

COLUMBUS STATE

RADIOGRAPHY/MEDICAL IMAGING

**Columbus State
Community College
Health and Human
Services Division Medical
Imaging Student
Handbook 2023-2024**

Student Name _____

Revised 08/04/2022

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1.00

INTRODUCTION

1.01 Message from the Dean of Health & Human Services

COLUMBUS STATE
HEALTH & HUMAN
SERVICES DIVISION

Welcome to the Division of Health & Human Services.

I am excited that you chose Columbus State to pursue your education. One of the favorite parts of my job is being able to welcome new students and speak about our wonderful institution. I can honestly and enthusiastically say you have made an excellent choice.

As Ohio's premier community college, we deliver a variety of academic programs to meet the needs of the greater Central Ohio area. The Division of Health and Human Services offers a wide range of learning opportunities to students. Made up of ten departments offering nearly 70 degree and certificate programs, we have something for everyone.

Our faculty, support staff, advisors, and administrators all work together to help you succeed in your education at Columbus State and beyond. They embody the Columbus State spirit of *student success*. We are genuinely committed to helping you reach your goals.

We offer state-of-the-art equipment and technology, accredited academic programs, a highly qualified faculty, and all the support tools you will need to complete your education with us. We think you will agree that Columbus State is a truly extraordinary place.

Beyond what you will learn, your education has tremendous value. With each passing year, a greater number of employers are turning to Columbus State graduates. Columbus State provides a relevant education for an ever-changing workplace. You will acquire the skills you need for a job today, but also develop deep learning abilities for a career tomorrow.

We welcome you to participate in all that our fine institution offers. You will find that there are many opportunities that extend well beyond the classroom. There are numerous student clubs and organizations as well as recreational and athletic opportunities that you can share in as a student. I hope you will take advantage of these opportunities.

On behalf of the Health and Human Services Division, I wish you the very best in your studies at Columbus State and in your future!

Best wishes,

Terrence A. Brown, Ph.D.

Dean, Health & Human Services

1.02 Message from the Medical Imaging Program Personnel

Becoming a Medical Imaging professional is a challenging but rewarding process. The Medical Imaging student experience is most likely different from any other educational experience you have had until now. As a student you will be learning in a variety of environments that include the classroom, the energized x-ray lab, and various clinical sites. You will be interacting with a variety of people to include fellow students, faculty, patients, medical professionals and clinical staff. You will be learning, practicing, and performing skills that require accuracy, professionalism, and excellent communication skills. Your imaging skills will be used with trauma patients, patients undergoing surgery, and at the patient's bedside.

This handbook contains policies, procedures and behavior expectations for classroom, laboratory and clinical portions of the program. Its contents are designed to provide a framework to develop the knowledge, skills and attitudes important for professional development.

Our goal is your success in completing your academic endeavors. Feel free to actively seek our support!

The Medical Imaging Faculty and Staff
Medical Imaging Department
Columbus State Community College

2.00 MEDICAL IMAGING STUDENT HANDBOOK PURPOSE

This Student Handbook provides information specific to students in the Medical Imaging Program. This handbook applies to all students in the Medical Imaging Program who are pursuing the following:
Applied Associate of Science Degree in Medical Imaging

Each student must sign the Handbook Acknowledgement form. Be advised that even if a student fails to return a signed Handbook Acknowledgment Form, the student is still responsible for abiding by the content in this program specific student handbook, the Columbus State Policies and Procedures, course syllabi, the Columbus State Catalog, and the Columbus State Student Handbook.

3.00 STATEMENT ACKNOWLEDGING CHANGES TO THE MEDICAL IMAGING STUDENT HANDBOOK

This student handbook is subject to federal, state, and local law as well as national and state governing bodies, Columbus State Policies and Procedures, and Medical Imaging Policies and Procedures. As changes in the law or policy by one or more of these entities occur, corresponding revisions to this handbook will be made periodically. Students are advised that these changes may occur with or without prior notice. Therefore, students should check for updates to program information at <https://www.csc.edu/academics/departments/medical-imaging/>

4.00 COLLEGE POLICIES

4.01 Student Code of Conduct Summary

As an enrolled student at Columbus State, you have agreed to abide by the Student Code of Conduct as outlined in Columbus State Policy and Procedure 7-10. Columbus State has a high standard of conduct for members of its college community, including students. Consistent with the educational mission of the College, Columbus State students are expected to perform all work honestly, maintain

prescribed academic standards, pay all debts to the college, and respect the property and rights of others. To ensure the maintenance of an environment conducive to the attainment of the educational mission of Columbus State, the President is authorized to establish such rules and regulations as are deemed appropriate and necessary for the orderly operation of the college. In addition to these rules, the behaviors enumerated under Academic and Behavioral Misconduct may result in penalties up to and including expulsion from the college. Should the concern involve allegations sexual harassment, sexual misconduct, harassment, and/or violations civil rights by an employee the matter will be referred to the College's Title IX Coordinator.

The complete Columbus State Student Code of Conduct Policy and Procedure 7-10 can be accessed at the following website: <https://www.csc.edu/about/policies-procedures.shtml>. It is the student's responsibility to read through the entire Student Code of Conduct. For more information about the Student Code of Conduct and the Office of Student Conduct, please visit the following website: <https://www.csc.edu/services/student-conduct/>.

4.02 Background Check and Drug Screening Disclosure for Students Pursuing Health and Human Services Programs

Students who are pursuing degrees or certificates leading to application for professional licensure or certification, and/or who will be participating in clinical placements, internships, practicums, or similar experience through their program, should be aware that Columbus State may require a criminal background check, fingerprinting, or drug screening prior to placement or acceptance into such a program. Please see the program specific policy in the Program Admission and Continuing Compliance Requirements Chapter to learn more about your academic program's requirements.

4.03 Individuals with Disabilities

It is Columbus State policy to provide reasonable accommodations to students with disabilities as stated in the Americans with Disabilities Act (ADA), The Americans with Disabilities Act Amendments Act (ADAAA), and Section 504 of the Rehabilitation Act of 1973. It is also the policy of Columbus State to comply with all federal and state laws concerning the application, admission, or other terms and conditions of educational programs for qualified students, student applicants and other participants of College-sponsored programs or services who have disabilities. These acts can be found in Columbus State Policy 3-41, which can be accessed at the following website: <https://www.csc.edu/about/policies-procedures.shtml>.

Columbus State offers a wide range of support to encourage the enrollment of people with disabilities. Located in Eibling Hall 101, the Disability Services Office provides services to qualified students with disabilities for all Columbus State locations. It is the student's responsibility to request accommodations for access. If you would like to request such accommodations for access, please contact Disability Services: 101 Eibling Hall, (614)-287-2570. Delaware Campus students may contact the Disability Services Coordinator by stopping by the Student Services Center on the first floor of Moeller Hall, or calling (740) 203-8345 to begin the process of registering with Disability Services. Students can also visit the disability services website at: <https://www.csc.edu/services/disability/register.shtml>. Email or give your instructor a copy of your accommodations letter from Disability Services as soon as possible. Accommodations do not start until the letter is received, and accommodations are not retroactive.

For more information about Disability Services at Columbus State please visit the Disability Services website at: <https://www.csc.edu/services/disability/>.

4.04 Student Rights under the Family Educational Rights and Privacy Act (FERPA)

Columbus State complies with the Family Educational Rights and Privacy Act (FERPA), which is a federal law that protects the privacy of student education records. Student rights under FERPA are published in the Columbus State Catalog. To view the Columbus State Catalog online please visit <https://www.csc.edu/academics/catalog/>. Also pursuant to FERPA, Columbus State has designated certain information about students as directory information. To learn more about what information is considered directory information or how to request that your directory information be withheld from the public, please visit the following website: <https://www.csc.edu/services/registrar/withhold-information.shtml>.

4.05 Notice of Non-Discrimination/Anti-Harassment

While the college does not tolerate any form of discrimination or harassment, the Non-Discrimination/Anti-Harassment Policy and related procedures are intended to cover discrimination and harassment based on protected class. Protected classes for purposes of this policy are sex, race, color, religion, national origin, ancestry, age, disability, genetic information (GINA), military status, sexual orientation, and gender identity and expression. The complete Columbus State Non-Discrimination/Anti-Harassment Policy 3-43 can be accessed at the following website: <https://www.csc.edu/about/policies-procedures.shtml>. Any student found to be in violation of Policy 3-43 will be referred to the student conduct office for resolution in accordance with the Student Code of Conduct Policy and Procedure 7-10.

Columbus State uses a secure, online reporting system as the preferred way of reporting alleged incident(s) of discrimination based on a protected class, including harassment, sexual misconduct and retaliation. This form can be found at the following website [csc.edu/discriminationreport](https://www.csc.edu/discriminationreport) or by visiting the following website <https://www.csc.edu/services/title-ix/> and clicking on "To Submit a Complaint." For more information about resources, and to learn about Columbus State's Office of Equity and Compliance please visit the following website: <https://www.csc.edu/services/title-ix/>.

4.06 Sexual Misconduct and Title IX

The Columbus State Sexual Misconduct Policy 3-44 can be accessed at the following website: <https://www.csc.edu/about/policies-procedures.shtml>.

Title IX is a federal law that prohibits sex-based discrimination in education programs and activities receiving federal financial assistance. "Education programs and activities" include all of a school's operations, including employment and school-sponsored athletics and activities (on or off campus).

Title IX prohibits sex discrimination in educational institutions, programs and activities. This includes, but is not limited to:

- Sexual assault
- Domestic, intimate partner and dating violence
- Gender-based stalking
- Sexual harassment (quid pro quo and hostile work environment)
- Failing to provide appropriate accommodations for a pregnant or parenting student
- Treating a person differently based on marital status.

Columbus State uses a secure, online reporting system as the preferred way of reporting alleged incident(s) of discrimination based on a protected class, including harassment, sexual misconduct and retaliation. This form can be found at the following website [cscce.edu/discriminationreport](https://www.cscce.edu/discriminationreport) or by visiting the following website <https://www.cscce.edu/services/title-ix/> and clicking on "To Submit a Complaint." For more information about resources, and to learn about Columbus State's Office of Equity and Compliance please visit the following website: <https://www.cscce.edu/services/title-ix/>.

4.07 Campus Safety/Clery Act

A college campus offers an open, welcoming environment where many people congregate during the course of a day. To be safe, everyone should be aware of his/her surroundings at all times. If an emergency occurs, immediately call 911, then the Police Department Communications Center at 614-287-2525. You can also send a text through the Rave Guardian App or directly from your phone to 67283. In the text, type CSCCTIP and enter a space. Everything after the space will be sent as your tip. Criminal acts, accidents, medical emergencies, suspicious behaviors, or other emergencies must be reported to the Police Department. You can call the Police Department, visit in-person on the Columbus Campus in Delaware Hall, Room 047, activate an emergency phone, or you can call the local police department by dialing 911.

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (commonly referred to as the Clery Act), codified at 20 USC 1092 (f), is a federal law that requires colleges and universities to disclose certain timely and annual information about campus crime and security policies. The Police Department is responsible for completing the Clery Crime Statistics, and the Annual Security Report. Columbus State also complies with the Violence Against Women Act (VAWA) and the Campus Sexual Violence Elimination Act (Campus SaVE Act).

For more information about campus safety, how to sign up for emergency text alerts, and to view the Columbus State Clery Act Annual Security Report, please visit the Columbus State Police website at: <https://www.cscce.edu/services/police/>. The Columbus State Campus Safety Policy and Procedure 13-11 can be accessed at the following website: <https://www.cscce.edu/about/policies-procedures.shtml>.

4.08 Veterans and Service Members Support and Assistance

Columbus State seeks to assist service members and veterans as they pursue an advanced degree and/or certificate. In an effort to better serve this population, the College has adopted Columbus State Policy 7-15 as required by Ohio Revised Code Section 3345:421(B). The complete Columbus State Veterans and Service Members Support and Assistance Policy 7-15 can be accessed at the following website: <https://www.cscce.edu/about/policies-procedures.shtml>.

The Columbus State Military and Veterans Services Department provides individualized enrollment and referral services to assist community members in successfully meeting their educational and career goals. The Columbus State Military and Veterans Services Department is committed to providing uncompromising service by adhering to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability and stewardship.

If you would like more information regarding Columbus State's Military and Veterans Services, please contact Military and Veterans Services in Delaware Hall room 156 or by calling (614) 287-2644 or by

visiting the following website: <https://www.cscce.edu/services/military-veterans/>. Columbus State's G.I Bill Office is located in Union Hall, Rm 48 and their phone number is: (614) 287-2644.

4.09 Drug and Alcohol Free Campus

Under the Federal Drug-Free Schools and Communities Act Columbus State has established a drug and alcohol prevention program for all students and employees. To access information on services and programming please visit the Columbus State Counseling Services website at:

<https://www.cscce.edu/services/counseling/> and the Alcohol and Other Drug Prevention Brochure at: https://www.cscce.edu/services/counseling/pdf/alcohol_drug_prevention.pdf.

Further, Students should be aware that the Columbus State Student Code of Conduct Policy and Procedure 7-10 prohibits the use, possession, or distribution of an alcoholic beverage; the use, possession, or distribution of a narcotic, inhalant or other controlled substances, as well as drug paraphernalia, except as expressly permitted by law; and the abuse or misuse of prescriptions or over-the-counter medication. The Student Code of Conduct Policy and Procedure 7-10 can be accessed at the following website: <https://www.cscce.edu/about/policies-procedures.shtml>.

4.10 Tobacco Free Campus

Columbus State strives to enhance the general health and wellbeing of its students, faculty, staff, and visitors. We desire to support individuals to be tobacco free, achieve their highest state of health, and to launch students into their careers at a high level of health and wellbeing. To support this commitment, we intend to provide a tobacco free environment. As of July 1, 2015, smoking and the use of tobacco are prohibited in or on all College-owned, operated, or leased property, including vehicles. The policy includes indoor and outdoor use of all tobacco products, smoke or smokeless, including e-cigarettes. For cessation resources, please visit <http://legacy.cscce.edu/about/tobaccofree/>.

To view the Columbus State Tobacco Free Campus Policy 13-13, please visit the following website: <https://www.cscce.edu/about/policies-procedures.shtml>.

4.11 Grade Grievance Procedure Summary

The purpose of the grade grievance procedure is to provide a method of recourse to students who reasonably believe that a final course grade was assigned in error. This is intended for students who believe the instructor made an error in computing the final grade, evaluated the student using different standards than applied to others in the class, or failed to follow the grading policy as stated in the course section syllabus.

It is the student's responsibility to initiate the grade grievance procedure. The complete Grade Grievance Procedure can be found in Columbus State's Grading and Academic Requirements Procedure 5-09(D) and can be accessed at the following website: <https://www.cscce.edu/about/policies-procedures.shtml>. It is the student's responsibility to read through the entire Grade Grievance Procedure as it contains a detailed process and includes deadlines.

4.12 Written Student Complaints

Columbus State Community College encourages student communication with the administration, faculty, and staff regarding college operations and procedures and encourages students to use existing policies, personnel, and departmental offices to express specific

concerns. Should a student deem that the existing policies, personnel, and departmental offices cannot address his/her specific concern or complaint, Columbus State Community College, in accordance with federal regulations, accepts and maintains records of formal written complaints filed with the office of the President, a Vice-President, or the Provost. The complete Columbus State Written Student Complaints Policy and Procedure 7-13 can be found at the following website: <https://www.csccl.edu/about/policies-procedures.shtml>.

4.13 Image Release Acknowledgment

As a general rule under Ohio law, the use of a person's persona (photo, image, name, voice, signature, or likeness) for a commercial purpose is not allowed unless the person consents in writing. However, institutions of higher education have an exception under the law, which allows the college to use a student's, faculty's or staff's persona without consent, for educational purposes to promote the college, its educational or institutional objectives, see [Ohio Revised Code section 2741.09\(A\)\(5\)](#). This educational exception also extends to former students, faculty, and staff. Students are advised that photos may be taken of individuals (or groups) associated with Columbus State, while on Columbus State property or at Columbus State events, and used as long as the use is to promote the college's educational purposes.

4.14 Additional Columbus State Websites

Below are the links to additional Columbus State websites:

- For the current policies and procedures of Columbus State, please visit the following website: <https://www.csccl.edu/about/policies-procedures.shtml>
- For information about Columbus State services, resources, and policies and procedures (such as information technology, food services, college success resources, student leadership resources, and financial aid resources) please view the Columbus State Student Handbook, which can be accessed at the following website: <https://www.csccl.edu/services/student-handbook.shtml>
- To search for courses and plans of study, general information and directories, and Columbus State resources and policies and procedures (such as community and civic engagement, academic study abroad, and college testing services), please view the Columbus State Catalog, which can be accessed at the following website: <https://www.csccl.edu/academics/catalog/>
- Columbus State's Social Media Guidelines can be accessed at the following website: <https://www.csccl.edu/about/policies-procedures.shtml>
- Institutional Disclosure-Student Right to Know can be accessed at the following website: <https://www.csccl.edu/about/institutional-disclosure.shtml>

5.00

PROGRAM OVERVIEW

5.01 Overview

Radiographers are highly skilled professionals qualified by education to perform imaging procedures and accompanying responsibilities at the request of a physician. A radiographer is a medical professional who applies doses of ionizing radiation to patients to create medical images of the human anatomy to aid radiologists and doctors in diagnosing and treating illness and injury. A radiographer is able to perform diagnostic imaging, fluoroscopy, trauma, surgical, and portable radiography. Specialized areas in the curriculum include: computed tomography, vascular interventional radiography, digital imaging, and magnetic resonance imaging.

These valuable professionals work in hospitals, clinics, medical laboratories, nursing homes, and in private practice.

Students are advised that this overview is subject to change and the handbook may not be immediately revised, therefore students should check for the most current information regarding the program overview on the Columbus State Catalog website: <https://catalog.csc.edu/> or on the academic program website: <https://www.csc.edu/academics/departments/medical-imaging/>

5.02 Mission Statement

The mission of the Columbus State Community College Medical Imaging program is to provide a quality educational program that meets the life-long learning needs of its community. This is achieved by preparing graduates for employment as a Medical Imaging Science professional. This is consistent with the Columbus State Community College Mission Statement.

5.03 Program Accreditation and Related Professional Organizations

5.03.01 Joint Review Committee on Education in Radiologic Technology.

The Columbus State Medical Imaging program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 N. Wacker Dr., Suite 900, Chicago IL 60606-2901, (312) 704-5300. (www.jrcert.org)

Standards for an Accredited Educational Program in Radiography are included as an Appendix to this Handbook.

5.03.02 Appeal to the JRCERT

If a student believes that he or she has a grievance or complaint, college policy must be followed in the prescribed manner. If the individual is unable to resolve the complaint through college policy, or believes that their concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT:

Chief Executive Officer

Joint Review Committee on Education in Radiologic Technology

20 North Wacker Drive, Suite 2850

Chicago, IL 60606-3182

Phone: 312-704-5300

Fax: 312-704-5304

E-mail: mail@jrcert.org

The student must also complete The Allegations Reporting Form and send to the above address with required supporting materials. All submitted documentation must be legible and include a signature. Failure to submit appropriate materials as requested will result in the complaint being closed. JRCERT will investigate complaint as it relates to the program compliance with relevant accreditation standards or established accreditation policies. JRCERT will provide a written response to the complainant within thirty (30) working days.

The records and disposition on any formal complaint or grievance shall be maintained separate from academic records in the President's Office for a minimum of three (3) years.

5.03.04 American Registry of Radiologic Technologists (ARRT)

The Columbus State Medical Imaging/Radiography program is a recognized educational program for the **American Registry of Radiologic Technologists (ARRT)**. ARRT registration is a mandatory prerequisite in most states to practice as a radiographer and is a likely requirement for employment. ARRT requirements include completion of an approved educational program, passing a comprehensive examination, and meeting ARRT ethical standards. ARRT applications are made available to graduating students by the Program Coordinator at the beginning of their graduating semester. Specific information and applications may also be found by contacting the ARRT or on their website, www.arrt.org.

5.03.05 The Ohio Department of Health Radiologic Licensure

All individuals employed to administer ionizing radiation for medical imaging in Ohio are required to be licensed with the Ohio Department of Health. Graduates of the Associate Degree Medical Imaging/Radiography program are eligible to apply for a radiography license upon registration with the ARRT.

Additionally, Associate Degree Radiography program students in good standing who have completed appropriate coursework and are within 12 months of graduation may request a clinical module affidavit to apply for a General X-ray Machine Operator license (GXMO). For more information, contact the department at the following address:

Ohio Department of Health

Radiologic Licensure

246 North High Street

Columbus, OH 43215

Telephone: (614) 752-2370

Fax: (614) 564-2460

E-mail: xray.Licensure@odh.ohio.gov

Website: <https://www.odh.ohio.gov/odhprograms/rp/xray/lic/rlic1.aspx>

Columbus State also offers a GXMO certificate program approved by the Ohio Department of Health. See the GXMO section of the Medical Imaging webpage for more information.

5.03.06 Ohio Society of Radiologic Technologists (OSRT)

Students are encouraged to join this local professional organization which promotes continuing education and provides a various learning experiences. The OSRT presents an Annual Educational Meeting as well as various seminars throughout the year. More information is available at www.osrt.org.

5.03.07 American Society of Radiologic Technologists (ASRT)

Students are encouraged to join this national professional organization. A bimonthly professional journal is published by the A.S.R.T. which contains topics of interest for radiographers and students. The A.S.R.T. holds an annual meeting at various locations throughout the United States and this society offers benefits such as insurance policies available to members at reasonable rates. Student membership is available through www.asrt.org.

5.04 Learning Outcomes

5.04.01 Program Goals:

The program holds as its primary objectives, the education and training of qualified applicants to become competent radiographer. The program endeavors to instill in students, and subsequently graduates the following program goals:

Goal 1. Professionalism

Develop graduates who will recognize the need for life-long learning in their chosen profession and graduate students with the ability to behave in a compassionate, ethical and professional manner.

- 1.1-Students will understand the importance of Professional Associations
- 1.2-Students will demonstrate the importance of professional, ethical, and compassionate behavior.

Goal 2. Clinical Competence

To graduate students who will successfully complete all program requirements and exceed entry-level expectations of employers

- 2.1-Students will demonstrate competency in radiographic skills, patient care skills, and radiation safety
- 2.2-Graduates will exceed the expectations of entry level technologists as defined by A.R.R.T. curriculum guidelines
- 2.3-Students will practice radiation protection.

Goal 3. Program Effectiveness

- 3.1-Students will pass the A.R.R.T. exam on the first attempt
- 3.2-Graduates will express satisfaction with the Columbus State Radiography program
- 3.3-Students will successfully complete the Radiologic Technology Program
- 3.4-Students will be employed within six months of graduation

Goal 4. Critical Thinking

To develop applied skills in critical thinking and problem solving in the practice of the radiography profession.

- 4.1- Students will be able to select and modify technical factors.
- 4.2-Students will demonstrate competency in non-routine and trauma settings
- 4.3-Students will be able to evaluate images for radiographic quality

Goal 5. Communication Skills

Students will demonstrate effective written and oral communication skills

- 5.1- Students will follow A.I.D.E.T. communication guidelines in the clinical setting and interact with patients and staff in an effective manner. (AIDET = Acknowledge, Introduce, Duration, Explanation, Thank you)
- 5.2-Students will demonstrate effective written and oral communication skills.

5.04.02 Assessment

All phases of the program are assessed to ensure quality services are provided to the student, employer and future patients. Areas such as admissions, course evaluations, classroom observations, graduate performance on certification exams, and student satisfaction surveys provide feedback for assessment and improvement. The Advisory Committee, and Clinical Preceptors Committee meet regularly and are active in assessing and improving the quality of the program.

5.05 Plan of Study

The plan of study for the Associate of Applied Science Degree in Medical Imaging can be found on the Columbus State Catalog website: <https://catalog.cscs.edu/programs/Medical%20Imaging%20AAS>

5.06 Course Descriptions

The course descriptions for the Medical Imaging program can be found on the Columbus State Catalog website: <https://catalog.cscs.edu/subject/IMAG>

5.07 Faculty & Staff

The college Faculty and Staff Medical Imaging can be found below and at the following website: <https://www.cscs.edu/academics/departments/medical-imaging/faculty.shtml>.

Students are advised that this faculty and staff listing below is subject to change and the handbook may not be immediately revised, therefore students should check for the most current information regarding the faculty directory at the website above.

