
LABETTE COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM

Academic / Didactic and Clinical Student Handbook
2025 - 2027



Student Academic / Didactic and Clinical Handbook

Radiologic Technology Program

Associate in Applied Science Degree in Radiologic Technology

Sonny & Sophia Zetmeir Health Science Building

Labette Community College Radiography Department

Reviewed and Revised: June 2025

Updated: June 2025

Note: This handbook is for the use by students in the Radiologic Technology Program and contains specific information about the program. For general LCC policies, see the LCC Catalog available on the College's website, <http://www.labette.edu/catalog/index.html> .

The information in this handbook is current at the time it is posted. However, this manual may be revised or amended upon written notification to the student. No revision or amendment will be retroactive but will become effective upon the date of student notification. The Policies and Procedures in this handbook have been endorsed by the Radiologic Technology Program Advisory Committee to ensure the professional Conduct of all students.

TABLE OF CONTENTS

Introduction	6
Program Accreditation	6
Advisory Committee Members	7
Organizational Structure	8
Radiologic Technology Program Faculty / Staff Contact Information	8
College Vision & Mission Statement.....	8
Program Mission.....	8
JRCERT Radiologic Technology Program Goals & Student Learning Outcomes	9
Conditions of Acceptance	10
Essential Technical Standards Functional Abilities Policy and Procedure	14
Radiologic Technology Associates Degree Curriculum	15
Requirements for Graduation	17
Program Grading Scale	17
Academic Misconduct Policy	17
Academic Conduct Procedure.....	19
Academic / Didactic Methods of Evaluation	20
Classroom Attendance Policy	21
Radiography Computer Usage Policy and Procedure	21
Extracurricular Activity Attendance Policy and Procedure.....	22
Program Probation Policy and Procedure	23
Program Dismissal Policy and Procedure	23
Applying for Readmission into the Program Policy and Procedure	24
Transfer Student Policy and Procedure	25
Early Student Release Policy	25
Financial Commitments Policy and Procedure	25
Enrollment Policy and Procedure	26
Introduction to Clinical.....	27
Clinical Affiliations and Approximate Distance from LCC	28
Code of Ethics.....	30
Professional Conduct	30
LCC – Clinical Coordinator Responsibilities.....	31
Clinical Education Setting Responsibilities and Student Orientation and Procedure	31
Student Placement at Clinical Education Site Policy and Procedure.....	32
Uniform Policy and Procedure	34
Radiographic Markers Policy and Procedure.....	34

Personal Hygiene Policy and Procedure.....	34
Clinical Site Attendance Policy and Procedure	35
Excessive Absenteeism and Tardiness Policy and Procedure.....	37
Make Up Time Policy and Procedure.....	38
Disaster and Contingencies Policy	39
Inclement Weather Policy & Procedures	39
Attendance Clinical Probation Policy & Procedures.....	40
General Clinical Site Policies	40
Parking Policy & Procedure	40
Smoking/Tobacco/Gum Policy & Procedures.....	41
Cell Phone and Personal Phone Calls Policy & Procedure	41
Liability Insurance Policy & Procedure.....	41
Health Insurance and Responsibility for Illness or Injury Policy & Procedure	41
Health and Immunization Policy & Procedure	42
Communicable Disease Policy & Procedure	44
Injection of Contrast Media Policy	45
Needle Sticks Policy and Procedure.....	45
LCC Drug Testing for Health Science & Workforce Education Allied Health Students - Policy & Procedure 4.16	46
Sexual Harassment Policy and Procedures.....	50
Nondiscrimination Policy 2.01.....	50
Student Daily Examination Log and Attendance Record Policy & Procedure.....	51
Trajecsys Usage Policy & Procedure	52
Clinical Laptop Computer Usage Policy & Procedures.....	53
Confidentiality Policy & Procedures	53
Falsification of Records Policy & Procedure	54
Clinical Rotation Schedule Policy & Procedures	54
Vascular (Cath Lab) Rotation Policy & Procedure	55
Mammography Clinical Rotation Policy & Procedure	55
Magnetic Resonance Safety Policy & Procedure	56
Clinical Supervision Policy & Procedure.....	56
Repeat Image Policy and Procedures	57
Rotations Other Than Normal Daytime Hours Policy.....	58
Clinical Based Competency Policy and Procedure.....	59
Clinical Evaluation Policy and Procedures	59
Unauthorized Removal of Hospital Property Policy and Procedure	60
Disciplinary Action Policy and Procedure.....	60

Disciplinary Action for Clinical Education Site Policy and Procedure	60
Program Recommendations Regarding Hiring of Students.....	61
Student Grievance / Appeal Policy and Procedures.....	61
Radiation Monitoring Device Policy and Procedure.....	61
Radiation Protection Policy and Procedure.....	63
Student Pregnancy Policy and Procedure	64
Safe Regulations for the Energized Lab.....	66
Criminal Background Check Policy and Procedure.....	66
Competency Based Clinical Education Section	69
Didactic / Clinical Integration.....	70
Competency –Based Clinical Education	73
Competency-Based Clinical Education Flow Chart Description.....	74
Evaluating Competency.....	76
Competency Requirements	76
Criteria for Performance Evaluation.....	78
Terminal Radiologic Technology Program Competencies.....	79
Clinical Competency Requirements	81
Signatures Relating to Policies Section	84
Radiologic Technology Program Forms.....	92
2021 Standards for an Accredited Educational Program in Radiography Section.....	104

Introduction

Welcome to the Radiologic Technology Program at Labette Community College. You are now a member of a small group of students who are about to begin an educational program dedicated to prepare students to become qualified entry-level radiographers and meet the health care needs of Southeast Kansas and surrounding service areas. The college faculty and staff of the program are always available to help you and facilitate your learning process. We expect you to make the best of all opportunities for learning and we encourage students to be proactive in the learning process.

The majority of didactic courses take place on the main LCC campus, in room Z133 of the Zetmeir Health Science building and off campus clinical training. The Radiologic Technology Program at Labette Community College has established eighteen clinical affiliation agreements with medical facilities in Kansas, Missouri and Oklahoma. You will rotate through two clinical facilities during your time in the program; one facility as a first year student then switch to another facility during the second summer semester as a second year student.

The Radiologic Technology Program enrolled its first students in the spring of 1981 with the first graduating class in 1983 and is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Our goal is to prepare you for an entry-level staff radiography position. You, however, must complete the 23-month of education satisfactorily earning an Associate of Applied Science Degree and pass the American Registry of Radiologic Technologists (ARRT) certification examination to practice as a registered radiologic technologist. In addition, many states, including Kansas, require graduates to hold a license to practice radiology.

The purpose of this handbook is to provide you with a guide to program policies, procedures, organization, clinical requirements and other information for professional and academic behavior specific to the Radiologic Technology Program. You should be able to find answers to many of your questions. If you need further information, please feel free to speak with the program director, faculty, clinical preceptor or staff. It is essential you read, understand, and abide by the policies presented. The Student handbook is available to students on the program's website and under the Documents tab of Trajecs. General College information can be found in the current Labette Community College Catalog available on the college website.

The Program Director, in consultation with the Clinical Coordinator, college administration, and the Radiologic Technology Program Advisory Committee reserve the right to change these guidelines when change is warranted. Every effort will be made to notify everyone involved when these guidelines are altered in any way.

Program Accreditation

The Labette Community College Radiologic Technology Program is accredited by The Joint Review Committee on Education of Radiologic Technology (JRCERT) and the program's site-visit occurred in March 2023. The program was granted a total of an 8-year accreditation award and the program is scheduled for their next site visit during the First Quarter of 2031.

The JRCERT promotes excellence in education and elevates the quality and safety of patient care through the accreditation of educational programs.

The JRCERT is the only agency recognized by the United States Department of Education and the Council for Higher Education Accreditation (CHEA) to accredit educational programs in radiography and radiation therapy. Programs accredited by the JRCERT must demonstrate that they are in substantial

compliance with the relevant JRCERT accreditation standards. These **Standards** may be found on the JRCERT web site, www.jrcert.org, or by contacting the JRCERT. In keeping with the JRCERT requirements to make program effectiveness data available to communities of interest, please see the following link: [Program Effectiveness Data](#)

Any student with concerns about non-compliance of the **Standards** may contact the JRCERT. Should a student feel that the quality of instruction or their general welfare has been put in jeopardy, they must first file a grievance with the College and follow the College grievance process until its conclusion prior to submitting a complaint to the JRCERT.

Please refer to the Student Complaint Process Procedure 4.10 or Student Grievance Process Procedure 4.081 located in the Student tab on the College website. A copy of the **JRCERT Standards** is published in the last section of this handbook.

The Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312-704-5300 or email at: mail@jrcert.org

Labette Community College's Radiologic Technology program is in alignment with the National Center for Education Statistics (NCES) CIP Code 51.0911: Radiologic Technology/Science – Radiographer.

A program that prepares individuals, under the supervision of physicians, to provide medical imaging services to patients and attending health care professionals. Includes instruction in applied anatomy and physiology, patient positioning, radiographic technique, radiation biology, safety and emergency procedures, equipment operation and maintenance, quality assurance, patient education, and medical imaging/radiologic services management.

The College is accredited by the Higher Learning Commission (HLC) and is a participant of the National Council for State Authorization Reciprocity Agreements (NC-SARA).

Advisory Committee Members

The Radiologic Technology Program Advisory Committee is comprised of individuals from the medical imaging community; clinical sites, students and faculty. The advisory committee will work together in partnership to:

- Provide guidance in planning, organizing, and operating the Radiologic Technology Program.
- Help interpret the program to the community at large.
- Counsel and recommend to the Director the imaging health needs of the community of Southeast Kansas and the surrounding service area.
- Evaluate the effectiveness of the program outcomes on a continuing basis.
- Provide guidance, resources, and support for the operation of the program and the faculty.
- Support the program through various activities, including assisting in publicizing and promoting Labette Community College.
- Assist in the recruitment of teaching personnel and students.

Organizational Structure

- Dr. Mark Watkins, President, Labette Community College President
- Dr. Jason Sharp, Vice President of Academic Affairs
- Ross Harper, MS-CTE, Interim Dean of CTE & Workforce
- Linda Gale Brown, EdS, L. RT(R)(CT), Program Director
- Ashley Moore, MS, L. RT(R), Clinical Coordinator & Faculty
- Tammy Kimrey, BS, L. RT(R), RDMS, RVT, Clinical Coordinator & Faculty
- Lori Weaver, Health Science Programs' Specialist
- Clinical Preceptors at the Clinical Affiliate Sites
- Imaging Clinical Staff at the Clinical Affiliate Sites
- Radiography Students

Radiologic Technology Program Faculty / Staff Contact Information

Program Director:	E-Mail Address	Ext.
L. Gale Brown	galeb@labette.edu	1159

Faculty:		
Ashley Moore	ashleym@labette.edu	1156
Tammy Kimrey	tammyk@labette.edu	1158

Health Science Programs' Specialist:		
Lori Weaver	loriw@labette.edu	1157

Labette Community College Toll Free Number:	888-522-3883
----------------------------------------------------	--------------

College Vision & Mission Statement

College Vision

Labette Community College will continue to enhance its standing as an exceptional College by striving for excellence in all its programs, services, and activities.

College Mission

Labette Community College provides quality learning opportunities in a supportive environment for success in a changing world.

Program Mission

The Radiologic Technology 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.

JRCERT Radiologic Technology Program Goals & Student Learning Outcomes

Goal 1: Student will be clinically competent.

Student Learning Outcomes:

- The student will demonstrate proper positioning skills.
- The student will demonstrate proper image quality—technical factor selection.
- The student will demonstrate proper radiation protection.
- The student will successfully complete all required patient care clinical competency checklists.

Goal 2: Students will communicate effectively.

Student Learning Outcomes:

- The student will be able to communicate effectively and in a professional manner.
- The student will abide by the code of ethics for a Radiographer.

Goal 3: Students will use critical thinking and problem solving skills.

Student Learning Outcomes:

- The student will abide by the code of ethics for a Radiographer.
- The student will be able to solve technical conversion problems.
- The student will be able to critique radiographic images for proper positioning, anatomy, and technical factors.
- The student will be able to perform a critical image analysis at their clinical site.
- The student will be able to apply problem solving skills and critical thinking skills.

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

Student Learning Outcomes:

- The student will abide by the code of ethics for a Radiographer.
- The students will be members of the Kansas State Radiologic Technology Society.
- The students will attend and participate in a professional meeting.
- The student will complete a professional project.
- The student will complete a research paper on an imaging modality.

Goal 5: The program will graduate entry-level radiologic technologists.

Student Learning Outcomes:

- Graduates will be clinically competent and demonstrate entry level technologist skills.
- Graduates will complete the clinical competencies as directed by the A.R.R.T.
- Graduates will pass the A.R.R.T. certification examination.
- Graduates are adequately prepared to perform as entry-level radiographers.
- Graduates within 12-months of graduation will be able to find employment as a radiographer.
- Solicit feedback from other communities of interest.
- Solicit feedback from program graduates.
- Utilize program effective data to promote graduate success.

Conditions of Acceptance

Students accepted into the Radiologic Technology 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 and any absence(s) occurred during this timeframe will be subject to the conditions of the Program's Attendance Policy. Upon initial entry if a student does not have a current TB test result, they will be required to obtain a 2-Step TB tests and they must maintain a current annual test results throughout the duration of their clinical training in the Radiologic Technology Program.
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 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 Radiologic Technology Program throughout the 23 months. This requires an educational, as well as, financial commitment to the Radiologic Technology 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 for checking 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 advises the Radiologic Technology 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. Students applying for the Radiologic Technology Program are required to have a minimum GPA of 2.50 for all general education prerequisite course to satisfy the Radiologic Technology Program Associate in Applied Science Degree and these prerequisite courses must be completed by the end of the spring semester prior to program admission in which a "C" or better grade has been earned.
10. To be retained in the Radiologic Technology Program, students must maintain an overall grade point average of 2.0. All radiography courses must be a grade of "C" (87% - 82%) or better. If a student's course grade falls below an 82% benchmark at any time during the semester, the student will seek remediation counseling or tutoring with their course instructor in efforts to identify study concerns or personal difficulties that might be interfering with student's academic success. The student and their instructor will develop an Action Plan in which the student will be encouraged to follow in attempt to increase their course grade to an 82% or higher in order to pass the course.
11. If the student fails a radiologic technology didactic 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 radiologic technology student fails any of the retake examination(s) (tests/evaluations), the student will be dismissed from the program pending due process procedures. This policy will apply to both first and second year radiologic technology 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 pending due process procedures.
12. Upon completion of final examinations each semester, each radiologic technology 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 82%. 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 pending the due process procedures.
13. A student who is dismissed from the Radiologic Technology Program because of academic failure will be allowed to reapply. If the student is re-accepted and fails any radiologic technology course within the two-year training period, the student will be dismissed from the program and will become ineligible to reapply. If a decision is made for dismissal the student and faculty must complete the Exit Interview form.
14. 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 and an "F" will be recorded for the course grade.

