



**Metropolitan
Community College**
Penn Valley

*Radiologic Technology Program
Handbook
2022*

*Department Phone: 816-604-4232
Department Fax: 816-759-4646
Health Science Institute
3444 Broadway
KCMO 64111*

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PROGRAM OVERVIEW

METROPOLITAN COMMUNITY COLLEGE MISSION

Preparing students; serving communities; creating opportunities

MCC RADIOLOGIC TECHNOLOGY PROGRAM MISSION STATEMENT

The radiologic technology program of the Metropolitan Community College – Penn Valley will prepare students for competent entry level service in the health care community of diagnostic radiologic technology and create opportunities for graduate success in the profession of radiologic technology.

PROGRAM PHILOSOPHY

To be functional members of society and the health care community, the individual must demonstrate civic responsibility and self-confidence. The Metropolitan Community College educational program in radiologic imaging integrates the study of liberal arts with comprehensive radiographic instruction and coordinated clinical practice. These three disciplines of study comprise the three primary components of the MCC Radiologic Technology Program. These components aid the student in achieving the attributes required by the profession and the community which it serves. Admission and successful completion of the program are determined by student achievement of clearly defined objectives, regardless of race, color, creed, national origin, or gender. Our ambition is to graduate compassionate individuals who care enough to exercise their minds, giving thought to their daily professional responsibilities, as well as to the world in which they live. Faculty will demonstrate the value of continued education and align the Radiologic Technology Program such that its graduates can successfully matriculate to the post graduate programs of radiologic technology.

DEGREE AWARDED

Associate of Applied Science in Radiologic Technology.

PROGRAM GOALS AND LEARNING OUTCOMES

Program graduates will:

- Be workforce ready, demonstrating competence in the entry level skills of the profession
 - Exhibit proper performance of radiographic procedures
 - Formulate appropriate technical factors
 - Apply appropriate radiation protection
- Communicate effectively and appropriately
 - Exhibit effective oral communication
 - Construct effective written communication
- Think critically and apply problem solving skills
 - Adapt standard procedure for non-routine patients
 - Evaluate radiographic images to determine diagnostic quality

The Metropolitan Community College - Penn Valley radiologic technology program outcome assessment is conducted to review the success of each graduating class in achieving the program goals and objectives. Annual review of the outcome assessments is conducted by the program faculty, advisory committee members, and campus leadership to evaluate program strengths and weaknesses, and to discern the necessity for change within the program curriculum. The program outcome assessment is available in the program director's office for review.

ACCREDITATION

Metropolitan Community College is fully accredited by the Commission on Institutions of Higher Education of the North Central Association of Colleges and Schools and approved by the Missouri State Department of Career and Technical Education. The Radiologic Technology Program at MCC - Penn Valley is accredited with the Joint Review Committee on Education in Radiologic Technology (JRCERT). Questions concerning the accreditation status of the program may be directed to JRCERT staff, at 20 N. Wacker; Suite 2850; Chicago, Illinois 60606. (312-704-5300, www.jrcert.org, mail@jrcert.org).

If an individual suspects or finds that the program fails to uphold the JRCERT standards for accreditation <http://www.jrcert.org/programs-faculty/jrcert-standards/>, the individual may submit the concern in writing to the program director. Such a complaint will be reviewed by the program leadership and college administration, to determine the appropriate action or response for such complaint. If the JRCERT standards have been compromised, the program will make necessary modification/s within ninety days. If the program fails to respond appropriately, the individual may submit a formal complaint to the JRCERT. The program leadership and administrators will respond to any allegations from the JRCERT and take appropriate action regarding the alleged infraction.

COLLEGE ORGANIZATION

Metropolitan Community College- Penn Valley is the sponsoring institution of the Radiologic Technology Program. Penn Valley is one of five community college campuses operated under the authority of the Metropolitan Community College District of Kansas City, Missouri. The district is governed by a Board of Trustees and administered by a district chancellor, Dr. Kimberly Beatty. Each college has a college president, a dean of instruction and a dean of student success and engagement. Dr. Tyjaun Lee is the President of Penn Valley. Dr. Lesha Gregory, Vice President & Interim Dean of Instruction and Chelsia Potts is the Penn Valley Interim Dean of Student Development.

College faculty are grouped into divisions of administration. The Radiologic Technology Program is in the Division of Allied Health. The Division of Allied Health is located within the Health Science Institute. The Director of Health Science is vacant at this time. The Director of the Radiologic Technology Program is Nicole Fuller. The program's Clinical Coordinator is Sara Crosser.

PROGRAM COORDINATOR JOB DUTIES AND RESPONSIBILITIES

Program Application & Admission Process:

- Establish and maintain student application & admission process and documents
- Assure application and admission process is consistently updated and posted on the program web page
- Review all submitted student applications, transcripts, and written materials to determine if the student meets program criteria
- Rank student applicants based on selective admission criteria
- Contact all students regarding the results of their application to the program
- Schedule and manage new student orientation meeting
- Assure students are aware of clinical education requirements

Program Operations:

- Assures effective program operations
- Develop and manage the program's continued quality improvement process
- Serve as a liaison in facilitating affiliation, articulation and matriculation agreements with other institutions
- Review and submit revisions for the college catalog, website and marketing materials
- Manage class schedules and instructional assignments
- Manage textbook adoptions
- Manage phone calls, emails and meetings for the program
- Develop and maintain program policies and procedures
- Develop and maintain the student handbook
- Assure clinical education is managed
- Support program sustainability through relationship building, networking and lobbying
- Manage and document Advisory Board meetings, membership and minutes
- Manage and document annual program review process
- Manage equipment inventory
- Manage program budget, grant funding opportunities and purchasing
- Maintain and communicate current and historical statistical records: student outcomes, graduate employment performance on licensing/certification examinations
- Support program marketing and special events
- Program web page is current with required documentation
- Program Costs (program fees, student fee memo)
- Program faculty meeting agendas and minutes
- Assure communication with MCC campuses and partner campus advisors regarding program updates
- Instructional delivery (YuJa, flipped classroom concept, interdisciplinary, simulation)

Data Collection and Management:

- Number of program applications per admission cycle
- Number of students accepted per admission cycle
- Number of accepted students that begin the program and document why students accepted decided not to begin the program
- Student retention and completers; track reasons students do not complete the program
- Student demographics and current contact information

- Student Job Placement
- Graduate Surveys
- Employer Surveys
- Clinical Site Surveys
- Faculty and Course evaluations (in conjunction with District IR)
- Item Analysis for examinations
- Student results; Technical Skills Assessment (professional licensure, certification, registration)

External Accreditation:

- Assure program is meeting all required accreditation standards
- Assure student performance and program data is meeting required benchmarks
- Complete annual accreditation report
- Assure continuous program accreditation
- Manage accreditation and reaccreditation process and documentation (self-study, site visits)
- Assure consistent communication and information exchange with accrediting body
- Assure program faculty and campus administration are current with accreditation requirements and/or changes
- Accreditation information is posted and updated as required

Program & Curriculum Design:

- Mission Statement
- Philosophy Statement
- Rationale for curriculum design and sequence
- Curriculum content meets accreditation standards
- Student Outcomes
- Oversees ongoing program assessment
- Course objectives and outlines
- Course Information Forms
- Curriculum changes
- Syllabi
- Methods of Student Assessment (assignments, examinations, practicums)
- Textbooks
- Clinical Education meets accreditation standards (CNE requirements)
- Technical Skills Assessment (licensure, certification, registration)

Student Administration:

- Advising
- Conflicts and concerns
- Success/retention (established mid-term/intervention process for students performing below average)
- Early intervention/midterm student meetings and documentation
- Appeals/Grievance
- Activities/Committees/Groups
- Special events

Faculty Administration:

- Assumes the leadership role in the continued development of the program.
- Supervision of program faculty; assure quality performance
- Recruit and hire program faculty, both full time and part time
- Assure faculty meet accreditation and college requirements (degrees, current licensure, proof of education in teaching methodology)
- Manage program faculty work loads
- Arrange for classes to be met in the extended absence of assigned instructors.
- Assure faculty are mentored
- Understand college and program policies and procedures
- Ensure communication among program faculty
- Hold and facilitate formal faculty meetings at least one time per semester
- Complete evaluations and required documentation
- Professional Development (IDP documented)
- Office hours (engagement with students in HRC)

Other:

- Committee work
- Special projects/events
- Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development
- Continuing education requirements
- Engagement with both academic and clinical professional colleagues

CLINICAL COORDINATOR CLINICAL MANAGEMENT DUTIES

Schedule and lead annual clinical preceptor meetings

Solicit and maintain clinical sites

- Acquire new clinical sites as needed
- Communicate with the clinical contract coordinator to ensure appropriate contract is in place for each clinical education setting where students are placed
- Procure the required JRCERT documentation from each newly added clinical education setting and provide this documentation to the program director
- Obtain/ maintain clinical preceptor documentation for JRCERT compliance
- Maintain records/files for each site
- Assess clinical site/clinical preceptor effectiveness and provide the program director this report each semester
- Provide each clinical preceptor an annual report of the student evaluations of their facility
- Educate clinical personnel on relevant program, college and JRCERT policies as related to clinical participation

Monitor and maintain student clinical records

- Provide new students with the necessary information regarding preclinical requirements as specified in the clinical contract
- Verify each student's successful completion of the preclinical requirements
- Provide new students with information concerning clinical site-specific preclinical requirements
- Maintain documentation for each student verifying successful completion of the site-specific preclinical requirements
- Schedule clinical assignments and rotations
- Make clinical assignments and communicate this information to students, clinical sites and the program director
- Prior to any clinical rotations, provide each clinical site with the necessary information concerning all students assigned to their facility
- Schedule clinical rotation to ensure that each student experiences a variety of clinical experiences
- Each semester, determine clinical rotations and schedules and distribute this information to students, clinical sites and the program director

Manage clinical policies & procedures and clinical forms

- Prior to the onset of each semester, develop a clinical calendar and distribute to all clinical preceptors, students and program faculty.
- Distribute clinical forms to each student before the onset of each semester
- Distribute clinical handbook to clinical sites
- Develop clinical objectives and distribute to all clinical preceptors, students and program faculty
- Enforce clinical policies and procedures

Serve as an educational resource for the clinical site community

- Educate clinical preceptor in regard to supervision and evaluation of students
- Answer questions from clinicians regarding current clinical practices
- Update clinical sites regarding program changes
- Support the program director to help assure effective program operation
- Coordinate clinical education and evaluate its effectiveness
- Participate in the assessment process
- Cooperate with the program director in periodic review and revision of clinical course materials

Maintain current knowledge of the discipline and educational methodologies through continuing professional development.

Maintain current knowledge of program policies, procedures, and student progress.

Maintain ARRT certification.

CLINICAL COURSE MANAGEMENT DUTIES

Routinely make clinical site visits, ensuring that each student receives a minimum of one site visit each semester

Visit each secondary clinical site where students are assigned at least once each semester

Ensure that time devoted to clinical site visits is in accord with the credit hours assigned to the clinical course

Evaluate students' clinical performance

Monitor and maintain student clinical records

Serve as a resource for students and clinical sites for any questions concerning clinical issues

Retain documentation of student participation in the clinical education setting

Document clinical policy infractions, and administer disciplinary action, in conjunction with the Program Coordinator

FULL-TIME AND ADJUNCT FACULTY ROLE AND RESPONSIBILITIES

Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress

Participates in the assessment process

Supports the program director to help assure effective program operation

Cooperates with the program director in periodic review and revision of course materials

Maintains appropriate expertise and competence through continuing professional development

CLINICAL PRECEPTOR ROLE AND RESPONSIBILITIES

The clinical preceptor will:

- Be designated by the department administrator in consultation with the clinical coordinator of the program.
- Provide curriculum vitae to the clinical coordinator as soon as accepting the position.
- Provide evidence of current ARRT certification annually to the clinical coordinator.
- Attend the annually scheduled clinical preceptor meeting held at the Penn Valley Health Science Institute.
- Comply with all accreditation requests or requirements.
- Participate in program accreditation site visits as necessary.
- Meet with the program's clinical coordinator or other program faculty during clinical site visits.
- Immediately inform the program's clinical coordinator of any student policy violations or deficiencies.
- Keep the clinical coordinator informed concerning student progress.
- Assign students clinical room rotations as described in the student handbook.
- Supervise students in the clinical environment.
- Evaluate the competence of each student, within their clinical education setting, in each radiographic procedure, in accordance with the schedule identified in the student handbook.
- Ensure that students, within their clinical education setting, perform radiographic procedures under the direct supervision of a radiologic technologist, until they have achieved and documented competence in the radiographic procedure.
- Ensure that students, within their clinical education setting, perform radiographic procedures with indirect supervision, after documented competence has been achieved in the radiographic procedure.
- Evaluate and document the clinical compliance of each student, each month, using the format provided. This evaluation may include comments from staff technologists with whom the student conducted procedures.
- Evaluate the comprehensive progress and participation of each student within their clinical education setting upon completion of each semester.
- Be knowledgeable about the clinical objectives and clinical evaluation system.
- Be familiar with the sequencing of didactic instruction and clinical education.
- Maintain competency in the professional discipline and instructional and evaluative techniques through continuing professional development.
- Maintain current knowledge of program policies, procedures, and goals.

CLINICAL STAFF ROLE AND RESPONSIBILITIES

Understand the clinical competency system.

Understand requirements for student supervision.

Support the educational process.

Maintain current knowledge of program policies, procedures, and student progress.

**PERFORMANCE STANDARDS
METROPOLITAN COMMUNITY COLLEGE – PENN VALLEY
RADIOLOGIC TECHNOLOGY**

Performance Standards for Successful Completion of the Radiologic Technology Program

These Performance Standards should be used to assist each applicant and student to determine if they are otherwise qualified to be a Radiologic Technologist. It is the policy of MCC – Penn Valley to provide reasonable accommodations for individuals with disabilities. If you need an accommodation due to a disability under the *Americans with Disabilities Act and Section 504 of the Rehabilitation Act*, please contact the Disability Support Services (DSS) Coordinator at 816-604-4293. Advance notice may be necessary for some accommodations to be provided in a timely manner. Accommodations must be supported by adequate documentation and are determined on an individualized basis.

ABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES
Mobility/Dexterity	<p>Ability sufficient to assist patients to move from room to room and surface to surface, move over varied terrain, and provide safe and effective patient care in a timely fashion.</p> <p>Fine and gross motor abilities sufficient to provide safe and effective patient care in a timely fashion.</p>	<ul style="list-style-type: none"> • Assist patients with transfers to/from a variety of surfaces and provide proper positioning for the patients independently and safely. • Transport adults and children in wheelchairs, on stretchers or on beds. • Manipulate equipment including driving a portable x-ray machine from one location to another • Position patients for radiographic examinations • Use instruments such as goniometers, tape measures, calipers • Manipulate dials, buttons and switches of various sizes • Manually move and position radiographic equipment • Properly utilize radiographic supplies
Critical Thinking	Critical thinking sufficient for safe, clinical judgment.	<ul style="list-style-type: none"> • Interpret and carry-out written and verbal communication often in stressful, chaotic situations. • Prioritize tasks and make appropriate decisions related to situations. • Apply information in classroom to clinical setting, adapting to patient's needs.
Communication	Communication abilities sufficient for interaction with others orally and in writing	<ul style="list-style-type: none"> • Comprehend instructions and written documentation • Instruct patient/ family • Document exam information • Communicate with radiographers and radiologists.

<p>Sensory Ability</p>	<p>Auditory ability sufficient to monitor and assess health needs of patients for safe patient care.</p> <p>Visual ability sufficient for observation and assessment necessary in the operation of equipment and for safe patient care.</p>	<ul style="list-style-type: none"> • Detect and respond independently to monitoring alarms, signs of patient’s distress and/or a patient’s communication of distress • Use the telephone to schedule exams, relay exam results and answer questions from other clinicians • Respond independently to questions and instructions from other healthcare providers; in close proximity as well as at a distance exceeding 20 feet, with and without the presence of extraneous noises • Respond to verbal communication from patients and/ or clinicians who may be wearing an oxygen mask or a surgical face mask • Detect x-ray collimation light field and radiation field center • Perceive and respond independently to warning signals from team members and/or patients of impending danger or emergency, i.e. a change in an individual’s appearance, and/or an individual’s physical communication of distress. • View controls, letters, numbers etc., of varying size, located on radiographic equipment and supplies • View radiographic images, on a computer screen, and evaluate for quality acceptance standards
<p>Interpersonal Skill</p>	<p>Interpersonal abilities sufficient to interact with patients, families, groups, team members from a variety of social, emotional, cultural, and intellectual backgrounds.</p>	<ul style="list-style-type: none"> • Establish rapport and maintain professional boundaries in relationships with patients/families and colleagues. • Ability to resolve conflict and to respond to feedback in a professional manner • Function effectively under stress • Adapt to fluctuating environments (locations, schedules, conditions) • Display compassion, professionalism, empathy, integrity, concern for others, interest and motivation
<p>Professional Behavior</p>	<p>Behavior consistent with the standards and core values of the profession.</p>	<ul style="list-style-type: none"> • Regular prompt attendance • Ability to self-assess and implement self-improvement strategies • Demonstrate appropriate levels of dress and grooming including that required in controlled and sterile environments • Ability to self-regulate emotional responses • Ability to maintain composure during stressful or chaotic situations • Properly wear personal protective items appropriate to the situation

FACILITIES AND STUDENT SUPPORT

CLASSROOMS AND LABS

Program classrooms and labs are located in the Health Sciences Institute suite 110. Students may practice skills or access other instructional materials within the suite at times designated by the instructor of a particular course. Students are not allowed to remove materials from the suite and must leave the facilities in the proper condition as it was found. Faculty members may opt to leave materials in the Health Resource Center for independent student use.

STUDENT TUTORING & STUDY RESOURCES

The Biology Tutoring lab, located on the main Penn Valley campus, provides access to anatomical models and computer software and is available for students during designated hours. The Teaching Learning Center in LR 202 assists students with generalized tutoring including advising students on study skills, test taking and written assignment preparation. The health resource center at the HSI also provides instruction for students in the areas of study skills, test taking, time management and other general topics related to student success. Models, skeletons, and other anatomical resources are available for individual study on the first floor of the library at MCC-Penn Valley and also at the Health Science Institute Resource Center on the second floor.

ACADEMIC COMPUTER LAB

An eighteen-station computer lab is available for independent computer use in room 203 of the Health Science Institute.

LIBRARY

The library has access to the following databases for research on health-related issues. Students may access these databases from home. In order to do so: **go to <http://www.mccckc.edu> and click on library services.**

[Alt Health Watch \(EBSCOhost\)](#)

Full-text articles from 160+ international journals plus hundreds of pamphlets offering holistic perspectives on health care and wellness

[Clinical Pharmacology \(EBSCOhost\)](#)

Information on US prescription drugs, plus herbal and nutritional supplements.

[Health Reference Center \(Facts on File\)](#)

Encyclopedic database containing over 20,000 hyperlinked entries on health and social issues. Defines causes, cures, key research, medical terms, symptoms, treatments and trends of each field of study.

[Health Reference Center Academic \(Gale Group\)](#)

Indexes articles on fitness, pregnancy, medicine, nutrition, diseases, public health, occupational health and safety, alcohol and drug abuse, HMOs, prescription drugs, etc. from 1980 to present.

[Health Source: Consumer Edition \(EBSCOhost\)](#)

Full text for 190 journals plus abstracts for 205 general health and nutrition publications.

[Health Source: Nursing/Academic Edition \(EBSCOhost\)](#)

Provides full text for 600 scholarly medical journals and abstracts for over 650 additional journals.

[Medline](#)

PubMed, a service of the National Library of Medicine, includes over 14 million citations for biomedical articles back to the 1950's. These citations are from MEDLINE and additional life science journals. PubMed includes links to many sites providing full text articles and other related resources.

[CINAHL \(Proquest Research Library\)](#)

The CINAHL® database covers the nursing and allied health literature from 1982 to the present.

ACADEMIC ADVISING

If you desire academic advising, contact Sarah Singleton with the MCC Penn Valley Advising department (816) 604-4160 to discuss your needs.

EMPLOYMENT RESOURCES

The Employment Resources office keeps current information on jobs available in the various allied health careers. The Career Services Coordinator, Kailee Karr, can advise students on cover letter and resume writing and interviewing. Ms. Karr can be reached by calling 604-4155.

TRANSFER STUDENTS

Sequencing of courses and program requirements are individual to all radiology programs. Because of this individuality, it is very difficult to accept transfer students into the MCC-Penn Valley Radiologic Technology program and maintain the appropriate sequencing for the students learning process, preparation for graduation, and registry examinations. Each student requesting transfer will have their current radiologic technology program evaluated for consistency of course sequencing, program requirements and compatibility with the MCC-Penn Valley Radiologic Technology Program. Transfers are also contingent on program clinical space availability.

Transfer students are considered for admissions on a space available basis. If more than one student applies for transfer for the same available space in the class, the date of the completed application including transcripts (other than the currently attended classes) will be the determining factor.

The following are the policies and procedures related to transfer into the MCC-Penn Valley Radiologic Technology Program.

ACCEPTANCE OF TRANSFER STUDENTS

The applicant must:

1. At the time of inquiry, be currently enrolled in a radiologic technology program accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) or have been within the past 6 months.
2. Complete an application to Metropolitan Community College.
3. Complete an additional application to the MCC-Penn Valley Radiologic Technology Program and return it to the Radiologic Technology Program Coordinator.

At least three months prior to the anticipated entry date:

1. Successfully complete all courses that he/she is currently enrolled in with a "C" or better.
2. Request official transcripts from all previously and currently attended colleges and universities, whether the courses apply to the Radiologic Technology degree or not and have them sent directly to the MCC Student Data Center.
3. Have a GPA of no less than 2.5 in all courses related to the radiologic technology degree with a minimum of a "C" in each course.
4. Submit a copy of the syllabi, clinical evaluations and completed competency exams for all radiologic technology courses, completed and currently taking, to the MCC Radiologic Technology Program Coordinator for evaluation. Once evaluated, it may be determined that the student needs to repeat a course(s) in order to complete all of the MCC Radiologic Technology Program requirements. Additionally, an educational plan will be developed to assure the student possesses appropriate didactic knowledge and clinical skills.
5. Request a letter be sent to the MCC Radiologic Technology Program Coordinator from the Director of your current radiologic technology program verifying that you are in "good standing" and the reason for your withdrawal from that program.
6. Hold a current CPR certification Basic Life Support for the Health Care Provider through the American Heart Association, which will remain current through the student's graduation.
7. Submit documentation for a background check. (Information will be provided.)

STUDENT CONDUCT

STANDARD OF STUDENT CONDUCT

As stated in the college catalog, "Students enrolling at a district college assume the obligation to conduct themselves in a manner compatible with the educational purposes of the college. If a student fails to do so and engages in behavior disruptive to the educational process, the college will institute appropriate disciplinary action.

Specifically, students are expected to comply with federal, state and municipal laws concerning activities prohibited generally and specifically on the public-school property and at college-sponsored functions. Among these illicit activities are civil disobedience, forgery, gambling, immoral conduct, libel, theft, use and sale of alcoholic beverages and narcotics and vandalism.

In addition to demonstrating honesty and integrity, students are expected to comply with all policies, regulations and procedures of the Metropolitan Community College. They are expected to comply with the college traffic code and to follow the directions of college representatives acting in their official capacity."

The consequences to students for not following the preceding policies could result in any of the following depending on the severity of the problem:

- A. probation
- B. repetition of the required course(s)
- C. suspension from the program
- D. dismissal from the program

STUDENT PRIVACY AND CONFIDENTIALITY

Changing rooms are available to students within the radiology suite for lab class attire preparation if needed. When performing procedures which require exposure of a body part, appropriate draping techniques will be utilized. The student will respect fellow student privacy and confidentiality.

Student will acquire facility and patient written informed consent prior to seeking participation in videos, slides, photographs, or other projects. Students will remove any identifying information when presenting patient case studies or sharing images in class. Students will adhere to patient care competencies. The student will respect patient privacy and confidentiality.

Student records, including transcripts from previous colleges will be kept locked in the Program Coordinator's office. Student clinical records for the current semester will be retained by the Clinical Coordinator of the radiologic technology program in a locked file cabinet. At the conclusion of each semester, the Clinical Coordinator will transfer these clinical records to the Program Coordinator who will place them in the students' program file. Confidential student counseling sessions will be held in a private room. Assessments will be returned only to the individual student.

ACADEMIC HONESTY

Evidence of cheating on any given assignment or examination will result in a grade of zero being recorded for that activity. If there is evidence of cheating more than once, the student will be dismissed from the program. Cheating is an act of deception which includes, but is not limited to the following:

- Copying another student's assignment to turn in as own
- Looking at another student's examination
- Using an electronic device to access information during an examination or while waiting for a lab practical.
- Using printed/ written materials to access information during an examination or while waiting for a lab practical
- Talking or communicating to other classmates during an examination or practical
- Providing information to students that have not yet completed an examination or lab practical
- Providing incorrect information regarding attendance at clinical
- Accepting or providing unauthorized assistance on practical exams, assignments, or papers.
- Plagiarizing

ARRT CODE OF ETHICS

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

1. The radiologic technologist conducts her or himself 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 humankind.
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 based on sex, race, creed, religion, or socioeconomic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality Radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

PROGRAM POLICIES AND PROCEDURES

RADIOLOGIC TECHNOLOGY STUDENT CODE OF CONDUCT Health Science Institute Building Policies

Tobacco free/smoke free campus:

- No smoking/tobacco/e-cigarette use inside the building
- No smoking/ tobacco use anywhere on the property
- No smoking/ tobacco use in cars parked on campus property.

LEED Certified Green building designation:

- Mandatory recycling (please put recyclable materials in the marked receptacles).
- No paper postings on walls or doors.
- Paperless environment whenever possible.

Food is allowed only in the Code Blue Café and the Atrium:

- Limited drinking allowed in classrooms and hallways.
- Drinks in lidded, ecofriendly, reusable containers only.

Keep the classrooms clean and everything returned to the original condition/location set up prior to exiting.

Remove all writing from the marker board before leaving the classroom.

Do not stand or sit on classroom tables.

Do not sit on backs of chairs in classrooms and study areas.

Do not put feet up in chairs in classrooms and study areas.

RADIOLOGIC TECHNOLOGY CLASSROOM PROCEDURES

Lockers are provided for radiology student use while on campus. Students are to store any items unessential to a given course/ lab in their locker during class and lab sessions.

The MCC radiology student ID must be worn and visible at all times. ID cards from clinical site rotations are to be worn only while at that clinical site and may not be worn within the Health Science Institute.

Any student without their dosimeter, worn in its proper location, will not be admitted to lab.

Trash cans are not provided in classrooms, students must take any generated waste with them and deposit said item in the trash receptacles provided in the hallways.

During test/ quiz days, students are to place all personal items against the classroom walls and whenever possible, seat themselves so that they are not directly next to another student.

Students who complete a test before the end of the class period must immediately leave the area adjacent to the radiology suite upon exiting the classroom.

Assignments from students not present in class will only be accepted with prior approval from the instructor.

Students are expected to display professional behavior at all times and abide by standard rules of etiquette. This includes but is not limited to:

- Demonstrating respect for college faculty members.
- Observing appropriate personal grooming and hygiene
 - Keeping fingernails trimmed to extend more than ¼” past the tip of the finger
 - Not wearing artificial fingernails
- Limiting jewelry to:
 - A wristwatch
 - Earrings that do not dangle or hang down from the ear lobe
 - No adornment or other visible body piercings
- Turning off and placing out of sight cell phones and other electronic devices
- Limiting conversations to topics related to the course matter at hand
- Avoiding talking when the instructor or other people are speaking
- Waiting to be acknowledged before asking questions or making comments
- Not sleeping, reading unrelated materials, working on assignments, listening to music or being disruptive
- Coming to class prepared with all necessary materials (paper, pen, calculator, etc.)

RADIOLOGIC TECHNOLOGY LAB GUIDELINES

All classroom rules also apply to the laboratory setting

Students are to gather and wait outside the appropriate lab location prior to the start of lab.

Students are to remain in a sitting area, waiting for the instructor to personally summons them to lab.

Students may only attend their assigned lab session.

Any student without their dosimeter worn in its proper location will not be admitted to the lab.

Backpacks and other personal belongings are not allowed in the energized labs.

Beverages are not permitted in the energized labs.

If working in an energized lab, upon entering the lab, students are to turn on the equipment and gather all necessary supplies.

Five minutes before the end of lab, students are to put away all supplies, return all equipment to its original state, clean all equipment, discard any trash and turn off the equipment.

