STUDENT ACADEMIC/DIDACTIC and CLINICAL HANDBOOK

RADIOGRAPHY PROGRAM

ALLIED HEALTH DEPARTMENT

LABETTE COMMUNITY COLLEGE

PARSONS, KANSAS

The Policies and Procedures in this handbook have been endorsed by the Radiography Program Advisory Committee to ensure the professional Conduct of all students

2016 - 2018
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This Handbook has been developed to familiarize the learner with the various aspects of the Radiography Program. It outlines, describes and presents the policies, procedures, outcomes, competencies and evaluations used throughout the program.

The handbook is divided into sections as follows:

Program Academic/Didactic Policies and Regulations
Describes the Program’s mission and goals, the conditions of acceptance, technical standards, policies and procedures.

Clinical Policies and Regulations
Describes the conduct, appearance, vacations, personal leave, disciplinary actions, and other pertinent policies to be followed in the clinical setting.

Competency-Based Clinical Education
Outlines the procedures used to evaluate the learner's competency in various of radiographic procedures. Evaluation of the learner's competency is based on professional standards.

Signatures Relating to Policies

Standards for an Accredited Educational Program in Radiologic Sciences
Standards are expressed in outcomes and focus on programmatic and student-related outcomes that measure the total academic effort.

Learners are encouraged to become familiar with this Handbook. The Handbook is extremely important in assisting them to better understand the policies, procedures, and competencies required to be successful in this Program.
The Policies and Procedures in this handbook have been endorsed by the Radiography Program Advisory Committee to ensure the professional conduct of all students
MISSION STATEMENT

The Radiography Program at Labette Community College is committed to providing maximum opportunities at each level of achievement, encouraging the development of problem solving and decision making skills, promoting effective communication skills, and employing competent technical practices that will support the highest level of ethical patient care. Additionally, Labette Community College is committed to supporting professional growth, lifelong learning, and graduating entry-level radiologic technologists.

GOAL 1  Student will be clinically competent.

GOAL 2  Students will communicate effectively.

GOAL 3  Students will use critical thinking and problem solving skills.

GOAL 4  Students will evaluate the importance of professional growth and development.

GOAL 5  The program will graduate entry-level radiologic technologists.

Revised 1/2011

CONDITIONS OF ACCEPTANCE

Students accepted into the Radiography Program must abide by the following terms:

1. The student must submit to a criminal background check from the state or states in which they have resided over the past seven years.

2. The student must provide documentation of all required immunizations prior to starting clinical training. The student will not be allowed to begin clinical assignments unless documentation is on file in the Health Science office. Current TB test results must be provided.

3. The student shall agree to keep confidential any information regarding Hospital patients, as well as all confidential information of the Hospital. The student will agree, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agree not to reveal to any third party any confidential information of the Hospital, except as required by law or as authorized by the Hospital.

4. Some of our clinical sites require proof of health insurance; therefore, students are required to show proof of health insurance upon entering the program. The student shall be responsible for any reasonable and customary costs of medical care for hospitalization resulting from illness or injury arising out of or due to the student’s education, clinical experiences or training at each hospital.
5. Students should be willing to dedicate most of their time to the didactic and clinical portions of the radiography program throughout the 23 months. This requires an educational, as well as, financial commitment to the radiography program.

6. Students must have access to a computer and the internet. This allows students access to the college’s web-based learning platform which the program utilizes for their course content delivery. In addition, the program and college business will be sent to the students LCC student email address and students are responsible to check this account on a regular basis.

7. Students will rotate through at least two clinical education settings (student training sites) during the Program to assure that required "JRCERT Standard" competencies are achieved.

8. A declared pregnant worker (student) implies that a pregnant student advise the Radiography Program and Clinical Education Setting voluntarily and in writing of her pregnancy and estimated date of conception. Formal, voluntary notification is the only means by which the Program and Clinical Setting can ensure that the dose to the fetus can be limited during the pregnancy.

9. Only general education courses in which "D" or "F" grades have been earned must be repeated for the purpose of improving the grade. Students normally are not expected to repeat courses in which a "C" or better grade has been earned. Such re-enrollment may be approved in individual cases if there are extenuating circumstances. The grade and credit earned in the course repeated will cancel the grade and credit earned in the previous enrollment.

10. To be retained in the radiography program, students must maintain at least an overall grade point average of 2.0. All courses (radiography) must be a grade of "C" (90% - 86%) or better. If the student fails a radiography course in a given semester, the student will be placed on program academic probation for the following semester. The student will be allowed to retake all examinations (tests/evaluations) for the failed radiography course, as outlined in a contract established between the student and the instructor of the course. If a radiography student fails any of the retake examination(s) (tests/evaluations), the student will be dismissed from the program. This policy will apply to both first and second year radiography students. Upon failure of a second course in any semester, the opportunity for retake examinations will not exist and the student will be dismissed from the program.

11. Upon completion of final examinations each semester, each Radiography student will be required to take a comprehensive multiple-choice examination covering content from ALL previous semesters. The purpose of this examination is to promote retention of information from one semester to the next. A maximum of two attempts will be allowed to obtain a minimum score of 86 percent. If a student fails on the first attempt, the student will seek remediation and retake the test. If the student fails on the second attempt he/she will be dismissed from the program.

12. A student who is dismissed from the radiography program because of academic failure will be allowed to reapply for the program. If the student is re-accepted and fails any radiography course within the two-year training period, the student will be dismissed from the program with no option to reapply.

13. Clinical failure indicates clinical incompetence. Therefore, to assure proper patient care and health care delivery, a student who fails any portion of their clinical training will be dismissed from the program, with no option to reapply.
14. The Clinical Education Setting has the right to request that the program director place students in a Clinical Education Setting other than the one that they were originally assigned, because of perceived or documented conflict.

15. Failure to abide by Clinical Education Setting policies is also grounds for probation, suspension, or dismissal.

16. Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographers. The parameters of direct supervision are that a qualified radiographer reviews, evaluates, and is present during a radiographic examination.

17. After demonstrating competency, students may perform procedures with indirect supervision. (Indirect supervision is that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of a student's achievement.)

18. In support of professional responsibility for the provision of quality patient care and radiation protection, unsatisfactory radiographs must be repeated only in the presence of a qualified radiographer, regardless of the student's level of competency. If a student fails to abide by this policy, the student will be dismissed from the program.

19. The radiography student will conduct himself/herself in a professional manner, respond to patient needs, and support colleagues and associates in providing quality patient care. (Code of Ethics, #1)

20. Students may be put on probation, suspended, or dismissed from the radiography program for not abiding by the Radiography program's policies found in the Radiography Student handbook.

21. If a student is unable to successfully complete the program in the specified time frame, due to unforeseen circumstances, the student can reapply and repeat portions of their training, which will result in the lengthening of their training beyond the stated graduation date.

22. Due to structure of the Program’s curriculum, a student will not graduate from the program until the 23 months have been completed.

23. Successful completion of all program requirements and all comprehensive examinations will be required before the A.R.R.T. Certificate of Completion from Labette Community College's Radiography Program may be granted.

24. To complete the application for the American Registry of Radiologic Technologists Examination, the question, *"have you ever been convicted of a felony or misdemeanor?"* Yes ___ No ___ must be asked and answered. **Falsification of information is grounds for dismissal from the program.** (Note: A conviction of, a plea of guilty to, or a plea of nolo contendere to an offense constitutes a conviction for A.R.R.T purposes.) **If you answered "yes" provide explanation and official documentation.** If, at any time during your attendance in the Program, the answer changes to "Yes," it is your responsibility to inform the Program Director.
In compliance with the LCC Criminal Background Procedure 3.20, failure of the student to notify the Program Director of any change in his or her criminal history while in the program will result in immediate dismissal from the program or course with no opportunity for readmission.

25. The radiography program cannot guarantee placement into radiologic technology positions in the four-state region.

Rev. 5/2016

TECHNICAL STANDARD POLICY

According to the nature of the work required in the Radiography Program, the applicant must be able to:

1. Reach, manipulate, and operate equipment necessary for radiography.
2. Move, manipulate, and observe a patient as necessary for radiography.
3. Carry and/or lift up to 50 pounds.
4. Visually assess patient's medical test results and working environment to correctly decide the appropriate action to take for the benefit of the patient.
5. Clearly communicate, both verbally and in writing, with the patient, family, personnel, and others; disseminate information relevant to patient care and work duties; and, be able to hear/listen in order to accurately gather information relevant to patient and work duties.
6. Make appropriate judgment decisions in an emergency or where a situation is not clearly governed by specific guidelines.
7. Make routine and non-routine decisions in the daily execution of didactic and clinical assignments as they relate to the day-to-day interactions with patients, staff, family and others.

TECHNICAL STANDARD PROCEDURE

The clinical instructors at the clinical education sites during the applicant’s clinical site visit and interview will evaluate the technical standards. The clinical instructor will indicate on the interview form if they feel that the applicant can perform the technical standards as stated above.

ACADEMIC HONESTY POLICY

Labette Community College expects students to adhere to a strict code of academic behavior, honesty, and ethics. Students should learn in an environment of integrity, free from the intrusion of any kind of dishonest conduct.
ACADEMIC HONESTY PROCEDURE - LCC Procedure 3.07

When an academic exercise is designed to result in a grade, any of the following activities constitute actions of academic dishonesty/misconduct and will be subject to disciplinary action (unless such actions are expressly authorized in advance by the instructor):

A. Cheating on an examination, clinical, or the preparation of academic work. Any student who engages in any of the following shall be deemed to have engaged in cheating:
   1. Copying from another student's test paper, laboratory report, report, computer files, data, listings, sharing textbook copyright privileges, and/or programs;
   2. Using, during a test, materials not authorized by the instructor (including when taking tests in the Student Success Center);
   3. Collaborating with another person without authorization during an examination, clinical, or in preparing academic work;
   4. Knowingly and without authorization, using, buying, selling, stealing, transporting, soliciting, copying, or possessing in whole or in part, the contents of an un-administered examination;
   5. Substituting for another student, or permitting another student to substitute for oneself in taking an examination, clinical, or preparing academic work;
   6. Bribing another person to obtain an un-administered examination or information about an un-administered examination; or
   7. Attempting to bribe any faculty/staff/student to alter a grade.
B. Plagiarizing or appropriating another work or idea without properly acknowledging incorporation of that work or idea into one's own work offered for credit.
C. Any forgery, alteration, or misuse of academic documents, forms or records.
D. Fabrication includes the intentional falsification or invention of any information.
E. Collusion includes any secret agreement among students who participate in any academically dishonest activity including in writing, verbally or electronic transmission.
F. Violating requirement and/or agreements associated with “academic work” as defined by the catalog as “Academic work: includes preparation for an essay, thesis, report, assignment, computer program, clinical or other project submitted and/or performed for purposes of evaluation/grade determination.”
G. Students enrolled in online courses agree not to give their passwords, login information, or access to an online course to anyone. Any student who does so will be considered guilty of academic dishonesty and subject to the penalties described for such offenses.

PENALTIES FOR ACADEMIC MISCONDUCT
In addition to the penalties specified in this code, being found guilty of academic misconduct will result in a zero grade for the paper, assignment, clinical, course trip/activity, or test on which the violation occurred. Instructors may choose a more stringent course of action.

Should the act of academic misconduct occur while the student is taking an exam in the Student Success Center, the staff member who witnessed the act will complete an Academic Misconduct Form and give a copy to the student and then submit it to the instructor, with a copy being sent to the Dean of Instruction and the Vice President of Student Affairs. In addition, the student will not be allowed to complete the remainder of the exam.

Revised: 12/3/12
ACADEMIC/DIDACTIC METHODS OF EVALUATION

1.0 Participation is a major component of the learning process; therefore, all students are expected to participate in the class discussions and demonstrations.

2.0 Students are encouraged to attend all lecture sessions. Excessive absences may lower the student's grade due to missing the information presented. Students are responsible for all tests and assignments regardless of whether they are absent. The LCC Radiography Program classroom attendance policy will be followed.

3.0 Students are expected to take the tests on the assigned dates. If a student is absent on a test day, she/he will be required to take a make-up test upon returning to class. The make-up tests will be located in the Student Success Center or, in some cases, special arrangements may have to be made with the instructor.

4.0 Students that are absent on test/quiz days more than once will receive a -3% from their make-up test score and 10% fewer points from their make-up quiz score on all subsequent make up exams.

5.0 Students who fail to take their make-up test upon returning to class will receive a -6% from their test score for each day that they fail to take the test. Failure to make-up a quiz upon returning to class will result in a 50% reduction in points.

6.0 All tests are comprehensive. This is designed to encourage review of materials previously presented.

The following items will be the basis for determining a grade in the course:

1.0 Assignments and Quizzes 10%
2.0 Tests 65%
3.0 Final Examination 25%

Semester Grade 100%

The grading scale for this course is:

A 100% - 96%
B 95% - 91%
C 90% - 86%
F 85% and below

Rev. 6/2012

CLASSROOM ATTENDANCE POLICY

Each course syllabus will state the attendance policy for that course. Attendance is based on the credit hours of each course and the days that the course is presented.
RADIOGRAPHY COMPUTER USAGE POLICY

1. Radiography computers and all LCC computers are for academic use only. This includes coursework, lab assignments, review programs, Red Zone access, LCC webpage, and internet usage for academic assignments and textbooks. The computers may also be used to conduct LCC business such as enrollment, financial aid, and to check LCC student e-mail accounts.

2. Students are not to print anything off of the computer without the permission of an instructor.

3. Viewing or downloading of non-educational or offensive material is strictly prohibited. E-mail or posting of any material that may be offensive to others such as: profanity, defamation, and harassment are also prohibited.

4. Social networking, described as online social interaction, is prohibited. Individuals may not use their Labette e-mail address to establish a personal site.

5. Personal Social Networking sites must not be used to address specific student related issues/situations. Negative comments regarding LCC events, groups, or programs are also unacceptable. Professional ethics and confidentiality issues regarding patients, clinical sites, doctors, and other medical personnel must be followed. HIPAA violations will not be tolerated.

COMPUTER USAGE PROCEDURES:

1. Students are expected to follow the Radiography program computer usage policy as well as LCC’s policy and procedure guidelines found in the Student Handbook and College Catalog on the LCC webpage.

2. Failure to follow the computer usage policy will lead to a first offence written warning.

3. Each additional violation of the policy will lead to a -2% deduction from the course grade in which the offense occurred.

4. Students who violate professional ethics or confidentiality issues will be placed on either academic or clinical probation.

5. Clinical Instructors will notify the Program Director or Clinical Coordinators of computer usage violations at the clinical sites.

Added 5/2016

EXTRACURRICULAR ACTIVITY ATTENDANCE POLICY

Extracurricular activities are defined as activities, other than program related activities, in which the student represents the college in some official capacity such as athletic travel or participation in an academic or official student government activity. Absences from the student’s clinical training or academic courses of study are strongly discouraged as the Program does not allow excused absences.
EXTRACURRICULAR ACTIVITY ATTENDANCE PROCEDURE

1. A student, who chooses to participate in an extracurricular activity in which they will miss clinical or class, must notify the Program Director in writing prior to their absence.
2. The student will be counted absent from clinical or class and will be allowed to make up all clinical time and/or coursework upon presentation of verifying evidence of absence as stated by the LCC Student Handbook.
3. The student will follow the clinical make-up time policy, and the classroom attendance policy in regards to missed tests or assignments.
4. Students are encouraged to attend all lecture sessions. Excessive absences may lower the student's grade by missing information presented. Students are responsible for all tests and assignments, regardless of whether they are absent. The LCC Radiography Program classroom attendance policy will be followed for all absences.
5. Students are expected to take the tests on the assigned dates. If a student is absent on a test day, she/he will be required to take a make-up test upon returning to class. Students that are absent on test/quiz days more than once will receive a -3% from their make-up test score and 10% fewer points from their make-up quiz score on all subsequent make up exams.
6. Students who fail to take their make-up test upon returning to class will receive a -6% from their test score for each day that they fail to take the test. Failure to make-up a quiz upon returning to class will result in a 50% reduction in points and a zero if not made up upon returning to class.

Rev. 6/2012

PROGRAM PROBATION POLICY

1. Reasons for program probation will be: arrest, deception, chicanery, subterfuge, immoral character, or unprofessional behavior.
2. Students will also be placed on program probation for poor attendance, tardiness, failure of one course, and not following program, school or hospital policies.
3. Any student placed on program probation will forfeit his/her right to any internal awards given by the Radiography Program. He/she will also be prohibited from attending any radiography extra-curricular activities.

PROGRAM PROBATION PROCEDURE

1. The program will follow the LCC Catalog procedures for the reasons listed in policy number one.
2. The student will be given a written warning of their unsatisfactory performance for the reasons listed in policy number two.
PROGRAM DISMISSAL POLICY

1. If a student is placed on academic or program probation, any student action, such as arrest, deception, chicanery, subterfuge, immoral character, unprofessional behavior, absenteeism or tardiness during the academic and program probation, will lead to dismissal of the student from the Radiography Program.