15. 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.
16. Failure to abide by Clinical Education Setting policies is also grounds for probation, suspension, or dismissal.
17. Until a student achieves and documents competency in any given procedure, all clinical assignment shall be carried out under direct supervision of qualified radiographers. The parameters of direct supervision are that a qualified radiographer reviews, evaluates, and is present during a radiographic examination.
18. 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.)
19. In support of professional responsibility for the provision of quality patient care and radiation protection, unsatisfactory radiographs must be repeated only in the presences of a qualified radiographer, regardless of student's level of competency. If a student fails to abide by this policy, the student will be dismissed from the program for not abiding by the direct and indirect supervision policy as deemed by the JRCERT Standard Five.
20. The radiography student will conduct themselves in a professional manner, respond to patient needs, and support colleagues and associates in providing quality patient care. (Code of Ethics, #1).
21. Students may be put on probation, suspended, or dismissed from the Radiologic Technology Program for not abiding by the Radiologic Technology Program's policies found in the Radiologic Technology Student Handbook.
22. 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 lengthening their training beyond the stated graduation date.
23. Due to the structure of the Program's curriculum, a student will not graduate from the program until the 23 months have been completed.
24. Successful completion of all program requirements and all comprehensive examination will be required before the A.R.R.T. Certificate of Completion from Labette Community College's Radiologic Technology Program may be granted.
25. To complete the application for the American Registry of Radiologic Technologists Examination, the question, *"Have you ever been charged with or convicted in court of a misdemeanor or felony?"* Yes or No must be asked and answered. Falsification of information is grounds for dismissal from the program. (Note: Charges or convictions of,

a plea of guilty to, or a plea of nolo contendere to an offense constitutes a conviction from A.R.R.T. purposes.) If you answer “Yes,” provide an 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 immediately.

In compliance with the LCC Criminal Background Procedure 3.20, the Health Science Program student must notify their program director immediately if any change in their criminal history occurs at any point in time after a Health Science Program application is completed, or while enrolled in a Health Science Program. Failure of the student to notify the Program Director of any change in their criminal history while in the program 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 felony criminal conviction, a misdemeanor, a drug offense, or a plea of no contest that occurred after being accepted into the program will be dismissed from the program after an opportunity for a hearing.

26. The Radiologic Technology Program cannot guarantee placement into radiologic technology positions in the four-state region.

Rev. 6/2025

Essential Technical Standards Functional Abilities Policy and Procedure

Labette Community College subscribes to all principles and requirements of the American with Disabilities Act of 1990 for qualified handicapped individuals. These functional abilities are skills required of students in the clinical facilities used in the Radiologic Technology Program.

Applicants are encouraged to self-identify their accommodation needs as part of the application process. After, admission, if the student requires accommodations for a disability, then the student's health care provider will need to verify in writing that the student has the following functional abilities necessary for successful completion of the Radiologic Technology Program and employment:

- Critical thinking ability sufficient for clinical judgment; including sufficient intellectual functioning and emotional stability to plan and implement care for clients. (Analytical reasoning to solve problems and process information from multiple sources.)
- Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. (Adapt to changing environment/stress.)
- Lift up to 50 pounds and carry up to 25 pounds frequently, but occasionally may exceed these limits.
- Stoop, stand, kneel, crouch and/or crawl at appropriate times as needed.
- Ability to sit for long periods of time in a classroom environment.
- Push or pull with hands and arms as needed.
- Stand and/or walk, as the job requires in the performance of duties.
- Manual dexterity with the ability to handle small objects and to perceive size, shape, temperature or texture.
- Visual acuity required to assess client's condition, to evaluate test results, to discriminate between colors, and to maintain a safe environment.
- Communicate both verbally and in writing, in order to respond to clients, families, and the members of the health care team. Read, interpret, and record clinical data appropriately.
- Communicate, both verbally and in writing, as necessary to complete theory assignments such as, but not limited to test-taking, and giving oral reports.
- Read and understand written documentation.
- Hear accurately to perform Radiography skills and techniques needed to gather information relevant to the client's care. (Hear faint voices and body sounds such as blood pressure/breath sounds, etc.)

Essential Technical Standards Functional Abilities Procedure

If at any time during the Radiologic Technology Program a student radiographer is unable to maintain or perform the required essential technical standard functional abilities, the student will need to notify the Director of the Radiologic Technology Program in writing so appropriate steps can be taken to address the students' needs and to ensure patient safety will not be compromised.

Documentation by a medical professional may be requested regarding the individual's ability or inability to perform the functional skills listed above.: Adopted 05/99, Rev. 06/03; 01/04:06/17; 7/23

Radiologic Technology Associates Degree Curriculum

General Education – Prerequisite Courses

<u>Course #</u>		<u>Credits</u>
BIOL 130	Anatomy & Physiology	5
ENGL 101 or ENGL 103	English Comp I English Comp I with Review	3
ENGL 102 or COMM 101	English Comp II Public Speaking	3
MATH 115 or MATH 114	College Algebra College Algebra with Review	3
PSYC 101 or PSYC 201	General Psychology Developmental Psychology	3
Total		17

SEMESTER I – SUMMER

<u>Course #</u>		<u>Credits</u>
RADI 101	Introduction to Radiography, Ethics & Law	2
RADI 103	Radiographic Procedures I	1
RADI 107	Radiographic Imaging I	1
RADI 109	Patient Care in Radiography I	2
Total		6

SEMESTER II – FALL

<u>Course #</u>		<u>Credits</u>
RADI 104	Radiographic Procedures II	3
RADI 113	Simulations in Radiography I	1
RADI 115	Patient Care in Radiography II	3
RADI 117	Radiographic Imaging II	3
RADI 119	Clinical Training I	3
Total		13

SEMESTER III – SPRING

<u>Course #</u>		<u>Credits</u>
RADI 105	Radiographic Procedures III	3
RADI 214	Simulations in Radiography II	1
RADI 125	Principles of Physics and Equipment Operation	3
RADI 127	Introduction to CT and Cross Sectional Anatomy	2
RADI 120	Clinical Training II	3
	Total	12

SEMESTER IV – SUMMER

<u>Course #</u>		<u>Credit</u>
RADI 201	Imaging Modalities	3
RADI 203	Clinical Training III	3
	Total	6

SEMESTER V– FALL

<u>Course #</u>		<u>Credit</u>
RADI 207	Radiographic Imaging III	3
RADI 217	Radiation Protection I	2
RADI 211	CT Procedures	2
RADI 213	Radiographic Pathophysiology	2
RADI 204	Clinical Training IV	3
	Total	12

SEMESTER VI – SPRING

<u>Course #</u>		<u>Credits</u>
RADI 218	Radiation Protection II	2
RADI 219	Image Analysis	2
RADI 221	Radiography Comprehensive Review	2
RADI 223	Critical Thinking & Analysis in Radiography	3
RADI 205	Clinical Training V	3
	Total	12
	TOTAL CREDITS	61

Requirements for Graduation:

- Radiologic technology students must successfully complete all courses in the curriculum to be eligible for graduation;
- Radiologic technology students must earn a C or higher in all courses;
- Students must maintain a minimum GPA of 2.0 to be eligible for graduation.

Upon program completion, graduates are eligible to apply to take the national certification examination for radiography. Once nationally certified, graduates may apply for licensure in the state of Kansas.

Program Grading Scale

The grading scale for the classroom and clinical courses in the Radiologic Technology Program will be:

A = 100% - 94.5%
B = 94.49% - 87.5%
C = 87.49% - 81.5%
D = 81.49% - 74.5%
F = Below 74.49%

NOTE: To graduate, radiography students must maintain a grade of "C" or higher in all their major and related courses and maintain a GPA of 2.0 or higher.

Because of this, "D" grades are not considered passing and the student must withdraw from the curriculum. If a student withdraws from a related course required within the current semester sequence, the student will not be allowed to progress in any other Radiologic Technology Program courses, resulting in being removed from the program as it is unacceptable for a student to earn anything lower than a letter grade of a "C" for all Radiography Courses.

If a student's course grade falls below an 82% anytime during the semester, the student will seek remediation counseling or tutoring with the course instructor in effort to identify study concerns or personal difficulties that might be interfering with the student's academic success. The student and their instructor will develop an action plan in which the student will be encouraged to follow in an attempt to increase their course grade to an 82% or higher in order to pass the course.

Revised: 7/2024

Academic Misconduct 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. 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 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, and/or programs.

2. Using, during a test, materials not authorized by the instructor (including when taking tests in the Student Success Center (SSC))
 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 coursework, an examination or quiz
 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 examination or information about an examination
 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 including the intentional falsification or invention of any information
 - E. Collusion including any secret agreement among students who participate in any academically dishonest activity
 - F. Violating requirements and/or agreements associated with "academic work" including 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 penalties described for such offenses.

Penalties for Academic Misconduct

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. Sanctions may also be applied to students who enroll in courses without prior approval for which they do not meet the prerequisites, including developmental courses. Students in health care programs, in addition to receiving a zero for the class grade, will be removed from the program, but still allowed to enroll in another college program of their choice.

Should the act of academic misconduct occur while the student is taking an exam in the Student Success Center or at the Cherokee Center, the staff member who witnessed the act will complete a Behavior Misconduct Notification 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. The instructor will then need to complete the Academic Misconduct Form using the procedure. Please note that students who have been caught cheating in the Student Success Center or at the Cherokee Center will not be allowed to take exams in the Student Success Center or Cherokee Center for any courses again.

For the first violation of plagiarism, the instructor can refer the student to the Academic Misconduct Intervention Seminar offered through the Student Success Center. If a student completes this seminar, they will still receive the zero grade, but the violation will not be noted on their academic record unless a second violation occurs, the original violation along with the second violation will both be placed on the student's academic record.

Academic Conduct Procedure

A. Written Notification

Should an instructor believe that a student has committed an act of academic misconduct while performing work under their supervision, the following actions must take place:

- The instructor shall provide a written document to the student that will detail the alleged violation and the proposed penalty for that violation. The Academic Misconduct Notification Form can be found on the RedZone. This form is to be completed by the instructor, including signature. It should be sent to the student's email or presented in person.
- The student will then have five (5) working days to meet with the instructor to further discuss the allegation of academic misconduct, provide any evidence regarding the situation, and the proposed penalty to provide the student due process.
- Whether the written documentation is provided in person or via email, should the student fail to meet with the instructor within five (5) working days, the penalty will be imposed and the matter considered closed. The instructor should provide a copy to the Dean of Instruction and the Vice President of Student Affairs.

B. Instructor/Student Meeting

It is the student's responsibility to arrange a meeting within five (5) working days of the written notification of the academic misconduct. Either party may choose to have a support person present at the meeting. The support person is not allowed to speak during the meeting.

If, after presenting the student with evidence of academic misconduct and allowing the student an opportunity to respond, the instructor determines that an act of academic misconduct did, in fact, occur, the instructor shall:

- Advise the student of such fact and explain the penalty to be imposed.
- The instructor will determine if referral to the Academic Misconduct Intervention Seminar should occur.
- The issue will be considered resolved at this level if both parties' sign an acceptance of the penalty imposed, or if the student chooses not to appeal the decision in writing per the Student Grievance Procedure 4.081 within five (5) working days.

Revised: 8/7/17; 8/14/18; 10/25/18; 8/11/2022

****In the event a radiologic technology student is cited with academic misconduct as reference in the Academic Misconduct LCC Procedure 3.07, the student will be suspended from the instructional area until further decision regarding progression in the class and/or program can be made. A student in the Radiologic Technology Program who has committed academic misconduct, if proven, after notice and opportunity for hearing, may be subject to discipline up to and including dismissal from the program with no opportunity of readmission.**

Rational: As a licensed professional, a radiologic technologist must adhere to the American Registry of Radiologic Technologist, Standard of Ethics / Code of Ethic. **

Academic Misconduct Notification Form

Edited: 9/18/20

Student: _____ Student ID Number: _____ Date of Alleged Misconduct: _____

Course: _____ Semester: _____ Section ID Number: _____

Instructor: _____ Test/Assignment Affected: _____

Please mark the Alleged Misconduct:

- ☐ Copying from another student's paper, laboratory report, report, computer files, data, listings, and/or programs
- ☐ Using, during a test, materials not authorized by the instructor (including taking tests in the Student Success Center)
- ☐ Collaborating with another person without authorization during an examination, clinical, or in preparing academic work
- ☐ Knowingly and without authorization, using, buying, selling, stealing, transporting, soliciting, copying, or possessing in whole or in part, the contents of coursework, an examination, or quiz
- ☐ Substituting for another student, or permitting another student to substitute for oneself in taking an examination, clinical, or preparing academic work
- ☐ Bribing another person to obtain an examination or information about an examination
- ☐ Attempting to bribe any faculty/staff/student to alter a grade
- ☐ Plagiarizing or appropriating another work or idea without properly acknowledging incorporation of that work or idea into one's own work offered for credit.
- ☐ Other, please describe: _____

Additional Information (may also attach): _____

Instructor/Staff Signature: _____ Date: _____

Being found guilty of academic misconduct will result in a zero grade for the paper, assignment, clinical assignment, clinical, course trip/activity, or test on which the violation occurred. If a student is a Health Science major, additional penalties may occur as a result of the violation of academic misconduct.

☐ I accept above penalty

☐ I will appeal above action

☐ I do not accept

☐ I will not appeal above action

☐ Student did not meet with instructor within the five (5) working days and therefore the penalty stands.

