



**TENTATIVE—SUBJECT TO CHANGE**

**RADT 2360 Clinical Radiography IV**

**COURSE SYLLABUS**

**Fall Semester 2019**

**COURSE INFORMATION**

Credit Hours/Minutes: 9/20250

Campus/Class Location: Assigned Clinical Site

Class Meets: Mondays, Tuesdays, Thursdays 8:00am-5:30pm

Course Reference Number (CRN): 20163

**INSTRUCTOR CONTACT INFORMATION**

Instructor Name: Mr. Keegan Spell R.T. (R)(MR) ARRT

Office Location: 708

Office Hours: Mondays 10:00a - 12:00p, 1:00p – 5:00p & Thursdays 3:00pm-5:00pm by appointment

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Tutoring Hours: Mondays 10:00a - 12:00p, 1:00p – 5:00p & Thursdays 3:00pm-5:00pm by appointment

**SOUTHEASTERN TECHNICAL COLLEGE'S (STC) CATALOG AND HANDBOOK**

Students are responsible for all policies and procedures and all other information included in Southeastern Technical College's [Catalog and Handbook](http://www.southeasterntech.edu/student-affairs/catalog-handbook.php) (<http://www.southeasterntech.edu/student-affairs/catalog-handbook.php>).

**REQUIRED TEXT**

Merrill's Pocket Guide to Radiography (Spiral Bound). 13<sup>th</sup> edition. ISBN: 978-0323311960

Merrill's Atlas of Radiographic Positioning & Procedures. 13<sup>th</sup> edition. ISBN: 978-0323263412

Merrill's Atlas of Radiographic Positioning & Procedures-Workbook. 13<sup>th</sup> edition. ISBN: 978-0323263382

**REQUIRED SUPPLIES & SOFTWARE**

Proper uniform, dosimeter, 2 sets of initialed lead markers, pen, watch, clinical notebook, Student Handbook, health records, Student ID

**Students should not share login credentials with others and should change passwords periodically to maintain security.**

### **COURSE DESCRIPTION**

Provides students with continued hospital setting work experience. Students demonstrate increased proficiency levels in skills introduced in all the radiographic procedures courses and practiced in previous clinical radiography courses. Execution of radiographic procedures will be conducted under direct and indirect supervision.

### **MAJOR COURSE COMPETENCIES**

Major course competencies include: patient care; behavioral and social competency; advanced radiographic anatomy; equipment utilization; exposure techniques; sterile techniques; integration of procedures and/or observation of angiographic, interventional, and minor special procedures; integration of procedures and/or observation of equipment use; integration and/or observation of procedures and/or observation of routine and special radiographic procedures; and final completion of all required clinical competencies.

### **PREREQUISITE(S)**

RADT 2340

### **COREQUISITE(S)**

RADT 2260

### **COURSE OUTLINE**

#### 1.0 Patient Care

Order	Description	Learning Domain	Level of Learning
1	Observe and/or integrate procedures to manage interactions with the patient and family in a	Psychomotor	Complex Response
2	Observe and/or integrate procedures to evaluate the patient's status and condition before, during and following the radiologic procedure to demonstrate competence in assessment skills.	Psychomotor	Complex Response
3	Demonstrate skills in assessment and evaluation of psychological and physical changes in the patient's condition and carry out appropriate actions.	Psychomotor	Guided Response
4	Observe and/or integrate procedure to assess the patient and record patient histories.	Psychomotor	Complex Response

Order	Description	Learning Domain	Level of Learning
5	Assess the patient and record patient histories.	Cognitive	Application
6	Observe and/or participate in documenting care in the patient's record.	Cognitive	Knowledge
7	Perform principles of transferring, positioning, immobilizing and restraining of patient.	Psychomotor	Guided Response
8	Observe and/or integrate procedures in assessing patient using the ABC's of CPR and demonstrate basic life support procedures.	Psychomotor	Complex Response
9	Observe and/or participate in differentiating between emergency and non-emergency procedures and respond appropriately.	Psychomotor	Perception
10	Observe and/or participate in differentiating between normal ECG rhythms and abnormal ECG tracings.	Psychomotor	Perception
11	Examine procedure orders for accuracy and follow-up to make corrective changes when applicable.	Cognitive	Analysis
12	Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.	Psychomotor	Origination
13	Observe and/or participate in integration of the radiographer's scope of practice and practice standards into clinical practice settings.	Psychomotor	Complex Response
14	Observe and/or participate in adhering to national, institutional and/or department standards, policies and procedures regarding care of patients, provision of radiologic procedures and the reduction of medical errors.	Affective	Characterization

## 2.0 Behavioral and Social Competency

Order	Description	Learning Domain	Level of Learning
1	Consider gender, cultural, age and socioeconomic factors that influence patient compliance with procedures, diagnosis, treatment and follow-up patients.	Affective	Valuing
2	Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.	Psychomotor	Origination

Order	Description	Learning Domain	Level of Learning
3	Demonstrate and support safe, ethical and legal	Cognitive	Application
4	Demonstrate and integrate the use of appropriate and effective written, oral and nonverbal communication with patients, the public and members of the health care team (peers, physicians, nurses, administration, etc.) in the clinical setting.	Cognitive	Synthesis
5	Observe and/or participate in choosing patient and family education strategies appropriate to the comprehension level of patient/family.	Cognitive	Knowledge
6	Act consistently to maintain patient confidentiality standards.	Affective	Characterization

### 3.0 Advanced Radiographic Anatomy

Order	Description	Learning Domain	Level of Learning
1	Identify the anatomical structures revealed in radiographs of minor radiographic procedures such as angiograms, CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
2	Identify the anatomical structures revealed in radiographs of interventional procedures.	Cognitive	Knowledge

### 4.0 Equipment Utilization

Order	Description	Learning Domain	Level of Learning
1	Perform safety checks of radiographic equipment and accessories (e.g., lead aprons and gloves, collimator accuracy).	Psychomotor	Guided Response
2	Recognize malfunctions in the radiographic unit (including table, tube, and accessories).	Cognitive	Analysis
3	Note difficulties experienced which might assist in locating the cause of the malfunction.	Cognitive	Knowledge
4	Report malfunctions in the radiographic unit (including table, tube, and accessories).	Cognitive	Comprehension

Order	Description	Learning Domain	Level of Learning
5	Inspect and clean screens and cassettes regularly to identify and remove causes of artifacts.	Psychomotor	Mechanism
6	Perform "startup" and/or "shutdown" procedures on the automatic processor (e.g., adjust water, removal and cleaning of "cross-over" bars).	Psychomotor	Guided Response
7	Recognize malfunctions in the automatic processor.	Cognitive	Analysis
8	Note difficulties experienced which might assist in locating the cause of the malfunction.	Cognitive	Knowledge
9	Report malfunctions in the automatic processor.	Cognitive	Comprehension
10	Monitor the performance of the automatic processor using sensitometry.	Cognitive	Knowledge
11	Clean, wash, disinfect, and/or sterilize facilities and equipment (e.g., cassettes, tabletops) and dispose of contaminated items in preparation for the next examination.	Psychomotor	Guided Response
12	Warm-up the x-ray tube to achieve proper operating conditions by following the manufacturer's prescribed sequence of steps.	Psychomotor	Complex Response

#### 5.0 Exposure Techniques

Order	Description	Learning Domain	Level of Learning
1	Store film/cassette in a manner which will reduce the possibility of accidentally exposing or re-exposing the film.	Cognitive	Knowledge
2	Imprint proper identification information onto the film using either the radiographic, photographic, or light imprinter method.	Cognitive	Knowledge
3	Process exposed film by unloading the cassette and feeding it into the automatic processor.	Cognitive	Knowledge
4	Reload cassettes by selecting film of proper size and type.	Cognitive	Knowledge

Order	Description	Learning Domain	Level of Learning
5	Record required information on the request form following performance of examination (may include technologist identification, patient data, billing codes, number and size of films, technique, or other information as required by department protocol).	Cognitive	Knowledge
6	Combine radiographic requisition and radiographs for interpretation and filing.	Cognitive	Synthesis
7	Evaluate radiographs using a view box to make certain that radiographs contain proper identification and are of diagnostic quality.	Cognitive	Evaluation
8	Determine appropriate exposure factors using calipers, technique charts, and tube rating charts for guidance.	Cognitive	Application
9	Modify exposure factors for circumstances such as voluntary and involuntary motion, plaster casts, pathological conditions, and/or patient's inability to cooperate.	Cognitive	Synthesis
10	Restrict beam to limit exposure to area of interest and to improve image quality.	Cognitive	Knowledge
11	Determine appropriate exposure factors using calipers, technique charts, and tube rating charts for guidance.	Cognitive	Application
12	Modify exposure factors for circumstances such as voluntary and involuntary motion, plaster casts, pathological conditions, and/or patient's inability to cooperate.	Cognitive	Synthesis
13	Restrict beam to limit exposure to area of interest and to improve image quality.	Cognitive	Knowledge
14	Set kVp, mA, and time or automated exposure system to achieve optimum image quality, safe operating conditions, and to minimize radiation exposure.	Cognitive	Knowledge
15	Evaluate radiographs using a view box to make certain that radiographs contain proper identification and are of diagnostic quality.	Cognitive	Evaluation
16	Determine corrective measures if the radiograph is not of diagnostic quality.	Cognitive	Application

## 6.0 Sterile Techniques

Order	Description	Learning Domain	Level of Learning
1	Observe and/or participate in methods of sterilizing radiographic equipment and examination rooms.	Cognitive	Knowledge
2	Observe and/or participate in the sterilization processes preparatory to catheterization.	Cognitive	Knowledge
3	Observe and/or participate in the use of "open" and "closed" gowning and gloving methods.	Cognitive	Knowledge
4	Observe and/or participate in applying the standard and transmission-based precautions.	Cognitive	Knowledge
5	Observe and/or participate in applying the appropriate medical asepsis and sterile technique.	Cognitive	Knowledge
6	Identify the sterile techniques required for specific minor and interventional radiographic/ fluoroscopic procedures.	Cognitive	Knowledge
7	Observe and/or participate in the use of techniques to open sterile packages where the person opening the package is either sterile or non-sterile.	Cognitive	Knowledge
8	Observe and/or participate in "scrubbing in" a patient.	Cognitive	Knowledge
9	Observe and/or participate in creating a sterile field, gowning and gloving oneself, and assisting a radiologist and/or physician.	Cognitive	Knowledge