Program College Personnel



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5.08 Health Risks and Working Conditions

As a student enrolled in this academic program, you may be required to participate in activities that may present a risk to your health, and you may be working with other students and patients in various states of health/illness. As stated in the contracts with our clinical partners, no patient is discriminated against in the provision of health care. Students may be exposed to significant risks including but not limited to ionizing radiation exposure, various diseases, micro-organisms, pathogens, needle stick injuries, exposure to communicable diseases, infections, or exposure to blood and/or bodily fluids. All students learn “Standard Precautions” and are required to practice these in labs and clinical facilities in order to minimize risk. However, it is important to understand that there is always a risk. Further, a student who is, or becomes pregnant while enrolled in a health related-program has the potential for exposure to a number of agents or conditions that could adversely affect the well-being of a fetus. This academic program is strongly committed to working with students who voluntarily choose to declare a pregnancy while enrolled in the program.

More examples of potential risks to students in clinical/laboratory placements include but are not limited to:

- Ionizing radiation may cause damage to a student or developing fetus when the student does not use required shielding.
- Students may be exposed to communicable diseases, these diseases are not limited to but may include Hepatitis (A, B, C or D), HIV/AIDS, TB, measles, mumps, rubella, and rubeola.

Students are required to have immunizations and health exams prior to beginning some laboratory and all clinical courses.

- Risk of falling, especially on wet surfaces.
- Risk of injuries related to lifting heavy objects or moving patients.
- Risk of needlestick or instrument-related injuries.
- Risk of blood borne pathogen exposure.

Students are solely responsible for the cost of medical treatment due to exposure to the risks, illness, or injury. Please see 6.07 Health Insurance Requirements.

Typical working conditions during the Medical Imaging/Radiography program include:

- Indoor work in a hospital or health care setting on a variety of shifts.
- Walking, standing and reaching to move and operate both stationary and mobile x-ray generating medical equipment.
- Interfacing with computers to record diagnostic image information and document procedure information.
- Wearing a uniform and personal protective material related to infection control and radiation protection.
- Interacting with patients, visitors, staff, and medical professionals using effective customer service and communication skills.
- Performing imaging procedures in the radiology department, the emergency department, the surgery department, intensive care units, and at the patient's bedside.
- Performing imaging procedures under emergency circumstances such as traumatic bodily injury, life-threatening injury or disease, and emergency surgical intervention.
- Performing imaging procedures for patients with a variety of patient care equipment to include monitors, life support machines, and immobilization devices.

5.09 Program History

Radiography Education is not new to Columbus State Community College. Columbus State began a partnership with the Riverside Methodist Hospitals School of Radiologic Technology in 1989 and began providing the Associate Degree in Technical Studies in 1993. In June of 1995, Columbus State accepted the first class of Radiography students. Riverside continues their support of the program as a major clinical site. In January 1996, Doctors Hospitals North and West joined the program by becoming major clinical sites. Grant Medical Center became a major clinical affiliate in September 1998. Since then Berger Health Systems, Memorial Hospital of Union County, Grady Memorial Hospital, Madison County Memorial Hospital, Nationwide Children's Hospital, Dublin Methodist Hospital, and the Veteran's Affairs Outpatient facility have joined as affiliates to the program. As a Columbus State program, radiography will continue to grow to address the ever-expanding needs of this profession.

5.10 Medical Imaging Advisory Committee

The Medical Imaging Advisory Committee takes an active role in helping the program implement its goals and objectives. The Committee members are stakeholders representing the college, health care organizations, and students. Members meet twice a year to make recommendations or give opinions to aid the program in making decisions.

Some areas of focus for this committee are:

- Admissions and Program Continuation requirements
- Curriculum & Instruction
- Program Assessment
- Student Services
- Equipment and Facilities
- Industry Trends

The Radiation Science Subcommittee provides further input into Assessment and Curriculum matters.

5.11 Radiology Student Association (RSA)

Medical Imaging Students are invited to join the Radiology Student Association (RSA), using the Columbus State Hub. The club organizes each Autumn Semester and selects officers. The RSA President is invited to serve on the Medical Imaging Advisory Committee. Although each year the club sets goals, often the organization raises funds to support student attendance at professional organization meetings.

<https://orgsync.com/login/columbus-state-community-college>

<https://www.cscce.edu/campus-life/clubs/>

5.12 Program Educational Facilities

The Medical Imaging Program offices, laboratory, and classroom are located at 389 North Grant Avenue, the GR building. Classes and laboratory schedules are posted each semester on the college website.

5.13 Library Resources

The Columbus State Community College Library maintains a Medical Imaging Research Guide which enables students to access textbooks, professional journals, reference materials, and online resources related to the field of radiology.

These can be accessed at:

<http://library.cscce.edu/medicalimaging>

6.00 PROGRAM ADMISSION AND CONTINUING COMPLIANCE REQUIREMENTS

Students are advised that the below admission and continuing compliance requirements are subject to change and the handbook may not be immediately revised, therefore students should check for the most current information regarding admission and continuing compliance requirements at the following website:

<https://www.cscce.edu/academics/departments/medical-imaging/admissions.shtml>

6.01 Medical Imaging Admissions Committee

The Medical Imaging Admissions Committee is an advisory committee composed of college and clinical site representatives. The Committee functions to

- Review program admission and continuing compliance policies
- Review program applications and make recommendation for acceptance or rejection based upon Admission requirements and policies.
- Review and make recommendation regarding special admission situations such as Re-Admission, Transfer, and Admission following a Previous Dismissal.

6.02 Admission Requirements and Application timeline

All of the following Admission Requirements must be submitted by March 1 for Autumn Semester program start.

1. Attend a Mandatory Information Session for Current Application Cycle
2. Complete and submit a Medical Imaging Program Application form. These are available at the Information Session.
3. Document completion of 16 hours of observation in a Radiology department.
4. Submit a written statement of interest and intent.
5. Submit Compass Placement Test or ACT test results
6. Submit HESI Admission Assessment (A2) Test results
7. Demonstrate overall GPA of 2.50 on high school transcript or college transcript with at least 24 credits completed.

Final Acceptance of an applicant is contingent upon satisfactory completion of:

- Pre-Entrance Physical Examination and Health Assessment filed with the CSCC Student Health Records Office. <https://www.csc.edu/services/health-records.shtml>
- Drug Screen
- Criminal Background Check

Should an applicant decide to decline the offer of admission, the applicant should contact the program, in writing, as soon as possible to allow another applicant to be considered.

Classes for accepted students begin Autumn Semester as established by the Columbus State Community College calendar.

6.03 Previous Dismissal

Applications from students previously dismissed from this or another program will not be admitted without approval of the program Admissions Committee. The Admissions Committee decision will be based upon a determination of:

- The factors leading to the previous dismissal.
- Corrective changes in place that will increase the likelihood of student successful completion if the current application is accepted.

Notes:

The Admissions Committee may ask for relevant information from the previous program faculty or administration. This may require the student sign a release of information from a previous institution. Falsification of information on the program application form may be cause for dismissal from the program.

6.04 Background Check and Drug Screen

Students are required to complete a criminal background check and drug screening as a requirement for admission and continuation in the academic program. Each student is responsible for paying for the background check and drug screening. Students should be prepared to submit to background checks and drug screenings as required by clinical/partner facilities, licensing agencies, and/or program accreditation.

Background checks and drug screenings are commonly required by the contracted clinical/partner facilities where students are required to perform a clinical, practicum, internship, or other type of experiential learning experience to meet graduation requirements. It is acknowledged by the student

that such background checks and drug screenings are necessary to successfully matriculate toward degree completion. Further, such background checks and drug screenings may require completion on an annual basis or immediately before the clinical, practicum, internship, or other type of experiential learning experience would start. Depending on the outcome of the background check and drug screening, students may be denied the ability to participate in clinical, practicums, internships, or other type of experiential learning experiences. The academic program will make reasonable efforts to place students but this cannot be guaranteed. If a placement cannot be found this may result in the student being denied admission or continuation in the academic program.

Students are further advised that a criminal record may jeopardize licensure by the state certification body. Students should consult the licensing certification body corresponding with their intended occupation for details. Successful completion of a program of study at Columbus State does not guarantee licensure, certification, or employment in the relevant occupation. Standards may change during a student's program of study.

Individuals who were previously admitted to Columbus State and wish to re-enroll must disclose to the Office of Student Conduct any felony convictions that occurred since their last term of enrollment. Current students with new felony convictions must report updated conviction history to the Office of Student Conduct within the semester in which the conviction occurs. For more information please visit the following website: <https://www.csc.edu/services/student-conduct/criminal-history.shtml>.

General information regarding the background check and drug screening process will be available to students during the Information Session. The actual Criminal Background Check and Drug Screen process, with specific information about the process will be made available only to provisionally accepted students through the acceptance letter.

6.05 Health Records, Health Requirements, and Immunizations

If you are accepted to, or take courses in this academic program, you must submit a health record prior to registering for or attending *clinical courses*. The Health Record form and fact sheet can be found at the websites below. Note that both the tuberculosis screening and the seasonal influenza vaccination are required annually while in the program.

<https://www.csc.edu/services/pdf/health%20record%20fact%20sheet.pdf>

The health record forms will be provided by the health Records Office at the website above. It is the student's responsibility to be aware of their program's health record submission deadlines. Students can find the initial submission deadlines in their acceptance letter. Subsequent submission deadlines will correspond to course registration and the expiration date of annual requirements (please note that some clinical sites require submission deadlines that are different from the Health Office's deadlines and students must follow the earliest deadline and comply with both). Failure to submit a health record by the submission deadline may result in failure to register for the clinical course and/or non-admittance to clinical with associated unexcused absence.

6.06 Certification Requirements

CPR Requirement

Students must document current certification in Basic Life Support for Healthcare Workers to participate in clinical courses. To continue participation in clinical students must maintain this certification by renewing their certification prior to its expiration.

6.07 Health Insurance Requirements

All students are required to have personal health insurance while enrolled in the program. NOTE: CSCC does not offer health insurance.

As a student in a health-related program you may be exposed to health risks in the classroom, clinical, or practicum setting. If incidents, exposures, or injuries occur, students are responsible for all costs associated with evaluation and treatment.

6.08 Age Requirements

Students must be at least eighteen (18) years of age when they start the Medical Imaging program. This is due to Ohio Administrative Code 4101:9-2-09 which lists working with ionizing radiation as an occupation prohibited for minors under eighteen years of age.

<http://codes.ohio.gov/oac/4101%3A9-2>

Further, the Ohio radiography license is only granted to individual who are age eighteen or above.

<https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/rules/final/3701-70-TO--79/3701-72/3701-72-02.pdf?la=en>

6.09 Academic Requirements

1. Student must maintain a "D" or better in each technical course to continue in the program.
2. Student must maintain an overall 2.0 GPA or better in all non-technical courses to continue in the program.

6.10 Clinical Assignments

Each Medical Imaging student will be assigned clinical sites during the first semester and must complete the onboarding (orientation) requirements for that clinical site in accordance with 6.13 Clinical Site Educational Requirements below. Student input to clinical site placement will be solicited but the program will determine final clinical placements.

6.11 Clinical Site Behavioral Requirements.

1. Student behavior and/or technical skills must not conflict with the Medical Imaging program policies, procedures, and expectations.
2. Student behavior must not place others at risk.
3. Student behavior must not violate the ARRT Standard of Ethics (See Appendix) or the Medical Imaging Program student behavior expectations located throughout this handbook.
4. Student behavior and/or technical skills must not be conflict with the clinical site policies, procedures, and expectations. Additional clinical site requirements are listed below.
5. Failure to follow the above requirements may result in discipline up to and including dismissal.

6.12 Clinical Site Health Requirements

1. Initial and ongoing satisfactory submission of Health Record forms to the Health Records office and Clinical Site as necessary.
2. Evidence of immunization to include hepatitis B, current seasonal influenza vaccination (flu vaccine) and annual TB screenings are typical requirements.

6.13 Clinical Site Educational Requirements

1. **Onboarding.** Each clinical site has initial educational requirements which must be completed prior to clinical participation. These mandatory online or classroom educational modules help orient the student to the customer service, safety policies, documentation policies, information system use, and patient care policies of the clinical site. Students must complete the training and follow the policies as presented while at the clinical site.
2. Because all students rotate to the Chalmers P. Wylie VA Ambulatory Care Center and to OhioHealth facilities, online training courses for both institutions must be completed before the course assigned deadlines.
3. **Ongoing.** Required clinical site courses must be completed annually while in the program. These include safety, radiation safety, confidentiality, emergency procedures, and customer service. Additionally, clinical sites may introduce new policies and procedures via online learning or other programs. Students must keep up to date on current policies using these methods. Any training assigned by the clinical site must be completed by the assigned deadline to remain in clinical.

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6.14 Clinical Site Customer Service Requirements

Each clinical site has customer service training and ongoing customer service behavior requirements to which students must adhere.

6.15 Clinical Site Security Requirements

Additional criminal background checks, citizenship status, and other documentation may be required at some clinical sites.

Students are required to abide by policies of safety and security at both the clinical site and college.

6.16 Student Responsibility for Clinical Site Requirements

The student is responsible for completing and documenting completion of all the above requirements for each site by the deadlines assigned. Failure to comply in a timely manner may result in the student not being able to attend clinical and incurring an associated unexcused absence. Ongoing noncompliance may result in dismissal from the program.

6.17 Clinical/Partner Facility Admission and Policies

Students are expected to comply with all clinical/partner facility policies and Columbus State policies when completing a clinical, practicum, internship, or other type of experiential learning experience. It is also an expectation that students comply with policy expectations off premises if any conduct pertains to the clinical/partner facility. Examples of such conduct could include, but is not limited to, work responsibilities that occur off premises, uniform and appearance expectations, social media usage, patient/client interaction, and any other activities related to the learning experience. Failure to follow the clinical/partner facility's policies and Columbus State policies may result in discipline up to and including dismissal.

The clinical affiliates are independent agencies concerned primarily with patient care and therefore have the right to deny access to any student who they deem unfit to represent them to the public. This may be due to such things as the students' actions, skills, attitude, or poor professional appearance and can occur at any time during a semester. It is the student's responsibility to display conduct in a manner appropriate to the professional environment. In the event a student is denied clinical assignment due to their actions in each available affiliate

and cannot be placed in a major affiliate, an unsatisfactory grade will be given and the student will not be able to continue in the program. This policy is strictly adhered to. There are NO exceptions for any reasons.

6.18 Removal Due to Health Risk and/or Safety Risk: Clinical/Partner facilities have an expectation that students completing a clinical, practicum, internship, or other type of experiential learning experience at their site will not be a health risk and/or safety risk to their clients. Students are therefore expected to conform to all standard health and safety practices required by the clinical/partner facility. Being unsafe and/or a health risk includes but is not limited to a student that consistently fails to demonstrate competence in clinical patient/client care, a student who does not adhere to policies, and/or a student who behaves in any manner that compromises or threatens the well-being of the patient/client's health and welfare. Students will be evaluated during their clinical, practicum, internship, or other type of experiential learning experience and the evaluations may show student deficiencies that would deem them a health risk and/or unsafe. A student that is deemed a health risk and/or unsafe may result in discipline up to and including dismissal. In addition, the clinical/partner facility is under no obligation to allow or approve a student's experience if a health or safety issue is identified.

6.19 Student Code of Conduct Action and Academic Performance - Students are responsible for understanding and complying with college, their academic program, and clinical/partner facility policies and procedures; College and Program academic standards; standards of student conduct in the learning environment; and expectations for professional behavior on and off campus. These policies and expectations can be found on Columbus State's website, the academic program's materials, and orientation. Failure to comply may result in disciplinary action. Students subject to certain adverse actions will be afforded due process rights.

The policies and procedures related to student violations of the Columbus State Student Code of Conduct is outlined in Columbus State's Policy and Procedure 7-10. The due process, within these procedures, assures timely written notice and a hearing before an objective decision-maker. The appeal process for violations of the Student Code of Conduct are also found within 7-10. (Policy and Procedure 7-10 can be accessed at the following website:

<https://www.csc.edu/about/policies-procedures.shtml>).

A student's academic performance, professionalism, safety, and/or conduct in the classroom and learning environment, which is determined by the academic program as unsatisfactory, unprofessional, inappropriate, and/or interferes with the learning environment, will be addressed with notice to the student of the unacceptable behavior by the academic program. And the student may discuss the matter with the academic program staff. Further, the academic program has the authority to exercise control over the learning environment should a student's behavior be found unsatisfactory, unprofessional, inappropriate, and/or interferes with the learning environment, including initiating a range of disciplinary action, which may include but is not limited to, a warning up to and including dismissal.

Some violations may warrant dual processes through the academic program and the Student Code of Conduct.

7.00 PROGRAM WITHDRAWAL, RE-ADMISSION, TRANSFER ADMISSION, AND LEAVE OF ABSENCE

7.01 Program Withdrawal

1. The student who elects to voluntarily withdraw from the program is required to notify the program coordinator in writing of their intentions.
2. All debts incurred to date MUST be paid in full before leaving the program.
3. A tuition refund may be made as established by the college tuition refund policy.
4. The student is responsible for withdrawing from individual courses as established by the College.

7.02 Readmission to the Program

The following policy applies to the readmission of a former student into the radiography program:

1. Applications from students previously dismissed from this or other health care related programs must be approved by the Admissions Committee prior to acceptance. See above: 6.03 Previous Dismissal
2. Any student who withdraws from the program must petition for readmission and must meet all requirements of the program at the time of readmission.
3. Petitioning for readmission involves the completion of a new application and personal advising with the program coordinator.
4. Any student readmitted who has received a non-passing grade in any technical course, must repeat the course. In addition, the student who is readmitted must pass a proficiency examination with a "D" or better for each technical course previously completed.
5. Any student who is readmitted must progress through the entire Competency-based Clinical Education System. No previously earned competencies count.
6. The final decision for readmission into the program is made by the program director, not exceeding the maximum allowable number of students, on a space available basis.

7.03 Transfer Admission

A student in good standing and with the approval of their current program may be considered for acceptance into the Columbus State Community College, provided that the maximum number of students is not exceeded. Each transfer request is handled on an individual basis and the procedure for applying to the program as a transfer student involves the following:

1. The student must submit a complete application, as required for Columbus State Community College.
2. An official transcript, to include the final course grades, course descriptions, and a definition of the grading system used by the previous program must be submitted.
3. Previous records must indicate the exact dates of education secured to date. These dates must be verified and will be applied toward graduation. The combined length of both programs will not be less than 5 semesters in length. All transfer students will follow the program calendar as to the tentative date of graduation.
4. Final acceptance of a transfer student is determined by the Program Director, and is contingent upon the following:
 - a. Program Admissions criteria have been met.

- b. A letter from the former radiography program director indicating the student was in good standing at the previous program during the entire length of their enrollment. Extenuating circumstances should be provided in detail. The student's level of performance, as determined by course grades, must be comparable to those standards established by the Columbus State Medical Imaging Program. Transfer credit will be given when applicable.
- c. A written agreement between the student and the program must be completed and entered the student's permanent file. This agreement must include both clinical and didactic education requirements for program completion, the date of admission and a tentative graduation date. Such an agreement must be acceptable to both parties and must be submitted to the Admissions Committee for consideration of admission.
- d. Successful completion of a College health record and all onboarding requirements described under the admission section above.
- e. Availability of a student clinical position.

7.04 Leave of Absence

Program students who need an emergency leave of absence (i.e., experience an unforeseeable illness or health related issue that compromises their ability to complete course requirements) may request a leave of absence. To request a leave of absence, the student must fill out the "Leave of Absence Request" form and turn it in to the Program Coordinator, who will discuss the request with program faculty to determine what accommodations, if any, can be made. While student success is important to the program, some aspects of the educational experience lie outside of faculty control. We will endeavor to provide the student with an appropriate learning environment while simultaneously meeting all learning objectives expected of a Columbus State Medical Imaging student.

Types of Leave of absence:

1. **Clinical Leave**-the student requests a short-term exemption from clinical coursework only. The student continues with didactic requirements as scheduled. This leave should not exceed one semester.
2. **Short Term Comprehensive Leave**-the student requests a short-term leave of absence from both clinical and didactic coursework. This leave should not exceed 3 weeks. If this results in a final grade of incomplete, it should be made up by the end of the 6th week of the following semester.
3. **Long Term Leave**-Since all radiography courses are only taught once per year, this leave cannot exceed one year in duration. The student would re-enter the program in sequence the following year. No successfully completed courses (grade of "D" or better) would need re-taken, and completed clinical competencies would count.

Any period of absence longer than 1 year would require following the protocol "**Program Withdrawal**".

8.00

ESSENTIAL SKILLS

8.01 Essential Skills Introduction

To assure safe and successful advancement through Medical Imaging/Radiography Program, students must possess the following Essential Skills necessary to complete the entire curriculum, either with or without reasonable accommodations. These Essential Skills should be considered conditions for continuation in the Medical Imaging Program, as they reflect the characteristics necessary for success as a student and to become a *Registered Radiographer*. These Essential Skills are based on the ARRT Task Inventory, Standards of Ethics, and Clinical Competency Requirements. They also reflect the demands of the profession, and the standards established by this academic program faculty and staff. Students must continually meet these Essential Skills throughout their course of study. Failure to maintain these Essential Skills may result in but is not limited to non-admission to the program or removal from the program.

It is the policy of Columbus State to make reasonable accommodations as defined in Columbus State Policy 3-41 which will provide otherwise qualified applicants, employees, and students with disabilities equal access to participate in opportunities, programs, and services offered by Columbus State. If you would like to request such accommodations, please contact Disability Services at 101 Eibling Hall or at (614) 287-2570. Delaware Campus students may contact the Disability Services Coordinator by stopping by the Student Services Center on the first floor of Moeller Hall, or by calling (740) 203-8345. Please visit the Disability Services website to learn more: <https://www.csc.edu/services/disability/>. Columbus State's Americans with Disabilities Act (ADA), The Americans with Disabilities Act Amendments Act (ADAAA), and Section 504 of the Rehabilitation Act of 1973 Policy 3-41 can be accessed at the following website: <https://www.csc.edu/about/policies-procedures.shtml>.

The Essential Skills for the Medical Imaging Program are categorized into the following categories: (1) Physical Essential Skills; (2) Sensory/Observational Essential Skills; (3) Cognitive Essential Skills; (4) Communication Essential Skills.

(1) Physical Essential Skills

Physical Essential skills including but not limited to:	Context and Reasoning behind Physical Essential Skills
General Physical Abilities and Mobility	Walking, standing, running, bending, lifting, and hand eye coordination in moving and operating equipment. Walk quickly, run, ascend or descend stairs in an emergency. Enter/exit radiographic room through narrow protective barrier entry.
Stand and Reach, Push/Pull	Must manipulate equipment located at a height of 6 to 8 feet above the floor.
Profession Specific Physical Demands	Assist lifting patients and/or equipment, use upper body strength to manipulate suspended radiographic equipment, perform venipunctures or draw medications with syringe, and other skills with coordinated manipulative dexterity and without patient injury, and perform CPR.
Stamina	Wear a 10-15 lb protective apron during radiologic procedures for several hours at a time. Actively and attentively participate in clinical activities in 8 hour shifts with up to three shifts per week as a student radiographer. Typical health care shift is 6-12 hours, may work between 35-40 hours a week, including evenings, weekends and holidays.
Practice Patient Participation	Must be able to participate as a patient for laboratory practice sessions

(2) Sensory/Observational Essential Skills

Sensory/Observational Essential skills including but not limited to:	Context and Reasoning behind Sensory/Observational Essential Skills
Sight and Comprehension	See patient and/or staff at a distance of 6 to 10 feet, under dim light condition. Observe patient movement or hand signals and evidence of changing patient condition such as skin color. Observe color monitor lights (typically red,

	yellow, green) on equipment. Evaluate sharpness of detail on radiographic image.
Hearing and Comprehension	Hear and comprehend patient speech with background noise and at a distance of 6 to 10 feet. Hear and respond to equipment alarms and information broadcast over the PA system.