Student Signature: _____ Date: _____

- **Process:** The student is given the form by the instructor (in person or via email). The student shall have five (5) working days from the date of notification to arrange a meeting with the instructor/staff in order to discuss the alleged misconduct. Should the student not elect to meet with the instructor/staff during the prescribed time, the action above shall stand. The purpose of the meeting is to give the student the opportunity to explain any circumstances that might clarify his/her action(s), therefore providing due process. The full Academic Misconduct process is detailed in the student catalog as a part of LCC Procedure 3.07.
- The instructor should provide a copy of this form, after the meeting with the student or five (5) working days have passed, to the Dean of Instruction and the Vice President of Student Affairs.

Academic / Didactic Methods of Evaluation

1. Participation is a major component of the learning process; therefore, all students are expected to participate in the class discussions and demonstrations.
2. 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 Radiologic Technology Program classroom attendance policy will be followed.
3. Students are expected to take the tests on the assigned dates. If a student is absent on a test day, they 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. 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. 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. All tests are comprehensive. This is designed to encourage review of material previously presented. After each test, a student will be allowed to review their graded test with their instructor present, however all tests must be returned to the instructor so the test can be placed in the student's master program file.

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:	<u>25%</u>
Semester Grade	100%

*Each radiologic technology course syllabus illustrates the percentage breakdown for coursework in each course and may vary from the percentage above.

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. If loss of time due to serious illness, immediate family grievance, accidents, and/ or surgery will be dealt with on an individual basis per the discretion of the program director. If student is required to be absent due to military or court mandated/legal obligation, they are to provide documentation to the program director in a timely manner so appropriate accommodations can be implemented. The objective of the course must be met in a satisfactory manner.

Rev. 8/2023

Radiography Computer Usage Policy and Procedure

1. Radiography computers and all LCC computers are for academic use only. This includes coursework,

lab assignments, review programs, Red Zone and Trajecsys 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 email accounts.

2. Students are not to print anything off of the computer without the permission of an instructor. The following areas on-campus do allow for students to print academic work as needed; the Student Success Center (SSC), the Student Union, and the LCC Library.
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 and FERPA violations will not be tolerated.

Computer Usage Procedure

1. Students are expected to follow the Radiologic Technology Program computer usage policy as well as LCC's Computer and Internet Usage policy and procedure guidelines found in the LCC Student Code of Conduct and Federal regulations related to privacy (HIPAA & FERPA) on the LCC webpage.
2. Failure to follow the computer usage policy will lead to a first offense 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 result in disciplinary actions, which may include being placed on either academic or clinical probation, failure of a course grade, suspension and / or dismissed from the program.
5. Clinical Preceptors will notify the Program Director or Clinical Coordinators of computer usage violations at the clinical sites.

Rev. 5/2023

Extracurricular Activity Attendance Policy and Procedure

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 Radiologic Technology 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 Radiologic Technology 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, they 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.
7. If a student has to be absent due to unforeseen circumstances which causes the student to have a significant amount of make-up work upon their return to the classroom, then the student needs to contact the program director so reasonable accommodations can be made. (Example: Student is required to have emergency surgery resulting in the student being absent from class for an extended period of time. During this timeframe, the student missed numerous assignments, quizzes and or tests requiring them to make up all coursework upon returning. To ensure the student's success, the program director and course instructor(s) will create a schedule for student to complete their make-up work in a timely fashion.) *Arrangements can only be made between the program director and the student for program business.

Rev. 6/2025

Program Probation Policy and Procedure

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/ or not following program, school or hospital policies.
3. Any student placed on program probation will forfeit their right to any internal awards given by the Radiologic Technology Program. The student will also be prohibited from attending any program extracurricular activities.

Program Probation Procedure

1. The program will follow the LCC College 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 and Procedure

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 Radiologic Technology 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.

Rev. 4/2018

Applying for Readmission into the Program Policy and Procedure

1. Students who have failed a Clinical Course, a Simulation in Radiography course, or have failed two or more courses, may NOT apply for readmission into the Radiologic Technology Program.
2. A student who 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 Radiologic Technology Program is not guaranteed.
5. Students that are applying for readmission less 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 and complete a new application.

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 86%.
4. Students must also repeat the clinical portion of their training to ensure continued good patient care; therefore, the student must submit to a new criminal background check from the state or states in which they have resided over the past seven years so a current criminal background check can be used for clinical placement.
5. If dismissal occurred during the first year of the program, the students must repeat their Simulation in Radiography course(s) and Radiologic Procedure course(s) to assure their positioning skills have been maintained.
6. A student that fails the comprehensive examination must repeat any course with a final grade of less than 86%, 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.

Rev. 6/2023

Transfer Student Policy and Procedure

1. The Radiologic Technology 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 Radiologic Technology 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 and Procedure

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 forms 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 be paid before the end of the semester or the student will not be allowed to enroll in the next semester's courses.
3. If a student fails to do so, this will be considered a violation of program policy and disciplinary action will be taken accordingly

Approximate Student Expenses

Aside from college tuition, fees, and books, there are several other items that student will be monetarily responsible for. They are as follows:

1. Student Lead Markers: \$21 per set. (2 sets)
2. 2 Sets of Uniforms & Jacket: Approximately \$169
3. Drug Testing: Approximately \$20 per year at Labette Health.
4. Radiation Monitor: \$27
5. Trajecsyst Access: \$150
6. Liability Insurance: \$16 per year.
7. KSRT Student Membership Dues: \$25 per year
8. Testing Reviews: \$180
9. ARRT Application Fee: \$225

*Note: This list may not reflect all expenses incurred throughout the program.

Enrollment Policy and Procedure

1. All students are required to enroll in their Radiologic Technology Courses prior to the start of each semester.
2. Students will be enrolled in each semester by the Health Science Programs' Specialist upon approval by the Radiologic Technology Program Director.
 - a. Newly accepted program students will not be enrolled until all required student/clinical documents have been completed and received by the Health Science Programs' Specialist.
 - b. A student cannot be enrolled if a Business Office Hold is showing on their account. Once the student has contacted LCC's Business Office to clear the hold on their student account, the student will be enrolled by the Health Science Programs' Specialist.
3. Student will not be allowed to attend their Radiologic Technology 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 Procedure

1. New program students will receive instructions, deadline dates and the necessary required program/clinical forms with their program acceptance letter prior to the beginning of the summer courses. It is the student's responsibility to complete, return and submit all required student/clinical documents to the Health Science Programs' Specialist no later than the deadline dates given prior to the students being enrolled.
2. The student(s) will be notified once they have been successfully enrolled in their upcoming semesters program courses.
 - A. In the event a student is unable to be enrolled due to their account having a Business Office Hold, the student will be notified by the Health Science Programs' Specialist and/or Program Director.
 - B. Students are encouraged to take care of their business office hold in a timely manner and stay in contact with the Health Science Programs' Specialist and/or Program Director.
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, their name appears on the attendance roster and their required student/clinical records have been correctly completed and received by the Health Science Programs' Specialist.
 - A. Students will be notified by the Health Science Programs' Specialist of any incomplete student/clinical file records needed.
 - B. It is the student's responsibility to stay in compliance of keeping their student/clinical records up to date as required by the program's policies and procedures.
5. LCC Clinical Coordinators will be responsible for notifying the Clinical Preceptor if the student is not enrolled in the clinical course.
6. The Clinical Preceptor 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.

Rev. 8/2022

Introduction to Clinical

- Clinical training is the 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/clinics cooperating with the program. These medical facilities 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 preceptor(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.

Clinical Affiliations and Approximate Distance from LCC

1. Ascensions St. John Jane Phillips Hospital 3500 East Frank Phillips Blvd. Bartlesville, OK 74006	1-918-333-7200	Approximately 75 miles
2. Ascension St. John Jane Phillips Imaging Center 2661 SE Washington Blvd. Bartlesville OK 74006	1-918-331-3020	Approximately 79 miles
3. Coffeyville Regional Medical Center 1400 West 4th St Coffeyville, KS 67337	1-620-251-1200	Approximately 42 miles
4. Cox Health Barton County Hospital 29 NW 1 st Lane Lamar, MO 64759	1-417-681-5100	Approximately 64 miles
5. Fredonia Regional Hospital 1527 Madison St Fredonia, KS 66736	1-620-378-2121	Approximately 47 miles
6. Girard Medical Center 302 North Hospital Girard, KS 66743	1-620-724-8291	Approximately 38 miles
7. Integris Baptist Regional Health Center-Miami 200 2nd St SW Miami, OK 74354	1-918-542-6611	Approximately 55 miles
8. Integris Grove Hospital 1001 East 18th St Grove, OK 74344	1-918-786-2243	Approximately 85 miles
9. Labette Health South Hwy. 59, PO Bx 956 Parsons, KS 67357	1-620-421-4880	Approximately 2 miles

10. Labette Health Independence HOPD 510 N Peter Pan Road Independence, KS 67301	1-620-332-2000	Approximately 37 miles
11. Mercy Orthopedics Walk in Clinic Care 1717 S. Rangeline Road Suite B Joplin, MO 64804	1-417-556-2040	Approximately 60 miles
12. Mercy Hospital – Carthage 3125 Dr Russell Smith Way Carthage, MO 64836	1-417-358-8121	Approximately 66 miles
13. Mercy Hospital – Joplin 100 Mercy Way Joplin, MO 64804	1-417-781-2727	Approximately 63 miles
14. Mercy Hospital Pittsburg 1 Mt. Carmel Way Pittsburg, KS 66762	1-620-231-6100	Approximately 36 miles
15. Mercy Clinic – Podiatry 3126 S Jackson, Suite 120 Joplin, MO 64804	1-417-556-2278	Approximately 60 miles
16. Mercy Specialty Hospital of SE KS & Clinic 1619 K66 Galena, KS 66739	1-620-783-1732	Approximately 54 miles
17. Neosho Memorial Regional Medical Center 629 South Plummer Chanute, KS 66720	1-620-431-4000	Approximately 40 miles
18. Nevada Regional Medical Center 800 South Ash Nevada, MO 64772	1-417-667-3355	Approximately 87 miles
19. St. Francis Hospital of Vinita 735 North Foreman Vinita, OK 74301	1-918-256-7551	Approximately 60 miles

Code of Ethics

The Code of Ethics¹ shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The Radiologic Technologist conducts themselves 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.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgement and/or ability to practice radiologic technology with reasonable skill and safety to patients.

Professional Conduct

1. The Patient –

The patient's condition and / or diagnosis is confidential and a student must not relay information pertaining to the 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 services to the physician.

3. The Radiologist –

The radiologist has been specially trained in the field of radiology. The radiologist is the person that you will be working for or with after training, so show them 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 Preceptor, the Director will serve as the acting Clinical Preceptor.

5. Clinical Preceptor –

The Clinical Preceptor is the person that has been designated by the hospital and Labette Community College Radiologic Technology 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.

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. Students also must always be aware of and comply by all policies and procedures of the Clinical Education Setting, even if those policies differ between sites.

Remember: Watch, Listen, ask Questions, Perform and Learn!

LCC – Clinical Coordinator Responsibilities

The Clinical Coordinators are responsible for the coordination of all clinical education settings and for the content, quality, and evaluation of all clinical preceptors. They shall work cooperatively with each clinical education setting and each clinical preceptor 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.

Clinical Education Setting Responsibilities and Student Orientation and Procedure

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. A clinical orientation checklist will be completed by the clinical preceptor and electronically submitted on Trajecsyst at the conclusion of the student's clinical orientation period.

Students must also be familiar with the Radiology 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 preceptor will ensure that each student has been properly oriented to their facility, and will provide the Radiologic Technology 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 and clinical preceptor signature.

Rev. 10/2018

Student Placement at Clinical Education Site Policy and Procedure

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 mid-June 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 as mandated by the JRCERT.
 - 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. 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 preceptor, 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 the 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 procedure:
- 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 their 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 82%.
 - 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 82%.
 - E. The student has reached the point of excessive absenteeism and the percentage deductions reduce their final course grade to below 82%.
 - F. The student has reached the point of excessive tardiness and the percentage deductions reduce their final course grade to below 82%.

Uniform Policy and Procedure

Program Uniform and Shoes

1. Red scrub tops and khaki uniform pants with a red lab coat will be ordered through the Radiologic Technology 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 white leather shoes can have a minimal amount of color on them and minimal amount of mesh, but must be approved by the clinical coordinator and or program director. The student must keep their shoes clean at all times.
3. Students 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 the collar, outside of the apron. Must be worn at all times and is considered part of their clinical uniform.

Uniform Procedure:

1. Students who lose their name tags must report this to the Program Director and will be required to purchase a new name tag 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 Preceptor will provide documentation of non-compliance.

Radiographic Markers Policy and Procedure

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 preceptor will provide documentation of the non-compliance.
3. The student must notify the Clinical Preceptor 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 and Procedure

While working in the hospital and with other personnel and sick patients, the student's personal hygiene is of the most 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. Students are to be clean-shaven daily. The student 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 the clinical setting. When in uniform, students whose ears are pierced may wear one set of post earrings or flesh colored retainers, no larger than ¼ inch in diameter. Wearing of any other earring style is not allowed, particularly hoops or dangling earrings. This 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. (Examples: eyebrow, nose, lip and/or tongue, etc.)
5. Excessive use of perfume or cologne is prohibited.
6. Use 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 preceptor will provide a documentation of the non-compliance.

Rev. 7/2020

Clinical Site Attendance Policy and Procedure

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. The student's clinical education will be scheduled for 20 hours per week. Clinical rotations may not exceed 10 hours per day.
3. 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, clocked in to the Trajecs system and ready to go.
4. The following time schedules are recommended for student rotations:
 - A. First Year: Between the hours of 7:00 a.m. - 7:00 p.m.
 - B. Second Year: Between the hours of 7:00 a.m. - 8:00 p.m.
5. The clinical education centers will notify the student of their clinical time schedule. The student's clinical time will be a straight 10-hour shift, i.e. 7-5, 8-6, 9-7, 10-8. LCC Clinical Coordinators must approve any additional time schedules that the clinical sites wish to use.
6. 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.
7. 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 their competency requirements on time. The student's clinical attendance record is a vital part of the overall recommendation from Labette Community College's Radiologic Technology Program to future employers.

