# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Program Mission Statement and Goals</td>
<td>4</td>
</tr>
<tr>
<td>Organizational Chart &amp; Clinical Education Centers</td>
<td>5</td>
</tr>
<tr>
<td>Curriculum</td>
<td>6</td>
</tr>
<tr>
<td>Technical and Professional Standards</td>
<td>7-8</td>
</tr>
<tr>
<td>Admission Guidelines</td>
<td>9</td>
</tr>
<tr>
<td>Academic Progression Policies/Grading Policy</td>
<td>10-11</td>
</tr>
<tr>
<td>Electronic Device/Social Media Policies</td>
<td>12</td>
</tr>
<tr>
<td>Counseling Policy</td>
<td>12</td>
</tr>
<tr>
<td>Counseling Form</td>
<td>13</td>
</tr>
<tr>
<td>Accidents</td>
<td>14</td>
</tr>
<tr>
<td>Universal Precautions</td>
<td>14-16</td>
</tr>
<tr>
<td>Hazard Exposure/Insurance</td>
<td>16-17</td>
</tr>
<tr>
<td>Incident Report Form</td>
<td>18</td>
</tr>
<tr>
<td>Uniform Requirements</td>
<td>19</td>
</tr>
<tr>
<td>Radiation Monitoring</td>
<td>20</td>
</tr>
<tr>
<td>Pregnancy Policy</td>
<td>21-22</td>
</tr>
<tr>
<td>Conduct &amp; Professional Behavior</td>
<td>23</td>
</tr>
<tr>
<td>Supervision of Clinical</td>
<td>24</td>
</tr>
<tr>
<td>Clinical Attendance Policy</td>
<td>25-26</td>
</tr>
<tr>
<td>Clinical Records &amp; Clinical Evaluations</td>
<td>27-28</td>
</tr>
<tr>
<td>Competency Evaluations</td>
<td>29-30</td>
</tr>
<tr>
<td>Competency Categories &amp; Clinical Competency Form</td>
<td>31-34</td>
</tr>
<tr>
<td>Early Clinical Release Policy</td>
<td>35</td>
</tr>
</tbody>
</table>
The policies and procedures in this handbook are based upon present conditions and are subject to change. The Radiography program reserves the right to modify any statement in accordance with unforeseen conditions.

Revised May 2015
This handbook has been developed to aid Students, Faculty, Clinical Instructors and Radiographers involved with the Tulsa Community College (TCC) Radiography Program. It should be used as a guide for all students during their Radiography training. Policies, rules, rights and responsibilities are established in this handbook.

The students are also governed by the policies as stated in the TCC Student Handbook, Policies of the Allied Health division, the policies and procedures of the clinical education center where they are assigned, and the Code of Ethics established by the American Registry of Radiologic Technologists (ARRT).

The Tulsa Community College Radiography Program faculty developed this Student Handbook on January 1, 1983 in compliance with the essentials of the Joint Review Committee on Education in Radiologic Technology, and it is updated yearly to reflect current practice and compliance with the JRCERT Standards for a Program in Radiologic Technology. The Radiography Program faculty reserve the right to make policy and procedure changes when necessary.

The Tulsa Community College Radiography program welcomes recommendations for changes from all communities of interest.

The Radiography Program follows student policies given in the Tulsa Community College Student Handbook and the Allied Health Division Policies and Practices unless otherwise listed in this book.
PROGRAM MISSION STATEMENT
The Radiography program at Tulsa Community College is a six semester curriculum designed to provide students the opportunity to become ARRT registered Radiographers capable of providing excellent patient care, medical images, and service to their community.

PROGRAM GOALS
Goal #1 Program graduates will pass the registry exam for Radiography administered by the American Registry of Radiologic Technologists (ARRT)

Goal #2 Program graduates will become successfully employed in medical imaging.

Goal #3 Program graduates will possess the level of knowledge necessary for professional growth.

STUDENT/GRADUATE GOALS
Goal #1
Program graduates will be clinically competent.

Students will:
- Position patients
- Deliver appropriate patient care
- Operate radiographic equipment
- Employ radiation protection practices
- Understand radiation exposure guidelines

Goal #2
Program graduates will demonstrate critical thinking/problem solving skills.

Students will:
- Evaluate radiographic images
- Select exposure factors
- Perform non-routine exams

Goal #3
Program graduates will demonstrate professional growth and development.

Students will:
- Understand the function of professional organizations
- Demonstrate professional behaviors
- Make ethical decisions
- Conduct lab research projects

Goal #4
Graduates will demonstrate effective communication skills.

Students will:
- Communicate with patients
- Present an oral report
- Make a presentation
- Use professional terminology
SELECTION OF CLINICAL EDUCATION CENTER

When accepted to the program, students will be given the opportunity to select the clinical education center of their choice as long as there is an available opening. If a clinical center is full, students will be given the opportunity to make another selection. If a selection cannot be made, the student will have to wait to begin the program the following year.

Once a clinical center has been assigned, students will be expected to remain at their assigned site throughout their training. Only under extreme situations will a student be permitted to move to another clinical education center. Student should contact the program director for further information.

RELATED STUDENTS

Students will not be permitted to attend a clinical site in which his/her relative may work in the same department, and students that marry radiology personnel will be transferred to another Clinical Education Center as soon as an opening becomes available. Student’s children WILL NOT be permitted to attend any radiography classes or clinical.
CURRICULUM
The Radiography Program is a two-year (six-semester) program consisting of 50 credit hours of Radiography courses (didactic and clinical) and 22 hours of related general education courses. Lecture and clinical courses run concurrently throughout the two years. Upon completion of the program, graduates receive an Associate in Applied Science (AAS) degree, and are eligible to apply for examination by the American Registry of Radiologic Technologists (ARRT) in Radiography (R). Clinical education classes consist of a complete eight-hour shift in the assigned clinical education center. Descriptions of courses in the Radiography curriculum may be found in the TCC catalog or website. The arrangement of classes and clinical education during the six semesters is as follows:

**FIRST YEAR - SUMMER SEMESTER**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>RADT 1212</td>
<td>2</td>
<td>W</td>
</tr>
<tr>
<td>RADT 1224</td>
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<td>M,T,TH,F</td>
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**FIRST YEAR - FALL SEMESTER**

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<td>RADT 1324</td>
<td>4</td>
<td>T Th</td>
</tr>
<tr>
<td>BIOL 1314</td>
<td>4</td>
<td>Evenings or Weekends</td>
</tr>
<tr>
<td>ENGL 1113</td>
<td>3</td>
<td>M W Online or Fast Trac</td>
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**FIRST YEAR - SPRING SEMESTER**

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<thead>
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<tbody>
<tr>
<td>RADT 1333</td>
<td>3</td>
<td>M W F</td>
</tr>
<tr>
<td>RADT 1382</td>
<td>2</td>
<td>M W F</td>
</tr>
<tr>
<td>RADT 1344</td>
<td>4</td>
<td>T Th</td>
</tr>
<tr>
<td>MATH 1473</td>
<td>3</td>
<td>M W Online or Fast Trac</td>
</tr>
<tr>
<td>MATH 1513</td>
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<td>M W Online or Fast Trac</td>
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<td>M W Online or Fast Trac</td>
</tr>
<tr>
<td>ENGL 2333</td>
<td>3</td>
<td>M W</td>
</tr>
<tr>
<td>ENGL 2343</td>
<td>3</td>
<td>M W</td>
</tr>
<tr>
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**SECOND YEAR - SUMMER SEMESTER**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>RADT 2301</td>
<td>1</td>
<td>W</td>
</tr>
<tr>
<td>RADT 2314</td>
<td>4</td>
<td>M,T,TH,F</td>
</tr>
<tr>
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**SECOND YEAR - FALL SEMESTER**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>RADT 2343</td>
<td>3</td>
<td>T Th</td>
</tr>
<tr>
<td>RADT 2336</td>
<td>6</td>
<td>M W F</td>
</tr>
<tr>
<td>RADT 2383</td>
<td>3</td>
<td>T Th</td>
</tr>
<tr>
<td>HIST 1483</td>
<td>3</td>
<td>T Th Online or Fast Trac</td>
</tr>
<tr>
<td>HIST 1493</td>
<td>3</td>
<td>T Th</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
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</tr>
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**SECOND YEAR - SPRING SEMESTER**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>Day</th>
</tr>
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<tbody>
<tr>
<td>RADT 2323</td>
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<td>T Th</td>
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<tr>
<td>RADT 2356</td>
<td>6</td>
<td>M W F</td>
</tr>
<tr>
<td>POSC 1113</td>
<td>3</td>
<td>T Th Online or Fast Trac</td>
</tr>
<tr>
<td>PSY 1113</td>
<td>3</td>
<td>T Th Online or Fast Trac</td>
</tr>
<tr>
<td>PSYC 1213</td>
<td>3</td>
<td>T Th</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td><strong>15</strong></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: RADT 2314, 2336, 2356 require 2 week 1pm – 9pm rotation.
A student entering the radiography program at Tulsa Community College should be aware of the following performance requirements necessary to fulfill the job requirements of a registered medical radiographer (ARRT (R)).