## 7.0 Integration of Procedures and/or Observation of Angiographic, Interventional, Minor Special Procedure

Order	Description	Learning Domain	Level of Learning
1	Observe and/or participate in special radiographic procedures such as cerebral, visceral, peripheral, and digital subtraction angiograms.	Cognitive	Knowledge
2	Observe catheterization techniques.	Cognitive	Knowledge
3	Observe the Seldinger technique.	Cognitive	Knowledge
4	Observe and/or participate in interventional techniques such as infusion therapy, extractions, embolizations, PTA/PTLAs, and percutaneous needle studies.	Cognitive	Knowledge

Order	Description	Learning Domain	Level of Learning
5	Observe and/or participate in angiographic, interventional, minor special, and special genitourinary system procedures.	Cognitive	Knowledge
6	Observe and/or participate in special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio- pancreatograms (ERCPs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
7	Observe and/or participate in the preparation for use, operation, and maintenance of equipment used to perform special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCPs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
8	Observe and/or participate in the use and maintenance of special radiographic equipment such as image intensifiers, magnification radiographic equipment, biplane equipment, recording equipment, rapid film changers, injectors, program selectors, and other miscellaneous radiographic equipment.	Cognitive	Knowledge
9	Observe and/or participate in the preparation of patients undergoing special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCPs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
10	Observe and/or participate in the post-procedural care of patients who have undergone special minor radiographic procedures.	Cognitive	Knowledge
11	Observe and/or participate in the evaluation of special minor procedure radiographs in terms of anatomy visualized and pathologies revealed.	Cognitive	Knowledge
12	Observe and/or participate in the selection and administration of contrast media used for special radiographic procedures.	Cognitive	Knowledge
13	Observe and/or participate in the diagnosis of and treatment for adverse reactions to contrast media.	Cognitive	Knowledge



Order	Description	Learning Domain	Level of Learning
14	Participate in and/or observe patient preparation procedures for radiographic/fluoroscopic examinations of the genitourinary system.	Cognitive	Application
15	Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the genitourinary system.	Cognitive	Knowledge
16	Observe and/or participate in routine radiographic/fluoroscopic procedures involving the genitourinary system.	Cognitive	Knowledge
17	Evaluate the quality of radiographs and photospots of the genitourinary system in terms of positioning accuracy, image quality, and anatomical structures revealed.	Cognitive	Evaluation
18	Identify the special considerations for genitourinary procedures relating to the avoidance of repeated procedures.	Cognitive	Knowledge

## 8.0 Integration of Procedures and/or Observation of Special Equipment Use

Order	Description	Learning Domain	Level of Learning
1	Observe and/or participate in special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
2	Observe and/or participate in the preparation for use, operation, and maintenance of equipment used to perform special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
3	Observe and/or participate in the use and maintenance of special radiographic equipment such as image intensifiers, magnification radiographic equipment, bi-plane equipment, recording equipment, rapid film changers, injectors, program selectors, and other miscellaneous radiographic equipment.	Cognitive	Knowledge
4	Observe and/or participate in the preparation of patients undergoing special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
5	Observe and/or participate in the post-procedural care of patients who have undergone special minor radiographic procedures.	Cognitive	Knowledge
6	Observe and/or participate in the evaluation of special minor procedure radiographs in terms of anatomy visualized and pathologies revealed.	Cognitive	Knowledge
7	Observe and/or participate in the selection and administration of contrast media used for special radiographic procedures.	Cognitive	Knowledge
8	Observe and/or participate in the diagnosis of and treatment for adverse reactions to contrast media.	Cognitive	Knowledge
9	Observe and/or participate in special radiographic procedures such as cerebral, visceral, peripheral, and digital subtraction angiograms.	Cognitive	Knowledge
10	Observe catheterization techniques.	Cognitive	Knowledge
11	Observe the Seldinger technique.	Cognitive	Knowledge

Order	Description	Learning Domain	Level of Learning
12	Observe and/or participate in interventional techniques such as infusion therapy, extractions, embolizations, PTA/PTLAs, and percutaneous needle studies.	Cognitive	Knowledge
13	Participate in and/or observe patient preparation procedures for radiographic/fluoroscopic examinations of the genitourinary system.	Cognitive	Application
14	Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the genitourinary system.	Cognitive	Knowledge
15	Observe and/or participate in routine radiographic/fluoroscopic procedures involving the genitourinary system.	Cognitive	Knowledge
16	Evaluate the quality of radiographs and photospots of the genitourinary system in terms of positioning accuracy, image quality, and anatomical structures revealed.	Cognitive	Evaluation
17	Identify the special considerations for genitourinary procedures relating to the avoidance of repeated procedures.	Cognitive	Knowledge
18	Observe and/or participate in the identification of and care for acute reactions to contrast media.	Cognitive	Knowledge
19	Evaluate the number, types, and degree to which clinical competencies have been completed and mastered.	Cognitive	Evaluation
20	Develop a plan in conjunction with on-site clinical supervisors and technical institute faculty to outline future completion and mastery of clinical competencies contained in this course.	Cognitive	Application
21	Identify an area of concern or interest related to the content of this clinical experience, and research, review a publication, or otherwise explore this topic to personal satisfaction.	Cognitive	Knowledge

#### 9.0 Integration of Procedures and/or Observation of Routine and Special Radiographic Procedures

Order	Description	Learning Domain	Level of Learning
1	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the thoracic cavity.	Cognitive	Knowledge
2	Observe and/or participate in routine radiographic procedures involving the thoracic cavity.	Cognitive	Knowledge

Order	Description	Learning Domain	Level of Learning
3	Observe and/or participate in the evaluation of thoracic cavity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge
4	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the abdominal cavity.	Cognitive	Knowledge
5	Observe and/or participate in routine radiographic procedures involving the abdominal cavity.	Cognitive	Knowledge
6	Observe and/or participate in the evaluation of abdominal cavity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge
7	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the upper extremities.	Cognitive	Knowledge
8	Observe and/or participate in routine radiographic procedures involving the upper extremities.	Cognitive	Knowledge
9	Observe and/or participate in the evaluation of upper extremity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge
10	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the shoulder girdle.	Cognitive	Knowledge
11	Observe and/or participate in routine radiographic procedures involving the shoulder girdle.	Cognitive	Knowledge
12	Observe and/or participate in the evaluation of shoulder girdle radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge
13	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the lower extremities.	Cognitive	Knowledge
14	Observe and/or participate in routine radiographic procedures involving the lower extremities.	Cognitive	Knowledge
15	Observe and/or participate in the evaluation of lower extremity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge

Order	Description	Learning Domain	Level of Learning
16	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the pelvic girdle.	Cognitive	Knowledge
17	Observe and/or participate in routine radiographic procedures involving the pelvic girdle.	Cognitive	Knowledge
18	Observe and/or participate in the evaluation of pelvic girdle radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge
19	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the spine.	Cognitive	Knowledge
20	Observe and/or participate in routine radiographic procedures involving the spine.	Cognitive	Knowledge
21	Observe and/or participate in the evaluation of spinal radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge
22	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the bony thorax.	Cognitive	Knowledge
23	Observe and/or participate in routine radiographic procedures involving the bony thorax.	Cognitive	Knowledge
24	Observe and/or participate in the evaluation of bony thorax radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge
25	Observe and/or participate in patient preparation procedures for radiographic/fluoroscopic examinations of the gastrointestinal system.	Cognitive	Knowledge
26	Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the gastrointestinal system.	Cognitive	Knowledge
27	Observe and/or participate in routine radiographic/fluoroscopic procedures involving the gastrointestinal system.	Cognitive	Knowledge
28	Evaluate the quality of radiographs and photospots of the gastrointestinal system in terms of positioning accuracy, image quality, and anatomical structures revealed.	Cognitive	Evaluation

Order	Description	Learning Domain	Level of Learning
29	Identify the special considerations for gastrointestinal procedures relating to the avoidance of repeated procedures.	Cognitive	Knowledge
30	Observe and/or participate in the identification of and care for acute reactions to contrast media.	Cognitive	Knowledge
31	Observe and/or participate in patient preparation procedures for radiographic/fluoroscopic examinations of the genitourinary system.	Cognitive	Knowledge
32	Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the genitourinary system.	Cognitive	Knowledge
33	Observe and/or participate in routine radiographic/fluoroscopic procedures involving the genitourinary system.	Cognitive	Knowledge
34	Evaluate the quality of radiographs and photospots of the genitourinary system in terms of positioning accuracy, image quality, and anatomical structures revealed.	Cognitive	Evaluation
35	Identify the special considerations for genitourinary procedures relating to the avoidance of repeated procedures.	Cognitive	Knowledge
36	Observe and/or participate in the identification of and care for acute reactions to contrast media.	Cognitive	Knowledge
37	Observe and/or participate in patient preparation procedures for radiographic/fluoroscopic examinations of the biliary system.	Cognitive	Knowledge
38	Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the biliary system.	Cognitive	Knowledge
39	Observe and/or participate in routine radiographic/fluoroscopic procedures involving the biliary system.	Cognitive	Knowledge
40	Evaluate the quality of radiographs and photospots of the biliary system in terms of positioning accuracy, image quality, and anatomical structures revealed.	Cognitive	Evaluation
41	Identify the special considerations for biliary system procedures relating to the avoidance of repeated procedures.	Cognitive	Knowledge

Order	Description	Learning Domain	Level of Learning
42	Observe and/or participate in the identification of and care for acute reactions to contrast media.	Cognitive	Knowledge
43	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the cranium.	Cognitive	Knowledge
44	Observe and/or participate in routine radiographic procedures involving cranial procedures.	Cognitive	Knowledge
45	Observe and/or participate in the evaluation of cranial radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge
46	Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving facial structures.	Cognitive	Knowledge
47	Observe and/or participate in routine radiographic procedures involving facial structures.	Cognitive	Knowledge
48	Observe and/or participate in the evaluation of facial radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.	Cognitive	Knowledge
49	Observe and/or participate in special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
50	Observe and/or participate in the preparation for use, operation, and maintenance of equipment used to perform special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
51	Observe and/or participate in the use and maintenance of special radiographic equipment such as image intensifiers, magnification radiographic equipment, bi-plane equipment, recording equipment, rapid film changers, injectors, program selectors, and other miscellaneous radiographic equipment.	Cognitive	Knowledge