8. If it is necessary for a student to be absent, the *student must notify the Clinical Preceptor and their Clinical Coordinator 30 minutes prior to the time the student is scheduled to report to the clinical setting*. If the Clinical Preceptor is not present, the student is to leave a message for the clinical preceptor and email the appropriate Clinical Coordinator.
9. Students are responsible for recording their attendance, tardy or absence in their Trajecsyst attendance log on a daily basis.
10. If a student is on any prescribed medication that may cause injury to themselves or patients, they must report this to the Clinical Preceptor and Program Director and not report to the clinical site without a Doctor release.
11. If the student sustains any injury that will limit their ability to perform radiographic procedures, they must report this to the Clinical Preceptor and Program Director and not report to the clinical site without a Doctor release.
12. If the student will be required to miss clinical due to a prolonged illness and or surgical procedure, they must report this to the Clinical Preceptor and Program Director. The student will not be able to return to clinical training without obtaining signed Doctor release.
13. If the student is going to miss clinical due to a family emergency, they must report this to the Clinical Preceptor and Program Director.
14. 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 Preceptor or the technologist in charge.
15. The student must maximize their clinical training; therefore, the student should not be allowed to leave early.
16. 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 Preceptor, students may be allowed to study for didactic courses when there is down time.
17. Doctor appointments should not be scheduled during clinical hours.
18. 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.

Rev. 7/2022

Clinical Site Attendance Procedures:

1. The student must notify their Clinical Preceptor (CP) as soon as possible that they expect to be late. If late due to unavoidable circumstances on the way to clinical, the student is to report to the Clinical Preceptor 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 Preceptor.
3. If the student fails to notify the CP of their absence, they will receive a minus 2% deduction from their clinical evaluation. The Clinical Preceptor will provide documentation of non-compliance.
4. The student must report the following to the Clinical Preceptor and Program Director:
 - A. If the student is on any prescribed medication that may cause injury to themselves or patients.
 - B. If the student sustains any injury that will limit their ability to perform radiographic procedures.

- C. If the student will be required to miss clinical due to a prolonged illness and or surgical procedure. The student must supply the Clinical Preceptor and Program Director a doctor 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, they must report this to the Clinical Preceptor and Program Director. If possible they should also estimate how long they 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, the student is to notify the Clinical Preceptor or the Technologist in charge.

Excessive Absenteeism and Tardiness Policy and Procedure

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 = 2 days/wk. for 10 hours/day; 15 weeks; 300 hours	3 days
Clinical Training 2 = 2 days/wk. for 10 hours/day; 15 weeks; 300 hours	3 days
Clinical Training 3 = 4 days/wk. for 8 hours/day; 4 weeks; 128 hours	3 days
New Site = 4 days/wk. for 8 hours/day; 4 weeks; 128 hours	3 days
Clinical Training 4 = 2 days/wk. for 10 hours/day; 15 weeks; 300 hours	3 days
Clinical Training 5 = 2 days/wk. for 10 hours/day; 15 weeks; 300 hours	3 days

Total Clinical Hours = 1456 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% 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% 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 preceptor 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 preceptor 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.
- Rev. 7/2022

Make Up Time Policy and Procedure

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. A student 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 Preceptor must approve ahead of time all make up time. A make-up time contract will be completed and signed by the student 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 Preceptor a make-up contract with all information completed before the make-up time contract will be considered.

Make Up Time Procedure:

1. The student must sign a make-up time contract with the Clinical Preceptor 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 their final clinical course grade. The Clinical Preceptor 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 Preceptor and Program Director a doctor's order releasing them to report back to clinical without any limitations before they will be allowed to make up time.
4. A make-up contract day can be scheduled during term or during a college scheduled break and a program official must be available if contact is needed during this time. A student is not allowed

to schedule a make-up contract on any holidays that are being observed by the institution.

Students will not be allowed to schedule a make-up contract on these days.

FALL SEMESTER: LABOR DAY, THANKSGIVING DAY and the DAY AFTER CHRISTMAS EVE OR
CHRISTMAS DAY

SPRING SEMESTER: NEW YEAR'S DAY & GOOD FRIDAY

SUMMER SEMESTER: MEMORIAL DAY, JUNETEENTH, JULY 4TH

5. It is the responsibility of the student to provide signed documentation that their time was made up in a timely manner to the Clinical Coordinator. The documentation must be signed by the Clinical Preceptor. *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.

Rev. 7/2022

Disaster and Contingencies Policy

In the event that normal operating policies and procedures are unable to be followed as a result of a disaster, the LCC Radiologic Technology Program reserves the right to modify the program. Any modifications will meet all local, state, federal and JRCERT requirements. The program may need to implement alternative instructional methods and modify course sequences as necessary to provide quality education to the students. This may require the use of distance learning, alternate classrooms, increased number of videos and simulations, and modification of clinical sites and schedules. This list is not intended to be totally inclusive. Regardless of the situation, the program will strive to prepare the student to be successful in passing the ARRT national examination and being a successful Radiologic Technologist.

Inclement Weather Policy & Procedures

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 or that they will be coming in later in the day and the absence must be recorded in Trajecsys.
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/FOX, KSN & KODE; Local Radio: KLKC, KKOW, KSYN & KGGF

LCC Website: www.labette.edu

Students will also receive a phone call from the LCC Automated 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, they may use that time as make up time.

* A decision to cancel day classes will be made after 6:15 a.m. and evening and evening/extensions classes after 3:15 p.m. A student can listen to local radio (KLKC, KKOW, KGGF, KSYN) and TV stations, (KOAM/FOX, KSN and KODE) beginning at 6:00 a.m., or regarding evening/extension classes, 3:00 p.m. for cancellations as well.

Rev. 6/2025

Attendance Clinical Probation Policy & Procedures

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 pending the due process procedures.

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 Preceptor. If the student fails to arrive on a scheduled make up day, then they 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. If a decision is made for dismissal the student and faculty must complete the Exit Interview form.

General Clinical Site Policies

Parking Policy & Procedure

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

Parking Procedure:

The Clinical Preceptor will inform the students during the orientation where they are allowed to park while attending clinical.

Smoking/Tobacco/Gum Policy & Procedures

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 Preceptor or Supervisor if they can take a smoke break.

Cell Phone and Personal Phone Calls Policy & Procedure

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 devices to include phones or watches, headphones, iPods, MP3 players, personal computers.

Personal Phone Calls Procedure:

1. The Clinical Preceptor 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 Preceptor 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.
5. If a student has to be continuously reprimanded for violating this policy, the student will be placed on program probation for not abiding by the program's policies and procedures.

Liability Insurance Policy & Procedure

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. The coverage is only valid during the students scheduled clinical hours.

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 & Procedure

All Health Science Programs require students to have basic health insurance for clinical participation as many of the clinical sites require students to show proof of health insurance before being allowed to do their clinical rotation at that hospital. Students are required to carry health insurance and must show proof of insurance upon entering the program and throughout the duration of their clinical training. 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 Preceptor 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 3/2018

Health and Immunization Policy & Procedure

Students enrolled in a Health Science Program at Labette Community College participate in clinical training which is an essential element of their training. Each student is required to have a background check, a physical examination and provide immunization records prior to entering clinical training. Each student is required to keep a copy of the all health and immunization records given to the Health Science Programs' Specialist for their personal records.

Health and Immunization Procedure:

1. A copy of the student's background check, drug screen, 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. As required by clinical facilities, certain immunizations are required of students for their own protection and for protection of patients whom they may contact.
 - TB Skin Test (PPD):
 1. This must be a 2-step TB testing using the PPD Mantoux Method:
(A 2-step skin test is defined by having two TB skin tests performed within a twelve-month period of time.)
Step 1: Tuberculin skin Test – Results documented cannot be recorded as “negative”, the results must be recorded in “mm” to be acceptable.
Step 2: 7 -21 days after the first test, repeat TB skin test. Results documented cannot be recorded as “negative”, the results must be recorded in “mm” to be acceptable.
If there is a shortage of 2-step skin test using either a T-Spot or TB Gold test.
 2. Positive skin test readings require a note from your physician containing results of the chest x-ray and an official signed report must be turned in with the student's Health Form.
 3. This test is renewed on a yearly basis.
 - Measles, Mumps, Rubella (MMR):
 1. Documentation of 2 (two) doses of MMR immunization is required OR
 2. Positive titer for each Measles, Mumps, and Rubella (then a student is required to get a MMR Booster.
 - Varicella (Chicken Pox): ONE of the following is required to be submitted:
 1. Documentation of 2 (two) immunizations at least 4 weeks apart OR

2. Positive Varicella titer – Note: An affidavit or documentation of having had the disease will not be acceptable.
- COVID:
 1. Student may be required to provide proof of full COVID-19 vaccination to participate in clinical training.
 2. LCC does not require the COVID-19 vaccination; however, requirements may vary per clinical training centers.
 3. If student is denied access to a clinical affiliate, the program director will attempt to reassign the student to another facility. If student is unable to be reassigned, they will need to withdraw from the program.
- Tetanus, Diphtheria, Acellular Pertussis (TDaP):
 1. The CDC (Centers for Disease Control) now recommends that all healthcare workers older than 18 years-old receive a TDaP (Tetanus, diphtheria toxoids, and acellular pertussis vaccine for adults).
 2. Evident of primary series (childhood) of DPT and Polio vaccinations are not sufficient.
 3. Students must provide evidence of vaccination that will protect them throughout the length of the program.
- Hepatitis B:
 1. Due to occupational exposure to blood or other potential infectious materials the student may be at risk of acquiring Hepatitis B Virus (HBV) Infection, therefore, it is strongly recommended that the student be vaccinated with Hepatitis B vaccination.
 2. If the student's series of 3 (three) Hepatitis B vaccination is not finished prior to starting the program, then the student must sign the declination waiver. Upon completion of the vaccine series, the student is to furnish a copy of their vaccine to the Radiologic Technology Program Assistant.
 3. If the student does not wish to receive the vaccination, they must sign the declination waiver.
3. Select clinical affiliates require students to receive an annual Influenza (flu) vaccine.
 1. Proof of annual flu vaccine OR
 2. If the student is unable to receive the flu vaccination, a physician's note is required stating why the student cannot receive the flu vaccination. If the student is unable to obtain the flu vaccine, they may be required to wear a mask in the clinical training setting during all patient contact for the designated flu season (October 1st – March 31st).
4. Radiologic Technology Program students and program faculty are required to be certified in cardiopulmonary resuscitation BLS/CPR for healthcare providers.
 1. The Basic Life Support (BLS) / CPR course must include infant, child and adult resuscitation. NOTE: Course must be a hands-on, on-ground course. No online courses will be accepted.
 2. The student must submit proof of their CPR certification to the Health Science Programs' Specialist prior to the beginning of Clinical Training I, otherwise the student will not be allowed to participate in clinical rotations.
 3. 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.

5. Students with any of the following illnesses may not participate in clinical experiences. A statement of release from a physician or health department is necessary before returning to the clinical setting. *This list is not intended to be all inclusive.*
 - a. C-Diff
 - b. Streptococcal infection of the throat
 - c. Herpes simplex*
 - d. Herpes zoster (shingles)
 - e. Dysentery, confirmed organism
 - f. Staphylococcal infections
 - g. Infectious hepatitis
 - h. Tuberculosis
 - i. HIV positive or AIDS
 - j. Fever greater than 101°F
 - k. Influenza
 - l. Acute diarrhea
 - m. Chicken pox, Pertussis, Measles, Mumps, Rubella
 - n. Draining abscesses, boils, impetigo
 - o. Scabies
 - p. COVID-19

*Restricted from caring for high risk patients until on treatment for 48 hours.

Students restricted from participation in the clinical experience for any reason above stated infections or diseases (except *) must obtain a statement of release from the student's personal physician or health department before returning to the clinical setting.

6. Student with diseases or disorders that could potentially put them at risk in the clinical setting must submit a release from their doctor to attend clinical on a semester basis. In addition, a letter will be sent to the clinical affiliates advising them of the student's status.
7. Students are not required to disclose pregnancy during enrollment within the Radiologic Technology Program, however it is recommended students voluntarily disclose pregnancies in writing to the Program Director so appropriate fetal monitoring and other recommended safeguards can be provided. (Additional information included in Program's Student Pregnancy Policy)
8. The cost of the physical and immunization(s) is the student's financial responsibility and to maintain these records according to program policy in a timely manner. If a student fails to do so, this will be considered a violation of program policy and disciplinary action will be taken accordingly.

Rev. 7/2024

Communicable Disease Policy & Procedure

1. If a student believes they have contracted a communicable or infectious disease; i.e., influenza, varicella (chicken pox), measles, tuberculosis, hepatitis, etc., they must immediately notify the Clinical Preceptor 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. The student may attend didactic and

- laboratory classes on campus if advised by a physician.
3. If the diagnosis is confirmed, the student will be released from clinical training until they present a written release form from a physician or health department allowing them to resume 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 Procedure:

1. Any student exposed to infectious disease is required to report this exposure to the Clinical Preceptor 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 and Procedure

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. Due to the cost of initial and or continuous treatment, every student is required to maintain personal coverage by health insurance while enrolled as a student in the program.

Needle Stick Procedure:

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

Rev. 3/2018

LCC Drug Testing for Health Science & Workforce Education Allied Health Students - Policy & Procedure 4.16

Introduction

It is the policy of the Labette Community College that students who enrolled in health science programs or Workforce Education allied health courses submit to drug and / or alcohol testing when required by a clinical facility, a specific healthcare program policy, or as directed by a reasonable cause event.

Purpose

Students in LCC Health Science Programs and Workforce Education Allied Health Courses must adhere to the standards of conduct required of healthcare professionals. No student will be allowed in the classroom or clinical area while under the influence of drugs or alcohol. This policy is consistent with the "Student Code of Conduct Policy" in the LCC Catalog--

http://www.labette.edu/catalog/Student_Information.pdf. Health Science students found to be involved in any of these activities are subject to disciplinary action up to and including dismissal from their respective health science programs.

Labette Community College Health Science Programs strive to ensure the health and safety of students and patients are not compromised. Education of health science students at Labette Community College requires collaboration between the college and clinical facilities and cannot be complete without a quality clinical education component, generally referred to as a clinical rotation. Clinical facilities are increasingly required by their accrediting agencies, including The Joint Commission (TJC), to provide a drug screen for security purposes on individuals who supervise, care, render treatment, and provide services within the facility. Clinical facilities may require a negative drug screen on each student prior to that student arriving for their clinical rotation.

Adopted: 6/19/14

Effective: 7/1/17

Drug Screening Procedure:

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 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 they 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 they 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 they are 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 in the LCC Catalog—

http://www.labette.edu/catalog/Student_Information.pdf

For confidential information regarding treatment for drug abuse contact: Kelly Kirkpatrick, Vice-President of Student Affairs, kellyk@labette.edu or 620-820-1268 (Office—Student Union Building, SU220)

*COST OF TESTING AT LABETTE HEALTH--basic drug test required by most clinical sites--\$20; 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.