**EDUCATION:** Must be a graduate of an educational program in radiography which has been accredited by a mechanism acceptable to the American Registry of Radiologic Technologist. Tulsa Community College is accredited by the Oklahoma State Regents for Higher Education, the Higher Learning Commission (HLC) plus specific programmatic accreditation by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

**SKILLS:** Radiography graduates of Tulsa Community College will be expected to exhibit cognitive, technical and interpersonal skills and demonstrate the following competencies as adopted by the Tulsa Community College Radiography Advisory Committee.

The graduate will be able to:

1. Exhibit a proficiency in routine office and filing procedures of a radiology department in order to maintain proper patient records and patient confidentiality in accordance with HIPAA regulations.

2. Operate automatic developing equipment and digital imaging equipment, process radiographs and maintain quality control of automatic processing and digital imaging equipment.

3. Demonstrate a professional appearance of themselves and their radiology department, and demonstrate an ethical relationship with all personnel.

4. Select and operate the proper equipment and accessories to provide the patient with the best possible radiographic examination.

5. Scientifically select the proper technical factors to produce the highest quality radiographs with the lowest possible radiation exposure to the patient.

6. Transport and position patients for all routine radiographic procedures; including portables, surgery and selected special procedures; while maintaining the highest standard of radiation protection for the patient and the technologist.

7. Administer, or assist a physician in administering, contrast media and other common medications used in radiography.

8. Assist in medical emergency situations as necessary.

9. Practice proper sterile techniques and isolation procedures to prevent contamination and promote disease control for the patients and all other personnel.

10. Perform in all areas of the radiology department with full responsibility in the performance of all routine and selected special procedures.

11. Assist in the instruction and evaluation of future radiographers.
12. Assume responsibility for other duties as delegated by their supervisor or physicians.

13. Demonstrate a basic knowledge of advanced imaging modalities.

14. Demonstrate college level reading and writing skills.

15. Understand and be able to apply knowledge of the history of the United States.

16. Understand and be able to apply knowledge of the study of American Federal Government.

17. Apply psychological principles to human relation problems with special emphasis on group dynamics, interpersonal communications and decision making.

18. Demonstrate general knowledge of anatomy and physiology of the human body and how it relates to radiography.

19. Possess an understanding and demonstrate proper usage of Standard and Isolation Precautions when dealing with blood borne pathogens.

**PHYSICAL/MENTAL WORKING CONDITIONS:** Radiography graduates should possess the following physical and mental capabilities in order to adequately perform in this occupation.

**Work Activities -**

<table>
<thead>
<tr>
<th>Activity</th>
<th>N = Never</th>
<th>F = Frequently</th>
<th>O = Occasionally</th>
<th>C = Continuously</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting</td>
<td><em>O</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td><em>F</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td><em>F</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting</td>
<td><em>F</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying</td>
<td><em>F</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushing/Pulling</td>
<td><em>F</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing</td>
<td><em>O</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balancing</td>
<td><em>F</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squatting/Crouching</td>
<td><em>F</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawling</td>
<td><em>O</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reaching</td>
<td><em>C</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling/Feeling</td>
<td><em>C</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talking</td>
<td><em>C</em></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hearing</td>
<td><em>C</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeing</td>
<td><em>C</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stooping/Bending</td>
<td><em>F</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**On the job a radiographer uses hands for repetitive action such as:**

- Grasping _F_
- Grasping/Turning _F_
- Fine Manipulation _F_

**Strength Rating:** On the job a radiographer must be able to lift/assist:

- Up to 20 pounds (Light) _C_
- 21 to 50 pounds (Medium) _F_
- 50 to 100+ pounds (Heavy) _F_

**Mental Demands:**

- Alertness _C_
- Concentration _C_
- Precision _C_
- Communication with people _C_
- Analytic ability _C_
- Judgment _C_
- Problem solving _C_
- Imagination _C_
- Memory _C_
- Initiative _C_
- Creativity _C_
- Patience _C_
ADMISSION GUIDELINES TO RADIOGRAPHY PROGRAM

The following guidelines have been adopted to be used in the selection of students to the Radiography Program.

I. Students must meet all of the following criteria before admission will be considered:
   1. Must be a high school graduate or equivalent (G.E.D).
   2. Application to the college and the program must be submitted before February 1.
   3. Must have a minimum cumulative GPA of 2.0 or better.
   4. Must attend an interview session with the program director scheduled before March 30.

II. Selection will be made according to the following criteria:
   1. Overall Grade Point Average. NOTE: If a student has less than 12 college hours, then an average of high school and college GPA will be used.
   2. ACT Scores are required. There is no minimum required ACT score for this program.
   3. A national background check approval, vaccination records, or lab titers, current CPR certification, current PPD test, and negative drug screen.

III. Applicants will be ranked according to the following formula:
   1. Math ACT Score + Science ACT Score divided by 2 + Composite ACT Score divided by 2 + Overall GPA divided by 2 = Ranking Score.
   2. Completion of required General Education courses other than BIOL 1314 will be worth 1 point each added to the ranking score. Maximum of 2 points are given for completing 2 or more additional science classes, and 1 point is given for a previous degree or Phlebotomy certificate.
   3. Completion of BIOL 1314 - Anatomy & Physiology with a grade of "C" or better will be worth 5 points added to the ranking score.
   4. Completion and/or current enrollment in RADT 1212 – Introduction to Radiography will be worth 4 points added to the ranking score.
   5. Students who have their application held to be ranked the following year will have 2 points added to their ranking score.

Students with the highest ranking will be selected first. Since the Radiography program has a limited enrollment, based on the number of clinical spots available, per year only the top ranking applicants will be selected.

Students with a grade point average of less than a 2.00 and/or on academic probation WILL NOT be considered for admission to the program until GPA is raised or academic probation is discontinued.

NOTE: Admission to the Radiography program, or any TCC health program, is contingent on students completing and passing a national background check with sex offender and fraud registry check, and passing a drug screen prior to beginning the program. Students will also be required to submit current CPR certification for American Heart BLS Healthcare Provider, and immunization records to satisfy clinical contract requirements. Please refer to the Allied Health policies available in the Allied Health office (MP458).
POLICIES RELATED TO PROGRESSION IN THE RADIOGRAPHY PROGRAM

A. Academic Probation

A cumulative grade point average of 2.0 (C) or higher on all academic work must be maintained. At the end of any academic term in which a student's cumulative grade point average falls below 2.0, the student will be placed on Academic Probation. (Tulsa Community College Catalog).

When a radiography student is placed on academic probation, the student has one semester to obtain satisfactory academic standing in order to continue in the radiography program. A radiography student on academic probation for the second continuous semester must withdraw from the program. The student can apply for re-admission the following year.

B. Incomplete Grades

Incomplete ("I") grades may be assigned by faculty as outlined in the Tulsa Community College catalog. A grade of "I" in a radiography course must be changed to a grade of C or better in order for the student to progress to the next radiography course.

C. Criteria for Completion of the Radiography Program

1. A student must complete all Radiography courses within a period of three years after being accepted into the Radiography program. This allows for repetition of only one semester of radiography courses.

2. If a student withdraws from or fails a Radiography course re-admission to the program the following year is not guaranteed, and is dependent on clinical placement availability. If no clinical spot is available the student cannot be re-admitted to the program. In this event, the student can re-apply for admission to the program the following year, and will be ranked according to the criteria previously outlined.
   - In the event that there are clinical site placements available, those students wishing to be considered for re-admission will be placed on a waiting list and the ranking criteria for the waiting list is as follows:
     - No incidents of unprofessional conduct.
     - Successful completion of the aforementioned radiography course.
     - Ranking for re-admission will be based on the GPA for all completed radiography courses.

3. If a re-admitted student, who previously failed a radiography course, fails again he/she will not be eligible for re-admission to the program for a period of no less than 2 years, and must complete the admission requirements. The student will be ranked according to the criteria previously outlined.

4. If a student has been formally requested to be removed from a clinical education center, an attempt will be made to locate another site. If no other site can be secured they must withdraw from the program. Any student requested removed from two clinical sites must withdraw from the program and will not be re-admitted to the program. Students may be ADMINISTRATIVELY WITHDRAWN FROM THE PROGRAM BY THE PROGRAM DIRECTOR at any time due to a student’s unethical or unprofessional conduct, uncleanness, use of profanity, poor attendance, violation of clinical education center or Tulsa Community College policies, falsifying records, etc.
The following grading scale is used in all RADT courses:

- 93 - 100% = A
- 85 - 92% = B
- 75 - 84% = C
- Below 75% = F

Students must receive a minimum grade of C in any RADT course to continue in the program.