2. Failure of a clinical course, failure of Simulations in Radiography I or II, failure of more than one course, failure of an end of semester comprehensive exam after the second attempt, falsification of records, and conviction of a felony will also lead to dismissal.

3. A student placed on clinical probation for excessive absenteeism will be dismissed for the third occurrence of excessive absenteeism with no option of reentering the program.

PROGRAM DISMISSAL PROCEDURE

1. The student has already been made aware of the reasons for dismissal prior to the action taking place; therefore, dismissal is the final step in the disciplinary process.

Revised 4/2011

APPLYING FOR READMISSION INTO THE PROGRAM POLICY

1. Students that have failed a Clinical Course, a Simulation in Radiography course, or have failed two or more courses, may NOT apply for readmission into the Radiography Program.

2. A student that has failed one course and has failed to pass the repeat examinations with a passing score of 86% may apply for readmission into the program.

3. A student that has failed a semester comprehensive examination on their second attempt may apply for readmission also.

4. Readmission into the Radiography Program is not guaranteed.

5. Students that are applying for readmission no longer than two years after they dropped out of the program must take a comprehensive examination to determine their placement in the Program.

6. Students who have been out of the Program for more than two years must start over in the Program.

Revised 5/2010

READMISSION INTO THE PROGRAM PROCEDURE

1. Readmission will be based on the availability of an opening in the class that they wish to reenter.

2. The student’s previous academic and clinical performance in the Program will also be used to assess their readmission.

3. If allowed to reenter the Program, the student must repeat the failed course and any course taken in that semester in which their final grade was less than 91%.
4. Students must also repeat the clinical portion of their training to insure continued good patient care.

5. A student that fails the comprehensive examination must repeat any course with a final grade of less than 91%, taken in the semester in which the failure occurred. Students must also repeat the clinical portion of their training to insure continued good patient care.

**TRANSFER STUDENT POLICY**

1. The Radiography Program will consider accepting a transfer student from another program if that student can document their acceptance and satisfactory performance in the program from which they are transferring.

2. The transfer student must be in good standing with the previous program.

3. The student must provide references from the previous program.

**TRANSFER STUDENT PROCEDURE**

1. Acceptance of a transfer request will be based on the availability of an opening in the class into which they wish to transfer.

2. The student must have their previous academic and clinical performance records sent to LCC by their previous school prior to being accepted as a transfer student.

3. The student will also be required to take the semester Comprehensive Examinations that have been given in the Program to date. They must pass the comprehensive examinations in order to continue on in Labette Community College’s program.

4. The student must also complete all program Clinical Competencies before they will be allowed to graduate from LCC.

**EARLY STUDENT RELEASE POLICY**

1. The structure of LCC's Radiography Program curriculum is based on a defined period of 23 months of study with successful completion of the Program dependent on documented achievement of defined outcomes and competencies. On the basis of a student's achievement of published Program requirements in advance of the established time frame, the student will not be eligible for early release.

2. There is also the possibility of extension of program length for students unable to complete program requirements in the established time frame of 23 months.
FINANCIAL COMMITMENTS POLICY

1. All students must make arrangements for payment of financial commitments before the end of each semester.
2. Students must have completed all financial commitments to the Program and made arrangements with LCC for payment of financial commitments before A.R.R.T. application papers will be processed.

FINANCIAL COMMITMENTS PROCEDURE

1. Students that have not made arrangements with LCC for payment of their tuition and fees will not be allowed to enroll until those arrangements have been made.
2. Program fees must also be paid before the end of the semester or the student will not be allowed to enroll in the next semester’s courses.

ENROLLMENT POLICY

1. All students are required to enroll in their Radiography Courses prior to the start of each semester.
2. Students may enroll on-line or by written enrollment form.
3. Students will not be allowed to attend their Radiography Courses – Classroom or Clinical, until they are enrolled and their name appears on the class roster.
4. Students must purchase textbooks by the second day of class or students will be asked to leave and the attendance policy will be strictly enforced.

ENROLLMENT PROCEDURES

1. New program students will be sent enrollment forms prior to the beginning of the summer courses. It is the student’s responsibility to enroll through the admissions office.
2. Students will be provided a list of their courses for the next semester prior to the end of the current semester. It is the student’s responsibility to enroll through the admissions office by filling out a written enrollment form or by enrolling on-line.
3. Students not enrolled by the first day of class will not be allowed in the classroom Until they enroll.
4. Students will not be allowed to attend clinical until they have enrolled in the course and their name appears on the attendance roster.
5. LCC Clinical Coordinators will be responsible for notifying the Clinical Instructor if the student is not enrolled in the clinical course.
6. The Clinical Instructor will be instructed to send the student home upon arrival. No exceptions!
7. The missed clinical days will be made up according to the clinical make-up time policy.
8. Classroom and clinical attendance policies will be followed, and absence due to not being enrolled in the course will count towards the programs attendance policies.

Added 5/2013
CLINICAL POLICIES AND REGULATIONS SECTION

The Policies and Procedures in this handbook have been endorsed by the Radiography Program Advisory Committee to ensure the professional conduct of all students.

INTRODUCTION TO CLINICAL POLICIES AND REGULATIONS

Clinical training is that portion of a student’s education where the application of learned knowledge takes place. Clinical training is an integral part of a student’s education and is considered the most important aspect.

Clinical training will take place in area hospitals cooperating with the program. These hospitals are staffed by professionals whose primary purpose is to deliver quality health care to patients. These professionals will guide and assist the student in the development of clinical skills. The student is expected to act in a mature, responsible, and professional manner at all times.

While in the clinical setting, the student is evaluated on certain radiographic skills based on accepted professional standards. These evaluations assist instructor(s) in determining the student’s competency in the field of radiography.

This Handbook has been designed to assist the student in the transition from the classroom to the clinical setting. It is extremely important that students read and understand the policies found in this Handbook.

CODE OF ETHICS

The Code of Ethics shall serve as a guide by which Radiologic Technologists may evaluate their professional conduct as it relates to patients, colleagues, and other members of the allied health professions and health care consumers and employers. The Code is intended to assist Radiologic Technologists in maintaining a high level of ethical conduct.

1. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

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

3. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness and without discrimination regardless of sex, race, creed, religion, or socioeconomic status.
4. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.

5. The Radiologic Technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

6. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient, and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The Radiologic Technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing the radiation exposure to the patient, self, and other members of the health care team.

8. The Radiologic Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
1. **The Patient**
   The patient's condition and/or diagnosis is confidential and a student must not relay information pertaining to a patient's condition or diagnosis to anyone without specific permission of the patient's doctor or radiologist.

2. **The Physician**
   The student will show due respect to all house or visiting physicians, and give quick and accurate service to the physician.

3. **The Radiologist**
   The radiologist has been specially trained in the field of radiology. He/she is the person that you will be working for or with after training, so show him/her your professional courtesy and respect.

4. **The Director of Radiology**
   The Director of Radiology is the administrator in charge of the Radiology Department. The student will show due respect and assist this person when necessary. In the absence of the designated Clinical Instructor, the Director will serve as the Acting Clinical Instructor.

5. **Clinical Instructor**
   The Clinical Instructor is the person that has been designated by the hospital and Labette Community College Radiography Program to provide supervision and instruction to the students while they are in the clinical setting. The student will show this person due respect.

6. **The Technologist**
   The student will show due respect and be helpful in aiding and assisting the hospital technologist when necessary. The technologist will be your primary resource during your clinical training.

   **REMEMBER:** **WATCH, LISTEN, ASK QUESTIONS, PERFORM, AND LEARN!**

7. **The Student**
   You are now entering the most important time period in your radiologic technology training. You are expected to conduct yourself as a mature, responsible individual. There is no room for unethical behavior.
The Clinical Coordinators are responsible for the coordination of all clinical education settings and for the content, quality, and evaluation of all clinical instructors. They shall work cooperatively with each clinical education setting and each clinical instructor in order to guarantee that the clinical experiences and instruction of each student is meaningful and parallels in content the material presented in didactic and laboratory courses. They shall provide a schedule of their visits to assure clinical effectiveness. They will also report to the Program Director about the scheduling of students for clinical education and assure the Director that the quality and quantity of instruction are adequate to prepare the student for the ARRT examination.

The affiliation agreement contract between LCC and the clinical affiliate means that the clinical setting has agreed to provide time and service for the purpose of training students to become radiographers. The most important issue at any clinical education setting is that proper, adequate quality education be made available to the students. When the affiliate or LCC determine that the training and personnel required by the agreement and the JRC STANDARDS can no longer be provided, arrangements for uninterrupted continuance of training should be arranged.

Efficient, effective operation of the department to deliver optimal patient services and care is the top priority. This means that the patient’s welfare is considered first. This is consistent with the goals and needs of the clinical education setting.

The clinical education site will provide each new student an orientation to their facility. The students will be informed of the policies and procedures of the facility in regards to emergency preparedness, harassment, communicable diseases, and substance abuse.

Students must also be familiar with the Radiography Imaging Department’s policies and procedures. These policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

**CLINICAL EDUCATION SETTING RESPONSIBILITIES AND STUDENT ORIENTATION PROCEDURES:**

1. Each clinical education site will provide each new student with an orientation to their hospital and radiography department.
2. The scheduling of the orientation will be the responsibility of the hospital and the radiography department.
3. The clinical instructor will ensure that each student has been properly oriented to
their facility, and will provide the Radiography Program Director at LCC documentation of the student’s orientation.

4. The documentation of student orientation should include the date of the orientation, an outline of what was covered, and the student’s and clinical instructor’s signatures.

Revised 5/2011

STUDENT PLACEMENT AT CLINICAL EDUCATION SITE POLICY

1. Students will rotate to two clinical sites during the 23 month program. The new assignments will begin in July of the Summer semester each year.

2. The program officials will decide by June 15th each year where the students will be assigned.

3. The Clinical Education Site has the right to request that the program remove an assigned student from their site because of perceived or documented conflict.

4. The Program Director will be the only person to communicate with the clinical sites in regards to the reassignment of a student to another clinical site.

STUDENT PLACEMENT AT CLINICAL EDUCATION SITE PROCEDURE

1. Students’ assignments will be based upon the following criteria:
   A. The number of students that can be assigned to each clinical site.
   B. The clinical site has no objection to the placement of a specific student to their site. (Conflicts of interest, relatives employed by that facility, etc.)
   C. The closeness of the clinical site to the student’s residence.
   D. One of the student’s choices for a clinical site.
   E. The personality traits of the student, and how well they will be able to get along with and learn from the staff at a specific facility. (Some students will learn better at a smaller hospital with more one-on-one supervision.)
   F. Circumstances that the student has indicated that would make it necessary for them to be placed closer to home. (Small children etc.)
   G. The second year student’s placement will also be based upon the size of the hospital that they were in during their first year and the distance that they have traveled or will travel to each site.

2. For student reassignment to occur the following procedures must be followed:
   A. Written documentation of the conflict between the student and the clinical site.
   B. Counseling session with a Program official, the clinical instructor, and the student.
   C. If possible an effort should be made to correct the conflict and a signed improvement plan be made.
   D. If the conflict cannot be resolved, the clinical site must provide the program with a written request to remove the student from their site.
   E. The student will be removed from the clinical site.
   F. Once the student is removed from a clinical site, they are to have no further communication with that clinical site.
3. Reassignment of a student to a new clinical site during the middle of a school year will be made based upon the following procedures:
   A. There is an opening at another clinical site.
   B. The Program Director will discuss the student’s records with the new clinical site.
   C. The new clinical site will accept the student at their facility.
   D. The student will accept the new assignment.
   E. Students will not be allowed to seek out their own reassignment to a clinical site.

4. Not reassigning a student to a new clinical site during the middle of a school year will be based upon the following procedures:
   A. There are no openings at any of our other clinical sites.
   B. The clinical site with an opening refuses to accept the transfer student.
   C. The student does not want to transfer to the clinical site with an opening.

5. Failure of Clinical Training and dismissal from the program.
   The following procedures will lead to failure of clinical training and dismissal from the program:
   A. The student has been removed from the assigned clinical site and there is no new clinical site available.
   B. The student does not wish to complete his/her clinical training at an available clinical site.
   C. The student has not completed the required competencies and therefore has received a course grade lower than 86%.
   D. The student has failed to make up the time that they were absent, and the percentage that is deducted from their final course grade makes the grade lower than 86%.
   E. The student has reached the point of excessive absenteeism and the percentage deductions reduce their final course grade to below 86%.
   F. The student has reached the point of excessive tardiness and the percentage deductions reduce their final course grade to below 86%.

**UNIFORM POLICY**

Program Uniform and Shoes
1. Red scrub tops and khaki uniform pants will be ordered through the Radiography Program for each student. The student will be responsible for paying for the uniforms.
2. The student may purchase white leather shoes at a store of their choice. No canvas tennis shoes or high-tops will be allowed. The student must keep their shoes clean at all times.
3. Students may wear a white, red or khaki lab coat over their uniform or they may wear a white long sleeve shirt under their uniform top. No other apparel is appropriate.

Name Tag
The LCC picture ID/name tag must be worn at all times. The hospital may require that you also wear a name tag identifying you as a student at their facility.
Radiation Monitor
To be worn at collar, outside of apron. Must be worn at all times.

UNIFORM PROCEDURE:
1. Students who lose their nametags must report this to the Program Director and will be required to purchase a new nametag from the school.
2. Failure to comply with the above uniform policy will result in a 2% point reduction from the clinical evaluation for each incident. The Clinical Instructor will provide documentation of non-compliance.

RADIOGRAPHIC MARKERS POLICY

LCC will order each student two sets of radiographic markers (Right and Left) with their initials. These markers will be used at the clinical education settings, unless it is contrary to that department's policy. If the department requires more elaborate markers, the clinical education center is encouraged to provide the first set of markers with the student being responsible for any replacement costs.

MARKER PROCEDURE:
1. The student must have their markers with them at all times while they are at the clinical setting. The markers with their initials on them are used to identify who took the images, therefore, their markers should not be placed on images that they were not involved in taking.
2. Failure to have their markers with them at clinical will be considered as being in non-compliance with the marker policy and will result in a minus 2% point reduction from the clinical evaluation. The clinical instructor will provide documentation of the non-compliance.
3. The student must notify the Clinical Instructor and the Program Director if they lose their markers. The student will be responsible for paying for a replacement set of markers.

PERSONAL HYGIENE POLICY

While working in the hospital with other personnel and sick patients, the student’s personal hygiene is of the utmost importance; therefore, the following policies must be followed:
1. The student's hair should be moderate in length and clean. Long hair must be kept back away from the face, and must not fall in front of the shoulders. No shaggy, unkempt hair styles.
2. Males are to be clean-shaven daily. Males wearing either a mustache or beard must keep them well groomed. The student shall observe hospital policy with regard to wearing mustaches or beards.
3. Excessive jewelry is not to be worn. Students may wear only one ring or wedding set on one hand when in uniform in clinical. When in uniform, students whose ears are pierced
may wear one set of post earrings or flesh colored retainers, no larger than \( \frac{1}{4} \) inch in diameter. Wearing of any other earring style is not allowed, particularly hoops or dangling earrings, which is for the safety of the students and patients.

4. Wearing jewelry in other pierced body parts is not acceptable at the clinical education settings. (Example: eyebrow, nose, lip and / or tongue, etc.)

5. Excessive use of perfume or cologne is prohibited.

6. Use a deodorant and bathe regularly.

7. Good oral hygiene is a must.

8. Finger nails appropriately manicured. No false nails, no nail polish and no long fingernails.

9. No visible tattoos.

**PERSONAL HYGIENE PROCEDURE**

Failure to abide by the above personal hygiene policies will be considered in non-compliance with the hygiene policy and a minus 2% will be deducted from the clinical evaluation. The Clinical Instructor will provide documentation of the non-compliance.

Revised 5/2014

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**CLINICAL SITE ATTENDANCE POLICY**

1. All radiography students will follow the academic calendar established by Labette Community College. If there are no classes being held at LCC, then the students are considered to be off as well and will not be required to attend clinical on that day.

2. Students are to arrive at the clinical site at least ten minutes before starting time so that when their shift starts they will be in their assigned areas and ready to go.

3. The following time schedules are recommended for student rotations:
   A. FIRST YEAR: Between the hours of 7:00 a.m. - 5:00 p.m.
   B. SECOND YEAR: Between the hours of 7:00 a.m. - 8:00 p.m.

4. The clinical education centers will notify the student of their clinical time schedule. The student’s clinical time will be a straight 8 hour shift, i.e. 7-3, 8-4, 9-5. LCC Clinical Coordinators must approve any additional time schedules that the clinical sites wish to use.

5. The Program does not allow excused absences. If the student misses a clinical day, that day must be made up before the end of the semester in which it occurred.