Adopted: 6/16/14

Effective: 7/1/17

Revised: 7/21/22

Sexual Harassment Policy and Procedures

Sexual harassment is a form of sex discrimination that violates Title IX, Education Amendments of 1972 or Title VII of the 1064 Civil Rights Act. In its 1980 guidelines, the Equal Employment Opportunity Commission (EEOC) defines the rights and responsibilities of employers and employees in the workplace. Labette Community College prohibits sexual harassment by all employees and students in accordance with applicable Kansas and Federal laws.

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 Preceptor and the Program Director any occurrence that they considered to be harassment of a sexual nature.
2. The Clinical Preceptor 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 Preceptor will notify the Program Director if the accusation is against a student in the Radiologic Technology Program. At that point the Sexual Harassment Policy as stated in the LCC Catalog will be followed.

Nondiscrimination Policy 2.01

Labette Community College affirms its commitment to promote the goals of fairness and equity in all aspects of educational enterprise. Applicants for admission and employment, students, employees, visitors, sources of referral of applicants for admission and employment, and all unions or professional organizations holding collective bargaining or professional agreements with LCC are hereby notified that this college is committed to not discriminating on the basis of race, color, ethnic or national origin,

sex, gender identity, sexual orientation, marital status, religion, age, ancestry, genetic information, disability, military status, or veteran status in admission or access to, or treatment or employment in, its programs and activities. Further, it is the policy of the college to prohibit harassment (including sexual harassment and sexual misconduct) of students and employees.

Any person having inquiries concerning the college's compliance with the regulations implementing Title VI, Title VII, Title IX, Section 504, and the Americans with Disabilities Act Amendments Act is directed to contact the person identified below who has been designated to coordinate the College's efforts to comply with the regulations implementing these laws.

The Director of Human Resources shall serve as the Section 504/ADA Compliance Officer. The Director of Human Resources may be reached at (620-820-1234) or by mail at hr@labette.edu.

The Vice President of Student Affairs shall serve as the Title IX Compliance Officer for students and the Director of Human Resources as the Title IX Compliance Officer for employees. They may be reached at 620-820-1268 for students and 620-820-1234 for employee or at titleix@labette.edu.

It shall be a violation for any individual associated with the College to discourage an individual from filing a complaint, to fail to investigate if charged with doing so, to fail to refer for investigation any complaint lodged under the provisions of this policy and procedures, or to retaliate or discriminate against an individual for filing a complaint or testifying, assisting, or participating in any investigation, proceeding, or hearing involving a complaint is prohibited. Any person who retaliates is subject to immediate disciplinary action, up to and including expulsion for a student or termination of employment for an employee.

Filing a false or malicious complaint under this procedure may result in corrective or disciplinary action against the complainant.

If discrimination or harassment has occurred as prohibited by this procedure, the College will take prompt, remedial action to prevent its reoccurrence.

Revised 2/2023

For more information on College regulations with regards to Nondiscrimination, Equal Opportunity and Harassment, please refer to Policy / Procedure 2.01 in the LCC Catalog.

Student Daily Examination Log and Attendance Record Policy & Procedure

1. The student must keep an accurate record of all examinations performed on their Trajecsyst account.
2. The Clinical Preceptor 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 Preceptor or Clinical Coordinator. All policies regarding confidentiality of patient information will be followed.
3. The Clinical Preceptor 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. When a student is absent, they must record the absence in their Trajecsyst attendance log. All attendance and / or log records are to be maintained within a seven-day timeframe.
2. Failure to maintain examination logs and / or attendance records will result in the following:
 - a. 1st Noncompliance: a Verbal Warning.
 - b. 2nd Noncompliance: - 1% from their Clinical Training daily log record grade & a Written Warning.
 - c. 3rd Noncompliance: - 2% from their Clinical Training daily log record grade & place on Program Probation.
 - d. 4th Noncompliance: Program Dismissal pending the disciplinary process.
3. It is the student's responsibility to have the clinical preceptor 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 through the due process procedures.

Rev. 8/2020

Trajecsyst Usage Policy & Procedure

1. Students will utilize Trajecsyst for all their clinical paperwork including daily attendance.
2. Students will utilize Trajecsyst during down time after asking the clinical preceptor permission as the student is to remain available to perform exams as the schedule permits.
3. All procedures completed by the student must be entered into the Trajecsyst system on a consistent basis and the use of patient identifiers is strictly prohibited.
4. When a student must repeat one or more images, the student must follow the repeat image policy and a notation is to be recorded within the Trajecsyst system for that specific image.
5. It is the student's responsibility to enter Time Exceptions. When entering a Time Exception, the student must comment in the text box when their time varies from their scheduled clinical shift. (Professional language must be used when entering comments. Simply state the reason for the time exception.)
6. Students are allowed only "5" Time Exceptions per semester for failure of clocking in or out. (Example: Failure to clock in or out of shifts, tardies...)
7. It is the student's responsibility to record when they are absent and provide a brief comment why they are absent. Students must follow the make-up time policy when their time is being made-up. (Absences entries will not count towards the "5" allowed Time Exceptions as this is for tracking purposes only.)

Trajecsyst Usage Procedure:

1. The student must keep an accurate record of all examinations performed in their Trajecsyst examination log including keeping track of their repeat images. Maintained records are considered no more than a seven-day timeframe missing from student's attendance and / or log sheets.
2. Students must record all Time Exceptions and Absences accordingly.
3. Exceeding the 5 Time Exceptions in a semester, failure to maintain examination logs or attendance records will result in the following:
 - a. 1st Noncompliance: a Verbal Warning.

- b. 2nd Noncompliance: - 1% from their Clinical Training daily log record grade & a Written Warning.
 - c. 3rd Noncompliance: - 2% from their Clinical Training daily log record grade & place on Program Probation.
 - d. 4th Noncompliance: Program Dismissal pending the disciplinary process.
4. It is the student's responsibility to have the clinical preceptor verify the attendance on a routine basis.
 5. Falsification of attendance records will be considered grounds for disciplinary action and will lead to suspension and dismissal if proven.

***All Trajecsyst users have access to the online User Guide which provides information video tutorials.*

Rev. 08/2020

Clinical Laptop & Computer Usage Policy & Procedures

1. Radiography laptop computers and other clinical computers assigned for student use, are for academic and clinical use only. This includes: Trajecsyst access; clinical log sheets, attendance, competency evaluations, monthly evaluations, checklists, review programs, Red Zone access, and coursework or assignments relating to didactic courses and clinical.
2. LCC laptop computers are for student and clinical preceptor use only. They may be used by the students to check on their LCC email account only. They are not to be used for personal email 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 preceptor 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 appropriate course or clinical grade.
4. Students who violate professional ethics or confidentiality issues over the internet will be placed on clinical probation.

Rev. 7/2024

Confidentiality Policy & Procedures

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 preceptors.
2. The Clinical Preceptor will be responsible for reporting to the Program Director any breach of confidentiality by the student. Hospital policy regarding breach of confidentiality will be followed. Falsification of Records Policy & Procedure

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 Preceptor at the clinical site to verify the records.
2. If it is proven that the student has falsified any program record, the student 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 & Procedures

1. All student assignments are based on a student to qualified radiographer ratio of 1:1. This also applies to a 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 Preceptors 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 after the Fall Semester of the second year.

Clinical Rotation Schedule Procedures:

1. The Program will send out weekly rotation schedules to the Clinical Preceptors prior to the beginning of each semester. These schedules will reflect one student assigned to one unit.
2. The Clinical Preceptor may alter the schedule as long as each student receives equitable learning opportunities, and the 1:1 ratio is maintained.
3. Students and Clinical Preceptors 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 Preceptors are to report to the Program officials if the policy of the 1:1 ratio is not maintained.
5. Beginning the fall semester of the second year, the student may request a week of elective/observation rotation in one of the following areas: MRI, Ultrasound, Nuclear Medicine, Radiation Therapy, Mammography or Bone Densitometry.

Revised 7/ 2023

Vascular (Cath Lab) Rotation Policy & Procedure

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 Procedure:

1. The second year clinical coordinator or program director will make arrangements with the medical centers for the student's rotations through their vascular suites.
2. The student will utilize their Trajecs account to document their attendance.
3. The students will maintain a clinical log during these rotations in order to verify the examinations they observed. A classroom assignment will include specific information requested by the clinical coordinator. This document will be placed in the student's clinical folder.
4. Disciplinary action will result if students do not observe the full working day or follow through with the rotation schedule.

2018

Mammography Clinical Rotation Policy & Procedure

1. The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standard Four—Objective 4.4, requires a program to document that it “provides timely, equitable, and educationally valid clinical experiences 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 Procedure:

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 technologist 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 mammography rotation is not guaranteed and may be limited to males. Program officials cannot override clinical site processes that restrict mammography rotations to female students.

Rev. 7/2022

Magnetic Resonance Safety Policy & Procedure

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. Program Director and Clinical Coordinator will review the MR Screening Safety form with the student. Any items with a “yes” response will warrant further counseling with the student to ensure their complete acknowledgement regarding any potential risks that may restrict them from entering into the MR suite.
3. A copy of the completed MR form will be sent to the clinical site prior to the beginning of the student’s clinical orientation period. The original papers will then be kept in the student’s permanent file at the College.
4. The student must notify the Clinical Preceptor 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 student’s master program file.**

Rev. 3/10/2023

Clinical Supervision Policy & Procedure

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 mobile fluoroscopy (C-arm) radiography.
2. Shadowing means that the student should be able to observe a number of procedures, including surgery, mobile/bedside, or mobile fluoroscopy (C-arm) examinations.
3. Upon successful completion of shadowing determined by the Clinical Preceptor 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 radiologic technologist who:
 - reviews the procedure in relation to the student’s achievements;
 - evaluates the condition of the patient in relation to the student’s knowledge;
 - is physically present during the conduct of the examination, and
 - reviews and approves the procedure and/or image.

- is physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure to assure patient safety and proper educational practices. The qualified radiologic technologist must sign their initials on the repeat image documenting they were present for the repeat image.
5. Any Critical Care Unit, Emergency Department, Surgery, Mobile unit or mobile fluoroscopy (C-arm) procedures performed by students must always be under direct supervision regardless of their level of competency.
 6. **INDIRECT SUPERVISION**: Promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiologic technologist immediately available to assist students regardless of the level of student achievement.
 "IMMEDIATELY AVAILABLE" is interpreted as the physical presence of a qualified radiologic technologist adjacent to the room or location where a diagnostic imaging procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use including bedside and surgical procedures.
 7. After demonstrating COMPETENCY in any radiographic procedure, the student may perform those procedures with Indirect Supervision.

Clinical Supervision Procedure:

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 preceptors and clinical sites informed of the student's 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 student 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 any mobile unit; including mobile fluoroscopy procedures without the required supervision.
5. The students are to notify their Clinical Preceptor if they are being asked to perform surgical, mobile unit or mobile fluoroscopy procedures without the required supervision. Students in these areas must be directly supervised regardless of their level of competency. The Clinical Preceptor is responsible for seeing that the students are not placed in situations that are violating Program policies.
6. Students are to report to the Program Director if they are made to violate policy or requested to violate this procedure.

Rev. 7/2022

Repeat Image Policy and Procedures

1. All unsatisfactory images repeated by students must be performed under the direct supervision of a qualified radiologic technologist.
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 radiologic technologist critique their images for quality and accuracy regardless of their level of supervision. Therefore, if it is necessary for the student to repeat an image that Radiographer can supervise the repeat image.
2. Students are not to repeat images without a qualified radiologic technologist present in the room. If necessary, the student must wait until a Radiographer is available or their Clinical Preceptor 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. When a procedure requires a repeat of one or more images the student must enter a notation in their Trajecsyst exam log documenting a repeat image was obtained and the qualified radiologic technologist must sign their initials on the repeat image documenting they were present for the repeat image.
5. The students are to notify their Clinical Preceptor if they are being asked to perform repeats without the required supervision. The Clinical Preceptor is responsible for seeing that the students are not placed in situations that are against Program policies.
6. Students are to report to the Program Director if they are made to violate policy or requested to violate this procedure.

6/2020

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 Preceptor 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 their 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. - 7:00 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.

Rev. 7/2022

Clinical Based Competency Policy and Procedure

1. Clinical based competency requires that the student successfully demonstrate their ability to perform radiographic examinations according to accepted professional standards.
2. Competency examinations can only be evaluated by designated Clinical Preceptors or approved clinical staff. However, a designated Clinical Preceptor must sign all Competency Evaluation Forms before being submitted within the Trajecsyst system.

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 Preceptor and the student must sign all evaluations and competencies. The Clinical Coordinators will not accept unsigned or incomplete forms. The student is ultimately responsible for making sure all required information is included on their competency evaluation forms before their clinical preceptor submits them to the Clinical Coordinator. Failure to do so may result in disciplinary action being taken by the Clinical Coordinator for failure to abide by this program policy.
5. Detailed information regarding the competencies can be found in the Competency-Based Clinical Education section of this handbook.

Clinical Evaluation Policy and Procedures

1. Clinical training grades will be determined by:
 - A. Clinical Competency Evaluations and problem solving skills.
 - B. Monthly affiliate evaluations by the Clinical Preceptor 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 Preceptor at each clinical site will evaluate their students on a monthly basis each semester. The Clinical Preceptor will review the evaluation with the student.
3. The Clinical Preceptor 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 and Procedure

1. Unauthorized removal of hospital property is grounds for dismissal from the Program, pending a due process hearing.
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 Procedures:

1. The Clinical Preceptor 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.

Rev. 4/2018

Disciplinary Action Policy and Procedure

1. The Radiologist, Radiology Manager, Clinical Preceptor, 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 Preceptor, 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 and Procedure

Labette Community College's Radiologic Technology Program will place a Clinical Education Site on a probationary status if the clinical site fails to abide by Radiologic Technology 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 student's clinical rotation schedule: First year students' clinical schedule is from 7:00 a.m. to 7:00 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 or school name tags during this time.
6. Students are not to wear employee name tags during clinical hours.
7. Students attending hospital orientation for employment must make up the time missed if attending during clinical hours according to the attendance policy.