Students must accrue 75% of the total points possible on exam scores alone before other scores are included in the final average. Earning less than 75% of the total possible exam points results in failure of the course. Earning less than 75% of the total possible points for the semester will also result in failure of the course.

Clinical grades will be based on competencies, assessments, unassisted procedures, attendance, mid-term and final exams. **STUDENTS MUST PASS MID-TERM AND FINAL CLINICAL EXAMS IN ORDER TO CONTINUE IN THE PROGRAM.** If a clinical exam is failed the failing grade will be the grade recorded, and students are given one chance to re-take the exam in an effort to achieve a passing score. If a passing score cannot be achieved, the student must withdraw or will be administratively withdrawn from the program.

Required competencies will be stated in the syllabus each semester according to the objectives listed.

The clinical evaluation grade will be an average of the TCC faculty member, clinical instructor, and registered technologist’s assessments.

Anyone with less than 75% average at Mid-term will be placed on program probation for the rest of the semester. Program probation will be used to inform student of the possibility of failing the course. If performance cannot be improved, student should withdraw from the course.

**STUDENT ON FINANCIAL AID**

Attendance in the Radiography Program is mandatory. Any time a faculty member feels a student has excessive absences, a notice will be sent to admissions. An excessive absence notice may stop a student from receiving further financial aid. If you need your financial aid in order to stay in school you should never miss class unless absolutely necessary. Faculty, at their discretion, may or may not sign your financial aid papers.

**VACATIONS, HOLIDAYS AND PERSONAL DAYS**

Student vacation periods and holidays coincide with those identified on the TCC Academic Calendar. Students will be allowed six (6) personal days during clinical education throughout the two-year program.

**WEATHER POLICY**

During hazardous weather conditions which result in the closing of Tulsa Community College, Radiography students are not required to attend class or clinical for that day.

Students should not jeopardize their safety at any time due to hazardous weather conditions. If hazardous weather conditions occur, students must make the decision as to whether attendance at class or clinical would put them in jeopardy.
**PHONES AND OTHER ELECTRONIC DEVICES**

Students should show respect for faculty and other students by turning off cell phones or other electronic devices during classroom, laboratory, and clinical activities. Digital or tape voice recorders may be used to record lectures. Laptop or notebook computers may be used to take notes during class. **Personal laptops and notebooks are not allowed in the clinical education center.**

**CELL PHONES ARE NOT ALLOWED IN THE EXAM AREAS AT CLINICAL.** If a cell phone or other electronic device is brought to clinical it must remain in the student’s car or in the student’s locker if one is provided by the clinical site. Cell phone calls or text messages made or received during clinical time must be of an emergency nature, and must be completed in as little time as possible, in a location away from any exam areas. A student bringing a phone, or other electronic device, into the work area at clinical will be asked to leave the clinical site and contact their instructor before returning to clinical. They will receive no credit for clinical time missed.

**SOCIAL NETWORKING**

Students should be aware of the public availability of information present on social networking sites and other electronic devices. Any information which violates patient privacy laws or discloses information about a patient or clinical education center is strictly prohibited, and may lead to counseling and/or dismissal of a student from the Radiography program. Due to the broad nature of the interpretation of HIPAA laws, great discretion should be used when posting anything about your student experiences to a website. A violation of HIPAA laws can lead to civil or possibly criminal litigation.

**ACADEMIC AND CLINICAL PERFORMANCE COUNSELING POLICY**

The three major counseling areas are behavioral, academic, and clinical performance.

An instructor defines counseling as an interaction resulting from a student’s observed behaviors, academic, or clinical performance. A counseling conference provides an opportunity for the student and instructor to mutually discuss the area of concern in private, and either party, at any time, may initiate a counseling conference.

A record of the conference will be provided at the time of the conference in which documentation of the performance expectations will be specified, and the counseling record will become a part of the student's permanent file.

**GUIDELINES FOR COUNSELING RECORD**

1. Any evaluation of the student's academic or clinical performance which requires specific elaboration will be documented and witnessed by a third party.
2. The counseling record will describe the less than satisfactory performance.
3. The observed student performance (incident) will be described objectively.
4. The time, place and factors influencing the student's performance will be included.
5. The instructor will specify recommendations to assist the student in improving performance.
6. The instructor and student will both sign and date the counseling record whenever possible.
7. In the event that a student refuses to sign the counseling record, the signature of the witness will be obtained to validate the conference between the instructor and the student.
8. The original counseling record will be placed in the student's permanent file.
RADIOGRAPHY COUNSELING FORM

Student Name __________________________________________ CWID# __________________________

Instructor ____________________________________________

Class __________________________________________________

Date and Time of Incident _________________________________

INSTRUCTOR'S COMMENTS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Instructor Signature __________________________________________ Date

STUDENT'S COMMENTS:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student's Signature _________________________________________ Date

Witness Signature ____________________________________________ Date
ACCIDENTS

All accidents in clinical involving patients, hospital personnel, students, or damage to equipment must be reported immediately to the Clinical Instructor or the technologist to whom you are assigned. All incidents should be documented on a Radiography Program Incident Report Form and, if necessary, an incident report form of the clinical education center. Incident reports will be filed in the student’s permanent file.

Incidents on campus must be reported to the college nurse or security personnel, and will be handled as covered in the Tulsa Community College handbook.

STANDARD/UNIVERSAL PRECAUTIONS

Since medical history and examination cannot reliably identify all patients infected with HIV, MRSA, Hepatitis or other blood borne pathogens, standard precautions should be consistently used for all patients. This approach, previously recommended by CDC and referred to as "universal, or standard, precautions" should be used in the care of all patients, especially including those in emergency care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

I. All health care workers must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated.

1. Gloves must be worn for touching blood and body fluids, mucous membranes or non-intact skin of all patients.

2. Gloves must be worn for handling items or surfaces soiled with blood or body fluids.

3. Gloves must be worn for performing venipuncture and other vascular access procedures.

4. Gloves should be available in all patient rooms, exam rooms, on crash carts, and should be carried in pockets of health-care workers.

5. Gloves must be changed and hands washed after contact with each patient.

6. Mask and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.

7. Gowns or aprons must be worn during procedures that are likely to generate splashes of blood or other body fluids.

Comment: Routine patient care not involving contact with blood or other body fluids, mucous membranes, or non-intact skin does not require the use of gowns or aprons. Routine careful hand washing is required before and after any patient contact.

Examples of procedures requiring "mask and protective eyewear or face shields" are many dental procedures, major operative procedures, endoscopy, and suctioning of the oral cavity or a tracheostomy which is likely to produce splashes.
II. Hand and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

Comment: Use of these barrier methods in no way eliminated the need for appropriate hand-washing before and after patient contact.

III. All health-care worker must take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during disposal of used needles; and when handling sharp instruments after procedures.

1. To prevent needle stick injuries, needles must not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.

2. After they are used, disposable syringes and needles, scalpel blades, and other sharp items must be placed in puncture-resistant containers for disposal; the puncture-resistant containers must be located as close as practical to the use area. Large bore reusable needles must be placed in a puncture-resistant container for transport to the reprocessing area.

IV. To minimize the risk during emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices must be available for use in areas in which the need for resuscitation is possible.

V. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

VI. Pregnant health-care workers are not known to be at greater risk of contracting blood borne infections than health-care workers who are not pregnant; however, if a health-care worker develops a blood borne infection during pregnancy, the infant is a risk of infection resulting from perinatal transmission. Because of this risk, pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of blood borne pathogen transmission.

Comment: There is no data suggesting an increased risk of other infections (herpes simplex, cryptosporidiosis, or others) from HIV-infected patients to health-care workers. Careful adherence to these precautions should adequately protect all health care workers, including those women who are pregnant or of child-bearing age.

VII. Invasive Procedures:
For this document, an invasive procedure is defined as:

1. Surgical entry into tissues, cavities or organs or repair of major traumatic injuries in an operating or delivery room, emergency department, or outpatient setting, including both physicians' and dentists' offices.

2. Cardiac catheterization and angiographic procedures;

3. A vaginal or caesarean delivery or other invasive obstetric procedure during which bleeding may occur.
4. The manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.

Standard (blood and body fluid) precautions combined with the following shall be the minimum precautions for all such invasive procedures.