(3) Cognitive Essential Skills

Cognitive Essential Skills including but not limited to:	Context and Reasoning behind Cognitive Essential Skills
Critical Thinking	Must exercise critical thinking/problem solving: Determine appropriate response to patient changing condition; Determine appropriate use/settings of radiation emitting equipment in non-routine or emergency environment. Determine appropriate response to equipment malfunction.
Acquisition and Application of Knowledge/Skills	Apply radiography and healthcare terminology and skills to the clinical environment. Skills must be demonstrated during and upon completion of the program.
Adaptable	Able to work in stressful situations while maintaining composure; be adaptable to unpleasant situations, smells, and sights.
Technology Interaction	Must be able to read from and interact with a computer workstation using keyboard, mouse, and touch screen.
Reading and Comprehension	Must be able to comprehend college level, English textbooks and articles.
Computation	Must be able to solve basic algebraic equations solving for an unknown, use exponents, and perform unit conversions.

(4) Communication Essential Skills

Communication Essential Skills including but not limited to:	Context and Reasoning behind Communication Skills
Communication	Must communicate effectively with both spoken and written English language; with sufficient volume to be heard 6-10 feet away
Interpersonal Skills	Students must have the ability to have professional interactions with patients and others from multicultural backgrounds and all age levels.
Professional and Ethical Behavior	Communicate professionally and within ethical requirements of the ARRT Standard of Ethics.

Reference Sources:

ARRT Standards of Ethics

<https://www.arrt.org/pdfs/governing-documents/standards-of-ethics.pdf>

ARRT Radiography Task Inventory

<https://www.arrt.org/pdfs/Examinations/RAD-Task-Inventory.pdf>

ARRT Clinical Competency Requirements

<https://www.arrt.org/docs/default-source/discipline-documents/radiography/rad-competency-requirements.pdf?sfvrsn=20>

9.00 PROFESSIONAL CONDUCT STANDARDS

9.01 Professional Conduct

Professional conduct is required of students in the Medical Imaging/Radiography Program. Students are responsible for conducting themselves in accordance with the professional standards set forth by their profession and the standards established by their academic program faculty and staff.

Professional conduct standards supplement the behavioral expectations for all students. Violating these professional conduct standards may result in discipline up to and including dismissal. The following professional conduct standards to which students are expected to adhere to are based on the ARRT Standards of Ethics and the standards established by this academic program faculty and staff.

Students in the Medical Imaging Program are required to:

- Uphold patient confidentiality pursuant to HIPAA
- Treat others with respect in all areas of the clinical and academic setting.
- Comply with Columbus State's Student Code of Conduct Policy and Procedure 7-10.
- Comply with requirements in course syllabi and the policies outlined in this handbook.
- Demonstrate accountability, responsibility, and maturity in the classroom and in clinical when engaging in conflict management and problem resolution.
- Abide by the ARRT Standards of Ethics, which can be accessed at the following website:
<https://www.arrt.org/docs/default-source/Governing-Documents/arrt-standards-of-ethics.pdf?sfvrsn=12>

9.02 Confidentiality

As an important part of a student's education in this academic program, students will come into possession of confidential information concerning the health care services rendered to patients. All medical information is considered confidential and may not be released except by the patient's own authorization or by state and/or federal law.

In the case of education, a student may view confidential information that is pertinent to their studies under the supervision of an instructor. The identity of the patient must be protected and the student must never disclose any confidential information linked to the identity of any patient to any person whatsoever for any reason.

Disclosure includes but is not limited to: verbally discussing confidential information of an identified patient; permitting an unauthorized individual to review the medical record; copying any part of the medical record for an unauthorized individual; making copies of medical documentation for education or research activities without obliterating the patient's demographic information and abstracting medical data for education or research activities in which the patient's identity is linked to the data.

It is a student's professional responsibility and duty to protect the confidentiality of all patient medical records with which they are associated with. Failure to uphold patient confidentiality may result in discipline up to and including dismissal. All students are required to sign the Confidentiality Acknowledgment form that is located at the end of this handbook.

10.00 PROGRAM POLICIES AND PROCEDURES

10.01 Attendance

Classroom Attendance

Students should refer to the course syllabus for course specific attendance requirements.

Clinical Attendance

See 11.17 Clinical Attendance later in this document.

10.02 Grading

10.02.01 College Grading Policy

Columbus State's Grading and Academic Requirements Policy is found in Policy and Procedure 5-09 and can be accessed at the following website: <https://www.csc.edu/about/policies-procedures.shtml>.

10.02.02 Medical Imaging Program Grading Procedures

Additionally, the Medical Imaging/Radiography program requires the following grading standards beyond what the college requires:

Medical Imaging technical courses will be graded using the following grading scale:

91.5-100	A
84.5-91.4	B
79.5-84.4	C
74.5-79.4	D
Below 74.5	E

Students should refer to the course syllabus for course specific grading requirements and grade evaluations.

10.02.03 Clinical Grading

Clinical grades are based upon evaluation of a student's technical skills and affective skills utilizing the following information:

1. Number and Average Score for Routine Competency Evaluations submitted per semester.
2. Progress in attainment of Category Competencies and Final Competencies.
3. Number and Average Score of weekly Affective evaluations.
4. Semester Clinical Coordinator Evaluation
5. Continued Competency Evaluation
6. Significant Incident (PSI & NSI) point adjustments for attendance or behavior issues

Calculations of clinical grades are located in each clinical course syllabus. – IMAG 1901, IMAG 1902, IMAG 1903, IMAG 2904 and IMAG 2905.

10.03 Physical Contact

There may be instances of physical contact through the normal instruction and practices of this program. The instructor may need to assist the student in demonstrating technique, proper form, or correct posture. Students may also "practice" techniques on one another during class sessions as part of the normal course instructional activities. Any such contact must be handled in a professional manner consistent with the requirements of the Medical Imaging profession.

If you have questions, concerns, or any level of discomfort regarding physical contact, please consult the Medical Imaging Program Coordinator.

Inappropriate physical contact is prohibited by Columbus State Policy and will be subject to disciplinary action. College Policy and Procedure 3-44 and College Policy and Procedure 7-10 can be accessed at the following website: <https://www.csc.edu/about/policies-procedures.shtml>

10.04 Audio/Video Device, Imaging, and Electronic Devices Use

Audio- and video-recording, photographs, transmission, or distribution of class/lab content (e.g., lectures, discussions, demonstrations, etc.) is strictly prohibited unless a student has a Letter of Accommodation from Disability Services and has presented it to the course instructor or if the course instructor has provided written permission via the syllabus or a signed form. Authorization to record extends solely to students in that particular course. Transmitting, sharing, or distributing course content onto public, commercial, or social media sites is strictly prohibited.

Photographs, audio recording, and/or video recording during clinical, practicum, internships, or other type of experiential learning experience is prohibited. In accordance with legal and professional standards, regarding patient rights of privacy and confidentiality, students are strictly prohibited from taking photos, audio recording, and/or video recording any information regarding patients or information regarding the clinical, practicum, internships, or other type of experiential learning experience.

Students should also refer to the course syllabus for the course specific policy on computer, cell phone, and audio/video device use.

Failure to follow the above standards may result in discipline up to and including dismissal.

10.05 Social Media

Postings on social networking sites may be subject to the same professional and ethical standards as any other personal interactions. Harassment, bullying, and discrimination are prohibited by Columbus State Policy 3-43 and Policy and Procedure 7-10. Complaints or alleged violations of these policies and procedures will be referred to the Office of Equity and Compliance and/or the Office of Student Conduct. Students are prohibited from disclosing any of the following through social media including but not limited to:

- A patient's protected health information and confidential information about the patient, as defined by the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws.
- Confidential, non-public, or proprietary information about patients and families, clinical facility staff, or clinical institutions; of the College, its employees and students.
- Class content, including but not limited to lectures, discussions, demonstrations, quizzes, exams answers.
- Comments that express or imply sponsorship or endorsement by the College, unless the individual is officially authorized to act in this capacity for this purpose on behalf of the College.
- Taking and displaying photos/videos/audio of patients, or photos depicting the body parts of patients.

Failure to follow the above standards may result in discipline up to and including dismissal.

10.06 Transportation

Students are required to attend clinical at various clinical locations in central Ohio. Students are solely responsible for their own transportation to and from clinical sites for clinical course attendance, tours, or instructional seminars.

10.07 Communication in Medical Imaging

Students may communicate with program faculty or staff using Columbus State telephone, Columbus State email, or Blackboard. Program announcements will be sent to students using Columbus State email or Blackboard.

Clinical Site personnel may be contacted using the clinical site telephone and the Clinical Preceptor email address.

10.08 Health and Human Services Academic Advising

Students enrolled in any program in the Division of Health and Human Services may receive advising assistance in Union Hall 477. The Health and Human Services Advising Team can provide assistance with: course registration, academic planning, program admission requirements, academic restrictions, scheduling, placement test referrals, and a number of other advising related issues. Contact the Health and Human Services Advising Office for more information at (614) 287-2779 or hhsadvising@csc.edu or by visiting them online at: <https://www.csc.edu/services/advising/hhs-advising.shtml>.

10.09 Letter of Recommendation/Verbal Reference

Students who seek a letter of recommendation and/or a verbal reference from a Columbus State faculty/instructor should speak directly with that faculty/instructor. Once the faculty/instructor has agreed to write a letter of recommendation and/or provide a verbal reference for the student, the student should then fill-out the "Letter of Recommendation/Verbal Reference and FERPA Release" form, found in Appendix C, and then return it to the faculty/instructor. This "Letter of Recommendation/Verbal Reference and FERPA Release" form will allow the student: (1) to designate whether the faculty/instructor is to provide a letter of recommendation and/or a verbal reference; (2) to provide information about the recipient(s); (3) the opportunity to authorize the faculty/instructor to use information obtained from the student's education records (such as course grades, GPA, documented attendance, or examination results) in the letter of recommendation and/or verbal reference; and (4) if it is a letter of recommendation the form gives the student the opportunity to waive or not waive the right to read the letter of recommendation.

Pursuant to FERPA, students are not required to authorize the release of their education records in a letter of recommendation and/or a verbal reference. If the student does not authorize the faculty/instructor to use their education records in the letter of recommendation and/or verbal reference, then the faculty/instructor may only share directory information (unless the student has requested the College to withhold their directory information) and/or the faculty/instructor's personal observations and knowledge about the student (i.e. remarks about the student's work ethic, dependability, and creativity). Further, pursuant to FERPA a student has the right to read a letter of recommendation, unless that right has been waived by the student. Students are not required to waive this right to review a letter of recommendation.

10.10 Tutoring and Assistance Contact Information

Columbus State offers students a variety of tutoring services. To learn more about these tutoring services, please visit the following website: <https://www.csc.edu/services/tutoring.shtml>.

10.11 Student Code of Conduct Action and Academic Performance

Students are responsible for understanding and complying with College, their academic program, and clinical/partner facility policies and procedures; College and Program academic standards; standards of student conduct in the learning environment; and expectations for professional behavior on and off campus. These policies and expectations can be found on Columbus State's website, the academic program's materials, and orientation. Failure to comply may result in disciplinary action. Students subject to certain adverse actions will be afforded due process rights.

The policies and procedures related to student violations of the Columbus State Student Code of Conduct is outlined in Columbus State's Policy and Procedure 7-10. The due process, within these procedures, assures timely written notice and a hearing before an objective decision-maker. The appeal process for violations of the Student Code of Conduct are also found within 7-10. (Policy and Procedure 7-10 can be accessed at the following website: <https://www.csc.edu/about/policies-procedures.shtml>).

A student's academic performance, professionalism, safety, and/or conduct in the classroom and learning environment, which is determined by the academic program as unsatisfactory, unprofessional, inappropriate, and/or interferes with the learning environment, will be addressed with notice to the student of the unacceptable behavior by the academic program. And the student may discuss the matter with the academic program staff. Further, the academic program has the authority to exercise control over the learning environment should a student's behavior be found unsatisfactory, unprofessional, inappropriate, and/or interferes with the learning environment, including initiating a range of disciplinary action, which may include but is not limited to, a warning up to and including dismissal.

Some violations may warrant dual processes through the academic program and the Student Code of Conduct.

10.12 Dispute of Continued Participation Dismissal

In the event of a dismissal by the program, the student has the right to appeal through meeting with the program staff. Such appeals will pertain only to the continued participation requirements listed in this handbook.

10.13 Infection Control Policies

There is a risk of infectious disease by patients who visit radiology departments. Many times infectious exposure is learned about after the fact. Therefore every patient should be handled as though an infectious exposure is possible. Blood and body fluids contamination is a critical concern in the performance of radiographic procedures or the delivery of health care.

The following policy is adopted by the radiography program to minimize the potential of blood and body fluid contamination. The program adopts the Universal Precautions policy of the Center of Disease control (CDC) and is applicable to all students and faculty associated with the radiography program. Blood and body fluid precautions must be consistently used for all patients regardless of their bloodborne infection status. Blood and certain body fluids of all patients are considered potentially

infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

General Infection Control Guidelines

1. There will be NO eating, drinking or applying cosmetics in any patient care area.
2. Hands will be washed frequently, especially before eating, after using the rest room, before and after each patient contact, assisting with invasive procedures, and at the beginning and end of each clinical day.
3. Linen and pillowcases on carts and tables must be changed between each patient. The x-ray table top must be disinfected after each patient.
4. X-ray tables, imaging machines and control panels will be cleaned with germicidal detergent according to the clinical site protocol.
5. Floors should be mopped regularly by the Environmental Services department. Spills of blood or body fluids must be reported immediately.
6. Gloves (and other protective apparel, if applicable) are to be worn when a student may come into contact with blood or body fluids.
7. Sharp items, (needles, scalpel blades, and other sharp instruments) will be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries.
8. Disposable syringes and needles, scalpel blades and other sharp items will be placed in puncture resistant containers located as close as practical to the area in which they are used. To prevent needle stick injuries, needles will NOT be recapped, purposely broken, removed from disposable syringes, or otherwise manipulated by hand.
9. When the possibility of exposure to blood or other body fluids exists, routinely recommended precautions will be followed. The anticipated exposure may require gloves alone, as in handling items soiled with blood or other body fluids, or may also require gowns, masks and eye-coverings when performing procedures or post-mortem procedures. Hands will be washed thoroughly and immediately if they accidentally become contaminated with any body fluid.
10. For emergency mouth-to-mouth resuscitation, mouth-pieces, resuscitation bags, or other ventilation devices should be located and available for use in areas where the need for resuscitation is predictable.
11. 13. Students engaged in health care who have any communicable disease will call off from clinical and be evaluated by their personal physician. Students will be required to participate in any immunization program required of employees at their clinical facility.

10.14 Policy for Medical Incidents at Clinical Education Centers

If a student is injured or exposed to hazardous waste/materials in the clinical education center, he/she should use the following procedure in seeking treatment:

1. The student should immediately report the injury to the in charge person (clinical Instructor, or Supervisor) of the area in which the injury occurred.
2. In the case of exposure to a **Blood Borne Pathogen (BBP)**, the student is to follow the Columbus State Community College Bloodborne Pathogen Exposure Incident Protocol included at the end of this handbook. (See Appendix)
3. Depending upon the extent of the injury, the student may be directed to their personal physician, a physician center, or the emergency department. The student is responsible for the cost of any provided medical care.
4. Within 24 hours of the incident the student and/or the clinical instructor will turn in a completed "Significant Incident form" to the Clinical Coordinator.
5. The Clinical Coordinator will document any appropriate follow-up care to be provided to the clinical instructor and placed in the student clinical file and the College Health Records Office.

10.15 Magnet Safety

Instruction regarding Magnet safety in relation to Magnetic Resonance Imaging will be provided during the IMAG 1110 prior to students starting clinical. Specific policies will be provided at clinical sites during orientation.

All admitted students must complete the Magnetic Resonance Safety Screening Form (see appendix). Any positive responses must be reviewed and cleared by a physician prior to the student being allowed to enter the MR area.

10.16 Ionizing Radiation Safety

10.16.01 State of Ohio Radiation Protection Rules

Students in the Radiography Program are expected to conform to the Ohio Department of Health, Radiation Protection Rules, Ohio Administrative Code 3701-38-01 through 3701-40-13 as published by the Ohio Department of Health and posted in each clinical site.

10.16.02 Radiation Monitor

All radiographers and student radiographers are monitored on a continuous basis by a dosimetry badge type monitor. (See Appendix: Radiation Monitor Agreement). Records of personal exposure to ionizing radiation are maintained by the college Radiation Safety Officer.

1. Students are to wear a current radiation monitor anytime they are in the clinical setting and at any lab when the x-ray tube will be energized.
2. Student radiation monitors should be stored at the Clinical site when not in use unless the student is traveling to an alternate clinical rotation.
3. Student radiation monitors must be cared for in the following manner:
 - a. Avoid dropping or placing under pressure.
 - b. Avoid extreme heat.
 - c. Avoid moisture – do not launder!
4. Monitors are to be worn at the collar outside the lead apron.
5. Students are responsible for submitting and replacing radiation monitors by the expiration date of the badge or by the final day of the semester, whichever is earlier.
6. Students are responsible for reviewing dosimetry reports distributed by the college.
7. If the radiation monitor should be accidentally exposed to radiation and/or damaged, see the program coordinator and/or Radiation Safety Officer to determine the source of the exposure and review of basic radiation safety procedures.
8. Students wearing a dosimetry badge that shows exposure greater than 1.5 mSv (150 mrem) in one semester will be required to document activities which may have resulted in the higher reading. Incidents of over-exposure (i.e. greater than 16 mSv (1,600 mrem)) per semester will be reported to the Director of the Ohio State Bureau of Radiological Health by the Radiography Program Coordinator.
9. Failure to turn in radiation monitor by the end of the semester will result in withholding of the clinical course grade and 2 NSI points. Absences do not relieve students of responsibility for changing radiation monitor badges on schedule.
10. Lost or accidental exposure of a radiation monitor badge shall be reported to the clinical instructor immediately.
11. Students should advise the radiation safety officer of any previous radiation monitoring devices worn.

10.16.03 Initial Radiation Protection Instruction

All students are provided with introductory instruction in radiation protection measures during IMAG 1110 before starting clinical. Students must demonstrate understanding of primary radiation protection procedures.

10.16.04 Holding Patients

Students are NOT permitted to hold patients and/or image receptors during a radiologic examination. Failure to abide by this rule may subject the student to program dismissal.

10.16.05 Energized Lab/Clinical Radiography Safe Operating Procedures

1. Presence of Restricted Area
 - a. The Energized Lab is a restricted area. This room is adjacent to the faculty offices and is identified with a sign stating "Energized Lab".
2. Occurrence of Radiation Sources
 - a. The radiation source in this room consists of the x-ray tube head when energized. In addition, scatter x-radiation emitted from the phantom and x-ray table are potential sources of x-radiation exposure to the operator.
3. Safety Problems Associated with Exposure to X-radiation
 - a. The potential biological effects of x-radiation exposure include genetic alteration (chromosome damage) and slight increased risk of cancers, particularly leukemia. X-radiation exposure to the unborn embryo/fetus represents greater sensitivity to x-radiation than the adult.
4. Procedures to Minimize Exposure
 - a. Unsupervised use of the energized lab will result in dismissal from the program
 - b. The energized lab will only be used under the supervision of a faculty member or registered technologist (radiography). X-radiation exposure will only be made in the presence of a faculty member or other designated registered technologist (radiography). Faculty must ensure that all students and faculty present during an exposure are wearing a personal radiation monitor and are positioned behind a protective barrier. The room is to be secured and locked when not in use.
 - c. Students must wear their radiation monitor to lab whenever exposures will be made. Dosimetry badge reports are evaluated as stated in the **10.14.02 Radiation Monitor** section above.
 - d. All persons using the energized lab during an x-ray exposure will be positioned such that the radiation barrier wall is between the x-ray tube and the individual.
 - e. The door to the energized lab will be closed during any x-ray exposure.
 - f. X-ray exposure will be minimized by proper maintenance of the x-ray generating equipment. A technique chart for the phantom exposures will be consulted.
 - g. X-ray exposures will be made only for reasons consistent with a class assignment, i.e. positioning of the phantom or quality control testing. Assignments will be limited to the number of radiographs necessary to fulfill the educational objective.
 - h. Under no circumstances will human tissue be intentionally exposed to ionizing x-radiation in the energized lab.
 - i. Following any laboratory activity, the radiation emitting equipment shall be turned off on the control panel, the radiographic table cleaned, and accessory equipment put away.
 - j. The safe operating procedures are posted in the energized lab.

10.16.07 Radiography Program Student Pregnancy Policy

Student disclosure of pregnancy status to program personnel is strictly voluntary. While the college does not require that a pregnant student disclose their pregnancy, the college encourages any student

who is pregnant or may become pregnant to discuss with their health care provider any potential risks and limitations.

A declaration of pregnancy is completely voluntary but must be in written form. To reduce the possible damage to the fetus from exposure to ionizing radiation, a pregnant student is encouraged to voluntarily declare her pregnancy to the Program Coordinator. Upon such a written declaration, the appropriate advisement in reducing fetal dose can be initiated.

If the student chooses to voluntarily disclose her pregnancy, she will complete the attached Declaration of Pregnancy Form and return it to the Program Coordinator. In the absence of voluntary, written declaration, a student cannot be considered pregnant.

Following the disclosure of a pregnancy, the student will be counseled as to the potential risks that are associated with radiation exposure to the fetus by either the Radiation Safety Officer or Program Coordinator in addition to the review of this policy. The student will then be asked to sign a statement acknowledging that the potential risks have been explained to her.

Pregnancy does not preclude a student from remaining in a health-related program. Students disclosing a pregnancy are encouraged to have their health-care practitioner document any restrictions that may assist the college in providing reasonable accommodations when required.

Should the student's health-care provider indicate that there are restrictions, once notified, the college is required to abide by the restrictions. If a student is placed on restrictions by their health-care provider and these restrictions are significant enough to compromise the student's ability to continue in a laboratory course or clinical placement, the student may be required to take a leave of absence or withdraw from the course. If a health-care provider indicates that there are no restrictions, the student may continue the laboratory or clinical course without any changes.

A student may withdraw their declaration of pregnancy at any time. This withdrawal must be in writing and can be completed by using the attached Withdrawal of Pregnancy Declaration form. A Withdrawal of Pregnancy Declaration form should also be completed upon delivery of the baby. Once notified of the withdrawal, all modifications of schedule and other accommodations will be eliminated and the student will return to a non-pregnant status for programmatic purposes.

Following the review of the Radiography Program Student Pregnancy Policy with the Program Coordinator or Radiation Safety Officer, the declared student will determine whether she will remain in the Program, take a pregnancy leave of absence or withdraw from the Program. She will have 14 days after she has declared to make her decision. After that time she must sign the appropriate form indicating her decision.

Option 1: The declared student remains in the program.

The student must abide by any restrictions placed by their health care provider. Additionally, the following are recommendations that may reduce fetal radiation dose:

- The declared student should not hold any patient during any radiographic exposure.

- During the first trimester, do not remain in the fluoroscopic room while the fluoroscopy unit is producing radiation. After the first trimester the student should remain in the room only as necessary while the fluoroscopy unit is activated.
- Move to a distance of greater than 10 feet perpendicular from the path of the primary beam during portable procedures.
- Use a wrap-around apron when involved with fluoroscopic or portable procedures.
- Avoid involvement in the preparation of radiopharmaceuticals, or the care of patients receiving therapeutic dosages of radioisotopes.
- Use safe radiation practices to reduce radiation exposure as much as possible. (Time , Distance, Shielding)

During the entire gestational period the fetus shall not be exposed to more than 0.5 Rems and no more than 0.05 Rem per month. To assure fetal dose remains within this limit, a second radiation monitoring badge will be requested after the pregnancy is declared. The second badge, “the baby badge” will be worn at waist level and under radiation protective apparel and evaluated monthly. If at any time the abdominal badge suggests the dose to the fetus may be approaching recommended limits, the individual will be removed from areas in which radiation hazards exist.

The declared pregnant student who elects to continue clinical and didactic education without modification or interruption:

1. Accepts full responsibility for their own actions and the health of the baby.
2. Relieves Columbus State Community College, its faculty & staff, and clinical site in case of adverse effects.

Option 2: The declared student takes a voluntary Leave of Absence from the Program

If the declared student desires or if it is deemed medically advisable by her physician, the student may voluntarily take a Leave of Absence from the Program. Please see 7.04 Leave of Absence policy.

The student may return to complete the Program after the leave of absence. Upon return, the student may be required to extend clinical/didactic education beyond the normal program length to make up for the missed didactic and/or clinical classes.

Option 3: The declared student withdraws from the Program

If the declared student decides to withdraw from the program the student should refer to the withdrawal procedures detailed in 7.01 Program Withdrawal.