Student Grievance / Appeal Policy and Procedures

1. The Radiologic Technology Program will use Labette Community College's Student Code of Conduct Policy and Procedure 4.08 to handle any student appeals, or hearings. This Policy and Procedure 4.08 can be 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 Radiologic Technology Program will use Labette Community College's Student Grievance Procedures located in the LCC's Catalog under Policy 4.081 and Procedure 4.081 which can be found on the LCC main web page under the Student tab (Student Grievance Process).
<http://labette.edu/policies/Student-Grievance-Policy.pdf>
*If student has a grievance in relation to Sexual Harassment, the program will follow the process within Procedure 2.010.
3. The Radiologic Technology 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.
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 appeal procedure.

Rev. 7/2022

Radiation Monitoring Device Policy and Procedure

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 during their monthly clinical performance evaluation.

Radiation Monitor 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 preceptor 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 Preceptor upon receiving the list of new students will provide the information to the Radiation Safety Officer (RSO) 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. If the radiation monitor is accidentally damaged or lost, the student is responsible for immediately reporting the issue to the clinical preceptor.
10. 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.
11. Radiation monitors used in the laboratory at LCC will be worn during all laboratory sessions regardless of whether or not exposures are being made. These radiation monitors are not to be taken out of the lab area and they are to be left in the designated area at the end of each lab session.
12. Each student will review and sign their personal Radiation Dosimetry Report within thirty school days upon the program director receiving their radiation dose monitor reports for student monitors worn in the program's energized lab.
13. In the clinical training facility, if a dosimetry report is unavailable due to the interval collection period (monthly or quarterly reviews) for a clinical facility, then the student is required to follow up with the Clinical Preceptor regarding their dosimetry report reading to ensures students review their radiation dose in the clinical facility within thirty school days of the RSO receiving their facilities radiation dosimetry report.
14. The clinical preceptor and the student are required to review the dosimetry report when available and they will document the dosage within the Trajecsyst iCloud system on the appropriate monthly evaluation. Then they will ensure to resubmit the updated evaluation to the student's Clinical Coordinator.
15. If the student and/or the clinical preceptor have difficulty receiving their student's radiation dosimetry report from the RSO or medical imaging manager, then they need to contact the Clinical Coordinator. The Clinical Coordinator will notify the Program Director of the concern and the Program Director will contact the RSO or medical imaging manager to resolve the issue.

16. If the student fails to comply with this policy, a disciplinary action report will be completed by the Clinical Preceptor and turned into the Clinical Coordination and the student will be reprimand accordingly.
17. The Clinical Coordinator will verify the updated evaluation was received with the student's current radiation dose to ensure students are being provided their radiation dose reports within the 30 days of the RSO / clinical preceptor receiving their reports.
18. At the conclusion of the first and second year clinical training courses, (RADI 120 Clinical Training II & RADI 205 Clinical Training V) each student will be required to complete a Radiation Exposure Audit Form attesting they have physically verified that each clinical evaluation contains their correct radiation monitor reading, then sign the form and turn them into their clinical coordinator for their verification and signature.
19. Audit forms will be placed in the student's master folder after being signed by the Program Director.

Rev. 6/2023

Radiation Protection Policy and Procedure

The goal of this program is to keep radiation exposure to students as low as reasonably achievable. The student is required to exercise sound radiation practices at all times to ensure safe working conditions for physicians, staff, faculty, other students and patients.

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 0.50 mSv (50 mrem) dose per month will be limited.
5. Radiation monitor badge reports are to be reviewed each month by the clinical preceptor, the student, and the clinical coordinators as these are to be recorded on the student's monthly clinical performance evaluation.
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 50 mSv (500 mrem) per year and should not exceed more than 0.50 mSv (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 or 0.25 mSv per quarter.
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 preceptor 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 0.05 mSv (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. If a student receives a monthly exposure reading of 0.05 mSv (50 mrem) or above, the Clinical Coordinator will conduct an investigation to ensure the student's exposure for the 30-day period is legitimate.
 6. The Clinical Coordinator will counsel students on radiation safety procedures if they receive above 0.05 mSv (50 mrem) of exposure in a one-month period and the counseling form will be placed in the student's clinical file.
 7. Students who exceed the allowed 50 mSv (500 mrem) per year exposure will be removed from any rotation in which they will receive any further exposure.
 8. If the student loses their radiation monitor, they are to report it to the clinical preceptor and the radiation safety officer immediately. If the student accidentally leaves their radiation monitor in the radiographic room during an exposure, they must report this to their clinical preceptor and the radiation safety officer.
 9. LCC will maintain a copy of the final exposure report of each student at the end of each year.
 10. Pregnant students must follow the pregnancy policy in regards to radiation safety procedures.
- Rev. 6/2024

Student Pregnancy Policy and Procedure

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 Radiologic Technology 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 5 mSv (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 informs the Radiologic Technology Program and clinical education site VOLUNTARILY and IN WRITING of their pregnancy and estimated date of conception. Formal and 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

their radiation monitoring during their pregnancy:

- A. The pregnant student will not be assigned to fluoroscopy or portable radiography during the first trimester of their 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 Radiologic Technology 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 5 mSv (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 off needed for pregnancy leave and make up time before hand on holidays or scheduled time off from school if they wish.
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 semester breaks 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 their pregnancy will be reinstated in the program upon completion of their 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 student's reinstatement into the program will depend upon where the student was in the program when they took the pregnancy leave. If it were at the beginning of a semester, then the student 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 their pregnancy leave, the student will have to apply for the program under the standard application procedure, should they wish to enter the program at a later date.
6. If the student decides to remain in the Radiologic Technology Program during their pregnancy, the student accepts full responsibility for their 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.

Rev. 7/2019

Safe Regulations for the Energized Lab

Students are oriented to the energized laboratory during their first summer semester. During this time, they will complete an equipment checklist with program faculty. The energized lab provides the radiography student with the opportunity to develop skills in imaging anatomical structures and to perform exposure experiments to assess equipment operation and radiographic techniques. The energized lab requires the following rules to be followed to ensure safety for both the student and fellow classmates.

1. Students are to remain in direct supervision in the energized lab and they do not make exposures in the lab without the presences of a radiography instructor.
2. Students are required to wear their student identification badge along with their personal radiation monitoring device during every laboratory class period.
3. Radiation monitors used in the laboratory at LCC will be worn during all laboratory sessions regardless of whether or not exposures are being made.
4. Radiation monitors are not to be taken out of the lab area and they are to be left in the designated area at the end of each lab session.
5. Before making a radiation exposure, be sure the door to the x-ray room is closed and the control panel is set correctly for exposure.
6. Handle the image receptors with care to avoid damaging them.
7. Be sure to turn off the appropriate positioning locks on the tube stand before attempting to move the unit. This will help to prolong the life of the locks.
8. Do not, under any circumstances, radiograph another human being using this unit.
9. If you notice anything unusual in the operation of the unit or its appearance, please report it to the instructor. (Example: a loose wire)
10. Do not eat or drink in the energized x-ray room or at the operating console.
11. Students are expected to conduct themselves in a professional manner to avoid injury to themselves and/or classmate during a lab simulation. Should an injury occur, please report it to the instructor at the time of occurrence to ensure appropriate action is taken.
12. Once the program director receives their radiation exposure report regarding monitors worn in their energized lab, each student will review and sign their personal Radiation Dosimetry Report within thirty school days upon the program director receiving the report.

Rev. 7/2023

Criminal Background Check Policy and Procedure

The Joint Commission (TJC) does not require criminal background checks 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, Nursing, or Respiratory

- Care must submit to a criminal background check for clinical placement.
2. Students applying for admission into Labette Community College's Radiologic Technology 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.
 4. A student that is requesting readmission into the Radiologic Technology Program is required to undergo a new background check for clinical placement.

CRIMINAL BACKGROUND CHECK PROCEDURES (LCC Procedure 3.20)

Labette Community College requires applicants to all Health Science Programs and select Workforce Education Allied Health courses 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 Workforce Education 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 may disqualify the applicant from admission into an LCC Health Science Program or enrollment in a Workforce Education Allied Health course due to clinical placement or ability to obtain a state license.

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 information on a criminal felony conviction, a misdemeanor, a drug offense, or a plea of no contest) 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 themselves as having a clear criminal record.*

Health Science Program students must notify their program director immediately if any change in their criminal history occurs at any point in time after a Health Science Program application is completed, or while enrolled in a Health Science Program. Workforce Education Allied Health

course students must notify the LCC Workforce Education Director immediately if any change in their criminal history occurs while enrolled in a Workforce Education Allied Health course that includes a clinical component.

Health Science Program students who are unable to complete the clinical component of the program due to a felony criminal conviction, a misdemeanor, a drug offense, or a plea of no contest that occurred after being accepted into the program will be dismissed from the program after an opportunity for a hearing.

Workforce Education 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 after an opportunity for a hearing.

It is the responsibility of any individual with a criminal felony conviction, a misdemeanor, a drug offense, and a plea of no contest in their lifetime who wishes to pursue a Health Science Profession, to consult the laws governing licensure or certification in the state in which the student intends to license/certify prior to application to any LCC Health Science Program or Workforce Education 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 effect criminal history beyond the seven-year check might have on licensure/certification.

**Each LCC Health Science Program and Workforce Education 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.

Revised: 4/27/04, 2/10/14, 7/1/17, 12/7/17 Revised: 8/2/18

Competency Based Clinical Education Section

- The policies and procedures in this handbook have been endorsed by the Radiologic Technology Program Advisory Committee to ensure the professional conduct of all students.
- 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 procedures.

Thirty-six mandatory radiologic procedures.

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

- One of the 15 elective imaging procedures must be selected from the head section
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.

Demonstration of competence includes requisition evaluation, room preparation, age specific communication and care of patient, positioning skills, personal and patient safety, equipment utilization, radiation safety, selection of exposure factors, anatomy identification, and image quality and 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.

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both)

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, critical care examinations, surgery, mobile/bedside, or mobile fluoroscopy (C-arm) radiography 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 physically present during the procedure, and reviews and approves the procedure and / or image.

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 and within shouting distance. This availability applies to all areas where ionizing radiation equipment is in use including beside and surgical procedures.

The program's Clinical Supervision Policy and Procedure is to be followed at all times in the clinical training facility.

Revised 7/2022

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 acquisition and 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 IR exposure, brightness/density, contrast, resolution or sharpness / recorded detail, and distortion.

Clinical Education

Clinical experience consists of 20 hours per week (Monday & Wednesday) for 15 weeks for a total of 300 hours (3 holidays). This portion of clinical training is used to acquaint the learner with the organization and function of health care facilities. In addition, the learner will observe and assist a practicing radiographer to appreciate both the ethical and technical responsibilities associated with radiologic technology.

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 rotation 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 radiographic and contrast media procedures, vertebral column, 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 20 hours per week (Monday & Wednesday) for 15 weeks for a total of 300 hours (2 holidays). The student should be performing all examinations that they have proven competency in the laboratory setting. The student will be observing and assisting the technologist with the examinations, which they 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. (2 holidays) 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, each from a different area of the body, will be performed 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 20 hours per week (Tuesday & Thursday) for 15 weeks for a total of 300 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 Preceptor(s) and Clinical Coordinators may request a **recheck** competency evaluation at any time. **Five recheck competencies**, 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 20 hours per week (Tuesday & Thursday) for 15 weeks for a total of 300 clinical hours (2 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 Performance Checklist. 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 7/2022

Competency –Based Clinical Education

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 82%.

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 Preceptor. The resulting images will also be evaluated. The minimum acceptable level of competency is 82% 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 the student has proven competency in earlier in the program.

The minimum acceptable level of competency is 95%.

Competency-Based Clinical Education Flow Chart Description

First Year

1. Cognitive: The student will attend lectures related to the subject matter deemed necessary to assure a meaningful clinical participation in the program.
2. Cognitive Competency: The student will attain those cognitive objectives as presented in the course with at least 82% accuracy. If the student fails, they will be assisted in reaching those objectives by means of a Tutorial System.
3. 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, examination on
4. 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, they 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. Clinical Participation: The student begins their 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. Competency Evaluation: When the student has demonstrated their ability to perform the examinations while under direct supervision, a competency evaluation will be performed by the Clinical Preceptor or Clinical Coordinator. The student will demonstrate their skill and competency in that particular radiographic examination with at least 82% 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.

Second Year

1. Clinical Participation: As the student gains experience in various procedures, they will gradually move 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 Preceptor or Clinical Coordinator will determine the student's readiness to demonstrate their competency.
2. Competency Evaluation: When the student has demonstrated their ability to perform the examinations while under direct supervision, the Clinical Preceptor or Clinical Coordinator may perform a competency evaluation. The student will demonstrate their skill and competency in that particular radiographic examination with at least 82% 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. 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 the student 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.

Any Critical Care Unit, Emergency Department, Surgery, Mobile unit or mobile fluoroscopy (C-arm) procedures performed by students must always be under direct supervision regardless of their level of competency.

4. Recheck Competency Evaluations: During the second year, after the student has moved to a new clinical setting, the Clinical Preceptor or Clinical Coordinator will perform a recheck competency evaluation. The purpose of the Recheck Competency Evaluation is to ensure that the student is still performing at the competency level required by the program. The recheck examination will be selected by the Clinical Preceptor or Clinical Coordinator.

The student will demonstrate their competency in each recheck examination with at least 95% accuracy. If a student fails the requirements of this evaluation, they shall return to that area of weakness and obtain additional experience as determined by the Clinical Preceptor 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 95% before graduation will be granted from the program.

Revised 06/2025

Evaluating Competency

A student may challenge an Examination Competency when the student has demonstrated their ability to perform the examination as determined by the Clinical Preceptor or Clinical Coordinator.

The student will then perform each mandatory and elective examination within each area with a minimum of 82% 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 Preceptor or Clinical Coordinator. The minimum acceptable level of competency is 95%.

Revised 06 / 2025

Competency Requirements

Each student must successfully complete 36 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, arthrograms, mobile and surgical procedures, trauma, pediatric, skull and facial radiography, etc.**

Fall Semester 2nd Year:

1. Students must complete **15 competency** exams this semester, any more that that will not be accepted, and it is not acceptable to postdate any competency exams.
2. Students must also complete 5 recheck competency exams, any more than that will not be accepted.

Spring Semester 2nd 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.