1. All health care workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous membrane contact with blood and other body fluids of all patients.
   a. Gloves and surgical masks must be worn for all invasive procedures.
   b. Protective eyewear of faces hields must be worn for procedures that commonly result in generation of droplets, splashing/spraying of blood or other body fluids or the generation of bone chips.
   c. Gowns or aprons (made of material that provide an effective barrier) must be worn during invasive procedures likely to result in splashing of blood or other body fluids.

2. If glove is torn or a needle stick or other injury occurs, the glove must be removed and a new glove donned as promptly as patient safety permits.

VIII. Patient or Specimen Labeling:

Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC for patients known or suspected to be infected with blood borne pathogens. Isolation precautions, (e.g., respiratory) should be used as necessary if associated conditions, such as tuberculosis, are diagnosed or suspected.

Likewise, implementation of universal blood and body fluid precautions for all patients eliminates the need for warning labels on specimens, since blood and other body fluids from all patients should be considered infective.

HAZARD EXPOSURE INFORMATION FOR ALLIED HEALTH STUDENTS

As an Allied Health student, you will be participating in laboratory and clinical settings, which may put you at risk of exposure to environmental and physical hazards. These hazards include, but are not limited to, needle sticks, inhalation of microorganisms, and contact with infected body fluids. In the laboratory and clinical setting, you will learn how to minimize this risk through the use of universal precautions and other infection control measures. It is the responsibility of every allied health student to further protect themselves by maintaining safe practices and providing their own health care insurance. The college recommends that you be vaccinated against Hepatitis B prior to enrollment in the allied health program you have chosen. Please read the following information regarding this disease and the vaccine. In the event that you choose not to receive the Hepatitis B vaccine, a signed waiver will be required prior to admission.

Note: Many of the clinics and hospital require Tulsa Community College students to have the Hepatitis B vaccination before they are allowed to participate in the clinical settings. Therefore the vaccinations may be a prerequisite to entering the program.
TULSA COMMUNITY COLLEGE ASSUMES NO RESPONSIBILITY for any expenses you may incur associated with personal insurance premiums, Hepatitis B vaccinations, personal protective equipment, or other medical expenses related to testing associated with your exposure to environmental or physical hazards in conjunction with your being a student of one of its Allied Health programs.

INSURANCE

Liability (Malpractice) insurance is required due to the direct patient contact. This is purchased by the student through the College in a group policy at the time of entrance into the program.

As stated in the contractual agreements with the Clinical Education Centers, if necessary, TCC Allied Health students will be furnished emergency care and treatment by the institution until the individual can be transferred to the care of a personal physician. Such care provided to the Allied Health programs students is to be charged to the student as determined by the Clinical Education Center. Students are encouraged to carry their own personal medical insurance.
INCIDENT REPORT FORM

STUDENT NAME ____________________________________________ CWID# ______________

INCIDENT DATE__________________________ INCIDENT TIME _______________________

LOCATION OF INCIDENT __________________________________________________________

DATE INCIDENT REPORTED ________________________________

INCIDENT WITNESS ____________________________________________

OBJECT/SUBSTANCE (IF ANY) CAUSING INJURY OR ILLNESS ____________________________

CLEARLY DESCRIBE WHAT STUDENT WAS DOING AND HOW INCIDENT OCCURRED

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

WHAT ACTION OR OMISSION AND/OR WHAT CONDITIONS CAUSED INCIDENT

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

WHAT ACTION WAS TAKEN AS A RESULT OF THE INCIDENT

_______________________________________________________________________________

_______________________________________________________________________________

INSTRUCTOR _____________________________________________ DATE: ______________
RADIOGRAPHY UNIFORM REQUIREMENTS

The uniform to be worn to clinical education centers will be navy blue scrubs.

All students will wear a college issued ID badge **AT ALL TIMES** while in clinical.

A Tulsa Community College arm patch will be worn on the left shoulder of each uniform or lab jacket and must be visible at all times during clinical education.

These can be purchased at the Tulsa Community College Bookstore.

ADDITIONAL RESTRICTIONS

1. Uniforms will conform to the requirements of Tulsa Community College. This code will be strictly enforced.

2. Neatness, clean shoes and good grooming are an essential consideration in proper uniform. Good personal hygiene is expected at all times.

3. The dress code must be met in entirety or student may be sent home.

4. White leather uniform shoes or solid white leather athletic shoes are the only acceptable footwear for clinical. Logos and soles of athletic shoes must also be white.

5. Sweaters or fleece jackets are not permitted.

6. Minimal jewelry may be worn.

7. Long hair and/or unusual hairdos may have to be tied back or changed to satisfy clinical education center standards.

8. Heavy perfume or cologne is not permitted.

9. Male students must be clean-shaven. Beards or mustaches are at the discretion of the clinical education center.

10. Visible body piercing and/or visible tattoos may not be permitted by the clinical center. Students with piercings and/or tattoos may be required to remove or cover them during clinical.

11. White lab jackets are permitted. Lab jackets are normally long sleeve and waist length, and must have the TCC patch sewn on the left sleeve, and visible at all times.

12. Radiation badges are supplied by Tulsa Community college. Replacement for a lost or damaged badge must be reported to faculty immediately.

13. When students are not engaged in a Tulsa Community College clinical activity at the clinical site they may not represent themselves as Tulsa Community College radiology students by wearing any identifiable part of the radiography student uniform.
MONITORING PERSONNEL RADIATION

All students will wear a film badge during all clinical education and during all on-campus laboratories.

Film badges will be furnished by the college and changed once a month. **Badge MUST be changed by the FIRST day of every month.** This will be the student's responsibility. All badges will be changed on campus. Any student that does not change their film badge by the first day of the month WILL NOT be allowed to attend clinical, and will be counted absent for all days missed. The new badge is not to be taken from the Radiography lab unless the old badge is turned in at the same time.

A monthly radiation report is posted for students to review. The radiation report is available for discussion with the Radiation Safety Officer (Program Director) or Clinical Coordinator anytime the student has a question. A report indicating the threshold dose of 300 mrem in a one month period is immediately discussed with the student by the Radiation Safety Officer. The cause of the exposure will be investigated, and appropriate action is taken to correct the situation.

**Rules to be observed while wearing the film badges are:**

1. Badges shall be worn on left collar or left upper pocket.
2. Badge shall be worn outside of protective apron.
3. Badge should not be placed on or near TV sets or heat producing appliance.
4. Badge should not be left in sun or in automobile.
5. Badge should not be allowed to get wet.
6. Badges are not to be worn while the student is working as an employee at clinical center.
7. Badge must be turned in at the end of the semester to Tulsa Community College faculty.

**Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.**
PREGNANCY POLICY

Radiation protection is an important aspect of Radiologic Technology.

In the event a female student becomes pregnant, it is recommended (not required) that she notify the Program Director immediately in writing. A counseling session will be arranged to instruct the student of the regulations for this condition.

The Program Director, Clinical Coordinator, and clinical instructor will discuss the proper procedure to follow during time spent in clinical to avoid excessive radiation. The student will be permitted to continue clinical training with acknowledgment of the hazards involved.

A form is signed signifying the student has received adequate instruction of radiation safety and discussed all aspects of continuing in the program.

Each Clinical Education Center decides the proper participation of the student in accordance with their employee policy. If a clinical site has no specific pregnancy policy, the student may continue clinical training with no modification.

At the time faculty is informed of pregnancy, a second badge will be ordered to be worn at waist level inside apron. The original badge will be worn on the collar as usual.

Any missed time due to pregnancy will be handled as any other occurrence of absence.

In order to comply fully with the Joint Review Committee on Education in Radiologic Technology Standards for an Accredited Educational Program in Radiologic Sciences for Standard 4.2.

1. All female students will have the option of whether or not to inform program official of their pregnancy.
2. If the student chooses to voluntarily inform program officials of her pregnancy, it must be in writing.
3. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant.
4. If the student declares pregnancy in writing, the student may continue in the program following the policies for pregnant technologists of their assigned clinical education center. If their clinical education center has no specific pregnancy policy, they may continue clinical training without modification.
5. The student has the option of withdrawing their declaration of pregnancy with written notification to program officials.
INFORMATION FOR PREGNANT STUDENTS WHOSE CLINICAL INVOLVES EXPOSURE TO RADIATION

You should be aware of the fact that excessive exposure of your fetus to radiation may have a deleterious effect on your child. The two predominate effects of fetal irradiation are birth defects (principally small brain size and/or mental retardation) and an increase in the risk of getting childhood cancers.

The chance of either of these effects occurring is dependent upon the total dose received and the rate at which it is received. Large single exposures are more likely to have an effect than small exposures or exposures spread out over a longer time.

