must meet with the Program Director and Clinical Coordinator.
2. The student will be asked to meet with the Dean of Student Services.
3. Appropriate action will be determined by the Dean of Student Services & Dean of School of Workforce.
4. Possible Actions:
   a. Action Plan to be completed
   b. Lowering of clinic grade
   c. Probation

CONFIDENTIAL INFORMATION

BUCKLEY AMENDMENT (FERPA)
All student records, hospital and patient records are confidential in nature. Requests for information about student or patient should be referred to the Program staff and/or Clinical Instructor or designated person. Students are expected to maintain confidentiality regarding all patients and/or staff information.

CLINICAL ASSIGNMENTS
Students will draw for clinic site placements. Students draw once for the order they will draw for their site. They will draw again for the specific number associated with each site. Sites located outside of Grand Rapids will be offered to students living near the area first. Once all clinic assignments have been posted, there is a brief 20-minute opportunity to voluntarily trade sites with other students. This draw is for their primary clinical placement. All rotational site placements are predetermined by the department.

Student radiographers are directly responsible to the Clinical Instructor & Clinical Coordinator. The student will gain respect of radiology staff by following the advice and direction of the radiographers. Students will accompany and aid their respective radiographer on all special assignments outside of the Radiology Department, such as bedside portable work. Students are responsible for all clinical areas as assigned by the Radiologic Technology staff and are not allowed to alter posted schedules. Assignment schedules or room assignments are posted each semester at all hospitals for the student's convenience. Trading clinical duty is not permitted. Students must report to their clinical assignments promptly and obtain permission to leave the area from the immediate clinical radiographer and/or Clinical Instructor.

Clinical hours are 8:00 a.m. to 3:30 p.m. for first shift and 2:30 p.m. to 10:00 p.m. Rotations in some sections of the Radiology Department may begin before 8:00 a.m. Students who begin before 8:00 a.m. will be excused early for that amount of time. Students are also allowed to complete clinic assignments in 10 hour shifts if prior authorization is approved by the program director and the clinical instructor of the specific clinical site.
Students are required to follow the CI or radiology department's procedure to record daily (arrival & departure) attendance of the affiliating hospital they are assigned. (See tardiness & absence procedure). All clinical sites use the program's online documentation system, Trajecsys, as a method of time keeping. Accurate record keeping of each student’s attendance is recorded on the Absentee Record Form at the end of the semester.

**INCOMPLETE CLINICAL COURSE ASSIGNMENT**

If a student is unable to complete the required semester assignments, the student will be administratively withdrawn from the clinical course or given a failing grade for not completing the course objectives and requirements. Depending upon significant circumstances, the student may receive an Incomplete, "I" grade.

**STUDENT ACTION PLAN - CLINICAL PRACTICUM/DIDACTIC COURSES**

The student action plan is used for students as an intervention. If a student is noticeably lacking in any area (clinical, or didactic) the student will be asked to fill out a student action plan. (form can be found at the end of the handbook)

**PROBATION PROCEDURE – CLINICAL PRACTICUM COURSES**

If a student fails any portion of the clinical practicum, (including any categories on the Mid-Term evaluation, the Clinical Instructor’s requirement or evaluation, any categories of the Affective Objectives, any categories of the Clinical Evaluation, the Competency Evaluation grade, or the Final Grade Average), an action plan will be initiated along with the student being placed on probation for the following semester. In the clinical practicum semester that follows, if the student passes all of the previously stated areas with 75% or higher, the probation ends. If the student fails any portion of the probationary semester, it will result in a final grade of “F”.

**MASTER ROTATION SCHEDULE**

Upon entering the radiologic technology program, the student will agree to follow the master schedule of clinical rotation. Failure to follow the schedule as prescribed by the Program Director will result in dismissal from the program. Eight week off-site rotations occur in the second year, fall semester.

**CLINICAL SCHEDULE ORIENTATION**

First year students must complete a clinic orientation specific to their assigned site. This may include a site visit prior to the beginning of the first day of clinic. The penalty for not completing orientation by the assigned date (determined by the individual clinic site) will result in an unexcused absence for each day missed.

**NON AFFILIATING CLINICAL WORK EXPERIENCE (No Double Dipping)**

According to the JRCERT’s Standards for an Accredited Educational Program, the GRCC Program emphatically enforces the following policy, “The Program limits assigned student activities to educationally related and valid academic and clinical requirements”. Students are **NOT** permitted under any circumstances to work in an affiliating clinical site as an employee of the radiology department during a scheduled designated GRCC clinical experience. In other words, no double dipping is permitted. Student will sign an affirmation form declaring that he/she will not replace qualified staff.

**RADIOGRAPHIC EDUCATIONAL SEMINARS (Film Critique)**

Radiographic educational seminars are an integrated portion of each clinical rotation. Film
critique sessions are held at the affiliating hospitals with participation by clinical instructors, radiologists, and staff radiographers. Student radiographers are often requested to make presentations at various sessions.

**NON-TRADITIONAL SHIFT ASSIGNMENT (Evening/Off Shift Assignments)**

Radiographers work a variety of shifts in a 24-hour period, every day of the week. Each shift can require different responsibilities and skills to be efficient at one’s position. As student radiographers, it is to your advantage to experience these variations and gain the skills needed to function on these shifts. To broaden the educational experience in the clinical setting, students will be required to rotate on off-shifts for two (2) individual, full week rotations for all of the academic year semesters (RT 130, RT 230, and RT 231). These hours must be completed in a minimum of five (5) consecutive days at a time. It is not required for the student radiographer to make up these off shift hours if missed. The student can make up these off shift hours, but there must be approval from the CI. There must be a minimum of five (5) competencies on the off-shift rotation starting with RT 131 through RT 232. If this is not met, there will be a half grade reduction applied to the students’ overall competency grade. Off-shift rotation will be managed by the clinical instructor. Student radiographers will report to their shift according to the department’s time schedules. No variations will be allowed unless approved by the Clinical Instructor and Educational Clinical Coordinator. The students are assigned accordingly by the CI depending on availability of the hospital schedule. No call assignments will be given to the students. Additional evening experience may be requested by students that desire more experience. The evening/off shift is 2:30 p.m. to 10:00 p.m. Monday-Friday, and summer semesters (RT 131, RT 232) 2:30 p.m. to 10:00 p.m. for eight (7.5) hour shifts and 12:00 p.m. to 10:00 p.m. for ten (10) hour shifts.

All students are encouraged to prearrange any other personal scheduled activities well in advance.

**Objectives for evening experience are the following:**

1. Observe and relate the role of the radiology department with that of the other hospital service departments under other than normal clinical hours.
2. Participate and conduct general patient care functions relative to the care in the radiology department without a normal staff of radiology personnel.
3. Assist and perform varying technical exposure factors of mAs, kVp and distance.
4. Assist and perform easy, difficult, and uncommon radiographic examinations without direct assistance, in accordance to departmental policy and at the discretion of the clinical preceptor and room technologists.

The following anatomical structures:

- Bony thorax
- Barium contrast studies
- Spinal column
- Non-barium contrast studies
- Entire skull
- Portable radiography
- Entire extremity
- Surgical procedures

5. Assist and perform any other duty which may be assigned to an evening or second shift technologist, in accordance to departmental policy for student activities.

The evening experience attendance will be filled out on hospital time card form by the student designating dates of all evening attendance & signed by the "supervising radiographer". The student will turn in the form to the Clinical Instructor.

**INTERN’S EVALUATION OF CLINICAL SITE**

The student fills out the Intern’s evaluation of Clinical Site form once each semester by class number. The student evaluates the Clinical Instructor and the Film Educational Seminar or
Film Critique. Students will be given a link to the survey on Black Board for the specific clinical course. This survey must be completed the last week of clinics by Friday at 5:00 P.M. Students that do not complete the survey by the required time will receive an incomplete for their clinical course. The student must contact the clinical coordinator for any grade adjustment upon completion of the survey. The responses on each item listed on the form are summarized on a blank form and written responses for each question are typed on a blank evaluation form listed by affiliate’s name. The Program then can use these responses to bench mark how each CI is teaching and for Program Assessment.

MEALS
Each student is expected to adhere to the policies of the affiliate for breaks & meals. Students who take prolonged breaks or lunch period without permission of the CI and/or supervising radiographer will be in violation of Program policy.

TRANSPORTATION
Students are responsible for their own transportation to and from campus and all assigned clinic sites. If a student that is car-pooling must leave clinic prior to the end of the shift requiring other car-pool students to leave, all are subject to following absence policy & its consequences. All transportation is at the student’s expense.

PERSONAL CALLS
Department phones may not be used for personal calls except for emergencies. Personal cell phones, pagers, or other electronic devices may not be carried during clinic hours.

EMERGENCY COLLEGE CLOSING
In the event the College closes due to inclement weather or unforeseen events which develop overnight & prior to the normal opening time, information will be available on Black Board and from local Grand Rapids Radio or TV stations. The Program Director & Clinical Coordinator will inform the clinical affiliates of the College’s closing via the Rad Tech Organization Blackboard site. If the College is closed, clinical practice will be cancelled. This excludes site specific closings. The entire college must be closed for clinical to be cancelled. No penalty will be given to the student.

INCLEMENT WEATHER CONDITIONS (SNOW DAY)
In the event that the College remains open during inclement weather conditions, particularly heavy snow and or windy conditions, the clinical practicum at the clinical affiliate will remain open and will require the student go to the clinical site. However, the student is to use good judgment deciding whether to go to clinical affiliate or not go. Also, the student should use good judgment while driving to the clinical site. Under these conditions, the student may arrive late to the clinical site and not be charged with tardiness for arriving late. If the student decides to not drive to clinic, the student will be given an excused absence (student must then call clinic & report absence) according to the absence policy. The clinical affiliate will remain open even though local area schools are closing. The Program Director and/or Clinical Coordinator do not have the authority to cancel the clinical experience at the clinical affiliate due to inclement weather conditions. The college remains open.