Radiographic exposures are only to be made under the direction of program faculty.

Students are to work together, as a group, to complete the scheduled activity under the supervision/direction of the instructor; all students must be active participants in the lab activities.

RADIOLOGIC TECHNOLOGY WORKROOM GUIDELINES

Students are expected to display professional behavior at all times and abide by standard rules of etiquette.

Trash cans are not provided in the workroom, students must take any generated waste with them and deposit said item in the trash receptacles provided in the hallways.

Students should maintain a clean workspace. This includes but in not limited to:

- Keeping the coffee station free of coffee spills
- Keeping the refrigerator clean and taking home any food/drinks that were brought in at the end of each day.

ATTENDANCE

Students are expected to attend all radiologic technology classes without exception. If a class is unavoidably missed, the student must attempt to notify the appropriate faculty member/s, prior to the scheduled class.

In the event of extended absence due to surgery or medical condition, if the missed course work can be made up prior to the next academic semester, (absence of two weeks or less) the faculty will work with the student to make up the material. If the absence is longer than two weeks, a remedial plan of action will be developed to outline the steps required to address academic deficiencies and/or continued course/program participation. It may not be possible for missed course work assignments to be completed during the semester.

Students absent due to extended medical condition or surgery require documentation of the necessary leave by their physician. Students who have had a medical leave may need to work with the disability support office to determine what, if any, accommodations are needed and appropriate. Students must keep the program director informed of their expectations and their needs regarding extended absence.

TARDY POLICY

Any student who enters the classroom after the designated start time is considered tardy. The door to the classroom is opened each morning by the public safety or facilities departments. Students are expected to enter the classroom upon arrival and await the coming of their instructor. Lab doors are not unlocked by facilities; for lab classes, students are to gather immediately outside of the lab room to await the arrival of their instructor.

Students in the radiologic technology program are expected to conduct themselves as good citizens of the academic/professional community. Being on time for class is a symbol of respect for your instructors and fellow students.

EARLY CLASS DEPARTURE POLICY

Classes will extend the full scheduled period and will come to a close exclusively by direction of the instructor. Students are not to begin preparing for class departure prior to the instructor signaling that class is over. Students that need to leave the classroom prior to the end of class should inform the instructor prior to the start of class and minimize any disruption of class activities upon departing the classroom.

PROGRAM WITHDRAWAL

Students may withdraw from a class at any time prior to the college's published last day to withdraw. It is important that students who stop attending classes withdraw formally from the courses in which they are enrolled. If a student chooses to withdraw from any one or more of the radiologic technology courses, they will also be required to withdraw from all radiologic technology courses. Because the program course work is sequential in nature, if a student withdraws from the coursework for any semester, they will not be eligible to return to the program until the following year. Placement due to withdrawal cannot be guaranteed and will be granted when space is available.

PROGRAM DISMISSAL

If a student of radiologic technology is not successful in obtaining a "C" or better in any radiologic technology course, and the anatomy & physiology required course(s), or is found to have violated any program or college policies for academic or personal incident will be dismissed from the program. Students dismissed from the program will be required to reapply for admission as a new student, repeat any previous RATE courses taken, and pass any and all exam competencies completed up until the point of program dismissal with a "C" or better.

LEAVE OF ABSENCE

A student may elect to take up to a one-year leave of absence from the program for medical or family reasons. In all cases the leave must be approved by the Program Coordinator and a plan for re-entry must be established and documented in writing. The student must keep in contact with the Program Director and consult the Program Coordinator at least one full semester prior to re-entering the program. Upon re-entry, the student must be able to pass all exam competencies completed up until the point of the leave of absence with a "C" or better.

ACADEMIC STANDARDS

The following grading scale is used for all course work in radiologic technology.

A = 92 - 100%

B = 84 - 91.9

C = 75 - 83.9

D = 65 - 74.9

F = any score below 65%

I = Incomplete

Each student must achieve a grade of "C" or better in each radiologic technology course as well as the required anatomy and physiology course(s). A student who does not achieve a "C" or better in any of these courses, would not be eligible to enroll in the following semester of radiologic technology course work.

SOCIAL MEDIA

It is suggested that students of each year's class develop their own social networking page to communicate about course assignments, brainstorming sessions, education resources, etc. However with social networking sites such as Facebook, Twitter, Instagram, etc., students are prohibited from posting about associated program clinical sites and supervisors; protected patient and family information; and the MCC – Penn Valley Radiologic Technology program without the approval of the Program Coordinator.

All students must comply with HIPAA policies.

Absolutely no photos can be posted in regard to patients or patient care. Should the clinical site's social media policy be more stringent, the student is required to comply with the clinical site's policy. Failure to comply with this social media policy will result in failure of the Clinical Practice course and dismissal from the Radiologic Technology program.

DISCIPLINARY ACTION

Any student found to have violated a program or clinical site policy will be subject to disciplinary action. The level of the discipline is dependent on the severity and frequency of the offense. Each student will be given due process and sufficient warning of the consequence of their actions. Please refer to the college catalog, regarding Student Conduct, Student Disciplinary Procedure, and Student Grievances for additional information related to Due Process.

A verbal warning will be assigned for first time minor infractions. Students are expected to modify their behavior to be in compliance with standards of the profession, the educational and the health care environments immediately when given verbal warning. If the infraction occurs again, the student will be provided with a written warning, including objectives for behavior modification. The written warning will be documented in a progressive discipline report and will identify the timeframe for follow-up on stated objectives. Repeated minor offenses or a major offense may result in clinical/program probation. Program/clinical suspension may be assigned for grave offenses or flagrant minor violations.

GRIEVANCE PROCEDURES

The student is entitled to informal and formal grievance procedures (includes grade appeals) and may at their discretion seek resolution. The student would first be required to consult the faculty, with whom the student has experienced conflict. This consultation must occur within five business days of the event. If the matter is not resolved to the satisfaction of the student, he may then consult the Program Coordinator, within five business days of meeting with the faculty member. If the issue is still not resolved to the student's satisfaction, the student may request to meet with the Dean of Instruction. This request must be within ten business days of meeting with the Program Coordinator. If this does not resolve the issue, the student may request the formation of a grievance committee, with representation from the external professional community, to determine a satisfactory resolution. The grievance committee will convene to hear all perspectives of the grievance and to discern an appropriate action.

Circumstances which may warrant counseling and possible dismissal from the clinical setting or the program would include but not be limited to: academic dishonesty, habitual absenteeism, unprofessional or unethical conduct, refusal to comply with program policies or clinical site policies, unsafe practice, sexual harassment of other students, faculty or clinical faculty – staff, purposeful destruction or theft of college or clinic property, reporting to class or clinic under the influence of alcohol and/or uncontrolled substances, insubordination, disruptive behavior in the classroom, laboratory or the clinical site, a felony conviction. Students are expected to behave in a manner which is consistent with the expectations of the profession and compliant with the ARRT Standards of Ethics.

**MCC- Penn Valley
Radiologic Technology Program
Student Disciplinary Action Form**

Student Information

Student Name: _____ Date: _____
Student ID#: _____
Instructor: _____

Type of Discipline

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Verbal Warning | <input type="checkbox"/> Written Warning | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Expulsion | |

Type of Offense

- | | | |
|--|--|--|
| <input type="checkbox"/> Tardiness/Leaving | <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Violation of Program Policies |
| <input type="checkbox"/> Early | <input type="checkbox"/> Violation of Safety Rules | <input type="checkbox"/> Rudeness |
| <input type="checkbox"/> Substandard Work | | |
| <input type="checkbox"/> Other: _____ | | |

Details

Description of Infraction: _____

Plan for Improvement: _____

Consequences of Further Infractions: _____

Acknowledgement of Receipt of Action

By signing this form, you confirm that you understand the information in this disciplinary action. You also confirm that you and program faculty have discussed the action and a plan for improvement. Signing this form does not necessarily indicate that you agree with this action.

Student Signature _____ Date

Program Faculty Member Signature _____ Date

Witness Signature (if student understands action but refuses to sign) _____ Date

STUDENT HEALTH

Students are responsible for their own health care expenses while enrolled in the program. Students are not eligible for worker compensation protection during clinical experience. For this reason, all Penn Valley Radiologic Technology students are encouraged to maintain personal health insurance throughout the duration of the program.

Any student who experiences an injury, illness or other medical condition during the course of the program is still required to comply with program policies, rules, and requirements. A student who feels unable to complete their clinical and/or didactic responsibilities due to the illness, injury, or condition must meet with the Program Director to discuss their options and may be referred to the disability support office.

PREGNANCY POLICY

The purpose of the student pregnancy policy is to assure students a safe pregnancy and to ensure compliance with: Federal and state radiation control guidelines, the U.S. Equal Employment Opportunity Commission, and the Nuclear Regulatory Commission regulations regarding the declared pregnant student.

Pregnant students may continue in the MCC Penn Valley Radiologic Technology Program without modification. It is the pregnant student's responsibility to follow the A.L.A.R.A. principle and to utilize the guidelines set forth in this policy for protection of the embryo/fetus and self.

1. All MCC Penn Valley Radiologic Technology Students will be informed of this policy prior to attending any clinical practice education. All students will receive instruction related to radiation exposure and the potential biological harm to an embryo/fetus prior to attending any clinical practice education.
2. **A pregnant student may voluntarily declare their pregnancy in writing to MCC Penn Valley Radiologic Technology Program Coordinator or Clinical Coordinator at any time.** All Radiologic Technology Program students are encouraged to immediately declare their pregnancy; however, declaration of pregnancy is completely voluntary. If the student chooses to voluntarily inform program officials of her pregnancy it must be in writing. **At any time after declaring pregnancy, the student may withdraw the declaration of pregnancy in writing.** Students will not be considered pregnant unless written voluntary notification is provided from the pregnant student. It is the student's responsibility to inform the program in writing and to take the appropriate precautions to protect the fetus
3. The declared pregnant student will read the:
 - a. U.S. Nuclear Regulatory Commission's Regulatory Guide 8.13, "Instruction Concerning Prenatal Radiation Exposure"
 - b. NCRP Report No. 105
 - i. 3.5- "Embryonic and Fetal Effects"
 - ii. 4.2- "Dose Limits for the Embryo and Fetus"
 - c. NCRP Report No. 116
 - i. 10. "Protection of the Embryo-Fetus"

After reading the above documents, the Radiologic Technology Program Coordinator or Clinical Coordinator will counsel the pregnant student concerning A.L.A.R.A., methods to reduce radiation exposure to the embryo/fetus, and any concerns about pregnancy in diagnostic radiology. The program faculty will discuss the effects of irradiation in-utero and radiation protection practices.

4. After receiving counseling and clarification of the related documents from the Radiologic Technology Program Coordinator or Clinical Coordinator, the pregnant student may voluntarily sign the Declaration of Pregnancy Form. Voluntarily signing the Declaration of Pregnancy is an acknowledgement of comprehension of the information provided by the program faculty. A copy of the US Nuclear Regulatory Commission's Regulatory Guide 8.13, NCRP Report #116, and NCRP #105 will be maintained in the Radiologic technology Program Coordinators office and will be made available to all students, at any time.

5. An additional radiation dosimeter (fetal badge) will be issued to the student to be worn anteriorly at waist level at all times. When a lead apron is worn, the fetal badge will be worn under the apron. The exposure reported on the fetal badge will be maintained on a separate record and identified as exposure to the fetus or fetal dose.
6. The Radiologic Technology Program Coordinator will review the student's dosimetry reports (if applicable) from the previous six months to estimate the fetal dose from date of conception to date of declaration of pregnancy. The Radiologic Technology Program Coordinator will monitor the monthly radiation Dosimetry report of the pregnant student and fetal badge and make that information available to the student. The dose to the embryo/fetus must not exceed 0.05 rem per month or 0.5 rem for the duration of the pregnancy. If a declared pregnant student exceeds the fetal dose limit, they will be counseled and potentially suspended from clinical practice for the duration of the pregnancy. Any clinical time missed for this reason will be made up by the student.
7. If fluoroscopy and mobile radiologic technology are performed, the pregnant student radiographer must wear an apron with a minimum of 0.5 mm lead equivalent. If available, a 1.0 mm lead equivalent apron should be worn.
8. It is not recommended that pregnant student radiographers perform radiographic procedures on patients with intra-cavity or interstitial source gamma radiation.
9. The pregnant student is expected to meet all other objectives and clinical competencies of each clinical practice assignment. Any requests for changes in job responsibilities or duties from the pregnant student will be determined on an individual basis and will be based on the industry standards for protection of the pregnant student and the embryo/fetus.
10. As long as the student and/or baby's health is not endangered, and her physical condition does not impair her ability to perform assigned duties, the student may continue in the program. A physician's written and signed order must be provided if for any portion of time the student may not fulfill and course requirements due to the pregnancy.
11. The pregnant student will be expected to complete all the clinical and didactic requirements. Class and clinical time missed for any reason, including pregnancy, will follow the Attendance Policy.

RADIATION SAFETY

All students will be provided instruction concerning radiation safety in the Fundamentals of Radiologic Technology course during the first semester of the program. All students will be required to follow rules of safe radiation practice and employ the principles of time, distance and shielding at all times. Students are not allowed in the on-campus energized labs without program faculty supervision. Exposures in the energized labs are to be made only under the direction and supervision of a program faculty member.

Early in the program, prior to any radiation exposure, the college will provide each student with a dosimeter to monitor their radiation exposure. These dosimeters must be worn at all times while in the ionized labs and while in the clinical practice setting. Quarterly, the dosimeters will be collected for evaluation and new dosimeters will be provided to each student. The MCC-Penn Valley Radiologic Technology Program Coordinator will relay the quarterly dosimetry report information to each student to review within 30 days.

Students may not receive more than 1.0mSv (100mrem) per year as a student of radiologic technology. Students exceeding this dose will be counseled on their radiation exposure practices and may be temporarily removed from clinical practice.

When the cumulative quarterly exposure to a student exceeds investigational level 1 (10% of the annual limit for a radiology student) in the table below, the program coordinator should investigate the exposure and review the actions that might be taken to reduce the probability of recurrence. When the cumulative quarterly exposure exceeds investigational level 2 (30% of the annual limit for a radiology student) the program coordinator should investigate the exposure and review actions to be taken to reduce the probability of recurrence. The student will be required to meet with the program coordinator if the quarterly exposure meets or exceeds investigational level 2.