Single exposures of 5-10 rads to the fetus have been shown to produce in some children a small but measurable decrease in the size of the head (brain size). For this reason the National Council on Radiation Protection and Measurements recommends that the fetus be exposed to no more than 500 m/rads of radiation during the term of the pregnancy. This was considered to be an acceptable level of exposure since it is a factor of 10 less than the lowest exposure known to have an effect and would be protracted exposure rather than a single exposure. A child exposed to radiation before birth may have a higher chance of getting one of the rare childhood cancers. The available data concerning this are confusing and contradictory. For an exposure of 500 mrads some investigators feel there will be no increased risk of childhood cancer while others feel that there could be a 50% increase in risk.

At Tulsa Community College we want to keep everybody's (including a fetus) exposure as low as possible, in many cases significantly below 500 mrads per year. For pregnant students working in diagnostic radiology, fetal exposure will only be about 2% of maternal film badge readings due to the absorption of radiation by the lead apron and the mother's body. Your film badge exposure for the past _____ months has been ____ mrads for an average of ____ m/rads per month. Based upon this history and assuming you wear a leaded apron anytime you might be exposed to radiation we would estimate your fetus' exposure will be ____ mrads for 9 months.

I, ________________________________ have discussed the above information with my Clinical Coordinator and the Radiation Safety Officer. I understand all the information I have been given. I agree to wear a leaded apron at any time that I might be exposed to radiation and further understand that I will be terminated or put on a leave of absence if I fail to do so.

Student Signature: ________________________________

Clinical Coordinator: ________________________________

Radiation Safety Officer: ________________________________
CONDUCT

Students will be subject to hospital policies as outlined in employee handbooks. Any question as to interpretation of policies should be referred to the clinical instructor of that Clinical Education Center. Refer to the organizational structure for this information.

Faculty will review any non-professional conduct and disciplinary action will be taken as explained in the Tulsa Community College Student Handbook. This can be found listed under authority and procedures for student discipline.

The Department of Radiology of a clinical site reserves the right to terminate any student's clinical training when professional and/or ethical conduct is not compatible with the accepted standards of the Clinical Education Center.

PROFESSIONAL BEHAVIOR

A professional attitude must be maintained at all times. Treat patients with kindness and courtesy. Preserve the privacy and safety of the patient at all times. It is important to keep in mind the care and welfare of the patient is the first obligation of all health care workers.

General Rules of Conduct:

1. Introduce yourself to patient. Wear name tag at all times for identification to patient and hospital personnel.
2. Close door for privacy and cover patient during stay in radiography room.
3. In accordance with HIPAA regulations, never discuss patient's history or information on a chart with anyone other than the supervisor or Radiologist.
4. Do not make idle conversation within patient's hearing.
5. Eating, drinking and smoking will take place only in areas designated for such during clinical hours. **NOTE:** Smoking is prohibited on most hospital campuses.
6. The R.T. of assigned room or the supervisor of the area will designate lunch and break times. Students should not be in break area at other times without permission.
7. Students should not chew gum or consume food in the presence of a patient.
8. Students are not permitted to receive or make personal telephone calls unless an emergency.
9. Students are not permitted to receive visitors without permission of clinical instructor.
10. Strong or profane language is not permitted under any circumstances.
11. Students are not permitted in the department any time other than during clinical.
SUPERVISION OF CLINICAL ACTIVITIES

The designated clinical instructor of the Clinical Education Center is the primary supervisor for students during clinical training activities. The clinical instructor and the faculty of Tulsa Community College will schedule student's activities in order to meet the clinical objectives each semester.

Direct Supervision: Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:
- reviews the procedure in relation to the student’s achievement,
- evaluates the condition of the patient in relation to the student’s knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

Indirect Supervision: Indirect supervision promotes patient safety and proper educational practices. 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.

General Policies of Supervision:

1. A student radiographer MAY NOT begin an exam without the appropriate level of supervision.

2. A student radiographer MAY NOT repeat an exam or image without direct supervision available.

3. A student radiographer MAY NOT do portable or surgical radiography without the appropriate level of supervision.

4. Any student performing an imaging procedure without the appropriate level of supervision will be counseled, and any repeated violations will result in dismissal from the Radiography program.

5. A student radiographer cannot be assigned to work as the sole responsible individual under any circumstances.

6. During clinical hours, the R.T. of the student's assigned area is in charge of student’s activities, and no student is to be out of assigned area without the R.T.'s knowledge and permission, and permission of the clinical instructor.

7. Students must report to assigned rooms at 7:00am (or applicable starting time) to prepare room for the day’s work, and students are expected to participate in all activities taking place in assigned room or area. This may be by observation, assisting, or unassisted performance of exams.

8. Room assignments and rotations will be developed by TCC faculty and clinical instructor each semester. This schedule will be posted in the department within the first week of the semester.

9. Room assignments and rotations should not be changed without the permission of the clinical instructor. Students are responsible to report to the Clinical Coordinator or Program Director any schedule changes that result in excessive time missed in scheduled areas.
AREA RESPONSIBILITIES

Responsibilities of all students while in their assigned clinical area:

1. Students are expected to clean and restock supplies of assigned room or any room used by student during the day.

2. Students may be requested to watch patients and to help patients change clothing.

3. Students may be requested to escort or transport a patient to or from the department.

4. Students may be requested to do documentation on patients or assist with department office.

5. Students may be requested to assist in quality control activities.

6. Students may be asked to participate in any function of the Department of Radiology to promote smooth operation of activities.

7. Students should never perform any Radiographic exam without the proper level of supervision.

8. Students may not take doctor’s orders. A Registered Technologist must verify any doctor’s orders given to a student.

CLINICAL ATTENDANCE AND PUNCTUALITY

Students are expected to attend all clinical days. It is the STUDENT'S responsibility to notify their clinical instructor prior to the start of a clinical day if they are going to be absent or late. Failure to call in on a clinical day will result in additional points deducted from your clinical grade.

No scheduled appointments are to be made during clinical hours.

Students must clock in and out on a TCC time card provided by the school. Failure to clock in or out will be considered as an absence.

Students may not clock in and out for another student. Clocking in or out for another student is considered falsification of records which will subject both students to dismissal from the program.

Any change to the time card must be made and initialed by the designated clinical instructor.

Students are NOT permitted to work as a hospital employee during required clinical and/or class hours. Students cannot receive any compensation (pay) for clinical hours required by the Radiography program.

Students "not on duty" are NOT permitted in the department without permission of the clinical instructor and/or department supervisor.
Clinical Hours:
(30 min. lunch unless otherwise noted)
Semester 1 & 4  7:00 AM - 3:30 PM  M T Th F
Semester 2 & 3  7:00 AM - 3:30 PM  T Th
Semester 5 & 6  7:00 AM - 3:30 PM  M W F

Night Rotation: - 2 weeks/semester
Semester 4  1:00 PM - 9:00 PM  M T TH F
Semester 5 & 6  1:00 PM - 9:00 PM  M W F

Claremore Indian Hospital  7:00 AM – 4:00 PM (1 hour lunch)
Hillcrest Claremore Hospital  8:00 AM - 4:30 PM

CLINICAL ATTENDANCE POLICY

1. Students will receive 15 points per day for attendance.

2. The total number of attendance points is based on the total number of clinical days required for the semester.

3. Students arriving on time or within 5 minutes of the starting time will receive 15 points for that day.

4. Students arriving more than 5 minutes late but less than 1 hour late, or leave less than 1 hour early, will receive 5 points for that day.

5. Students arriving more than 1 hour late but less than 4 hours late, or leave more than 1 hour early but less than 4 hours early, will receive no points for that day.

6. Students that are absent that have called in will have an additional 15 points deducted from their points for a total of 30 points lost for that day.

7. Students that are absent that have not called in will have an additional 30 points deducted from their points for a total of 45 points lost for that day.

8. Students attending clinical in improper uniform may have 5 points deducted from that days attendance points or may be sent home and lose all of the points for that day.

9. Failure of the course will result if 75% of the semesters requirements, as stated in the course syllabus, cannot be completed in the time attended. 

   CLINICAL MID-TERM AND FINAL EXAMS MUST BE PASSED IN ORDER TO CONTINUE IN THE PROGRAM. Students that fail the mid-term or final exam will be given one opportunity to repeat the exam.

10. Any missed time is a missed opportunity, NO clinical hours can be made up in order to fulfill requirements.
CLINICAL RECORDS

Students are required to keep a current record of all examinations done during clinical experience. A logbook must be purchased in the TCC Bookstore.

EXAM RECORDS:

1. **ALL** exams **MUST** be marked - assisted or unassisted.

2. **A REGISTERED RADIOGRAPHER MUST** sign all unassisted examinations.

3. **ALL** examinations **MUST** include date, patient number, type of exam.

4. **ALL** exams observed, assisted or unassisted, **MUST** be logged in every clinical day.

5. **ALL** logbooks will be periodically checked by the faculty during each semester.

6. **Any falsification of any records will result in dismissal from the Radiography program. No Exceptions.**

STUDENT PROCEDURE NOTEBOOK:

1. A technique book will be acquired upon entry into the program. (Sold in Tulsa Community College Bookstore).

2. Accurate techniques will be kept in this technique book.

3. Student will carry technique book to clinical every clinical day.

3. The technique book will be reviewed periodically by your instructor and will be part of the clinical grade. Techniques for exams studied in that semester must be recorded in book. (Even if exam has not been observed).

CLINICAL EVALUATIONS

The student will be evaluated at regular intervals during each semester as stated in the syllabus.

The form on the following page will be used by TCC instructors, clinical instructors, and radiographers to evaluate a student's progress during the entire semester.

The grade of each form completed for an evaluation period is averaged with the other evaluations to determine an overall evaluation grade.

The evaluation is discussed with the student and becomes part of the clinical grade for that semester. The evaluation forms are placed in the student's permanent file.

At the end of the fall semester of the junior and senior year, students will evaluate the Clinical Education Center.
# Tulsa Community College
## Radiography Clinical Evaluation

<table>
<thead>
<tr>
<th>STUDENT:</th>
<th>DATE:</th>
<th>to:</th>
<th>GRADE:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL EDUCATION CENTER:</strong></td>
<td><strong>PARTIAL DAYS ATTENDED:</strong></td>
<td><strong>UNASSISTEDS:</strong></td>
<td><strong>COMPETENCIES:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>3.5</th>
<th>4</th>
<th>4.5</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td><strong>Patient Care</strong></td>
<td>No Communication</td>
<td>Indifferent to patient needs.</td>
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<tr>
<td></td>
<td>Minimal communication</td>
<td>Requires assistance meeting patient needs</td>
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<tr>
<td></td>
<td>Acceptable communication</td>
<td>Attends to basic patient needs</td>
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<td></td>
<td>Communicates well. Usually attentive and compassionate to patient needs</td>
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<td></td>
<td>Superior communication, attention &amp; compassion to patient</td>
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<tr>
<td><strong>Quantity/Initiative</strong></td>
<td>Unacceptable amount of assigned work completed for student at this level.</td>
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<td></td>
<td>Insufficient amount of assigned work expected of a student at this Level.</td>
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<td></td>
<td>Performs assigned work expected of a Student at this level</td>
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<td></td>
<td>Performs more work and additional tasks than most Students at this level.</td>
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<tr>
<td></td>
<td>Superior productivity For a student. Consistently does additional tasks</td>
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<tr>
<td><strong>Organizational Skills</strong></td>
<td>Confused. Requires constant Supervision.</td>
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<td></td>
<td>Occasional disorder. Requires close supervision.</td>
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<td></td>
<td>Basically prepared for A student at this Level.</td>
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<td></td>
<td>Superior . Coordinates tasks efficiently. Supervision available when needed.</td>
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<tr>
<td><strong>Quality of Work</strong></td>
<td>Unacceptable performance. Skills must be improved. To acceptable level.</td>
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<td></td>
<td>Frequent errors. Work must often be corrected. Needs improvement.</td>
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<td></td>
<td>Satisfactory performance for a student at this level.</td>
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<td>Good performance for a student at this level. Rarely makes mistakes.</td>
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<td></td>
<td>Superior performance for a student at this level. Consistently accurate results.</td>
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<tr>
<td><strong>Ability to Follow Directions</strong></td>
<td>Instructions must be repeated frequently.</td>
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<td>Hesitant to respond to instructions.</td>
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<tr>
<td></td>
<td>Follows directions in an acceptable manner.</td>
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<tr>
<td></td>
<td>Able to follow all directions with little difficulty.</td>
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<tr>
<td></td>
<td>Minimal explanation needed to complete new procedures or tasks accurately.</td>
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<tr>
<td><strong>Self Confidence</strong></td>
<td>Consistently unwilling to participate.</td>
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<tr>
<td></td>
<td>Lacks self confidence. Hesitant to participate.</td>
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<tr>
<td></td>
<td>Normal amount of self confidence. Usually participates with assistance.</td>
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<tr>
<td></td>
<td>Self-assured. Sometimes asks for assistance.</td>
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<tr>
<td></td>
<td>Superior self reliance in their ability to perform tasks with minimal supervision.</td>
<td></td>
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</tr>
<tr>
<td><strong>Cooperation Team Participation</strong></td>
<td>Unacceptable. Needs constant prodding To participate.</td>
<td></td>
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<tr>
<td></td>
<td>Passive attitude toward work and fellow workers. Needs improvement.</td>
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<tr>
<td></td>
<td>Acceptable attitude towards work and fellow workers.</td>
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<tr>
<td></td>
<td>Very good. Works well with a variety of people.</td>
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<tr>
<td></td>
<td>Excellent rapport. Willingly assists with all department tasks.</td>
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<tr>
<td><strong>Attitude Toward Criticism</strong></td>
<td>Rejects, and becomes defensive of all criticism.</td>
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<tr>
<td></td>
<td>Slightly defensive. Does not view criticism in a positive or constructive manner.</td>
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<tr>
<td></td>
<td>Accepts, but does not always utilize criticism.</td>
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<tr>
<td></td>
<td>Accepts and responds to criticism. Utilizes it frequently to improve performance.</td>
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<tr>
<td></td>
<td>Accepts and responds to criticism in positive manner. Uses it to improve performance.</td>
<td></td>
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</tr>
<tr>
<td><strong>Professional Appearance</strong></td>
<td>Uniform and/or grooming is unacceptable.</td>
<td></td>
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<tr>
<td></td>
<td>Frequently not in uniform or well groomed. Needs improvement.</td>
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<tr>
<td></td>
<td>Occasionally not in uniform or well groomed.</td>
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<td></td>
<td>Usually in proper uniform, and well groomed.</td>
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<tr>
<td></td>
<td>Always in proper uniform, and well groomed.</td>
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<tr>
<td><strong>Current Progress</strong></td>
<td>Inadequate development of skills.</td>
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<td></td>
<td>Retention and application of skills needs improvement.</td>
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<td></td>
<td>Satisfactory retention and application of skills.</td>
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<td></td>
<td>Usually retains and applies skills well.</td>
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<tr>
<td></td>
<td>Superior retention and application of skills.</td>
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</tbody>
</table>

**EVALUATOR COMMENTS:**

___________________________________________________________

___________________________________________________________

Signature: _____________________ Date: __________________

**STUDENT COMMENTS:**

___________________________________________________________

___________________________________________________________

Signature: _____________________ Date: __________________
COMPETENCY EVALUATIONS

The purpose of the clinical competency is to evaluate the actual performing skills after classroom theory, laboratory simulation and clinical practice have been accomplished.

To measure the student's ability to perform at a satisfactory level of competency, the A.S.R.T. has established a method of evaluation, which has been accepted by the Joint Review Committee on Education in Radiologic Technology. This method has been revised to meet the needs of this program.

The goal is to graduate competent Radiographers for prospective employers. To assure adequate clinical participation, the student must have successfully performed competencies in specific categories related to RADT courses for each semester.

The student will complete classroom theory, laboratory simulation and participation in clinical before attempting a competency. This participation consists of observation, assisted and unassisted performance by the student in the Clinical Education Center.

The competency form, and criteria, will be explained to the student in the first semester of clinical training. Before a competency may be attempted the student must have performed the examination unassisted two times under DIRECT supervision. The competency evaluation may be initiated by the student, TCC faculty, or the clinical instructor. Successful completion of the competency indicates student’s proficiency for that examination.

The competency evaluation may be completed by Tulsa Community College faculty, clinical instructors or an R.T. designated by the clinical instructor to serve as an evaluator. Once a student has successfully passed a competency on any one examination, they must select all of the following competencies from other examinations on the competency list. The student is required to achieve a minimum grade of 85% on any competency or the competency is failed.

Once a competency is started, it MUST be handed in for grading. Any competency under 85% will not count toward the required competencies for the semester or program completion. If a competency is failed, two additional unassisted exams must be performed before a repeat competency may be attempted.

All competency exams will be performed according to the clinical site’s routine projections and positions for that exam. Fluoroscopic and surgical competencies will be performed according to the clinical site’s routine for the exam.

Students will be given a competency checklist, which is a list of ARRT mandatory and elective exams required for graduation. In addition to the 6 General Patient Care competencies, students must demonstrate competency in all 31 of the mandatory Radiologic Procedures, and at least 15 of the 35 elective Radiologic Procedures (excluding the “Additional Competencies” category). 1 elective procedure from the head section, and 2 elective imaging procedures from the fluoroscopy studies section, one of which must be either an Upper GI or a Barium Enema.
CLINICAL COMPETENCY SEQUENCE

Area: Classroom
Activity: Theory

Area: Laboratory
Activity: Demonstration and practice

Area: Clinical Participation
Activity: Observe, assists and perform

Area: Category Competencies
Activity: Upon successful completion of Category Evaluation, will perform in that area without direct supervision

Area: Final Competency
Activity: Upon successful completion of the Final Competency, will perform without direct supervision

LABORATORY:

Competency evaluations are introduced in the laboratory setting. This will enhance the student's comprehension of the multitude of sub-topics that encompass each major area of the evaluation sheet. Laboratory competency does not and should not enter into the Category and Final Competency Evaluation system.