Order	Description	Learning Domain	Level of Learning
52	Observe and/or participate in the preparation of patients undergoing special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCs), myelograms, sialograms, and venograms.	Cognitive	Knowledge
53	Observe and/or participate in the post-procedural care of patients who have undergone special minor radiographic procedures.	Cognitive	Knowledge
54	Observe and/or participate in the evaluation of special minor procedure radiographs in terms of positioning accuracy, image quality, anatomy visualized, and pathologies revealed.	Cognitive	Knowledge
55	Observe and/or participate in the selection and administration of contrast media used for special radiographic procedures.	Cognitive	Knowledge
56	Observe and/or participate in the diagnosis of and treatment for adverse reactions to contrast media.	Cognitive	Knowledge
57	Observe and/or participate in special radiographic procedures such as cerebral, visceral, peripheral, and digital subtraction angiograms.	Cognitive	Knowledge
58	Observe catheterization techniques.	Cognitive	Knowledge
59	Observe the Seldinger technique.	Cognitive	Knowledge
60	Observe and/or participate in interventional techniques such as infusion therapy, extractions, embolization's, PTA/PTLAs, and percutaneous needle studies.	Cognitive	Knowledge

#### 10.0 Final completion of All Required Clinical Competencies

Order	Description	Learning Domain	Level of Learning
1	Evaluate the number, types, and degree to which clinical competencies have been completed and mastered.	Cognitive	Evaluation
2	Develop a plan in conjunction with on-site clinical supervisors and technical institute faculty to outline future completion and mastery of clinical competencies contained in this course.	Cognitive	Application
3	Identify the benefits associated with participation in continuing education for radiographers.	Cognitive	Knowledge



Order	Description	Learning Domain	Level of Learning
4	Identify an area of concern or interest related to the content of this clinical experience, and research, review a publication, or otherwise explore this topic to personal satisfaction.	Cognitive	Knowledge
5	Develop a tentative plan for participation in continuing education for student radiographers.	Cognitive	Application

### GENERAL EDUCATION CORE COMPETENCIES

Southeastern Technical College has identified the following general education core competencies that graduates will attain:

1. The ability to utilize standard written English.
2. The ability to solve practical mathematical problems.
3. The ability to read, analyze, and interpret information.

### STUDENT REQUIREMENTS

Students are required to abide by all the policies, rules, and regulations of Southeastern Technical College, as published in the *Southeastern Technical College Online Catalog and Handbook*.

Additionally, all students are also required to abide by the policies and procedures published in the Academic and Clinical Manual. In instances where Southeastern Technical College policies may conflict with program policies, the policies of the program will take precedence. During clinical education, students are also subject to the policies, rules, and regulations of the clinical facilities to which they are assigned.

STC Catalog and Student Handbook Related Policies and Procedures are found online at: [Southeastern Technical College website](#)

All STC Radiologic Technology Associate Degree program dress code requirements must be met and the student is to follow the clinical rotation facility's policies and procedures. Students are required to have their *Radiologic Technology Program Student Handbook* always in the clinical setting. Students are responsible for policies and procedures in the Student Catalog/Handbook. *[This could also include safety, academic dishonesty, etc.]*

In addition, students are also required to keep their Health Policy and records in their clinical notebook. It is the responsibility of the student to maintain individual health records and have the policy available and up-to-date for review by the clinical site. This includes, but is not limited to, PPD and CPR certification. Any student found to have a lapse of current health policy requirements will be dismissed from clinic until such time that necessary steps can be taken to update health policy requirements.

Please note that any time missed due will count as missed clinical attendance for the clinical course and be made up at the faculty's discretion in accordance with the Clinical Make-Up Policy. If a student has missed more than 10% of the required attendance for a clinical course, they will be withdrawn from the course, and subsequently, the program.

Students are responsible for turning in all clinical documentation on the assigned date at the end of the semester. It is the responsibility of the student to ensure that all clinical assignments and/or documentation are accurate and complete. Incomplete assignments or documentation from the clinical site will not be accepted.

The competency requirements for this semester are to complete all remaining competencies (including General Patient Care competencies), continued competencies, electives and terminal competencies related to the procedures learned in RADT 1030/RADT 1060/RADT 2090.

### **CLINICAL EQUIPMENT & SUPPLIES**

Required prior to entering clinical setting:

1. Appropriate attire as outlined in the Dress Code
2. Clinical bag
3. Student ID badge
4. Reference guides
5. Clinical notebook that contains:
6. Student Handbook
7. Copies of immunizations
8. Copy of student health policy forms
9. Copy of background check/drug screen results
10. CPR card
11. Dosimeters
12. 2 sets of initialed radiographic markers
13. Watch with second hand
14. Pocket size hand sanitizer, unscented
15. Black ink pen
16. Appropriate clinical uniform

Failure to have the required equipment/supplies may result in the student being dismissed from clinic for the day and receiving an Occurrence. Any missed clinical time will be made up, at the faculty's discretion, in accordance to the Clinical Make-Up Policy.

### **MARKERS**

Students are required to purchase lead markers that carry their initials. It is recommended that students purchase two sets of initial markers in the event one set is misplaced. The student must carry their markers during all diagnostic clinical rotations to avoid a dress code violation. All assisted exams and competency examinations must be visibly marked with the student's own initialed markers. In the event a student misplaces or does not have a full set of initial markers, program faculty should be

contacted immediately so temporary markers can be assigned while replacement markers are ordered. If the student does not contact program faculty, the student may incur an Occurrence and is subject to possible disciplinary action.

### **DOSIMETERS**

All students will be required to pay for their radiation monitoring devices. Female students of childbearing age or capacity are encouraged to wear a whole body and a gonadal dosimeter. All dosimeters are to be obtained from the program faculty at the beginning of each month. Each student is responsible for his or her dosimeter, as well as exchanging them at the appropriate times. Students are required to pay for dosimeters at the bookstore before the beginning of the semester prior to the start of any clinical rotations. Should a student lose his/her dosimeter, the Clinical Coordinator must be notified immediately. Another dosimeter will have to be purchased and a lost dosimeter fee of \$35.00 must also be paid to the business office.

### **RADIOLOGIC TECHNOLOGY PROGRAM CLINICAL EDUCATION ASSIGNMENTS**

Students are required to attend clinical. Students are assigned a clinical experience and must be prepared to meet objectives of the selected course.

Radiology students will rotate through the clinical affiliates every 7 weeks. Clinical assignments are made during the first shift hours, Monday through Friday. Clinical assignment schedules will be distributed at the beginning of each semester. Students may not choose which clinical affiliate they wish to attend. The student is required to adhere to his/her assigned schedule at all times. Students may be asked to travel up to one hour and thirty minutes from STC for clinical rotations. During clinical rotations, the student will be responsible for all transportation.

\*Please note that program faculty have the right to reassign student clinical assignments.\*

<b>JRCERT Approved Clinic Education Site</b>	<b>Miles from STC</b>	<b>Minutes from STC</b>
Accordia Urgent Care (Vidalia) 3193 East 1st street Vidalia, GA 30474 912-537-8588	0.8 miles	3 minutes
Accordia Urgent Care (Dublin) 1100 Hillcrest Pkwy. Suite A8 Dublin, GA 31021 478-205-5312	46.4 miles	60 minutes
Appling Healthcare System 163 East Tollison Street Baxley, GA 31513 912-367-9841	34.1 miles	41 minutes

JRCERT Approved Clinic Education Site	Miles from STC	Minutes from STC
Jeff Davis Hospital 163 Tallahassee Street Hazlehurst, GA 31539 912-375-7781	33.6 miles	43 minutes
Meadows Regional Medical Center One Meadows Parkway Vidalia, GA 30474 912-535-5783	1 mile	4 minutes
Optim Orthopedics - Vidalia 2317 East First Street Vidalia, GA 30474 912-537-0888	1.4 miles	3 minutes
Optim Medical Center - Tattall 247 South Main Street Reidsville, GA 30453 912-557-1000	18.7 miles	25 minutes
Spivey's Orthopedic Clinic 2317 East First Street Vidalia, GA 30474 912-537-0888	1 mile	3 minutes
Vidalia Orthopedic Center 1707 Meadows Lane Suite H Vidalia, GA 30474 912-538-0040	1.9 miles	7 minutes
Washington County Regional Medical Center 610 Sparta Road Sandersville, GA 31082 478-240-2000	67.5 miles	1 hour 26 minutes

### **RADIOLOGIC TECHNOLOGY PROGRAM CLINICAL GRADING CRITERIA**

Clinical education courses will be graded on the same letter grade system as academic courses. Grading criteria for each clinical education course will be published in the course syllabus and may be subject to change dependent upon time and clinical restraints.

**A student's clinical grade will be determined according to some/all of the following possible coursework:**

1. Performance Evaluations
2. Competency/Continued Competency Evaluations
3. Terminal Competency Evaluations
4. Student Procedure Log sheet/Repeats

### **CLINICAL OBSERVATION**

Each clinical course is coupled with a didactic course. In the didactic course, the material is given by classroom instruction/lecture, and then the material taught in class is demonstrated in the laboratory and practiced by the students in the laboratory. One observation in the clinical site is required before assisting in the exam with the registered radiographer. An observation in the clinical setting is when the student observes the radiographer while the procedure is being performed. This observation is to be documented within the Trajecsys system under the Procedure Log as Observed.

### **ASSIST**

Once the student has observed the exam being performed by a registered radiographer, he/she may then assist in the exam. An Assist consists of the student completing a minimum of 85% of the exam under the supervision of a registered radiographer. The Assist should be logged in the Trajecsys system under the Procedures Log as Assisted.

One Observation and one Assist are required before the student is ready to complete the Competency Evaluation. Image critique is reviewed with the student during both Observations and Assists.

### **COMPETENCY EVALUATION**

Prior to performing a Competency Evaluation, the student must satisfactorily complete a Laboratory Evaluation in the corresponding didactic class in order to move on to performing the competency in the clinical setting. Laboratory Evaluations are not necessary when performing an Observation or Assist, however they are strongly encouraged.

The Competency Evaluation includes the psychomotor and cognitive domains of the clinical education. The student is graded on the procedural (psychomotor) aspect of the exam and the cognitive aspect, which is the Image Critique. A grade of 85% is required on the Competency Exam in order for the student to meet the requirements for mastery of the competency. The Competency Form should be completed by the supervising technologist and logged in the Trajecsys system.

In the event a Competency is failed, two more Assists will have to be performed by the student and another Competency performed.

Please note that failure to shield/practice proper radiation safety will result in a termination of the competency exam and failure of the competency exam itself.

During a Competency Evaluation, the student must prepare the room, take an appropriate patient

history, perform the exam, and complete any necessary paperwork without any assistance. Following the exam, the radiographer will complete the image critique section on the Competency Exam performed by the student.