Investigation Levels		
Part of Body	Investigation Level 1 (Mrem/year)	Investigation Level 2 (Mrem/year)
Whole body, head, trunk including male gonads, arms above the elbow, or legs above the knee.	10mrem (0.1mSv)	30mrem (0.3mSv)

Actions to be taken listed below when the investigation levels listed in the table are reached:

- Student dose less than investigational level 1
 - No action will be taken if the students' dose is less than investigational level 1
- Student dose equal to or greater than investigational level 1 but less than level 2
 - When the dose of the student equals or exceeds investigational level 1, the program director should conduct a timely investigation and review the actions that might be taken to reduce the probability of recurrence, following the period of when the dose was recorded. No action related specifically to the exposure is required from the student or program coordinator.

- Student dose equal to or greater than investigational level 2
 - The program coordinator should investigate in a timely manner the causes of all student doses equaling or exceeding investigational level 2. The program coordinator and student should consider actions to reduce the probability of occurrence. Consider investigating the factors that led to the radiation exposure and the radiation doses and work habits of other individuals engaged in similar tasks to determine if improvements or additional safety measures are needed to reduce exposures. Evaluate, in the context of ALARA program quality, and record the results of investigations and evaluations. The student will be required to meet with the program coordinator. The student will also need to sign a statement that they met with and discussed what actions need to be taken to reduce exposure with the program coordinator.

Drug-Free Workplace, Campus and Community Drug Screen Policy

MCC – Penn Valley (the “College”) is committed to maintaining high standards in all programs, including its Allied Health and Nursing Education and Practice programs. Safe practice requires efficient, reliable, and unimpaired student performance at all times, including in the classroom and in clinical settings. Students are required to perform all education related activities in appropriate mental and physical condition. Being under the influence of illegal drugs or alcohol is not only in violation of MCC’s Student Conduct Code, but it also poses serious safety and health risks to the user and to all persons who come in contact with him/her.

As discussed below, clinical affiliation sites may require students to complete drug screening before they will be placed in the clinical setting, and some clinical sites may also require drug screening, with or without cause, during the course of the clinical placement.

As provided below, you may also be asked to complete a drug test according to individual program requirements and/or MCC policy. MCC-PV has adopted the Federal Drug-Free Workplace Act of 1988 and Drug-Free Schools and Communities Act Amendments of 1989. The policy is one of zero tolerance. The Code of Student Conduct imposes disciplinary sanctions for the use, possession, or distribution of alcoholic beverages and the illegal use, possession or distribution of drugs and controlled substances on MCC premises or at any MCC sponsored activity. A positive drug test may be cause for dismissal from an Allied Health or Nursing program as well as from the College. Additionally, a positive drug test may cause you to be excluded from all clinical sites and may also preclude you from taking state licensure examinations.

MCC Testing Criteria, Cost and Sanctions

Any Allied Health or Nursing student who demonstrates behavioral changes suspected to be related to the use of drugs, including but not limited to alcohol, will be required to submit to drug testing. While the Dean’s decision to refer a student for drug testing shall be reasonable under all the circumstances, things upon which the Dean may base his/her determination to require drug testing may include, but are not limited to:

- Observable phenomena such as direct observation of drug use and/or physical symptoms or manifestations suggesting that the student is under the influence of a drug and/or alcohol.
- Erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, and deterioration of work.
- Information that a student has caused or contributed to an accident, or near accident, that resulted in personal injury, including death, to a patient/client, fellow student, MCC or clinical site employee or any other person.
- The student’s conviction, being judged guilty of or pleading nolo contendere to a drug, alcohol or controlled substance infraction in a federal or Missouri state court, including municipal and magistrate courts, or in a court of any other state having appropriate jurisdiction.

Any Allied Health or Nursing student who is referred for testing shall be responsible for the costs of such testing.

Any student who tests positive for alcohol and/or unlawful drugs or controlled substances for which he/she cannot produce a valid and current prescription is subject to removal from his/her clinical rotation and may result in his/her inability to complete the program requirements and the consequent

removal from the program. In order to uphold the importance of due process, the student in question shall have the right to a full and fair hearing, including the right to present witnesses and evidence on her/his behalf, before the imposition of any such internal program sanction. Of utmost importance is the well-being of patients (if involved). In addition to program sanctions, the student may be suspended or expelled from the College for violation of the Student Conduct Code.

Clinical Site Testing, Sanctions and Cost

As noted above, in addition to MCC-PV testing and potential sanctions, clinical sites impose their own requirements for drug and alcohol testing. Clinical facilities are, like MCC-PV, committed to providing a safe environment in order to protect their patients, residents, employees and visitors; to provide the highest level of service; and to minimize the potential for accidents and injuries. Therefore, many of the clinical contracts between MCC – PV and the hospitals, clinics, and other clinical sites and facilities at which MCC-PV places its students for clinical rotations mandate that MCC – PV allied health and/or nursing students complete and pass a drug screen prior to being admitted into the facility for clinical rotations. Other clinical sites require random drug and/or alcohol screening for allied health and/or nursing students.

Apart from a student's internal due process rights, which, as noted above, address the rights of the student vis-à-vis MCC-PV sanctions, the refusal of a student to submit to a clinical site's initial drug screen or to random testing may result in the student's inability to do or to conclude clinical training at the clinical site. Likewise, a positive test may result in the student's immediate removal from the clinical site.

The cost for a drug screen may be covered by the clinical facility. If not, the student is responsible for the cost.

SAFETY AND SECURITY

It is the responsibility of the student to reveal any conditions which might be contraindicated or require special precautions to the course instructor. Information given in confidence will be kept confidential. The student shall not participate in any procedure that would be considered contraindicated for their particular condition.

Students will practice procedures with safety being of greatest concern. Students will use equipment in the manner in which it was intended and will report any malfunctioning equipment to the instructor immediately so that it can be removed from student access and appropriately be repaired.

Students should be familiar with the college's safety procedures as outlined in the college's student handbook and follow the evacuation plan as posted in the classroom.

Students should be familiar with the location of security services on the first floor of the Health Science Institute, and within the first floor of the Penn Valley central campus building.

In case of medical emergency, individuals should dial 911 and contact campus security. The cost associated with emergency services will be borne by the individual undergoing medical care. In case of medical emergency at the clinical site, students should follow facility protocol as instructed by the clinical preceptor at the site. Cost for emergency services will be borne by the individual undergoing medical care.

POST-EXPOSURE PROCEDURE

Nursing and Allied Health

Either of the following exposures could put a student at risk of HIV infection if the exposure involves blood, tissue, or other body fluids containing visible blood:

- Percutaneous injury (e.g., a needle stick or cut with a sharp object)
- Contact with mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or affected by dermatitis)

After occupational HIV exposure, a short-term course of ARV drugs (e.g., one month) may be used to reduce the likelihood of infection. This is referred to as post-exposure prophylaxis (PEP) and is a key part of a comprehensive universal precautions strategy during clinical placements.

In healthcare settings the occupational risk of becoming HIV-infected due to a needle stick is low (less than 1%). Most cases involve injuries from needles or sharps that have been used on a patient who is HIV-infected. The risk of HIV transmission from exposure to infected fluids or tissues is believed to be lower than from exposure to infected blood.

Guidelines for Providing PEP

Healthcare workers shall report occupational exposure to HIV immediately after it occurs. Early rapid testing of the source patient (the patient involved in the incident) can help determine the need for PEP—and may avert the unnecessary use of ARV drugs, which may have adverse side effects. If necessary, **PEP should begin as soon as possible after exposure, ideally within 2 hours.**

Currently, there is no single approved PEP regimen; however, dual or triple drug therapy is recommended and believed to be more effective than a single agent.

The treating physician will determine the treatment period (2-4 weeks) and make the drug selection for PEP based on the following factors:

- Type of injury and transmission device
- Source patient's HIV viral load and treatment history
- ARV drugs available

Some healthcare workers taking PEP experience adverse symptoms including nausea, malaise, headache, and anorexia. Pregnant students or women of childbearing age who may become pregnant may receive PEP, but must avoid efavirenz, which has harmful effects on the fetus.

Managing Exposure to HIV

Immediate steps

Any student exposed to blood or body fluids must take the following steps:

- Wash the wound and skin sites exposed to blood and body fluids with soap and water. Wash for at least 5 minutes using ample soap.
- For injuries that break the skin and where bleeding occurs, allow bleeding for a few seconds before washing with soap and water.
- Topical use of antiseptics is optional.
- Do not apply caustic agents, such as bleach, onto the wound or inject antiseptics or disinfectants into the wound.
- Flush mucous membranes, such as eyes, exposed to blood and body fluids with water.

- Immediately inform the clinical supervisor, or person in charge, of the exposure type and the action taken. Call your Clinical Coordinator and/or Program Coordinator to apprise him/her of your situation.

Once informed, the clinical supervisor will:

- Assess the exposure to determine the risk of transmission.
- Call the Clinical Coordinator and/or Program Coordinator to update him/her of the situation so that the following steps can be taken.
 - Inform the patient and student about the exposure and request permission for HIV testing.
 - If there is risk of transmission, follow the written protocol of hospital/facility for rapid testing.
 - If there is not a written protocol, immediately arrange for the patient and student to visit their personal physician. If they do not have a personal physician or the exposure occurs after hours, send them to the nearest emergency room after gaining permission of the patient and student.
 - Provide immediate support and information on post-exposure prophylaxis (PEP) to the student.
 - Record the exposure on the appropriate form/s and forward the information to the individual or department assigned to manage such exposures at the site and send a copy to the student's Clinical Coordinator/Program Coordinator.
 - Maintain the confidentiality of all related records.

Please note that the student is responsible for all costs related to post-exposure procedures. The clinical facility may provide the treatment at no cost to the student.

General Guidelines for PEP

- In all cases of exposure, start PEP within 2 hours of the exposure, whether or not patient's HIV status is known.
- PEP is usually discontinued if there is confirmation that the patient's HIV test is negative.
- If the patient is HIV-infected (with a positive test result), continue PEP.
- ARV therapy should be provided according to national or facility protocol. A minimum of two weeks and a maximum of four weeks treatment is recommended. When possible, consultation with a HIV specialist, particularly when exposure to drug resistant HIV may have occurred, is recommended.
- If the student's initial HIV test is positive, counsel the person on the test result and refer to a HIV/AIDS program for care and treatment.

CLINICAL POLICIES AND PROCEDURES

PRE-CLINICAL REQUIREMENTS

There are several things that incoming students must complete prior to beginning the clinical portion of the program. Students must complete all requirements and provide appropriate documentation.

- CPR certification
- Physical exam
- Immunizations
- Initial 2-step and then annual 1-step TB test
- Criminal background check (CBC)
- Family care and safety registry background check (FCSR)
- Drug Screening
- Hepatitis B waiver or proof of immunization
- Health insurance waiver
- KCANE clinical orientation manual_
<http://kchealthcareers.com/clinical-orientation-manual-exam/>
- Signed confidentiality statement
- Completed competency exam results
- Signed release of information authorization
- Many clinical sites have additional site-specific instructions/orientation modules which must be completed when assigned to that facility for clinical rotation

MRI SAFETY

MCC Penn Valley Radiologic Technology program has adopted and strictly enforces the policies for Health and Safety as set forth by the JRCERT Standards. JRCERT Standards on Health and Safety are defined in JRCERT Radiography Standard 5.3: The program assures that students employ proper safety practices.

https://www.jrcert.org/sites/jrcert2/uploads/documents/2021_Standards/2021_Standards_Radiography_02_18_21.pdf

Radiologic technology students may have potential access to the magnetic resonance environment during clinical assignments. All students will be educated in MRI safety and will be screened for contraindications prior to their first clinical rotation. Students with contraindications will be evaluated on a case-by-case basis and modifications to modality assignments will be made based upon the type of contraindication. Students are to notify the program coordinator or clinical coordinator immediately should their status change at any time during enrollment in the program.

Failing to notify the program coordinator or clinical coordinator of any changes will result in disciplinary action for the student.

MCC CLINICAL PLACEMENT POLICY

Explanation

Whereas the academic programs within the MCC Health Science Institute maintain clinical agreements with myriad of healthcare facilities/organizations for student clinical experiences and diligently work to ensure the placement and scheduling of all students into an appropriate clinical site, students should realize that there may be circumstances which arise which may limit or restrict one or more students from being assigned to any given clinical site in a given/planned semester due to circumstances beyond the control of Metropolitan Community College.

The Metropolitan Community College, as a part of its educational services, sponsors a number of clinical programs which are conducted in cooperation with various organizations and institutions throughout the metropolitan Kansas City area and in nearby counties. Each of these programs is subject to a specific contract in which the organization or institution reserves various rights with respect to the program conducted, including the right to determine when and in what circumstances the organization or institution can require removal of a student participating in a program from its premises. Such a determination is often completely outside the control of the college and may be exercised without its agreement or consent.

Agreements

Therefore, students enrolled in the radiologic technology program, hereby understand and or agree: to comply with the rules and regulations of the organizations and institutions that are sponsoring clinical rotations in which the undersigned is participating.

That he/she is a guest of said organization and/or institution and that he/she may be summarily denied further access to the premises where the clinical rotation is conducted, by the participating organization or institution without the consent and independent of any decision of the program and its faculty.

That as a result of such denial of access, he/she may not be able to satisfactorily complete such program or the course of study for which completion of the program may be required.

CLINICAL DISMISSAL

Reasons a clinical site may reject a student for clinical rotations or ask that a student be removed from their facility (include but are not limited to):

- Failure of the Employment Disqualification List background check
- Failure of the Family Care and Safety background check
- Failure of the criminal background check
- Failure of a routine or random drug test
- Failure to comply with smoking and tobacco use policies
 - Student dismissed/rejected from a clinical facility for any of these above reasons will not be provided an alternate clinical assignment. This will result in removal of the student from the Radiologic Technology program.

- Failure to comply with immunization and health screening requirements
- Failure to comply with annual TB testing
- Failure to maintain CPR certification
 - Student dismissed/rejected from a clinical facility for any of these above reasons will be removed from their clinical rotations until they come into compliance with the requirement. At which time, the student will either be reassigned to their previous clinical assignment or an alternative clinical assignment will be made.

- Failure to comply with published hospital policies
- Failure to comply with published hospital protocols
- Current or previous employment at the facility
- Current or previous employment at the facility of a person directly related to the student
- Endangering a patient or other facility personnel
- Any other reasons determined by the clinical facility
 - Student dismissed/rejected from a clinical facility for any of these above reasons may or may not be provided an alternate clinical assignment. This determination is dependent on the nature of the violation. The student has full access to the college's due process to appeal any such decision regarding clinical placement.

CLINICAL SITE ASSIGNMENTS

The program's Clinical Coordinator will make all student clinical assignments. Over the duration of a student's clinical experience if it is found that some aspect of expected clinical experience is lacking or too low in frequency to assure student experience (i.e.: surgical procedures) a student may receive a temporary assignment to a secondary clinical site to receive clinical exposure and develop clinical expertise in the area missing from their primary clinical environment. At the completion of a temporary assignment, the student will return to their primary clinical site.

CLINICAL SCHEDULE

The clinical component of the program requires that the student be present at their assigned clinical site during the hours indicated on the clinical calendar. All students must maintain the provided clinical schedule unless otherwise authorized by the Program Coordinator or the Clinical Coordinator. Students must be enrolled in a required RATE clinical practice course to attend and participate in clinical activities. Students attending clinical at times other than those assigned by the Program Coordinator or Clinical Coordinator are considered doing so as a volunteer and as such are not covered under the college's liability insurance. If a student participates in these volunteer activities, they are not to wear their MCC assigned dosimeter or MCC ID badge. Volunteer hours will not be counted toward meeting clinical course contact hours and any patient clinical procedures completed will not be counted toward meeting the required number of clinical competencies for a given RATE clinical course.

The program maintains a maximum of forty hours per week of mandatory program participation. This requirement includes both campus and clinical commitments. A student may not be assigned a clinical schedule that would result in over ten hours per day at the clinical site.

HOLIDAYS

Students are not required to attend clinical practice on any holiday that the college observes. If the clinical site where a student is assigned observes additional holidays, the student may attend clinical practice as scheduled or may be asked to be on campus at the Health Science Institute instead. Students do not have to make up lost clinical time due to a holiday observed by the college. The Penn Valley Radiologic Technology program observes these holidays:

- Martin Luther King Jr. day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday following Thanksgiving

INCLEMENT WEATHER

When MCC closes due to the weather, students are released from clinical practice for that day. This time does not have to be made up. If a student feels that the weather is such that it would be unsafe for them to travel to their clinical site, but the college has not closed; the student may elect to take a personal absence for that day. Clinical sites may send a student home if they feel that the weather presents a transportation issue. The Clinical Coordinator must be notified of such dismissals.

DRESS CODE & GROOMING

While in the clinical setting, all Penn Valley Radiologic Technology students are required to observe the following dress code. These requirements are to enhance the student's professional image as well as provide for the safety of both the patient and the student.

Any student reporting to clinical in violation of the dress code or grooming policy will receive a verbal warning and will be sent home to correct the violation. The student is required to return to clinical for the remainder of that clinical day.

Required uniform:

- Penn Valley student ID- must be visible at all times (may not be covered by any other ID tag etc.)
- Penn Valley issued dosimeter
- Black uniform shoes (“nursing” shoes or black walking shoes are acceptable)
Must be completely enclosed
No canvas shoes or Crocs
- Pewter gray scrubs
No denim or knits
No elastic ankle cuff
Length must not extend past the shoe or touch the floor
No tank top style tops

Note- during clinical experiences at Truman Medical Center, ceil blue or royal blue scrub pants and tops are the only acceptable uniform, per their policy. Ceil blue scrubs may not be worn for clinical rotations at any other facility.

PERSONAL HYGEINE REQUIREMENTS

Required

- Clean and wrinkle free uniform
- Appropriate personal hygiene level with clean, natural colored hair

Prohibited

- Fingernails that extend more than ¼” past the tip of the finger
- Artificial fingernails
- Bracelets or necklaces
- Rings that exceed one per hand
- Earrings that dangle or hang down from the ear lobe or ear gauges
- Fragrances and scented lotions
- Visible body piercing other than two ear lobe piercings
- Tongue piercing

Note- Individual clinical sites may impose additional restrictions.

TRAJECSYS

Trajecsys is an online reporting system used by the program faculty, clinical preceptors, and students to manage clinical time, clinical competencies, Compliance Reports, attendance documentation, and communicate via email.

Trajecsys is paid for by the students as a one-time fee that covers the entirety of the 2-year Radiologic Technology program.

ABSENCE FROM CLINICAL

Arriving late to the clinical setting is considered a clinical tardy. It is imperative to be professional and notify the imaging department via phone call if a student is going to be arriving late or will be absent for the entire day. If a student is tardy, she/he must send an email to the program's Clinical Coordinator that day, to report the tardy.

Leaving the clinical setting early (30 minutes or less) is also considered a clinical tardy. If a student is going to leave early, she/he must send an email to the program's Clinical Coordinator that day, to report the early departure.

Tardiness and early departures require the student to make up the lost clinical time by either staying late or arriving early that day or any other clinical day that week.

Any missed clinical time of four hours or more is considered a clinical absence.

CLINICAL ABSENCE PROCEDURES

- Anticipated or scheduled absences require prior approval by the program's Clinical Coordinator. The student must put in a Time Exception for the hours missed with the reason "Absent."
 - Failure to notify the Clinical Coordinator of an anticipated absence will result in disciplinary action (verbal/written warning).
 - Failure to notify the clinical site and/or clinical preceptor of an absence will result in .5% deduction for each occurrence from the final Clinical Practice grade for that semester.
- Unanticipated or unscheduled absences require the student to email the Clinical Coordinator prior to the assigned clinical start time to notify him/her of the absence. The student must put in a Time Exception for the hours missed with the reason "Absent" on or before they return to the clinical setting.
 - Failure to notify the Clinical Coordinator of an unanticipated/unscheduled absence will result in disciplinary action (verbal/written warning).
 - Failure to notify the clinical site and/or clinical preceptor of an absence will result in .5% deduction for each occurrence from the final Clinical Practice grade for that semester.
- The Radiologic Technology Program recognizes that there are times when events occur that may conflict with a student's ability to attend to the scheduled clinical assignments. Personal days are limited to two (2) days per semester for students.
 - If a student has not reached the required number of competencies for a given semester by two-weeks before the end of that semester, the student will be required to make up any missed personal days.
 - Each subsequent absence will result in a 5% deduction from the final Clinical Practice grade for that semester. All hours from subsequent absences will be made up by the student.
 - Any unattended clinical time (scheduled or unscheduled) 4 hours and under will result in a ½ day deduction from the student's 2 allotted personal days.
 - Any unattended clinical time (scheduled or unscheduled) over 4 hours will result in a 1 day deduction from the student's 2 allotted personal days.
- If a student arrives less than 30 minutes late or leaves a clinical assignment less than 30 minutes early, it is considered a tardy.
 - Students are allowed 2 clinical tardies each semester.
 - Each subsequent tardy will result in a .5% deduction from the final Clinical Practice grade for that semester.
- Make-up time will be scheduled during the semester break unless the time can be completed during the semester. This will result in an incomplete clinical grade until the hours have been completed.

- Make-up days must correspond to the student's normal clinical schedule. I.e. - first year students will be assigned make-up time on a Thursday or Friday, second year students will be assigned make-up time on a Monday, Tuesday or Wednesday. Any exception to this requires prior approval from the Clinical Coordinator and the clinical site/preceptor.
- A make-up schedule must be completed for all clinical make-up time. The student must meet with their clinical preceptor to devise a schedule that works with all parties in order to complete the make-up time. This schedule must be approved by the program's Clinical Coordinator prior to the make-up days. The make-up time will not be credited if this schedule is not given to the Clinical Coordinator.

ABSENCES DUE TO SPECIFIC REASONS

Absences Due to Bereavement

Students are allowed up to three days of clinical release time to attend the services of an immediate family member (parent, parent-in-law, spouse, grandparent, child, and sibling), without penalty. Up to one-day release time, will be granted for other relatives (aunt, uncle, cousin, niece, and nephew) Bereavement absences are a scheduled absence and require prior approval. These absences do not count against the two allotted clinical absence.

Absences Due to School Business

Release time is provided for missed clinical time due to approved school business.

Absences Due to Medical Conditions

Clinical absences of two or more consecutive days require a doctor's release before returning to the clinical setting. Medical absences may be anticipated or unanticipated and should be reported appropriately.

Absences Due to Student Technologist Employment

Students are not penalized for absences related to interviews or orientation for student radiologic technologist positions of employment. The student will be required to make up the missed clinical time, however their grades will not be deducted. The student may opt to use personal time in which case, the time would not need to be made up unless clinical competency requirements are not met for that semester.

CLINICAL PRACTICE COMPLIANCE

It is the responsibility of the student to comply with all Penn Valley Radiologic Technology program rules and regulations regarding Clinical Practice. Students may not breach any of the program policies. A clinical site clinical preceptor may not endorse a student's bending or breaking of a program policy.

1. In accordance with JRCERT standards 5.4, students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.
2. Clinical Practice should closely correlate with what the student is learning in classes and labs on campus. Once a student is familiar with a procedure, they may perform the examination under the direct supervision or observation of a registered technologist.
 - Direct Supervision:
 - Review the request for examination in relation to the student's achievement
 - Evaluate the condition of the patient in relation to the student's knowledge
 - Be physically present during the conduct of the procedure
 - Review and approve the procedure and/or image
 - Indirect Supervision
 - A qualified radiologic technologist reviews, evaluates, and approves the procedure and is *immediately available* to assist students regardless of the level of the student achievement
 - *Immediately available* is interpreted as the physical presence of a qualified radiologic technologist adjacent to the room or location where a radiographic procedure is being performed
3. Once a student has achieved competency on a given examination, the student may perform that examination under the indirect supervision of a registered radiologic technologist. Until competency is achieved, the student must work under direct supervision (technologist in the room). (JRCERT standards 5.4)
4. In accordance with JRCERT standard 5.4, at no time during the program, may a student perform a repeat radiograph independently. A registered radiologic technologist must directly supervise any repeated images.
5. Due to the NCRP report #116 annual student radiation dose limit of 1.0 mSv (100 millirem), students may not hold patients during radiographic exposures. If a radiographer feels that a patient requires holding, he or she must hold the patient while the student makes the exposure for them.
6. Student use of fluoroscopy as a positioning guide or check is prohibited. Students must use the centering light of the overhead tube for positioning guidance.
7. Student use of digital image cropping as opposed to collimation of the x-ray beam is prohibited. Students must restrict the radiation field to the proper size, to include only the anatomy of interest, prior to exposing the patient.
8. Venipuncture and the administration of intravenous contrast material, within the clinical environment, are not permitted at any point within the program.
9. The program cannot assure female and male students will have equitable clinical experience in mammographic imaging, therefore student clinical rotation assignments will not include mammography. Students seeking clinical experience in mammography may be allowed, but not guaranteed, through coordinated approval from the imaging site clinical preceptor and program Clinical Coordinator.

PROFESSIONAL CONDUCT

While in the clinical setting, all Penn Valley radiologic technology students are to represent the program to the best of their ability. The following behaviors are to be exhibited by all students at all times within the clinical environment.

The Penn Valley student:

1. is prompt in their arrival to the clinical site.
2. is well groomed and wears a uniform as described in the grooming and dress code policies of the program.
3. treats all patients with respect, is cognizant of cultural, and gender differences that may affect norms, perceptions, and behaviors.
4. addresses all adult patients as sir or ma'am or Mr. X or Ms. X. The student does not use the patient's first name unless the patient requests. The student never addresses the patient as hon or sweetie or by other endearments.
5. has patients remove any radiopaque objects, which may interfere with the scheduled procedure. The Penn Valley student then provides the patient with appropriate hospital attire such as a patient gown, robe, and slippers. The student never asks a patient to pull down their pants or pull up their shirt in order to remove possible foreign objects.
6. explains the procedure to each patient, in lay terms, so that the patient knows what to expect, before the exam begins.
7. obtains and documents a thorough patient history for each patient.
8. obtains the onset of the last menstrual period from each female patient between the ages of 10 and 55 years. If the LMP was more than 10 days ago, the student questions the patient concerning possible pregnancy. If the patient cannot provide information to demonstrate the absence of pregnancy, the student does not continue with the exam but seeks guidance from the clinical preceptor.
9. shields all patients, provided gonadal shielding will not interfere with the examination performed.
10. utilizes positioning aids and immobilization devices as needed to help the patient maintain required positions. The Penn Valley student is never permitted to hold a patient in position during a radiographic exposure.
11. does not attempt to diagnose patient injuries or disease. The student does not share with the patient any suspicions of pathology.
12. does not show patients their images.
13. washes their hands, cleans the exam room and changes all room linens following the completion of each patient.

TOBACCO FREE- SMOKE FREE ENVIRONMENT

All of the clinical affiliates of the MCC - PV Radiologic Technology program are smoke free/ tobacco free campuses (use of electronic cigarettes is considered tobacco use). Students may not smoke on the premises of these clinical sites. Additionally, many of these clinical affiliates prohibit any person who has direct patient contact from smelling of tobacco products. In these locations, students may not report to the radiology department with noticeable tobacco use odor.

Should a student violate these policies, the clinical site may, at its discretion, ask that the student be removed from their facility for the remainder of their clinical rotations. If a student is removed from their clinical assignment due to violation of that clinical site's smoking/ tobacco policy, an alternative clinical assignment will not be made. This will result in dismissal of the student from the program.

INCOMPLETE CLINICAL GRADES

A student who has failed to complete and/or submit documentation of fulfillment of the clinical course requirements by the stated deadline will be assigned a grade of incomplete (I) for that clinical course. This incomplete grade must be resolved before the beginning of the next clinical course.

REQUESTS FOR EXCEPTIONS TO CLINICAL POLICIES/SCHEDULES

Any student who feels that they have a unique or special situation, which warrants an exception to the clinical policies or requirements, must state their situation and request in writing and submit this request to both the Program Coordinator and the Clinical Coordinator via e-mail. The Program Coordinator and Clinical Coordinator will review the request and may meet with the student to discuss the situation. A written response outlining the decision will be sent to the student. This applies to **any** special request.

ROLE OF CLINICAL EXPERIENCE

Students are assigned to Clinical Practice to observe and apply concepts, skills, and behaviors taught on campus in class and the laboratory. It is important that the student understand that Clinical Practice is considered school, not work. While in the clinical setting, the student is not afforded the rights and privileges associated with employees and volunteers of the clinical facility. Additionally, the student must abide by the policies and procedures required by the college.

At all times, the student is to maintain a student-teacher relationship with the clinical preceptor as well as all clinical facility personnel.

CLINICAL PROCEDURES

Prior to the beginning of semester, each clinical site is notified of the student(s) assigned to their facility.