CLINICAL PARTICIPATION:

Clinical participation consists of the observation, assistance and performance phase of clinical education. The student is perfecting and expanding clinical performance. The performance may be evaluated by a required number of examinations, the evaluation sheet, or a combination of both.

CATEGORY COMPETENCIES:

Once the student has successfully completed the laboratory and clinical participation aspects of the required objectives, the student is eligible to request one of several category competencies available.

FINAL COMPETENCY:

Completion of required competencies for graduation. If competency examinations are unavailable, additional clinical hours may be required.
COMPETENCY CATEGORIES

Category 1
- Chest, routine
- Chest, pediatric 6 or under
- Chest AP, wheelchair or stretcher
- Upper airway (soft tissue neck)
- Abdomen decubitus
- Chest, lateral decubitus
- Abdomen upright
- Abdomen (KUB)
- Abdomen, pediatric 6 or under

Category 2
- Upper Extremity
  - Finger or thumb
  - Wrist
  - Elbow
  - Shoulder
  - Acromioclavicular Jts.
  - Trauma Upper Extremity (non shoulder)
  - Trauma Shoulder

Category 3
- Lower Extremity
  - Foot
  - Tib-Fib
  - Patella
  - Toes
  - Pelvis
  - Trauma Hip (x-table lateral)
  - Lower Extremity pediatric 6 or under

Category 4
- Thorax, Spine
  - Cervical spine
  - Trauma Cervical (x-table lateral)
  - Scoliosis Series
  - Sacrum & or Coccyx
  - Sacroiliac joints
  - Thoracic Spine
  - Lumbar Spine
  - Ribs
  - Sternum

Category 5
- Contrast Studies
  - Intravenous Urography
  - Barium enema
  - Upper G.I. Series
  - Small Bowel Series
  - ERCP
  - Cystogram or Cystourethrography
  - Esophagus
  - Myelography
  - Arthrography

Category 6
- Head Studies
  - Skull
  - Paranasal sinuses
  - Orbit
  - Zygomatic arches
  - Facial bones
  - Mandible
  - Nasal Bones
Category 7
Portable
   Chest              Upper Extremity
   Abdomen            Lower Extremity
   Mobile study pediatric 6 or under

Category 8
Surgical
   C-Arm Orthopedic   C-Arm Non-Orthopedic

REQUIRED COMPETENCIES BY SEMESTER

R.T. 1224 - 2 competencies from Category 1. Limit of 4 total

R.T. 1324 - 1 competency from each of Categories 2, 3, & 4. and 3 from Categories 1 – 4 (6 total) Limit of 10 total.

R.T. 1344 - 1 competency from Category 5. and 7 from Categories 1 – 6 (8 total) Limit of 12 total

R.T. 2314 - 1 competency from Category 7, and 8 from Categories 1 – 8 (9 total) Limit of 15 total

R.T. 2336 - 1 competency from Category 8, and 9 from Categories 1 – 8 (10 total) Limit of 15 total

R.T. 2356 - All mandatory and elective competencies needed for checklist completion
TULSA COMMUNITY COLLEGE
Radiography Clinical Competency

Student: ____________________________________________ Date: _______________________
Evaluator Signature: _________________________________ Points: _______________________
Type of Examination: _________________________________ Percentage: _______________________
Degree of Difficulty: Average ___ Moderate ___ Extreme ___

Unassisted Dates: 1. ________________________________ 2. ________________________________

<table>
<thead>
<tr>
<th>POSITION/PROJECTION</th>
<th>A.</th>
<th>B.</th>
<th>C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RATING</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**PERFORMANCE EVALUATION OF STUDENT BY REGISTERED TECHNOLOGIST**

1. Room Preparation
2. Patient/Student Relationship
3. Positioning Skills
4. Equipment Manipulation
5. Efficiency of Procedure

**IMAGE EVALUATION BY STUDENT WITH REGISTERED TECHNOLOGIST**

6. Anatomical Part(s)
7. Proper Alignment
8. Technique Manipulation
9. Film Identification
10. Radiation Protection

**TOTAL**

**COMMENTS:** Please list comments by number and view. Example: 2-A, 7-B, 4-C

________________________________________________________

**Competency Grading**

The Competency Evaluation has been designed for student technologist evaluation by a registered technologist. Each competency exam requires a separate competency evaluation form. Performance and image evaluation standards are on the back of the form.

0 = Unacceptable  1 = Requires major improvement  2 = Requires minor improvement  3 = Acceptable

**NOTE:** All completed competency forms must be turned in to Tulsa Community College
CLINICAL COMPETENCY CRITERIA

PERFORMANCE EVALUATION OF STUDENT BY REGISTERED TECHNOLOGIST

- ROOM PREPARATION
  Student was able to:
  1. Evaluate requisition and identify procedure(s) to perform.
  2. Recall and pronounce the patient’s name and age.
  3. Identify the mode of patient transportation to the clinical area.
  4. Provide a clean and orderly exam room.
  5. Prepare the exam table with clean linens and patient gown.
  6. Find and prepare all necessary equipment and supplies to perform exam.
  7. Make preliminary settings to control panel for exam to be performed.
  8. Prepare tube/fluoroscopy equipment for exam.

- PATIENT/STUDENT RELATIONSHIP
  Student was able to:
  1. Find and identify the correct patient.
  2. Assist the patient to the radiographic room.
  3. Give proper instructions to patient to prepare for exam.
  4. Assist the patient, if necessary, with clothing and gown.
  5. Communicate with patient in a professional manner.
  6. Give proper instructions to patient during the exam.
  7. Follow proper universal precautions or isolation procedure.

- POSITIONING SKILLS
  Student was able to:
  1. Position the patient correctly on the table.
  2. Align and center anatomy to be demonstrated to IR.
  3. Center central ray to anatomy or IR.
  4. Place patient in the correct position (i.e. oblique, lateral, decubitus, etc.)
  5. Correctly angle the central ray if necessary.
  6. Prevent unnecessary anatomy from showing on the image.

- EQUIPMENT MANIPULATION
  Student was able to:
  1. Turn the X-ray tube to the correct orientation, utilize tube locks
  2. Move the bucky tray, or detectors, and lock in position
  3. Insert and remove cassettes, if applicable, from bucky tray or spot film device.
  4. Use a technique chart, and select technical factors at control panel.
  5. Measure the patient if necessary.
  6. Utilize any positioning aids or special equipment necessary for the exam.
  7. Identify the image with anatomic markers and any other necessary markers.
  8. Fill syringes using sterile technique, if applicable.
  9. Select correct IR size.
  10. Adapt equipment use to any unique circumstance that arises during exam.

- EFFICIENCY OF PROCEDURE
  Student was able to:
  1. Perform procedure in an orderly manner.
  2. Complete procedure in a normal amount of time.
  3. Organize actions for efficiency.

IMAGE EVALUATION BY STUDENT WITH REGISTERED TECHNOLOGIST

- ANATOMICAL PARTS
  1. Evaluate image for correct anatomy to be shown.
  2. Determine if anatomy is shown in proper perspective.
  3. Determine if motion is present.
  4. Student should be able to decide if image needs repeating.

- PROPER ALIGNMENT
  1. Determine if part, film, and tube were centered correctly
  2. Evaluate image for correct patient positioning.
  3. Evaluate image for any distortion due to incorrect alignment.
  4. Student should be able to decide if image needs repeating.

- TECHNIQUE MANIPULATION
  1. Use a technique chart, and select the proper technical factors.
  2. Compensate for pathology, if necessary.
  3. Modify technique to achieve a better result.
  4. Student should be able to decide if image needs repeating.

- FILM IDENTIFICATION
  1. Determine if all required film markers are visible.
  2. Evaluate image for all vital patient identification.
  3. Correct or modify image to include necessary ID.

- RADIATION PROTECTION
  1. Collimation is visible.
  2. No repeats.
  3. All appropriate shielding was used.
  4. Central ray is collimated to anatomy of interest.
  5. ALARA was practiced during the exam
  6. Student followed the cardinal principles of radiation protection: time, distance, and shielding.
EARLY CLINICAL RELEASE

Students who demonstrate outstanding performance during the Radiography program are eligible to complete the final semester of clinical training at the end of the eighth week of the spring semester if the following conditions are met:

1. No less than a final grade of A in all previous clinical classes, and no less than a final grade of B in all didactic classes of the Radiography program.
2. No failed clinical mid-term or final exams during the program.
3. Completion of 100 unassisted exams by the end of the eighth week.
4. Completion of all mandatory and elective competencies needed for graduation.