If at a later date the student desires to return to the program, the student will need to reapply to Program as any other applicant.

11.00 CLINICAL AND POLICIES AND PROCEDURES

11.01 Clinical/Partner Facility Admission and Policies

Clinical/Partner facility sites for clinical, practicums, internships, or other type of experiential learning experiences, often have their own admission and participation requirements that students must meet before students can be placed at the clinical/partner facility. The clinical/partner facility will have admission requirements that exceed or are in addition to the admission requirements of Columbus State and the student’s specific academic program. Clinical/Partner facilities have the right to deny student participation even when the student is fully admitted into the academic program. Therefore, students should expect to meet the requirements of the clinical/partner facility in addition to their academic program’s requirements. If a student cannot be admitted into any of their academic program’s

clinical/partner facilities, the following may occur but is not limited to the student being dismissed from the academic program. For more information, please consult the Medical Imaging Program Coordinator.

Further, students are expected to comply with all clinical/partner facility policies and Columbus State policies when completing a clinical, practicum, internship, or other type of experiential learning experience. It is also an expectation that students comply with policy expectations off premises if any conduct pertains to the clinical/partner facility. Examples of such conduct could include, but is not limited to, work responsibilities that occur off premises, uniform and appearance expectations, social media usage, patient/client interaction, and any other activities related to the learning experience. Failure to follow the clinical/partner facility's policies and Columbus State policies may result in discipline up to and including dismissal.

11.02 Background Check and Drug Screening for Clinical Placements

Please see 6.04 Background Check and Drug Screen

11.03 Removal Due to Health Risk and/or Safety Risk

Clinical/Partner facilities have an expectation that students completing a clinical, practicum, internship, or other type of experiential learning experience at their site will not be a health risk and/or safety risk to their clients. Students are therefore expected to conform to all standard health and safety practices required by the clinical/partner facility. Being unsafe and/or a health risk includes but is not limited to a student that consistently fails to demonstrate competence in clinical patient/client care, a student who does not adhere to policies, and/or a student who behaves in any manner that compromises or threatens the well-being of the patient/client's health and welfare. Students will be evaluated during their clinical, practicum, internship, or other type of experiential learning experience and the evaluations may show student deficiencies that would deem them a health risk and/or unsafe. A student that is deemed a health risk and/or unsafe may result in discipline up to and including dismissal. In addition, the clinical/partner facility is under no obligation to allow or approve a student's experience if a health or safety issue is identified.

11.04 Purpose of Clinical Education

Students in the Columbus State Radiography Program will be involved in clinical activities at various locations. Each clinical site must maintain a positive relationship with personnel, patients, and physicians. Therefore, the behavior of students in those facilities must reflect the values, skills, and attitudes of the health care institution. At the same time, students in the facility are not merely learning and practicing skills, they are taking on the role of a radiologic technologist and becoming a member of the health care team. Expectations of this role are demanding and not to be taken lightly.

11.05 Clinical Preceptor

Each clinical site has at least one identified Clinical Preceptor. This person is employed by the clinical site and, in addition to departmental duties, is responsible for:

- Assisting students with orientation to the site
- Specific student assignment to a room or technologist
- Providing student with feedback regarding clinical performance
- Ensuring proper supervision of students
- Maintaining student clinical records to include attendance, evaluations, and Significant Incidents.

- Maintaining communication between the clinical site and the college.

11.06 Clinical Coordinator

Clinical Coordinators are college personnel who maintain communication between the clinical site and the college. The Clinical Coordinator provides the student rotation schedule, evaluation instruments, student radiation monitor, and ensures that school policies are enforced. The Clinical Coordinator is responsible for the clinical course grade. Clinical coordinators visit clinical sites on a routine and as-needed basis. These visits serve to:

- Maintain communication between the college and the clinical site staff and management.
- Ensure enforcement of college policies.
- Assist the Clinical Instructor in evaluating student progress.

11.07 Clinical Dress Code

Dress Code Rationale

One of the most important ways to manifest professional conduct is to dress appropriately while in a clinical setting. The goals of our Dress Code are:

- To ensure that students consistently appear professional
- To identify Columbus State students distinctly from other clinical personnel
- To ensure that student appearance conforms to the requirements of the clinical institution
- To promote infection control and safety

To participate in clinical activities and to continue in this academic program, students must adhere to this dress code policy while at the clinical site as a Columbus State student. Further, students may not wear their clinical uniform and/or name badge to otherwise gain access to the clinical site.

Further, some clinical/partner facilities may require a different dress code policy than the below policy. Students are expected to comply with the clinical/partner facilities dress code. Not following the clinical/partner facilities dress code policy may result in discipline up to and including dismissal.

Varying circumstances may warrant a change in the dress code policy. If you have questions regarding this dress code policy or requests for exceptions including religious accommodations, please contact the Clinical Preceptor. For questions regarding disability services refer back to Section 4.03.

Dress Code

Hair:

- a. Hair must be clean, neat, and professional in appearance.
- b. Hair must be worn off the shoulders.
- c. Hair may not extend 'beyond the nose' when the student is bent over to minimize any safety hazard or personal effects touching the patient.
- d. Bangs may not extend below the eyebrows.
- e. Hair that presents a hazard in equipment operation or patient contact is prohibited.
- f. Head coverings are acceptable where required by safety regulations.
- g. Hats are not to be worn inside, unless it is a required part of a uniform.
- h. Facial hair should be kept neat and trimmed.
- i. Accessories that are a part of religious preference are given appropriate consideration based upon the nature of the clinical activity and must be approved by the Clinical Preceptor prior to being worn.

Jewelry and Piercings:

- a. Earrings, necklaces, and other jewelry and piercings may not extend 'beyond the nose' when the student is bent over to minimize any safety hazard or personal effects touching the patient. Jewelry that presents a hazard in equipment operation or patient contact is prohibited.
- b. In order to assure a professional appearance and proper hygiene, visible body piercing is limited to ears only. Earrings are limited to a length no more than 2 inches. Only three earrings per ear, students may opt to place a clear stud in earring holes during work hours. No ear tissue dilators, expanders or stretchers permitted.
- c. Visible piercings in any other location are prohibited, including but not limited to eyebrow, tongue, nose, lips or ear tragus.
- d. Accessories that are a part of religious preference are given appropriate consideration based upon the nature of the clinical activity and must be approved by the Clinical Preceptor prior to being worn.

Hygiene:

- a. All students should observe high standards of personal hygiene in order to promote professionalism, health and safety, and client care. Skin and hair must be clean. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene. Students may be removed from the clinical setting due to poor hygiene or body odors
- b. Makeup, cologne, and perfume must not be distracting.

Artificial and Natural Nails:

- a. Fingernails must be clean, well-groomed and of appropriate length. Students must keep nails less than 1/4 inch long past the tip of the finger in accordance with CDC standards.
- b. If polish is worn, clear polish is preferable over colored and polish cannot be chipped, cracked or peeling.
- c. Students may not wear artificial nails in accordance with CDC standards. Artificial nails are substances or devices applied to natural nails to augment, enhance, or extend the nails. They include but are not limited to bonding, tips, wrappings, tapes and inlays.

Tattoos:

- a. Students with offensive visible tattoos must keep them covered while participating in clinical. The covering is at the student's expense and must be natural so as not to draw undue attention nor interfere with regular clinical duties.

Personal Electronic Devices

- a. Personal electronic devices such as cell phones, pagers, or tablets are **not allowed**.
- b. Individuals who need to contact a student should contact the radiology department only if there is an emergency. The only time personal cellphones may be carried and/or used is during lunch or another break.
- c. In general, the use of cameras at the clinical site is prohibited to protect patient privacy and confidentiality.

Clothing:

- a. The following uniform clothing guidelines are based on the clinical site dress code and general safety standards. Student uniform clothing is a symbol of professionalism and identifies the student both with Columbus State and as a health care worker at the clinical site
- b. Student uniform clothing may be purchased through the Columbus State Bookstore. Since professional dress is considered modest and does not always conform to current fashions, trendy uniforms will not be allowed. To avoid any questions in what appropriate dress is, it is prudent to

check with the Clinical Preceptor prior to wearing a new garment to clinical. Ultimately, it is the responsibility of the Clinical Preceptor or their designee to make the final determination as to the acceptability of a uniform style.

- c. It is the student's responsibility to be prepared and be professional in dress at all times. An extra uniform should be available at the clinical site should the uniform become soiled.
- d. Note that the student dress code may be significantly different than for employees of the clinical site.

Uniform:

- a. **White Scrub Top:** Medical Imaging students will wear white scrub tops. The tops should be modest in nature so as to prevent inappropriate exposure of the chest. A plain white undershirt may also be worn underneath. (no other colors, no markings on undershirt.)
- b. **Navy Blue Scrub Pants:** Medical Imaging students will wear navy blue scrub bottoms.
- c. **Clothing Condition:** Clothing should be wrinkle free, clean and in good repair, in order to wear within the work environment and present a professional image.
- d. **Shoes:** All white leather shoes are required. Plain, all white leather athletic shoes are acceptable. Colored designs, stripes, bold names, colored shoe laces or high-tops are not permitted. Shoes must be clean and polished at all times. Shoes must be able to withstand disinfecting agents if they become contaminated with body fluid.
- e. **White socks** (plain) or white hosiery are required.
- f. **Lab coats/warm-up jackets:** All students are required to have a white lab coat or warm-up jacket available in the clinical area.
- g. **Hospital issued scrubs** or other hospital issued uniforms are to be worn only if assigned to surgery or another acceptable rotation. Hospital scrub uniforms may not be worn in combination with nor in place of the normal student uniform. Students must always have the student uniform available to wear at the clinical site.
- h. **Wrist watch:** A functioning wrist watch is required to be worn during clinical activities.
- i. **Appropriate undergarments** under white uniforms are to be worn during clinical activities.
- j. **ID badge:** An ID badge will be issued by the clinical site and must be worn at all times while participating in clinical. The clinical site may require a small fee for this badge. The badge often provides access to restricted areas of the clinical site. It must be used only for student clinical participation activities.
- k. **Radiation monitor:** The college will provide a radiation monitor which the student must care for and wear during all clinical activities (See Section 10.16.02)
- l. **Markers:** Radiopaque side markers are considered part of the uniform and must be carried at all times.
- m. **Pocket Handbook:** An optional pocket positioning handbook is available through the bookstore. It is encouraged that students carry this handbook at all times.
- n. No chewing of gum is allowed in clinical.

Dress Code Enforcement

Since the dress code is intended to nurture professionalism, encourage health and safety standards for the student, and promote patient safety, the dress code will be enforced. Disciplinary action may be taken when a student deviates from the dress code including dismissal from clinical until the dress code issue is resolved. Make Up days will apply for time missed. Subsequent dress code violations will carry additional NSI points and/or the student may be dismissed from the program.

11.08 Student Clinical Records

- 1. Student clinical records will be maintained using the Trajecsys online clinical tracking system. Students will be required to purchase this online service as part of their Practicum course.

2. Students will Clock-In and Clock-Out using the Trajecsys system at each clinical site using a site computer unless other arrangements have been made for that site. **Failure to follow Clock In procedure will result in 1 NSI points for each occurrence.**
3. Any attempt to falsify or manipulate clinical time records and clinical progress records will result in corrective action up to and including program dismissal.

11.09 Outside Student Rotation Policy

- Students need to bring right/left markers, pen, watch, radiation monitor, ID badge, and daily logbook notebook. If a site does not have Trajecsys, a timecard, comp eval forms, and affective forms will also be needed.
- Students will wear their CSCC scrubs and will change to surgery scrubs at that hospital if needed for rotation.
- Outside rotation Clinical Instructor names and numbers are provided with parking directions. Parking is often in a remote lot with shuttle service. Plan to arrive 20 minutes early to allow for shuttle transport, clocking in, and meeting with the lead technologist or Clinical Preceptor before the start of the shift.
- Failure to meet with the Clinical Preceptor or Lead Technologist prior to start of shift or failure to park in the assigned lot will result in 4 NSI points.

11.10 Clinical Site Assignment and Schedule

11.10.01 Clinical Site

During the clinical portion of the radiography curriculum, each student is assigned a Clinical site. Student preference will be considered but cannot be guaranteed during home site placement. Site determination is based upon a number of factors. These include:

- the clinical capacity of the institutions
- the volume and variety of radiography procedures performed at that institution
- the goal that no student is assigned to a primary site alone

Program faculty may elect to reassign students to clinical sites to ensure that the above priorities are met.

11.10.02 Change of Clinical Site

1. Program faculty and/or the clinical site may elect to change the Clinical site for a student to meet the goals of the program.
2. Clinical site management may elect to remove a student from a clinical site due to documented inappropriate behavior (See Negative Significant Incident form). In such cases, if there is no alternate clinical site where the student may be placed, the student will be unable to complete the clinical course successfully.
3. Depending on the circumstances, a withdraw from the program may apply.
4. A student may request to change clinical sites. Such requests will be considered based upon the availability of student openings at other sites.

Should any of the above occur resulting in a change of student Clinical site, the following policy will apply.

1. The faculty member, clinical site, or student will indicate in writing, to the program coordinator, the request to be removed from (or change) clinical sites.
2. The program faculty will meet with the person initiating the request to validate the request and explain this procedure.
3. Prior to student relocation to a new Clinical site:
 - a. The Clinical Coordinator will consult with the other clinical site Clinical Preceptor with available student openings. The student's clinical performance records will be

shared and the site representative will have opportunity to accept or reject the student relocation.

- b. The Clinical Coordinator will arrange a 'meet-and-greet' with the student and the new clinical site management. If both the clinical site and student affirm the change, the Clinical Coordinator will make the necessary arrangements to include the necessary orientations, clinical site procedure manuals, and transfer clinical files.
- c. Equipment orientation checklists must be completed the first full semester of attendance in the new clinical site.
- d. All property of the former clinical site must be returned by the last day of attendance.
- e. New student orientation must be completed for the new clinical site prior to the first day of clinical at the new clinical site.

11.10.03 Scheduled Clinical Rotations

1. Students may only participate in the clinical setting if the time is scheduled by appropriate faculty and associated with a clinical course. Students may not visit clinical site restricted access areas at other times.
2. Scheduled rotations for the entire semester are typically provided to the student at least a week in advance of the start of the semester. No changes to the schedule are permitted after schedules are published unless for an educationally sound reason (i.e. the student needs additional experience in a certain area.)
3. Clinical shift times are determined by the clinical site. Typically, clinical is assigned to weekday shift hours between 7:00 AM and 4:30 PM. Additionally, **evening and weekend rotations** will be assigned on a limited basis to increase opportunities to participate in trauma radiography.
4. For the most part, students will be scheduled at their primary clinical site. External rotations to other clinical sites are scheduled to help students achieve specific goals and experiences. Shift hours may vary from site to site.
5. Students may request schedule changes before the start of the semester. Requests will be considered on an individual basis.
6. Students may request additional or extra clinical time to increase or maintain their skills and participation in exams. Such time must be scheduled in advance using the Attendance Request form. Once such time is scheduled, attendance rules will apply regarding tardiness and call-off.
7. Students may not alter their assigned shift, lunch, or break times. For example students **may not:**
 - a. skip lunch to leave early
 - b. come in late and stay late
 - c. come in early to leave early
 - d. leave for a period of time and stay late or come in early to make up

11.11 Student Employment

Students enrolled in the Columbus State Community College Radiography Program who have a valid ODH radiologic GxMO license may be employed as student radiography technologists. Program faculty recommend that this be limited so not as to interfere with their academic and clinical studies.

The following applies for student employment:

1. The radiography program cannot accommodate employment schedules.
2. The employment is a relationship between the student and the employer. The college will not act as an intermediary between the student and the employer.
3. Employment is to take place only at times outside of scheduled college classes, and clinical education hours.

4. Paid working hours cannot be substituted for required clinical hours.
5. Any and all clinical course requirements cannot be completed during working hours.
6. Students are responsible for obtaining the GXMO license if applicable.
7. Students will not change their clinical schedule to accommodate employment.
8. All clinical time must be scheduled and approved by the clinical instructor. (ie. can not 'clock out' become a student, then 'clock in' as an employee.)

11.12 Clinical Rotations

Diagnostic imaging comprises the major component of the radiography program. Areas include General Diagnostic, Emergency Room, Pediatric, Fluoroscopy, Portable, Surgical, Trauma imaging. Other rotations including but not limited to CT, MR, and IR. Objectives and guidelines are provided for each area of clinical study on the clinical course syllabus. Clinical hours are generally during the day (between 7am and 4:30pm) but may vary with each clinical site and/or specific clinical rotation. Scheduled clinical rotations are scheduled each semester and are subject to change based on procedure availability, college academic schedules, and clinical availability.

IMAG 1901	Autumn Semester	Tue/Thu	7 weeks	14 shifts
IMAG 1902	Spring Semester	Tue/Thu	15 weeks	30 shifts
IMAG 1903	Summer Semester	Wed/Thu/Fri	10 weeks	30 shifts
IMAG 2904	Autumn Semester	Mon/Wed/Fri	15 weeks	45 shifts
IMAG 2905	Spring Semester	Mon/Wed/Fri	15 weeks	45 shifts

Clinical Site - Typical Rotation Hours

OhioHealth Riverside Methodist Hospital Upper Arlington - Columbus	7:00 AM – 3:30 PM
OhioHealth Doctors Hospital West Columbus	7:00 AM – 3:30 PM
OhioHealth Grady Memorial Hospital Delaware	7:30 AM – 4:00 PM
OhioHealth Grant Medical Center Downtown Columbus	7:00 AM – 3:30 PM
OhioHealth Dublin Methodist Hospital Dublin	7:30 AM – 4:00 PM
OhioHealth Berger Hospital	7:00 AM – 3:30 PM
Memorial Hospital of Union County Marysville	8:00 AM – 4:30 PM
Ohio State East Hospital	7:00 AM – 3:30 PM
Ohio State University Wexner Medical Center	7:00 AM – 3:30 PM
OhioHealth Pickerington Medical Campus	7:30 AM – 4:00 PM
Mount Carmel East	7:30 AM – 4:00 PM

11.13 Master Rotation Schedule

Master Clinical Rotation Schedule			
IMAG 1901	Weeks	IMAG 2904	WEEKS
General Diag/ ER	3	General Diag/ER	2
General Fluoro	1	Fluoro/Advanced Fluoro	2
Portables	2	Portables	1
Surgery	1	Surgery	3
Total	7	VA OP/Children's/Ortho 1	4
IMAG 1902	WEEKS	Student Choice (CT/VIR/MRI/MAMMO/Cath/ DEXA,OR, FL,ER)	2
General Fluoro	3	Trauma	1
Portables	2	Total	15
VA OP/Children's/Ortho 1, Crane	4	IMAG 2905	WEEKS
Surgery	3	General Diag/ER	2
Diag//ER	3	Fluoro	2
Total	15	Portables	1
IMAG 1903	WEEKS	Surgery	2
General Diag/ER	2	Student Choice (CT/VIR/MRI/MAMMO/Cath/ DEXA, OR, FL,ER)	3
General Fluoro	2	Trauma	1
Portables	1	VA OP/Children's/Ortho 1	4
VA OP/Children's/Ortho 1/Crane	2	Total	15
Surgery	2		
Trauma	1		
Total	10		

11.14 Clinical Rotation Hours/Trauma Rotation

The student will typically be scheduled by the clinical instructor according to one of the following time periods according to the clinical site hours:

7:00 a.m. - 3:30 p.m. 7:30 a.m. – 4:00 p.m. 8:00 a.m. - 4:30 p.m.

Trauma Rotation hours are scheduled as follows:

SUMMER SEMESTER TRAUMA SHIFTS (Schedule Subject to Change)

Riverside Methodist Hospital	Grant Medical Center	Nationwide Children’s Hospital
Wed Fri, Sat 3:00PM – 11:30 AM	Wed Thu Fri 3:00-11:30 PM	Wed Thu Fr 3:00-11:30 PM

AUTUMN, SPRING SEMESTER TRAUMA SHIFTS (Schedule Subject to Change)

Riverside Methodist Hospital	Grant Medical Center	Nationwide Children’s Hospital
Tue Fri, Sat 3:00-11:30 PM	Mon 3:00 PM – 11:30 PM Thu, Fri 11:00 PM – 7:30 AM	Mon Wed Fri 3:00-11:30 PM

1. The general intent of scheduling a student for a non-routine rotation is to provide learning experiences and opportunities not readily available during regularly scheduled clinical hours. These non-routine rotations serve to:

- Acquaint the student in a more direct role with the care, handling, and radiography of traumatized and other non-routine patients.
- Provide increased opportunity to gain proficiency in performing procedures of a critical/complex nature on an individualized basis.
- Develop a degree of student independence of thought and action in the performance of duties.
- Increase student confidence in their abilities through more independent actions.
- Become familiar with department protocol that differs from that practiced during routine hours.
- Develop appreciation of the interdepartmental cooperation necessary for quality patient care.
- Establish a work ethic and pattern that resembles that of an employable radiologic technologist.

Evening/Night Rotations

- Students will be assigned to at least 3 weeks of an evening or night shift trauma rotation during the program. Students may also choose an evening or night rotation for one of their choice rotations.
- Trauma rotations will be held at Grant, Riverside or Children’s Main.
- Students doing the night rotation at a new hospital for them may complete a Monday dayshift or 2nd shift at the site first. They will become familiar with the trauma radiography equipment and meet with the Clinical Instructor to find out who their night supervisor is, where to park, and how to call off.
- Hours will vary depending on hospital.

11.15 Special Clinical Rotations

Along with the normally scheduled radiographic/fluoroscopic clinical rotations, the student may participate in the following rotations:

Related Modalities:

- Vascular and Interventional Radiography (Special Procedures)
- Radiation Oncology
- Diagnostic Medical Sonography
- Cardiovascular Laboratory
- Magnetic Resonance Imaging
- Mammography
- Computed Tomography
- Nuclear Medicine

The purpose is to acquaint the student with the basic principles involved in these modalities and relate them to conventional radiography. In addition, each rotation will familiarize the student with the nature of the specialty for future reference as a career option.

Didactic instruction in the basic concepts involved in each area is given prior to the rotation. Behavioral objectives specify desired knowledge and behaviors for each specialty area. The student is evaluated by a registered technologist in each area upon completion of the rotation. These evaluations are intended to gauge student interest and involvement in these areas should a student wish to pursue additional experience in a given area during the semester prior to graduation. This is arranged with the Clinical Preceptor.

11.16 Student Evaluation of Clinical

Student feedback about the nature of the clinical experience is used to plan and improve the clinical experience. At least once a year, students are invited to participate in a Student Evaluation of Clinical Survey (See Addendum). This evaluation system serves to:

1. Recognize the value of positive clinical instruction.
2. Focus on means of improving the student's clinical experience.
3. Identify any potential problems occurring with the evaluation system.

In addition, the student should feel free to voice any comments or suggestions to the program coordinator and/or clinical instructor. The program reserves the right to modify the evaluation system at any time during the year, as the need arises. Students will always be informed in advance of any changes that are pertinent to them.

11.17 Clinical Attendance

One of the primary responsibilities of a student radiographer is regular, punctual attendance in the clinical setting. Since absence is occasionally unavoidable, the following policies have been adopted and are enforced by the program.

11.17.01 Absence/Tardiness Reporting

In the event of absence or tardiness, the student is responsible to call the clinical site and leave a message for the Clinical coordinator prior to the assigned clinical start time. Failure to call off properly will result in 2 Negative Significant Incident (NSI) points in addition to NSI points assigned for absence or tardiness. For example, failure to call off on a first absence would be 4 total NSI points. Failure to call on a first tardy would be 3 total NSI points.