At the onset of each semester, the designated clinical preceptor should prepare a clinical rotation schedule for each student. This schedule can assign students to specific rooms within the diagnostic area or specific technologists within the diagnostic area and must conform to the rotation schedule provided in this handbook.

Prior to or on the first day a student is assigned to a clinical facility, the designated clinical preceptor is to inform the student as to where they are to park and to provide a secure location for the student to store their personal belongings.

At the time the student reports to the work area of the department, he or she will record the current time in Trajecsyst on a computer. If a computer is unavailable to the student, they may use a mobile device, however, the time must be recorded accurately and from inside the clinical facility (not in the parking lot, down the street, sitting in traffic, etc.). If using a mobile device, it is mandatory that the student allow GPS tracking of the time record. At the end of the day, the student will again accurately record the departure time in Trajecsyst. The clinical preceptor or Clinical Coordinator will approve time in/out in Trajecsyst.

Periodically throughout the semester, the clinical preceptor will complete the Clinical Compliance Report in Trajecsyst. Following completion of this form, the clinical preceptor is to discuss the report with the student. It is the student's responsibility to ensure the clinical preceptor completes the Clinical Compliance Report by the due date and time.

Throughout the semester, the student is to work on obtaining the required competencies for that semester. A student is to come to the clinical setting with a comprehensive knowledge of all required and retention competencies in a given semester. Advanced examinations and procedures with the potential for differing protocols may require the student to observe several examinations before attempting competency at a clinical site.

When the student tests for competency, the clinical preceptor, program faculty or other designated clinical staff will complete the competency form. The clinical preceptor must review the competency form and images with the student if he or she was not the evaluator. If the program faculty or clinical preceptor feels that the images or the student comments do not demonstrate competency, he or she may require a repeat of that competency assessment.

Failed competency assessments do not count against a student's grade, but it is preferred that the failed competencies be put in Trajecsyst or emailed to the Clinical Coordinator, this allows program faculty to evaluate if additional support or remedial action is required for any particular student.

If a student becomes ill or injured while on clinical duty and medical attention is needed, they may see the physician in the emergency room. This visit will be at the student's own expense. If a student needs to go home, they must notify the program director, clinical coordinator or an appropriate supervisor. Failure to notify the appropriate personnel can result in disciplinary action and jeopardize the student's standing in the program.

PROCEDURE FOR TESTING FOR COMPETENCY

All competency testing is to be done by a designated clinical preceptor or by program faculty. If a designated clinical preceptor or program faculty member is not available, a registered staff technologist may observe and evaluate the competency but the designated clinical preceptor must, later, review the requisition, images, and competency form with the student. A competency is not complete until it has been submitted into Trajecsys by the clinical preceptor or program faculty.

- 1) The student must declare the desire to be tested for competency before the patient has been started. A student may not be tested for competency on any patient who has been brought into the examination room by another individual.
- 2) The student is to perform the entire examination including room set up, all patient care, technique selection, image evaluation and follow-up activities **without any assistance** from the evaluator, other department personnel or other students.
- 3) More than one student may not test for competency on different exams on the same patient. To do so would not allow each student to perform the entire procedure as required above.
- 4) The evaluator may not assist the student in any way or provide any prompts to aid the student with the examination. If the evaluator feels that the student has not done something correctly and a non-diagnostic image will result, the evaluator may say to the student, "I feel that this will result in a repeat radiograph, do you know what you need to adjust?" If the student does not recognize the error, the competency evaluation may be terminated.
- 5) If the student fails the competency, a competency evaluation form still needs to be submitted into Trajecsys or emailed to the Clinical Coordinator. The competency form must be "disapproved" and include an explanation of the reason(s) that the student failed the evaluation. Failed competencies do not affect the clinical course grade.
- 6) A maximum of the first 5 digits of the patient's ID number should be recorded on the competency form and in Trajecsys.
- 7) Simulated competencies are allowable only for examinations that were not available during clinical rotations. Simulated competency testing must be done with the program faculty. The student must inform the Clinical Coordinator, prior to completion of the last semester of the program, of the need to simulate a procedure. Program faculty will provide the student will a scheduled time for the simulation to take place in the program lab facility on campus or designated clinical site. Certain examinations cannot be accurately simulated and therefore, a simulation is not allowed.
 - A maximum of ten competencies may be simulated
 - A list of competencies eligible for simulation can be found in the 2022 edition of the ARRT Didactic and Clinical Competency Requirements for Radiography.
- 8) Any competency completed in any given semester, must be entered into Trajecsys during that semester. If it is not, the competency will need to be repeated in one of the following semesters.

CLINICAL PRACTICE GRADING

The Academic Standards grading scale is used for Clinical Practice grades just as with the academic courses in the Radiologic Technology Program.

Clinical Practice grades include variable point values for completion of:

- Clinical orientation forms
- Diagnostic radiology room orientation forms
- Clinical Compliance Reports (evaluations completed by the clinical preceptors)
- Evening shift rotation orientation form
- Specialty modality rotation objective forms
- Student Clinical Experience evaluation forms (end of each semester)
- Required competencies per semester
- Retention competencies per semester
- Self-evaluations
- Any additional assignment assigned by the Clinical Coordinator

At the beginning of each semester of clinical practice, program expectations for student clinical performance will be made available and reviewed for student comprehension.

Clinical Practice grades are also affected by clinical absences and tardies; see the Clinical Absence Procedures section for more detailed information.

CLINICAL PRACTICE COURSES

3

Clinical I RATE 187 Credit Hours

PREREQUISITES:

The prerequisite for this course is the satisfactory completion of RATE 160, with a grade "C" or better. Concurrent enrollment is required in RATE 172.

COURSE SCHEDULE:

This fall course begins in September and ends in December. The student is required to attend the clinical site on Thursdays and Fridays. Students are to attend clinical as normal on any faculty workshop or in-service days.

DAILY SCHEDULE:

Students are assigned to the clinical facility 8:00 A.M. to 4:30 P.M. each clinical day unless specified otherwise per the clinical site. One, forty-minute lunch break is allotted while at the clinical facility. The assigned room rotations within the radiology department will be posted and provided by the clinical preceptor.

COMPETENCY REQUIREMENTS:

Each student must complete the indicated course objectives and requirements during the semester. The student must be aggressive in the pursuit of examination experience. It is the student's responsibility to demonstrate competency in the required examinations.

RATE 187- CLINICAL I

Clinical Compliance Reports

Clinical orientation forms

Student Clinical Experience evaluation of clinical site

Self-evaluation

Clinical competencies

Perform clinical procedures under the appropriate level of supervision using fixed and portable radiographic equipment.

**Clinical II
RATE 188
Credit Hours**

PREREQUISITES:

The prerequisite for this course is the satisfactory completion of RATE 165, 172, 186, and 187 with a grade "C" or better. Concurrent enrollment is required in RATE 176.

COURSE SCHEDULE:

This spring course begins in January and ends in May. The student is required to attend the clinical site on Thursdays and Fridays as indicated on the clinical calendar. During the spring break, the student is not required to attend clinical. Students are to attend clinical as normal on any faculty workshop or in-service days.

DAILY SCHEDULE:

Students are assigned to the clinical facility 8:00 A.M. to 4:30 P.M. each clinical day unless specified otherwise per the clinical site. One, thirty minute lunch break is allotted while at the clinical facility. The assigned room rotations within the radiology department will be posted and provided by the clinical preceptor.

COMPETENCY REQUIREMENTS:

Each student must complete the indicated course objectives and requirements during the semester. The student must be aggressive in the pursuit of examination experience. It is the student's responsibility to demonstrate competency in the required examinations.

RATE 188- CLINICAL II

Clinical Compliance Reports

Clinical orientation forms

Student Clinical Experience evaluation of clinical site

Self-evaluation

Clinical competencies

Perform clinical procedures under the appropriate level of supervision using fixed and portable radiographic equipment.

**Clinical III
RATE 189
4 Credit Hours**

PREREQUISITES:

The prerequisite for this course is the satisfactory completion of RATE 171, 176, and 188 with a grade "C" or better.

COURSE SCHEDULE:

This summer course begins in June and ends in July. The student is required to attend the clinical site Monday through Thursday. One week of an evening shift rotation is required. Evening shift hours are typically 12:30 P.M. to 9:00 P.M.

DAILY SCHEDULE:

Students are assigned to the clinical facility 8:00 A.M. to 4:30 P.M. each clinical day unless specified otherwise per the clinical site. One, thirty-minute lunch break is allotted while at the clinical facility. The assigned room rotations within the radiology department will be posted and provided by the clinical preceptor.

COMPETENCY REQUIREMENTS:

Each student must complete indicated course objectives and requirements during the semester. The student must be aggressive in the pursuit of examination experience. It is the student's responsibility to demonstrate competency in the required examinations.

RATE 189- CLINICAL III

Clinical Compliance Reports

Student Clinical Experience evaluation of clinical site

Clinical orientation forms

Self-evaluation

Clinical competencies

Perform clinical procedures under the appropriate level of supervision using fixed and portable radiographic equipment, including exams requiring the use of contrast media and surgical procedures.

Clinical IV
RATE 271
6 Credit Hours

PREREQUISITES:

The prerequisite for this course is the satisfactory completion of RATE 189 with a grade "C" or better.

COURSE SCHEDULE:

This fall course begins in August and ends in December. The student is required to attend clinical on Mondays, Tuesdays and Wednesdays as indicated on the clinical calendar. Students are to attend clinical as normal on any faculty workshop or in-service days.

DAILY SCHEDULE:

Students are assigned to the clinical facility 8:00 A.M. to 4:30 P.M. each clinical day unless specified otherwise per the clinical site. One, thirty-minute lunch break is allotted while at the clinical facility. The assigned room rotations within the radiology department will be posted and provided by the clinical preceptor.

COMPETENCY REQUIREMENTS:

Each student must complete indicated course objectives and requirements during the semester. The student must be aggressive in the pursuit of examination experience. It is the student's responsibility to demonstrate competency in the required examinations.

RATE 271- CLINICAL IV

Clinical Compliance Reports

Student Clinical Experience evaluation of clinical site

Clinical orientation forms

Self-evaluation

Clinical competencies

Perform clinical procedures under the appropriate level of supervision using fixed and portable radiographic equipment, including exams requiring the use of contrast media and surgical procedures.

Clinical V
RATE 272
6 Credit Hours

PREREQUISITES:

The prerequisite for this course is the satisfactory completion of RATE 271, 273, and 274 with a grade "C" or better.

COURSE SCHEDULE:

This spring course begins in January and ends in May. The student is required to attend the clinical site on Monday, Tuesday and Wednesday as indicated on the clinical calendar. During the spring break, the student is not required to attend clinical experience. Students are to attend clinical as normal on any faculty workshop or in-service days.

DAILY SCHEDULE:

Students are assigned to the clinical facility 8:00 A.M. to 4:30 P.M. each clinical day unless specified otherwise per the clinical site. One, thirty-minute lunch break is allotted while at the clinical facility. The assigned room rotations within the radiology department will be posted and provided by the clinical preceptor.

COMPETENCY REQUIREMENTS:

Each student must complete indicated course objectives and requirements during the semester. The student must be aggressive in the pursuit of examination experience. It is the student's responsibility to demonstrate competency in the required examinations.

RATE 272 - CLINICAL V

Clinical Compliance Reports

Student Clinical Experience evaluation of clinical site

Clinical orientation forms

Self-evaluation

Clinical competencies

Perform clinical procedures under the appropriate level of supervision using fixed and portable radiographic equipment, including exams requiring the use of contrast media and surgical procedures.

SPECIALTY & MODALITY ROTATIONS

Certain specialty rotations are available for all students to experience a wide variety of clinical settings which leads to a wider knowledge base of the field of radiography. This helps the student gain as much information as possible as to the type of setting in which they may choose to gain employment upon graduation.

Specialty rotations:

- Children's Mercy Hospitals and Clinics
 - Adele Hall (Downtown)
 - Kansas
 - Northland – Village West
 - East
- MobilEx
 - This is a mobile radiography company in which the student will ride along with a registered technology in a van that takes a mobile radiography unit to nursing homes, LTAC hospitals, jails, prisons, home health patients, etc. to perform radiographic procedures.
- Computed Tomography – One 2-week rotation during 2nd year
- Evening shift – 1-week rotation during RATE 189 – Clinical III course (summer)

Optional Rotations

- Nuclear medicine
 - Ultrasound
 - Radiation therapy
 - MRI
 - Vascular/ interventional
 - Cardiac Catheterization Lab
- 1-week rotations, a maximum of 2 optional rotations are allowed
 - It is preferred that students complete all required radiographic competencies prior to participating in any optional advanced modality rotations however, students must be in good standing and must have completed at least 45 program competency requirements prior to any optional advanced modality rotations

ARRT CLINICAL COMPETENCY REQUIREMENTS – Effective, January 2022

Each student must complete all mandatory competencies (36) and a minimum of fifteen elective options; 2 electives must be a listed contrast procedure and at least one other must be a listed head procedure. All pediatric options must be on a child of six years or younger. All geriatric competencies require physical or cognitive impairment as a result of aging and be at least age 65.

RADIOGRAPHIC PROCEDURE	# OF EXAMS REQUIRED PRIOR TO COMPETENCY	MANDATORY OR ELECTIVE		ELIGIBLE FOR SIMULATION	DATE COMPLETED
		M	E		
CHEST & THORAX					
Chest - Routine (2-views)	3	•			
Chest - AP (Wheelchair or stretcher)	3	•			
Ribs	1	•		•	
Chest - Lateral Decubitus	0		•	•	
Sternum	0		•	•	
Upper Airway (Soft Tissue Neck) (2-views)	0		•	•	
Sternoclavicular Joints	0		•	•	
UPPER EXTREMITY					
Thumb or Finger (3-views)	3	•		•	
Hand (3-views)	3	•			
Wrist (3-views)	3	•			
Forearm	3	•			
Elbow (2- or 3-views)	3	•			
Humerus	2	•		•	
Shoulder (3-views – including Y- or axillary)	3	•			
Trauma: Shoulder or Humerus (Scapular Y, transthoracic or axial)	1	•			
Clavicle	2	•		•	
Scapula	0		•	•	
AC joints	0		•	•	
Trauma: Upper Extremity (non-shoulder)	1	•			
LOWER EXTREMITY					
Toe (3-views)	2		•	•	
Calcaneus	0		•	•	
Foot (3-views)	3	•			
Ankle (3-views)	3	•			
Tibia/Fibula	3	•		•	
Knee (3-view – oblique, tunnel, sunrise)	3	•			
Femur	3	•		•	
Trauma: Lower Extremity	1	•			
Patella	1		•	•	

HEAD		Candidate must select at least one elective procedure from this section.			
Skull (2-view minimum)	0		•	•	
Facial Bones (2-view minimum)	0		•	•	
Mandible (No Panorex/dental machines)	0		•	•	
Temporomandibular Joints	0		•	•	
Nasal Bones	0		•	•	
Orbits (2-view minimum)	0		•	•	
Paranasal Sinuses (2-view minimum)	0		•	•	
SPINE & PELVIS					
Cervical Spine (must include obliques & odontoid)	3	•			
Thoracic Spine (must include swimmers)	3	•		•	
Lumbar Spine (must include obliques)	3	•			
Cross-Table Lateral Spine (horizontal beam, patient recumbent)	1	•		•	
Hip	3	•			
Cross-Table Lateral Hip (horizontal beam, patient recumbent)	1	•		•	
Pelvis	3	•			
Sacrum and/or Coccyx	1		•	•	
Sacroiliac Joints	1		•	•	
Scoliosis Series	1		•	•	
ABDOMEN					
Abdomen - Supine (KUB)	3	•			
Abdomen - Upright (Abd. Series)	3	•		•	
Abdomen - Decubitus	1		•	•	
Intravenous Urography (IVU)	0		•		
FLUOROSCOPY STUDIES		Candidates must select two procedures from this section and perform per site protocol.			
Upper GI – Single or Double Contrast	1		•		
Contrast Enema – Single or Double Contrast	1		•		
Small Bowel Series	1		•		
Esophagus (Not swallow study)	1		•		
Cystography/Cystourethrography	1		•		
ERCP	1		•		
Myelography	1		•		
Arthrography	1		•		
Hysterosalpingiography	1		•		
MOBILE C-ARM STUDIES					
Surgical C-Arm Procedure - Requiring Manipulation Around a Sterile Field	3	•		•	
C-Arm Procedure – Requiring Manipulation to Obtain Multiple Projections	3	•		•	

MOBILE RADIOGRAPHIC STUDIES					
Chest	3	•			
Abdomen	3	•			
Upper or Lower Extremity	3	•			
PEDIATRIC PATIENT		Age 6 or younger			
Chest - Routine	2	•		•	
Upper or Lower Extremity	0		•	•	
Abdomen	0		•	•	
Mobile Study	0		•	•	
GERIATRIC PATIENT		At least 65 years old and cognitively or physically impaired as a result of aging.			
Chest - Routine	3	•			
Upper or Lower Extremity	3	•			
Hip or Spine	1		•		
SUBTOTAL					
Total Mandatory Exams Required		36			
Total Elective Exams Required			15		
Total Number of Simulations Allowed				10	

EXPLANATION OF CLINICAL COMPETENCY REQUIREMENTS

Each student must complete all mandatory competencies (36) and a minimum of fifteen elective options; 2 electives must be a listed contrast procedure and at least one other must be a listed head procedure.

CHEST & THORAX	
Chest - Routine (2-views)	Must include PA and lateral projections
Chest - AP (Wheelchair or stretcher)	AP projection with patient either seated in wheelchair or on a stretcher
Ribs	Perform according to clinical site protocol
Chest - Lateral Decubitus	Right or left lateral decubitus position either with or without routine chest projections
Sternum	Must include oblique and lateral projections
Upper Airway (Soft Tissue Neck)	Must include AP and lateral views of the neck for soft tissue evaluation
Sternoclavicular Joints	Must include PA and oblique projections
UPPER EXTREMITY	
Thumb or Finger	Must include AP/PA, oblique and lateral projections
Hand	Must include PA, oblique and lateral projections
Wrist	Must include PA, oblique and lateral projections
Forearm	Must include AP and lateral projections
Elbow	Minimum of AP and lateral projections, obliques are optional
Humerus	Must include AP and lateral projections
Shoulder	Must include 3 of the following: AP (either neutral/internal/external), Grashey, Y-view, inferosuperior axial, superoinferior axial
Trauma: Shoulder or Humerus	AP along with Y-view, axillary or trans-thoracic images are required. Modification of the positioning and monitoring of the patient's condition are required for competency
Clavicle	AP and AP axial projections
Scapula	AP and lateral projections
AC joints	AP with and without weights
Trauma: Upper Extremity (non-shoulder)	AP and lateral projections are required. Modification of the positioning and monitoring of the patient's condition are required for competency
LOWER EXTREMITY	
Toe	Must include AP, oblique and lateral projections
Calcaneus	Must include axial and lateral projections
Foot	Must include AP, oblique and lateral projections
Ankle	Must include AP, oblique and lateral projections
Tibia/Fibula	Must include AP and lateral projections
Knee	Must include AP and lateral with one of the following: oblique, tunnel, or tangential patella projection
Femur	Must include AP and lateral projections
Trauma: Lower Extremity	AP and lateral projections are required. Modification of the positioning and monitoring of the patient's condition are required for competency
Patella	Must include either an AP knee or PA patella along with a tangential projection of the patella. This may be performed as part of a knee series

HEAD	
Skull (2-view minimum)	Must include two of the following: PA/Caldwell, Townes, SMV, or lateral projections
Facial Bones (2-view minimum)	Must include two of the following: PA/Caldwell, Waters, Modified Waters, Reverse Waters, or lateral projections
Mandible (No Panorex/dental machines)	Must include two of the following: PA, Townes, SMV, or axiolateral projections with clear collimation to the mandible
Temporomandibular Joints	Must include AP axial and axiolateral projection
Nasal Bones	Must include right and left lateral projections
Orbits (2-view minimum)	Must include two of the following: PA/Caldwell, Waters, Modified Waters, or lateral with clear collimation to the orbits
Paranasal Sinuses (2-view minimum)	Must include two of the following: PA/Caldwell, Waters, Open-Mouth Waters, SMV, or lateral with clear collimation to the sinuses.
SPINE & PELVIS	
Cervical Spine	Must include AP, both obliques, lateral, and odontoid
Thoracic Spine	Must include AP, lateral and swimmers
Lumbar Spine	Must include AP, both obliques, lateral, and L5-S1 spot
Cross-Table Lateral Spine	Must be obtained with patient supine and horizontal x-ray beam
Hip	Must include AP and frog lateral
Cross-Table Lateral Hip (horizontal beam, patient recumbent)	Must include AP and x-table images with patient supine and horizontal x-ray beam. Requires modification of positioning and monitoring of patient's condition
Pelvis	AP projection
Sacrum and/or Coccyx	Must include AP/PA axial and lateral projections. May be sacrum only, coccyx only, or both
Sacroiliac Joints	Must include AP/PA and oblique projections
Scoliosis Series	AP/PA and lateral projections of C7 through S1
ABDOMEN	
Abdomen - Supine (KUB)	AP supine image of the abdomen
Abdomen - Upright (Abd. Series)	AP standing (non-portable) image of the abdomen to include the diaphragm. May be performed as part of a full abdominal series (KUB, upright, and PA chest)
Abdomen - Decubitus	AP/PA projection in decubitus position according to facility protocol
Intravenous Urography (IVU)	Student must set up and perform entire procedure including any preliminary images, assist with contrast administration, assist with fluoroscopy and obtain any requested overhead images
FLUOROSCOPY STUDIES	
Upper GI – Single or Double Contrast	Student must set up and perform the entire procedure including any preliminary images, assist with contrast administration, assist with fluoroscopy and obtain any requested overhead images
Contrast Enema – Single or Double Contrast	Student must set up and perform the entire procedure including any preliminary images, assist with contrast administration, assist with fluoroscopy and obtain any requested overhead images

Small Bowel Series	Student must perform the entire examination including any preliminary images, administration of contrast, timed images and assist with fluoroscopy portion of the examination.
Esophagus (Not swallow study performed with speech pathology)	Student must set up and perform the entire procedure including any preliminary images, assist with contrast administration, assist with fluoroscopy and obtain any requested overhead images
Cystography/Cystourethrography	Student must set up and perform the entire procedure including any preliminary images, assist with contrast administration and obtain any requested overhead images
ERCP	Student must set up for procedure including but not limited to: prepare sterile tray, contrast, assist physician with the exam and obtain any requested overhead images
Myelography	Student must set up for procedure including but not limited to: prepare sterile tray, contrast, assist physician with the exam and obtain any requested overhead images
Arthrography	Student must set up for procedure including but not limited to: prepare sterile tray, contrast, assist physician with the exam and obtain any requested overhead images
Hysterosalpingiography	Student must set up for procedure including but not limited to: prepare sterile tray, contrast, assist physician with the exam and obtain any requested overhead images
MOBILE C-ARM STUDIES	
Surgical C-Arm Procedure - Requiring Manipulation Around a Sterile Field	Any case in the OR requiring the use of a C-arm. Requires manipulation of the C-arm around a sterile field
C-Arm Procedure – Requiring Manipulation to Obtain Multiple Projections	Any case requiring the use of a C-arm. Requires manipulation of the C-arm to obtain more than one projection
MOBILE RADIOGRAPHIC STUDIES	Mobile competencies may not be performed until mobile/portable examinations have been discussed in Procedures II
Chest	Must include AP image performed with mobile radiographic equipment
Abdomen	Must include a KUB performed with mobile radiographic equipment
Upper or Lower Extremity	Must include a minimum of 2 views performed with mobile radiographic equipment
PEDIATRIC PATIENT	Pediatric competencies may not be performed until mobile/portable examinations have been discussed in Procedures II
Chest - Routine	Must include PA/AP and lateral views on a patient age 6 years or younger
Upper or Lower Extremity	Must include a minimum of 2 views on a patient age 6 years or younger
Abdomen	AP supine image of the abdomen on a patient age 6 years or younger
Mobile Study	Any mobile (portable) examination on a patient age 6 years or younger
GERIATRIC PATIENT	At least 65 years old and cognitively or physically impaired as a result of aging.
Chest - Routine	Must include PA/AP and lateral views
Upper or Lower Extremity	Must include a minimum of 2 views
Hip or Spine	Must include a minimum of 2 views

CASTLEBRANCH

Castlebranch is an online screening and compliance service that the MCC uses to manage student clinical compliance records such as: vaccinations, criminal background checks, hospital competency test results, BLS certification, health insurance, confidentially statements, etc.

Registration with Castlebranch requires a one-time fee paid by the student that covers the entirety of the 2-year Radiologic Technology program.

CLINICAL FORMS

CLINICAL EXPERIENCE STUDENT HEALTH REQUIREMENTS Metropolitan Community College- Penn Valley Radiologic Technology

Please provide the date each item below was obtained and attach appropriate documentation.

General wellness physical examination (within past 12 months)

TB test (initial 2-step)

Measles, mumps and rubella #1

Two immunizations or laboratory evidence of immunity

Measles, mumps and rubella #2

Two immunizations or laboratory evidence of immunity

Varicella #1

Two immunizations or laboratory evidence of immunity

Varicella #2

Two immunizations or laboratory evidence of immunity

Tetanus- diphtheria within the past 10 years

Hepatitis B #1

Hepatitis B #2

Hepatitis B #3

Annual influenza vaccine

Covid-19 vaccine (fully vaccinated prior to beginning clinical rotations)

This information will be documented in Castlebranch.

IMMUNIZATION/TITER REQUIREMENTS

MCC - Allied Health and Nursing Programs

*On January 1, 2004, the Joint Commission instituted new regulations that must be followed in order for hospitals, home health agencies, clinics, etc., to gain or maintain accreditation status. One of these new regulations requires all persons who are involved with direct patient care activities, i.e., employees, volunteers and students, must have criminal background checks, as well as other healthcare related checks.

Official documentation of immunizations and/or titers must include:

- **complete dates (mm/dd/yyyy)**
- **results of IGG titers (positive/immune or negative/not immune)**
- **student/patient name**
- **health care provider's name/organization**
- **phone number and appropriate signatures—such as a physician's prescription pad**
- **official clinical record**

Dates written on this sheet are not acceptable, this is to be used as a reference only.

TITER / IMMUNIZATION REQUIREMENTS
<p>Hepatitis B – The Hepatitis B vaccine is recommended for health care workers by the Centers for Disease Control (CDC). Official documentation must be provided for <u>all three</u> injections <u>and/or</u> a titer drawn showing proof of immunity, OR a signed Hepatitis B waiver must be on file</p>
<p>Chickenpox (varicella) – Complete an IGG titer (titer must be dated, the results must demonstrate evidence of immunity, Equivocal or Negative is not acceptable.) If no immunity is present, two immunizations must be given. OR Give two immunizations 4 weeks apart</p>
<p>Measles, Mumps, Rubella – Complete an IGG titer for each (measles, mumps, rubella) (Titer must be dated, the results must demonstrate evidence of immunity, Equivocal or Negative is not acceptable.) If no immunity is present, two immunizations must be given. OR Give two immunizations 4 weeks apart</p>
<p>Tuberculosis Screen – A two-step Mantoux skin test is required. A two-step can be completed in one of two ways: 1. Two recent screening three weeks apart OR 2. One annual screening less than one year old and one additional screening valid through (one year). A student may opt to provide a Quantiferon blood test or T-Spot with negative results in place of the Two-step Mantoux skin test. Proper documentation of the skin test will include: Date the test was given with the signature of the person giving the test and the results of the skin test recorded in mm of induration with the results being read in 48-72 hours. The final results must also include the date the screening was read with the signature of the person reading the results. Negative Chest X-Ray (less than five years old) required if TB test is positive or has history of positive skin tests. Annual symptoms assessment will be required every year thereafter.</p>
<p>Tetanus-Diphtheria – <i>Must have been received <u>within the last 8 years or current through the end of the MCC program.</u></i> The initial series is typically given in childhood and boosters are required every ten years. The booster should be of Tetanus-Diphtheria and acellular pertussis (TDaP). If the booster has been given within the last ten years, provide official documentation of the date (month/day/year) of the immunization. If the booster is ten years old or older, give the TDaP immunization and provide official documentation of the date (month/day/year) of the immunization.</p>
<p>Titers are not acceptable for any portion of TDaP.</p>
<p>Influenza Vaccine – Clinical facilities require that all health care workers have an annual flu shot. Documentation must be provided of the <u>date</u> of the immunization, the <u>type</u> of vaccine given, and the <u>signature</u> of the person administering the injection. <i>Those with allergies to the influenza vaccine (all types) must provide written documentation from the health care provider that indicates the student cannot receive the immunization due to severe and/or life threatening allergy to the vaccine.</i></p>

RELEASE OF INFORMATION FOR PROGRAM PARTICIPATION AND CLINICAL ROTATIONS

MCC-Penn Valley Health Science Institute

Purpose

The purpose of this document is to set forth the process and procedures relating to the conduct of criminal background, immunization and drug screening for students enrolled in programs of the Metropolitan Community College Penn Valley Health Science Institute (HSI) that involve clinical placements. In order for hospitals, clinics and other types of health agencies to gain or maintain accreditation with The Joint Commission (TJC), all employees, volunteers or students being provided a clinical experience at those entities must have criminal background checks and meet clinical site requirements. Except for use in placing the student in a clinical experience, all background reports are considered confidential.