HOSPITAL PROCEDURE MANUAL
Procedure manuals for each clinical assignment at the hospital radiology departments are available to the student. Each student shall familiarize themselves with the contents of each manual at the beginning of each clinical course. Each manual lists the projections per examination, special equipment and general department policy.
INCIDENT REPORT
The CI will fill out an internal incident report for any incident involving a student. The incident report will be forwarded to the Program Director to be placed in the student's file. If further action is required, an Action Plan will be implemented.

ATTENDANCE RECORD
Daily attendance is recorded by the clinical instructor. Time cards and attendance records are forwarded to the college. The "absentee record" form is completed at the end of the semester by the Clinical Instructor, based upon the student's daily record.

SEMESTER EXIT CONFERENCE
The final grade for clinical education courses are recorded by the Clinical Instructor based on completion of assignments and scores on performance evaluations and submitted to the Clinical Coordinator. During the final week of the semester, students will meet with the CI to insure that all evaluation forms, papers, and records are complete and have been signed by proper individuals. Students will receive their grade & appropriate feedback for their semester performance.

INTERDEPARTMENTAL SCHEDULING
While in the clinical site, the students will be assigned to a variety of general diagnostic areas within the radiology department. The interdepartmental clinical schedule is under the direct supervision of the Clinical Instructor. The CI will encourage students to fulfill course objectives, and participate in the general diagnostic areas to complement professional development and clinical competency.

Specialty rotations will be allowed in the final two semesters of the clinical rotations, RT231 and RT232. For a student to be in this rotation, he/she must display entry level abilities of a fully trained radiologic technologist. These rotations are considered voluntary and are not a requirement of the program.

If one of these modalities is not available to you at your assigned clinic site, contact your Clinical Coordinator. You must request the observation within the first two weeks of the semester. Every effort will be made to accommodate an observation request.

*Note: There are affiliate clinic sites that will allow both male and female students to observe mammography, provided the patient is in agreement.

The following are considered specialty rotations:
Angiography   Computed Tomography   Nuclear Medicine
Cardiac Catheterization   MRI   Ultrasound   *Mammography

STUDENT CLINICAL FILE
All GRCC RT students enrolled in clinical courses are required to provide proof of their medical history as required on RT Admissions health form. Before a student can begin a clinical assignment, this information must be present in their student file. Copies of these documents will be kept in a confidential file on campus in the Program Director's office. The following items are required to complete student files:

Tuberculosis Test (skin test)
The students will be given the proper forms and guidance for acquiring this information prior to their clinical start date.

Students will be required to provide their clinic all pertinent medical information required before they start their clinical rotation. The assigned clinical site may require other information.

**Note:** Students with incomplete files will be ineligible for clinical assignment and will not be allowed to participate in the hospital setting until medical information is received by the College. Clinic days/hours missed will be considered unexcused absences (refer to the absence policy) and will result in a substantial grade reduction at the end of the semester or administrative withdrawal. It is also the student's responsibility to notify the program's secretary of any updates or changes that need to be noted in his/her file.

**RT 230 Off-Site Rotation Teaching Criteria**

All Clinical Instructors will follow the same teaching criteria.

Students rotating to their off-site assignment must complete 10 competencies from the RT 230 Clinical Objectives Form. **Exams may be replaced under the CI discretion based on the exams that are available to the facility.**

First eight week criteria: Clinical Categories of fluoro and special studies will be covered. The CI will give one written test and/or one presentation (CI choice).

Second eight week criteria: Clinical Categories of special/excretory and spine/pelvic studies will be covered. Review objectives for RT 231 and a Final Competency Test (this test to include all categories of fluoro, special, special/excretory, and spine/pelvis) should be given.

*See RT 230 Off-Site Rotation Form*

**Radiation Safety Rules and Regulations**

All RT students will be given a radiation film badge to be worn at the clinical site when assigned to the clinical area. Students should follow radiation safety guidelines at the affiliating hospital's radiology department. These rules include: RT students must protect themselves from radiation by staying behind (lead) barriers, increasing distance away from the primary beam and secondary and/or scatter radiation, using short exposure times, reducing the field of exposure when possible to protect the patient, & wearing of lead apron during any of the following procedures is required:

1. Fluoroscopy
2. Surgical procedures
3. Portable procedures
4. Any other procedure where the student could be exposed to any radiation

The Program maintains that GRCC RT students must not hold patient during radiographic examinations. Students SHOULD NEVER put themselves in the path of the primary beam for any reason.
Personnel Radiation Monitoring

Purpose: To outline the process for complying with all Nuclear Regulatory Commission (NRC) and State of Michigan Licensing and Regulatory Affairs regulations and to ensure that all students/interns are monitored and that monitoring is done appropriately.

Policy
I. A radiation monitoring badge, will be furnished by GRCC to all students working in areas where ionizing radiation is in use in accordance with the judgment of the radiation safety officer and as required by state and federal regulations.
II. Students will wear the radiation monitoring badge at all times when they are present in the clinic or laboratories utilizing ionizing radiation.
III. A record of each monitored student’s radiation exposure will be maintained by the radiation safety officer. These records will comply with 10CFR 19 and 20 and State of Michigan Rules for ionizing radiation. Exposure reports are accessible to students and posted in their laboratory areas.
IV. At no time may a student’s radiation badge be intentionally exposed to radiation unless being worn properly by that student.
V. Collection and distribution of radiation badges for routine processing will be the responsibility of the Radiation Safety Officer or designee.
VI. Assigned radiation badges shall be worn at all times while working in clinical and lab environments.
VII. Correct placement of monitoring badges – A single body badge should be worn at the neck, outside of the lead apron.
VIII. Radiation badges are changed on a quarterly basis. To facilitate the exchange of badges, they should be stored on the badge board at the end of the monitoring quarter.
IX. The radiation badge is the responsibility of the student. Do not tamper with the badge (example, opening), and report loss or damage to the badge immediately to the radiation safety officer or designee.
X. Do not wear the badge when working at another institution or area of the clinic, as these badges are used to indicate the working conditions of your assigned clinic or laboratory.
XI. Do not wear your monitoring badges if you are receiving ionizing radiation exposure as a patient.
XII. The radiation safety officer should be notified of all new students prior to their placement in clinics or labs utilizing ionizing radiation.
XIII. It is the responsibility of supervisory personnel to see that the above rules are observed and to report radiation protection problems to the RSO.

GRCC Radiation Monitoring Policy Reviewed September 2017
Film Badges
Rules to follow:
1. The film badge will be attached to the student’s collar or clothing near the neck and the badge will face outward showing the badge’s colored film.
2. The film badge will be changed on a 3-month basis either by the student, instructor, or lab assistant.
3. The film badge must not be worn if the student becomes a patient during any radiological procedure. The film badge must be removed to a safe place before X-rays are given.
4. Care of the film badge:
   - Do not leave the film badge unattended in a radiological room that dispenses radiation.
   - Remove the film badge from your uniform at the end of your work day.
   - Many film badges are lost when the student washes their uniform while the badge is still attached. Please be careful with your badge.
   - Do not leave the film badge in a vehicle during the summer months especially if the inside temperature reaches well over 100 degrees F.
   - When changing the film badge, do not push out on the window of the badge to open it. This action puts pressure marks on the badges giving false readings.
   - If you lose your badge please inform Jeff Lloyd, Radiation Safety Officer @ (616) 391-1966 and Heather Klare, Clinical Coordinator @ 234-3735. See following Proper Dress policy.
   - Please be responsible for taking care of your badge.

Film badges will be provided to the student by the college at no cost to the student. The student will receive one film badge only for clinical experiences at the college and/or off-site experiences. A second film badge may be assigned if the student self discloses pregnancy. (See policy below) After the completion of the clinical shift the badges must be stored in a designated place or maintained by the student. The student is responsible for changing the film badges unless done by lab assistant. Students are responsible to turn film badges once every three months usually by the 10th of the month. The College is responsible for processing the badges on a three-month basis and monitoring the results. Further, the College will inform the student if film badge readings are above normal limits.

Radiation Safety
PREGNANCY POLICY
The Radiologic Technology Program has developed and adopted the following radiation safety pregnancy guidelines. Female radiographer students will make their own choice whether or not to declare pregnancy. A declared pregnant woman is "a woman who has voluntarily informed, in writing, to the College's Radiation Safety Officer of her pregnancy and the estimated date of conception". The pregnancy declaration may be retracted if done in writing. It is the student’s responsibility to notify the Radiation Safety Officer when she is no longer pregnant so that the fetal badging may be discontinued. If you choose to declare your pregnancy in writing, a lower radiation limit will apply to you according to the standards set forth by the State of Michigan's Radiation Rules. If you choose not to declare your pregnancy, you will follow the same radiation protection guidelines that other (non-pregnant) students follow while in the Program.
Options:

1. Continuing the Program without modification or interruption. This means the student would agree to attend and complete all classes, clinical assignments, and competencies in a manner consistent with her peers within the guidelines set forth by the individual instructor(s) and Grand Rapids Community College.

2. Continuing the Program with modification of clinical assignments. This means the student would have the choice to delay clinical assignments and/or competencies in areas such as fluoroscopy, MRI, angiography, portables, and surgery. Even though every effort would be made for the student to accomplish the aforementioned clinical assignments and/or competencies during the 22 months of the Program, the Program may need to be extended to accomplish this.

3. Students may take a one-year leave of absence from both the didactic and clinical portion of the Program.

Program Re-Entry
If the student is interested in returning to the RT Program, it will be based upon space availability in the RT Class, (contingent upon maximum class number) clinical site (on-site capacity) and past student performance. The student must notify, the Program Director of his/her intention to come back into the Program by April 1 for return of the fall semester, September 1 for return of the winter semester, or January 1 for the summer semester, of the year that they wish to enter. Students that drop out of the Program for whatever reason will follow the same admission procedure based upon space availability. Please Note: A student that drops out of clinical practice for three or more semesters will be required to enroll and repeat the previous semester’s didactic positioning course and then will be allowed to enroll in the clinical course.