1. Failure to call off properly will result in 2 NSI points in addition to NSI points assigned for absence.

11.17.02 Absence Classification

Excused Absence: Only requests made in advance and under certain conditions will be considered excused absence. These conditions include:

1. Personal Day*
 - a. One 8-hour day per semester, must be used as an entire day (1901, 1902, 1903)
 - b. Two 8-hour days per semester, must be used as an entire day (2904, 2905).
 - c. Unused Personal Day is lost at the end of the semester. No carry over or banking to subsequent semester.
 - d. Personal Day must be approved at least 24 hours in advance by program faculty using an Attendance Request form.
 - e. Personal Day may not be used during Trauma rotation. Missed shift from Trauma for a call off will result in NSI points and make up of a Trauma shift.
2. Educational Day*
 - a. One 8-hour day per semester, must be used as an entire day.
 - b. May not be carried over to next semester.
 - c. These hours are only used when the Educational Activity directly conflicts with scheduled clinical time.
 - d. Educational Activity must be approved in advance by program faculty using an Attendance Request form.
 - e. Educational Activities must be related to Radiography and considered to enhance the student's radiography education.
 - f. Documentation of participation must be submitted within 7 days following the activity or the absence will be converted to Unexcused.
3. College Campus Closure-No clinical attendance is permitted when campus is closed.
4. Level III Weather Emergency
 - a. Either at the college, the clinical site, or where the student lives or travels through
 - b. Student must call-off to clinical site unless otherwise communicated by school faculty. No NSI points and no Make Up required.
5. Bereavement (Funeral Leave) *
 - a. One 8-hour day excused.
 - b. For death in immediate family only
6. Leave of Absence - See section 7.04 Leave of Absence

*- Requires filing of Attendance Request with Clinical Preceptor at least 24 hours prior to absence

11.17.03 Unexcused Absence and Tardiness

1. Any absence from clinical other than stated above in the "excused absences" section is considered an Unexcused Absence. This includes absence for illness, transportation issues, child-care, doctor or dental appointment, etc. A doctor's office excuse is required to return to clinical after three missed clinical days for illness.
2. An absence is defined as one period of non-attendance. This may include leaving early without being dismissed. It may also include consecutive missed days counting as one absence. For example, two consecutive missed clinical days due to the same illness or family emergency would be one absence.

3. Tardiness is defined as any period of non-attendance of 0-59 minutes in length beginning at the scheduled start time of clinical. A period of 1 hour or more missed from clinical start time is considered a full day absence and must be made up in addition to receiving absence penalty Negative Significant Incident (NSI) points.
4. It is the responsibility of the student to contact the Clinical Instructor (and Outside Rotation clinical site if applicable) prior to the scheduled clinical time for each day missed. For example if you are ill on Wednesday and call off and you are still ill on Friday you must call off again on Friday (to both sites if an outside rotation).
5. All Unexcused Absence must be made up in accordance with Make Up time policies prior to the end of the term to receive a passing clinical grade.
6. Unexcused Absence will result in NSI percentage points deducted from the clinical course grade. See chart below.

11.17.04 NSI Penalty for Absence or Tardiness

1. Negative Significant Incident (NSI) points for absences or tardiness are cumulative in nature and are percentage points deducted from the clinical grade according to the following table:
2. Table 1 – NSI Points for Absence or Tardiness – see below
3. 10 Point Rule:

When a student accumulates 10 or more NSI points for Absence and/or Tardiness a meeting will be arranged with the affected student and Clinical Coordinator (or Program Coordinator) and Clinical Instructor to address attendance and offer strategies and a timeline for expected attendance improvement. The student will be placed on Clinical Probation for the remainder of the program, and if the level of absence/tardiness reaches 8 or more points again during any subsequent semester, the student will be dismissed from the program. Extenuating circumstances will be reviewed by the Program Director.

Table 1 NSI Points for Absence or Tardiness

Absence or Tardy Event	1ST	2ND	3RD	4TH	5TH
Absence NSI pts	2 POINTS	3 POINTS	4 POINTS	5 POINTS	6 POINTS
Cumulative NSI Points		5 POINTS	9 POINTS	14 POINTS	20 POINTS
Tardy NSI pts	1 POINT	2 POINTS	3 POINTS	4 POINTS	4 POINTS
Cumulative NSI Points		3 POINTS	6 POINTS	10 POINTS	14 POINTS

11.17.05 Make Up Days

Any Unexcused Absence as defined above must be made up according to the following policies to receive a passing clinical grade for the course.

1. Make up days must be scheduled in advance with the Clinical Instructor. Only full (8 hour) Make Up Days will be scheduled. This is true regardless of how much time was missed.
2. Make up days must be scheduled when the college is open for classes (not on holidays or during breaks).
3. Make up days should be scheduled so that the student can participate in similar activities to the clinical time missed.

11.17.06 Extra-Curricular Educational Day Opportunities

Students are encouraged to participate in extra-curricular opportunities which enhance the learning opportunities in the program. Since it is an expectation to pursue life-long learning in this profession, the program will provide opportunities for students to participate in professional radiography activities such as the Ohio Society of Radiologic Technologists as well as field trips that support the mission of the program.

Students will be allowed 8 clinical hours per semester, which must be used as an entire day, to attend approved educational activities. The educational activity must be approved at least 24 hours in advance by the Clinical Coordinator through use of an Attendance Request form. Participation in the educational activity must be documented in a manner approved by the Clinical Coordinator. The student is expected to be professional at all times while participating in extracurricular functions as they are students of Columbus State. Failure to do so may result in disciplinary action and denial of future requests for Educational Activity hours.

Other educational opportunities are approved at the discretion of the Program Director. These may exceed 8 hours in length.

Students who miss more than one day to participate in an educational activity may use a Personal Day or make up the additional day missed from clinical. Unused Educational Activity days from a previous semester may not be applied to the current semester.

11.17.07 Inclement Weather Policy

Regular, punctual attendance to clinical assignments is an expectation of the program. Students should plan for additional travel time to compensate for delays in travel that periodically happen. The following addresses difficulty in travel due to weather related conditions.

The 'call-in procedure' for clinical tardiness or absence applies (see the **Absence/Tardiness Reporting section** above). The student has the responsibility of contacting the clinical site if they are scheduled to attend clinical but are unable to due to inclement weather and indicate to the Clinical Instructor which of the following reasons applies:

Level III EMERGENCY (determined by the Sheriff's office on a county-by-county basis)

1. If the College, the clinical site, or the area where the student lives or must travel through is under a Level III Emergency, then students are not to attend clinical.
2. This is considered an Excused absence as indicated above with no make up days and no NSI points.

Level I or II EMERGENCY

1. If the Clinical site or the area where the student lives is under a Level I or II emergency at the time you would normally leave for clinical, the student is not required to attend. No NSI points are assigned to the absence. However Make Up Day(s) are required.
2. If the clinical site is under a Level I or II emergency while the student is in clinical, the student may be dismissed from the clinical site at the discretion of the Clinical Preceptor. The dismissal will not count as an absence for NSI points, but a Make Up Day is required.

Please note that normal season-related complications (car won't start) or (traffic is bad) do not remove the student from the responsibility of attending their assigned clinical assignments. Under most circumstances, you should anticipate inclement weather and adjust your travel time accordingly. Contact your Clinical Instructor or faculty member if you have questions or need additional information.

11.18 Behavior Expectations at Clinical

11.18.01 General Clinical Expectations

Students are expected to follow the College Student Code of Conduct and meet program academic performance, professionalism, safety, and/or conduct in the classroom and learning environment expectations.

The philosophy of the Radiography program reflects a commitment to the belief that every human being has dignity and possesses an intrinsic value. Further, it affirms that the purpose of the program is to prepare the student to be a caring person who assumes responsibility and accountability for his or her actions. Therefore, it is appropriate that, in addition to the prohibited actions and unacceptable behavior described in the Columbus State Student Handbook, the faculty expects the following behaviors from students enrolled in the Radiography program. Failure to follow the below behavior expectations may be grounds for disciplinary action. Disciplinary action may range from, but is not limited to, a warning, issuance of NSI points, probation, failure of a technical course, dismissal from the program, and/or expulsion from the College. Documentation of incidents may be kept in the students' academic program file and/or sent to the Office of Student Conduct. The following behaviors students are expected to adhere to include but are not limited to:

- Students are expected to become familiar with and abide by policies and guidelines of each clinical site. Failure to participate in clinical site orientation or assigned educational activities (typically online) will prevent the student from clinical participation and result in clinical course failure.
- The student will act professionally at all times while participating in clinical activities or school functions outside of the hospital and will be professional when interacting with patients, peers clinical personnel, and instructors so that neither they nor the student will be diminished personally.
- The student will keep confidential all information concerning patients as stated in clinical site policies and HIPAA regulations.
- The student will be prepared for every clinical experience since the student is held accountable for the health care he or she provides. This includes maintaining a professional presence in dress and behavior.
- The student will promote an atmosphere in the classroom and clinical setting which facilitates learning by attending, being prompt, actively participating, demonstrating honesty and ethical behavior, and contributing to a learning environment that is not disruptive.
- Students will avoid distracting behaviors to include: unnecessary talking, use of cellphone or pager or personal electronic devices during clinical. **Personal electronic devices need to be switched off and stowed during clinical.**
- The student shall not solicit or accept tips from patients, visitors, or any representative of the College.
- The student shall conduct their personal affairs outside of academic and clinical courses. Extenuating circumstances and/or emergent situations should be brought to the attention of the faculty or Clinical Instructor.
- Students are responsible for their own transportation to and from clinical education as well as all needs while at the clinical institution.
- The student must ensure Direct Supervision (see Appendix A Glossary) under the following conditions:
 - a. Any exam for which category competency has not been granted
 - b. Any repeat radiograph
 - c. All Portable radiography
 - d. All Surgical radiography
 - e. All Trauma radiography

- Students are expected to participate in the routine duties of the department to include:
 - a. Cleaning and stocking rooms
 - b. Preparing equipment for use (i.e. warm up procedures)
 - c. In-service training or orientation to new equipment
 - d. Patient transportation/transfers
 - e. Paperwork/data entry completion
 - f. Students are typically assigned to a staff radiographer or radiography room. Students are responsible for all technical assignments given by their supervising staff technologist.
- Students are not to leave their assigned clinical area until all work assigned to the room and/or procedure has been completed and approved by their supervising staff technologist.

11.18.02 Clinical Participation Expectations

The primary focus of the Clinical environment is to provide timely, high quality health care using appropriate customer service skills and practices. Therefore, as students in this environment, you will need to be somewhat assertive and communicate well with the clinical staff you work with regarding your needs as a student. Clinical is not just about getting progress evaluations and affective evaluations done. Clinical is also about:

- **Practicing** – Participating in exams to gain confidence.

You are to participate in all procedures available to you while you are in clinical – not just the ones you need for a grade. Failing to participate will result in a lowered score in the Affective Evaluation area under "Self Motivation."

- **Maintaining** – Keeping your skills sharp.

Build a wide experience base – As you participate in exams with other RT's and students you will learn different ways of doing exams. Some of these you may want to incorporate into your own practice of radiography. Don't work with the same RT's all the time. Get familiar with that equipment that seems unfamiliar. Review equipment that you don't use often.

- **Growing** - as a team player

Each of us brings a unique perspective, personality, and experience to the table. Offer your skills and learn from the skills of others. When you share responsibility for a procedure, communicate well to define what each of you are doing and make sure all the bases are covered. Nothing is worse than when 3 people are working together and none of them set the technique appropriately – assuming the others did!

11.18.03 Down Time Activities

What about those times when there aren't many patient exams? Rather than reading or sitting, here are three activities that will help you build your clinical skills:

1. Ask permission to use an empty radiography room. Set up the room for various procedures. Make yourself familiar with the equipment.
2. Ask permission to look through some patient images. Select images of patient exams from PACS that you recently participated in. Quiz yourself on identifying anatomy and image critique.
3. If another student is available, ask permission to use an empty room to simulate positioning.

Always be asking, "What can I be doing to help?" and make yourself available to participate in exams. You should not be distracted by any non-relevant reading, use of any portable electronic device or computer or otherwise not paying attention to the clinical environment.

11.19 Positive and Negative Significant Incidents

Positive Significant Incident (PSI)

- Exceptional student conduct and professional behavior may be rewarded by receipt of a Positive Significant Incident (PSI). These positive SI's may be recommended by any radiographer or staff member using the Positive Significant Incident Report form (see Appendix). Each PSI is worth one percentage point of the clinical grade. They are only applied when reviewed and approved by the Clinical Preceptor and program faculty. Students will receive 1 point on a 100 point grading scale for any approved PSI form.
- Clinical Preceptors and CSCC faculty members are the only ones who can award PSI's.
- When a student receives a "Power of One" or a hospital recognition form, the Clinical Preceptor or CSCC faculty member will convert this to a PSI form.
- Clinical Preceptors can also convert any exceptional Affective Evaluation forms to a PSI form.

Negative Significant Incident (NSI)

A Negative Significant Incident (**NSI**) is a numerical documentation of unsatisfactory performance which will affect a student's clinical grade by decrease of grade percentage points. A **NSI** may be recommended by radiographers or other staff and assigned following review by both the Clinical Preceptor and program faculty. Repeated failure to correct a specific behavior will result in an increase in the value of the **NSI** awarded. **NSI**'s are cumulative in nature and are reflected in the clinical grade. Each **NSI** equates to 1 point on a 100 point scale and is factored into each clinical grade. The issuance of a **NSI** will be documented on an **NSI form**. Examples of **NSI** include but are not limited to:

- Failure to clock in or out (1 NSI)
- Failure to park in assigned parking area (4 NSI)
- Failure to check in with CI or Lead Technologist upon arrival (4 NSI)
- Failure to call off when absent or tardy (2 NSI – in addition to absence NSI)
- Unexcused absences or tardiness (see specifics under Absence and Tardiness Reporting above)
- Leaving the scheduled clinical area or clinical site without permission.
- Written assignments not completed and/or turned in on time.
- Failure to abide by the dress code.
- Failing to participate in the normal functions of the department. (including routine room cleaning and stocking, calling in when absent from clinical practice, attending department meetings, attending in-services, etc.)
- Not following professional standards in appearance, behavior, or attitude.
- Mislabeling images or other forms of documentation. (computer entry, etc)
- Failure to complete entire exams.
- Failure to act when such behavior could reduce (or eliminate) risk or injury to patient, staff, or others.
- Failure to abide by radiation protection standards to include
 - Routinely shield patients, self, or others.
 - Wearing a radiation monitor
 - Making unauthorized radiation exposures
- Failure to abide by department policies and procedures that apply to students in the clinical setting.
- Failure to be prompt and ready for assigned clinical duties during the clinical day (i.e. at the beginning and end of clinical day, or following scheduled lunch or break periods.)
- Gossip or any form of communication that may breach confidentiality or be unprofessional in nature to patients, staff, other students, or others.
- Failing to have markers, watch, pen, or ID badge.
- Failing to have marker on image

- Performing imaging procedures without direct supervision when this is required, including:
 - Any exams for which category competency is not attained
 - Any portable exam
 - Any surgical exam
 - Any trauma exam
 - Any repeat radiograph
- Failing to determine patient pregnancy status prior to x-ray exposure.
- Approving/sending an imaging procedure without RT approval
- Failure to verify patient ID (Name/DOB)
- Smoking on hospital property
- Horseplay or inappropriate behavior on hospital property
- Other violations to include breach of program or hospital policies, or behaviors which place an individual at risk.

It is impossible to construct an entire list of when NSI points may be given, thus NSI points may be given at the discretion of the Clinical Preceptor as approved by the program faculty.

11.20 Student Corrective Action Protocol

Student behavior that is not consistent with behavioral expectations listed elsewhere in this handbook may be handled as follows:

1. **Warning and NSI points**– A documented meeting with the student and faculty will occur in which unacceptable behavior is described and guidelines for student improvement are set. A Negative Significant Incident Report form will be completed during this meeting to record the behavior expectations and follow up dates.
2. **Clinical Probation** – A Follow up to the Warning will be held with student and faculty in accordance with the timeline set in the Warning/NSI meeting. Failure to show satisfactory improvement in clinical behavior will result in placement on clinical probation for a time period specified by program faculty.
3. **Program Dismissal** – Failure to show satisfactory improvement in clinical behavior during a Probationary period may result in program dismissal.

11.21 Clinical Dismissal-Examples.

Certain behavioral issues may warrant that the student be removed immediately from the clinical site. The student will be sent home by the clinical site staff or Clinical Preceptor.

A review of the situation will be discussed with the student, Program Coordinator and clinical site representatives to determine whether or not the student may return to the clinical site. Documentation of the incident may be kept in the student's academic program file and/or sent to the Office of Student Conduct.

If the student is permanently removed from the clinical site, the following disciplinary action may occur but is not limited to:

- a. The student being dismissed from the Program following the division of Health and Human Services established procedures.
- b. The student being placed at an alternate site following 11.15 Student Corrective Action Protocol and following 11.10.02 Change of Clinical Site.
- c. The student being subject to the Student Code of Conduct disciplinary action

Student behaviors which may warrant clinical dismissal and may result in other disciplinary action, including program dismissal and/or Student Code of Conduct disciplinary action, include but are not limited to, the following:

- a. Insubordination toward faculty or hospital personnel.
- b. Failure to comply with the policies, rules and regulations of the clinical site or College.
- c. Unprofessional conduct which threatens the customer service or patient care expectations of the clinical site.
- d. Unauthorized clinical schedule changes.
- e. Placing a patient, staff member or other persons at physical or emotional risk.
- f. Deliberate damage to hospital or individuals related to the site
- g. Stealing
- h. Assault or Battery
- i. Conviction of a felony
- j. Indecent, lewd or sexual harassment behavior
- k. Carrying a concealed weapon on hospital site
- l. Falsification or misuse of any information related to the hospital or program
- m. Breach of Confidentiality
- n. Smoking in hazardous areas
- o. Consumption of intoxicants while on hospital property or attempting to perform duties while under the influence of alcohol or other drugs
- p. Deliberately working beyond the appropriate duties of a student
- q. Drug selling or buying

It is impossible to compile a complete summary of misconduct that requires disciplinary action the above are a few examples. Any questions in this area should be addressed to the Program Coordinator.

Each clinical site has the responsibility to provide clinical assignments for their designated students. The clinical site also has the right and responsibility to release a student who demonstrates unacceptable behavior.

12.00 COMPETENCY-BASED CLINICAL EDUCATION SYSTEM

The implementation of a competency-based evaluation system conducted with a series of planned clinical rotations provides a standardized format for evaluation of the student in the clinical setting. In addition, the system is designed to allow each student to progress at an individual rate consistent with their abilities, knowledge, and motivation. However, minimum performance standards must be met to demonstrate satisfactory progress through the clinical courses.

The didactic and laboratory aspects of the curriculum are well integrated with clinical assignments to allow each student the opportunity to achieve program goals and objectives in the optimum manner. Concurrent didactic and clinical experiences allow students to apply theoretical principles to the clinical situation in a systemic and organized manner. To achieve meaningful and productive clinical experience, the student is provided with behavioral objectives which specify desired behaviors to be demonstrated in all areas of clinical instruction. As the student masters the didactic and laboratory objectives, the student will apply these principles in the clinical setting, guided by the clinical objectives for each clinical course.

The student begins the clinical experience by observing and assisting the registered radiographer in the performance of radiographic examinations. This experience serves to familiarize the student with the care and radiography of patients for a given radiographic examination. Once the student masters the examination as taught in Radiographic Procedures I - III the student moves from a passive role to one

of active participation, thus allowing "hands on" experience in the performance of procedures. These examinations are performed under the direct supervision of registered radiographers in each given category.

12.01 Clinical Competency

Academic Competence

Clinical competence begins in the classroom. This occurs in the classroom portions of IMAG1131 & 1132, 1142, 1143, and related technical courses.

Laboratory Competence

Academic knowledge is applied in the laboratory setting in IMAG 1131 & 1132, 1142, and 1143 and related courses.

Clinical Competence

Clinical competence is a long term process which occurs over a period of 5 clinical semesters (IMAG 1901-2905). Students progress through practice/signature, routine competency evaluations, category evaluations, and a final comprehensive competency.

12.02 Practice, Routine, Category, and Final Competency Evaluations

Competency Evaluation From

Competency Evaluation Forms are used to assess student performance of clinical procedures. An example form is in the Appendix. They are used for the following situations:

- a. Simulation of exam without an actual patient
- b. Practice of exam with a patient and limited assistance from a technologist
- c. Routine Competency for an exam or procedure
- d. Category Competency for a representative exam or procedure of a category
- e. CCE – Continued Competency Evaluation – Simulation of procedures with trauma or other limitations/adaptations.
- f. Final Competency during the final semester.

Competency Evaluation Procedure

When the Competency Evaluation is performed for a Routine or Category Competency with an actual patient, the following procedure applies:

1. The student must initiate the procedure by asking to be evaluated on an exam BEFORE the exam starts. If this step does not occur – no Competency Evaluation is done.
2. The RT evaluates the patient and the student's ability to do the exam. If there is any question, the RT can refuse to allow the Evaluation at that point. This may be either due to patient condition or how the student has performed prior to asking to be evaluated. The RT may ask pertinent questions to determine whether the student is ready. The student should be able to state the routine views, centering points, IR sizes, angles, generator settings, etc. prior to the exam if asked. If the student cannot give satisfactory answers, the RT should not continue the evaluation because the student is not ready.
3. The student must perform the entire exam, start to finish, room set up to room clean up. The RT observes and intervenes and takes over if:
 - the student is making an error that is going to cause a repeat or unnecessary radiation exposure (See Performance Evaluation Criteria)
 - the student takes too long and the patient is uncomfortable

- other demands of health care setting – i.e. Dr. wants the images done more quickly, or patient condition deteriorates

Routine Competency Evaluation is used to indicate that the student completed a procedure competently without assistance. The student is expected to manipulate the equipment to include technical factors, position the patient, provide customer service, and documentation of the procedure.

1. The minimum required number of Routine Competency Evaluations will be posted in the clinical course syllabus. Students can submit up to two (2) Routine Competencies on the same procedure twice per semester (i.e. 2 hands, 2 wrists – no more doubles)
2. All Routine Competency Evaluations are factored into the clinical grade.
3. Passing of a Competency Evaluation requires at least a Minimum Competence score for each criterion and a minimum of 80% score for the procedure.
4. Should a student not successfully complete a Routine Competency Evaluation, the following apply:
 - a. The failed exam score will be entered as a zero (“0”).
 - b. The student must successfully perform the procedure under simulated conditions either at the clinical site or school before attempting again with a patient.

Category Competency Evaluation

When the Routine Competencies have been achieved for both the total number and all Mandatory procedures of a Category, the student may attempt Category Competency Evaluation. Category Competency Evaluation consists of:

1. The student is successful in completing the written Category Competency Examination with a minimum score of 80%. Two attempts are allowed. When two attempts occur, the average score is used for the grade calculation
2. The Clinical Coordinator randomly selects three procedures from the Category Competency list.
3. The student must complete the three selected Category procedures by the end of the subsequent semester to complete the Category Competency and earn a star. The star is worn on the Category Competency Badge.
4. Category Competency simulations are only considered one calendar month after a student has pulled three random procedures in a given category and has not had an opportunity to perform the examination. This period of time may be extended depending upon the availability of procedures at the discretion of the clinical instructor. Simulations may not exceed one simulation per Category Clinical Competency.

Simulation of Category Competency 6 (Skull category)

Due to the infrequency of skull radiography procedures in the clinical setting, laboratory simulations will be used to complete the Routine Competencies for Skull, Facial Bone, and Sinus during the IMAG 1142 course, Spring Semester 1. These simulation grades will be part of the IMAG 1142 grade and not the clinical course grade. They do not count as Routine Competencies for clinical.

Students must then complete the Category 6 Written Examination. To complete this Category in clinical, three category procedures must be performed with patients in clinical. These will be any 3 exams including Waters, Caldwell, and Towne projections. If Towne projection is not performed, it can be simulated either at the clinical site or the college. Students must complete this Category before the end of the final semester.

Request to Simulate

If a procedure on a pulled-Category competency is unavailable the student may request to simulate or substitute the procedure during the final two weeks of the following semester. The Clinical Preceptor will review the request and determine the availability of procedures in question. The Clinical Preceptor may elect to make arrangements to make the procedure more readily available. If the Clinical Preceptor determines that there is not an opportunity to obtain the procedure in a reasonable period of time, then the Clinical Preceptor may elect to simulate or substitute the procedure. Since a simulation request may involve many dynamics, the CI is encouraged to involve program faculty as needed. Since all procedures cannot be simulated, the Clinical Preceptor may elect to substitute the procedure with another procedure in the same category of 'comparable' difficulty.

Category Competency Pass vs. Non-Pass

The following describes the results of both pass and non-pass situations for the Category Competency Evaluation:

Pass - Upon successful completion of the Category Competency Evaluation, the student can perform any examination within that category under indirect supervision. The student will continue to produce any requested examination within that category while progressing toward completion of the next category in a similar manner. Repeated performance of these procedures allows the student to gain a proficiency in the performance of each examination in order to meet requirements of the Final Competency Evaluation required for completion of all Clinical requirements.