6. The student is expected to be dependable in their clinical training assignments. Excessive absences could affect the student’s ability to obtain valuable clinical experience and to complete his/her competency requirements on time. The student’s clinical attendance record is a vital part of the overall recommendation from Labette Community College's Radiography Program to future employers.

7. If it is necessary for a student to be absent, the **student must notify the clinical instructor 30 minutes prior to the time the student is scheduled to report to the clinical setting**. If the Clinical Instructor is not present, leave a message for the CI.
8. If a student is on any prescribed medication that may cause injury to themselves or patients, they must report this to the Clinical Instructor and Program Director and not report to the clinical site without a Doctor's release.

9. If the student sustains any injury that will limit his/her ability to perform radiographic procedures, he/she must report this to the Clinical Instructor and Program Director and not report to the clinical site without a Doctor’s release.

10. If the student will be required to miss clinical due to a prolonged illness and or surgical procedure, he/she must report this to the Clinical Instructor and Program Director and not report to the clinical site without a Doctor’s release.

11. If the student is going to miss clinical due to a family emergency, he/she must report this to the Clinical Instructor and Program Director.

12. Students will observe the same breaks and lunch schedules as the Radiology personnel at their clinical site. A student will not leave the radiology department without first notifying the Clinical Instructor or the technologist in charge.

13. The student must maximize his/her clinical training; therefore, the student should not be allowed to leave early.

14. All students are expected to be at their assigned clinical areas. Clinical training is the priority at the clinical settings. At the discretion of the Clinical Instructor, students may be allowed to study for didactic courses when there is down time.

15. Doctor’s appointments should not be scheduled during clinical hours.

16. Students attending hospital employee orientation (to be hired as an employee) during clinical assigned hours must make up the time missed and this absence will count towards the program absenteeism policy.

2/2008

CLINICAL SITE ATTENDANCE PROCEDURES

1. The student must notify his/her Clinical Instructor as soon as possible that he/she expects to be late. If late due to unavoidable circumstances on the way to clinical, the student is to report to the Clinical Instructor immediately upon arrival to the clinical area.

2. All time missed should be made up at the end of the same day or at the discretion of the Clinical Instructor.

3. If the student fails to notify the CI of his/her absence, he/she will receive a minus 2% deduction from his/her clinical evaluation. The Clinical Instructor will provide documentation of non-compliance.

4. The student must report the following to the Clinical Instructor and Program Director:
   A. If he/she is on any prescribed medication that may cause injury to themselves or patients.
   B. If he/she sustains any injury that will limit his/her ability to perform radiographic procedures.
   C. If he/she will be required to miss clinical due to a prolonged illness and or surgical procedure.

He/she must supply to the Clinical Instructor and Program Director a Doctor's order allowing them to report back to clinical without any limitations.
5. If the student is going to miss clinical due to a family emergency, he/she must report this to the Clinical Instructor and Program Director. If possible he/she should also estimate how long he/she will be absent, or at least keep the program informed if the absences will extend longer than 5 days.

6. Extended consecutive absences due to illness or medical emergencies will count as 1 absence towards the excessive absenteeism policy. However, each day must be made up.

7. If the student becomes sick while on duty, he/she is to notify the Clinical Instructor or the Technologist in charge.

EXCESSIVE ABSENTEEISM AND TARDINESS POLICY

1. The following is a summary of the clinical training hours and allowed days absent before the excessive absenteeism policy goes into effect:
   - Clinical Training 1 = 3 days/wk, 15 weeks = 336 hours, 3 days
   - Clinical Training 2 = 3 days/wk, 15 weeks = 336 hours, 3 days
   - Clinical Training 3 = 4 days/wk, 4 weeks = 128 hours, 3 days
   - New Site = 4 days/wk, 4 weeks = 128 hours
   - Clinical Training 4 = 3 days/wk, 15 weeks = 336 hours, 3 days
   - Clinical Training 5 = 3 days/wk, 15 weeks = 336 hours, 3 days
   - TOTAL CLINICAL HOURS = 1600 hours

   **Anything over 3 days will be considered excessive absenteeism.**

2. Excessive absences:
   - 1st Absence: Allowed (No point deduction)
   - 2nd Absence: Written Warning
   - 3rd Absence: Clinical Probation
   - 4 or more absences: -2% point deduction from your clinical grade for each absence.

3. Excessive tardiness:
   - 1st Tardy: Allowed (No point deduction)
   - 2nd Tardy: Written Warning
   - 3rd Tardy: Clinical Probation
   - 4-5 tardies: -2% point deduction from your clinical grade for each tardy
   - 6 or more: -3% deduction from your grade for each tardy.

4. Students with excessive absenteeism and excessive tardiness during a semester will be placed on clinical probation.

5. A second occurrence of excessive absenteeism or excessive tardiness will result in an automatic lowering of one letter grade for the clinical training course. i.e. A to B or B to C.

6. At a third occurrence of excessive absenteeism or excessive tardiness, the student will be given a failing grade in clinical and will automatically be dismissed from the program at the time of occurrence.
EXCESSIVE ABSENTEEISM AND TARDINESS PROCEDURES
1. The clinical instructor will keep track of student absences at the clinical site, and when the student reaches the point of excessive absenteeism, they will notify the clinical coordinator.
2. The clinical instructor will keep track of student tardiness at the clinical site, and when the student reaches the point of excessive tardiness, they will notify the clinical coordinator.
3. The clinical coordinator will place the student on clinical probation for the rest of the semester, and explain to the student the consequences of further absences or tardiness. The attendance clinical probation policy will be reviewed with the student and the policy will be enforced.
4. The clinical coordinator will take the appropriate action at the second or third occurrence.

Revised 4/2011

MAKE UP TIME POLICY
1. All clinical time missed must be made up before the end of the semester. The last day of the semester is the last day that finals are given.
2. If a prolonged illness, injury, or pregnancy occurs which would not allow a student to make up the time prior to the beginning of the next semester, the make up time will be made up at the end of the school year in which the illness, injury or pregnancy has occurred. This may also require extending the length of the Program for the student to make up the time missed. In an event such as this, all missed clinical time will be made up before the student is allowed to take the registry. Students must have a Doctor’s order releasing them to go back to clinical before any time can be made up.
3. Students are not allowed to exceed 40 hours per week, so make up time should be scheduled on clinical off time.
4. Students that do not make up their clinical time before the end of the semester will automatically be placed on clinical probation for the following semester.
5. The Clinical Instructor must approve ahead of time all make up time and a signed document must be provided to verify that the time was made up.
6. Make up time should be a minimum of one hour at a time. (i.e. not 15 minutes or 30 minutes here and there)
7. Students are required to submit to the Clinical Coordinator a make-up contract with all information completed and signed by the Clinical Instructor before the make-up time contract is considered to apply to the student’s make-up time.
MAKE UP TIME PROCEDURE
1. The student must sign a make up time contract with the Clinical Instructor prior to doing the makeup time. A student that schedules make up time and then does not call nor show up as scheduled will receive a 2% reduction from his/her final clinical course grade. The Clinical Instructor will provide documentation of non-compliance.
2. Each absent day or partial day not made up by the end of the semester will result in a 6% point reduction in the student’s final clinical course grade for that semester.
3. A student who misses clinical due to a prolonged illness, injury, or pregnancy must supply to the Clinical Instructor and Program Director a Doctor's order releasing him/her to report back to clinical without any limitations before he/she will be allowed to make up time.
4. A scheduled make-up contract day can only be scheduled on a day in which Labette Community College is conducting hours of operation.
   FALL SEMESTER
   FINALS WEEK - check finals schedule
   SPRING SEMESTER
   SPRING BREAK (Monday – Wednesday)
   FINALS WEEK - check finals schedule
   SUMMER SEMESTER
   FINAL WEEK
5. It is the responsibility of the student to provide signed documentation that their time was made up. The documentation must be signed by the Clinical Instructor. Falsification of any documentation will lead to an immediate dismissal from the program.
6. The Clinical Coordinators may give special considerations for incompletes. These arrangements must be made prior to the end of the semester. If approved, the Clinical Coordinator and the student must file a contract for the incomplete before the end of the semester. The terms of the contract must be completed before the beginning of the next semester.

Revised 12/2014

EXCESSIVE ABSENTEEISM AND TARDINESS POLICY

1. The following is a summary of the clinical training hours and allowed days absent before the excessive absenteeism policy goes into effect:
   Clinical Training 1 = 3 days/wk. 15 weeks 336 hours 3 days
   Clinical Training 2 = 3 days/wk 15 weeks 336 hours 3 days
   Clinical Training 3 = 4 days/wk 4 weeks 128 hours 3 days
   New Site 4 days/wk 4 weeks 128 hours
   Clinical Training 4 = 3 days/wk 15 weeks 336 hours 3 days
   Clinical Training 5 = 3 days/wk 15 weeks 336 hours 3 days
   TOTAL CLINICAL HOURS 1600 hours

Anything over 3 days will be considered excessive absenteeism.
2. Excessive absences:
   0-3 absences  No point deductions
   4 or more absences -2% point deduction from your clinical grade for each absence.

3. Excessive tardiness:
   0-3 tardies  No point deduction
   4-5 tardies -2% point deduction from your clinical grade for each tardy
   6 or more -3% deduction from your grade for each tardy.

4. Students with excessive absenteeism and excessive tardiness during a semester will be placed on clinical probation.

5. A second occurrence of excessive absenteeism or excessive tardiness will result in an automatic lowering of one letter grade for the clinical training course. i.e. A to B or B to C.

6. At a third occurrence of excessive absenteeism or excessive tardiness, the student will be given a failing grade in clinical and will automatically be dismissed from the program at the time of occurrence.

EXCESSIVE ABSENTEEISM AND TARDINESS PROCEDURES
1. The clinical instructor will keep track of student absences at the clinical site, and when the student reaches the point of excessive absenteeism, they will notify the clinical coordinator.

2. The clinical instructor will keep track of student tardiness at the clinical site, and when the student reaches the point of excessive tardiness, they will notify the clinical coordinator.

3. The clinical coordinator will place the student on clinical probation for the rest of the semester, and explain to the student the consequences of further absences or tardiness. The attendance clinical probation policy will be reviewed with the student and the policy will be enforced.

4. The clinical coordinator will take the appropriate action at the second or third occurrence.

Revised 4/2011

INCLEMENT WEATHER POLICY

1. Inclement weather may lead to hazardous driving conditions. As such, it is left to the individual's discretion whether to attempt to reach the clinical education setting during inclement weather.

2. Days missed due to inclement weather must be made up before the beginning of the next semester.

3. If the College is closed due to inclement weather, then the student will not be required to make up this missed time.
INCLEMENT WEATHER PROCEDURES:
1. The student must call the clinical site and inform them that they will not be there.
2. Days missed due to inclement weather will not count towards the student’s allowable 3 absences leading to excessive absenteeism. However, the time must still be made up before the end of the semester.
3. LCC will notify the following TV and Radio stations if the school will be closed:
   TV:  KOAM, KSN, FOX, & KODE
   Radio:  KLKC 93.5 Parsons;  KKOW 96.9 Pittsburg;  KSYN 92.5 Joplin;  KGDF 690AM Coffeyville.
   Internet:  www.labette.edu
   Students will also receive a phone call from the LCC Emergency Alert Telephone System to the phone number they provide the Admissions Office during enrollment.
4. If the student does go to clinical and later finds out that LCC was closed, he/she may use that time as make up time.

5/2016

ATTENDANCE CLINICAL PROBATION POLICY

1. Students with excessive absenteeism during a semester will be placed on clinical probation for that semester.
2. A second probation due to excessive absenteeism will lower the student’s final grade by one letter.
3. If a student, while on clinical probation, demonstrates non-compliance with the program’s probationary terms, that student will be recommended for dismissal from the program.
4. A third occurrence of excessive absenteeism will lead to dismissal from the program with no option to reenter the program.

ATTENDANCE CLINICAL PROBATION PROCEDURES

1. The student will report to clinical at the regularly scheduled times.
2. The student will provide documentation of reasons for prolonged absences.
3. The student will make up all time missed from clinical before the end of the semester.
4. The student will schedule make up time with the Clinical Instructor.
   If the student fails to arrive on a scheduled make up day, then he/she will suffer a 2% point deduction per scheduled day missed from their final clinical course grade for that semester.
5. Any time that is not made up will be deducted from the student’s final clinical course grade for that semester at a rate of 6% points for each day or partial day.
6. Students that do not make up their clinical time before the end of the semester will automatically be placed on clinical probation for the following semester. If the student reaches excessive absenteeism during this semester, their grade will be lowered one letter.
7. Students that do not follow the probationary policy and procedure will be dismissed from the program with no option to reenter the program.
GENERAL CLINICAL SITE POLICIES

PARKING POLICY

Students will park only in the designated areas at the clinical education settings.

PARKING PROCEDURE:
The Clinical Instructor will inform the students during the orientation where they are allowed to park while attending clinical.

SMOKING/TOBACCO/GUM POLICY

1. Students are not to chew gum while performing radiographic procedures at the clinical site.
2. Hospital policies for smoking and tobacco will apply to the students.

SMOKING/TOBACCO/GUM PROCEDURES:
1. Students caught chewing gum will be asked to throw it away.
2. Students will follow the hospital policy regarding smoking and tobacco.
3. Excessive smoke breaks will not be allowed. The student must ask the Clinical Instructor or Supervisor if they can take a smoke break.

CELL PHONE AND PERSONAL PHONE CALLS POLICY

1. Students are not to make or receive personal phone calls or text messages unless it is an emergency.
2. NO CELLULAR PHONES in the hospital.
3. No electronic devices-no text messages allowed in the hospital or classroom i.e. smart phones, head phones, iPods, MP3 players, personal computers.

PERSONAL PHONE CALLS PROCEDURE
1. The Clinical Instructor will report any student abuse of the phone call policy.
2. Students are not to bring their cell phones into the clinical site.
3. The Clinical Instructor will report any use of electronic devices to the program officials.
4. Any violation of this policy will lead to a -2% deduction from the evaluation.
LIABILITY INSURANCE POLICY

1. Each student is required to show proof of personal liability insurance prior to entering the clinical education setting.
2. The insurance will be paid for by the student but will be provided through the College and an outside agency.

LIABILITY INSURANCE PROCEDURE
1. The student will pay for the liability insurance at the beginning of the school year in June.
2. LCC will purchase the insurance on behalf of the student and send the information regarding the insurance to each clinical education site.

HEALTH INSURANCE AND RESPONSIBILITY FOR ILLNESS OR INJURY POLICY

Many of the clinical sites require students to show proof of health insurance before being allowed to do their clinical rotation at that hospital, therefore, students are required to carry health insurance and must show proof of insurance upon entering the program.

The student shall be responsible for any reasonable and customary costs of medical care or hospitalization resulting from illness or injury arising out of or due to the student’s education, clinical experiences, or training at each hospital. Neither the hospital nor Labette Community College will take responsibility for any medical costs to the student.

HEALTH INSURANCE AND RESPONSIBILITY FOR ILLNESS OR INJURY PROCEDURE

1. Each student must show proof of health insurance prior to entering the clinical education setting. This insurance can be secured from any private carrier.
2. In case of injury or illness at the clinical site, the student and the Clinical Instructor should fill out an incident form describing what occurred.
3. The student is responsible for all costs incurred due to the injury and or illness.

Revised 3/2012

PHYSICAL EXAMINATION AND IMMUNIZATION POLICY

Each student is required to have a physical examination and provide immunization records prior to entering clinical training. Annual TB skin tests will also be required. Students are required to be certified in CPR (cardiopulmonary resuscitation), preferably the American Heart Association Basic Life Support (BLS) for Healthcare Providers throughout the program.
PHYSICAL EXAMINATION AND IMMUNIZATION PROCEDURE

1. A copy of the student’s physical examination including immunization records will be sent to the clinical site prior to the beginning of the Fall Semester each year. The original papers will then be kept in the student’s permanent file at the College.

2. Certain immunizations are required of students for their own protection and for protection of patients whom they may contact. Measles (Rubeola), Mumps, Rubella (German Measles), Chicken Pox (varicella), and Hepatitis B may be contracted through patient contact or transmitted to patients, especially if they are immunocompromised.

For those diseases for which there are no immunizing vaccine, (i.e., chicken pox), determination of serum antibodies may be the only way to assure that an exposed individual is not at risk in contacting patients with this disease or for transmitting it during the incubation period. Evidence of varicella immunity includes documentation of 2 doses of varicella vaccine given at least 28 days apart, positive varicella titer, laboratory evident of immunity, or laboratory confirmation of disease. When indicated, antibody determinations can be done through the County Health Services office. The CDC (Centers for Disease Control) now recommends that all health care workers older than 18 years-old receive a TDaP (Tetanus, diphtheria toxoids, and acellular pertussis vaccine for adults). Evidence of primary series (childhood) of DPT and Polio vaccinations are not sufficient. Students must provide evidence of vaccination that will protect them throughout the length of the program.