STUDENT PROTECTION
The pregnant student will be given two film badges to be worn on the uniform at the collar and waist while working in the clinical area or classroom/lab. The collar badge will be worn outside the lead apron and the waist badge under the lead apron during conditions that require the use of the lead apron. The Program will follow the guidelines established by the Michigan Department of Public Health, Division of Radiologic Health entitled, Ionizing Radiation Rules Governing Radioactive Material and Electronic Product Radiation set forth in General Provision R325.5205 Dose limits, Rule 205. The Maximum Permissible Dose Equivalent for Occupational Exposure for fertile women (with respect to fetus) 500 mR during the entire gestation period. The College’s Radiation Safety Officer will review with your radiation protection & may make certain recommendations regarding your work assignments by taking a conservative approach to reduce the dose to the embryo/fetus. Generally, you are not prohibited from working in or frequenting radiation areas. If a situation is identified in which the anticipated dose to the embryo/fetus is likely to exceed the established limits, then an alternative approach may be taken. Please contact the College’s Radiation Safety Officer at any time, if you have questions or concerns regarding your radiation safety. Further, contact your Clinical Instructor and review the Radiation Safety Guidelines of your assigned clinical affiliation. You as well as all students in the Program should follow good radiation safety practices.
Dress Policy – Uniform
All student technologists are expected to be neat and clean in appearance and dress appropriately for all occasions and clinical assignments. Students must wear uniforms during clinical assignments. Hair should be neatly groomed and styled to avoid contact with the patient. The student uniform shall consist of black scrubs to be purchased at Nye Uniform by the student. Students must get the GRCC Radiologic Technology logo embroidered on each pair of scrubs purchased to be worn in clinic. Logo must be visible and may not be concealed under a scrub jacket. Comfortable, clean shoes will complete the uniform. Uniforms and shoes must be kept neat and clean at all times. Shoes with open toes and sandals are not acceptable.
Apparel not acceptable for clinic are sneakers, jeans, halter tops, cords, etc. All students must be identified as participants in the radiologic technology program when assigned to the radiology department for clinical practicum. Any additional dress requirements will be directed by the student’s assigned clinic site. These need to be followed and if any doubt should arise as to appropriateness of a particular uniform or the overall appearance of a student, he or she may be asked to leave the clinical facility until a correction is made.

Name Identification Pin and Radiographic Markers
Students must wear a name identification pin/badge on their uniform or around their neck in addition to their Grand Rapids Community College Radiology Program logo embroidered on their black scrubs. Clinical affiliates require that students wear an identification badge which includes the student’s picture as well as their name. The badge is the property of the affiliate and must be returned when the student completes his/her clinical education assignment. Students are required to use their own radiographic markers when in the energized labs or performing radiographic procedures in the clinical setting. Radiographic film markers are ordered by the student at the GRCC Bookstore fall semester.

Proper Dress:
Proper dress is to include proper photo ID as issued by the student’s clinic site, their radiology film badge, and black scrubs embroidered with GRCC student logo. If students do not present themselves in proper dress, they are to be sent home.
First improper dress day: Student will be allowed to return to the clinic site at 11:30am and they must make up the hours missed.
Second improper dress day: Student will be sent home and will be counted as an unexcused absence. All penalties will be enforced in compliance with an unexcused absence as noted in the student handbook.
Third improper dress day: Student will be sent home and will be counted as a second unexcused absence. All penalties will be enforced in compliance with a second unexcused absence as noted in the student handbook.
*As stated in the Radiation Safety Rules and Regulations, the student must contact the RSO (Radiation Safety Officer), Jeff Lloyd, and Heather Klare, Clinical Coordinator, immediately for a missing film badge. Student cannot participate in fluoroscopy procedures until a new film badge has been obtained.

Information & Counseling Notices
Check bulletin boards and Black Board online regularly. Notices will inform students of classroom, clinical and administrative announcements. Bulletin boards are located in each department in a convenient location. Personal student counseling is available at all times with appointments being made through the Program Director and/or Clinical Coordinator’s Office on the GRCC campus or at GRCC Counseling office. Students should not hesitate to seek information, guidance and counseling concerning personal and academic affairs. The College Counseling Department is available to all students and
their services should be utilized. Information can be found at http://www.grcc.edu/counselingandcareercenter.

**Minor Affiliate**

According to the JRCERT, the GRCC RT Program cannot contract with any clinical site as a "Minor Affiliation". Currently, the Program is not affiliated with any "minor affiliates".

**Financial Aid**

Students in the program are eligible to be considered for financial aid. Grants, loans, and work study if the student qualifies according to the Federal requirements. Students interested should contact the Grand Rapids Community College (GRCC) Financial Aid Office immediately upon making application to the Admissions Office. Scholarship information specific to the Radiology Program (two are available) can also be obtained through the financial aid office.

**Health Insurance**

Students must obtain their own personal health insurance. The Student Activities Office (SAO) does provide application for a limited health insurance policy, if the student needs a policy for coverage. The student is responsible for paying for their own coverage. **Please note**: If the student is injured at the affiliating hospital site, it is the student's responsibility to seek their own medical attention. The affiliating hospital's emergency room or health clinic is not responsible for providing free medical care. The student is not a hospital employee and cannot be treated as such.

**Program Re-Entry**

Students who fail an academic or clinical education course will be administratively withdrawn from the Program for one year. If the student is interested in returning to the RT Program, it will be based upon space availability in the RT Class, (contingent upon maximum class number) clinical site (on-site capacity) and past student performance. The student must notify, the Program Director of his/her intention to come back into the Program by April 1 for return of the fall semester, September 1 for return of the winter semester, or January 1 for the summer semester, of the year that they wish to enter. Students that drop out of the Program for whatever reason will follow the same admission procedure based upon space availability. **Please Note**: A student that drops out of clinical practice for three or more semesters will be required to enroll and repeat the previous semester’s didactic positioning course and then will be allowed to enroll in the clinical course.

**Curriculum Course Sequencing**

Curriculum course sequencing is listed in the College Catalog course descriptions. The student must follow curriculum course sequencing and complete the sequence of course offerings within each semester as listed in the curriculum. If a student drops or fails an RT course within a given semester while enrolled in the RT Program, the student's return will be based upon space availability as explained in the section, Program Re-entry. **Please Note** A student that drops out of clinical practice for three or more semesters will be required to enroll and repeat the previous semester’s didactic positioning course and then will be allowed to enroll in the clinical course.

**Communicable Disease Prevention (Universal Precautions)**

Since transmission of several human diseases capable of causing significant illness and
death may occur from contact with "blood, saliva, or other body fluids" their droplets, aerosols, and possibly contaminated laboratory wastes, it is essential that standards of practice which will protect health students, their families, and clients/patients be put in place and enforced. Given the expected increase in persons with HIV antibodies in the total population and given the impossibility of identifying persons who engage (now or in the past) in high risk activities that could result in virus exposure, the only realistic, consistent approach for prevention and control of HIV is the universal application of blood/body fluid precautions to all clients and in all clinical settings. This simplified approach prevents potential transmission of virus infections including hepatitis B, hepatitis C, herpes and cytomegalovirus infections and Creutzfeldt-Jacob disease. This approach also establishes a standard that would prevent questions and concerns of classmates/laboratory partners and assist in preserving confidentiality for all patients and students.

The Standards for such protection shall include:

A. A basic premise that all patients should be considered potential carriers of contagious disease.

B. The strong recommendation that all students obtain immunization, if available, against known diseases transmitted or direct contact with blood, saliva, or other body fluids to help prevent disease transmission.

C. The reduction of cross-contamination between treatment areas and non-treatment areas such as home and school. Examples include, but are not limited to wearing uniforms from the clinical area to a public place, such as the grocery store.

D. The use of "Universal Precautions" at all times when working with any real or simulated client. The following are illustrations of Universal Precautions:

1. Wash hands prior to and immediately after every patient contact.

2. Use gloves whenever there is expected contact with blood and moist body secretions.

3. Gloves must be worn when in contact with blood, body fluids and mucous membranes and for handling items or surfaces soiled with blood or body fluids, or for performing venipuncture and other vascular access procedures.

4. Change gloves after caring for each patient, as glove integrity cannot be assured with washing and repeated use.
## Radiography Program Communicable Disease Policy - Recommendations for Clinical Experience Restrictions

<table>
<thead>
<tr>
<th>Disease/ Problem</th>
<th>Relieve from direct pt. contact</th>
<th>Partial Clinical Restriction</th>
<th>Duration</th>
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<tr>
<td>Conjunctivitis</td>
<td>Yes</td>
<td></td>
<td>Until discharges cease antibiotic initiated</td>
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<tr>
<td>Diarrhea, acute with fever, cramps or bloody stools, or lasting more than 24 hrs.</td>
<td>Yes</td>
<td></td>
<td>Symptoms resolve</td>
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<tr>
<td>Herpes Simplex, Genitalia, Orificial</td>
<td>No</td>
<td>Do not take care of high-risk or maternity, infant patients</td>
<td>Until lesions heal</td>
</tr>
<tr>
<td>Herpes Zoster (shingles)</td>
<td>No</td>
<td>Do not take care of High-risk or maternity, infant patients</td>
<td>Until lesions heal</td>
</tr>
<tr>
<td>Pediculosis</td>
<td>Yes</td>
<td></td>
<td>Until 24 hrs after treatment</td>
</tr>
<tr>
<td>Scabies</td>
<td>Yes</td>
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<td>Until hrs after treatment</td>
</tr>
<tr>
<td>Staphylococcus Aureus (Skin lesions)</td>
<td>Yes</td>
<td></td>
<td>Until lesions have healed</td>
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Student’s Physical Safety Policy and Affirmation

According to the Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiologic Sciences, the Program will adhere to and comply with Standard Four. The Program assures the health and safety of students associated with educational activities that are safeguarded through documented policies. In particular, from Standard Four, the Program:

1. Assures that students utilize equipment and accessories and employ techniques and procedures in accordance with accepted equipment use and radiation safety practices to minimize radiation exposure to patients, selves and others.