Non-pass (1st attempt) - The student must perform the failed procedure(s) at least one more time successfully under direct supervision, and as a simulation with a faculty member, and on the phantom, if applicable, before requesting the second attempt at the Category Competency Evaluation. This re-evaluation will include the failed examination, plus two other procedures in the same category which are randomly chosen. The student must also retake the category test pertaining to procedures in the given category if the first test score is less than 80%. The test should be a different version of the original if applicable. Successful completion of the re-evaluation allows the student to continue to progress through the remaining categories. This failure will be reflected in the student's semester clinical grade.

Non-pass (2nd attempt) - The clinical instructor will counsel the student in an attempt to correct the deficiency. The student must again successfully perform the examination(s) at least one more time under direct supervision and as a simulation with a faculty member, and on the phantom, if applicable. The student may then request the third attempt at the Category Competency Evaluation. This failure will be reflected in the student's semester clinical grade.

Non-pass (3rd attempt) - Non-passage of a category competency after three attempts indicates an inability of the student to demonstrate competence. If the student does not successfully complete the third attempt at a Category Competency Evaluation, the student will receive a failing grade for the course preventing the student from continuing in the program.

Achievement of Category Clinical Competence (Awarding of “stars”)

Achievement of category competency is an important milestone in the clinical experience. This achievement represents the attainment of clinical “competence” for that category, and in some cases, the ability to work under indirect supervision. The next step beyond “competency” is “proficiency”, and that is the next goal for the category. Proficiency requires an accumulation of experience and responsibility. Until now, technologists have probably helped select patients that were appropriate for evaluation to help students achieve competency. It is now **time for the students to take a leadership role, and responsibility for all patients in areas where they have achieved competency**. The technologist will still be available to help when needed, but full technologist responsibility rests with the student, for both volume and variety of procedures. All work/images must still be approved by a registered technologist before exams are considered complete.

- Upon completion of a category, the student will receive a star on their clinical badge.
- The student will be the lead in that “starred” area during their scheduled rotation. The technologist will be your assistant.
- The student still needs to be under DIRECT supervision on portables, surgery and trauma procedures
- All work/images must be approved by a licensed technologist prior to completion of exams.

Final Competency Evaluation

During the final semester, when all Category Competencies have been achieved, the Clinical Instructor will select 5 procedures from the Category procedure lists for the student to perform as Final Competencies. These 5 procedures count for 50% of the Final Competency Evaluation.

1. Upon successful completion of the Category Competency Evaluations for Categories I through VIII, the student requests the Final Competency Evaluation.
2. The Final Competency Evaluation may not be requested prior to the first day of the scheduled graduating semester in the second year of the program.
3. The student must successfully complete one examination each from a total of five randomly chosen categories.
4. To successfully complete the Final Competency Evaluation, the student must receive a composite score of at least 80%.

The following describes the results of non-pass status for the Final Competency Evaluation:

Non-Pass (1st attempt) - If the student does not successfully complete the Final Competency Evaluation, the clinical instructor will counsel the student in an attempt to correct any areas of deficiency. The student must successfully perform the failed procedure at least one more time under direct supervision and as a simulation with a faculty member, and on the phantom, if applicable. The student can then request the second attempt at the Final Competency Evaluation. This evaluation will consist of the performance of the failed examination and one other randomly chosen examination from the failed category, and one examination from three other randomly chosen categories. After successful completion of the second Final Competency Evaluation, the student can perform any examination under indirect supervision until graduation. However, all repeat procedures must be taken under the direct supervision of a registered technologist.

Non-Pass (2nd attempt) - If the student does not successfully complete the second Final Competency Evaluation, the student will be considered non-passing. Such a student has two options available:

Option 1. Receive special clinical instruction and be re-evaluated in all categories in a manner determined by program faculty. This option is contingent upon available space in the program as determined by the standards established by the Joint Review Committee on Education in Radiologic Technology and availability of a clinical site.

Option 2 Elect not to continue in the program. Such a student will receive career counseling, if desired.

Completion of the Final Competency Evaluation is a requirement for graduation.

Independent Rotation Evaluation

Additionally the student will be assigned to perform an Independent Rotation and perform the tasks normally required of a technologist during that rotation, with the exception of situations where Direct Supervision is required (i.e. repeat examination). Evaluations submitted for Independent Rotation will count for 50% of the Final Competency score.

12.03 Mandatory, Elective, and Supplemental Procedures

Mandatory procedures are those procedures considered mandatory for Category completion. This list also includes all the ARRT required procedures for competency.

Elective Procedures are those exams which count as Elective for the ARRT. A minimum of 15 ARRT Elective Exams must be completed by graduation.

Other Procedures are procedures that do not count for Mandatory or Elective ARRT but may count toward the total required Routine Competencies each semester and the number required per Category.

12.04 Affective Evaluations

The affective component of the clinical competency-based education focuses on student's emotions, values and attitudes. Affective performance ranges from receiving an emotion to organizing a value system to build character. The ultimate goal is to develop a positive value-based system toward patients and the profession.

As a part of the clinical experience, the student will:

1. Subscribe to the basic concepts of the practice of radiologic technology.
2. Comply with the standards of accuracy and thoroughness.
3. Organize time constructively and productively.
4. Assist in completing appropriate amount of work in the time expected.
5. Respond to the needs of patients.
6. Evaluate pressure/crisis situations and respond accordingly.
7. Display the appropriate interpersonal relationships with supervisors, peers, patients, and other employees (partners).
8. Display motivation, interest and responsibility in completing tasks.
9. Pursue the ability to reason, interpret and use discretion in carrying out assignments.
10. Conform to the attendance/punctuality standards.
11. Adhere to the guidelines regarding the clinical dress code.
12. Adhere to the professional standards of conduct.

As a part of measuring the affective development in the clinical setting, Affective Evaluation forms are used in the clinical area. Each student is responsible for submitting a minimum number of completed Affective Evaluation forms each representing a different week in clinical. The student should ask the

technologist to complete the form at the end of each day or each week in the clinical area. A technologist may complete and submit the forms independently of the student's request. Affective Evaluations are reviewed with students during mid- and final semester faculty clinical conferences and assist in the development of student clinical goals. A composite of the affective evaluations makes up one component of the clinical grade. Affective Evaluations which are in conflict with the above stated goals will be reviewed with the students by the program faculty and corrective action will be determined.

12.05 Continued Competency Evaluations

- a. Each semester during the second year, the student will perform at least one Continued Competency Evaluation (CCE) to demonstrate continued competency in procedures completed to date.
- b. The CCE will be factored into the clinical grade.
- c. A half day of clinicals will be spent at the college and the other half will be at your assigned clinical site.
- d. The morning group will be at the college from 8am-11am and will be expected to be at their assigned clinical site by 12pm. The afternoon group will leave clinicals at 11am and will be at the college 12:30 to 3:30pm. NSI's for being tardy/absence will be given in accordance with the "NSI Penalty for absences or Tardiness" policy listed above. If you are more than 59 minutes late it will be considered an absence and you will not be able to complete your CCE.
- e. When you are not completing your CCE, you will be doing mock registry questions and/or practicing for CCE.
- f. 2nd attempt CCE's will be scheduled as needed.
- g. These CCE's are typically trauma CCE's.
- h. If you are absent: Your score will drop to 80% and if you receive a zero on any part of your make up you will receive a zero for that procedure. There will be no 2nd attempt.

12.06 Maintaining Clinical Competence

Each semester a minimum number of Routine Competencies are required. These include competencies for which the student may already have earned Category Competency. If the student fails a Routine Competency attempt for a Category they hold, the student returns to a direct supervision status in that category. The student must pull and successfully repeat the Category competency. This re-evaluation must be completed no later than one semester after the failure has occurred, unless circumstances dictate otherwise as determined by the Clinical Preceptor. Successful completion of the re-evaluation returns the student to indirect supervision status in that category.

Spot Evaluation

Once the student has exhibited category competency in an area, that student can then be spot evaluated in that area. These students are identified by a star on their Hospital I.D. that represents category completion. Students should not be pulled from any clinical rotation to be spot evaluated in another non-contiguous area. Students shall be spot evaluated only by approved evaluators whom are on the evaluators list for that clinical site. Students can only be spot evaluated on routine procedures within a completed category, and not on supplemental or hot listed procedures. Technologists performing spot evaluations on students must verify the appropriateness of the patient for the purpose of evaluation. In all other ways the spot evaluation is exactly like any other individual competency evaluation. A non-pass on a spot evaluation will cause the student to lose credit for the category, and category competency (Blue Sheet) will have to be re-pulled.

12.05 Clinical Grading

Throughout the clinical course series, the student is required to complete minimum numbers of Affective Evaluations, Progress Evaluations, Category Competencies, and a Final Competency according to the chart below. The percentage weight that each of these plays into the final grade is also shown below. (See 10.02 Grading for grading scale.) Each of these items is explained below to present the greater overall clinical picture.

Table 2 – Clinical evaluations required and grade weight per semester.

	IMAG 1901	IMAG 1902	IMAG 1903	IMAG 2904	IMAG 2905	Total
Equipment Inventory Grade % Weight	***4 10%	-	--	--	--	4
Required Affective Evaluations Grade % Weight	5 30%	12 30%	8 30%	12 30%	12 30%	49
Required Routine Competencies Grade % Weight	2 40%	15 40%	15 30%	15 30%	10 30%	57
Cumulative required number of pulled Category Competencies Grade % Weight	-- 10%*	2 20%**	4 20%**	7 20%**	8 10%**	8
Clinical Coordinator Evaluation Grade % Weight	1 10%	1 10%	1 10%	1 10%	1 10%	5
Continued Competency Evaluation Grade % Weight	--	--	2 10%	2 10%	2 10%	6
Final Competency Evaluation 5 Procedures/Independent Rotation Grade % Weight	--	--	--	--	1 10%	1
TOTALS	100%	100%	100%	100%	100%	

*No Category Competencies are required the first semester, however, if achieved they will count 10% of grade. Otherwise, this 10% is added to the Progress Evals and they become worth 50%.

** In semesters where no Category Competency is accomplished, the Category Competency percentage points are given to the Progress Evaluations.

*** 4 minimum (2 Diagnostic, 1 Portable, 1 Fluoro) during IMAG 1901. 1 Carm minimum during IMAG 1142.

During the clinical course series, students work toward demonstrating competency in a variety of procedures as indicated in Table 2 below. The specific procedures in each category that are classified as Mandatory, Elective, or Other can be found in the student's *Procedures Manual* and are listed on Trajecsyst.

The required semester Category Competencies (See Table 1 above) ensure that the student is making progress toward accomplishing all competencies required for graduation

Table 3– Required number of exams per Category

1.UPPER EXTREMITY	9 required
Pediatric Upper Extremity	Elective
Bone Age	Other
Bone Survey	Other
Carpal Canal	Other
Other Upper Extremity	Other
Scaphoid	Other
Supraspinatus Shldr	Other
Elbow	Mandatory
Finger/Thumb	Mandatory
Forearm	Mandatory
Geriatric Upper Extremity	Mandatory
Hand	Mandatory
Humerus	Mandatory
Shoulder	Mandatory
Wrist	Mandatory
2.LOWER EXTREMITY	9 required
Os Calcis	Elective
Patella	Elective
Pediatric Lower Extremity	Elective
Toe	Elective
Inlet/Outlet Pelvis	Other
Intercondylar fossa	Other
Judet Hip	Other
Long bone measurement	Other
Other Lower Extremity	Other
Weight bearing	Other
Ankle	Mandatory
Femur	Mandatory
Foot	Mandatory
Geriatric Lower Extremity	Mandatory
Hip	Mandatory
Knee	Mandatory
Pelvis	Mandatory
Tibia-Fibula	Mandatory
3.CHEST ABDOMEN	7 required
Decubitus Abdomen	Elective
Decubitus Chest	Elective
Intravenous Urography	Elective
Pediatric Abd (6 and under)	Elective
AP Lordotic Chest	Other
Oblique Chest	Other
Other Chest/Abdomen	Other
Pediatric Chest (6 & under)	Mandatory
Acute Abdomen Series(upright)	Mandatory
Abdomen Supine	Mandatory
AP/LAT Chest in Cart/Bed/wheelchair	Mandatory
Geriatric Chest PA/LAT	Mandatory
PA & LAT Chest	Mandatory

4.Basic Fluoroscopy –	7 required
Small Bowel Series	Elective
Cystogram/VCUG	Elective
ERCP	Elective
Hysterosalpingogram	Elective
Other Basic Fluoro	Other
Ped Lower GI	Other
Ped Upper GI	Other
Swallow Study	Other
Retrograde Urogram	Other
BaE (Single or Double contrast) with after films	Mandatory
Esophogram	Mandatory
UGI with after films	Mandatory
Arthrogram	Mandatory
Myelogram/ Lumbar puncture	Mandatory
5.Vert & Bony Thorax	8 required
AC Joints	Elective
Sacrum or Coccyx	Elective
Scapula	Elective
Scoliosis Series	Elective
Sacroiliac Joints	Elective
Soft Tissue Neck	Elective
SC joints	Elective
Sternum	Elective
Geriatric spine	Elective
Flex/Ext C-spine	Other
Flex/Ext L-spine	Other
Lumbar Bending	Other
Other Spine/Bony Thorax	Other
Swimmers Lateral	Other
Cervical Spine	Mandatory
Clavicle	Mandatory
Lumbar Spine	Mandatory
Ribs	Mandatory
Thoracic Spine	Mandatory
6.Portables/Trauma	10 required
Decub Abdomen Port	Other
Decub Chest Port	Other
Other Port/Trauma	Other
Pelvis Trauma	Other
PACU PortChest	Other
Trauma shoulder/humerus	Mandatory
Abdomen Port/Trauma	Mandatory
Portable Extremity	Mandatory
Portable Ped	Mandatory
Routine Port Chest	Mandatory
Trauma spine (X-fire)	Mandatory
Trauma Hip (x-fire)	Mandatory
Trauma Lower Extremity	Mandatory
Trauma Upper Extremity (non shoulder)	Mandatory

7.Skulls	3 Required
Mandible	Elective
Nasal bones	Elective
Orbits	Elective
Other Skull	Other
Temporomandibular Joints	Elective
Facial Bones	Mandatory
Sinuses	Mandatory
Skull	Mandatory
8.Operative Studies	5 required
A.I.C.D./I.C.D.	Other
Angiography in OR	Other
Central Line Placement	Other
Cystogram	Other
Hickman Catheter	Other
OR Cholangiography	Other
OR Portable	Other
Other OR	Other
Pacemaker in OR	Other
Pain Block	Other
Retrograde Pyelography	Other
OR Lower Extremity	Mandatory
OR Spine AP	Mandatory
OR Spine LAT	Mandatory
OR Upper Extremity	Mandatory
Special Procedures	None required
CT Abdomen/Pelvis	other
CT Brain	other
CT Chest	other
Cath/IR Scrub In	Other
Lumbar Puncture	Other
MRI Abdomen	Other
MRI Brain	Other
MRI Chest	Other
Other Special Proc	Other
Reading with Radiologist	Other
Tomography	Other
Venogram	Other

CSCC Category Competencies List (ARRT Requirement: All Mandatories plus 9 Electives if doing myelogram) Pediatric is 6 and under

12.06 Minimum Clinical Competence Standards

One fundamental aspect of a competency-based system is that it allows students to progress at their own rate. However, it is equally important that the student demonstrate some degree of progress in the clinical area to demonstrate minimum clinical competence. The following chart is to be used to check student performance. If a student falls one category behind the student will receive 4 NSI's and receive a warning at the end of the semester. If a student fails two categories behind, the student will be placed on clinical probation at the end of the semester and will receive an additional 4 NSI's. If the student is on probation for two consecutive semesters they will be dismissed from the program. Categories **must be pulled** by the semester indicated in the chart below. It is **recommended** that they be completed in that semester also. It is **required** that they be completed by the semester following the semesters in which they were pulled. If a category competency is not completed by the end of the semester after it is pulled it will not be accepted.

12.07 Clinical Goals And Objectives

The goals of the clinical competency evaluation system are that under indirect supervision, the student will be able to:

- Perform any examination/procedure in Categories I - VIII. NOTE: All portable, trauma, and surgical procedures must be performed under direct supervision.
- Produce technically satisfactory radiographs with minimum radiation exposure and discomfort to the patient.

Note: It is the prerogative of the radiographer to determine a procedure that a student is performing as needing direct supervision if, in their professional opinion, the quality of the procedure or safety of the patient may be compromised.

In order to successfully complete a competency evaluation given by a clinical evaluator during Clinical I - VII, the student must meet the following objectives with a minimum composite score of 80%.

- The student will evaluate the patient requisition.
- Assess the requisition for correct and necessary information.
- Recognize conflicting clinical history and examination ordered.
- Identify the procedure(s) to be performed on the patient.
- Recall the patient's name and age.
- Identify the mode of transportation to the radiology department.
- Identify the type of patient to be radiographed (i.e. OP, ED)
- Document any variations from the requested procedure in the appropriate location.

The student will demonstrate proper physical readiness.

- Provide a clean table and/or upright grid device for the patient.
- Maintain an orderly work area.
- Maintain a proper inventory of supplies.
- Dispense articles to the patient as needed. (i.e. denture cup, tissues, etc.)
- Ready the radiographic unit (tube, table, console)
- Provide appropriate size and type of cassettes for the exam requested.
- Locate syringes, needles, and other supplies, as needed.
- Prepare sterile trays and instruments to avoid contamination.

The student will demonstrate the proper elements of communication.

- Select the correct patient for the examination.

- Converse with the patient in an intelligent, professional manner.
- Solicit information from the patient, as needed.
- Communicate procedure instructions to the patient with clarity.
- Complete all necessary paperwork, as required.
- Dispatch the patient to the proper destination after the examination.

The student will abide by Customer Service Standards to include AIDET: Five Steps to Achieving Satisfaction with Affective Communication

- **Acknowledge:** Greet people with a smile, maintain appropriate eye contact, and demonstrate a warm, receptive attitude with everyone you come in contact with.
- **Introduce:** Offer your name, your role in the patient's care and communicate your ability and desire to help – this requires your full attention to the other person.
- **Duration:** Explain how long a procedure will take, how long the patient may have to wait, or if you are walking with someone, how long it will take to reach your destination.
- **Explanation:** Provide detailed information about a test or procedure, such as why it is being performed, who will perform it, whether there is pain or discomfort, and what will happen afterward. Be sure to answer the patients' or family members' questions.
- **Thank You:** Sincerely thank the patient or visitor for choosing the hospital and for trusting you to provide care.

The student will attend to the patient's safety and comfort.

- Gown the patient in the manner indicated by the procedure.
- Assist the patient to and from the radiographic room in a safe and courteous manner.
- Employ proper body mechanics when moving or transporting the patient.
- Maintain the patient's respect and dignity throughout the procedure.
- Understand contrast media dosage, use, and potential adverse reactions.
- Observe any isolation precautions in effect.
- Monitor the patient's condition throughout the procedure.
- The student will position the patient using the standard methods employed for each examination.

The student will position the patient using the standard methods employed for each examination.

- Position the patient in the manner described hospital procedures manual for each projection.
- Perform comparison projections when required.
- Remove unwanted articles from the area to be radiographed.
- Use immobilization devices and positioning devices when necessary.
- Alter the examination according to patient condition and cooperation.

The student will demonstrate correct use of imaging systems.

- Select the correct imaging system for a given examination.
- Select the proper **IR and orientation** for each projection.
- Employ a grid to clinical site protocol.
- Center the central ray correctly to the center to the imaging receptor.
- Correctly angle the central ray.
- Maintain the proper source-to-image receptor distance (SID) for each projection.
- The student will employ proper radiation protection measures for the patient and the operator.
- Collimate to the area or part of interest.
- Use gonadal shielding when appropriate.

- Wear a lead apron and gloves in the presence of ionizing radiation.
- Maximize the distance between the radiation and self.
- Minimize the time spent in an area of radiation, when appropriate.
- Employ proper technical factors and proper positioning methods to avoid repeat radiographs.
- Question females of child-bearing age about the possibility of pregnancy.
- Shield all patients where appropriate.

The student will demonstrate correct technical factor manipulation.

First Year

- Interpret a technique chart to set the proper exposure factors.
- Set the automatic exposure control (AEC) device in the proper manner.
- Measure the patient correctly to determine radiographic exposure factors, when applicable.
- Select the correct combination of factors at the control console.
- Use lead shielding when necessary and appropriate.

Second Year In addition to the above:

- Adapt the exposure technique for changes in SID, cassette type, pathology, etc. as applicable.
- Apply exposure factors to prevent patient motion.
- Recall Common exposure factors from memory

The student will complete each examination in an appropriate time as determined by the patient's condition and the student's state of learning.

It is expected that the student will be well prepared for any exam for which they have requested to be evaluated. If they excessively repeat tasks (such as aligning detents), or perform tasks in an illogical manner (changing I.R.s or control panel) causing gaps or delay in efficient delivery of patient care, they may be penalized, but not failed.

APPENDIX A: GLOSSARY

Demonstration: The instructor demonstrates the clinical procedure pointing out essential tasks. On Trajecsys Daily Log sheet:

***Simulation:** The student performs the clinical procedure in the laboratory or the clinical setting without an actual patient but using a phantom or another student as the patient (part of positioning course).

***Observation:** The student observes qualified technologists performing clinical procedures to note the patient communication, positioning skills, technical performance, task sequence, radiation protection practices, and teamwork skills.

***Assisted:** The student performs part of the positioning process that includes interaction with the patient and x-ray generating equipment with guidance of a qualified technologist. (i.e. positions 1 of 3 routine projections, positions the x-ray tube and collimates. Specifically NOT setting technique only or processing images or scanning paperwork)

***Independent Performance:** The student performs all aspects of the clinical procedure independently in the clinical setting with an actual patient under **direct supervision** (defined below). This is the Progress Evaluation level of performance.

***Indirect Supervision Performance:** The student performs all aspects of the clinical procedure independently in the clinical setting with an actual patient under **indirect supervision** (defined below) This level is reserved for after attainment of Category Competency.

Direct Supervision Defined as student supervision by a qualified practitioner who: reviews the procedure in relation to the student's achievement; evaluates the condition of the patient in relation to the student's knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image. Students must be directly supervised until category competency is achieved.

NOTE: Portable, Trauma, Surgical and repeat radiography require DIRECT SUPERVISION AT ALL TIMES, regardless of the level of competency achievement. Failure of the student to follow this policy will result in disciplinary action.

Indirect Supervision Defined as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement.

Immediately available: Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Affective Evaluation The purpose of the affective evaluation form is to help the student identify both positive and negative aspects of temperament, socialization patterns, and idiosyncrasies learned from family or subculture. The affective evaluation form can be used to evaluate both positive and negative aspects of emotional behavior, or affective judgment. This is evaluated separately from cognitive judgment, which falls under the assessment domain of competency evaluations.

Definition of Other Terms

Radiographic Examination This consists of a series of radiographs of an anatomical region, sufficient to permit diagnostic evaluation of that region.

Category *A series of related radiographic procedures which demonstrates a specific area of the human body (i.e., extremities), or group of studies.*

Competency The student is able to perform radiologic procedures under indirect supervision and assume those duties and responsibilities as described by the clinical goals and objectives.

Routine Competency Evaluation Procedure by which the student's performance and the resulting radiographs for a specific examination are evaluated en route to category competency.

Category Competency Evaluation Procedure by which the student's performance and the resulting radiographs for a specific category are evaluated enroute to final competency. This consists of the performance of three (3) procedures from the specific category, chosen at random, as well as questions about procedures within the same category.

Final Competency Evaluation Procedure by which the student's overall performance in all categories is evaluated. This consists of the performance of one (1) procedure from each of five (5) categories, chosen at random, and successful completion of an Indirect Supervision Rotation.