The goal is to protect students and their patients, and since it is impossible to isolate susceptible students from possible contact with any of these illnesses, the determination of the immune status can be very important. Individuals who have received immunizations such as D.P.T. or M.M.R. are almost always immune to these diseases and are considered to be without risk in caring for patients having them.

4. Due to occupational exposure to blood or other potentially infectious materials the student may be at risk of acquiring Hepatitis B Virus (HVB) Infection. Therefore, it is recommended that the student be vaccinated with Hepatitis B vaccine at a health department at their own expense. If the student does not wish to receive the vaccination they must sign a declination statement.

5. Hospital employees are usually required to get an annual TB skin test unless they have a positive skin test. Therefore, the Radiography Program requires that the student have an annual TB skin test unless they have a positive skin test, and in that case the clinical site may require that they have a chest x-ray. The annual Tuberculin Skin Test result (reaction) must be documented in “mm”(millimeter). Results of reactions documented as “negative” cannot be accepted. It is the student’s responsibility to have the skin test and/or chest x-ray done and present the results.

6. Students are required to have an annual flu vaccination.

7. Radiography students are required to be certified in CPR (BLS for Healthcare Providers) before beginning their clinical training. The student must present a CPR card to the program prior to beginning Clinical Training I.
It is the student’s responsibility to keep this certification current throughout the program, as it is a requirement for the American Registry of Radiologic Technologists certification examination.

Rev. 5/2016

COMMUNICABLE DISEASE POLICY

1. If a student believes he/she has contracted a communicable disease; i.e., measles, tuberculosis, hepatitis, etc., he/she must immediately notify the Clinical Instructor and Clinical Coordinator.
2. The student will be immediately removed from the clinical setting until the appropriate tests have been performed to confirm or contradict the diagnosis.
3. If the diagnosis is confirmed, the student will be released from both didactic and clinical portions of training until he/she presents a written release form from his/her physician allowing him/her to resume both didactic and clinical portions of their training. The clinical experience missed due to the disease will be made-up.
4. Students are expected to comply with the institutional requirements relative to the care of patients having an infectious disease (varicella, hepatitis B, AIDS, etc.) During such care, the student will comply with institutional measures aimed at protecting health care workers and avoiding disease transmission. These measures may include requirements relative to hand scrubbing, gloves, gowning, and masking, as well as contact with patient body fluids.
5. The student will comply with the Code of Ethics, which is intended to assist the student in achieving and maintaining a high level of professional and ethical conduct.

COMMUNICABLE DISEASE PROCEDURES

1. Any student exposed to infectious disease is required to report this exposure to the Clinical Instructor or Clinical Coordinator who will complete an incident form.
2. The need for antibody testing, immediate immunization or other protective measures will be determined by appropriate consultation.
3. If the immune status of the student is unclear or immunization not available (i.e., chicken pox), the student may be required to avoid patient contact during the incubation period of the disease. The appropriate consultants will make any such recommendation to the Program Director who will be responsible for implementing it.

INJECTION OF CONTRAST MEDIA POLICY

Students are prohibited from making any patient injections.
NEEDLE STICKS POLICY

1. Any student who is exposed to blood borne pathogens as by needle sticks or other skin punctures is required to complete a hospital incident form.
2. The clinical site is not required by law to provide post-exposure treatments or counseling to the student. Therefore, the student will pay for any post exposure treatment.

NEEDLE STICK PROCEDURES
1. The student must notify the Clinical Instructor and the Program Director of the needle stick incident.
2. The Program officials will counsel the student on proper methods of handling needles to avoid needle sticks.
3. The clinical instructor will send a copy of the incident report to the Program Director along with any follow up information.

Revised 12/2010

LCC DRUG / ALCOHOL POLICY 4.16

1. Student in the Allied Health and Nursing Programs must adhere to the standards of conduct required of allied health professionals. Therefore, no student will be allowed in the classroom or clinical area while under the influence of illegal drugs or alcohol. This included the taking of prescriptions drugs in a manner not consistent with its intended use. This is consistent with the Student Code of Conduct policy in the LCC Catalog--http://www.labette.edu/catalog/Student_Information.pdf. (LCC Policy and Procedure 4.16)
2. Substance abuse is a recognized illness for which prompt treatment should be undertaken. Students suspected to be impaired by drugs or alcohol in the clinical area will be subject to immediate drug screening for the purpose of affording the student opportunity to establish proof that he/she is drug free.

LCC DRUG TESTING PROCEDURE 4.16

Consent to drug testing
The student must provide written consent to provide specimens for the purpose of analysis. If the student is under eighteen (18) years of age, the student’s parent or legal guardian must sign the drug testing consent form in addition to the student. This signed document is considered written consent for the duration of the program or course.

Refusal to be tested
The program director shall be notified of any refusal to be tested. In the case of a pre-clinical test or if there is reasonable suspicion of impairment in a clinical situation, refusal to submit to drug testing will result in ineligibility to complete the required clinical rotation and the student will receive a grade of “F” for that clinical rotation. Refusal to submit to any drug screening
(classroom, pre-clinical or clinical) will result in disciplinary action up to and including termination from the program.

**Pre-Clinical Testing**

Students assigned to a site requiring drug screening must submit to testing. Pre-clinical drug testing will be done at Labette Health in Parsons, KS. Labette Health is accredited by HFAP (Health Facility Accreditation Program). Students must complete an “Authorization for Testing and Release of Records” form available in their respective program offices. Before the clinical rotation begins, a copy of the signed consent form must be returned to the program director or clinical coordinator to be maintained in the student’s program file. To be tested, Labette Health requires student identification with current photograph and a copy of the completed form.

The drug screen vendor will perform a specimen validity check, testing, and reporting in accordance with their policies and the policies of Labette Community College Health Science Programs. This policy is available for student review in each LCC health science program student handbook.

*Based on individual program policies, the cost of the pre-clinical drug tests will be paid by the student as part of the course materials fee, or the student may be required to make payment as services are rendered. Only drug tests conducted by labs approved by the program director will be accepted.

**Reasonable Cause Testing**

Students may be asked to submit to a drug and/or alcohol test based on a reasonable suspicion that their ability to perform work safely or effectively may be impaired. Factors that individually or in combination could result in reasonable suspicion drug testing include, but are not limited to, the following:

- Direct observation of an individual engaged in drug- and/or alcohol-related activity;
- Unusual, irrational or erratic behavior or a pattern of abnormal conduct;
- Unexplained, increased or excessive absenteeism or tardiness;
- Sudden changes in work or academic performance;
- Repeated failure to follow instructions or operating procedures;
- Violation of LCC or clinical facility safety policies or failure to follow safe work practices;
  - Unexplained or excessive negligence or carelessness;
- Discovery or presence of drugs in a student’s possession or near a student’s work area;
- Odor or residual odor peculiar to some drugs;
- Involvement in an accident that results in injury to the student or another person while on campus or at a clinical site;
- Secured drug supply disappearance; or
- Information provided either by reliable or credible sources or independently corroborated.

The student is responsible for the cost of any “reasonable suspicion” drug and/or alcohol test and must make arrangements for payment with the provider prior to testing.

*Verified evidence that a student has tampered with any drug and/or alcohol test will result in disciplinary action up to and including termination from the program.*

If a student is suspected of being impaired by drugs or alcohol in the clinical area, the following procedure will be implemented:
The clinical instructor from the facility will attempt to notify the program director immediately. The clinical instructor and one other professional staff person will complete written documentation describing the impaired behavior observed. The student cannot leave the site until a drug screening consistent with the policy of that site has been completed and a program representative, family member, or friend arrives to transport the student. Once dismissed, a student cannot return to the clinical site until the results of the drug screen have been verified as “negative” by the program director. Results of the drug test will be sent through secure channels to the program director and he/she will inform the student. If the result of the drug screen is negative, the student may continue in the program. If the results are positive, the student will be terminated from the program.

In the event a student is suspected of being impaired while attending clinicals at a facility that does not provide drug testing, the program director will determine the lab, and the clinical instructor (or a designated program representative) will transport the student.

If a student is suspected of being impaired by drugs or alcohol in the classroom, the following procedure will be implemented:

- The classroom instructor will attempt to notify the program director immediately.
- The classroom instructor and one other professional staff person (if possible) will complete written documentation describing the impaired behavior observed.
- The student will be transported to Labette Health by a program representative. Labette Health requires student identification with current photograph and a copy of the completed form.
- The student cannot leave Labette Health until the drug screen is completed and the program representative, a family member, or friend must transport the student.
- The student may not return to the classroom until the results of the drug screen have been verified as “negative” by the program director.
- Results of the drug test will be sent through secure channels to the program director and he/she will inform the student. If the result of the drug screen is negative, the student may continue in the program. If the results are positive, the student will be terminated from the program.

In the event a student is suspected of being impaired while attending class at the Cherokee Center, the student will be transported to Via Christi Medical Center in Pittsburg, KS for testing by the classroom instructor or a designated program representative.

Cost of the drug and/or alcohol test for reasonable suspicion is the responsibility of the student. Payment must be made to LCC in the program office prior to testing at Labette Health or before services are rendered at Via Christi Medical Center.

Failure to pay for a reasonable suspicion drug test is considered a refusal to test and will result in termination from the program.

**Medical review of positive drug test results**
Specimens are screened by immunoassay. Positive results are confirmed by gas chromatography with mass spectrometry (GC/MS) or liquid chromatography with tandem mass spectrometry (LC/MS/MS). All specimens identified as positive on the initial test shall be confirmed by the testing laboratory at no additional charge to the student. Positive test results collected must be reviewed and interpreted by a third party, licensed physician with knowledge of substance abuse disorders. If the testing facility does not have such a system in place, the student is responsible for securing that service and any additional costs incurred. This must be done by a physician other than the student’s regular physician or the prescribing physician.
The physician shall examine alternate medical explanations for any positive test results. This action may include conducting a medical interview and review of the student’s medical history or review of any other relevant biomedical factors.

In addition, the physician will review all medical records made available by the tested student when a confirmed positive test could have resulted from legally prescribed medication. Prior to making a final decision on the results of the confirmed positive test, the physician shall give the student an opportunity to discuss the results and present additional written documentation from the prescribing physician for any prescription medications he/she is currently taking.

Some facilities may require the student to complete a form listing all legally prescribed medications they are taking prior to testing.

**Reporting of drug test results**
Notification of drug screening results can only be delivered in a manner that insures the integrity, accuracy and confidentiality of the information. Written notification indicating either a “NEGATIVE” drug screen or “CONFIRMED POSITIVE” shall be provided by the drug screen vendor to the appropriate program director at Labette Community College as soon as possible following initial testing and a copy will be placed in the student’s secured file. The program director will report the drug testing results to the student as soon as possible after they are received. Students receiving “CONFIRMED POSITIVE” results are responsible for scheduling a physician’s review. Students must contact the program director for additional information about the physician’s review process.

Test results will not be released to any individual who has not been authorized to receive such results. Students shall not be allowed to hand deliver any test results to college representatives. They may be provided to a contracted clinical facility upon request. Results of any student’s drug screen will be shared only on a need to know basis with the exception of legal, disciplinary or appeal actions which require access to the results.

**Readmission**
Substance abuse is a recognized illness for which prompt treatment should be undertaken. Information regarding available resources can be found in the LCC Alcohol/Drug-Free Campus Policy—http://www.labette.edu/catalog/

Any student, who fails or refuses to submit to a drug test, or admits to the use, possession, or sale of illegal substances, will be immediately dismissed from the respective program, and the dismissal will be considered a clinical failure and/or course failure. If the student is a licensed practitioner, admission of use, possession, or sale of illegal substances and/or a positive drug screen will be reported to the licensing agency, as required by law. Conviction of any criminal drug statute while enrolled in a health science program or allied health course at Labette Community College will be grounds for immediate dismissal from the program or course. The student will not be eligible for readmission.

A student may contest disciplinary action based on a drug test result or refusal to submit to a drug test by following the procedure set forth in the Student Grievance (Procedure 4.081) in the LCC Catalog—http://www.labette.edu/catalog/

Added 6/2014
SEXUAL HARASSMENT POLICY

The Program commits to maintaining an environment free of objectionable and disrespectful sexually based conduct and to not tolerating behavior of a sexual nature that interferes with a student’s performance or creates an intimidating, hostile or offensive learning or working environment.

SEXUAL HARASSMENT PROCEDURES
1. The student is to report to the Clinical Instructor and the Program Director any occurrence that they considered to be harassment of a sexual nature.
2. The Clinical Instructor or Supervisor will notify the appropriate personnel at the clinical education site of the accusation if the accused is a hospital employee. The hospital’s policy on sexual harassment will then be followed.
3. The Clinical Instructor will notify the Program Director if the accusation is against a student in the Radiography Program. At that point the Sexual Harassment Policy as stated in the LCC Catalog will be followed.

STUDENT DAILY EXAMINATION LOG AND ATTENDANCE SHEETS POLICY

1. The student must keep an accurate record of all examinations performed.
2. The Clinical Instructor will instruct the student on how to maintain patient confidentiality and identify records so that the images can be retrieved and reviewed by the Clinical Instructor or Clinical Coordinator. All policies regarding confidentiality of patient information will be followed.
3. The Clinical Instructor must verify all attendance records.

STUDENT DAILY EXAMINATION LOG AND ATTENDANCE SHEETS PROCEDURE
1. The student must keep an accurate record of all examinations performed. Maintained records are considered no more than three clinical days missing from student’s attendance and/or log sheets.
2. Failure to maintain examination logs and attendance records will result in the following:
   a. 1st Noncompliance: Written Warning.
   b. 2nd Noncompliance: Final grade will drop one letter grade with a “B” being the highest the student can receive.
   c. 3rd Noncompliance: Final grade will drop another grade with “C” being the highest the student can receive.
3. It is the student’s responsibility to have the clinical instructor verify their attendance on a routine basis.
4. Falsification of attendance records will be considered grounds for disciplinary action and will lead to suspension and dismissal if proven.
CLINICAL LAPTOP COMPUTER USAGE POLICY

1. Radiography laptop computers and other clinical computers assigned for student use, are for academic and clinical use only. This includes: clinical log sheets, attendance, competency evaluations, monthly evaluations, checklists, review programs, Red Zone access, and coursework or assignments relating to clinical.
2. LCC laptop computers are for student and clinical instructor use only. They may be used by the students to check on their LCC e-mail account only. They are not to be used for personal e-mail accounts or social networking. They are not to be used for internet access unless instructed to do so for academic or clinical purposes. They are not to be used to play games.
3. Security of the laptop is the responsibility of the students. The last one to use the computer is responsible for putting it away in a designated secure location.

CLINICAL LAPTOP COMPUTER USAGE PROCEDURES

1. The clinical instructor is to report to the Program Director or Clinical Coordinators any misuse of the laptops by the students.
2. Failure to follow the computer usage policy will lead to a first offence written warning.
3. Each additional violation of the policy will lead to a -2% deduction from the clinical course grade.
4. Students who violate professional ethics or confidentiality issues over the internet will be placed on clinical probation.

Added 4/2011

CONFIDENTIALITY POLICY

Confidential information includes patient/staff/volunteer/student information, financial information, other information relating to the organization, and information proprietary to other companies or persons. Confidential information is valuable and sensitive and is protected by law and by strict organizational policies.

1. Students at the clinical education sites have access to confidential information. They will only access confidential information for which they have a need to know or will use as part of their educational experience.
2. They will not in any way divulge, alter, or destroy any confidential information except as properly authorized within the scope of their professional activities affiliated with the hospital.
3. The students are required to follow the HIPAA standards regarding electronic data interchange and protection of confidentiality and safety of individually identifiable health information.
CONFIDENTIALITY PROCEDURES
1. The students may use confidential information only as required to access radiographic examinations to be reviewed by their instructors.
2. The Clinical Instructor will be responsible for reporting to the Program Director any breach of confidentiality by the student.
3. Hospital policy regarding breach of confidentiality will be followed.

FALSIFICATION OF RECORDS POLICY
Falsification of any program records is prohibited. This includes the verification of student examination logs, evaluations, and any other required records.

FALSIFICATION OF RECORDS PROCEDURE
1. If the Program officials suspect that the student has falsified any required records, they will investigate the issue. They will contact the Clinical Instructor at the clinical site to verify the records.
2. If it is proven that the student has falsified any program record, he/she will receive an “F” in the course because of unprofessional behavior.
3. Therefore, according to the program’s dismissal policy, any student that fails a clinical course will be dismissed from the program. And to assure proper health care delivery, a student who fails any portion of their clinical training will not be given the option to reapply or reenter the program.