2. Assures all medical imaging procedures are performed under the **direct supervision** of a qualified practitioner until student achieves competency.

3. Assures medical imaging procedures are performed under the **indirect supervision** of a qualified practitioner.

4. Assures that unsatisfactory radiographs are **repeated** by students under the **direct supervision** of a qualified practitioner.

5. Assures that I will follow **Radiation Safety practices** for myself and the patients that I image. I have read the Radiation Safety policy of the RT Program & clinical affiliate’s policy and I will protect myself from unnecessary radiation exposure & I will collimate the beam & limit the field of exposure to the patient.

My signature affirms that I will follow the above listed policies when operating/performing in my assigned clinical affiliate as a student radiographer. Further, if I must repeat an unsatisfactory radiograph, I will do so only under the direct supervision of a qualified practitioner. If supervision is **not** present, I will **not take the repeat radiograph**. If a radiograph is taken without direct or indirect supervision, it is automatic probation for the remaining semester. If it occurs again during the remainder of the program, the student will be dismissed from the program.

Print Name _______________________________________________________

Signature _______________________________________________________

Class Year _______________________________________________________

Date ____________________________________________________________

This policy will be posted at each GRCC Clinical Affiliate
Non Affiliating Clinical Work Experience (No Double Dipping)

According to the JRCERT’s Standards for an Accredited Educational Program, specifically Standard One – Students, the GRCC Program emphatically follows this standard: “Provides equitable learning opportunities for all students.” Students are **NOT** permitted under any circumstances to work in an affiliating clinical site as an employee of the radiology department during a scheduled designated GRCC clinical experience. In other words, no double dipping is permitted. Student will sign an affirmation form declaring that he/she will not replace qualified staff.

My signature affirms that I will follow the above listed policy when operating/performing in my assigned clinical affiliate as a student radiographer.

Print Name ___________________________________________
Signature ___________________________________________
Class Year ___________________________________________
Date _______________________________________________

This policy will be posted at all GRCC Clinical Affiliates
Clinical Schedule Transfer Form

THIS FORM IS TO BE USED AS A REQUEST AND APPROVAL PROCESS FOR CHANGING STUDENT FROM ONE CLINICAL SITE TO ANOTHER.

STUDENT NAME ___________________________ DATE _____________________

CLASS YR. _____________________________

CLINICAL SITE ________________________ (PRESENT SITE ASSIGNMENT)

REQUEST:

I, __________________________ (STUDENT NAME) HAVE REQUESTED A CHANGE OF ASSIGNMENT TO BE PLACED AT ______________________, (CLINICAL SITE) I WILL NOTIFY GRAND RAPIDS COMMUNITY COLLEGE’S PROGRAM DIRECTOR OR CLINICAL COORDINATOR (GRCC’S FACULTY) AND EXPLAIN THE REASON FOR THIS REQUEST. IF THE TRANSFERRING CLINICAL SITE’S CLINICAL INSTRUCTOR/DEPARTMENT MANAGER REQUESTS A STUDENT CHANGE, THEN THE TRANSFERRING SITE’S CLINICAL INSTRUCTOR/DEPT. MANAGER WILL CALL AND NOTIFY THE COLLEGE’S RADIOLOGIC TECHNOLOGY STAFF.

APPROVAL:

AN AGREEMENT TO CHANGE THE STUDENT’S CLINICAL SITE HAS BEEN REACHED BETWEEN THE COLLEGE’S RT STAFF AND BOTH AFFILIATING HOSPITAL.

EFFECTIVE START DATE:

TRANSFERRING CLINICAL SITE APPROVAL:

CLINICAL INSTRUCTOR ___________________________ DATE ______________

PROGRAM DIRECTOR/CLINICAL COORDINATOR ___________________________
DATE______________________
St. Catherine’s Test Assessment Chart

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<th>SECTION</th>
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<th>T3</th>
<th>T4</th>
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<td>SEC 1 Q. 1-22</td>
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<td>PATIENT CARE AND EDUCATION (15)</td>
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</tbody>
</table>

# Correct/100

TOTAL %
Enabling Objectives

Number 1

HOSPITAL ORGANIZATION:

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

1. The student will be able to identify by name and location the:
   a. hospital administration departments
   b. nursing care service departments
   c. patient treatment and diagnostic departments
   d. general service departments, e.g. (Dietary, Maintenance, cafeteria, library, etc.)

   Tech Initials: 

2. The student will be able to locate and find his/her way to any of the above areas after a familiarization period or by means of a map.

   Tech Initials: 

3. Given a hospital organization chart, the student will describe the hospital organization and the administrative chain of command. Performance will be satisfactory if the description accurately reflects the actual hospital organization.

   Tech Initials: 

Number 2

RADIOLOGY DEPARTMENT ORGANIZATION:

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

1. The student will be able to identify by name and location, the following departmental PROGRAMS:
   a. radiologic procedure rooms
   b. service areas (closets, storerooms, etc.)
   c. offices
   d. classrooms
   e. lounges
   f. entrances and exits

   Tech Initials:
2. The student will be able to identify the location of the fire alarms and fire extinguisher within and adjacent to Radiology and
   a. state their proper use.
   b. know the procedure to follow for a fire alarm.

   Tech Initials:

3. The student will be able to identify, obtain, and utilize department emergency life support equipment and supplies when necessary and
   a. initiate hospital cardiac arrest procedure as outlined.
   b. initiate other hospital or department emergency procedures as outlined.

   Tech Initials:

4. Without the use of references, the student will list the departmental chain of command. Performance will be satisfactory if the list matches the actual departmental organization chart.

   Tech Initials:

5. The student will be able to list the rules of conduct and dress to be observed in the hospital and radiology department according to established policy and when
   a. given a hypothetical clinical situation, the student will indicate which behaviors exhibited by an employee are appropriate and/or inappropriate according to policy.
   b. given a hypothetical clinical situation, the student will indicate what is appropriate and/or inappropriate personnel attire according to policy.

   Tech Initials:

6. The student will be able to identify the location of posted duty roster, class schedules, and other informational display areas pertinent to the departmental operation, and stay current with the material posted.

   Tech Initials:

Number 3

ENABLING OBJECTIVES

GRAND RAPIDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

PROFESSIONAL ADJUSTMENT AND ETHICS:

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

1. The student will be able to list
   a. items of personal appearance that reflect the technologist's professional attitude.
   b. aspects of the technologist's department that would inspire a feeling of confidence by the patient.
   c. the criteria for the individual's contribution to departmental discipline.

   Tech Initials:

2. Given a hypothetical situation, relative to a specific student relationship with any of the following that should be established or should already exist, the student will be able to state the correct ethical relationship
   a. with fellow persons, younger, contemporary, or older.
   b. with fellow technologists or supervising technologists
   c. with radiologists, referring and attending physicians, and surgeons.
   d. with ancillary medical staff and administrative staff.
   e. with hospital professional staff.
   f. with non-professional staff.

   Tech Initials:
3. The student will be able to give an example of conscientious action with reference to
   a. care of hospital property, cleanliness, abuse.
   b. care of departmental equipment and accessory equipment items.
   c. care of supplies, extravagance, wastage of, etc. (film, linens, etc.)
   d. care of patient's property.
   ______________________________
   Tech Initials: __________________________

4. Given a medico-legal situation that might arise within the hospital, the student will be able to state the
correct approach, or response to prevent legal liability on the student's and/or the hospital's behalf with
respect to
   a. confidential nature of medical records.
   b. privacy, individual privacy, and medical ethics.
   c. patient's rights.
   d. legal liability, identification of films, accuracy in records.
   e. the technologist in a court of law.
   ______________________________
   Tech Initials: __________________________

Number 4  ENABLING OBJECTIVES

GRAND RAPIDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

PATIENT CARE AND COMMUNICATIONS:

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets
the objectives listed in that category.

1. The student will be able to demonstrate the proper way to perform the following introductions
   a. self to patient
   b. patient to doctor
   c. patient to technologist
   d. of other personnel
   ______________________________
   Tech Initials: __________________________

2. The student will be able to demonstrate the proper method of giving instructions to a patient regarding
   disrobing and using x-ray gown provided.
   b. removing obstructive foreign objects (hairpins, dentures, jewelry, etc.)
   ______________________________
   Tech Initials: __________________________

3. The student will be able to demonstrate the ability to reassure a patient and put the patient at ease by
   a. explaining the procedure.
   b. providing general comfort to the patient.
   c. gaining the patient's cooperation.
   ______________________________
   Tech Initials: __________________________

4. The student will be able to demonstrate
   a. the assistance the patient provides during the procedure.
   b. the need for waiting, delays necessary, etc.
   c. what the patient needs to do upon leaving the department once the procedure is finished.
   ______________________________
   Tech Initials: __________________________

5. The student will be able to demonstrate
   a. equal consideration and treatment toward all patients, regardless of race, age, religion, creed, or
   social status.
b. courtesy and modesty in patient care.
c. the ability to communicate effectively with all types of patients.
d. the ability to provide special attention to and handling of patients as the need arises.

Tech Initials:

6. The student will be able to state the proper method of approaching a patient upon meeting her/him outside of the hospital environment.

Tech Initials:

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**Number 5  ENABLING OBJECTIVES**

GRAND RAPIDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

PATIENT TRANSPORT AND TRANSFER:

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

1. Without the use of references the student will describe the body mechanics involved in transferring
   a. the non-ambulatory patient from
      1. bed to stretcher
      2. stretcher, to radiographic table
      3. bed to wheelchair
      4. wheelchair to radiographic table
      5. radiographic table to wheelchair and/or stretcher
      6. wheelchair and/or stretcher to bed
   b. the ambulatory patient on to the radiographic table

Tech Initials:

2. Given direct supervision, a patient (ambulatory or non-ambulatory) and the necessary equipment, the student will
   a. determine the correct mode of and carry out inpatient transportation according to department procedure
   b. demonstrate the correct method of moving wheelchair and stretcher patients through corridors, doorways, and other areas
   c. demonstrate the correct method of securing the patient to a wheelchair or stretcher
   d. demonstrate the basic methods of transferring patients to the stretchers, radiographic table, etc.
   e. demonstrate methods of assisting ambulatory patients to the radiographic table, etc.