Each semester a student is required to complete the required number of competency and/or recheck competency examinations by the designated due date outlined in each clinical training course syllabi. During the first-year spring semester, second year fall and spring semesters, students are required to complete half the number of their competency examinations by a specific due date outlined in the clinical training course syllabi. Failure to turn in the first half of these required competencies by this deadline date, will result in a minus 2% per late competency examination. The remaining number of competencies required for the course grade must be completed by the end of the semester deadline date outlined in the clinical training course syllabi. If a student fails to complete the remaining competency examinations by the stated deadline date, this will result in a minus 5% per late competency examination.

If the 36 mandatory and 15 elective examinations are not completed by the last day of the 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 10 imaging procedures may be simulated. Imaging procedures eligible for simulation are noted with the ARRT Clinical Competency Chart. 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. Modification may include variations in positioning, minimal movement of the body part, etc.

Criteria for Performance Evaluation

1. Identification-Evaluation Request

- A. Identify patient by two means of identification
- B. Evaluate the radiographic orders
- C. Verification of procedures(s) ordered
- D. Review of clinical history

2. Room Preparation-Work Efficiency

- A. Room prepared
- B. Necessary supplies and accessory equipment available
- C. Cleanliness of the room is maintained; prior, during and after the procedure
- D. Room free of safety hazards
- E. Performed procedures in an appropriate length of time
- F. No Repeats

3. Age Specific Communication & Care of Patient

- A. Selects age appropriate communication style
- B. Explanation of procedure
- C. Correct patient and performed the correct examination
- D. Proper handling / care (isolation techniques)
- E. Proper patient attire / patient modesty

4. Positioning Skills

- A. Select age appropriate communication style
- B. Explanation of procedure
- C. Center the central ray to the center of image receptor
- D. Oblique patient correctly
- E. Angle tube correctly

5. Image Receptor (IR)

- A. Place one image per IR
- B. Anatomical part straight on IR
- C. Collimation must be used on all images

6. Personal & Patient Safety

- A. Utilize proper body mechanics.
- B. Use of adequate patient transfer technique.
- C. Implementation of universal precautions.

7. Equipment Utilization

- A. Manipulate tube/bucky apparatus
- B. Proper SID

- C. Proper use of positioning aids
- D. Proper use of post-processing parameters for image display

8. Radiation Safety

- A. Collimate or Cone to the part
- B. Shield the patient when appropriate
- C. Use proper exposure factors
- D. Proper use of ALARA to minimize exposure to patient, self and others

9. Selection of Exposure Factors

- A. Proper selection of technical factors on the control panel
- B. Ability to make exposure technique modifications when required
(Example: Patient considerations; body habitus, patient thickness...)

10. Anatomical Parts

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

11. Image Quality and Evaluation

- A. Patient information correctly demonstrated and visible
- B. Correct exposure factors
- C. Proper use of grids
- D. No foreign body artifacts (jewelry, snaps, etc.) that can be removed
- E. Marker properly placed and visible on image
- F. Exposure indicator value acceptable for technical factor selection
- G. Image processing and display of image adequate

Terminal Radiologic Technology Program Competencies

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 professions code of ethics and comply with the profession's scope of practice.
19. Competently perform a full range of radiologic procedures on children, adults, and geriatric patients in the following areas:
 - Extremities
 - Pelvis and Spine
 - Chest and Thorax
 - Head
 - Abdomen and Fluoroscopy Studies (Contrast Studies)
 - Mobile and Surgical Studies
20. Competently simulate general patient care in the following areas:
 - CPR
 - Vital Signs (blood pressure, temperature, pulse, respiration, pulse oximetry)
 - Venipuncture
 - Sterile and Medical Aseptic Technique
 - Transfer of Patient
 - Care of Patient Medical Equipment

Section Revised 1/2022

Clinical Competency Requirements

RADIOGRAPHIC PROCEDURE	M or E	DATE COMPLETED	PATIENT OR SIMULATED	SCORE	COMP VERIFIED
CHEST & THORAX					
1. Chest Routine	M				
2. Chest AP (WC/Stretcher)	M				
3. Ribs*	M				
4. Chest Lateral Decubitus*	E				
5. Sternum*	E				
6. Upper Airway (Soft tissue neck)*	E				
7. Sternoclavicular (SC) joints*	E				
UPPER EXTREMITY					
8. Thumb or Finger*	M				
9. Hand	M				
10. Wrist	M				
11. Forearm	M				
12. Elbow	M				
13. Humerus*	M				
14. Shoulder	M				
15. Trauma Shoulder or Humerus: (Scapular Y, Transthoracic or Axial)	M				
16. Clavicle*	M				
17. Scapula*	E				
18. AC joints*	E				
19. Trauma Upper Extremity (Non shoulder)	M				
LOWER EXTREMITY					
20. Toes*	E				
21. Foot	M				
22. Ankle	M				
23. Knee	M				
24. Tibia-Fibula*	M				
25. Femur*	M				
26. Trauma Lower Extremity (positioning modifications due to injury)	M				
27. Patella*	E				
28. Calcaneus (Os Calcis)*	E				

RADIOGRAPHIC PROCEDURE	M or E	DATE COMPLETED	PATIENT OR SIMULATED	SCORE	COMP VERIFIED
Head – Candidates must select at least one elective procedure from this section.					
29. Skull*	E				
30. Facial Bones*	E				
31. Mandible*	E				
32. Temporomandibular joints*	E				
33. Nasal Bones*	E				
34. Orbits*	E				
35. Paranasal Sinuses*	E				
SPINE & PELVIS					
36. Cervical spine	M				
37. Thoracic spine*	M				
38. Lumbosacral spine	M				
39. Cross table lateral spine (horizontal beam with pt. Recumbent)*	M				
40. Pelvis	M				
41. Hip	M				
42. Cross table lateral hip (horizontal beam with pt. Recumbent)*	M				
43. Sacrum &/or Coccyx*	E				
44. Scoliosis series*	E				
45. Sacroiliac joints*	E				
ABDOMEN					
46. Abdomen supine (KUB)	M				
47. Abdomen Upright*	M				
48. Abdomen Decubitus*	E				
49. Intravenous Urography	E				
Fluoroscopy Studies – Candidates must select two procedures from this section and perform per site protocol.					
50. Upper GI series (Single or double contrast)	E				
51. Barium Enema (Single or double contrast)	E				
52. Small Bowel series	E				
53. Esophagus (Not Swallowing Dysfunction Study)	E				
54. Cystography/Cystourethrography	E				
55. ERCP	E				
56. Myelography	E				

57. Arthrography	E				
58. Hysterosalpingography	E				
RADIOGRAPHIC PROCEDURE	M or E	DATE COMPLETED	PATIENT OR SIMULATED	SCORE	COMP VERIFIED
MOBILE C-ARM STUDIES					

59. C-Arm Procedure (Requiring manipulation to obtain more than <u>One</u> Projection)*	M				
60. Surgical C-Arm Procedure (Sterile Field Required)*	M				
MOBILE RADIOGRAPHIC STUDIES					
61. Chest	M				
62. Abdomen	M				
63. Upper or Lower Extremity	M				
PEDIATRIC PATIENT Age 6 or Younger					
64. Chest Routine*	M				
65. Upper or Lower Extremity*	E				
66. Abdomen*	E				
67. Mobile Study*	E				
GERIATRIC PATIENT (At least 65 YOA & Physically or Cognitively Impaired as a result of Aging)					
68. Chest Routine	M				
69. Upper or Lower Extremity	M				
70. Hip or Spine	E				
CT Procedures **					
Head	E				
Neck	E				
Chest	E				
Abdomen	E				
Pelvis	E				

***Procedures student may simulate with only ten simulations allowed.**

****Students may perform CT Procedures in addition to the required competencies.**

Revised 2022

M – Mandatory (36) E – Elective (15)

Signatures Relating to Policies Section

Authorization to Release Performance Information

I hereby authorize the Program Director and/or Clinical Coordinator(s) in the Radiologic Technology Program of Labette Community College to release information concerning my performance while enrolled in the Program. This information should only be released to prospective employers of which I have given the Program Director and/or Clinical Coordinator(s) as references. This information may be given out by letter or via telephone conversation.

Signature: _____ Date: _____

Authorization to Release Health Records and Insurance Information

I hereby authorize the Program Director and/or Clinical Coordinator(s) in the Radiologic Technology Program of Labette Community College to release information concerning my health records and health insurance (if applicable) while enrolled in the Program. This information may be given out by letter or via fax to the clinical facility where the student is conducting their clinical training.

Signature: _____ Date: _____

Permission to Post Grades

I agree to grant my permission to the faculty of the Labette Community College Radiologic Technology 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 informs the Radiologic Technology Program and Clinical Education Site, voluntarily and in writing of their 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.

Signature: _____ Date: _____

LCC Drug Screening Policy and Procedure 4.16 Acknowledgement

Introduction

It is the policy of the Labette Community College that students who enrolled in health science programs or Workforce Education allied health courses submit to drug and / or alcohol testing when required by a clinical facility, a specific healthcare program policy, or as directed by a reasonable cause event.

Purpose

Students in LCC Health Science Programs and Workforce Education Allied Health Courses must adhere to the standards of conduct required of healthcare professionals. No student will be allowed in the classroom or clinical area while under the influence of drugs or alcohol. This policy is consistent with the "Student Code of Conduct Policy" in the LCC Catalog--

http://www.labette.edu/catalog/Student_Information.pdf. Health Science students found to be involved in any of these activities are subject to disciplinary action up to and including dismissal from their respective health science programs.

Labette Community College Health Science Programs strive to ensure the health and safety of students and patients are not compromised. Education of health science students at Labette Community College requires collaboration between the college and clinical facilities and cannot be complete without a quality clinical education component, generally referred to as a clinical rotation. Clinical facilities are increasingly required by their accrediting agencies, including The Joint Commission (TJC), to provide a drug screen for security purposes on individuals who supervise, care, render treatment, and provide services within the facility. Clinical facilities may require a negative drug screen on each student prior to that student arriving for their clinical rotation.

Adopted: 6/19/14

Effective: 7/1/17

Drug Screening Procedure:

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 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 they 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 they 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 they are 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 in the LCC Catalog—

[http://www.labette.edu/catalog/Student Information.pdf](http://www.labette.edu/catalog/Student%20Information.pdf)

For confidential information regarding treatment for drug abuse contact: Kelly Kirkpatrick, Vice-President of Student Affairs, kellyk@labette.edu or 620-820-1268 (Office—Student Union Building, SU220)

*COST OF TESTING AT LABETTE HEALTH--basic drug test required by most clinical sites--\$20; 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 Workforce Education 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.

Printed Student Name

Date

Student Signature

Date

Program/Course Witness

Date

Adopted: 6/16/14

Effective: 7/1/17

Revised: 6/04/24

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.

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.

Signature: _____ Date: _____

Make Up Time Policy

I agree to abide by the Radiologic Technology Program's Make Up Time Policy and this policy can be found in the Program's handbook located on the Labette Community College Radiologic Technology Program web page and under the document tab in the Trajecs system.

Signature: _____ Date: _____

Magnetic Resonance Safety Policy

I agree to abide by the Radiologic Technology Program's Magnetic Resonance Safety Policy and Procedure and this policy can be found in the Program's handbook located on the Labette Community College Radiologic Technology Program web page and under the document tab in the Trajecs system.

I understand it is my responsibility to immediately notify the Program Director and the Clinical Preceptor if any change in my medical history that occurs that has potential to compromise my safety when entering the magnetic resonance environment.

Signature: _____ Date: _____

Clinical Rotation Schedule Policy

I agree to abide by the Radiologic Technology Program's Clinical Rotation Schedule Policy and this policy can be found in the Program's handbook located on the Labette Community College Radiologic Technology Program web page and under the document tab in the Trajecs system.

Signature: _____ Date: _____

Radiologic Technology Student Computer Usage Statement

I agree to abide by the Radiologic Technology Program's Computer Usage Policies and the Labette Community College's Computer Usage Policies found in the College Catalog. The Program's Computer Usage Policy can be found in the Program's handbook located on the Labette Community College Radiologic Technology Program web page and under the document tab in the Trajecs system.

Signature: _____ Date: _____

Remediation Counseling and Tutoring Statement

To be retained in the Radiologic Technology Program, students must maintain at least an overall grade point average of 2.0. All radiography courses must be a grade of "C" (87% - 82%) or better. If a student's course grade falls below an 82% anytime during the semester, the student will seek remediation counseling or tutoring with their course instructor in efforts to identify study concerns or personal difficulties that might be interfering with the student's academic success. The student and their instructor will develop an action plan in which the student will be encouraged to follow in an attempt to increase their course grade to an 82% or higher in order to pass the course.

I am aware of the program's grading scale. I understand upon receiving the remediation counseling and tutoring from program official(s) that an Action Plan will be created by myself and the program official(s). I understand it is my responsibility to improve my course grade to an 82% or higher to pass the course.

Signature: _____ Date: _____

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

Signature: _____ Date: _____

Radiologic Technology Program Forms

RADIOLOGIC TECHNOLOGY PROGRAM EXIT INTERVIEW FORM

Name _____

Date _____

Please indicate the reason(s) for leaving the Radiologic Technology 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?

STUDENT SIGNATURE: _____

DATE: _____

INSTRUCTOR: _____

DATE: _____

WITNESS: _____

DATE: _____

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 Preceptor before entering the MR environment.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aneurysm clip(s)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cardiac pacemaker
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implanted cardioverter defibrillator (ICD)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electronic implant or device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Magnetically-activated implant or device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neurostimulation system
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spinal cord stimulator
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internal electrodes or wires
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bone growth/bone fusion stimulator
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cochlear, otologic, or other ear implant
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insulin or other infusion pump
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implanted drug infusion device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any type of prosthesis (eye, penile, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart valve prosthesis
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eyelid spring or wire
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Artificial or prosthetic limb
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Metallic stent, filter, or coil
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shunt (spinal or intraventricular)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vascular access port and/or catheter
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radiation seeds or implants
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swan-Ganz or thermodilution catheter
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medication patch (Nicotine, Nitroglycerine)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any metallic fragment or foreign body
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wire mesh implant
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tissue expander (e.g., breast)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surgical staples, clips, or metallic sutures
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Joint replacement (hip, knee, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bone/joint pin, screw, nail, wire, plate, etc.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	IUD, diaphragm, or pessary
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dentures or partial plates
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing aid (Remove before entering MR system room)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other medically implanted device _____

List the details of any items with a “yes” response (Example: name of implant, etc.):

Signature of Student: _____

Date _____

MAGNETIC RESONANCE SAFETY SCREENING FORM

LABETTE COMMUNITY COLLEGE

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 questions or concerns 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. Should any of this information change, I will inform my program director.