Requirements

Criminal Background Checks

The MCC HSI requires that all students complete a criminal background check prior to enrolling in their first clinical course.

MCC will not use the results of a background check as criteria for admission to any program or course. However, HSI may not be able to place a student with an unacceptable background in a health agency for a clinical experience. Students who do not complete a criminal background check are ineligible for placement in most clinical agencies.

The inability to participate in a clinical experience will result in the student being unable to progress in his or her particular program. Further, a criminal background check may be a prerequisite to taking the licensure exam for employment in a particular health field. It is the student's responsibility to know whether he or she will be eligible for licensure or if a conviction will prohibit him or her from being licensed and employed in the health care industry.

Procedure

MCC HSI uses _____, a credit reporting agency, to conduct background checks. The student is responsible for completing the online application and paying the cost. The required application is available at www._____

Criminal background checks from previous employment or other sources are not acceptable for meeting the background requirements.

Criminal background checks are normally conducted once during the program; however, some clinical sites may require a more current report. Also, an updated national criminal background check will be required for any student being readmitted or transferring to the program.

Medical Requirements

Off-campus clinical facilities may require medical information on students in programs with clinical assignments. MCC HSI is responsible for providing the clinical facilities with medical information that may include vaccinations, medical test and drug screens. The clinical facility may also require copies of this information.

Student Records

Pursuant to requirements of the Family Educational Rights and Privacy Act (FERPA), concurrent with completing the online application for a criminal background check, the student shall complete a form consenting to the disclosure of the results of the check for purposes of clinical placement.

For the protection of privacy, the results of the student criminal background check will not be kept as part of the student's academic records. Instead, they will be accessed electronically and/or kept in a locked file until destroyed.

Authorization

I authorize Metropolitan Community College Penn Valley Health Science Institute to release and disclose any and/or all pertinent medical and criminal background and other personal information as indicated above to the clinical facility which may require it as a condition of my assignment to the facility.

I understand that if I refuse to release the information described above, I may be denied or withdrawn from a clinical placement and become unable to complete the clinical requirements of the program.

I have also read and understand that I agree to a criminal background check completed and have the results reviewed by authorized MCC employees and share with affiliating healthcare facilities.

Printed _____ Date _____ Student Name

Signature _____ Date _____ Student

CONSENT TO DISCLOSE INFORMATION FROM STUDENT EDUCATION RECORDS
Under The
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

I. Records to Be Disclosed

In order for hospitals, clinics, and other types of health agencies to gain or maintain accreditation with The Joint Commission (TJC), all employees, volunteers or students working at those entities must have criminal background checks as well as other healthcare related checks. I have undergone such a criminal background check. By executing this form, I am hereby consenting to the release of the results of that background check for the purpose indicated below, regardless of the information contained in it and its impact on my ability to be placed in a clinical setting.

II. Purpose of the Disclosure

In order to complete the prerequisites for my academic program at Metropolitan Community College (MCC), I must successfully participate in a clinical component of that program at one of the health agencies covered by the above-described TJC requirement. Undergoing the criminal background check and providing its results to the health agency where MCC proposes that I be placed will allow that agency to make a determination as to my qualifications for placement and to thereby comply with the TJC requirement.

III. Party or Class of Parties to Whom the Disclosure May Be Made

I authorize MCC to release the results of my criminal background check to any and all health agencies at which it is attempting to place me for the clinical component of my academic program.

I understand that it is the sole decision of the health agency being considered for my clinical placement whether to approve or deny the clinical portion of my educational program. Also, if my background check reveals some criminal history by me, I have been advised to call the State Department of Health and Senior Services to inquire about the possibility of being denied the opportunity to sit for the licensure exams and have been further advised to inquire with possible future employers as to any limitations there may be to employment opportunities in light of any criminal history that I may have.

IV. Decision as to Copy of Record Released (insert initials in appropriate space)

I _____ do _____ do not request a copy of any record disclosed pursuant to this consent.

Signature: _____

Date: _____

Printed name: _____

Student ID: _____

ACKNOWLEDGMENTS FORM

Clinical Placement

I understand that clinical placements are based on availability and that I may not request a specific clinical site. I acknowledge that my clinical experience assignment may be located in any area throughout Metropolitan Kansas City. Due to the large geographic area that Kansas City encompasses, I may need to drive sixty (60) or more miles one way to a clinical site. The MCC Health Science Programs work diligently to ensure placement and scheduling of all students into an appropriate clinical site. However, there may be circumstances beyond our control that arise that limit or restrict students from being assigned to a given or proposed clinical site which may impact program completion.

Clearance for Patient Care

I understand that should I experience a medical condition that interferes with the safe care of patients during my clinical experience I must notify appropriate MCC faculty and administration and be medically cleared before returning to patient care activities at a clinical site.

Health Insurance Waiver

I understand that neither Metropolitan Community College (MCC) nor any clinical affiliates provide health care insurance for me. I hereby waive and release MCC and any clinical affiliates from responsibility for insurance and/or for health care services that may be required with respect to any illness or injury I may suffer as a result of my participation in a clinical experience.

Licensure/ Certification

I understand that admission and graduation from the radiologic technology program does not ensure eligibility for state or national licensure/ certification nor does it guarantee successful completion/passage of licensure/ certification examination(s)
A record of a felony conviction is a factor which must be considered by licensure boards while applying to sit for the licensure/ certification examinations.

Student Name Printed

Date

Student Signature

Date

**PHOTO-VIDEO-AUDIO
CONSENT AND RELEASE FORM**

I, _____, do hereby consent and authorize the Junior College District of Metropolitan Kansas City, Missouri aka Metropolitan Community College (MCC), its employees, representatives, and agents to take audio and video recordings, as well as photographs (collectively "Recordings"), of me during my participation in any class, training session, or activity conducted by the MCC with the understanding that these Recordings may be utilized for MCC marketing purposes, and include, but not be limited to, advertising on any and all MCC and related websites and other local and national advertising venues.

I do hereby assign to said parties all right, title, and interest in and to all such Recordings and acknowledge that I am not entitled to any form of payment for the use of said Recordings and that no promises have been made to secure my signature to this consent and release.

I release MCC and its employees, representatives, and agents, including any firm or person authorized to publish and/or distribute a finished product of the Recordings, from any claims, damages, and liability, including the invasion of the right of privacy, and waive any and all claims that I may forever have in connection with the taking and/or use of the Recordings.

I attest and verify that I am eighteen (18) years of age or over and by signing below I indicate that I have read this document and that I understand and agree to abide with the content in its entirety.

Signature: _____

Name: _____

Date: _____

STUDENT CONFIDENTIALITY STATEMENT
Metropolitan Community College - Penn Valley
Radiologic Technology

Objective:

To preserve the medical record and hold inviolate the privileged contents of the record and any other information of a confidential nature.

Policy:

The medical record is the property of the health care facility, while the personal data contained in the record are considered confidential communication in which the patient has a protectable interest. It is compiled, preserved and protected from unauthorized inspection for the benefit of the patient, hospital and physician.

It is the responsibility of each radiologic technology student not to discuss any confidential information with any individual, inside or outside of the hospital or classroom except as such discussion is part of the performance of duty within the health care facility.

Computer generated information, whether of a medical, personal or financial nature is considered confidential information and is subject to the same restraints regarding discussion and disclosure.

Student submission of radiographic images to campus faculty, for any classroom or clinical assignment must not contain any information which identifies the patient. Failure to remove patient information from any radiographic image, submitted to program faculty, external to the clinical affiliate, is in direct conflict with HIPAA, and will not be tolerated under any circumstance.

Any violation of this policy may result in disciplinary action up to and including possible dismissal from the program.

I have read and understand the above statement that I must not disclose confidential information, except as such disclosure is part of the performance of duties related to my clinical assignment. I further understand that such disclosure may result in disciplinary action up to and including possible dismissal from the program.

Signature _____

Printed name _____

Date _____

STUDENT INFORMED CONSENT
Metropolitan Community College - Penn Valley
Radiologic Technology

I, _____, understand that students will be expected to perform radiologic technology skills on each other. I am willing to participate in these activities. This agreement is voluntarily executed and by signing, I so state.

I will inform the instructor of any condition which may be considered a precaution or contra-indication for a particular procedure and will thereby be excused according to instructor's direction.

I understand that if I become ill or injured, my condition may require a physician's release for return to school or clinical.

I will demonstrate professionalism in the lab by careful administration of procedures and consideration of the privacy, modesty, and respect of other students.

I understand that as a student, I may be exposed to environmental hazards and infectious diseases including, but not limited to, tuberculosis, hepatitis B and HIV (AIDS) while in a clinical facility.

Neither Metropolitan Community College nor any of the clinical facilities used for clinical practice assumes liability if a student is injured on the campus or in the clinical facility during training unless the injury is a direct result of negligence by the college or clinical facility. I understand that I am responsible for the cost of health care for any personal injury I may suffer during my education. I understand that I should purchase private health insurance.

I understand and assume responsibility for the policies, objectives, course requirements and inherent risks involved in the education of radiologic technology students on the Penn Valley campus of the Metropolitan Community College.

Signature _____

Printed name _____

Date _____

**CONSENT TO DRUG/ALCOHOL TESTING
AND
RELEASE OF LIABILITY FORM**

I have read, understand and agree to MCC-Penn Valley's Drug-Free Workplace, Campus and Community Drug Screen Policy in accordance with which I may be required to undergo drug/alcohol testing both by MCC-Penn Valley and by any clinical site to which I may be assigned as part of my clinical rotation. A positive test may not only cause me to be excluded from clinical placement but may also result in my removal from the Allied Health or Nursing program to which I have been admitted and may cause me to be suspended and/or expelled from the College. I understand that if I have tested positive, I may not be permitted to take any state licensure examination. My signature below indicates that:

1. I consent to the testing as outlined in the Drug-Free Workplace, Campus and Community Drug Screen Policy.
2. I understand that I may be responsible for all costs incurred with the drug testing.
3. I hereby release and hold harmless the Metropolitan Community College ("MCC"), including MCC-Penn Valley, and MCC's Board of Trustees, employees, and agents from any and all claims arising from the administering of any test, the analysis of test results, and the use and disclosure of test results: provided, however, this release and hold harmless shall not apply to intentional torts, gross negligence or activities involving the public interest.

My signature indicates that I have read and understand this consent and release form, and that I have signed it voluntarily.

Signature _____

Printed name _____

Date _____

INFECTIOUS DISEASE POLICY
Metropolitan Community College - Penn Valley
Radiologic Technology

The risk of contracting Hepatitis B virus or other infectious diseases are greater than the risk of contracting HIV. Therefore, recommendations for the control of Hepatitis B infections will effectively prevent the spread of AIDS. In such recommendations are therefore incorporated herein.

1. Sharp items (needles, scalpel blades, and other sharp instruments) shall be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries. Proper disposal of sharp items according to OSHA guidelines shall be followed.
2. Disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture resistant containers located as close as practical to the area in which they were used. To prevent needle stick injuries, needles shall not be recapped, purposely bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
3. When the possibility of exposure to blood or other body fluid exists, routinely recommended universal precautions should 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 where splashing is possible. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood or body fluids.
4. To minimize the need 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.
5. Pregnant students or students engaged in health care are not known to be at greater risk of contacting the HIV virus than students who are not pregnant. However, if a student develops infection with the HIV virus during pregnancy, an infant has an increased risk of infection through prenatal or perinatal transmission. Because of this risk, pregnant students should be especially familiar with precautions regarding the HIV virus.
6. Radiologic Technology students engaged in health care who are infected with the HIV virus and who are not involved in invasive procedures need not be restricted from work unless they have some other illness for which any health care worker would be restricted.
7. For Radiologic Technology students engaged in health care who have been diagnosed as HIV positive, there is an increased danger from infection due to disease. Students who are HIV infected are at risk of acquiring or experiencing serious complications of such diseases. Of particular concern is the risk of severe infection following exposure to patients with easily transmitted infectious diseases (e.g. tuberculosis or chicken pox). HIV infected students will be counseled about potential risk associated with exposure to or taking care of patients with transmissible infections and should continue to follow universal precautions to minimize their risk of exposure to other infectious agents.

8. The Radiologic Technology student's physician, in conjunction with the appropriate college official, will determine on an individual basis whether the student who is HIV positive, with symptoms, can adequately and safely perform patient care.
9. A Radiologic Technology student with an infectious disease who cannot control bodily secretions and students who have un-coverable oozing lesions will not be permitted to participate in health care services. The determination of whether an infected student should be excluded from providing health care shall be made on a case-by-case basis by the student's physician and the appropriate college officials.
10. Radiologic Technology students who are exposed to infectious body fluids in the clinical area must report to the clinical preceptor immediately. The hospital shall be notified and the hospital protocol for such exposure followed.

Signature _____

Printed name _____

Date _____

STATEMENT OF COMPLIANCE
Metropolitan Community College - Penn Valley
Radiologic Technology

I have read this student code of conduct for the Radiologic Technology Program conducted at Metropolitan Community College - Penn Valley, in its entirety. I understand the policies and procedures and agree to comply with each and every one of the policies and procedures as stated. I understand that failure to comply with this code of conduct may result in grade penalties and/ or disciplinary action.

Signature_____

Printed name_____

Date_____

STATEMENT OF UNDERSTANDING
Metropolitan Community College - Penn Valley
Radiologic Technology

I have read this student handbook for the Radiologic Technology Program conducted at Metropolitan Community College - Penn Valley, in its entirety. I understand the policies and procedures and agree to comply with each and every one of the policies and procedures as stated in this student handbook and policy manual.

Signature _____

Printed name _____

Date _____