Tech Initials:

3. Performance will be satisfactory if the student
   a. ascertains that the patient's name corresponds with the name on the x-ray request
   b. explains procedure to patient
   c. obtains assistance in moving patient when necessary
   d. removes all equipment and materials which may interfere with transfer
   e. uses transport equipment in a safe manner i.e. (locks wheelchair in position, engages stretcher locks, raises wheelchair footrests)
   f. provides footstool for patient when necessary
   g. uses correct body mechanics in moving the patient
   h. provides for patient privacy and comfort
   i. secures the patient when necessary using appropriate equipment
   j. obtains or replaces chart and/or other materials as necessary
   k. informs nursing station of transfer
   l. transports the patient to the desired location in a safe manner

Tech Initials:
Number 6  

**ENABLELING OBJECTIVES**

GRAND RAPIDS COMMUNITY COLLEGE  
RADIOLOGIC TECHNOLOGY

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

RADIATION SAFETY: ALL STUDENTS are expected to STRICTLY adhere to proper radiation safety guidelines. The student will apply knowledge of and practice proper radiation safety as evidenced by the following:

1. The use of gonadal shielding (lead blockers or apron) on pediatric and pregnant patients when performing radiographic examinations in the department, and when performing portable examinations on patients under 50 years of age whenever the gonadal shielding does not interfere with the required diagnostic image.
   Tech Initials: ____________________________

2. Collimating the x-ray beam, at least to the cassette size or to the standard required by the department, as evidenced by proof of collimation on all radiographs.
   Tech Initials: ____________________________

3. Wearing film monitoring badge whenever on duty, and following radiation safety rules regarding film badge control.
   Tech Initials: ____________________________

4. Properly wearing radiation protection apparel when assisting with fluoroscopic examinations.
   Tech Initials: ____________________________

5. The use of restraining devices, such as sandbags, compression bands, ace bandages, tape, head holders, etc., to immobilize patients and restrain and control infants and children, eliminating or limiting the need for ancillary personnel in immobilizing patients for radiographic examinations.
   Tech Initials: ____________________________

6. Not allowing technologist, students, or others to hold and/or restrain patients for radiographic examinations before trying to obtain the desired projection using restraining methods and devices as supplied by the department.
   Tech Initials: ____________________________

7. Being able to critique radiation safety measures applicable to all radiographic examinations.
   Tech Initials: ____________________________

8. Visually double checking and noting patient's position, position of tube, part, and film alignment for accuracy before activating exposure switch.
   Tech Initials: ____________________________

9. Visually reviewing and orally stating exposure factors that have been selected to determine proper mAs and kVp levels to produce diagnostic image.
   Tech Initials: ____________________________

Number 7  

**ENABLELING OBJECTIVES**

GRAND RAPIDS COMMUNITY COLLEGE  
RADIOLOGIC TECHNOLOGY
KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

GENERAL DIAGNOSTIC ROOM: Students assigned to general diagnostic areas will be able to function in the following capacities:

1. Upon assignment to a general diagnostic room, the student will be able to have the physical facilities ready for performing the x-ray examinations. The student will:
   a. provide clean table
   b. exhibit orderly cabinets and storage space
   c. have appropriate size cassettes available
   d. have 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. find the resupply linens if appropriate

   Tech Initials:

2. Given a requisition for an x-ray examination, the student will be able to:
   a. identify procedures to be performed
   b. recall the patient's age and name
   c. identify mode of transportation to the clinical area
   d. pronounce the patient's name (within reasonable limits)

   Tech Initials:

3. Given a requisition for an x-ray examination and after proper interpretation of the requisition the student will be able to:
   a. select the correct 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. gown patient properly
   h. follow proper isolation procedure when appropriate

   Tech Initials:

4. Given all necessary equipment, a patient, and an order for an x-ray examination the student will be able to:
   a. position the patient correctly on table (head at the appropriate end, prone or supine)
   b. align center of part to be demonstrated to the center of the film
   c. center CR to the center of the film
   d. angle the CR to center of film
   e. remove unwanted anatomical parts from the radiographic area

   Tech Initials:

5. Given all necessary equipment, a patient, etc., the student will be able to manipulate the x-ray equipment as appropriate for examinations as follows:
   a. turn tube from horizontal to vertical (and vice versa)
   b. move the bucky tray and utilize locks
   c. identify and utilize tube locks
   d. insert and remove cassettes from bucky tray and spot film device
   e. operate film advance for automatic changers (e.g. chest)
   f. select factors at control panel
   g. use a technique chart
   h. measure the patient
   i. identify the film with "R", "L", and other appropriate identifications
   j. fill syringes using aseptic technique

   Tech Initials:
Number 8  
ENABLING OBJECTIVES  

GRAND RAPID COMMUNITY COLLEGE  
RADIOLOGIC TECHNOLOGY  

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.  

Only Complete portions that are Applicable  

FILM PROCESSING: Students assigned to the film processing areas will be able to function in the following capacities:  

1. Given cassettes containing exposed radiographs, the student will unload and load cassettes with efficiency, without producing artifacts, selecting proper film size enclosed within cassettes without film edges protruding, cassette clips properly closed and returned to proper pass boxes or other areas.  

2. Following departmental procedures for identification, the student will mark radiographs in proper area at all times.  

3. Using automatic processing equipment and given departmental procedures for feeding film into processor, the student will unload film holders and feed films into processor producing properly processed films without artifacts or causing processor "Jam-ups" at all times.  

4. Given responsibilities pertaining to the darkroom and film processing, the student will check and maintain adequate replenishment solution levels and film inventor so as not to cause shortage or need during use periods.  

5. The student will become familiar with and identify all devices used to check proper function of the processor, and will report any questionable finding to the proper authority (as determined by departmental policy) before trouble develops at all times.  

6. The student will maintain film supply in film bins at all times so there are no empty compartments at any time.
7. Given necessary cleaning materials and cassettes, the students will inspect and clean the intensifying screens and exterior portions of cassettes (according to departmental procedure and manufacturers directions).
   Tech Initials: ________________________________________________

8. The student with the supervising radiologic technologist will present the radiographs in the proper sequence to the radiologist for evaluation and instructions for additional exposures if needed.
   Tech Initials: ________________________________________________

9. The student will do any additional cuts or positions as directed by the radiologist.
   Tech Initials: ________________________________________________

10. At the conclusion of the examination, the student will remove the patient from the table and return him/her to their room as directed by departmental procedures.
    Tech Initials: ________________________________________________

11. The student will clean-up the room and readjust the equipment as needed for the next examination, as directed by departmental policies and procedures.
    Tech Initials: ________________________________________________

Number 9 ENABLING OBJECTIVES

GRAND RAPIDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

OFFICE PROCEDURES: Students assigned to the office and radiographic file areas will be able to function in the following capacities:

1. Given a request for an x-ray examination, the student will record all data required (according to departmental regulations) pertaining to patient, examinations, number of films used, referring physician identification number, etc.
   Tech Initials: ________________________________________________

2. Given a request for an x-ray examination and patient identification, following departmental office procedures and method for data retrieval, the student will acquire patient's past records, reports, film filing jackets, and/or prepare new film filing jackets.
   Tech Initials: ________________________________________________

3. Upon patient's arrival in the department of radiology, using a professional manner, the student will completely process the patient in preparation for the examination, (including instructions) obtain needed information or history and provide instructions as related to the specific examination.
   Tech Initials: ________________________________________________

4. Given patients to be scheduled for radiographic examinations requiring preparation and specific appointments, using standard printed instructions, the student will explain instructions to patient, if needed for clarity, schedule appointments as to proper time and sequence, and answer questions asked by the patient in regards to procedures (according to departmental regulations).
   Tech Initials: ________________________________________________
5. Upon request and following departmental procedures, the student will maintain and file patient reports, records, radiographs, microfilms, and prepare and file film filing jackets.

   Tech Initials:

6. Upon request and when indicated following departmental procedures for proper procurement and recording, the student will obtain patient's hospital records for review by proper authority.

   Tech Initials:

7. Upon request from proper authority (as determined by departmental/hospital policy and regulations), the student will prepare films for loan and mailing utilizing proper check-out procedures and complete all required transferal forms.

   Tech Initials:

8. Following departmental procedures, the student will locate patient reports and films, assemble for review by attending physician, and assist when requested.

   Tech Initials:

9. Upon request and informed of the desired sequence and proper order to facilitate the radiologist or attending physician, the student will mount radiographs for viewing on the view boxes or other viewing devices in proper order and sequence.

   Tech Initials:

10. The student will review and sort radiographs according to patient information and examination, and place them on/in filing jackets in proper order and sequence.

    Tech Initials:

11. Given information and adequate instructions, the student will perform other necessary tasks pertaining to office procedures, such as answering phone, scheduling, maintaining records, etc.

    Tech Initials:

---

**Number 10 ENABLING OBJECTIVES**

GRAND RAPIDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

PORTABLE/MOBILE RADIOGRAPHY: Students who are assigned to portable (bedside or surgical examinations) will be able to function in the following capacities:

1. Interpret requisition to determine portable examination to be performed.

   Tech Initials:

2. Determine if this is a follow up examination, size and number of cassettes needed, need for stationary grid, radiation protection devices needed, and what views need to be obtained.

   Tech Initials:

3. Transport the unit to the site of need observing all safety precautions, making sure that tube head locks and extension cords are secured, and proceeding with care so as not to injure employees, patients, or damage equipment.