Eligible students will still need to complete the clinical mid-term exam on Monday of the 9th week of the semester, and a final clinical evaluation will be completed for the student to review at that time.

Early completion of clinical is optional, but any student who qualifies for early release and decides not to take advantage of the opportunity will be graded for the semester according to the criteria outlined in the RADT2356 syllabus.

Students who do complete clinical early are still required to attend class and class activities until the end of the semester.
TULSA COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
Clinical Competency Checklist

Student:

Clinical Training Site:

<table>
<thead>
<tr>
<th>RADIOLOGIC PROCEDURE</th>
<th>(M) MANDATORY</th>
<th>DATE COMPLETED</th>
<th>(P) PATIENT</th>
<th>(S) SIMULATED</th>
<th>VERIFIED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest &amp; Thorax</td>
<td></td>
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<tr>
<td>Chest Routine</td>
<td>M</td>
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<tr>
<td>Chest AP (wheelchair or stretcher)</td>
<td>M</td>
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<tr>
<td>Ribs</td>
<td>M</td>
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<tr>
<td>Chest Lat. Decubitus</td>
<td>E</td>
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<tr>
<td>Sternum</td>
<td>E</td>
<td></td>
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<td></td>
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<tr>
<td>Upper Airway (soft tissue neck)</td>
<td>E</td>
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<tr>
<td>Upper Extremity</td>
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<tr>
<td>Thumb or Finger</td>
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<tr>
<td>Hand</td>
<td>M</td>
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</tr>
<tr>
<td>Wrist</td>
<td>M</td>
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<tr>
<td>Forearm</td>
<td>M</td>
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<tr>
<td>Elbow</td>
<td>M</td>
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<tr>
<td>Humerus</td>
<td>M</td>
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<tr>
<td>Shoulder</td>
<td>M</td>
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<tr>
<td>Trauma Shoulder* (Scapular Y, Transthoracic or Axillary)</td>
<td>M</td>
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<tr>
<td>Trauma Upper Ext. (non-shoulder) *</td>
<td>M</td>
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<tr>
<td>Clavicle</td>
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<td>Scapula</td>
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<td>AC Joints</td>
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<td>Lower Extremity</td>
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<tr>
<td>Foot</td>
<td>M</td>
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<tr>
<td>Ankle</td>
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<td>Knee</td>
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<td>Tibia-Fibula</td>
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<td>Femur</td>
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<tr>
<td>Trauma Lower Ext. *</td>
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<tr>
<td>Patella</td>
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<td>Calcaneus (Os Calcis)</td>
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<td>Toes</td>
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<td>Cranium</td>
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<td>Skull</td>
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<tr>
<td>Paranasal Sinuses</td>
<td>E</td>
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<td>Facial Bones</td>
<td>E</td>
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<td>Orbits</td>
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<td>Zygomatic Arches</td>
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<td>Nasal Bones</td>
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<td>Mandible</td>
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<tr>
<td><strong>SPINE</strong> &amp; <strong>PELVIS</strong></td>
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<tr>
<td>Cervical Spine</td>
<td>M</td>
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<tr>
<td>Trauma Cervical</td>
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<tr>
<td>Thoracic Spine</td>
<td>M</td>
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<tr>
<td>Lumbar Spine</td>
<td>M</td>
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<tr>
<td>Pelvis</td>
<td>M</td>
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<tr>
<td>Hip</td>
<td>M</td>
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<tr>
<td>Cross Table Lat. Hip</td>
<td>M</td>
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<tr>
<td>Sacrum &amp;/or Coccyx</td>
<td>E</td>
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<tr>
<td>Scoliosis Series</td>
<td>E</td>
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<tr>
<td>Sacroiliac Joints</td>
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<tr>
<td><strong>Abdomen</strong></td>
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<tr>
<td>Abdomen Supine (KUB)</td>
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<td>Abdomen Upright</td>
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<td>Abdomen Decubitus</td>
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<td>Intravenous Urography</td>
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<td>Upper GI Series</td>
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<td>Barium Enema</td>
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<td>Small Bowel Series</td>
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<td>Esophagus</td>
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<td>Cystography or Cystourethrography</td>
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<td>ERCP</td>
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<td>Arthrography</td>
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<td><strong>Mobile Studies</strong></td>
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<td>Chest</td>
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<td>Orthopedic</td>
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<td><strong>Pediatrics</strong></td>
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<td>Chest (routine)</td>
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<tr>
<td>Upper Extremity</td>
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<td>Lower Extremity</td>
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<td>Abdomen</td>
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Additional Competencies

General Patient Care

<table>
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<tr>
<th>Procedure</th>
<th>Date Completed</th>
<th>Verified By</th>
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<tbody>
<tr>
<td>CPR</td>
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<tr>
<td>Vital Signs (blood pressure, pulse, respiration, temp)</td>
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<tr>
<td>Sterile and Aseptic Technique</td>
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<td>Venipuncture</td>
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<td>Transfer of Patient</td>
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<td>Care of Patient Medical Equipment</td>
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<td>(e.g., oxygen tank, IV tubing, etc)</td>
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Personal Days


* Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc.

**Competency Requirements**

- Candidates must demonstrate competence in all six (6) General Patient Care activities.
- Candidates must demonstrate competence in all 31 procedures identified as mandatory (M) Radiologic Procedures.
- Candidates must demonstrate competence in 15 of the 35 procedures identified as elective (E) Radiologic Procedures. One elective procedure must come from the head section and either Upper GI or Barium Enema, plus one other elective, from the fluoroscopy section.

Institutional protocol will determine the positions or projections used for each procedure.
NON-COMPLIANCE WITH JRCERT STANDARD(S) RESOLUTION PLAN

I. Procedure: The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare.

The Standards require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The following steps are to be taken in order to lodge a complaint at the TCC Radiography Program for alleged non-compliance with one or more JRCERT Standards.

Procedural Steps:
A. Students are provided with a copy of the JRCERT Standards in their Radiography Policies and Procedures Handbook. Students are informed about the steps required to pursue allegations of non-compliance with the Standards, including receiving a copy of this procedure. Students are also provided contact information in order to reach the JRCERT in case there is an unresolved allegation of non-compliance after following the school’s procedure as outlined in the TCC Student Handbook.

B. Any student who believes they have observed the TCC Radiography Program’s non-compliance with the JRCERT standards should first pursue any allegations of non-compliance using the complaint resolution policies established by TCC and/or the Allied Health Department.
   1. The student should complete in writing the Student Complaint Form in the Allied Health Division Office, and submit this complaint to the Associate Dean.

      The student should identify the standard in question, describe in detail the infraction, omission or commission observed, and any recommended relief or request for action or resolution.

C. A student complaint of non-compliance with the JRCERT Standards will be heard by the Associate Dean of Allied Health who will decide the validity of the complaint. The AD will perform a timely review of the written complaint, interview the complainant, review the Program Handbook, interview Radiography faculty members, and possibly interview students and clinical staff in the process of completing a full investigation into the allegation to confirm or refute the validity of the complaint.

The AD of Allied Health will respond within 10 business days to the complainant in writing to confirm or deny the validity of their complaint, supply a brief explanation of the initial findings, and notify them whether the complaint will be heard by the Complaint Resolution Committee.
D. If a complaint of non-compliance is deemed valid, a complaint resolution committee will be organized made up of the following members:

1. Dean of Health Sciences
2. Associate Dean of Allied Health
3. Radiography Program Director
4. One Radiography faculty Member
5. One member of the Radiography Advisory Committee

E. The complaint resolution committee will review the complaint, and will review the facts revealed during the initial investigation. If additional information is warranted, and depending upon the nature of the complaint, the committee will pursue gathering that information whether through a perusal of publications, examination of physical facilities, interviews with clinical instructors or other means necessary to further illuminate the validity of the allegation, and to identify an effective resolution to the complaint.

F. Upon completion of the work of the Complaint Resolution Committee, the Dean of Health Sciences will submit a written response to the complainant of the actions taken by the committee toward resolution of the complaint within 30 days of the AD’s receipt of the initial complaint.

G. If the decision and actions of the complaint resolution committee are not acceptable to the complainant, they should then contact the JRCERT to submit a formal complaint of non-compliance with the standards. The complainant will direct their ongoing complaint to JRCERT at the following address and telephone number, and will request directions regarding how to lodge their complaint with the JRCERT.

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312.704.5300 ● (Fax) 312.704.5304
www.jrcert.org