CLINICAL ROTATION SCHEDULE POLICY
1. All student assignments are based on a student to qualified radiographer ratio of 1:1. This also applies to an 1:1 ratio of student assignment to a radiographic unit, i.e. radiographic room, mobile unit, or C-arm.
2. The Clinical Coordinators along with the Clinical Instructors at the clinical site will determine the student’s weekly assignments.
3. Rotations through surgery may require that the student be moved to a different clinical site in order to complete the rotation.
4. Students scheduled for a surgery rotation should not be denied that rotation because they are needed in the department. Students are not to be used as replacements for employees.
5. Second year students will receive CT rotations and the first year will be scheduled for a CT rotation during the spring semester of their first year.
6. Specialty rotations may be scheduled during the Fall Semester of the second year.

CLINICAL ROTATION SCHEDULE PROCEDURE:
1. The Program will send out weekly rotation schedules to the Clinical Instructors prior to the beginning of each semester. These schedules will reflect one student assigned to one unit.
2. The Clinical Instructor may alter the schedule as long as each student receives equitable learning opportunities, and the 1:1 ratio is maintained.
3. Students and Clinical Instructors are to report to the Program officials any reasons for not
providing the student with the opportunity to receive the scheduled rotation or learning opportunity.

4. Students and Clinical Instructors are to report to the Program officials if the policy of the 1:1 ratio is not maintained.

5. On the Monday schedules when both first and second year students are assigned to the clinical site, reassignments of the students may be necessary to maintain the 1:1 ratio.

6. During the fall semester of the second year, the student may request a week elective/observation rotation in one of the following areas: MRI, Ultrasound, Nuclear Medicine, Radiation Therapy, Mammography or Bone Densitometry.

**Certification data by the American Registry of Radiologic Technologists (ARRT) shows that less than 1% of technologists registered in mammography are males and this has resulted in minimal employment opportunities for males in this imaging discipline.

The Program will make every effort to place a male student in a mammography rotation if requested by the student; however, clinical site policies may prohibit male students from participating in mammography rotations or other gender-specific examinations performed by professionals who are the opposite gender of patient.

Be advised that placement in a mammography rotation is not guaranteed and may be limited to males and program officials cannot override clinical site processes that restrict mammography rotations to female students.

Revised 5/2016

**VASCULAR (CATH LAB) ROTATION POLICY**

1. Students will be required to participate in a limited observation of the vascular department at a major medical center. During this time, the student will be under the supervision of the radiology staff at that Medical Center.

2. The student will be expected to act in a professional manner.

3. Students will be responsible for their own transportation and housing if necessary.

**VASCULAR (CATH LAB) ROTATION PROCEDURES**

1. The second year clinical coordinator will make arrangements with the medical centers for the student’s rotations through their vascular suites.

2. The students will maintain a clinical log during these rotations in order to verify the examinations they observed and their attendance. A classroom assignment will include specific information requested by the clinical coordinator. This document will be placed in the student’s clinical folder.

3. Disciplinary action will result if students do not observe the full working day or follow through with the rotation schedule.

2009
MAMMOGRAPHY CLINICAL ROTATION POLICY

1. The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standard One – Objective 1.2, requires a program to document that it “provides equitable learning opportunities for all students.”

2. A radiography student may request a one week clinical rotation in mammography to observe and assist with technical procedures during the fall semester of their second year.

3. Students will be expected to act in a professional manner.

MAMMOGRAPHY CLINICAL ROTATION PROCEDURES

1. The second year clinical coordinator will make arrangements with the medical centers for the student’s rotations through their mammography suites.

2. The students will maintain a clinical log during these rotations in order to verify the examinations they observed and their attendance.

3. Disciplinary action will result if students do not observe the full working day or follow through with the rotation schedule.

**Certification data by the American Registry of Radiologic Technologists (ARRT) shows that less than 1% of technologists registered in mammography are males and this has resulted in minimal employment opportunities for males in this imaging discipline.

The Program will make every effort to place a male student in a mammography rotation if requested by the student; however, clinical site policies may prohibit male students from participating in mammography rotations or other gender-specific examinations performed by professionals who are the opposite gender of patient.

Be advised that placement in a mammography rotation is not guaranteed and may be limited to males and program officials cannot override clinical site processes that restrict mammography rotations to female students.

5/2016

MAGNETIC RESONANCE SAFETY POLICY

1. The American College of Radiology (ACR) advises to avoid the potential risks in the Magnetic Resonance (MR) environment, safety measures should be taken to avoid or reduce the risk of injury involving patients, equipment and personnel.

MAGNETIC RESONANCE SAFETY PROCEDURE

1. All radiography students will be required to watch a MR safety video and complete the MR Screening Safety form acknowledging they received safety training before they are allowed to begin their clinical assignments.

2. The Program Director and Clinical Coordinator will review the MR Screening Safety form and a copy will be sent to the clinical site prior to the beginning of the clinical
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3. The student must notify the Clinical Instructor and the Program Director immediately if any change in their medical history occurs that has potential to compromise their safety when entering the MR environment. **A new MR Screening Safety checklist must be completed by the student; a copy will be sent to the clinical site and another copy will be replaced in the students master program file.**

2/2016

**CLINICAL SUPERVISION POLICY**

1. The Program and its Clinical Education Sites will provide shadowing and direct supervision in all areas of the Radiography Department including surgery, mobile/bedside, or C-arm radiography.
2. Shadowing means that the student should be able to observe a number of procedures, including surgery, mobile/bedside, or C-arm examinations.
3. Upon successful completion of shadowing determined by the Clinical Instructor and clinical staff, the student will move into direct supervision.
4. **DIRECT SUPERVISION:** Assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:
   - reviews the procedures in relation to student achievement,
   - evaluates the condition of the patient in relation to the student's knowledge,
   - is physically present during the conduct of the procedure,
   - reviews and approves the procedure and/or image, and
   - is physically present during the conduct of a repeat image and must approve the student’s procedure prior to re-exposure.
5. Any Critical Care Unit, Emergency Department, Surgery, Mobile unit or C-arm procedures performed by first year students must always be under direct supervision.
6. **INDIRECT SUPERVISION:** Promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiography 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.
7. After demonstrating COMPETENCY in any radiographic procedure, the student may perform those procedures with Indirect Supervision.

**CLINICAL SUPERVISION PROCEDURES**

1. Students are to report to the Program Director or Clinical Coordinator if they are being asked to go against Program Supervision policies.
2. The Clinical Coordinator for the first year students will keep the clinical instructors and clinical sites informed of the students progress in the Procedures courses and Simulation lab courses. Students must first perform competency testing in the Simulations lab before being allowed to perform competency exams at the clinical sites.

3. The students will be scheduled for a surgery and mobile unit rotation each semester. A few students that are assigned to small clinical sites where surgical procedures are seldom performed will be rotated to a different clinical site for their surgical rotation. The Clinical Coordinators will make the arrangements for these special surgical rotations and will inform the student and the clinical sites of the times and dates of the rotations.

4. It is the responsibility of the student to not perform surgical or mobile unit procedures without the required supervision.

5. The students are to notify their Clinical Instructor if they are being asked to perform surgical or mobile unit procedures without the required supervision. The Clinical Instructor is responsible for seeing that the students are not placed in situations that are against Program policies.

Rev. 5/2011

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**ROTATIONS OTHER THAN NORMAL DAYTIME HOURS POLICY**

1. It may be necessary for the students to rotate through afternoon and evening shifts, in order to help attain the recommended variety of examinations that the students need exposure to during the two years of the Program.

2. The clinical education site and Clinical Instructor will determine if these rotations are allowed at their facility.

3. The following objectives should be kept in mind when scheduling students to shifts other than normal daytime hours:
   A. The student will gain experience in examinations not normally performed during the normal daytime hours.
   B. The student will have an opportunity to work more independently and at his or her own pace.
   C. The student will be able to learn the radiographic procedures for examining a trauma patient from the technologist on a one-to-one basis.
   D. The student will gain decision-making experience as related to performing radiographic examinations without the direct supervision of a Radiologist.

4. The following time schedules are recommended for student rotations:
   A. FIRST YEAR: Between the hours of 7:00 a.m. - 5:00 p.m.
   B. SECOND YEAR: Between the hours of 7:00 a.m. - 8:00 p.m.

5. LCC Clinical Coordinators must approve any additional rotation schedules that the clinical site wishes to use.
REPEAT IMAGE POLICY

1. All unsatisfactory images repeated by students must be performed under the direct supervision of a qualified radiographer.
2. Direct supervision means that the radiographer is present in the room with the student when they perform the repeat image. This will assure patient safety and proper educational practices.

REPEAT RADIOGRAPH PROCEDURES

1. Students should always have a qualified Radiographer check their images for quality and accuracy regardless of their level of supervision. Therefore, if it is necessary for the student to repeat a image that Radiographer can supervise the repeat image.
2. Students are not to repeat images without a qualified Radiographer present in the room. If necessary the student must wait until a Radiographer is available or their Clinical Instructor is available before they repeat the image.
3. It is the responsibility of the student to not perform repeat images without the required supervision.
4. The students are to notify their Clinical Instructor if they are being asked to perform repeats without the required supervision. The Clinical Instructor is responsible for seeing that the students are not placed in situations that are against Program policies.
5. Students are to report to the Program Director if they are being asked to go against Program policies.

CLINICAL BASED COMPETENCY POLICY

1. Clinical based competency requires that the student successfully demonstrate his/her ability to perform radiographic examinations according to accepted professional standards.
2. Competency examinations can only be evaluated by designated Clinical Instructors or approved clinical staff. However, a designated Clinical Instructor must sign all Competency Evaluation Sheets.

CLINICAL BASED COMPETENCY PROCEDURES

1. Students are required to successfully complete a certain number of competencies each semester.
2. During the Spring Semester of their second year, the students are required to successfully complete all required competencies before they are allowed to graduate.
3. The student is responsible for initiating the competency examination that they wish to perform. See the clinical competency section of this handbook.
4. The Clinical Instructor and the student must sign all evaluations and competencies. The Clinical Coordinators will not accept unsigned or incomplete forms.
5. Detailed information regarding the competencies can be found in the Competency-Based Clinical Education section of this handbook.
CLINICAL EVALUATION POLICY

1. Clinical training grades will be determined by:
   A. Clinical Competency Evaluations and problem solving skills.
   B. Monthly affiliate evaluations by the Clinical Instructor with input from the technologists in the department. This evaluation will assess the psychomotor and affective domains.
   C. Performance skills competency checklist.
   D. Examination log sheets – image evaluations.
   E. Attendance.

2. Any student receiving a failing grade in clinical will be considered clinically incompetent. Therefore, to assure proper patient care and health care delivery, a student who fails any portion of their clinical training will be dismissed from the program, with no option to reapply.

CLINICAL EVALUATION PROCEDURES
1. Refer to the clinical training syllabi for the methods of evaluation breakdown.
2. The Clinical Instructor at each clinical site will evaluate their students on monthly basis each semester. The Clinical Instructor will review the evaluation with the student.
3. The Clinical Instructor will also evaluate the student competency performance of radiographic examinations.
4. The Clinical Coordinators will review images with each student and complete evaluations on the quality of the images as well as the student’s ability to name the anatomy demonstrated and critique the image.

UNAUTHORIZED REMOVAL OF HOSPITAL PROPERTY POLICY

1. Unauthorized removal of hospital property is grounds for dismissal from the Program, pending a hearing before the Campus Review Committee in accordance with the College's due process procedure.
2. The Clinical Education Setting maintains the option to file criminal charges and prosecute the student in accordance with federal, state, and local ordinances.

UNAUTHORIZED REMOVAL OF HOSPITAL PROPERTY PROCEDURE
1. The Clinical Instructor will notify the Program Director if a student is suspected of unauthorized removal of hospital property.
2. The student will be removed from the clinical site pending investigation of the incident.
3. If the student is found guilty, the student will be dismissed from the Program with no options for readmission.
DISCIPLINARY ACTION POLICY

1. The Radiologist, Radiology Manager, Clinical Instructor, and Clinical Coordinator in the affiliated hospitals have the authority to verbally reprimand or dismiss a student from their department for the day for unethical behavior (such as: smart-mouth, refusing to do an exam, acting unprofessional, etc.) or for not complying with hospital or College policies.

DISCIPLINARY ACTION PROCEDURE

1. The Radiologist, Radiology Manager, Clinical Instructor, or Clinical Coordinator will fill out a disciplinary action form and a -2% will be deducted from the monthly evaluation. One copy will be given to the student, one placed in the student’s hospital file and one will be forwarded to the Program Director.
2. The program officials along with the College administration will decide whether to dismiss or to place the student on clinical suspension/probation.
3. Students that have been suspended from clinical as a disciplinary procedure may continue with their academic courses until the student grievance procedures have been completed.
4. Grounds for clinical suspension/probation include being arrested for any felony, theft, or illegal drug usage or abuse. The student will be placed on clinical suspension/probation until legal action is taken.
5. Grounds for immediate dismissal include “conviction” of a felony, theft, or illegal drug usage or abuse.

DISCIPLINARY ACTION FOR CLINICAL EDUCATION SITE POLICY

Labette Community College’s Radiography Program will place a Clinical Education Site on a probationary status if the clinical site fails to abide by Radiography Program Policies.

DISCIPLINARY ACTION FOR CLINICAL EDUCATION SITE PROCEDURE

1. The clinical site will receive a verbal and written warning if there is any infraction of program policies.
2. If after receiving verbal and written warning further infractions occur, the Program officials will consult with hospital administration. Any action taken after this consultation may affect future use of the clinical education site.
PROGRAM RECOMMENDATIONS REGARDING HIRING OF STUDENTS

1. No first year students are to be employed as Radiographers.
2. Second Year Students hired as Radiographers should not be scheduled to work more than 20 hours during the weekdays.
3. Students should not be scheduled to work on shifts that will interfere with classroom attendance.
4. Employment must not conflict with the students’ clinical rotation schedule:
   First year students clinical schedule is from 7:00 a.m. to 5:00 p.m.
   Second year students clinical schedule is from 7:00 a.m. to 8:00 p.m.
5. Students working as employees of the hospital are NOT to wear school uniforms nor nametags during this time.
6. Students are not to wear employee nametags during clinical hours.
7. Students attending hospital orientation for employment must make up the time missed if attending during clinical hours.

STUDENT GRIEVANCE/APPEAL POLICY

1. The Radiography Program will use Labette Community College’s Student Code of Conduct Policy 4.08 and Procedure 4.081 to handle any student appeals, or hearings. This Policy and Procedure 4.08 are found in the LCC Catalog and are published on LCC’s main web page under the following tabs: Student (Student Policy & Procedures); Catalog (Student Code of Conduct).
2. The Radiography Program will use Labette Community College’s Student Grievance Procedures found in the LCC’s Catalog under Procedure 4.081 which can be found on the LCC main web page under the Student tab (Student Grievance Process).
3. The Radiography Program follows the Standards for an Accredited Educational Program in Radiologic Sciences as published in the last section of this handbook.

STUDENT GRIEVANCE PROCEDURES
The student may use the appeals policies and the grievances procedures, found on LCC’s web page under LCC Catalog, for disciplinary actions taken against them.

1. A LCC student may appeal any instance of misapplication of college policy, procedure, or practice, which adversely affects him/her. Under this process, the student may not appeal the following:
   A. The receipt of a grade after one semester (fall and spring);
   B. The receipt of academic sanctions;
   C. Established College policies or procedures themselves.
2. The college student appeal procedure provides the student due process in the resolution of appeals. Where a specific college process is provided for resolution of a complaint it must be used. The decision shall be final if the student fails to employ the steps and time periods of the student grievance appear procedure.

Revised 5/2016
RADIATION MONITORING DEVICE OR FILM BADGE POLICY

Every student must have and wear a radiation monitor when in controlled radiation areas. The Program will order each student a radiation monitor to wear during lab at LCC. The Clinical Sites will order each student assigned to their hospital a radiation monitor to be worn during their clinical training at that hospital. The students Radiation Monitor Dosimeter report is to be discussed with the student each month.

RADIATION MONITOR OR FILM BADGE PROCEDURE
1. The Program Director will order a radiation monitor for each new student at the beginning of the summer semester.
2. The Program Director will send each clinical instructor the name, social security number, and birth date of each student assigned to their hospital at least 4 weeks in advance of the students first day of clinical attendance.
3. The Clinical Instructor upon receiving the list of new students will provide the information to the Radiation Safety Officer or the person in charge of ordering radiation monitors.
4. The Radiation Safety Officer or the person in charge of ordering radiation monitors will order the new student monitors so that when the students arrive at the clinical site they will have a radiation monitor.
5. Students without radiation monitors will not be allowed in controlled radiation areas.
6. A Radiation Monitor must be worn at all times. It should be worn at the collar outside of the lead apron during fluoroscopic procedures or any time a lead apron is worn.
7. Pregnant students will be provided with a fetal monitor. It is to be worn at the waist level and under any protective aprons.
8. Radiation monitors are to be left at the hospital in the designated area at the end of the day. The monitors are not to be taken home or used at any other facility.
9. **In order for the program to monitor and control radiation exposure to the student, the student radiation monitor should not be worn by the student while working as an employee of the hospital.**
10. Radiation monitors used in the lab at LCC are not to be taken out of the lab area and are to be left in the designated area at the end of each lab session.
11. Students are to review their personal Radiation Dosimetry Report each month, the monthly dose will also be listed on the monthly clinical evaluation form.

Revised 12/2010
**RADIATION PROTECTION POLICY**

1. Students are to stand behind leaded protection barriers during radiographic exposures.
2. Lead aprons must be worn during fluoroscopic procedures, C-arm procedures, mobile radiographic procedures, or any time that the student is required to be present in the room during a radiographic or fluoroscopic procedure.
3. Students are not to hold patients or imaging devices during a radiographic exposure.
4. Student rotations through any area or procedure in which their radiation monitor reading exceeds the allowed 50 mrem dose per month will be limited.
5. Radiation monitor reports are to be reviewed each month by the clinical instructor, the student, and the clinical coordinators.
6. **ALARA - As Low As Reasonably Achievable** - is the policy for exposure levels.
7. Obey the cardinal principles of radiation protection at all times: reduce exposure time, increase distance from source, and use shielding where appropriate.
8. Effective dose equivalent limit will be 500 mrem per year and should not exceed more than 50 mrem per month.
9. The limit for any education and training exposures of individuals under the age of 18 is an effective dose of 1mSv (0.1 rem) or 100 mrem annually.
10. The Clinical Site will retain the student’s radiation exposure reports at their site. They will send a copy of the student’s final exposure report to the program officials at the end of each school year. The student’s last radiation monitor report will be in July each year.
11. The declared pregnant worker (student) will follow the pregnancy policy for the program and also the pregnancy policy of the clinical education site.

**RADIATION PROTECTION PROCEDURE**

1. The clinical instructor and the technologists will instruct the students on where to stand during a radiographic exposure.
2. Each student will be responsible for making sure that they have a lead apron on during fluoroscopic, C-arm, or mobile radiographic procedures. If no lead aprons are available, then the student must stand outside of the area where the procedures are being performed.
3. Immobilization devices or non-occupational persons should be utilized if the patient needs assistance during an exposure.
4. Rotations through procedures that exceed the allowed 50 mrem per month dose will not be allowed by program officials. The student will only be allowed to perform such procedures on a limited basis.
5. The Clinical Coordinator will counsel students on radiation safety procedures if they receive above 50 mrems of exposure in a one-month period.
6. Students who exceed the allowed 500 mrem per year exposure will be removed from any rotation in which they will receive any further exposure.
7. If the student looses their film badge, they are to report it to the clinical instructor and the radiation safety officer immediately. If the student accidentally leaves their film badge in the radiographic room during an exposure, they must report this to their clinical instructor and the radiation safety officer.
8. LCC will maintain a copy of the final exposure report of each student at the end of each year.
9. Pregnant students must follow the pregnancy policy in regards to radiation safety procedures.
1. The National Council on Radiation Protection (NCRP) advises that control measures should be taken to avoid or reduce the risk of ionizing radiation exposure to the human embryo or fetus. It should be noted, however, that the risks or probability of detectable effects induced by medical diagnostic exposure are very small. All pregnant students in Labette Community College’s Radiography Program must make the final decision as to their acceptance or non-acceptance of this minimal risk.

2. The NCRP currently states that the dose-equivalent to the embryo and fetus should be limited to 0.5 rem during the entire gestation period. Based on the above information, these guidelines shall be followed:
   A. **DECLARED PREGNANT WORKER (STUDENT).** This term implies that a pregnant student advise the Radiography Program and clinical education site VOLUNTARILY and IN WRITING of her pregnancy and estimated date of conception. Formal, voluntary notification is the only means by which the employer/school can ensure that the dose to the fetus can be limited during the pregnancy.

3. The declared pregnant student will be provided with the following options:
   A. Continue the educational program without any modifications.
   B. Continue to attend the academic courses, but take a pregnancy leave from the clinical course.
   C. Drop out of the program at this point in training and be given the option to return after the pregnancy.

4. The pregnant student continuing in their clinical courses must abide by the following rules regarding her radiation monitoring during her pregnancy:
   A. The pregnant student will not be assigned to fluoroscopy or portable radiography during the first trimester of her pregnancy.
   B. The pregnant student will be provided with a second personnel radiation monitor with instructions to wear it at waist level and under the protective apron (when worn). The radiation monitoring report associated with this badge should reflect that it is a fetal dose monitor.

5. The student has the option for written withdrawal of declaration of pregnancy.

**STUDENT PREGNANCY PROCEDURE**

1. The Radiography Program and clinical education site are required to make an effort to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant student to ensure that the exposure to the embryo or fetus does not exceed the limits specified. This does not mean that the declared pregnant student should be removed from duty. It means that upon examination of the student’s previous exposure history, an evaluation of the work environment should be performed to determine the potential of receiving exposures that would
exceed the 0.5 rem limit and then the student’s work habits should be adjusted to reduce risks.

2. The clinical site will provide a fetal radiation monitor to be worn at waist level by the pregnant student.

3. The student who chooses to remain in the program without modifications will continue to attend both clinical and academic courses as scheduled. Any time missed from clinical during the pregnancy may be made up after the pregnancy by either attending clinical during holidays or if necessary by lengthening the clinical portion at the end of the programs designated time frame. The student may also anticipate the time needed off for pregnancy leave and make up time before hand on holidays or scheduled time off from school if she wishes.

4. The student who chooses to remain only in the academic portion of the program will be allowed to make up the missed clinical time by either attending clinical during holidays or by lengthening the clinical portion of the program beyond the designated time frame of the program.

5. The student who chooses to leave the program during her pregnancy will be reinstated in the program upon completion of her pregnancy leave.
   A. The length of pregnancy leave will be determined by the student's attending physician and must be stated in writing to the respective Program Director.
   B. The students’ reinstatement into the program will depend upon where she was in the program when she took the pregnancy leave. If it were at the beginning of a semester, then she would need to wait until those courses are offered again the next year.
   C. If the student does not re-enter the Program immediately after termination of her pregnancy leave, she will have to apply for the program under the standard application procedure, should she wish to enter the program at a later date.

6. If the student decides to remain in the Radiography Program during her pregnancy, she accepts full responsibility for her actions and relieves Labette Community College and its faculty of any responsibilities in case of adverse effects.

7. The pregnant student must follow the established Program policies and meet the same clinical and educational criteria as all other students before graduation and recommendation for the national certifying examination.

8. The student has the option for written withdrawal of declaration of pregnancy.

2/2006 Revision 3/2012
CRIMINAL BACKGROUND CHECK POLICY

The Joint Commission (TJC) does not require criminal background check for students. TJC criteria, however, require facilities to be in compliance with state law as it relates to “staff, students, and volunteers”.

1. As required by some clinical facilities contracted by Labette Community College, all applicants to the Health Science Programs, including Radiography, Sonography, Physical Therapy Assistant, Nursing, or Respiratory Therapy must submit to a criminal background check.

2. Students applying for admission into Labette Community College’s Radiography Program must undergo a criminal background check performed by PreCheck Inc.

3. The College receives a report on each background check that and forwards the results to each student’s clinical site prior to the Fall Semester each year.

CRIMINAL BACKGROUND CHECK PROCEDURES (LCC Procedure 3.20)
Labette Community College requires applicants to all Health Science Programs to submit to a criminal background check based on, but not limited to:

- The need to enhance safety and well-being of patients, staff, visitors and the general public in the clinical environment;
- To ascertain the ability of health science students to eventually become licensed/certified or maintain current license/certification;
- Consideration of liability issues which may affect Labette Community College or our clinical facilities;
- To comply with mandates from clinical facilities utilized by Labette Community College.

The LCC Permission and Release Form for the background check is included in the application packet for Health Science Programs and must be completed, signed, dated and returned with the program application. The completed form authorizes Labette Community College to forward background check results that show adverse findings that may prevent a student from gaining licensure/certification upon completion of program coursework to potential clinical sites for review prior to any educational clinical experience.

Students enrolling in any LCC Allied Health course that includes a clinical component, for example, Certified Nurse Aide or Certified Medication Aide must submit to a background check when required by the clinical facility. During the LCC orientation for the course, students must complete a release form approved by the facility administrator that gives the facility permission to conduct and review the background check.

The incurred cost of the background check is the responsibility of the applicant/student. Failure to submit to this requirement will disqualify the applicant from admission into an LCC Health Science Program or enrollment in an Allied Health course.

Any applicant with a criminal history (information collected by criminal justice agencies concerning individuals, and arising from the initiation of a criminal proceeding, consisting of identifiable
descriptions, dates and notations of arrests, indictments, information or other formal criminal charges and any dispositions arising therefrom) who denies that history by answering "no" to the question regarding criminal background on the program application will be automatically and permanently disqualified from the selection process, based on fraudulently presenting her/himself as having a clear criminal record.*

Health Science Program students must notify their program director immediately if any change in their criminal history occurs while enrolled in a Health Science Program. Allied Health course students must notify the LCC Workforce Education Director immediately if any change in their criminal history occurs while enrolled in an Allied Health course that includes a clinical component. Failure to notify the director will result in immediate dismissal from the program or course with no opportunity for readmission. **

Health Science Program students who are unable to complete the clinical component of the program due to a criminal charge that occurred after being accepted into the program will be dismissed from the program.

Allied Health course students who are unable to complete the clinical component due to a criminal charge that occurred while enrolled in the course will be dropped from the course.

It is the responsibility of any individual with a criminal history in his/her lifetime who wishes to pursue a Health Science Profession to consult the laws governing licensure or certification in the state in which he/she intends to license/certify prior to application to any LCC Health Science Program or Allied Health course. Contact the Health Science Program Director for information and direction to the appropriate agency for questions regarding criminal history and licensure/certification.

*Background check companies typically accumulate criminal history for the past seven years; however, licensing body investigations cover lifetime activity. It is the responsibility of the applicant/potential student to investigate the affect criminal history beyond the seven year check might have on licensure/certification.

**Each LCC Health Science Program and Allied Health Course has specific policies/procedures regarding dismissal, completion of non-clinical coursework, financial responsibility of the student, and readmission. Contact the Program Director for information.

Section Revision 5/2014
The Policies and Procedures in this handbook have been endorsed by the Radiography Program Advisory Committee to ensure the professional conduct of all students.
INTRODUCTION TO CLINICAL EDUCATION

This section is designed to assist and guide the learner through the various phases of clinical training. In addition, competency requirements are outlined and discussed.

Within this section, the student will find that Clinical Training has been divided into several phases. Each phase has multiple clinical outcomes and evaluation instruments. These outcomes are designed to take the learner from entry level through the more sophisticated aspects of radiography.

It is the philosophy of the Program that both the outcome and competency requirements outlined within this section will aid the learner in obtaining those skills and attitudes necessary for successful entry into the profession.

CLINICAL REQUIREMENTS

Clinical competence means that the Program officials have observed the student performing the procedure and that the student performed the procedure independently, consistently, and effectively.

Students must demonstrate competence in the following areas:

Ten mandatory general patient care activities.

Thirty-seven mandatory radiologic procedures.

Fifteen elective radiologic procedures to be selected from a list of 34 procedures.

• One of the 15 elective imaging procedures must be selected from the head section; and

• Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section, one of which must be either Upper GI or contrast enema.

Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation.

Institutional protocol will determine the positions or projections used for each procedure. Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc.

Once the student has successfully completed a competency examination, that examination may be performed under indirect supervision. All other examinations require direct supervision.

All repeat images, and portable and surgical examinations must be performed in the presence of a qualified radiographer, regardless of the student's level of competency. If a student fails to abide by this policy, the student will be dismissed from the Program.
Competency based education means that the student attains a specified level of proficiency.

Direct Supervision means that the student is supervised 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 present during the procedure, and reviews and approves the procedure. A qualified radiographer is present during student performance of a repeat of any unsatisfactory image.

Indirect Supervision means that supervision is 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 practitioner 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.

Revised 6/2016

DIDACTIC/CLINICAL INTEGRATION

FIRST YEAR – SUMMER AND FALL SEMESTERS

DIDACTIC EDUCATION

The following information will be presented in the summer session prior to the students being introduced to the clinical setting in the fall semester:

- Introduction to the health care profession with emphasis on ethics and legal aspects.
- Basic exposure techniques, equipment manipulation, and radiation protection.
- Principles of image processing.
- Radiographic Procedures I will present the basic components of radiographic positioning; including terminology, an introduction to the clinical setting, positioning and basic anatomy of chest and abdomen.
- Patient Care will cover aseptic technique, vital signs, and emergency situations. Also covered will be standard precautions and body mechanics.
- The students will be given an orientation to their clinical site.

The fall semester will include the following courses:

- Radiographic Procedures II will present the positioning and basic anatomy of the upper and lower extremities, shoulder girdle, pelvic girdle, bony thorax.
- Pharmacology and Drug Administration in Patient Care II course will introduce the students to contrast media and contrast exams. Venipuncture procedures and pharmaceuticals related to radiographic procedures will also be presented.
• A lab course will be included for student simulation of radiographic procedures and images will be taken of phantoms.
• Radiographic Imaging II will introduce the student to imaging technical factors that affect density, contrast, recorded detail, and distortion.

CLINICAL EDUCATION
Clinical experience consists of 24 hours per week (M, W, F) for 15 weeks for a total of 336 hours (3 holidays). The purpose of this clinical portion of the training is to introduce the learner to the clinical education center and specifically the radiography department.

During the Summer Semester, the student was oriented to the following: Radiation Protection Procedures, Patient Communication, Patient Transfer, Equipment Manipulation, Positioning Terminology and Procedures, and Standard Precautions. At the clinical site, emphasis will be placed on department orientation and will include rotations through front desk, patient transportation, general and fluoroscopic procedures, and mobile radiography.

CLINICAL COMPETENCY
The student will begin by observing and assisting the technologist. By the end of the semester the student should be performing those examinations which they have proven competency in the laboratory setting.

The student will log all examinations observed, assisted, or performed. The Clinical Coordinators will review these images with the student in order to assist them with their learning. The student will be required to complete 6 competency examinations, including a Chest. Procedures I & II examinations.

FIRST YEAR - SPRING SEMESTER
DIDACTIC EDUCATION
• Principles of Physics and Equipment Operation will be presented.
• Radiographic Procedures III will present the positioning and basic anatomy of the skull as well as a basic knowledge of radiographic procedures in surgery, special procedures, pediatric / geriatric and trauma radiography.
• Introduction to CT scanning and Cross Sectional Anatomy will be presented with rotations through CT at the clinical site.
• A lab course will be included for student simulation of radiographic procedures and images will be taken of phantoms.

CLINICAL EDUCATION
Clinical experience consists of 24 hours per week (M, W, F) for 15 weeks for a total of 336 clinical hours (3 holidays). The student should be performing all examinations that he/she have proven competency in the laboratory setting. The student will be observing and assisting the technologist with the examinations, which he/she have not proven competency in. Emphasis will be placed on fluoroscopic and skeletal procedures of the extremities, spine, and skull. The student will rotate through all general, fluoroscopic, mobile, surgery areas and C.T.
CLINICAL COMPETENCY
The student will log all examinations performed and will review their images with the Clinical Coordinators. 10 Image Evaluations must be completed. The student will also be required to complete 10 competency examinations from the examinations, which they have proven competency in the lab setting. Procedures I, II, & III examinations.

SECOND YEAR – SUMMER SEMESTER
DIDACTIC EDUCATION
• Imaging Modalities will be presented as an online course. The concepts and applications of Magnetic Resonance Imaging, Mammography, Bone Densitometry, Ultrasound, Nuclear Medicine, PET scanning, Radiation Therapy and Vascular will be presented.

CLINICAL EDUCATION
The Summer Session consists of 32 hours per week for 4 weeks (128 hours) and 4 weeks (128 hours) at a new clinical site for a total of 256 clinical hours. The student will rotate through all general, fluoroscopic, mobile, surgery areas, and C.T. Emphasis will be placed on performing all skeletal and fluoroscopic procedures.

CLINICAL COMPETENCY
The student will log all radiographic procedures performed and will review these examinations with the Clinical Coordinators. The student will be required to complete 5 competency examinations at the first hospital and 5 recheck competencies at the new clinical site.

SECOND YEAR – FALL SEMESTER
DIDACTIC EDUCATION
• Digital Image Acquisition and QA will be presented in the Radiographic Imaging III course as well as Radiation Protection I will be presented.
• Additional information about CT procedures and images will be presented.
• Radiographic Pathophysiology will be reviewed with the students as well as research project assignments.

CLINICAL EDUCATION
Clinical experience consists of 24 hours per week (M, T, TH) for 15 weeks for a total of 336 clinical hours (3 holidays). This semester provides the learner with additional experience in pediatrics, trauma, mobile, surgical radiography, and learning new routines at a new clinical setting. There will also be rotations through C.T. The student may request to spend some time in other modalities if they are interested in pursuing additional training in those areas. In addition, the student will rotate through a vascular rotation at one of the major clinical affiliates.
CLINICAL COMPETENCY
The student should now be performing all examinations under direct and indirect supervision of a radiographer. The student is required to complete at least fifteen competency evaluations this semester. The student will log all radiographic procedures performed and will review these examinations with the Clinical Coordinators. Ten image evaluations are required this semester.

The Clinical Instructors and Clinical Coordinators may request a recheck competency evaluation at any time. Five recheck evaluations, each from a different area of the body, will be performed this semester.

SECOND YEAR – SPRING SEMESTER
DIDACTIC EDUCATION
- Radiation Protection II and Radiobiology will be presented in depth.
- Image Analysis and Critical Thinking & Analysis in Radiography will assist the student in further development of their critical thinking skills.
- Radiography Comprehensive Review will provide the student with an extensive review of all the material that has been presented to them throughout the program.

CLINICAL EDUCATION
Clinical experience consists of 24 hours per week (M, T, TH) for 15 weeks for a total of 336 clinical hours (3 holidays).

CLINICAL COMPETENCY
The student will continue to perform examinations in which competency has been achieved. The student is required to complete the remaining competency evaluations and a Terminal Competency Profile.

Surgical procedure skills, trauma radiography, and other more specialized areas should be perfected.

The student will log all radiographic procedures performed and will review these examinations with the Clinical Coordinators. Ten image evaluations are required this semester.

Revised 6/2016
SIMULATED LABORATORY COMPETENCY
In the laboratory, the student will perform radiographic examinations, from an area of the body, on another student and simulate the exposure while being evaluated by the Laboratory Instructor.

The minimum acceptable level of competency is 86%

CLINICAL PARTICIPATION
Observe and assist under direct supervision.
Assist and perform under direct supervision.
Perform with competence under indirect supervision.

ACTUAL
The student will perform physician requested radiographic examinations on a patient at the clinical education site.

COMPETENCY
In the clinical setting, the student will perform physician requested radiographic examinations on a patient while being evaluated by the Clinical Instructor. The resulting images will also be evaluated.
The minimum acceptable level of competency is 86% with a minimum overall competency mean score of 91% per semester.

RECHECK COMPETENCY EVALUATIONS
While being evaluated, the student will perform a randomly selected radiographic procedure that he/she has proven competency in earlier in the program.
The minimum acceptable level of competency is 96%.

FIRST YEAR
1.0 Cognitive
The student will attend lectures related to the subject matter deemed necessary to assure a meaningful clinical participation in the program.

2.0 Cognitive Competency
The student will attain those cognitive objectives as presented in the course with at least 86% accuracy. If the student fails, he/she will be assisted in reaching those objectives by means of a Tutorial System.
3.0 Affective Psychomotor
The students also proceed with laboratory simulation and the passive mode of clinical participation. The laboratory experience consists of instructor demonstrations and assistance. The students are required to simulate, without radiation, examinations on another student and be critiqued by the Laboratory Instructor. After simulating without radiation, the students progress to simulating with radiation on the laboratory phantom. The images obtained from the simulations are critiqued by the student and the Laboratory Instructor determines if competency has been achieved.

4.0 Simulated Laboratory Competency
After sufficient laboratory experience, the student will attempt a Simulated Laboratory Competency evaluation, being evaluated by the Laboratory Instructor. If the student fails, he/she will be required to review the Tutorial System and gain additional experience in the laboratory setting. The student will then be reevaluated on the Simulated Laboratory Competency evaluation.

5.0 Clinical Participation
The student begins his/her clinical participation by observing a practicing Radiologic Technologist. This participation moves from a passive mode to a more active mode of assisting the Radiologic Technologist in radiographic examinations.

Upon successful completion of a Simulated Laboratory Competency, the clinical education site officials will be notified of the student's simulated competency. The students may then perform those examinations under the direct supervision of a Radiologic Technologist. The student will continue clinical participation in the passive mode with the remaining examinations until the Simulated Laboratory Competency has been completed in those areas.

6.0 Competency Evaluation
When the student has demonstrated his/her ability to perform the examinations while under direct supervision, a competency evaluation will be performed by the Clinical Instructor or Clinical Coordinator. The student will demonstrate his/her skill and competency in that particular radiographic examination with at least 86% accuracy and a minimum overall competency mean score of 91% per semester. If the student fails the competency evaluation, continuation of clinical participation in that examination is required. The student will then be re-evaluated on that examination.
COMPETENCY-BASED CLINICAL EDUCATION
FLOW CHART DESCRIPTION

SECOND YEAR

1.0 Clinical Participation
As the student gains experience in various procedures, he/she gradually moves into independent clinical performance. At this point, the student is actually performing the procedure under the direct supervision of a Radiologic Technologist. Upon sufficient clinical participation, the learner may request a competency evaluation. The Clinical Instructor or Clinical Coordinator will determine the student's readiness to demonstrate his/her competency.

2.0 Competency Evaluation
When the student has demonstrated his/her ability to perform the examinations while under direct supervision, the Clinical Instructor or Clinical Coordinator may perform a competency evaluation. The student will demonstrate his/her skill and competency in that particular radiographic examination with at least 86% accuracy and a minimum overall competency mean score of 91% per semester. If the student fails the competency evaluation, continuation of clinical participation in that examination is required. The student will then be re-evaluated in that examination.

3.0 Clinical Participation
Upon successful completion of a competency evaluation, the student is allowed to perform that examination with indirect supervision.

The student will continue to produce these examinations while he/she is pursuing experience in other examinations that will apply for the next competency evaluation.

Direct Supervision is required for all repeats, mobile, and surgical examinations.

4.0 Recheck Competency Evaluations
During the second year, after the student has moved to a new clinical setting, the Clinical Instructor or Clinical Coordinator will perform a recheck competency evaluation. The purpose of the Recheck Competency Evaluation is to insure that the student is still performing at the competency level required by the program. The recheck examination will be selected by the Clinical Instructor or Clinical Coordinator. The student will demonstrate his/her competency in each recheck examination with at least 96% accuracy. If a student fails the requirements of this evaluation, he/she shall return to that area of weakness and obtain additional experience as determined by the Clinical Instructor or Clinical Coordinator. After the required experience is completed, the student will be reevaluated on that recheck competency. This additional experience may exceed the 23-month program.

The student must successfully complete ALL Recheck Competency Evaluations with a minimum acceptable level of 96% before graduation will be granted from the program.

Revised 07 / 2014
EVALUATING COMPETENCY

A student may challenge an Examination Competency when he/she has demonstrated his/her ability to perform the examination as determined by the Clinical Instructor or Clinical Coordinator.

The student will then perform each mandatory and elective examination within each area with a minimum of 86% competency and a minimum overall competency mean score of 91% per semester. The particular number of examinations that the student will perform each semester will be determined by the Program officials.
The Competency Evaluation Form is utilized to evaluate this performance. The criteria for the evaluations are presented in the following pages.

The procedure for the Recheck Competency Evaluation is similar with the exception that examinations are randomly selected by the Clinical Instructor or Clinical Coordinator. The minimum acceptable level of competency is 96%.

Revised 07 / 2014

COMPETENCY REQUIREMENTS

Each student must successfully complete 37 mandatory and 15 elective competency examinations in order to graduate from the program.

Fall Semester 1st Year
1. Students are not to complete any competency until the month of October.
2. Students must complete 6 (which must include a chest) competency exams this semester, any more than that will not be accepted, and it is not acceptable to post date any competency exams.

Spring Semester 1st Year
1. Students must complete 10 competency exams this semester, any more than that will not be accepted and it is not acceptable to post date any further competency exams.

Summer Semester 2nd Year
1. Students must complete 5 competency and 5 recheck exams this semester.
2. Students are permitted to comp on the following exams Myelograms, Arthograms, Surgical Procedures, Skull, and Facial radiography, etc.
Fall Semester 2\textsuperscript{nd} Year
1. Students must complete 15 competency exams this semester, any more than that will not be accepted, and it is not acceptable to post date any competency exams.
2. Students must also complete 5 recheck competency exams, any more than that will not be accepted.

Spring Semester of 2\textsuperscript{nd} Year
1. Students must complete the remaining required competency exams.

SIMULATION OF COMPETENCIES
The ARRT requirement specifies that certain clinical procedures may be simulated. Simulations must meet the following criteria:

A. The student is required to competently demonstrate skills as similar as circumstances permit to the cognitive, psychomotor, and affective skills required in the clinical setting.

B. The Program Director is confident that the skills required to competently perform the simulated task will generalize or transfer to the clinical setting.

C. Acceptable simulations include positioning a fellow student for a projection without actually activating the x-ray beam and evaluating an image from a teaching file.

If the 37 mandatory and 15 elective examinations are not completed by the last day of the spring clinical semester, then the remaining mandatory examinations will be simulated on another student in the LCC lab. There may be some examinations that may need to be simulated at the clinical site on that last day of clinical. Images may need to be taken of the phantom in the LCC lab for evaluation purposes.

Not more than 8 mandatory examinations can be simulated. Therefore, the student may be required to extend their clinical training into the Summer Semester in order to complete the mandatory requirements.

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

Revised 6/2016
CRITERIA FOR PERFORMANCE EVALUATION

1. EQUIPMENT UTILIZATION
   A. Manipulate tube/bucky
   B. Proper selection of technical factors on the Control Panel
   C. Proper SID
   D. Proper use of positioning aids

2. POSITIONING SKILLS
   A. Position patient correctly on table or to image receptor
   B. Position part correctly
   C. Center the central ray to the center of image receptor
   D. Oblique patient correctly
   E. Angle tube correctly

3. IMAGE RECEPTOR (IR)
   A. Place one image per IR
   B. Anatomical part straight on IR
   C. Collimation must be used on all images

4. WORK EFFICIENCY
   A. Room prepared
   B. Performed procedures in an appropriate length of time
   C. Room cleaned up after the procedure
   D. No repeats

5. PATIENT CARE
   A. Correct patient and performed the correct examination
   B. Explanation of procedure
   C. Proper handling/care (isolation techniques)
   D. Proper patient attire/patient modesty

6. RADIATION PROTECTION
   A. Cone or collimate to the part
   B. Shield the patient when appropriate
   C. Use proper exposure factors

7. IDENTIFICATION
   A. Markers properly placed
   B. Patient information correct and visible
   C. Marker not over anatomy of interest

8. ANATOMICAL PARTS
   A. Part shown properly
   B. Anatomy in the center of the IR
   C. Name the anatomy demonstrated

9. IMAGE QUALITY
   A. Correct exposure factors
   B. Proper use of grids
   C. No foreign body artifacts (jewelry, snaps, etc.)
Upon completion of the program, the graduate will be able to:

1. Provide basic patient care and comfort and anticipate patient needs.
2. Provide appropriate patient education.
3. Practice radiation protection.
4. Understand basic x-ray production and interactions.
5. Operate medical imaging equipment and accessory devices.
6. Position the patient and medical imaging system to perform examinations and procedures.
7. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
8. Demonstrate knowledge of human structure function and pathology.
9. Demonstrate knowledge and skills relating to quality assurance activities.
10. Evaluate the performance of medical imaging systems.
11. Evaluate medical images for technical quality.
12. Demonstrate knowledge and skills relating to medical image processing.
13. Understand the safe limits of equipment operation.
14. Recognize equipment malfunctions and report them to the proper authority.
15. Demonstrate knowledge and skills relating to verbal, nonverbal and written medical communication in patient care intervention and professional relationships.
16. Exercise proper medical and surgical asepsis and follow proper standard precautions.
17. Utilize proper body mechanics.
18. Support the profession's code of ethics and comply with the profession's scope of practice.
19. Competently perform a full range of radiologic procedures on children and adults in the following areas:
   - EXTREMITIES
   - PELVIS & SPINE
   - THORAX
   - HEAD & NECK
   - ABDOMEN & CONTRAST STUDIES
   - MOBILE & SURGICAL
20. Competently simulate general patient care in the following areas:
   - CPR
   - VITAL SIGNS (blood pressure, temperature, pulse, respiration, pulse oximetry)
   - VENIPUNCTURE
   - STERILE AND ASEPTIC TECHNIQUE
   - CARE OF PATIENT AND MEDICAL EQUIPMENT
   - TRANSFER OF PATIENT.

Section Revised 6/2016
<table>
<thead>
<tr>
<th>RADIOGRAPHIC PROCEDURE</th>
<th>M or E</th>
<th>DATE COMPLETED</th>
<th>PATIENT OR SIMULATED</th>
<th>SCORE</th>
<th>COMP VERIFIED</th>
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</thead>
<tbody>
<tr>
<td>CHEST &amp; THORAX</td>
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<tr>
<td>1. Chest Routine</td>
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<tr>
<td>2. Chest AP (WC/Stretcher)</td>
<td>M</td>
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<tr>
<td>3. Ribs</td>
<td>M</td>
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<td>4. Chest Lateral Decubitus</td>
<td>E</td>
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<td>5. Sternum</td>
<td>E</td>
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<tr>
<td>6. Upper Airway (Soft tissue neck)</td>
<td>E</td>
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<tr>
<td>UPPER EXTREMITY</td>
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<td>7. Thumb or Finger</td>
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<td>8. Hand</td>
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<td>9. Wrist</td>
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<td>10. Forearm</td>
<td>M</td>
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<td>11. Elbow</td>
<td>M</td>
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<td>12. Humerus</td>
<td>M</td>
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<tr>
<td>13. Shoulder</td>
<td>M</td>
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<tr>
<td>14. Trauma Shoulder or Humerus: (Scapular Y, Transthoracic or Axial)</td>
<td>M</td>
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<td>15. Clavicle</td>
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<td>16. Scapula</td>
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<td>17. AC joints</td>
<td>E</td>
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<tr>
<td>18. Trauma Upper Extremity (Non shoulder)</td>
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<tr>
<td>LOWER EXTREMITY</td>
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<td>19. Toes</td>
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<td>20. Foot</td>
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<tr>
<td>21. Ankle</td>
<td>M</td>
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<td>22. Knee</td>
<td>M</td>
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<td>23. Tibia-Fibula</td>
<td>M</td>
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<tr>
<td>24. Femur</td>
<td>M</td>
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<td>25. Trauma Lower Extremity</td>
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<tr>
<td>26. Patella</td>
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<td>27. Calcaneous (Os Calcis)</td>
<td>E</td>
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<tr>
<td>HEAD</td>
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<tr>
<td>28. Skull</td>
<td>E</td>
<td></td>
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<tr>
<td>29. Paranasal Sinuses</td>
<td>E</td>
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<tr>
<td>30. Facial Bones</td>
<td>E</td>
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<td>31. Orbits</td>
<td>E</td>
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<tr>
<td>32. Zygomatic Arches</td>
<td>E</td>
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<tr>
<td>33. Nasal Bones</td>
<td>E</td>
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<td>34. Mandible</td>
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<td>(Panorex acceptable)</td>
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<tr>
<td>35. Temporomandibular Joints</td>
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<tr>
<td>SPINE &amp; PELVIS</td>
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<tr>
<td>36. Cervical spine</td>
<td>M</td>
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<tr>
<td>37. Thoracic spine</td>
<td>M</td>
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<tr>
<td>38. Lumbosacral spine</td>
<td>M</td>
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<tr>
<td>39. Cross table lateral spine (horizontal beam)</td>
<td>M</td>
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<tr>
<td>40. Pelvis</td>
<td>M</td>
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<tr>
<td>41. Hip</td>
<td>M</td>
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<tr>
<td>42. Cross table lateral hip (horizontal beam)</td>
<td>M</td>
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<tr>
<td>43. Sacrum &amp;/or Coccyx</td>
<td>E</td>
<td></td>
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<tr>
<td>44. Scoliosis series</td>
<td>E</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>45. Sacroiliac joints</td>
<td>E</td>
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</table>

<table>
<thead>
<tr>
<th>ABDOMEN</th>
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</thead>
<tbody>
<tr>
<td>46. Abdomen supine (KUB)</td>
<td>M</td>
</tr>
<tr>
<td>47. Abdomen Upright</td>
<td>M</td>
</tr>
<tr>
<td>48. Abdomen Decubitus</td>
<td>E</td>
</tr>
<tr>
<td>49. Intravenous Urography</td>
<td>E</td>
</tr>
</tbody>
</table>

Fluoroscopy Studies – Candidates must select either Upper GI or Barium Enema plus one other elective procedure from this section.

<table>
<thead>
<tr>
<th>Fluoroscopy Studies</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>50. Upper GI series</td>
<td>E</td>
</tr>
<tr>
<td>(Single or double contrast)</td>
<td>E</td>
</tr>
<tr>
<td>51. Barium Enema</td>
<td>E</td>
</tr>
<tr>
<td>(Single or double contrast)</td>
<td>E</td>
</tr>
<tr>
<td>52. Small Bowel series</td>
<td>E</td>
</tr>
<tr>
<td>53. Esophagus</td>
<td>E</td>
</tr>
<tr>
<td>54. Cystography/Cystourethrography</td>
<td>E</td>
</tr>
<tr>
<td>55. ERCP</td>
<td>E</td>
</tr>
<tr>
<td>56. Myelography</td>
<td>E</td>
</tr>
<tr>
<td>57. Arthrography</td>
<td>E</td>
</tr>
<tr>
<td>58. Hysterosalpingography</td>
<td>E</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MOBILE C-ARM STUDIES</th>
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</thead>
<tbody>
<tr>
<td>59. C-Arm Procedure</td>
<td>M</td>
</tr>
<tr>
<td>(Requiring manipulation to obtain more than One Projection)</td>
<td>M</td>
</tr>
<tr>
<td>60. Surgical C-Arm Procedure</td>
<td>M</td>
</tr>
<tr>
<td>(Sterile Field Required)</td>
<td>M</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MOBILE RADIOGRAPHIC STUDIES</th>
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</thead>
<tbody>
<tr>
<td>61. Chest</td>
<td>M</td>
</tr>
<tr>
<td>62. Abdomen</td>
<td>M</td>
</tr>
<tr>
<td>63. Orthopedic</td>
<td>M</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PEDIATRIC PATIENT Age 6 or Younger</th>
<th></th>
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<tbody>
<tr>
<td>64. Chest Routine</td>
<td>M</td>
</tr>
<tr>
<td>65. Upper Extremity</td>
<td>E</td>
</tr>
<tr>
<td>66. Lower Extremity</td>
<td>E</td>
</tr>
<tr>
<td>67. Abdomen</td>
<td>E</td>
</tr>
<tr>
<td>68. Mobile Study</td>
<td>E</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>GERIATRIC PATIENT (Physically or Cognitively Impaired as a result of aging)</th>
<th></th>
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<tbody>
<tr>
<td>69. Chest Routine</td>
<td>M</td>
</tr>
<tr>
<td>70. Upper Extremity</td>
<td>M</td>
</tr>
<tr>
<td>71. Lower Extremity</td>
<td>M</td>
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<tr>
<td>General Patient Care</td>
<td>Date Completed</td>
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<td>----------------------</td>
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</tr>
<tr>
<td>1. CPR</td>
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<td>2. VITAL SIGNS:</td>
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<tr>
<td>Blood Pressure:</td>
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<tr>
<td>Temperature:</td>
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<td>Pulse:</td>
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<tr>
<td>Respiration:</td>
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<tr>
<td>Pulse Oximetry:</td>
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<tr>
<td>3. Sterile and Medical Aseptic Technique</td>
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<tr>
<td>4. Venipuncture</td>
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<tr>
<td>5. Transfer of patient</td>
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<tr>
<td>6. Care of patient medical equipment (e.g., oxygen tank, IV tubing)</td>
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</tr>
</tbody>
</table>
SIGNATURES RELATING TO POLICIES SECTION

AUTHORIZATION TO RELEASE PERFORMANCE INFORMATION
PERMISSION TO POST GRADES
DRUG SCREENING
DECLARED PREGNANT STUDENT
STATEMENT OF RESPONSIBILITY
CONFIDENTIALITY STATEMENT
HANDBOOK

The Policies and Procedures in this handbook have been endorsed by the Radiography Program Advisory Committee to ensure the professional conduct of all students
AUTHORIZATION TO RELEASE PERFORMANCE INFORMATION

I hereby authorize the Program Director and/or Clinical Coordinators in the Radiography Program of Labette Community College to release information concerning my performance while enrolled in the Program.

This information should only be released to perspective employers of which I have given the Program Director and/or Clinical Coordinators as references.

This information may be given out by letter or via telephone conversation.

____________________________________________________________
Signature Date

PERMISSION TO POST GRADES

I agree to grant my permission to the faculty of the Labette Community College Radiography Program to post any grades pertinent to my academic and clinical progress throughout my training period and identify me through the use of my student I.D. Number.

____________________________________________________________
Signature Date

DECLARED PREGNANT STUDENT

This implies that a pregnant student advise the Radiography Program and Clinical Education Site VOLUNTARILY AND IN WRITING OF HER PREGNANCY AND ESTIMATED DATE OF CONCEPTION. Formal, voluntary notification is the only means by which the Program and Clinical Site can ensure that the dose to the fetus can be limited during the pregnancy.

Your signature indicates that you have read the Pregnancy Policy and understand the policy.

____________________________________________________________
Student Signature Date
Labette Community College clinical education settings may require *drug screening*. Therefore, if as a student assigned to a clinical education setting that requires a *drug screening*, he/she must subject himself/herself to the screening. If the student refuses the *drug screening* or if his/her test(s) are determined to be positive, the clinical education site may request that your training status at that facility be voided.

Labette Community College and the Radiography Program support the enforcement of the State of Kansas Laws and federal law on controlled substances. Use and/or possession and/or sale of such substances is prohibited on campus or off campus.

Therefore, if you have refused the *drug screening* or have had a positive *drug screen* (unless the drugs are prescription and the student has proper physician documentation), the student will be dismissed from Labette Community College's Radiography Program.

*COST OF TESTING AT LABETTE HEALTH—basic drug test required by most clinical sites—$22; 10-panel screen that includes tricyclic antidepressants—$56; breath alcohol test—$27.*

**DRUG CATEGORIES TO BE TESTED—amphetamines, barbiturates, benzodiazepines, cocaine metabolites, phencyclidine, propoxyphene, marijuana metabolites, methadone, opiates, oxycodone, and creatinine—urinary.** This list of tested drugs is subject to change. Testing for additional substances may occur based on clinical affiliation agreement requirements.

---

*I have received a copy of and have been given the opportunity to ask questions about the Labette Community College Policy and Procedure for Drug Testing Health Science Students. As a Health Science Program or Allied Health Course student I understand and agree that I am subject to drug and alcohol testing at any time and understand the consequences of a positive drug or alcohol test.*

<table>
<thead>
<tr>
<th>Printed Student Name</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Program/Course Witness</th>
<th>Date</th>
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Added 6/2014
STATEMENT OF RESPONSIBILITY

The program recommends that the student have health insurance. However, with or without insurance, the student shall be responsible for any reasonable and customary costs for medical care or hospitalization resulting from illness or injury arising out of or due to the student’s education, clinical experiences, or training at each hospital.

____________________________  ________________________
Student Signature                  Date

CONFIDENTIALITY STATEMENT

I agree to keep confidential any information regarding Hospital patients as well as all confidential information of the Hospital. I agree, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient. I further agree not to reveal to any third party any confidential information of the Hospital except as required by law or as authorized by the Hospital.

____________________________  ________________________
Student Signature                  Date
MAKE UP TIME POLICY

I agree to abide by the Radiography Program’s Make Up Time Policy as revised and up-dated and Labette Community College’s Make Up Time policy found in LCC’s Student Handbook located on the web page.

Student Signature ___________________________ Date ___________________________

Added 12/2014

MAGNETIC RESONANCE SAFETY POLICY

I agree to abide by the Radiography Program’s Magnetic Resonance Safety Policy and Procedure as this policy has been included in the LCC’s Student Handbook located on the web page.

Student Signature ___________________________ Date ___________________________

Added 4/2016

CLINICAL ROTATION SCHEDULE POLICY

I agree to abide by the Radiography Program’s Clinical Rotation Schedule Policy as revised and up-dated and Labette Community College’s Clinical Rotation Schedule policy found in LCC’s Student Handbook located on the web page.

Student Signature ___________________________ Date ___________________________

Added 5/2016
RADIOGRAPHY STUDENT COMPUTER USAGE STATEMENT

I agree to abide by the Radiography Program’s computer usage policies and Labette Community College’s computer usage policies found in LCC’s Student Handbook located on the web page.

____________________________
Student Signature

____________________________
Date

Added 5/2011

STUDENT ACADEMIC/DIDACTIC AND CLINICAL HANDBOOK

Upon receiving the Student Academic/Didactic and Clinical Handbook, I understand that it is my responsibility to read and be accountable for the material contained within.

The policies and procedures set forth herein may be changed from time to time as the Radiography Program officials determine appropriate. Addendums will be provided, which should be added to the handbook, as changes are approved.

____________________________
Student Signature

____________________________
Date

Section Revised 5/2011
RADIOGRAPHY PROGRAM EXIT INTERVIEW FORM

Name ___________________________________________ Date ___________________________

Please indicate the reason(s) for leaving the radiography program by placing a check mark on the appropriate line. If your reason is not listed, write the reason on the line labeled "other".

HEALTH

1. Personal Illness
2. Family Illness
3. Other ___________________________

PERSONAL

1. Marital Status Change
2. Family Responsibilities
3. Unexpected Expenses
4. Personality Conflicts
5. Other ___________________________

ACADEMIC

1. Difficult Courses
2. Quality of Instruction
3. Course/Program Expense
4. Class Time Conflicts
5. Other ___________________________

GENERAL

1. Transportation Problems
2. Employment (new)
3. Moving
4. Transferred
5. Program/Courses Just Not For Me

To increase retention of students is there anything Labette Community College or one of its programs could do to prevent you from dropping a course or leaving the Program?

______________________________________________________________________________

______________________________________________________________________________

Could you expand on your immediate plans?

______________________________________________________________________________

______________________________________________________________________________

Feel free to comment on the course or Program.

______________________________________________________________________________

______________________________________________________________________________

Do you plan on returning to LCC and/or the Program in the near future?

______________________________________________________________________________
STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN
RADIOLOGIC SCIENCES SECTION

Adopted by

THE JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC
TECHNOLOGY

January 2014
Standards for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2014

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

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

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

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Introductory Statement

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 JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.

- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a Summary that includes the following:

- Major strengths related to the standard
- Major concerns related to the standard
- The program’s plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program’s compliance with the STANDARDS.
Standards for an Accredited Educational Program in Radiography

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Standard One

Integrity

Standard One: The program demonstrates integrity in the following:

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

Objectives:

In support of Standard One, the program:

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

**Resources**

**Standard Two:** The program has sufficient resources to support the quality and effectiveness of the educational process.

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

**Administrative Structure**

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

**Learning Resources/Services**

2.5 Assures JRCERT recognition of all clinical settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

**Fiscal Support**

2.9 Has sufficient ongoing financial resources to support the program’s mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.
Standard Three  
Curriculum and Academic Practices

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

Objectives:  
In support of Standard Three, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.
Standard Four: The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Objectives:
In support of Standard Four, the program:

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
   • Written notice of voluntary declaration,
   • Option for student continuance in the program without modification, and
   • Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.
Standard Five
Assessment

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

Objectives:
   In support of Standard Five, the program:

Student Learning

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

Program Effectiveness

5.2 Documents the following program effectiveness data:
   • Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
   • Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
   • Program completion rate,
   • Graduate satisfaction, and
   • Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.
Standard Six
Institutional/Programmatic Data

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

Objectives:
In support of Standard Six, the program:

Sponsoring Institution

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Personnel

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

Clinical Settings

6.4 Establishes and maintains affiliation agreements with clinical settings.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.
Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical instructor(s).

d. Paying JRCERT fees within a reasonable period of time.

e. Returning, by the established deadline, a completed Annual Report.

f. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to being placed on Administrative Probationary Accreditation and result in Withdrawal of Accreditation.
B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the Standards for an Accredited Educational Program in Radiography.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

JRCERT accreditation actions for Probation may be reconsidered following the established procedure.

JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure. Procedures for appeal are available at www.jrcert.org.

All other JRCERT accreditation actions are final.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

accreditation: Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
www.jrcert.org

curriculum: American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500
www.asrt.org

certification: American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
www.arrt.org
MAGNETIC RESONANCE SAFETY SCREENING FORM
LABETTE COMMUNITY COLLEGE

WARNING: Certain implants, devices or objects may be hazardous to you. Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. The MR system magnet is ALWAYS on!

Please go through the list below. If you answer yes to any of the following, please visit with your Program Director, Clinical Coordinator or Clinical Instructor before entering the MR environment.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Aneurysm clip(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Cardiac pacemaker</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Implanted cardioverter defibrillator (ICD)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Electronic implant or device</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Magnetically-activated implant or device</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Neurostimulation system</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Spinal cord stimulator</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Internal electrodes or wires</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Bone growth/bone fusion stimulator</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Cochlear, otologic, or other ear implant</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Insulin or other infusion pump</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Implanted drug infusion device</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Any type of prosthesis (eye, penile, etc.)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Heart valve prosthesis</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Eyelid spring or wire</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Artificial or prosthetic limb</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Metallic stent, filter, or coil</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Shunt (spinal or intraventricular)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Vascular access port and/or catheter</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Radiation seeds or implants</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Swan-Ganz or thermodilution catheter</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Medication patch (Nicotine, Nitroglycerine)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Any metallic fragment or foreign body</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Wire mesh implant</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Tissue expander (e.g., breast)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Surgical staples, clips, or metallic sutures</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Joint replacement (hip, knee, etc.)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Bone/joint pin, screw, nail, wire, plate, etc.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>IUD, diaphragm, or pessary</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Dentures or partial plates</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Hearing aid (Remove before entering MR system room)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Other medically implanted device</td>
</tr>
</tbody>
</table>
IMPORTANT INSTRUCTIONS
Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MR Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room!
I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form.

Name of Student: _____________________________________________

Signature of Student: ___________________________________________

Date_______________________________
Each LCC Health Science Program and Allied Health Course has specific policies/procedures that pertain to students who are dismissed or leave the program voluntarily. Students should be counseled about and given copies of any program specific policies/procedures during the exit interview (e.g. readmission, reapplication, completion of non-clinical coursework). Please check all boxes that were included in the interview.

☐ Financial responsibility of the student—consequences of a “hold” on his/her account
☐ Licensure/certification contact information
☐ LCC Refund Policy
☐ Governing entity requirements (e.g. Kansas Board of Nursing or Kansas Board of Healing Arts)
☐ Option to complete non-clinical coursework
☐ Status as an LCC student in non-program coursework Add/Drop Form—withdrawal requirements
☐ Financial Aid Status
☐ Return of school and clinical property
☐ Reminder to notify any campus-related job or commitment
☐ Opportunities to reenter the program

By signing this document, all parties agree they were given an opportunity to discuss any/all topics and were referred to the appropriate personnel or agencies for issues outside the scope of the program (e.g. Financial Aid).

Printed Student Name ____________________________________________  Printed Program Director Name ____________________________________________  Printed Witness Name ____________________________________________

Student Signature/Date ____________________________________________  Program Director Signature/Date ____________________________________________  Witness Signature/Date ____________________________________________

TWO COPIES SHOULD BE SIGNED—ONE FOR STUDENT’S FILE AND ONE FOR THE STUDENT

Reviewed 3/1/14
Health Science Program applicants are expected to truthfully and accurately share any information related to their criminal history—information collected by criminal justice agencies concerning individuals, and arising from the initiation of a criminal proceeding, consisting of identifiable descriptions, dates and notations of arrests, indictments, information or other formal criminal charges and any dispositions arising therefrom—as part of the application and enrollment process. Current students are expected to notify their respective program director if any change in their criminal history occurs while enrolled in an LCC Health Science Program.

Please review the disclosure statement included in the program application packet and sign below indicating the following:

1. I have truthfully and accurately reported my criminal history and pending charges (if any) to the LCC Radiography Program Director.

2. I understand that my criminal history may impact progression in the LCC Radiography Program, and/or ability to be licensed/certified in my field of study.

3. I agree to notify the LCC Radiography Program Director if a change in my criminal history occurs while attending the LCC Radiography Program.

4. The LCC Radiography Program for which I am applying has informed me of the state licensure/certification requirements for that program.

I, ________________________________, have read and understand that completing a criminal background check is required as part the application process for the LCC Radiography Program, and to participate in education courses that include clinical placement.

I authorize Labette Community College to release the results of any criminal background check to any site where I will be placed for any legitimate educational purpose and I waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and consent to a background check for this limited purpose.

I hereby release Labette Community College from any liability in the event:

• I am not cleared for placement by the clinical sites and therefore, cannot continue in the program.
• I am unable to obtain the necessary credits to continue in the program due to a criminal charge or conviction that occurred after being accepted into the program.
• I am unable to obtain licensure/certification in my field of study due to adverse results on a criminal background check.

I understand that I cannot be guaranteed placement at a clinical site and if I cannot complete the clinical requirements, I will not be able to graduate from the program.

Print Name: __________________________________________

Signature: ____________________________________________ Date: __________

Please submit this signed form as part of your application to the LCC Radiography Program.

Contact the Health Science Program Director for information and direction to the appropriate agency for questions regarding criminal history and licensure/certification.

Reviewed 3/1/14