Please note that any repeated images on a competency exam will result in a failing grade and require the student to be graded on an additional 2 assisted exams, as well as prove Competency and/or Continued Competency on that exam. The failed Competency Form should be graded and logged in the Trajecsys system by the supervising technologist.

### **COMPETENCY EVALUATION GUIDELINES**

1. The student is responsible for maintaining a record of specific procedure evaluations and competency exams that have been mastered.
2. The student is responsible for completing all designated competency exams prior to graduation.
3. Special arrangements may be made for procedures not frequently observed.
4. Unsatisfactory completion of competency evaluations will result in student suspension and/or dismissal from the program.
5. The examination presented for the Competency Evaluation will not be accepted if:
6. The student does not inform the Clinical Instructor/registered technologist of the competency attempt prior to performing the radiographic exam.
7. Radiographers assist the student during the exam
8. Student fails to follow radiation safety and other safety policies
9. Student fails to use his or her initialed lead markers
10. Any projection requires repeats due to poor positioning and/or technical factor selection
11. Procedure was evaluated by an unauthorized or non-registered radiographer
12. The criteria used by Southeastern Technical College's Radiologic Technology Program are in accordance with the specifications set for by the ARRT, ASRT and JRCERT.
13. The student is expected to perform the required Observations, Assists, and Competencies on a variety of patients. (This includes adult, pediatric, and geriatric patients)
14. Students are expected to meet all requirements for each semester prior to the end of the semester.
15. Program faculty have the option to re-grade a student's Competency Evaluation, Continued Competency or Image Critique.
16. Students must complete all clinical work by the last clinical day. Students are required to turn in all clinical work at that time. A grade of zero will be assessed to any exam/assignment missing from the required documentation.
17. Students will be held accountable for being able to perform exams on which that student has already demonstrated competency.
18. Continued Competencies and Terminal Competencies must be performed independently in a reasonably accurate manner or the exam will be rescinded.
19. Rescinded examinations will result in the student performing two additional Assists and attempting the Competency again.
20. If your initialed lead markers appear on the radiograph, you are responsible for the examination.
21. Do not delete, remove, or hide unacceptable radiographs. This constitutes a dishonest act and will

result in dismissal from the program.

22. Any examination that the student cannot perform accurately will be subject to the failing of that exam. The student's Competency Evaluation will reflect this and zeros will be given in their place for that semester.

These procedures will be strictly adhered to and Program Faculty will evaluate competency progress. Also, Competencies previously granted in preceding academic terms will be rechecked at random and, if maintenance of skill level is not adequate, the Competency will be rescinded.

### **CONTINUED COMPETENCY EVALUATION**

A Continued Competency is performed after competency of a procedure has been successfully achieved. Continued Competencies will be required on certain exams prior to graduation from the program. The Continued Competencies must be procedures in which the student has successfully demonstrated competency first. The Continued Competency Evaluation includes the psychomotor and cognitive domains of the clinical education. The student is graded on the procedural (psychomotor) aspect of the exam and the cognitive aspect, which is the Image Critique. A grade of 85% is required on the Continued Competency in order for the student to meet the requirements for mastery of the Continued Competency. The Continued Competency should be completed by the supervising technologist and logged in the Trajecsys system.

**In the event a Continued Competency is failed, two more Assists will have to be performed by the student and another Competency Evaluation performed in order to regain his/her mastery status of that particular exam.**

Elective rotations cannot begin until all Competency requirements have been met.

Please note that it is permissible for any program faculty member, clinical instructor, or technologist to rescind (pull) student competencies if they are unable to prove mastery of the exam after having been evaluated on an Assist, Competency, or Continued Competency.

### **TERMINAL COMPETENCY EVALUATION**

Terminal Competencies may begin no sooner than the third semester of the program, provided all Competency, Continued Competency and Elective Competency requirements have been met. Five procedures will be selected by the student from the following categories: Chest/Abdomen, Spines, Extremities, Contrast Procedures, and Cranium. A Competency score of 90% must be achieved on each of the procedures for the requirements to be considered met. Terminal Competency Evaluations will be evaluated by Program Faculty and approved Clinical Instructors only.

### **PERFORMANCE EVALUATIONS**

Performance Evaluations are used to assess the student's values and attitudes toward clinical practice and patient care. The Performance Evaluation is based upon specific levels of professional competency and provides an opportunity for guidance and assistance when student improvement is deemed necessary.

Performance Evaluations are to be completed by a radiographer on the Clinical Instructor list. The radiographer will evaluate and grade the student using the Trajecsyst system. Once completed, the student should review the evaluation, make any necessary comments, and approve the Performance Evaluation. This is accomplished by attaching a post-submission comment. The student will log into the Trajecsyst system using his/her user name and password. Select Reports/Other Evaluations from the left-hand column on the screen.

Next, the student will select the evaluation template and click Show Report. At the bottom of the report, the student will click the plus sign (+) next to Add Comment. Next, the student will select the Student signature item at the bottom of the dropdown and type his/her signature in the text box. Lastly, the student will click Add to complete. The Clinical Coordinator reviews all evaluations.

Any Performance Evaluation graded lower than 70% will require that the student be counseled and remediated utilizing the Student Success Plan. The accrual of two or more poor Performance Evaluations by two or more separate clinical sites will result in an Occurrence and the student will be subject to the appropriate disciplinary action.

Any grade that is questioned by the student should first be discussed with the evaluator. All clinical personnel and students are encouraged to complete the Performance Evaluations together to clarify any areas of concern. This instrument is used to identify weak and strong areas. In addition, the Performance Evaluations are used to improve the students' function as a radiographer. Any questions not resolved should be directed to the Clinical Coordinator.

A Performance Evaluation is to be completed a minimum of 2 times per clinical course. They should be completed by one of the technologists listed on the Clinical Instructor list for that particular site. Both Performance Evaluations should not be completed by the same Clinical Instructor (unless only one Clinical Instructor is designated for that particular site).

## **REPEAT LOG**

As the student progresses, repeat exams are an inevitable part of the learning process. All repeat exams are to be performed under the direct supervision of a registered radiographer. Additionally, the repeated exam must be recorded in the assigned Repeat Log for evaluation by the Program Faculty. The entry must be completed immediately following the repeated exam. No student is perfect, so repeats are an expected part of the educational process.

## **STUDENT PROCEDURE LOG**

Procedure Logs are required to be completed daily in the assigned Procedure Log. Program Faculty will review these logs regularly. This log should include all exams for which the student has Observed, Assisted in and/or performed under either direct or indirect supervision. All images performed by the student should include the student's initialed lead radiographic markers.

The Repeat and Procedure logs will be graded based on the amount of repeats divided by the amount of procedures recorded in Trajecsyst. For Example: If a student records 16 repeats and 160 procedures



for the semester, the repeat rate will be calculated as 10%.

RADT 1320 – Repeat Range	Repeat Rate Grade
0 – 9%	Below National Average for Registered Radiographer and will be evaluated by Program Faculty and could result in a 0%
10 – 15%	100%
16 – 20%	85%
21 – 25%	75%
26 – 30%	65%
30% and above	If 30% and above repeat rate is shown then counseling and evaluation by program faculty will occur and could result in a 0%

RADT 2340 – Procedure Log	Procedure Log Grade
Class Average and Above	100%
10% Below to Class Average	95%
11 – 15% Below Class Average	90%
16 – 20% Below Class Average	85%
21 – 25% Below Class Average	80%
26 – 30% Below Class Average	75%
31% and Below Class Average	If 31% and below class average is obtained, counseling and evaluation by program faculty will occur and could result in a 0%

### **RADIOLOGIC TECHNOLOGY PROGRAM CLINICAL SUPERVISION POLICY**

Students may not perform examinations on patients unless supervised. Students, who have not mastered a particular examination, as demonstrated by a successful competency evaluation, must have direct supervision by qualified radiographers.

**A qualified radiographer is defined as:** A radiographer possessing American Registry of Radiologic Technologists certification and active registration in the pertinent discipline with practice responsibilities in areas such as patient care, quality assurance or administration. Such practice responsibilities take place primarily in clinical education settings.

#### **Direct and Indirect Supervision**

In accordance with the Joint Review Commission on Education in Radiologic Technology Standards for an Accredited Program in Radiologic Sciences, the policies for direct and indirect supervision and their relation to film repeats is as follows:

***Direct Supervision:***

The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- 1) reviews the procedure in relation to the student's achievement,
- 2) evaluates the condition of the patient in relation to the student's knowledge,
- 3) is physically present during the conduct of the procedure,
- 4) and reviews and approves the procedure and/or image.

Students must be **directly** supervised until competency is achieved. Direct supervision is utilized whenever;

- (a) the student has not yet successfully passed competency testing on that particular exam;
- (b) or the student is repeating the radiograph.

***Indirect Supervision:***

The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

**Repeat Radiograph Policy**

In support of professional responsibility for provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated **ONLY** in the presence of a qualified radiographer, regardless of the student's level of competency.

Any radiographic procedure attempted by the student radiographer that requires an additional exposure to correct a deficiency must be recorded in the Trajecsys system on the Procedures Log under the comments section. All radiographs performed will be checked and evaluated by a registered radiographer. The registered radiographer will evaluate the student's finished radiographs as satisfactory or unsatisfactory. The registered radiographer will discuss the reason causing the unsatisfactory radiograph and the corrective measures – which will be taken to obtain good film quality. **The repeat radiograph must be done under direct supervision of a registered radiographer to assure the corrective measures are performed accurately.**

The Clinical Coordinator will periodically review these exams with the student during the semester. During the review, the student and Clinical Coordinator will discuss methods of improvement to prevent the same type(s) of occurrence in the future.

Students failing to complete this form will be counseled accordingly. A deduction in the student's grade will be assessed each time this occurs.

**Due to patient safety, students should not confirm or send images to the Picture Archiving and Communication System (PACS) unless supervised by a registered radiographer.**

## STUDENT RADIATION SAFETY POLICY

The student, as a radiation worker, will apply proper radiation practices and policies that are consistent with the clinical policies and the scope of practice in radiography.

1. Students will be behind the lead-lined control area when exposures are performed
2. **Students WILL NOT be allowed hold patients or Image Receptors during any radiographic procedures or exposures.**
3. All doors must be closed in each radiographic room for all examinations
4. When assisting with fluoroscopic procedures, the student must wear a lead apron and thyroid shield and should remain at least two feet away from the table during fluoroscopy
5. Other radiation protection devices, such as leaded gloves and glasses and portable lead shields are available and should be utilized whenever applicable
6. Students must wear dosimeters at all times when in clinic and in the laboratory
7. When performing portable radiography, the student must stand at least six feet from the x-ray source and wear a lead apron when the exposure is being made
8. If the student is not making the exposure, he/she must leave the room.
9. No student will perform a radiographic exam that has not been ordered by a physician
10. Prior to the patient being radiographed, the student (under the supervision of a Clinical Instructor or Registered Radiographer) should follow the steps for informed consent
11. Students must verify the identity of the patient using at least 2 forms of identification prior to performing the exam
12. Students must explain the procedure to the patient prior to performing the exam
13. Students must obtain and document patient history
14. Students MUST check for patient pregnancy and last menstrual period
15. Students must shield patients as appropriate and necessary

## CLINICAL SAFETY POLICY

If a student is injured during clinical hours, he/she must notify the faculty/preceptor immediately. Facility protocols must be followed in these situations and follow-up procedures will be maintained by STC personnel.

1. If a student becomes ill or suffers an injury while in a clinical practice assignment, he/she must notify the Clinical Instructor immediately.
2. The Clinical Instructor is to notify Program Faculty in as timely a manner as possible.
3. Students suffering an illness/injury while performing a clinical practice assignment will follow the facility protocol for treatment in such instances.
4. An incident/occurrence report MUST be completed.
5. Students will assume the financial responsibility for all treatment rendered that is not covered by the College accident insurance.

## STUDENT MAGNETIC RESONANCE SAFETY POLICY

The program currently places students in facilities that house Magnetic Resonance Imaging (MRI) equipment. To protect the safety of its students, the program educates and makes its students aware

of the potential hazards associated with the MRI environment. Students are given MRI safety education through viewing the “Introduction to MRI Safety Training” video. The training is documented through an acknowledgement form, MRI safety quiz, and an MRI environment screening form. Students are given this training during the program orientation prior to their first clinical rotation.

### **RADIOLOGIC TECHNOLOGY CLINICAL ELECTRONIC DEVICE POLICY**

Students may not use personal electronic devices (cellular phones, PDAs, Smart Phones, Blackberry devices, pagers, text or message devices, personal laptop computers, electronic notepads/tablets, digital music devices, iPADS etc.) during clinical practice assignment hours unless expressly given permission by Program Faculty. This means that no pictures may be taken, no information or images may be uploaded to social media sites (Facebook, Twitter, Instagram, Snap Chat, etc.). Any such devices must be set to silent during the clinical rotation. If a student is found to be violating this policy, they will be subject to disciplinary action, up to and including dismissal from the program.

All correspondence with Program Faculty during clinical hours must be done through the Trajecsyst email system or by calling the faculty using the clinical site’s telephone.

### **RADIOLOGIC TECHNOLOGY PROGRAM CLINICAL GUIDELINES & POLICIES**

#### **CLINICAL CODE OF CONDUCT/BEHAVIOR**

Southeastern Technical College along with its Health Sciences Programs values professionalism among its faculty, staff, and students in carrying out its responsibility to promote and improve public health. Professionalism includes demonstrating excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all work interactions and responsibilities.

It is the expectation of STC that Health Sciences faculty, staff, and students will conduct themselves in a professional manner in all of their interactions with patients, members of the public, the College community, and each other. The purposes of these guidelines are to promote excellence, integrity and altruism in all of our activities; to assure that all persons are treated with respect, dignity and courtesy; and to promote constructive communication and collaborative teamwork. STC’s Health Sciences Programs should incorporate these principles of professionalism as appropriate in their guidelines, procedures, and practices.

If a student demonstrates unsafe and/or unprofessional behavior and fails to achieve the standard of care, violates professional standards or calls into question the professional accountability of the student, corrective action will be implemented.

Students are expected to adhere to the standards of behavior required of healthcare professionals, and to the standards expected at each clinical site.

Depending upon the degree of actual or potential harm a patient may suffer, a deviation from safe practice may be sufficient to judge a student unsafe resulting in dismissal from the program.

References:

<http://www.southeasterntech.edu/pdf/CodeofConduct.pdf>

## **Definitions**

**Excellence** represents a dedication to the continuous improvement of the quality of care, inquiry, and teaching effectiveness. Pursuit of excellence should be accompanied by integrity, empathy, compassion, and respect for the diversity of values and opinions of others.

**Patient/Client** is an individual who is receiving needed professional services that are directed by a licensed practitioner of the healing arts toward maintenance, improvement or protection of health or lessening of illness, disability or pain. (US Centers for Medicare & Medicaid Services)

**Accountability** refers to taking responsibility for ones' behavior and activity.

**Altruism** reflects a commitment to advocate for the interests of others over ones' own interests.

**Unprofessional behavior** means behavior that: violates laws or rules regarding discrimination and harassment; violates rules of professional ethics, including professionalism in clinical, educational, or business practices; or is disrespectful, retaliatory or disruptive.

**Discrimination and harassment** means discrimination or harassment on the basis of race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status.

**Rules of professional ethics** means ethical standards that have been established by external professional societies or associations, e.g., Joint Commission, National Institutes of Health, or by STC entities for various professions (e.g. Radiologic Technologist, Dental Hygienist, Registered Professional Nurses).

**Professionalism** in clinical practice settings includes, but is not limited to safeguarding the care needs and privacy concerns of patients and adherence to established standards on patient safety, timeliness of completing medical records, quality improvement initiatives, communication and follow-up with patients, reporting errors, and regulations governing billing practices.

**Professionalism** in education includes, but is not limited to a commitment to the highest standards of learning, innovation in teaching methods, respect for the student-teacher relationship, and leadership through modeling of life-long learning.

**Ethical business practices** means the wise use of resources and practices that are compliant with and appropriate under laws and regulations governing conflicts of interest, sponsored research, or the delivery of and reimbursement for healthcare services.

**Disrespectful, retaliatory, or disruptive behavior** includes, but is not limited to behaviors that in the view of reasonable people impact the integrity of the health care team, the care of patients, the education of students, or the conduct of research such as:

- Shouting or using profane or otherwise offensive language;

- Degrading or demeaning comments;
- Physical assault or other uninvited or inappropriate physical contact;
- Threats or similar intimidating behavior, as reasonably perceived by the recipient;
- Unreasonable refusal to cooperate with others in carrying out assigned responsibilities; and
- Obstruction of established operational goals, beyond what would be considered respectful dissent.

**Extenuating Circumstances** are unforeseen accidents, deaths in the immediate family or personal illness which requires you to be absent from class or clinical. Vacations, weddings, doctor appointments, studying for an exam, child care issues, job interviews and working at your job, etc., are not considered extenuating circumstances as these are not unforeseen events.

Occurrence is the breach, violation, or infringement of guidelines, procedures, practices, or standards outlined by the College, the Program, the Profession, or the clinical affiliates (i.e. catalogs, handbooks, manuals, syllabi, agreements, etc.).

### **DRESS/APPEARANCE CODE**

Students at Southeastern Tech are expected to dress and groom themselves in such a way as to reflect neatness, cleanliness, professionalism, and good taste. Jewelry such as rings, bracelets, and necklaces should not be worn in the shop areas where safety would be compromised. Extremes in dress and grooming should be avoided. With this in mind, students should dress in an appropriate manner. Dress should reflect that normally worn in the occupation for which students are being trained.

The personal appearance and demeanor of Health Science Program students reflect both the college and program standards, and also indicative of the student's interest and pride in their profession. Patients often use the appearance of health care workers as a means to measure the quality of care they receive. It is important that the student's appearance be professional. To enhance and achieve our goals as professionals, we must gain the total confidence of our patients.

Students are required to present a professional appearance at all times. Students are not to wear program uniforms outside of the clinical environment or classroom. The school uniforms represent STC, as well as the students' chosen profession. Therefore, the student should present a professional image while in uniform at all times and practice good hygiene. The appropriate uniform, as described, should be worn while on clinical assignment.

### **CLINICAL DRESS**

1. Designated uniform top and bottom with appropriate college patch/insert (color and styles designated by program faculty)
  - a. Must be ordered through Meridy's or other pre-approved vendor
  - b. Must be clean and pressed; dirty or wrinkled uniforms are unacceptable
  - c. Solid white or light gray crewneck shirts (long or short-sleeved) may be worn beneath the uniform top but should not be visible below the hem of the top or beyond the sleeves (if short-sleeved)
  - d. Uniforms should fit properly-neither too tight as to define the body nor too loose as to

- appear unkempt
- e. Pants legs are not to be rolled or stuffed in socks
- f. White lab coat bearing appropriate college patch may be worn
  - i. Must be clean and pressed
  - ii. No sweatshirts, hoodies, or other jackets may be worn while in the clinical setting
- g. Clean, leather or leather-like white shoes with enclosed toe and heel
  - i. Dirty, dingy, or torn shoes are not permitted
  - ii. Canvas Keds® type shoes are not permitted
- 2. An official STC Health Sciences Program ID badge with picture is required in clinical/laboratory settings at all times. The badge is to be worn on the front upper torso and visible to the public. No lanyards.
  - a. If working with prisoners, please turn your name badge around or cover your name
- 3. Students must wear completely solid color socks that are the color of the uniform shoe or pant
- 4. Uniforms are to only be worn when in a student role and not outside of the clinical, laboratory, or classroom settings.

As part of the Program Dress/Appearance Code, all students are required to maintain a clinical notebook, which includes a current copy of the Student Handbook, immunizations, CPR card, and all forms necessary to complete daily clinical assignments. Failure to do so will result in an Occurrence, the student being dismissed from clinical for the day, and any missed clinical time will be made up at the faculty's discretion.

#### **PERSONAL HYGIENE/APPEARANCE**

1. Hair will be well-groomed and clean
  - a. Women and men's hair should be styled so that it does not fall into the face
  - b. Hair that touches the collar or is longer must be worn pulled back and up with neutral colored accessories so that it does not fall below the shoulder
  - c. Distracting hairstyles or colors are prohibited
2. Beards and mustaches must be neatly trimmed and clean
3. Only natural looking make-up should be worn during clinical rotations
4. Bathe Daily
5. Please refrain from using colognes, perfumes, body sprays, or scented body creams/lotions while in the clinical setting. The aroma may be offensive and may induce respiratory illnesses in patients or healthcare workers.
6. Tattoos or other inappropriate, unnatural marks must be covered or otherwise undetectable
  - a. If they cannot be covered, the student may not be allowed in the clinical area.
7. Jewelry is limited to a single smooth (no stones) wedding band, worn on the ring finger, and a watch. The only exception is for medic alert purposes.
  - a. Due to safety regulations, all jewelry worn should be nonmagnetic due to the possibility of exposure to the Magnetic Resonance Imaging (MRI) environment.
  - b. No ear lobe expanders or body piercings (eye, ears, nose, lips, chin, tongue, etc.) shall be visible
8. Fingernails must be clean and short.

- a. Fingernails should not be visible when looking from the palm of the hand
  - b. For patient safety, CDC guidelines indicate that health care providers should refrain from wearing artificial nails or enhancements (gel, acrylic, silk wrap, tips).
  - c. No nail polish is permitted
9. Deodorant/antiperspirant must be worn daily, preferably unscented.
  10. No chewing gum or candy while in the clinical area. No eating or drinking in restricted areas. Breath spray, drops, or dissolvable breath strips are acceptable.
  11. No use of tobacco products during clinical hours. It is advisable for students to refrain from smoking in their vehicle going to clinic or to and from lunch. Students who smell of smoke will be sent home and missed time will count as an absence for the course. The aroma may be offensive and may induce respiratory illnesses in patients or healthcare workers.
  12. Use of cell phones or cellular devices is not permitted in a clinical facility.

All students are required to follow the Dress/Appearance Code. Any student with inappropriate dress can be and will be dismissed from the clinical education site for the day. Any time missed due to an Occurrence will count as an absence and will be made up at the faculty's discretion.

### **PROFESSIONAL CLINICAL CONDUCT & STANDARDS**

Professional conduct/behavior is expected in the classroom/lab, as well as the clinical setting. A great deal of effort, as well as considerable nurturing, has taken place in maintaining good relationships between STC faculty and clinical affiliates. Students and program faculty are invited guests of the clinical institutions. Clinical affiliates that approach Program Faculty regarding the student's disregard for clinical policies will be subject to disciplinary action and may be dismissed from the program.

### **BEHAVIORS WHICH DENOTE PROFESSIONALISM INCLUDE BUT ARE NOT LIMITED TO:**

1. Aggressively supporting the policies and procedures established for the good of patient care and the educational process
2. Addressing concerns directly, constructively and in a timely fashion
3. Seeking, accommodating and acting upon constructive criticism in order to improve personal skills
4. Attentiveness and participation during clinical courses
5. Respectful interactions with the public, faculty, and healthcare team
6. Steadfast and punctual attendance at clinical assignments
7. Tailoring content and volume of conversations based on those within earshot
8. Demonstrating and practicing knowledge of safety procedures
9. Maintaining a professional appearance as outlined in the dress code procedure
10. Adhering to professional codes of ethics and professional standards

### **UNPROFESSIONAL BEHAVIORS INCLUDE BUT ARE NOT LIMITED TO:**

#### **LEVEL 1 BEHAVIORS**

1. Possession of or under the influence of illegal drugs or alcohol while at the clinical site.
2. Theft, abuse, misuse, or destruction of the property or equipment of any patient, visitor, student,



- clinical affiliate or employee.
3. Disclosing confidential information about any patient (HIPAA violations).
    - a. Including posting images, video, or information to any social media sites such as Facebook, Twitter, Instagram, Snapchat, etc.
  4. Immoral, indecent, illegal, or unethical conduct on facility premises.
  5. Possession of weapons, or wielding or threatening to use any type of weapon on clinical facility or College property.
  6. Engaging in conduct that could ultimately threaten the physical and/or mental well-being of any patient, visitor, student, clinical facility or College personnel.
  7. Assault on any patient, visitor, student, and clinical facility or College personnel.
  8. Misuse or falsification of patient, student, and clinical facility or College records.
  9. Removal of patient, student, and clinical facility or College records without authorization.
  10. Practicing beyond the scope of clinical objectives.
    - a. Do not diagnose patients, as this is beyond the profession and student scope of practice and may lead to legal ramifications.
  11. Failure to follow program guidelines regarding supervision of clinical procedures.
  12. Failure to notify Program Faculty when appropriate supervising personnel are not at the clinical facility.
  13. Sexual harassment or sexual misconduct.
  14. Having a clinical facility ban or bar you from their facility.
    - a. Depending upon the circumstances, an attempt may be made to rearrange the student's clinical assignment in order to complete the required clinical competencies; however, if reassignment is not possible due to approved clinical capacity or other conflicts, the student may not be able to complete the required clinical competencies and would therefore, be subject to dismissal from the program.

## **LEVEL 2 BEHAVIORS**

1. Leaving the clinical area without proper authorization.
  - a. This may include, but is not limited to:
    - i. Students leaving for break or lunch in the middle of a clinical procedure/task.
    - ii. Lunch/Breaks will be assigned at the discretion of the clinical faculty and/or preceptor.
2. Sleeping during scheduled clinical hours.
3. Failure to notify the Clinical Coordinator/Instructor/or preceptor when you are going to be tardy or absent from clinic. (No Call-No Show)
4. Failure to perform responsibilities or to exercise reasonable care in the performance of responsibilities. (Failure to follow protocol, poor patient care, conduct detrimental to patient care, actions resulting in accidents, etc.)
5. Unauthorized use of equipment.
6. Unauthorized soliciting, vending, or distribution of written or printed matter.
  - a. This may include, but is not limited to religious and political materials, personal sales of products, advertising for personal gain, etc.
7. Inconsiderate treatment of patients, visitors, students, and clinical facility or College personnel

- a. This may include, but is not limited to: foul language, inappropriate gestures, and failure to act in a professional manner.
8. Individual acceptance of gratuities from patients.
9. Misuse/abuse of College or clinical facility property.
10. Excessive tardies/early departures or absences.
11. Acting in an unprofessional manner.
12. Failure to follow guidelines or procedures related to clinical performance.
13. Pattern of poor clinical performance, as documented on clinical performance evaluations.
14. Students MUST have their Clinical Notebooks and health policy information while in clinic
  - a. Failure to do so will result in the student being dismissed from clinical for the day and any missed clinical time must be made up, at the faculty's discretion and/or in accordance to the program's clinical make-up procedure.
15. Insubordination and/or refusal to obey orders.

### **LEVEL 3 BEHAVIORS**

1. Failure to be ready for clinical assignment at the starting time or reporting to clinical at the incorrect time.
2. Reporting to the wrong clinical facility.
3. Violation of the dress/appearance and conduct procedures.
4. Failure to abide by the attendance procedures and make-up requirements.
5. Failure to follow guidelines for electronic device use.
6. Failure to appropriately utilize downtime at the clinical setting.
  - a. Downtime at the clinical setting may be used to study program textbooks and materials only, practice skills, manipulate clinical setting equipment, clean the department and equipment, etc.

### **DISCIPLINARY ACTION FOR PROFESSIONAL MISCONDUCT**

Students are expected to abide by the following:

- codes of conduct outlined in professional codes of ethics,
- professional standards,
- all procedures/requirements/policies outlined in Program Handbooks,
- STC e-Catalog and Student Handbook, and
- clinical facility policies and procedures.

If faculty member or clinical facility personnel consider a student's behavior to be in violation of these expectations, a written occurrence will be issued in accordance with the Student Success Plan and guidelines listed below.

### **LEVEL 1 BEHAVIORS:**

Depending upon the nature of the behavior students incurring a Level I behavior violation:

- may be given a grade of "F" for the course and; therefore, unable to continue in the program or,

- will receive a documented Level I behavior occurrence and remediation in accordance with the Student Success Plan procedure, as well as a 10-point course grade deduction. Failure to follow the written Student Success Plan may result a final course grade of “F”.

### **LEVEL 2 BEHAVIORS:**

Level II behavior occurrences will result in documentation and remediation in accordance with the Student Success Plan procedure and a 5-point final course grade deduction. Failure to follow the written Student Success Plan may result a final course grade of “F”.

### **LEVEL 3 BEHAVIORS:**

Level III behavior occurrences will result in documentation and remediation in accordance with the Student Success Plan procedure and a 3-point final course grade deduction. Failure to follow the written Student Success Plan may result a final course grade of “F”.

A student who exceeds (3) occurrences during a semester will receive a final course grade of “F” for the appropriate course(s) and may be dismissed from the program. However, a student may be immediately dismissed with or without previous occurrences for behavior that endangers patients, staff, faculty or peers and may also include: performing actions outside of the student scope of practice, being under the influence of drugs/alcohol during class/clinical, and/or violation of state/federal regulations or laws.

### **ACADEMIC GRIEVANCES**

Negative feedback or complaints are taken seriously by the Program. Anyone who lodges a complaint to the Faculty, Program Director or Dean will be reviewed carefully to determine if any action needs to be taken. The Program strives to create an environment of collaboration and mentorship among faculty, students and staff, which in turn models professional excellence in communications, skills and ethical behaviors.

If a student believes that his/her academic rights have been violated, the procedures below will be followed by contacting the appropriate individuals in the order as listed. The student will proceed to the next individual when the grievance is not resolved to his/her satisfaction.

### **COURSE GRADE GRIEVANCE**

If a student receives a final course grade that he/she believes is incorrect, the matter should first be discussed with the instructor. Direct communication between the student and the instructor may clear up any misunderstanding. In order to clarify any questions about a grade or grading practices, a student should use the following procedures. The entire process must be completed by mid-term of the following full-term semester.

- Students should first attempt to resolve the matter directly with the instructor, through a personal conference as soon as possible.
- If the student and instructor cannot reach a mutually satisfactory resolution to the problem, the student should schedule a meeting with the Program Director as applicable.

- If the student is not satisfied with the instructor's and/or Program Director's explanation of how the grade was determined, the student shall submit a written appeal using the Academic Grievance Form to the appropriate Dean of Academic Affairs by the third week of the full-term semester following the issuance of the grade. The student's appeal must be written, signed and dated. The appropriate Dean of Academic Affairs will review the syllabus and how the final grade was determined and will respond to the student in writing within five (5) business days following receipt of the completed appeal;
- If the student is not satisfied with the decision of the Dean of Academic Affairs, the student may direct an appeal to the Vice President for Academic Affairs. The student's appeal must be written, signed, and dated. The Vice President for Academic Affairs will review the syllabus and how the final grade was determined and will respond to the student in writing within five (5) business days following receipt of the completed appeal. The decision of the Vice President for Academic Affairs is final.

### **GRIEVANCES NON-ACADEMIC COMPLAINT OR APPEAL**

It is the policy of Southeastern Technical College to maintain a grievance process available to all students that provides an open and meaningful forum for their complaints, the resolution of these complaints, and is subject to clear guidelines. This procedure does not address complaints related to harassment, discrimination and/or retaliation for reporting harassment/discrimination against students, or grade/attendance appeals. Those complaints are handled by the Unlawful Harassment and Discrimination of Students Procedure.

#### **DEFINITIONS:**

A. Grievable issues: Issues arising from the application of a policy/procedure to the student's specific case is always grievable. Specifically, grievable are issues related to student advisement, improper disclosure of grades, unfair testing procedures and poor treatment of students; this is a representative list and is not meant to be exhaustive.

B. Non-grievable issues: Issues which have a separate process for resolution (i.e. disciplinary sanctions, FERPA, financial aid, academic grades, etc.) are not grievable and a student must take advantage of the process in place.

C. Business days: Weekdays that the college administrative offices are open.

D. Vice President of Student Affairs (VPSA): The staff member in charge of the Student Affairs division at the college.

E. Retaliation: Unfavorable action taken, condition created, or other action taken by a student/employee for the purpose of intimidation directed toward a student because the student initiated a grievance or participated in an investigation of a grievance.

F. Grievant: the student who is making the complaint.

**Informal Complaint Procedure:** Student complaints should be resolved on an informal basis without the filing of a formal grievance.

1. A student has 10 business days from the date of the incident being grieved to resolve their complaint informally by approaching their instructor, department chair or any other staff or faculty member directly involved in the grieved incident.
2. Where this process does not result in a resolution of the grievance, the student may proceed to the formal grievance procedure.

**Formal Complaint Procedure:** where a student cannot resolve their complaint informally, they may use the formal grievance procedure. This Procedure can be found in the Southeastern Technical College Catalog at <http://www.southeasterntech.edu/pdf/CodeofConduct.pdf>.

### **CLINICAL GRIEVANCE/DUE PROCESS**

It is the policy of Southeastern Technical College's Radiologic Technology program to provide students with a formal process by which they can voice their dissatisfactions when they feel they have not been treated fairly and methods to resolve the differences have not been met to their satisfaction.

In the event a student has a perceived problem with a Clinical Instructor, technologist, or fellow student at a clinical site, the student is to submit their complaint in writing utilizing the Clinical Complaint Form to the Program Director/Clinical Coordinator. The Program Director/Clinical Coordinator will investigate the problem to obtain evidence related to the issue. If any evidence related to the issue or complaint is discovered, the Program Director/Clinical Coordinator will meet with the involved parties/Clinical Instructor to discuss the issue and develop a plan of action. In the event a problem is not identified, the complaint and outcome of the investigation will be documented and follow-up visits will be made to the involved clinical site.

If a student is dissatisfied with a decision provided by the Program Faculty, the student may submit a written appeal of the decision to the Dean of Health Sciences. This must be done within five (5) business days. The Dean of Health Sciences will review the documentation and respond to the student, in writing, within five (5) business days.

If the student is not satisfied with the decision of the Dean of Health Sciences, they may appeal directly to the Vice President of Academic Affairs. The student's appeal must be written, signed, and dated. The Vice President of Academic Affairs will review the documentation and render a final decision to the student within five (5) business days.

### **ATTENDANCE GUIDELINES**

It is essential that educational programs meet requirements and standards necessary for successful employment in business and industry. In view of the intensive nature of educational programs, it is necessary for every student to be present and on time every day for all classes as is required in the work environment.

Class attendance is a very important aspect of a student's success. Being absent from class prevents

students from receiving the full benefit of a course and also interrupts the learning process. Southeastern Technical College considers both tardiness and leaving early as types of absenteeism. Responsibility for class attendance rests with the student. Regular and punctual attendance at all scheduled classes is required for student success. Students will be expected to complete all work required by the instructor as described in the individual course syllabus.

Instructors have the right to give unannounced quizzes/assignments. Students who miss an unannounced quiz or assignment will receive a grade of 0. Students who stop attending class, but do not formally withdraw, may receive a grade of F and face financial aid repercussions in upcoming semesters.

Instructors are responsible for determining whether missed work may be made up and the content and dates for makeup work is at the discretion of the instructor.

Students will not be withdrawn by an instructor for attendance; however, all instructors will keep records of graded assignments and student participation in course activities. The completion dates of these activities will be used to determine a student's last date of attendance in the event a student withdraws, stops attending, or receives an F in a course.

## **ADDITIONAL PROVISIONS**

### ***Health Sciences***

Requirements for instructional hours within Health Science programs reflect the rules of respective licensure boards and/or accrediting agencies. Therefore, these programs have stringent attendance policies. Each program's attendance policy is published in the program's handbook and/or syllabus which specify the number of allowable absences. All provisions for required make-up work in the classroom or clinical experiences are at the discretion of the instructor.

## **PROGRAM SPECIFIC ATTENDANCE REQUIREMENTS**

In accordance with the general procedure of the school, it is the desire for each student to successfully complete each course in the program. This is necessary to meet graduation requirements. **Regular attendance, punctuality, and responsibility** for class work are three of the most significant factors for success in college. Students are expected to be present, punctual and prepared for every class assignment, and they are expected to seek additional help from the instructors when needed.

Any student who is not present at the beginning of class/lab instruction may not be allowed to enter the classroom until a scheduled break.

Attendance procedures are documented on each course syllabus. Students are responsible to monitor their own record of absences and late arrivals, and should refer to individual course syllabi for specific requirements.

The faculty may consider extenuating circumstances related to absences on a case by case basis.

*Extenuating Circumstances are unforeseen accidents, illness/deaths in the immediate family or personal illness which requires you to be absent from class or clinical. Vacations, weddings, non-emergent doctor appointments, studying for an exam, child care issues, job interviews and working at your job, etc., are not considered extenuating circumstances as these are not unforeseen events. Students wishing to claim extenuating circumstances may be asked to provide documentation of the condition which led to absenteeism. The presence of extenuating circumstances does not guarantee that a student will be exempted from attendance procedures.*

## **CLINICAL ATTENDANCE**

A good attendance record for the clinical portion of the program is important for several reasons. First, clinical rotations provide the experience and practice necessary to develop clinical and problem-solving skills. Second, potential employers are most concerned about the attendance records of applicants. It follows then that the clinical facilities view each clinical rotation as an opportunity to “audition” future employees.

When you become an employee of an Imaging Department, you are expected to be at work on time each day. A well-staffed department needs you to function properly for the best healthcare of the patients. Students are expected to be present and on time for all clinical assignments. Student attendance for on and off campus clinical experience is required.

Clinical experience is essential for student fulfillment of program and course outcomes. Patient welfare and/or department-agency relationships are affected by student’s attendance and performance in the clinical setting. Excessive or unjustified absences or excessive tardiness will affect the course grade and/or continuation in the program. Admittance to the clinical setting in the event of tardiness for extenuating circumstances will be at the discretion of the instructor and may be counted as absence.

Any absences from clinical sites will affect the student’s clinical education. Any absence from clinical will require make-up time and assignments at the faculty’s discretion. If for any reason a student cannot be prompt or present for a scheduled clinical experience, the faculty and facility must be notified as far in advance as possible. All absences must be made up at the clinical facility where the time was missed. No student should ask to be assigned for make- up clinical time at any facility other than the one where the clinical time was missed. Excessive absences, tardies/early departures is defined as missing 10% of the required attendance for a course.

According to the *Attendance Provisions for Health Sciences*, the student may be dropped for absences greater than 10% of the required attendance for the course. Any missed time exceeding this 10% will result in the student being dropped from the course; regardless of having made up any missed time. Any absences greater than 10% may result in a failing grade for the course in progress.

**The student MUST personally notify the Clinical Coordinator and the Clinical Instructor of assigned clinical site prior to the time they are scheduled to report if they are going to be absent or tardy. Failure to do so will result in an Occurrence (No Call-No Show).**

## TARDINESS

Students are expected to report for their clinical and class assignments on time. Tardiness will not be tolerated. The student **MUST** personally notify the Clinical Coordinator and the Clinical Instructor of the assigned clinical site at least 30 minutes prior to the time that he/she is scheduled to report if he/she is going to be tardy.

Any time missed will be made up at the discretion of the Clinical Coordinator. Excessive tardiness will result in an Occurrence and subject the student to disciplinary action.

(Note: Three tardies, three early departures, or a combination of these equal one absence, Excessive absences, tardies/early departures is defined as missing 10% of the required attendance for the course.)

**Under NO circumstances will a student be allowed to clock in another student. This activity constitutes fraud and BOTH students will be disciplined, with possible suspension or dismissal from the program.**

## EARLY DEPARTURES

In the event a student leaves before the required time for that day, the Clinical Coordinator is to be notified of this early departure; along with the Clinical Instructor before leaving the clinical site. **Any early departure from the clinical site must be approved by the Clinical Coordinator 48 hours prior unless there is an emergency situation.** Any time missed will be made up at the Faculty's discretion; in accordance with the Clinical Make-Up Policy.

## BEREAVEMENT LEAVE

Students who experience a death in their immediate family will be given up to 3 days off (without penalty) from their clinical assignments. Additional time due to individual circumstances may be granted upon the discretion of the Clinical Coordinator and/or Program Director.

Immediate family is defined as: grandparents, parents, stepparents, siblings (adopted, biological, or step), spouse, child or other individuals residing with the student. It is the responsibility of the student to notify the Clinical Coordinator and/or Program Director of a family death as soon as possible.

## JURY DUTY AND COURT APPEARANCES

Leave for jury duty or subpoenaed court appearances will be provided upon presentation of the subpoena to the Program Director. Exemption of jury duty may be an option.

Students should arrive to all clinical assignments **15** minutes prior to the start of the shift. Example: 7 am shifts start at 6:45 am. Students need to arrive no later than 6:30 am. Students are expected to complete the entire shift. Any unforeseen tardiness or absence must be reported immediately to the clinical faculty/preceptor.

Students are not permitted to leave the clinical area during their assigned clinical time without the permission of the clinical faculty/preceptor. This is considered patient abandonment and may result in an occurrence.

If the clinical site closes or dismisses the student earlier than the assigned time scheduled, the student



must notify faculty immediately. Failure to do so may result in an occurrence.

Students should not attend clinical experiences or didactic assignments when experiencing contagious illnesses with or without fever. Students may be asked to provide health care provider documentation of the condition.

### **MEALS/BREAKS**

Meal/break procedures are facility specific. Failure to abide by meal/break procedures may result in an occurrence. Unless otherwise instructed, students are not permitted to leave the clinical site.

Additionally, inappropriate use of clinical time (i.e., extended breaks, extended lunch hours and not being in assigned areas, etc.) may result in an occurrence.

### **RECORDS OF CLINICAL ACADEMIC ATTENDANCE**

Clinical attendance is recorded in the Trajecsys online system at the clinical site by the student.

Program faculty will intermittently review time records during the semester. The following rules and regulations will be enforced:

- Clinical attendance is recorded in the Trajecsys system by the student
- The student shall clock in and out using the Trajecsys system daily
- Students are to have their time approved by the Clinical Instructor before leaving the clinical site each day.
- Any time not properly recorded within the Trajecsys system will have to be made up by the student and will count as missed clinical attendance for the course. The time missed will be made up by the student at the Faculty's discretion, in accordance to the Clinical Make-Up Policy.
- Attendance without a completed record does not exist. Students will not receive credit for clinical hours that are not properly recorded (clocking in and clocking out) within Trajecsys. For instance, if you forget to clock in as you arrive to clinic or forget to clock out when you leave clinic, the clinical time worked is void and the student will have to make up an entire day of clinic in accordance to the Clinical Make-Up Policy.
- Additionally, time that is recorded (clocking in or clocking out) from somewhere besides the clinical site will result in the forfeiture of any clinical time logged for that particular day.

\*(Note: Any extra time spent in a clinical site may not be banked for time off later.)

### **CLINICAL MAKE-UP POLICY**

Clinical make up time will be scheduled during the semester break. Please do not ask to make up any missed clinical time during the semester as there are not adequate days to accommodate this. A Clinical Make-Up Form will be completed by the Clinical Coordinator in the Trajecsys system. The Clinical Coordinator will schedule the Make-Up Day for the student and gain approval from the clinical site.\* No incompletes will be given for missed clinical time. Each student must log into Trajecsys and verify the Clinical Make-Up Day by electronically signing the Clinical Make-Up Form.

Students will be given the opportunity to make up clinical time missed, provided that this time does not exceed 10% of the total clinical time required for the course for that semester. Also, any time

missed exceeding 10% of the total required clinical time for the semester will result in the student to being dismissed from the program. All time missed will be made up at the clinical site in which the absence occurred.

*\*Please note that in certain instances a student may be scheduled for make-up time during the semester in order to attain specific competencies that are not available at that clinical site during the semester break.*

## **SPECIAL NEEDS**

Students with disabilities who believe that they may need accommodations in this class based on the impact of a disability are encouraged to contact [Helen Thomas \(hthomas@southeasterntech.edu\)](mailto:hthomas@southeasterntech.edu), 912-538-3126, to coordinate reasonable accommodations.

### **Specific Absences**

Provisions for Instructional Time missed because of documented absences due to jury duty, military duty, court duty, or required job training will be made at the discretion of the instructor.

**Southeastern Technical College does not have an Attendance Appeal Policy.**

Reference: [Southeastern Technical College Code of Conduct](#)

## **PREGNANCY**

Southeastern Technical College does not discriminate on the basis of pregnancy. However, we can offer accommodations to students who are pregnant that need special consideration to successfully complete the course. If you think you will need accommodations due to pregnancy, please advise me and make appropriate arrangements with [Helen Thomas \(hthomas@southeasterntech.edu\)](mailto:hthomas@southeasterntech.edu), 912-538-3126.

## **WITHDRAWAL PROCEDURE**

Students wishing to officially withdraw from a course(s) or all courses after the drop/add period and prior to the 65% point of the term in which student is enrolled (date will be posted on the school calendar) must speak with a Career Counselor in Student Affairs and complete a Student Withdrawal Form. A grade of "W" is assigned for the course(s) when the student completes the withdrawal form. Students who are dropped from courses due to attendance after drop/add until the 65% point of the semester will receive a "W" for the course.

Important – Student-initiated withdrawals are not allowed after the 65% point. Only instructors can drop students after the 65% point for violating the attendance procedure of the course. Students who are dropped from courses due to attendance after the 65% point will receive either a "WP" or "WF" for the semester.

Informing your instructor that you will not return to his/her course, does not satisfy the approved withdrawal procedure outlined above.

There is no refund for partial reduction of hours. Withdrawals may affect students' eligibility for financial aid for the current semester and in the future, so a student must also speak with a representative of the Financial Aid Office to determine any financial penalties that may be assessed due to the withdrawal. A grade of "W" will count in attempted hour calculations for the purpose of Financial Aid.

**Remember** - Informing your instructor that you will not return to his/her course does not satisfy the approved withdrawal procedure outlined above.

In this course, which meets 3 days a week for 15 weeks, the maximum number of days a student may miss are 4 days during the semester.

### **ACADEMIC DISHONESTY POLICY**

The Southeastern Technical College Academic Dishonesty Policy states that all forms of academic dishonesty, including but not limited to cheating on tests, plagiarism, collusion, and falsification of information, will call for discipline. The policy can also be found in the Southeastern Technical College Catalog and Handbook.

### **PROCEDURE FOR ACADEMIC MISCONDUCT**

The procedure for dealing with academic misconduct and dishonesty is as follows:

#### **1. First Offense**

Student will be assigned a grade of "0" for the test or assignment. Instructor keeps a record in course/program files and notes as first offense. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus. The Registrar will input the incident into Banner for tracking purposes.

#### **2. Second Offense**

Student is given a grade of "WF" (Withdrawn Failing) for the course in which offense occurs. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of second offense. The Registrar will input the incident into Banner for tracking purposes.

#### **3. Third Offense**

Student is given a grade of "WF" for the course in which the offense occurs. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of third offense. The Vice President for Student Affairs, or designee, will notify the student of suspension from college for a specified period of time. The Registrar will input the incident into Banner for tracking purposes.

### **STATEMENT OF NON-DISCRIMINATION**

The Technical College System of Georgia and its constituent Technical Colleges do not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, spouse of military member or citizenship status (except in those special circumstances permitted or mandated by law). This school is in compliance with Title VI of the Civil Rights Act of 1964, which prohibits discrimination

on the basis of race, color, or national origin; with the provisions of Title IX of the Educational Amendments of 1972, which prohibits discrimination on the basis of gender; with the provisions of Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of handicap; and with the American with Disabilities Act (ADA).

The following individuals have been designated to handle inquiries regarding the nondiscrimination policies:

<b>American With Disabilities Act (ADA)/Section 504 - Equity- Title IX (Students) – Office of Civil Rights (OCR) Compliance Officer</b>	<b>Title VI - Title IX (Employees) – Equal Employment Opportunity Commission (EEOC) Officer</b>
Helen Thomas, Special Needs Specialist Vidalia Campus 3001 East 1 <sup>st</sup> Street, Vidalia Office 108 Phone: 912-538-3126 Email: <a href="mailto:hthomas@southeasterntech.edu">Helen Thomas</a> <a href="mailto:hthomas@southeasterntech.edu">hthomas@southeasterntech.edu</a>	Lanie Jonas, Director of Human Resources Vidalia Campus 3001 East 1 <sup>st</sup> Street, Vidalia Office 138B Phone: 912-538-3230 Email: <a href="mailto:ljonas@southeasterntech.edu">Lanie Jonas</a> <a href="mailto:ljonas@southeasterntech.edu">ljonas@southeasterntech.edu</a>

### ACCESSIBILITY STATEMENT

Southeastern Technical College is committed to making course content accessible to individuals to comply with the requirements of Section 508 of the Rehabilitation Act of Americans with Disabilities Act (ADA). If you find a problem that prevents access, please contact the course instructor.

### GRIEVANCE PROCEDURES

Grievance procedures can be found in the Catalog and Handbook located on STC’s website.

### ACCESS TO TECHNOLOGY

Students can now access Blackboard, Remote Lab Access, Student Email, Library Databases (Galileo), and BannerWeb via the mySTC portal or by clicking the Current Students link on the [Southeastern Technical College \(STC\) Website \(www.southeasterntech.edu\)](http://www.southeasterntech.edu).

### TCSG GUARANTEE/WARRANTY STATEMENT

*The Technical College System of Georgia guarantees employers that graduates of State Technical Colleges shall possess skills and knowledge as prescribed by State Curriculum Standards. Should any graduate employee within two years of graduation be deemed lacking in said skills, that student shall be retrained in any State Technical College at no charge for instructional costs to either the student or the employer.*

### GRADING POLICY

<b>Assessment/Assignment</b>	<b>Percentage</b>
Performance Evaluations	35%
Competency/Continued Exams	15 %
Procedures Log	15%
Repeat Log	10%
Terminal Competency Exams	25%

### GRADING SCALE

<b>Letter Grade</b>	<b>Range</b>
A	90-100
B	80-89
C	70-79
D	60-69
F	0-59

## RADT 2360 Clinical Radiography 4

### Fall Semester 2019 Lesson Plan

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
Week 1				RT 1-8 GE a-c
Week 2				RT 1-8 GE a-c
Week 3				RT 1-8 GE a-c
Week 4				RT 1-8 GE a-c
Week 5			Performance Evaluation Due	RT 1-8 GE a-c
Week 6				RT 1-8 GE a-c
Week 7				RT 1-8 GE a-c
Week 8		<i>MIDTERM</i>		RT 1-8 GE a-c
Week 9				RT 1-8 GE a-c
Week 10			Performance Evaluation Due	RT 1-8 GE a-c
Week 11				RT 1-8 GE a-c
Week 12				RT 1-8 GE a-c
Week 13				RT 1-8 GE a-c
Week 14				RT 1-8 GE a-c

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
Week 15		Thanksgiving Holidays	Performance Evaluation Due All competencies, continued competencies, general patient care competencies, and terminal competencies are due not later than Thursday November 28, 2019	RT 1-8 GE a-c

**Competency Areas: Radiologic Technology (RT)**

1. Patient Care
2. Behavioral and Social Competency
3. Advanced Radiographic Anatomy
4. Equipment Utilization
5. Exposure Techniques
6. Sterile Techniques
7. Integration of Procedures and/or Observation of Angiographic, Interventional, Minor Special Procedures
8. Integration of Procedures and/or Observation of Special Equipment Use
9. Integration of Procedures and/or Observation of Routine and Special Radiographic Procedures
10. Final Completion of All Required Clinical Competencies

**General Core Educational Competencies (GE)**

- a) The ability to utilize standard written English.
- b) The ability to solve practical mathematical problems.
- c) The ability to read, analyze, and interpret information.



**RADT 2360 Clinical Radiography 4**  
**Syllabus Acknowledgement**

I \_\_\_\_\_ have read and understand the syllabus for RADT 2360. I have also been given the opportunity to ask questions to clarify any requirements listed on the syllabi. By signing this agreement, I am acknowledging that I fully understand my requirements and grading criteria that I am responsible for. I agree to follow the guidelines and rules listed on the syllabi.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date