Clinical Preceptor (formerly Instructor) A Registered Staff Radiographer that has been trained to evaluate the student within the boundaries of the Clinical Competency Based Plan. (Members of the Clinical Education Committee)

APPENDIX B: SAMPLE FORMS

The following forms included in this section are:

1. Affective Evaluation
2. Attendance Request Form
3. Blood borne Pathogen Exposure Incident Form
4. Radiography Equipment Inventory Form
5. Radiography Competency Evaluation Form
6. Educational Activity Report
7. Negative Significant Incident Report
8. Positive Significant Incident Report
9. Declaration of Pregnancy Form
10. Withdrawal of Pregnancy Declaration
11. Fetal Radiation Exposure Advisement Form
12. Leave of Absence Request
13. Student Evaluation of Clinical

Affective Evaluation

Student: _____ Evaluator _____ Date _____ Site _____	Failing	Below	Average	Above Average	Excellent
INTEGRITY Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities					
EMPATHY Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.					
SELF-MOTIVATION Initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; taking advantage of learning opportunities					
SELF-CONFIDENCE Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.					
COMMUNICATION WITH STAFF Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; accepting constructive feedback in a positive manner; following directions, ask appropriate questions.					
COMMUNICATION WITH PATIENTS Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations. Is aware of what is appropriate conversation and/or conduct in front of the patient.					
TIME MANAGEMENT Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks on time.					
TEAMWORK AND DIPLOMACY Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.					
RESPECT Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession					
PATIENT ADVOCACY Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity					
ADAPTABILITY Examples of professional behavior include, but are not limited to: <i>First Year</i> – Adapt classroom learning to clinical situations. <i>Second year</i> - Changes existing protocols to meet patients' needs, incorporates new procedures and methods, performs multiple tasks when necessary, and responds effectively to interruption.					

Comments: _____
 Staff Evaluator _____ Student _____ CI _____

Attendance Request Form
Columbus State Community College
Radiography Program

Please submit to Clinical Preceptor or Clinical Coordinator

Request for Extra Clinical Time

Date(s) requested: _____ Shift requested: _____
Clinical Rotation/Area: _____

Request for Excused Absence: Personal Day

Date requested: _____ Clinical area/shift missed: _____

Request for Excused Absence: Educational Activity Day

Date Requested to miss Clinical _____
Educational Activity: _____
Educational Activity approved by: _____
(must be approved in advance by Clinical Coordinator)
Additional dates missed to be made up: _____

Request for Make Up Day (must be scheduled as full day/shift)

Absence occurred:
Date(s) _____ Clinical Rotation: _____ Shift: _____
Make Up Day scheduled:
Date(s) _____ Clinical Rotation: _____ Shift: _____

Comments: _____

Clinical Site: _____

Student: _____ **Date** _ / _ / _

Clinical Preceptor _____ **Date** _ / _ / _

Bloodborne Pathogen Exposure Incident Protocol COLUMBUS STATE COMMUNITY COLLEGE

Exposure Incidents Involving CSCC Employees (Faculty and Staff)

If any actual or potential exposure to blood or bodily fluids has occurred, the employee must follow the “Post Exposure Evaluation and Follow-Up” as defined in the CSCC Employee Safety Manual: Exposure Control Plan for Bloodborne Pathogens.

Student Exposure Incidents Occurring at CSCC in Student Labs:

1. Universal precautions require that all blood and body fluid exposures be treated as though they are contagious:
 - a. **Needle stick/Sharps Exposures:** Immediately cleanse the needlestick/Sharps wound with soap and water and cover the wound with a bandage or gauze.
 - b. **Mucous Membrane Exposure to Bloodborne Pathogens:** Flush the exposed mucous membrane with water or sterile saline for 10 minutes. Use an eye-wash station to flush exposures to the eyes.
2. An exposed student will directly notify his/her instructor of the exposure after cleansing the exposed area.
3. The exposed student will obtain the “CSCC Assessment of Blood and Body Fluid Exposure” form from their Instructor. The completed report must be signed by both the exposed student and their Instructor, and then forwarded to the Health and Records Department in Room U-123. *(A copy may be located on the back side of this sheet).*
4. Per CSCC policy¹, the Instructor must contact the CSCC Police for assessment of the exposure incident.
5. Any exposure to bloodborne pathogens requires the student to report immediately to a hospital emergency room or an urgent care facility for post exposure evaluation. Post-exposure prophylaxis for HIV, HBV, and HCV, when medically indicated, must be offered to the exposed worker (student). Post-exposure follow-up must include counseling the worker (student) about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts. The follow-up must also include evaluation of reported illnesses that may be related to the exposure.²
6. Faculty and students are not required to be tested for HIV or disclose their HIV status. However, if a patient, instructor or student is exposed to another’s blood via accidental needle stick, that student (or source of the needlestick) has a moral obligation to be tested for HIV or hepatitis.
7. Any expenses associated with an exposure incident are the responsibility of the student. Students are required to carry health insurance while enrolled in the program.
8. The CSCC “Exposure Control Plan for Bloodborne Pathogens” can be obtained from the CSCC website link:
http://www.csc.edu/about/human-resources/files/esm/PRO02-BBP_Employee.pdf

Student Exposure Incidents Occurring at a Clinical Facility:

1. The student is to notify his or her clinical instructor and immediately take appropriate preventive measures including:
 - a. **Needlestick/Sharps Exposures:** Immediately cleanse the needlestick/Sharps wound with soap and water and cover the wound with a bandage or gauze.
 - b. **Mucous Membrane Exposure to Bloodborne Pathogens:** Flush the exposed mucous membrane with water or sterile saline for 10 minutes. Use an eye-wash station to flush exposures to the eyes.
2. The student is required to follow the facility’s protocol for reporting, evaluation and treatment of a bloodborne pathogen exposure.
3. The exposed student will notify the CSCC Health Records Office about the exposure incident within 24 hours, and complete/return the “CSCC Assessment of Blood and Body Fluid Exposure” form to the CSCC Health Records office. Failure to report the exposure incident may result in disciplinary action.
4. Any expenses associated with an exposure incident are the responsibility of the student. Therefore it is required that all students in health technologies have personal health insurance.

¹CSCC policy: "Exposure Control Plan for Bloodborne Pathogens"

²***Bloodborne Pathogens-Bloodborne Pathogen Exposure Incidents***, Occupational Safety and Health Administration (OSHA) Fact Sheet (January 2011)

Columbus State Community College

Assessment of Blood borne Pathogen Exposure

Print Name:	Cougar ID:
Program or Department:	Date & Time of Incident;
Instructor or Supervisor:	
Location: (Building/ room or clinical site/unit):	
Description of occurrence (Include body location, type of exposure):	
Type & Brand of device Involved In injury:	
Check one: <input type="checkbox"/> Do not need to be evaluated <input type="checkbox"/> Evaluation by Health Care Provider (include name, date & time)	
SIGNITURE of EXPOSUED Individual;	Date:
Signature of Instructor or supervisor:	Date;
1st Faculty or person responsible should immediately assess exposed student for:	
<input type="checkbox"/> An Injury that punctured the skin (needle stick, cut, etc.) <input type="checkbox"/> A splash to the eyes, nose, mouth, or broken skin <input type="checkbox"/> A bite resulting in a break in the skin	If none of the boxes have been checked there is no risk for bloodborne pathogen exposure. Student should: 1. Wash Intact skin with soap & water
2nd If one or more of the above areas are checked, further assess for the following fluids or tissue involved in exposure:	
<input type="checkbox"/> Blood a Any fluid containing visible blood o Potentially infectious fluid or tissue (vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen) o Direct contact with concentrated HIV, HBV, HCV virus o Unknown whether needle or fluid contaminated <small>(Feces, nasal secretions, also, sputum, sweat, tears, urine, and vomitus are <i>not</i> Consider potentially Infectious unless they are visibly bloody: the risk for transmission of HIV Infection from these fluids and material is low)</small>	If none of the boxes have been checked there is no risk for blood borne pathogen exposure. Student should: 1. Wash exposed skin site with soap and water or flush eyes, nose, or mouth area 2. Follow up with health care provider as needed 3. <u>Submit Assessment of Bloodborne Pathogen Exposure form</u> to the College Health Office.
3rd If any of the above has been checked student should:	
1. Immediately wash exposed skin site with soap and water or flush eyes, nose, & mouth for 15 minutes 2. Immediately be seen by a health care provider, urgent care, or local emergency room for further evaluation. 3. <u>Submit Assessment of Bloodborne Pathogen Exposure form</u> to the College Health Office.	If exposure occurs in an area outside of the College, student should follow the policy of the facility. The supervising faculty should be notified immediately and Assessment of Bloodborne Pathogen Exposure form completed and submitted to College Health Office. Any expense occurred from either testing or treatments are the Responsibility of the student.

References: Centers for disease control and prevention. Updated U.S. Public Health Services guidelines for the management of occupational exposures to HIV and recommendations for post exposure prophylaxis. MMWR 2005; 54(No. RR-9)., Centers for disease control and prevention. Updated U.S. Public Health Services guidelines for the management of occupational exposures to HIV and recommendations for post exposure prophylaxis. MMWR 2001; 50(No. RR-11) .

Radiography Equipment Inventory

Radiography Equipment Inventory

Student Name _____ Date _____

Evaluator _____

Equipment Location: _____ Equipment ID: _____ Equipment Type: ___ Radiographic Room ___ Radiographic/Fluoroscopic Room ___ Mobile Radiographic Unit ___ Mobile Fluoroscopic Unit Use only items that apply to this equipment.	Unsuccessful Demonstration	Successful Demonstration	Not Applicable
X-RAY TUBE			
Tube movement release locks: vertical, longitudinal, transverse, rotational, angulation, detents.			
Collimator: PBL, PBL Override, Light, CR crosshair, IR centering light, Alignment to Bucky.			
SID indicator and SID measuring tape.			
Table Bucky/Wall Bucky centering Detents.			
TABLE			
Table movement (motorized or lock release) – longitudinal, transverse, vertical (or step stool)			
Table angulation from horizontal to vertical position (footboard/shoulder guard)			
Table Bucky movement , Table cushion, Easy Slider, compression band, handles			
IMAGE RECEPTOR			
Correct IR storage; covers for IR; clip on grid; battery charging for DR IR			
Place IR in Table Bucky, Wall Bucky, Tabletop, Removable Grid			
Align the x-ray beam with a cassette/IR in the Bucky.			
Tube side of Image Receptor and Image orientation.			
X-RAY GENERATOR			
Generator Controls: Power, mA, timer, mAs, kVp, AEC selection, AEC detector, FSS selection, patient size selection, exposure/rotor button, and anatomically programmed technique selections.			
Warm up procedure.			
Select manual or AEC controls			
Set generator console for a typical tabletop extremity examination. Typical table Bucky exam, typical upright Bucky exam			
IMAGE PROCESSOR			

Select Patient Procedure from Worklist or Protocol List.			
View Images, Complete Documentation, Send Images to PACS.			
FLUORO ROOM			
Position I.I. with protective curtain and Bucky slot cover.			
Set Generator for fluoro procedure. Store Images and transmit to PACS.			
MOBILE RADIOGRAPHIC UNIT			
Drive unit safely; Provide battery charge; Send Images to PACS			
MOBILE FLUORO UNIT (C-ARM)			
Use brakes, wheel locks, positioning locks, and drive unit safely.			
Set up and Power ON/OFF unit. Store Images and transmit Images to PACS.			

Competency Evaluation Form (Routine/Category/Final)



Radiography Progress Evaluation/Competency

Student Name _____ Date _____

Exam _____ Evaluator _____

Comments: _____

Competency Type: ___ Routine ___ Category ___ Final Accession # _____ Patient Age/Condition: _____ Images reviewed by: _____	Projection	KV/ mAs	Exp Index	Comment	Fail	Minimal Competence	Full Competence	Not Applicable
1. Evaluate Requisition (Exam, Date, Time, Transportation mode)								
2. Prepare for first Exposure (Clean room, equipment gathered, generator set)								
3. Practice Infection Control (Handwash, Personal Protective Equipment)								
4. Contrast Media preparation (If used, correct amount, preparation, aseptic technique)								
5. Greet Patient (Verbal greeting, Eye contact, Smile, Introduce self, Clear speech)								
6. Correctly Identify Patient (2 identifiers minimum)								
7. Check Patient Pregnancy Status (Question females 12-60 yo)								
8. Patient Assessment (Level of consciousness and need for assistance; monitor throughout exam)								
9. Obtain Patient History (Confirm correct exam, prev. surgery, pain/symptoms, pertinent medications)								
10. Ensure patient preparation (Gowning, artifact removal, fluoro exam prep completed)								
11. Explanation (Explain procedure, Duration, Respond to questions)								
12. Communication during procedure (Positioning/breathing instructions, Clear speech, Accommodate to patient age/condition)								
13. Communication with staff (Paperwork complete, Transport and other staff communication)								
14. Patient position (Utilize anatomic landmarks/imaging planes; proper instructions)								
15. Image Receptor Alignment (Size, Orientation, Alignment to part/CR)								
16. X-ray Tube Position/Alignment (SID, CR Angle, Aligned to anatomy and IR)								
17. Collimation (Collimate to part without missing anatomy of interest)								
18. Marker Placement (Correct marker visible, without obstructing anatomy)								
19. Equipment Manipulation (Tube/Table/Bucky movement, Locks, Ancillary Equipment)								
20. Radiation Protection (Gonad shield, Close door, Avoid unnecessary exposure, Protection for self/staff)								
21. Exposure Factors (kVp, mAs, FSS, AEC detectors, Backup time, Rotor/Exposure)								
22. Adapt Technique (for using Grid, tabletop, cast, breathing technique, etc.)								
23. Patient Comfort (Exhibit confidence, use listening skills, attentive to pt need, protect pt privacy/safety, position in logical sequence)								
24. General Safety (Body mechanics, Monitor pt condition, Care for patient equipment)								
25. Appropriate Time (Complete exam in appropriate time with minimal discomfort to pt)								
26. Critical Thinking (Adapt imaging sequence, exposure factors, and positioning to pt condition and equipment limitations)								
27. Documentation (Complete all forms/computer entries, charting associated with exam. Label and care for lab specimens)								
28. Image evaluation (Detect positioning/exposure errors, artifacts, Suggest improvements; identify pertinent anatomy)								
29. Image presentation (Proper orientation, Annotation, Post processing, Archiving)								
30. Any Repeat Radiographs? (Explain repeat in comments. Generally any repeat due to student error results in Non pass of Competency attempt. Repeats must be performed under Direct Supervision)					___	Yes	___	No

Competency Evaluation Criteria

The following is a list of criteria for the Progress Evaluation areas. These are intended to give the evaluators and the students a better idea of what is expected, and will allow more consistent evaluation.

- **Evaluation of requisition:** The request should be evaluated before the patient is brought into the room. The student should be able to establish: the inpatient/outpatient status of their patient; the mode of travel; the correlation between the exam requested with patient's history; the patient's age, the patient location.
 - **Infection Control:** Student must follow infection control guidelines to include washing hands before and after, standard universal precautions, and isolation precautions.
 - **Pregnancy Status Checked:** Student must question all female patients 12-60 as to possibility of pregnancy (in a private setting).
 - **Proper Patient Gowning / Preparation:** Student should ensure that the patient is properly attired for the procedure and all possible artifacts removed.
 - **Physical facilities readiness:** Student should prepare the room and generator for the first image prior to bringing the patient in. The exam room should: be clean, have a sheet on the table; have the tube in position; be stocked with adequate size and number of cassettes; and have accessories available; have correct procedure set-up for first image, including an average technique at the control panel. The student should choose: the correct cassette size; proper cassette orientation (landscape or portrait); correct use of grid when applicable.
1. **Elements of communication:** Student must communicate clearly (both verbal and written). Student must make eye contact with the patient and listen to the patient while doing the following (AIDET):
 - a. **Acknowledge** the patient with eye contact and a friendly greeting.
 - b. **Identify** the patient using 2 identifiers (in a private setting)
 - c. **Duration – Explanation** - Explain the procedure to the patient giving an estimate of how long the procedure will take. Ask the patient if they have questions.
 - i. Ask for patient history – Why are we doing this exam today?
 - ii. Verify the anatomy of interest and the exam ordered
 - iii. Question about pain, prior surgery, prior x-ray procedures, nausea, vomiting, diarrhea, fever, etc.
 - iv. If fluoroscopy, ask about preparation for the procedure and medications.
 - v. Ask “Is there anything else I should know about you before we do this exam?”
 - d. **Thank** At the end of the exam, thank the patient for their cooperation and help with the procedure.
 2. **Technical factors manipulation:** The student should properly select machine setting per the technique chart and patient body habitus and/or pathology.
 3. **Proper patient positioning:** The student should properly: align the body part, cassette, and central ray; collimate; set SID.
 4. **Patient safety and comfort:** The student should: assure patient privacy, comfort, and safety throughout the exam; offer blankets/pillows; use positioning sponges; employ proper patient transfer techniques; assure cart rails are up whenever possible and cart wheels are locked; show proper handling of IVs, tubes, etc.

5. **Equipment manipulation:** The student should correctly align tube/IR; have an adequate knowledge of the tube, table and Bucky controls. Any misalignment of the tube and I.R. should be considered for a non-pass.
6. **Radiation protection measures:** The student should stand behind a protective barrier or use a lead apron; close the door to the radiographic room; provide gonadal shielding for the patient; take responsibility for radiation protection of other staff, visitors, and themselves.
7. **Completion in appropriate time:** The exam should be completed in a logical sequence within a reasonable amount of time.
8. **Correct ID/Labeling - Radiographic identification:** The patient's name, number, exam, and date of exam should be well visualized on the film; the film should be marked anatomically correct (L or R); and without obstruction of pertinent anatomy.
9. **Completion of all paperwork:** The student should demonstrate the ability to complete all paperwork associated with the examination, including RIS functions.
10. **Assessment of finished radiograph:** The student should display an adequate knowledge of anatomy and pathology and demonstrate the ability to determine a technically adequate radiograph.

Competency Evaluation Failure

Failure of Competency Evaluation must occur upon any of the following:

- Student error resulting in **repeat-** for example:
 - Positioning error - under rotation, over rotation, anatomy clipped by collimation, incorrect centering
 - Incorrect or incomplete routine
 - Incorrect breathing, immobilization instruction
 - Incorrect generator setting, incorrect IR, incorrect IR/Central Ray alignment, incorrect Grid use; SID off by more than 1"
- Failing to Communicate:
 - Failing to positively ID the pt.
 - Failing to ask about pregnancy
 - Failing to ask about area of injury/history and correlating history to confirm exam – i.e. R or L side, correct anatomy
 - Failing to interpret requisition correctly
 - Failing to complete all paperwork/data entry
- Technique –
 - Failing to set control panel correctly prior to exposure (2nd year need to know manual technique)
- Pt safety and comfort
 - Failing to lock brakes, use safety belts, use side rails etc. to ensure safety
 - Failing to be respond to patient needs - Being "rough" with patient - must guide patient into position - not push patient into position; provide emesis basin, tissues as needed.
- Radiation protection
 - Failing to shield patient and self (as needed)
 - Failing to close door
 - Failing to stand in safe location
 - Failing to remove others from room before exposure
- Labeling
 - Failure to use lead marker
 - Lead marker on wrong side

- -1 point if lead marker present but collimated off
- Image Analysis
 - Failure to identify at least 80% of anatomy questioned about
 - Failure to identify obvious repeatable image error such as rotation, off center, artifact obstructing anatomy, incorrect collimation

OVERALL CONCERN: Did the student perform the exam in a professional and competent manner without any mistakes that would result in a repeat radiograph?

Category Competency Test and Procedure Pull

1. Category Exam – Must achieve 80% minimum score to proceed with Category Procedure Pull)

- Category Test Questions are from Bontrager Textbook/Workbook
- Category tests are completed online through the Blackboard site.

Category Exam	Bontrager chapters
1 Upper Extremity	4 Upper Limb 5 Humerus/Shoulder
2 Lower Extremity	6 Lower Limb 7 Femur/Pelvis
3 Chest/Abdomen	2 Chest 3 Abdomen 14 Urinary
4 Fluoro	12 UGI 13 Lower GI
5 Spine/Bony Thorax	8 Cerv/Tho 9 Lumb 10 Bony Tho
6 Portable/Trauma	15 Trauma/Mobile
7 Skulls	11 Cranium
8 Surgery	15 Surgical

2. Category Procedures

- Students will pull three procedures **after** they have successfully completed the online exam for the category.
- The procedures will be pulled at random from the list below (see below).
- The procedures must be completed a semester after they are pulled except for category VII.
- Thirty days after pulling the category, students may request to simulate one exam if an actual patient was not available. This is at the discretion of the clinical coordinator.
- If a student fails a Category competency attempt, the student must repeat the procedure that was failed. Before repeating the failed procedure, the student must complete a simulation of the exam, and take images on a phantom where applicable.

Cat. 1 Upper Extremity		Cat 2 Lower Extremity		Cat 3 Chest/Abdomen	
1. Shoulder	5. Elbow	1. Foot	4. Knee	1. Chest PA Lat	5. Geriatric Chest
2. Hand	6. Humerus	2. Ankle	5. Femur	2. Chest AP rec	
3. Wrist		3. Tib/Fib	6. Hip	3.AAS	
4. Forearm			7. Pelvis	4. Supine Abd	
Cat 4 Basic Fluoro		Cat 5 Vertebral/Bony Thorax		Cat 6 Port/Trauma	
1. Esophogram	5.Lumbar Puncture/ Myelo	1. Cervical spine	4. Ribs	1. Port Chest	6. TraumaLower Ext
2. UGI	6. Arthrogram	2. Thoracic spine	5. Other	2. RR/PACU Chest	7. Trauma hip
3. SBFT		3. Lumbar spine		3. Port Abd/Pelvis	8. Trauma Upper Ext
4.Cystogram				4. Trauma spine	
				5. Port Extremity	
Cat 7 Skulls		Cat 8 Surgery			
		All students to perform:			
		1.Extremity			
		2.Spine			
		3.Other			
First 3 that come. If Townes is not performed, it will be simulated either at the clinical site or college					

Educational Activity Report

Columbus State Community College

Radiography Program

Note: This form may be cut and pasted and turned in via email.

Name _____ Date _____

The topic of the educational activity was _____.

Name of the guest speaker _____

1. Major points of the presentation were:

2. One thing that was valuable for me to learn from this presentation was:

3. Other comments regarding this presentation:

Negative Significant Incident Report

Columbus State Community College - Radiography Program

Date of Occurrence: ___/___/___ Where Incident Occurred: _____

Persons Involved: _____

Was Patient Care/Customer Service Compromised? Y/N Explain:

Why Behavior Was Inappropriate? Explain: _____

Comments: _____

Person completing report: _____ Date: _____

Clinical Instructor: _____ Date: _____

FACULTY CONFERENCE WITH STUDENT

Consequences of Behavior: 1. ___ NSI Points ___ Warning

2. ___ Clinical Probation (period: _____)

3. ___ Program Dismissal (as of date: _____)

Suggestions for Improvements:

How Behavior Must Change:

Consequences of Repeated Behavior:

(Student's Printed Name)

(Student's CID)

(Student's Signature)

(Date Signed)

(Signature of Program Coordinator)

(Date Signed)

Positive Significant Incident Report

Columbus State Community College - Radiography Program

I recommend that _____ (student) be awarded a Positive Significant Incident Point

Date of Occurrence: ___/___/___ Where Incident Occurred: _____

Persons Involved: _____

How was Patient Care/Customer Service Positively impacted? ____

Comments: _____

Person completing report: _____ Date: _____

Clinical Preceptor: _____ Date: _____

Signature of Student: _____ Date _____

Signature of Clinical
Coordinator: _____ Date _____

DECLARATION OF PREGNANCY FORM

NAME _____

I am declaring that I am pregnant. I believe that I became pregnant _____(month and year only).

By providing this information to the Program Coordinator, in writing, I am making a voluntary disclosure of a formal notification to the Program Coordinator that I am pregnant. Under the Program's Radiation Protection policy, I understand the fetal dose is not allowed to exceed 0.5 Rem (500 mrem or 5 mSv) during my entire pregnancy from occupational exposure to radiation. I understand this limit includes exposure I have already received since becoming pregnant.

When the pregnancy has termed, I will inform the Program Coordinator in writing as soon as practical. I also understand I have the right to revoke this declaration of pregnancy at any time. I understand that I will be asked to sign a revocation form to do so.

Signature of student

Date

I have received notification that the above individual is pregnant. I have explained the options for reducing their exposure to as low as reasonable achievable (ALARA).

Program Coordinator/Radiation Safety Officer

Date

I have evaluated the student's prior exposure and established appropriate dose limits for the remainder of the pregnancy to control the dose to the developing embryo/fetus.

Radiation Safety Officer

Date

WITHDRAWAL OF PREGNANCY DECLARATION

I am withdrawing my previous declaration of pregnancy. I understand that as a result of signing and submitting this form, any leave of absence for pregnancy will be discontinued as of _____ (date).