   Tech Initials:
4. When finding that the patient is receiving oxygen therapy, follow the recommended procedure (as determined by the nursing department) or discontinuing oxygen before turning on the mobile unit to prevent possible explosion.
   Tech Initials:

5. Enter the patient's room quietly, introduce self and explain the procedure to the patient, when appropriate, in a manner that will put the patient at ease, enlist patient cooperation when necessary and with permission, if needed, to obtain satisfactory radiographs.
   Tech Initials:

6. When proceeding with the examination, keep the patient's safety and comfort in mind, observe the presence of any drainage tubes, intravenous sets, and other treatment or therapy apparatus and, if necessary, adjust the routine accordingly so as not to interfere with patient welfare, obtaining satisfactory radiographs.
   Tech Initials:

7. Utilize proper aseptic or sterile techniques whenever required.
   Tech Initials:

8. Satisfactorily operate the mobile unit, setting exposure factors according to the technique chart and limits of the unit, taking into consideration all variables of the examination.
   Tech Initials:

9. When a grid is needed, determine if the grid is focused or parallel and understanding the limitations of each, adjust the SID, tube centering, and exposure factors accordingly, and obtain satisfactory radiographs according to department standards.
   Tech Initials:

Number 11

ENABLING OBJECTIVES

GRAND RAPIDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

Only Complete portions that are Applicable

SPECIAL PROCEDURES: Upon completion of the Special Procedures assignment, the student will be able to demonstrate knowledge and understanding of angiographic studies utilizing special equipment and techniques that demonstrate functioning organs or systems.

In addition to angiographic procedures the student will be able to demonstrate knowledge and understanding of specialized procedures done in routine fluoroscopic and diagnostic rooms. These will include myelogram, bronchograms, lymphangiograms, etc. An acceptable level of competence has been attained when the student is able to:

1. Set the x-ray machine controls and position the tubes for studies.
   Tech Initials:

2. Assist in the preparation of contrast media, including the preparation of the pressure injector.
   Tech Initials:

3. Assist in setting up trays for special procedures.
   Tech Initials:
4. Select appropriate catheters, guide wires, needles, and syringes for angiographic studies and other specialized procedures.
   Tech Initials:

5. Position the patient for radiographs.
   Tech Initials:

6. Perform patient handling tasks and preparation specific to special procedures.
   Tech Initials:

7. Practice radiation safety during special procedures.
   Tech Initials:

8. Practice aseptic techniques in handling materials and supplies necessary to the procedure.
   Tech Initials:

9. Clean pressure injector equipment
   Tech Initials:

10. Prepare used trays for return to CDR.
    Tech Initials:

11. Label specimens for laboratory analysis or tests and forward to the laboratory.
    Tech Initials:

12. Load film changers and cassettes.
    Tech Initials:

    Tech Initials:

14. List accessory equipment and state rationale for the use in special examinations.
    Tech Initials:

15. Calculate heat units for multiple exposures.
    Tech Initials:

16. State the proper warm-up routine for the x-ray machines.
    Tech Initials:

---

**Number 12 ENABLING OBJECTIVES**

GRAND RAPIDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

**KEY/INSTRUCTIONS:** Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

**TOMOGRAPHY:** Students assigned to body section radiography should be able to function as follows:

1. Given a request for a tomographic examination, the student will identify the body area and specific anatomy to be examined.
   Tech Initials:
2. Having correctly identified the body area and anatomy, the student will determine, in the case of equipment possessing multidirectional movement capabilities, the proper movement to be used: i.e., rectilinear, circular, elliptical, hypocloidal spiral.
   Tech Initials:

3. The student will assist the technologist in the setting up of the tomographic unit including the attachment of any accessories as may be needed.
   Tech Initials:

4. Under the direct supervision of the radiologic technologist, the student will position the patient on the table according to the body part being examined.
   Tech Initials:

5. The student will set the control for the correct technical factors dictated by the body area being examined and the type of tomographic motion being used.
   Tech Initials:

6. The student will give proper instructions to the patient regarding what the examination is, how the equipment will move and what the patient will have to do (lie still, breath, etc.) to assure a diagnostic examination.
   Tech Initials:

7. After proper patient instruction the student will make the required number of tomographic exposures at the levels designated by department routines for the body part being examined.
   Tech Initials:

8. The student with the supervising radiologic technologist will present the radiographs in the proper sequence to the radiologist for evaluation and instructions for additional exposures if needed.
   Tech Initials:

9. The student will do any additional cuts or positions as directed by the radiologist.
   Tech Initials:

10. At the conclusion of the examination, the student will remove the patient from the table and return him/her to their room as directed by departmental procedures.
    Tech Initials:

11. The student will clean-up the room, readjust the equipment as needed for the next examination as directed by departmental policies and procedures.
    Tech Initials:

Number 13

ENABLING OBJECTIVES

GRAND RAPIDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

KEY/INSTRUCTIONS: Clinical Instructor or appropriate Radiographer to initial each section as student meets the objectives listed in that category.

EVENING EXPERIENCE
At the time the student rotates through the minor affiliate and evening experience the following objectives will be checked off by the supervisor in charge.

1. Observe the role of the radiology department under other than normal clinical hours.
   Tech Initials:
2. Differentiate the role of minor affiliate to that of the major affiliate.  
   Tech Initials:  

3. Participate in the conduct general patient care functions in a radiology department that has less than a full staff.  
   Tech Initials:  

4. Assess and perform varying technical exposure factors of MAS, kVp, and distance.  
   Tech Initials:  

5. Assist and perform common and uncommon radiologic procedures without assistance in accordance with departmental policy and at the discretion of the clinical supervisor and the technologist in charge.  
   Tech Initials:  

6. Assist and perform any other duty which may be assigned to an evening or second shift technologist, in accordance with departmental policy for student activities.  
   Tech Initials:  

7. Perform the objective listed as General Diagnostic Room.  
   Reference: See page ____, General Diagnostic ______________________________________________  
   Student: ___________________________________________________________ Date  
   Hospital: ___________________________________________________________  
   Clinical Instructor: __________________________________________________

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Number 14 (A)  

ENABLING OBJECTIVE

GRAND RAPIDS COMMUNITY COLLEGE  
RADIOLOGIC TECHNOLOGY

EXPLANATION OF ELECTIVE CLINICAL ASSIGNMENTS:

PROGRAM PROCEDURE:  ELECTIVE CLINICAL ASSIGNMENTS

The elective clinical assignments include the following specialized areas:
Angiography Nuclear Medicine
Cardiac Catheterization Radiation Therapy
Computerized Tomography Special procedures
*Mammography Diagnostic Medical Sonography

The student may request a 1-day experience in any elective clinical assignment. The student will submit to the Clinical Instructor (CI) and the Program faculty a written request of the area(s) of interest. The CI will make the assignment.

The student may request additional time depending upon department time schedules, patient load constraints and completion of semester competency objectives. The additional time request will not exceed 10 working days in an elective clinical assignment per semester. All elective clinical experiences will be observation except of mammography and special procedures. If the student has chosen either mammography or special procedure experience, he/she may participate in room readiness procedure, patient positioning, sterile procedure techniques, and exposure technique/equipment manipulation depending upon the technologist’s discretion. See the Enabling Objectives: Mammography, General Clinical Elective Rotation Experience and Special Procedure. (Student Handbook) The student will be supervised by the radiographer assigned to the particular clinical area. The CI will coordinate the student's rotation and act as liaison between the radiography staff and student in order to monitor the student's experience.
Evaluation of the student will be based upon the following process:

1. The CI or radiographic staff will fill out one of three specific enabling objective forms depending upon the area selected by the student. Mammography and special procedures have a separate enabling objective form. A general enabling objective form will be filled out for the other areas. They are ultrasound, computerized tomography, angiography, cardiac catheterization, radiation therapy and nuclear medicine.

2. The student will write a one page report of his/her experience in the special area to be turned into the CI for evaluation. The student should include the following information: the type of examination, diagnosis of disease process and a list of the anatomy demonstrated. Describe how the exam was performed to find the disease process.

*Demonstration of competency test in mammography is not required, but may be included as a none critical competency test if performance of mammography examination is allowed by the clinical site or affiliating hospital. Additionally, students may view Mosby's Laser Disk entitled, "Mammography".

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Number 14 (B)  
**ENABLING OBJECTIVE:**  
OPERATIONAL FORM

GRAND RAPIDS COMMUNITY COLLEGE  
DIAGNOSTIC IMAGING TECHNOLOGY  
éLECTIVE CLINICAL ASSIGNMENT FOR SPECIALIZED RADIOGRAPHY AREA

STUDENT NAME ____________________  
DATE ____________________  
HOSPITAL ____________________

KEY/INSTRUCTIONS: CIRCLE ONE OF THE FOLLOWING:  
S=SATISFACTORY PERFORMANCE,  
NI=NEEDS IMPROVEMENT,  
U=UNSATISFACTORY PERFORMANCE  
NA=NOT APPLICABLE

<table>
<thead>
<tr>
<th></th>
<th>S</th>
<th>NI</th>
<th>U</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>1. Observe 5 different types of examinations. Comments:</td>
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<tr>
<td>2. Observe equipment set-up and take-down. Comments:</td>
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<td>3. Read Patient history to determine type of requested examination. Comments:</td>
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<tr>
<td>4. Request from radiology staff, patient diagnosis and compare to imaging techniques. Comments:</td>
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<tr>
<td>5. List appropriate anatomy and disease processes seen on diagnostic images. Comments:</td>
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<td>6. Write a one-page report. List name of examination, how it was demonstrated and diagnosis of any disease and treatment of disease process. Comments:</td>
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Number 15

GRAND RAPIDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

PROGRAM PROCEDURE: TERMINAL COMPETENCIES
The student will demonstrate the completion of the following terminal competency by completing the Radiologic Technology Curriculum. Each terminal competency is listed with the radiologic technology course number.

By the completion of the Program, the student shall be able to:

1. Use oral and written medical communication.
   Confirmation: GH 110, RT 211, RT 130-RT232

2. Demonstrate knowledge of human structure, function and pathology.
   Confirmation: BI 121, BI 122, RT 110 - RT212, RT 211, RT 130-RT232

3. Anticipate and provide basic patient care and comfort.
   Confirmation: RT 130-RT232

4. Apply principles of body mechanics.
   Confirmation: RT 130-RT232

5. Perform basic mathematical function.
   Confirmation: Admission criteria, RT 111, RT 113, RT 207, RT215, RT 130-RT232

6. Operate radiographic imaging equipment and accessory devices.
   Confirmation: RT 111, RT 113, RT 212, RT 130-RT 232

7. Position the patient and imaging system to perform radiograph examination and procedures.
   Confirmation: RT 130-RT232

8. Modify standard procedures to accommodate for patient condition and other variables.
   Confirmation: RT 130-RT232

   Confirmation: RT 110-RT212, RT 111-RT113, RT 130-RT232

10. Determine exposure factors to obtain diagnostic quality radiographs with minimum radiation exposure.
    Confirmation: RT130-RT232

11. Adapt exposure factors for various patient conditions, equipment, accessories and contrast media to maintain appropriate radiographic quality.
    Confirmation: RT 130-RT232

12. Practice radiation protection for the patient, self and others.
    Confirmation: RT 130-RT232

13. Recognize emergency patient conditions and initiate code procedure to activate emergency response for patient.
    Confirmation: RT 130-RT232

14. Evaluate radiographic images for appropriate positioning and image quality.
    Confirmation: RT 110-212, RT111-RT113, RT130-RT232

15. Evaluate the performance of radiographic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority.
    Confirmation: RT 130-232
16. Demonstrate knowledge and skills relating to quality assurance.
   Confirmation: RT 113, RT 232

17. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
   Confirmation: RT 231, RT 232

CONFIRMATION OF COMPLETION OF TERMINAL OBJECTIVES AS VERIFIED BY SIGNATURE BELOW. TRANSCRIPT PROVIDED UPON REQUEST.

PROGRAM STAFF________________DATE
CLINICAL INSTRUCTOR______________DATE
STUDENT________________________DATE
# Glossary Of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Assist (Rad. Procedure)</td>
<td>The student assists the radiographer in performing a radiographic examination.</td>
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<tr>
<td>Category</td>
<td>A series of related radiographic examinations that exemplify an area of the human body, i.e., upper extremity.</td>
</tr>
<tr>
<td>Clinical Definition</td>
<td>The facility where the clinical objectives are practiced and performed.</td>
</tr>
<tr>
<td>Competency</td>
<td>The ability to function within a realm of limited supervision and assume those duties &amp; responsibilities as set forth in course &amp; clinical objectives.</td>
</tr>
<tr>
<td>Competency Evaluation</td>
<td>The procedure by which a student's performance &amp; the resulting image is evaluated. The minimum acceptable level of competency is 80%.</td>
</tr>
<tr>
<td>Direct Supervision</td>
<td>A staff radiographer present in a radiographic control area of a specific installation.</td>
</tr>
<tr>
<td>Indirect Supervision</td>
<td>A staff radiographer present in the radiology department not necessarily present at the specific exposure site.</td>
</tr>
<tr>
<td>Observe</td>
<td>The student observes all aspects of a radiographic examination to acquire the (Rad. Proceed.) skills needed to perform the procedure in the future.</td>
</tr>
<tr>
<td>Qualified Radiographer</td>
<td>An individual certified by the American Registry of Radiologic Technologist &amp; who is in good standing with the sponsoring Institution &amp; certification agency.</td>
</tr>
<tr>
<td>Radiographs</td>
<td>A series of radiographic exposures of an anatomical part Examination sufficient to permit diagnostic evaluation of the part.</td>
</tr>
<tr>
<td>Simulation</td>
<td>The student shall perform the examination on a live subject (not a patient) and simulate the exposure. The CI shall mark SIMULATION on the Clinical Competency Evaluation Form to indicate that competency test was a simulation test.</td>
</tr>
<tr>
<td>Solo</td>
<td>The student performs every aspect of the procedure in the (Rad. Procedure) same professional manner as a staff radiographer. The student receives no aid from the supervising radiographer unless noted.</td>
</tr>
</tbody>
</table>
**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 Technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.

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

**PRINCIPLE 3**
The Radiologic Technologist provides service to patients without discrimination.

3.1 Exhibits no prejudice for sex, race, creed, religion.
3.2 Provides service without regard to social or economic status.
3.3 Delivers care unrestricted by concerns for personal attributes, or 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 they have 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
8.1 Protects the patient's right to quality radiologic technologist.
8.2 Provides the public with information related to the profession and its function.
8.3 Supports the profession by maintaining and upgrading professional standards.

PRINCIPLE 9
9.1 Protects the patient's right to privacy.
9.2 Keeps confidential, information relating to the 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.

Principles of Professional Conduct
For Radiologic Technologists
Provides the public with information related to the profession and its function

PRINCIPLE 1:
Radiologic Technologists shall conduct themselves in a manner compatible with the dignity and professional standards for the profession.

PRINCIPLE 2:
Radiologic Technologists shall provide services with consideration of human dignity and the needs of the patient, unrestricted by consideration of age, sex, race, creed, social and/or economic status handicap, personal attributes, or the nature of the health problem.

PRINCIPLE 3:
Radiologic Technologists shall make every effort to protect all patients from unnecessary radiation.

PRINCIPLE 4:
Radiologic Technologists should exercise and accept responsibility for independent discretion and judgment in the performance of their professional services.

PRINCIPLE 5:
Radiologic Technologists shall judiciously protect the patient's right to privacy and shall maintain all the information in the strictest confidence.

PRINCIPLE 6:
Radiologic Technologists shall apply only methods of technology founded upon a scientific basis and not employ those methods that violate this principle.

PRINCIPLE 7:
Radiologic Technologists shall not diagnose, but in recognition of their responsibility to the patient, they shall provide the physician with all information they have relative to radiologic diagnosis or patient management.

PRINCIPLE 8:
Radiologic Technologists shall be responsible for reporting unethical conduct and illegal professional activities to the appropriate authorities.

PRINCIPLE 9:
Radiologic Technologists should continually strive to improve their knowledge and skills by participating in educational and professional activities and sharing the benefits of their attainments with their colleagues.

PRINCIPLE 10:
Radiologic Technologists should protect the public from misinformation and misrepresentation.

These principles are intended to serve as a guide by which radiologic technologists may evaluate their professional conduct as it relates to patients, colleagues, other members of the medical care team, health-care consumers, and employers and to assist radiologic technologists in maintaining a high level of ethical conduct.
The Academic & Clinical Education Handbook Agreement

The handbook agreement page is to be signed by all students beginning clinical training. This agreement states that while the student is in clinical practice, he/she will abide by the rules, procedures, and policies of the sponsoring affiliate and the Grand Rapids Community College's Radiologic Technology Program.

I _______________________, have read the Academic & Clinical Education Handbook for the Student Radiographer which includes but not limited to procedures and or policies governing academic and clinical achievement, attendance, rules, conduct and clinical objectives. I understand and accept the procedures/policies as stated in the Academic & Clinical Education Handbook for the student radiographer. I will abide by all rules and regulations of Grand Rapids Community College, its Radiologic Technology Program and affiliating clinical education centers during the time that I am in enrolled in the RT Program. I understand that if I violate these principals, procedures, and regulations, I will be disciplined according to stated disciplinary actions. I have been given the opportunity to ask questions and seek clarification.

I also understand the importance of confidentiality in the medical profession and will not disclose any information regarding a patient, fellow student, or hospital personnel without proper authorization.

Student SIGNATURE: ____________________________________

DATE: ________________________________________________

*These policies and procedures are subject to change at any time at the discretion of the College. Students will be given notification of these changes in due time.
Anecdotal Note/ Significant Form

DATE:________________________

STUDENT NAME ___________________________ EVALUATOR ___________________________

HOSPITAL SITE ___________________________ RT CLASS # ______________ COURSE # RT130

Incident:
(Write the circumstances of the situation.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

ACTION TAKEN

______________________________________________________________________________

______________________________________________________________________________

______________________________

COMMENTS

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Clinical Instructor________________________

Program Director/ Clinical Coordinator ________________________________
CLINICAL SITE - OBSERVATION

Student Name: ______________________________

Clinic Site: ______________________________

Each student must observe 3 General Diagnostic exams and 1 to 2 Fluoroscopy exams.

Each exam must be signed and dated by the Clinical Instructor.

Each student should be given a tour of the Radiology Department.

<table>
<thead>
<tr>
<th>Name of exam</th>
<th>Date</th>
<th>CI Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Diagnostic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoroscopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Students: Please describe your experience at this clinic site:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

RETURN TO: Radiologic Technology Department by July 1
**Student Action Plan**

Student Name: ____________________________  ID#: ____________________________  Graduating class: ____________________________

### Area(s) that need improvement:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location (classroom/clinic)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description**

**Action plan (to be filled out by student)**

---

Program Director: ____________________________  Date: ____________________________

Student: ____________________________  Date: ____________________________

Clinical Coordinator: ____________________________  Date: ____________________________

Clinical Instructor: ____________________________  Date: ____________________________
## Professional Development and Behavior Evaluation Form

The purpose of this form is for the student and faculty to evaluate professional development toward becoming a Radiologic Technologist. Ratings are based on performance in the classroom, laboratory, and clinical sites. Check the student rating box next to each area indicating either Meets Standards or Needs Improvement.

<table>
<thead>
<tr>
<th>Verbal/Nonverbal Communication</th>
<th>Student Self Evaluation</th>
<th>Faculty Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works well in group activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeks assistance as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listen and speaks at appropriate times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates effectively within clinic/classroom setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies procedural challenges and applies reasonable solutions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds appropriately to difficult patient behaviors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Written Communication</th>
<th>Student Self Evaluation</th>
<th>Faculty Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writes legibly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses correct medical terminology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records all pertinent patient history</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Responsibility</th>
<th>Student Self Evaluation</th>
<th>Faculty Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes initiative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handles personal and professional obligations appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attends clinic/class with acceptable hygiene and attire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>student self evaluation</td>
<td>faculty evaluation</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>meets standards</td>
<td>needs improvement</td>
<td>meets standards</td>
</tr>
<tr>
<td><strong>self-responsibility</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>completes assignments on time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrates respect for instructors, staff and peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>takes responsibility for own learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrates an awareness of and follows the code of ethics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>observes safety/alar precautions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

please list your strengths: | please list any concerns: |
|---|---|

**do no write below this line:**

<table>
<thead>
<tr>
<th>additional comments:</th>
<th>action plan:</th>
</tr>
</thead>
</table>

___________________________  ____________________________  
student signature/date  faculty signature/date
Probation Contract

Student Name _____________________
Semester ______________________

Reason for probation:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I understand that I am a probationary student for the RT ________________ semester.

I have reviewed the Student Handbook with a program faculty member and my Clinical Instructor at ________________ hospital. ANY violation of program policies (Academic/Clinical) within the Student Handbook/Catalog/Syllabi will result in immediate dismissal.

Program Faculty__________________________ Date _________________
Clinical Instructor_________________________ Date _________________
Student _________________________________ Date _________________
Monitoring Badge Overexposure Report

As a licensee with the State of Michigan it is our responsibility to report that ____________________, who is one of our current students, has received a radiation dose of _______ mrem deep and _______ mrem shallow for the monitoring period of ________________________. The badge number is _____________________.

Social Security Number: ________________________________
Birth Date: ________________________________
Badge Location: ________________________________
Signature of exposed individual: ________________________________

Radiation Safety Officer
Grand Rapids Community College
Medical radiography Program
143 Bostwick NE
Grand Rapids, Mi 49503
Notification of Radiation Monitoring Incidents

Grand Rapids Community College utilizes quarterly radiation monitoring badges for the Medical Radiography, Dental Hygiene, and Dental Assisting Programs. All exposure reports are reviewed and signed by the Radiation Safety Officer. In the event that an over-exposure event occurs, the State of Michigan, Department of Community Health, Radiation Safety Section will be notified. The State of Michigan, Radiation Safety Section, Radiation Safety Rules state that a licensee or registrant shall notify the department when radiation over exposure occurs. In accordance with Rule 247 of the Michigan State Ionizing Radiation Rules, as a licensee with the State of Michigan, Grand Rapids Community College, shall immediately notify the state by telephone of any incident involving any source of radiation which may have caused any of the following: A dose to the whole body of any individual of 25 rems or more of radiation: a dose to the skin of the whole body of any individual of 150 rems or more of radiation, or a dose to the feet, ankles, hands or forearms of any individual of 375 rems or more of radiation. In accordance with Rule 247 of the Michigan State Ionizing Radiation Rules, as a licensee with the State of Michigan, Grand Rapids Community College, shall within 24 hours notify the state by telephone, of any incident involving any source of radiation which may have caused any of the following: A dose to the whole body of any individual of 5 rems or more of radiation: a dose to the skin of the whole body of any individual of 30 rems or more of radiation, or a dose to the feet, ankles, hands or forearms of any individual of 75 rems or more of radiation. In accordance with rule 250 (Reports of Overdose) the Grand Rapids Community College, in addition to the notification listed in Rule 247, shall within 30 days, report in writing any over-exposure. The Radiation safety officer shall report each radiation exposure received by an individual, in excess of any applicable limit set forth in Rule 247. The report shall describe the extent radiation dose received by individuals and corrective steps taken or planned to assure against recurrence. Follow up procedures and recommendations will be given by the Michigan State Radiation Safety Section. The exposed individual will be notified within 24 hours of the report being made to the state. Monitoring badge reports will be reviewed by the GRCC (RSP) Radiation Safety Person, and if any radiation monitored individual exceeds 10% of their allowed dose they will be contacted and given a letter of exposure notification.

GRCC State Overexposure Notification

Reviewed: September, 2017
RADIATION MONITORING EXPOSURE WARNING REPORT

Date: ________________

Radiation monitoring badge reports indicate your exposure to ionizing radiation while interning in your clinical environment or attending lab courses utilizing ionizing radiation. The level of your exposure is a good indication of the radiation protection environment of the internship clinic and the school imaging laboratories. The exposure level is also a good indicator of your radiation protection habits.

The federal quarterly (3 month) exposure limit for radiation workers/students is 1200mRem. In an effort to keep you informed of potential over exposure we are issuing you a warning report because your recent badge report has indicated that you have exceeded 10% or 125mrem, of your maximum allowed exposure. This is not a report of over exposure. It is merely a warning that you have exceeded 10% of what you are allowed and that you should be aware of the potential for over-exposure in the future. Please make sure your radiation protection habits are sound and consistent and if you have concerns about the radiation protection environment at the clinic site or in the imaging laboratories please notify the Radiation Safety Officer.

Your exposure level for the ___________ quarter is ____________mRem.

Student signature _________________________________________
Date______________

Radiation Safety Officer ____________________________________
Date______________
I ______________________________, have read the Academic & Clinical Education Handbook AND REVISIONS for the Student Radiographer which includes but not limited to procedures and or policies governing academic and clinical achievement, attendance, rules, conduct and clinical objectives. I understand and accept the procedures/policies as stated in the Academic & Clinical Education Handbook for the student radiographer. I will abide by all rules and regulations of Grand Rapids Community College, its Radiologic Technology Program and affiliating clinical education centers during the time that I am in enrolled in the RT Program. I understand that if I violate these principals, procedures, and regulations, I will be disciplined according to stated disciplinary actions.

I also understand the importance of confidentiality in the medical profession and will not disclose any information regarding a patient, fellow student, or hospital personnel without proper authorization.

REVISION #1
Student SIGNATURE: ______________________________________________

DATE: ____________________________________________________________

REVISION #2
Student SIGNATURE: ______________________________________________

DATE: ____________________________________________________________

REVISION #3
Student SIGNATURE: ______________________________________________

DATE: ____________________________________________________________
Revisions:

1. **CLINICAL SCHEDULE ORIENTATION**
   First year students must complete a clinic orientation specific to their assigned site. This may include a site visit prior to the beginning of the first day of clinic. The penalty for not completing orientation by the assigned date (determined by the individual clinic site) will result in an unexcused absence for each day missed.

2. **HEALTH GUIDELINES for the Radiologic Technology Students**
   1. Students will be required to maintain current record of vaccinations during clinic semesters including: TB test results, or Chest X-ray date and report. Hepatitis B shot record, Diphtheria/Tetanus shot record, date of Chicken pox or Varicella injection record, and Measles, Mumps, Rubella (MMR) shot record, along with flu vaccine. A flu immunization and TB test or screening must be completed yearly. The TB must not lapse, and the flu vaccine must be acquired no later than November 7. These results need to be on file in the Radiologic Technology office. These records are your responsibility to maintain and keep up to date. If your records lapse, you will not be permitted to attend clinic. You will be required to take your one “free day”. If that has been used, this will count as an unexcused absence for each day you need to become compliant. (See and follow the unexcused absence policy)
   Students will also be required to maintain and provide proof for health insurance coverage during the duration of the program. A copy of the student’s insurance card will be collected with the immunization record.
   As a first year RT Program student, the deadline to have these records to the college is November 7. If you do not have them in by this date, you will receive a five percent (5%) reduction in your overall grade in RT 111: Radiographic Exposure.

3. **10 HOUR/DAY & FORTY HOUR/WEEK RULE:**
   **ABSENCE MAKE-UP TIME:** The procedure for a student to make up excessive absences: The student must make up excused absence time on a 1:1 basis. Every hour missed must be made up. Excused absences must be made up within 20 working days. Any absences not made up (outstanding) at the end of the semester, the student will be given an incomplete "I" for the clinical course. The student will contact the Clinical Instructor and schedule make up time according to available clinic/staff space according to on site capacities. The student may be assigned to evening work shifts by the CI or at a necessary time to meet the instructional objectives of the course. The student must not exceed 10 hours a day between didactic and clinical experience. Nor will the student be allowed to make up time if the hours are more than 40 hours per week of didactic and clinical practicum experience. The student may be able to schedule make up time during College breaks if the CI waives the 10 day
make up period after an absence has been taken. After the make-up time has been completed, the student must have the CI send a memo to the College's Clinical Coordinator indicating that the make-up time has been completed. In order to be clear, the student must notify the CI when they will make up their missed time. It is the student’s responsibility to arrange this make up time.

4. **CLINICAL INSTRUCTOR**

While at the clinical site, the student will be under the supervision and guidance of the Clinical Instructor. As an on-site representative of the radiography program, the clinical instructor establishes the means for the students to accomplish course objectives in the radiology department and enforces regulations according to program policy.

*Faculty are in accordance with the JRCERT’s list of responsibilities.

**Responsibilities of the Clinical Instructor:**

1. Knowledgeable of program goals.

2. Provide opportunities for radiography students to observe and participate in clinical education.

3. Interpret policies and regulations of the affiliate institution to the radiography student.

4. Plan learning activities for the radiography student which draws upon and enriches college course curriculum by understanding the clinical objectives and clinical evaluation system.

5. Assign student radiographers to the appropriate radiographic areas. The clinical instructor understands the sequencing of didactic instruction and clinical education.

6. Provide students with clinical instruction and supervision.

7. Confer regularly with departmental staff on the student’s clinical performance.

8. Provide feedback to program faculty regarding the student's clinical performance and evaluation.

9. Counsel students when necessary regarding clinical performance and completing course objectives.

10. Coordinate the evaluation of the student's overall clinical performance.

11. Maintain a confidential folder on each student and their performance. Included should be any attendance and/or anecdotal records.

12. Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development.
Responsibilities of the Clinical Staff:

1. Understand the clinical competency system.
2. Understand requirements for student supervision.
3. Support the educational process.
4. Maintain current knowledge of program policies, procedures, and student progress.