Name of Student (Print): _____

Signature of Student: _____

Date: _____

LCC's Radiologic Technology Program Director and Clinical Coordinator have reviewed the above content with the student regarding their MRI health screening form and their signatures below indicate their acknowledgement.

☐ The student has not identified any contraindications to entering MR Zone III or IV.

☐ The student has identified contraindications to entering MR Zones III and IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical setting.

Clinical Coordinator Signature: _____

Date: _____

Program Director Signature: _____

Date: _____

Date Sent to Clinical Preceptor: _____

EXIT INTERVIEW CHECKLIST

For Health Science Students

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

Labette Community College (LCC)
Procedure 3.20 Criminal Background Check
Permission and Release Form
Health Science Students

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 Radiologic Technology Program Director.
2. I understand that my criminal history may impact progression in the LCC Radiologic Technology Program, and/or ability to be licensed/certified in my field of study.
3. I agree to notify the LCC Radiologic Technology Program Director if a change in my criminal history occurs while attending the LCC Radiologic Technology Program.
4. The LCC Radiologic Technology 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 of the application process for the LCC Radiologic Technology 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 may 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 fail to notify the LCC Radiologic Technology Program Director if a change in my criminal history occurs while attending the LCC Program.

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 Health Science Program.

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

Revised: 5/13/19

STUDENT NOTIFICATION
OF PROPOSED SUSPENSION OR DISMISSAL
LABETTE COMMUNITY COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM

Academic Violation(s) of Student:

_____ has not met the academic
policy_____ in the Labette Community College
_____ Program. This academic violation, if proven, subjects the student to suspension or
dismissal from the _____ Program.

Please see the _____ Program Student Handbook on page(s)_____ for
the specific academic policy. Also refer to page (s)_____ of the _____ Program Student
Handbook for the Statement of Understanding Student Signature Sheet.

The student will meet with _____ (College official) in
_____ (Place) on _____ (Date) at _____ (Time)
to determine whether the student violation occurred and whether the student may be suspended or
dismissed from the program. **Failure to appear at this meeting will result in the allegations against the
student being deemed admitted.**

Student's acknowledgment:

Labette Community College has developed procedures that apply to all disputes involving or regarding
students. Problem resolution precedes due process. It is always preferable to resolve differences through
informal means when possible before resorting to due process procedures. Informal resolution means
going directly to the person with whom you have a conflict to work things out between the parties
involved. The next phase of informal resolution will involve the immediate supervisor to assist in
resolution by functioning as an intermediary. If the problem cannot be resolved through these informal
means, refer to the college due process policy for specific steps, Policy/Procedure 4.081 Grievance or see
Procedure 3.18, Appeal of Final Grade.

Suspension/Dismissal Instructions:

I understand that if I am going to have counsel representation at the meeting, I must advise the College Official at least 24 hours before the hearing.

Student Signature: _____ Date: _____

Program Director or
person making
recommendation to
dismiss or suspend

Signature: _____ Date _____

The student has received a copy of the _____ Program Student Notification of Proposed Suspension or Dismissal Form.

Student's Initials: _____

Date: _____

Witness Signature _____ Date _____

Revision Date: 1/24/2020

**PETITION TO CONTINUE COURSEWORK
LABETTE COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM**

I hereby request permission to continue attending academic classes pending the outcome of my Student Grievance, Procedure 4.081. I understand that due to the outcome of the disciplinary hearing held on _____, that if approved, attending class is conditional. I also understand that I am suspended from clinical activities unless and until the determination of the hearing officer in the disciplinary hearing is reversed, withdrawn or upheld.

Permission to attend classes is withdrawn if the appeal is decided adversely to the student or if the student elects to discontinue the student grievance process at any stage.

As a reminder, I acknowledge on this date: _____; program name: _____; handbook page # _____; I release LCC from 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.

Student Signature: _____ Date: _____

Printed: _____

Vice President Academic Affairs: _____ Date: _____

Adopted: 6/15/17

PROGRAM STUDENT DISMISSAL FORM
LABETTE COMMUNITY COLLEGE

Regarding Dismissal of Student:

_____ is now dismissed from the **Labette Community College Radiologic Technology Program**. This dismissal is a result of _____ as determined through a student discipline hearing on _____.

Please see the _____ on page(s) _____ for the violation of this specific policy. Also refer to _____ for the Statement of Understanding Student Signature Sheet.

This concludes the problem resolution portion of the process. See Policy/Procedure 4.081 Student Grievance.

Student Signature: _____

Date: _____

Clinical
Instructor/Preceptor
Signature: _____

Date: _____

Lead Instructor
Signature: _____

Date: _____

Director of Program
Signature: _____

Date: _____

Witness Signature: _____

Date: _____

❖ Copy sent to Dean of Enrollment Management for processing.

Adopted: 6/15/17

Student Behavior Misconduct Notification Form

Student: _____

Course: _____

ID#: _____

Section #: _____

Instructor/Staff: _____

Date of Incident: _____

Location of Incident: _____

Time of Incident: _____

Describe incident that occurred: _____

Action taken by Instructor/Staff at time of incident: _____

Faculty/Staff Signature: _____

Vice President of Student Affairs Signature: _____

Student Signature: _____

Process: The instructor/staff member completes the form and submits to the Vice President of Student Affairs.

If it is an occurrence of academic misconduct in the Student Success Center or at the Cherokee Center, the instructor and Dean of Instruction also receive a copy. The instructor then completes the Academic Misconduct Form and follows the process for Procedure 3.07 – Academic Misconduct.

In cases other than academic misconduct, the Vice President of Student Affairs contacts the student to arrange a hearing regarding the alleged behavior misconduct within 5 working days of the incident. The Student Code of Conduct Procedure 4.08 will be followed.

Labette Community College
Health Science Program(s) Student
(Radiography)

Release of Information Form

I _____ (Print First Name, MI, Last Name) my LCC Student ID# _____
is: _____, give the Labette Community College _____ Program
permission to release the following information:

Name, Address, DOB, Cell phone, SSN, email, vaccination status (Flu, COVID, etc.)

This information is to be released to:

Company/Facility: _____
Attn: _____
Address: _____
Phone: _____
Fax: _____

Student Signature: _____
Date: _____
Time of Signature: _____

2021 Standards for an Accredited Educational Program in Radiography Section

Adopted by

The Joint Review Committee of Education in Radiologic Technology (JRCERT) 2021 Radiography Standards that were adopted on January 1, 2021 can be viewed at:

<https://www.jrcert.org/jrcert-standards/>

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 is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT **Standards** incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the **Standards** as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes 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 in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- Identify strengths related to each standard
- Identify opportunities for improvement related to each standard
- Describe the program's plan for addressing each opportunity for improvement
- Describe any progress already achieved in addressing each opportunity for improvement
- Provide any additional comments in relation to each standard

The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

Standards for an Accredited Educational Program in Radiography

Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Objectives:

- 1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.
- 1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.
- 1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.
- 1.4 The program assures the confidentiality of student educational records.
- 1.5 The program assures that students and faculty are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of noncompliance with the Standards.
- 1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.
- 1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Objectives:

- 2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.
- 2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.
- 2.3 The sponsoring institution provides student resources.
- 2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

Standard Three: Faculty and Staff.

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Objectives:

- 3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.
- 3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.
- 3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.
- 3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
- 3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

Objectives:

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- 4.3 All clinical settings must be recognized by the JRCERT.
- 4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.
- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.
- 4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.
- 4.9 The program has procedures for maintaining the integrity of distance education courses.

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Objectives:

- 5.1 The program assures the radiation safety of students through the implementation of published

policies and procedures.

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

5.3 The program assures that students employ proper safety practices.

5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Objectives:

6.1 The program maintains 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, and
- annual program completion rate.

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

Glossary of Terms

Academic calendar: the official institutional/program document that, at a minimum, identifies specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Accreditation status: a statement of the program's current standing with the JRCERT. Per JRCERT Policies [10.000](#) and [10.700](#), accreditation status is categorized as one of the following: Accredited, Probationary Accreditation, and Administrative Probationary Accreditation. The program must also identify its current length of accreditation award (i.e., 8-year, 5-year, 3-year, probation). The JRCERT publishes each program's current accreditation status at www.jrcert.org.

Administrator: individual(s) that oversee student activities, academic personnel, and programs.

Articulation agreement: a formal partnership between two (2) or more institutions of higher education. Typically, this type of agreement is formed between a hospital-based program and a community college

or a community college and a four (4) year academic institution with the goal of creating a seamless transfer process for students.

Campus: the buildings and grounds of a school, college, university, or hospital. A campus does not include geographically dispersed locations.

Clinical capacity: the maximum number of students that can partake in clinical experiences at a clinical setting at any given time. Clinical capacity is determined by the availability of human and/or physical resources. Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations.

Clinical obligations: relevant requirements for completion of a clinical course including, but not limited to, background checks, drug screening, travel to geographically dispersed clinical settings, evening and/or weekend clinical assignments, and documentation of professional liability.

Communities of interest: the internal and external stakeholders, as defined by the program, who have a keen interest in the mission, goals, and outcomes of the program and the subsequent program effectiveness. The communities of interest may include current students, faculty, graduates, institutional administration, employers, clinical staff, or other institutions, organizations, regulatory groups, and/or individuals interested in educational activities in medical imaging and radiation oncology.

Comparable health sciences programs: health science programs established in the same sponsoring institution that are similar to the Radiologic Technology Program in curricular structure as well as in the number of faculty, students, and clinical settings.

Consortium: two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an education program. A consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Curriculum map (-ping): process/matrix used to indicate where student learning outcomes are covered in each course. Level of instructional emphasis or assessment of where the student learning outcome takes place may also be indicated.

Distance education: refer to the Higher Education Opportunity Act of 2008, [Pub. L. No. 110-315, §103\(a\)\(19\)](#) and JRCERT [Policy 10.800](#) - Alternative Learning Options.

Asynchronous distance learning: learning and instruction that do not occur in the same place or at the same time.

Distance education: an educational process characterized by the separation, in time and/or place, between instructor and student. Distance education supports regular and substantive interaction synchronously or asynchronously between the instructor and student through one

or more interactive distance delivery technologies.

Distance (Delivery) technology: instructional/delivery methods that may include the use of TV, audio, or computer transmissions (broadcast, closed-circuit, cable, microwave, satellite transmissions); audio, computer, or Internet-based conferencing; and/or methodologies.

Hybrid radiography course: a professional level radiography course that uses a mix of face-to-face traditional classroom instruction along with synchronous or asynchronous distance education instruction. Regardless of institutional definition, the JRCERT defines a hybrid radiography course as one that utilizes distance education for more than 50% of instruction and learning.

Online radiography course: a professional level radiography course that primarily uses asynchronous distance education instruction. Typically, the course instruction and learning is 100% delivered via the Internet. Often used interchangeably with Internet-based learning, web-based learning, or distance learning.

Synchronous distance learning: learning and instruction that occur at the same time and in the same place.

[Definitions based on Accrediting Commission of Education in Nursing (ACEN) Accreditation Manual glossary]

Equivalent: with regards to certification and registration, an unrestricted state license for the state in which the program and/or clinical setting is located.

Faculty: the teaching staff for didactic and clinical instruction. These individuals may also be known as academic personnel.

Gatekeeper: the agency responsible for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Grievance policy and/or procedure: a grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation.

The program must have a policy/procedure to provide individuals an avenue to pursue grievances. If the institutional policy/procedure is to be followed, this must be clearly identified and provided to students. The policy/procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, faculty, administrator). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution's/program's retention policies/procedures. Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure (e.g., cleanliness of classroom). The program must determine if a pattern of any grievance or complaint exists that could negatively affect the quality of the educational program.

Master plan of education: an overview of the program and documentation of all aspects of the program. In the event of new faculty and/or leadership to the program, a master plan of education

provides the information needed to understand the program and its operations. At a minimum, a master plan of education must include course syllabi (didactic and clinical courses), program policies and procedures, and the curricular sequence calendar. If the program utilizes an electronic format, the components must be accessible by all program faculty.

Meeting minutes: a tangible record of a meeting of individuals, groups, and/or boards that serve as a source of attestation of a meeting's outcome(s) and a reference for members who were unable to attend. The minutes should include decisions made, next steps planned, and identification and tracking of action plans.

Program effectiveness outcomes/data: the specific program outcomes established by the JRCERT. The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

Credentialing examination pass rate: the number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.

Job placement rate: the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate: the number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider graduates who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Program total capacity: the maximum number of students that can be enrolled in the educational program at any given time. Program total capacity is dependent on the availability of human and physical resources of the sponsoring institution. It is also dependent on the program's clinical rotation schedule and the clinical capacities of recognized clinical settings.

Release time (reassigned workload): a reduction in the teaching workload to allow for the administrative functions associated with the responsibilities of the program director or clinical coordinator or other responsibilities as assigned.

Sponsoring institution: the facility or organization that has primary responsibility for the educational program and grants the terminal award. A recognized institutional accreditor must

accredit a sponsoring institution. Educational programs may be established in: community and junior colleges; senior colleges and universities; hospitals; medical schools; postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

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) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

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

Submission of such information will allow the program access to the JRCERT's Accreditation Management System (AMS). The initial application and self-study report will then be available for completion and submission through the AMS.

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 preceptor(s).
- d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.
- e. 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 Administrative Probationary Accreditation and potentially result in Withdrawal of Accreditation.

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews education 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

Consistent with the JRCERT policy, the JRCERT defines the following as accreditation actions:

Accreditation, Probationary Accreditation, Administrative Probationary Accreditation, Withholding Accreditation, and Withdrawal of Accreditation (Voluntary and Involuntary).

For more information regarding these actions, refer to JRCERT [Policy 10.200](#).

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

Copyright © 2020 by the JRCERT

Subject to the condition that proper attribution is given and this copyright notice is included on such copies, the JRCERT authorizes individuals to make up to one hundred (100) copies of this work for non-commercial, educational purposes. For permission to reproduce additional copies of this work, please write to:

JRCERT
20 North Wacker Drive
Suite 2850
Chicago, IL 60606-3182
Telephone: (312) 704-5300
Fax: (312) 704-5304
E-mail: mail@jrcert.org or www.jrcert.org