Date of Withdrawal of Pregnancy Declaration: _____

Signature of Student

Date

Acknowledgement of receipt of Pregnancy Withdrawal Document:

Signature of Program Coordinator

Date

FETAL RADIATION EXPOSURE ADVISEMENT FORM

I have been advised of the policy regarding pregnant students in Radiology and I understand I have the option of taking a leave of absence from my education in the Radiology Program.

I understand that there is a potential hazard to the fetus from radiation and that the possibility of future genetic mutations exists. These hazards have been explained to me by

_____.

I have read the Pregnant Radiography Students Policy and I fully understand the risks involved and I have been given the opportunity to take a leave of absence from my education in the Radiology Program during this pregnancy.

I have been advised to discuss this decision with my personal physician and I will advise the Program Coordinator / Radiation Safety Officer (RSO) immediately should I and/or my physician determine that a leave is warranted.

Signature

Date

LEAVE OF ABSENCE REQUEST FORM

Reason for request of "Leave of Absence"-

Type of Leave

Request _____

Types of Leave of absence:

1. Clinical Leave-the student requests a short term exemption from clinical coursework only. The student continues with didactic requirements as scheduled. This leave should not exceed one semester.

2. Short Term Comprehensive Leave-the student requests a short term leave of absence from both clinical and didactic coursework. This leave should not exceed 3 weeks. If this results in a final grade of incomplete, it should be made up by the end of the 6th week of the following semester.

3. Long Term Leave-Since all radiography courses are only taught once per year, this leave cannot exceed one year in duration. The student would re-enter the program in sequence the following year. No successfully completed courses (grade of "C" or better) would need re-taken, and completed clinical competencies would count.

Date of Request ____/____/____

Start Date of Leave ____/____/____

Printed Name _____

Signed Name _____

Approval:

Signature of Program

Coordinator _____ Date ____/____/____

Signature of Clinical

Coordinator _____ Date ____/____/____

Signature of Clinical Faculty _____

Date ____/____/____

Student Evaluation of Clinical



Student Evaluation of Clinical | 11/19/2013

Last 20 submissions:

*Select evaluation subject:

Clinical Instructor Evaluation

Respond to these questions to provide feedback to the Clinical Instructor

The Clinical Instructor demonstrates an understanding attitude toward students.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor provides clear expectations regarding student behavior in clinical.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor respects confidentiality of student information.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor maintains up to date student records.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor shares student progress information with student.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor is willing to help with student questions/concerns.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor demonstrates considerable knowledge and experience in radiography	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor gives constructive comments and suggestions.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor displays enthusiasm toward the profession of radiography and continuing education.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor provides a professional role model for students to follow.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor maintains appropriate communication with students.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Instructor treats all students fairly and enforces policies consistently.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input checked="" type="radio"/> Excellent	<input type="text"/>
Comments regarding the Clinical Instructor.	<input type="text"/>					

Clinical Site Staff

Respond to these questions to provide feedback regarding the Clinical site staff technologists who worked with you as a student

The Clinical Site Staff are helpful to students.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site Staff are supportive of the program and students.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site Staff provide constructive feedback to students.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site Staff demonstrate considerable knowledge and experience in radiography.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site Staff provide professional role models for students to follow.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site Staff treat students with respect and fairness.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site Staff maintain appropriate communication with students.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
Comments regarding the Clinical Site Staff.	<input type="text"/>					

Clinical Site

Respond to these questions to provide feedback regarding the Clinical site facilities and experience.

The Clinical Site Facilities equipment is maintained in good working order.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site provided a sufficient quantity and variety of clinical procedures to support my learning experience.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site provided well defined procedure guidelines.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site provides appropriate technique chart/radiation exposure guidelines.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site provided a safe and clean working environment.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
The Clinical Site provided sufficient supplies needed to perform procedures.	<input type="radio"/> Unacceptable	<input type="radio"/> Below Average	<input checked="" type="radio"/> Average	<input type="radio"/> Above Average	<input type="radio"/> Excellent	<input type="text"/>
Comments regarding the Clinical Site.	<input type="text"/>					

APPENDIX C: FORMS FOR STUDENT SIGNATURE

Included in this section are:

1. Data Sharing Agreement
2. Magnetic Resonance Screening Form for Students
3. Radiation Monitor Agreement
4. Handbook Acknowledgment Form;
5. Graduation-Employment Relationship Acknowledgement Form;
6. Confidentiality Acknowledgment Form
7. Letter of Recommendation/Verbal Reference and FERPA Release (optional)

Please read each of these forms carefully before signing. If you have any questions regarding these forms please contact the Program Coordinator. All forms must be signed and returned to the Program Coordinator.

Data Sharing Agreement

The following Data Sharing Agreement pertains to Columbus State Community College Medical Imaging students and OhioHealth clinical sites, however, students are required to abide by this agreement at any clinical site.

You are responsible to read the entire agreement and indicate your understanding and receipt of the agreement.

Important notes:

- Data = information – includes radiographic images, patient information, information about a radiographic study, and clinical site information to include equipment used, personnel, study date, etc.
- You will have access to data at your clinical site – you will see patient information and images. All of that data is considered confidential, part of the patient record, and owned by the clinical entity.
- The only circumstances in which you are permitted to use this data are as follows:
 - Only for a specific educational purpose assigned by Columbus State.
 - Data must be de-identified – anonymized – by the clinical site IT personnel.
 - Data must be destroyed/erased after use.
- You are never permitted to record patient information or images using any type of device.
- Failure to follow these rules may result in dismissal from the clinical site and the program.



Data Sharing Agreement

This Data Sharing Agreement ("Agreement") is effective as of February 1, 2018 (the "Effective Date") by and between OhioHealth Corporation, an Ohio not-for-profit corporation, on behalf of its subsidiaries and affiliates, (hereinafter "Covered Entity"), and Columbus State Community College (hereinafter "Recipient") (each individually a "Party" or collectively "the Parties").

Background

- A. The Covered Entity desires to make available its clinical resources to qualified students ("Students") of Recipient for clinical experiences upon the terms and conditions set forth in the affiliation agreement effective January 1, 2010, as amended December 13, 2010, the Second Amendment effective November 28, 2011, the Third Amendment effective April 7, 2012, the Fourth Amendment effective September 17, 2012, the Fifth Amendment effective March 12, 2013, the Sixth Amendment effective April 25, 2013 and the Seventh Amendment effective October 27, 2014.
- B. As part of the clinical experiences at Covered Entity, Students are often asked to present on certain data at Recipient (the "Presentation").
- C. To facilitate Students participation in the Presentation, Covered Entity desires to transfer to Recipient de-identified health information (the "Data") solely for educational purposes and subject to the terms and conditions set forth below.

Agreement

In order to ensure that the Parties exchange information in full compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as set forth in 45 C.F.R. Parts 160 and 164, and as amended by the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act"), Public Law 111-5 (collectively, "HIPAA"), and to protect the interests of both Parties, the Parties hereby agree as follows:

- 1. SUBJECT PRIVACY.** The confidentiality of the Data shall be maintained at all times by the Parties. Covered Entity will ensure that the Data is de-identified in accordance with the requirements of 45 C.F.R. 164.514(b). Neither Party will use or disclose the Data in violation of any applicable laws. The Parties shall only collect and use Data necessary for execution of the goals of the Presentation. The Parties shall retain Data collected and used for the Presentation in accordance with applicable laws. When Data is subject to disposal, it shall be destroyed in accordance with industry best practices and in compliance with applicable laws. The Parties shall take reasonable steps to maintain the accuracy and completeness of Data. The Parties agree to maintain programs designed to protect patient privacy and to provide means for patients to have their privacy questions and complaints addressed in a timely manner.

2. RESTRICTIONS ON USE AND RESPONSIBILITIES OF RECIPIENT.

2.1 Recipient agrees that it will only use the Data for educational purposes related to the Presentation and not use or further disclose Data other than as permitted by this Agreement or as otherwise required by law.

2.2 Recipient will use appropriate safeguards to prevent any use or disclosure of Data other than as specified in this Agreement.

2.3 Recipient shall comply with all applicable laws and regulations governing the privacy and security of health information, including without limitation, HIPAA and applicable regulations promulgated thereunder. To the extent required by applicable law, Recipient will implement and maintain such privacy and security safeguards as are necessary to ensure that Data is adequately protected from unauthorized access, and that any use or disclosure of such information is compliant with applicable HIPAA requirements. Recipient shall comply with applicable state and local security and privacy laws to the extent that they are more protective of the individual's privacy than the HIPAA Privacy Rule and Security Rule.

3. REPORTING. Recipient agrees to report to Covered Entity any use or disclosure of the Data not provided for by this Agreement of which it becomes aware, or any security incident of which it becomes aware. Such reporting shall take place within ten (10) days of Recipient becoming aware of the unauthorized use or disclosure.

4. TERMINATION.

4.1 This Agreement shall be effective on the Effective Date set forth above and shall continue as long as Recipient retains the Data, unless otherwise terminated by law.

4.2 Either Party may terminate this Agreement by providing written notice of termination to the other Party. In the event of termination, Recipient shall promptly return or destroy the Data and provide written verification of destruction to Covered Entity.

5. INDEMNIFICATION, LIMITATION OF LIABILITY, AND DISCLAIMER OF WARRANTY.

5.1 Each Party agrees to be responsible for its own acts or omissions and those by and through its employees, agents, volunteers and invitees, and further agrees to defend itself in any legal action and pay any judgments and costs arising from its operations and nothing in this Agreement shall impute or transfer any such responsibility to the other Party.

5.2 LIMITATION OF LIABILITY. NEITHER PARTY SHALL BE LIABLE FOR ANY LOST PROFITS, COSTS OF PROCURING SUBSTITUTE GOODS OR SERVICES, LOST BUSINESS, OR FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL, PUNITIVE, OR OTHER SPECIAL DAMAGES, SUFFERED BY THE OTHER PARTY, ITS AFFILIATES, EMPLOYEES, AGENTS, SUBLICENSEES, OR JOINT VENTURERS ARISING OUT OF OR RELATED TO THIS AGREEMENT FOR

ALL CAUSES OF ACTION OF ANY KIND INCLUDING TORT, CONTRACT, NEGLIGENCE, STRICT LIABILITY AND BREACH OF WARRANTY.

6. **NOTICE.** Any notice required or permitted under this Agreement shall be effective only if given in writing and delivered by one Party to the other by personal service, by US Mail, or by electronic mail.

To Covered Entity:

For legal notices, with a copy to:
Office of the General Counsel
OhioHealth Corporation
180 E. Broad Street, 34th Floor
Columbus, OH 43215

To Recipient:

Columbus State Community College
550 E. Spring Street
Columbus, OH 43215

7. MISCELLANEOUS

7.1 Amendments. No modification of this Agreement may be executed between the Parties with respect to the subject matter hereof without formal written amendment of this Agreement signed by duly authorized representatives of both Parties.

7.2 Waiver and Assignment. No term or provision hereof shall be deemed waived and no breach excused unless such waiver or consent shall be in writing and signed by the Party claimed to have waived or consented. The failure of either Party to exercise any right or remedy hereunder shall not be deemed to be a waiver of such right or remedy or other right or remedy hereunder. This Agreement is binding upon and shall inure to the benefit of the Parties hereto, their successors or assignees, but this Agreement may not be assigned by either Party without the prior written consent of the other Party.

7.3 Use of Names. Neither Party will use the name, symbols, trademarks or derivative thereof of the other Party or its employees, contractors or affiliates in any advertisement, press release, or other publicity without prior written approval of the other Party.

7.4 Governing Law. Ohio law shall govern the interpretation and enforcement of this Agreement, without regard to the conflict of law principles thereof. The venue for the adjudication of any matter under this Agreement shall be Franklin County in the State of Ohio.

7.5 Counterparts; Integration Clause. This Agreement may be executed in one or more counterparts. This Agreement, together with any Exhibits here to, represents the entire understanding of the Parties and supersedes any prior or contemporaneous agreements or

understandings between Recipient and Covered Entity with respect to the subject matter hereof.

7.6 No Third Party Beneficiary. This Agreement is intended solely for the benefit of the Parties and Students, and there shall be no intended or incidental third-party beneficiaries to this Agreement.

In Witness Whereof, the authorized organizational signatories hereto have executed this Agreement on the month, day and year specified below:

OHIOHEALTH CORPORATION:

By _____

Name: _____

Title: _____

Date: _____

COLUMBUS STATE COMMUNITY COLLEGE:

By:  _____

Name: _____

Title: _____

Date: _____

Read and Acknowledged by:

STUDENT

Magnetic Resonance (MR) Screening Form for Students

Columbus State Community College - Medical Imaging

“WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist, Radiologist, or program faculty BEFORE entering the MR system room. The MR system magnet is ALWAYS on.”

1. The following medical items can be hazardous in the MRI room. Do you have the following items? Check yes or no for each.

Yes	No		Yes	No	
		AICD (implanted defibrillator)			Penile implant
		Brain aneurysm clips			Bullets/pellets/shrapnel
		Neurostimulator (Tens-unit)			Swan Ganz Catheter
		Shunts			Cardiac Pacemaker
		Tissue Expander			MRI safe pacemaker
		Heart Valve			Heart Stent date: _
		Insulin/Infusion Pump			Residual Pacer Wire
		Bone stimulator			Intravascular coils, filters, stents
		Electrodes			Vena Cava filter
		Ear Implant (Cochlear/Stapes)			Magnetic/battery operated devices
		External fixation device			Colonscopy/endoscopy in last 2 years
		Metal rods, Plates, Pins, Screws, Clips, Nails, Sutures, Staples			Blood clot filters
		Eye or Lens Implants			Magnet Implants
		Harrington Rods			Joint replacement
		IUD			Medication Patch
		Skin Staples			Wire sutures
		Metal Mesh			Vascular access ports (IV ports)

2. List all surgeries since birth _____

3. Is there any chance of pregnancy? _____

4. Remove all metallic objects before entering the MR environment including but not limited to: hearing aids, dentures, partial plates, keys, beeper, Vocera, cell phones, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clips, credit cards, magnetic strip cards, coins, pens, and tools.

Note- It is the responsibility of the student to inform program faculty and the clinical site if any of the above screening criteria change during the course of the program.

By signing below I acknowledge that I have read and understand the content and the importance of this form and that I have had an opportunity to ask questions.

Student Signature _____ Date _____

Program Coordinator

Signature _____ Date _____

Radiologist Signature/Family Physician

(If there is a yes to above

questions) _____ Date _____

Radiation Monitor Agreement

1. I agree to keep my radiation monitor safe and secure and to treat it with care.
2. I understand that failure to return my radiation monitor by the end of the semester will result in 2 NSI points for that semester grade AND the holding of my clinical course grade until the monitor is received.
3. I acknowledge the loss of my radiation monitor will result in 2 NSI points per occurrence.
4. I agree to notify the Program Coordinator immediately if my radiation monitor is lost, stolen, or misplaced so that a replacement can be ordered.
5. I understand that I may not attend or participate in clinical activities without a radiation monitor and absence associated with this will be an unexcused absence.

Please sign and return this form to the Program Coordinator to be placed in your file.

By signing below, I confirm that I have read and agree to abide by the Radiation Monitor Agreement.

Name: _____

Signature: _____

Date: _____

Handbook Acknowledgement Form

Division of Health and Human Services

Handbook Acknowledgement Form

I, _____, hereby acknowledge that I have received and read a copy of the student handbook for the Medical Imaging Program.

By signing below, I agree to abide by the requirements, standards, and policies and procedures contained herein, including by reference or hyperlink, and any changes that may occur from time to time. I also understand that I am responsible for understanding the information within this handbook. I acknowledge that any deviation from or violation of the requirements, standards, and policies and procedures contained herein will be subject to disciplinary action, including but not limited to my removal from the academic program. In addition, I acknowledge that revisions to this handbook will be made periodically, with or without prior notice and that I am responsible for checking for updates to program information.

Furthermore, along with abiding by this academic program handbook, I agree to abide by the Columbus State Policies and Procedures, course syllabi, the Columbus State Student Handbook, and the Columbus State Catalog.

I acknowledge that my signature on this form does not guarantee my progression in the academic program.

(Student's Printed Name) (Student's CID)

(Student's Signature) (Date Signed)

(Signature of Program Coordinator) (Date Signed)

Graduation-Employment Relationship Acknowledgement Form

Division of Health and Human Services

Graduation-Employment Relationship Acknowledgement Form

I, _____, hereby acknowledge that I am informed, I understand, and I agree that my graduation from the Medical Imaging/Radiography and Columbus State does not guarantee my employment in my chosen field of study or otherwise. Furthermore, I also understand that neither the faculty nor staff of Columbus State is responsible for my employment or placement into a job. Therefore, neither Columbus State nor any individual employed by Columbus State is accountable for my employment in my field of study or otherwise. In signing this acknowledgement form I recognize and agree that employment is my own responsibility.

(Student's Printed Name)

(Student's CID)

(Student's Signature)

(Date Signed)

(Signature of Program Coordinator)

(Date Signed)

Confidentiality Acknowledgement Form

Division of Health and Human Services

Confidentiality Acknowledgement Form

I, _____, hereby acknowledge that I am bound by federal and state laws regarding patient confidentiality, including where applicable the federal Health Insurance Portability and Accountability Act (HIPAA) and its policies.

I acknowledge that I may work with patients in a class, clinical, practicum, internship, or other type of experiential learning experience where I have access to patient’s protected health information. I understand that all medical information is considered confidential and may be protected by HIPAA. In addition, I acknowledge that I have read the confidentiality statements in this handbook and that it is my responsibility to abide by them. I understand that it is therefore unlawful to disclose a patient’s confidential health information and medical records without consent. I further acknowledge, that it is my professional responsibility and duty to protect the confidentiality of all patient medical records and protected health information with which I have access to.

My signature confirms that I understand and will abide by patient confidentiality and that I understand the consequences of any inappropriate actions regarding patient confidentiality.

(Student’s Printed Name)

(Student’s CID)

(Student’s Signature)

(Date Signed)

(Signature of Program Coordinator)

(Date Signed)

Letter of Recommendation/Verbal Reference and FERPA Release

Introduction

Pursuant to FERPA, a faculty/instructor may share the following about a student for a letter of recommendation and/or a verbal reference **without a signed release** from the student:

- Directory information¹
- The faculty/instructor's candid assessment of strengths and weaknesses of the student based on the faculty/instructor's personal observations or knowledge (examples include remarks such as the student's work ethic, dependability, and creativity)
- Information about the College/academic program's policies and practices

A faculty/instructor **cannot share** a student's education records (such as course grades, GPA, documented attendance, or examination results) in a letter of recommendation and/or verbal reference **without obtaining a signed release from the student** which 1) specifies the records that may be disclosed, 2) states the purpose of the disclosure, and 3) identifies the party or class of parties to whom the disclosure can be made. Additionally, pursuant to FERPA a student has the right to read a letter of recommendation, unless that right has been waived by the student.

Students who seek a letter of recommendation and/or a verbal reference from a Columbus State faculty/instructor should speak directly with that faculty/instructor. Students must also check with their program regarding whether the faculty/instructor will agree to be a reference. Once the faculty/instructor has agreed, the student should fill-out the following form, "Letter of Recommendation/Verbal Reference and FERPA Release," and then return it to the faculty/instructor.

Part I of the below form allows the student to designate whether the faculty/instructor is writing a letter of recommendation and/or providing a verbal reference. It also allows the student to provide information about the recipient(s) of the letter of recommendation and/or verbal reference.

Part II of the below form, is *optional* and only required if the student wants to authorize the faculty/instructor to use information obtained from the student's education records for the purpose of the letter of recommendation and/or verbal reference. If authorization is given the faculty/instructor may then choose to include some or all of the authorized information, in addition to providing their personal observations about the student. **Students are not required to authorize the release of their education records for a letter of recommendation and/or verbal reference. If a student chooses not to fill-out part II or chooses not to authorize the release of their education records on the below form, then no information from the student's education records may be included in the letter of recommendation and/or verbal reference.**

Finally, Part III of the below form, is to be filled out if student has asked the faculty/instructor to write a letter of recommendation. Part III provides the student with the opportunity to waive or not waive the right to review a copy of the letter of recommendation. **Students are not required to waive this right to review a letter of recommendation.**

To Columbus State Faculty/Instructor: You may not insist on a student's release of education records or waiver of the right to review a copy of the letter of recommendation as a condition for writing a letter of recommendation and/or providing a verbal reference. If a student does not authorize you to use their education records then you may not include that information. Please maintain a copy of this Letter of Recommendation/Verbal Reference FERPA Release form in your files and if there is a letter of recommendation maintain this form with each copy of the letter of recommendation.

Revised May 2018
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¹If a student has requested the College to withhold their directory information, then a faculty/instructor is not allowed to release directory information about that student. To view the information Columbus State designates as directory information please visit the following website: <https://www.csc.edu/services/registrar/withhold-information.shtml>.

Letter of Recommendation/Verbal Reference and FERPA Release

Student: This form should be filled out and then returned to the Columbus State faculty/instructor who has agreed to write you a letter of recommendation and/or serve as a verbal reference. If you would like to authorize the faculty/instructor to use your education records in constructing their letter of recommendation and/or verbal reference please fill-out Part II, students are not required to authorize the release of their education records for this letter of recommendation/verbal reference. For letters of recommendation, please choose one of the options in Part III, students are not required to waive their right to review a letter of recommendation.

Part I: (Required) Letter of Recommendation/Verbal Reference Information

Student/Graduate Name: _____

I authorize the following Columbus State faculty/instructor (check one or both boxes):

- To write a letter of recommendation on my behalf and/or
- To serve as a verbal reference on my behalf

(Submit one form for each Columbus State faculty/instructor)

I grant the Columbus State faculty/instructor named above to provide the letter of recommendation and/or verbal reference to the following recipient(s):

- All prospective employers, all educational institutions to which I seek admission, and/or all organizations considering me for an award or scholarship

OR

- To the following specific recipient(s)*:
 Recipient's name: _____
 Recipient's address/email: _____

*please list more specific references on the reverse side.

Part II: (Optional) FERPA Release of Education Records

I understand that, pursuant to FERPA, (1) I have the right not to consent to the release of my education records; (2) This consent shall remain in effect until revoked by me, in writing, and delivered to the above named person to whom this release is granted, but that such revocation shall not affect disclosures previously made by the above named person prior to receipt of any such written revocation.

With this understanding and by checking below, I make the following decision:

- I do NOT authorize the above named faculty/instructor to release my education records to the above named recipients.
- I do authorize the above named faculty/instructor to release information and provide an evaluation about any and all information from my education records at Columbus State Community College, including information pertaining to my education at other institutions I have previously attended that is part of my education records at Columbus State Community College, as deemed necessary by the above named faculty/instructor to provide the letter of recommendation and/or verbal reference to the above named recipients.

Part III: (Only applicable for Letter of Recommendation) Right to Review a Copy

I understand that, under FERPA, I have a right to review a copy of this letter of recommendation upon request, unless I choose to waive that right. With this understanding and by checking below, I make the following decision:

- I do NOT waive my right to review a copy of this letter of recommendation at any time in the future.
- I waive my right to review a copy of this letter of recommendation at any time in the future.

Authorization:

Student Signature _____

Date: _____

APPENDIX D: REFERENCE DOCUMENTS

The following reference Documents should be reviewed by each student entering the Medical Imaging Program.

ARRT Competency Requirements

<https://www.arrt.org/docs/default-source/discipline-documents/radiography/rad-competency-requirements.pdf?sfvrsn=20>

ARRT Standard of Ethics

<https://www.arrt.org/docs/default-source/Governing-Documents/arrt-standards-of-ethics.pdf?sfvrsn=12>

ARRT Task Inventory

https://www.arrt.org/docs/default-source/discipline-documents/radiography/rad-task-inventory.pdf?sfvrsn=75da01fc_28

JRCERT Standards for an Accredited Program in Radiography

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

ARRT Code of Ethics

The ARRT Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics 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 acts 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 principal 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 on the basis of sex, race, creed, religion, or socio-economic 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 radiation exposure to the patient, self, and other members of the healthcare 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.

For the complete ARRT Standards of Ethics see the link below.

<https://www.arrt.org/docs/default-source/Governing-Documents/arrt-standards-of-ethics.pdf?sfvrsn=10>

Notes:

