# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM OVERVIEW</td>
<td>3</td>
</tr>
<tr>
<td>PROGRAM GOALS AND LEARNING OUTCOMES</td>
<td>4</td>
</tr>
<tr>
<td>ACCREDITATION</td>
<td>5</td>
</tr>
<tr>
<td>COLLEGE ORGANIZATION</td>
<td>6</td>
</tr>
<tr>
<td>PROGRAM COORDINATOR JOB DUTIES AND RESPONSIBILITIES</td>
<td>7</td>
</tr>
<tr>
<td>CLINICAL COORDINATOR CLINICAL MANAGEMENT DUTIES</td>
<td>10</td>
</tr>
<tr>
<td>CLINICAL COURSE MANAGEMENT DUTIES</td>
<td>12</td>
</tr>
<tr>
<td>FULL-TIME AND ADJUNCT FACULTY ROLE AND RESPONSIBILITIES</td>
<td>13</td>
</tr>
<tr>
<td>CLINICAL INSTRUCTOR ROLE AND RESPONSIBILITIES</td>
<td>14</td>
</tr>
<tr>
<td>CLINICAL STAFF ROLE AND RESPONSIBILITIES</td>
<td>15</td>
</tr>
<tr>
<td>PERFORMANCE STANDARDS</td>
<td>16</td>
</tr>
<tr>
<td>FACILITIES AND STUDENT SUPPORT</td>
<td>18</td>
</tr>
<tr>
<td><strong>STUDENT CONDUCT</strong></td>
<td>20</td>
</tr>
<tr>
<td>STUDENT PRIVACY AND CONFIDENTIALITY</td>
<td>20</td>
</tr>
<tr>
<td>ACADEMIC HONESTY</td>
<td>21</td>
</tr>
<tr>
<td><strong>PROGRAM POLICIES AND PROCEDURES</strong></td>
<td>23</td>
</tr>
<tr>
<td>RADIOLOGIC TECHNOLOGY STUDENT CODE OF CONDUCT</td>
<td>23</td>
</tr>
<tr>
<td>RADIOLOGIC TECHNOLOGY CLASSROOM PROCEDURES</td>
<td>24</td>
</tr>
<tr>
<td>RADIOLOGIC TECHNOLOGY LAB GUIDELINES</td>
<td>25</td>
</tr>
<tr>
<td>RADIOLOGIC TECHNOLOGY WORKROOM GUIDELINES</td>
<td>25</td>
</tr>
<tr>
<td>ATTENDANCE</td>
<td>26</td>
</tr>
<tr>
<td>TARDY POLICY</td>
<td>26</td>
</tr>
<tr>
<td>EARLY CLASS DEPARTURE POLICY</td>
<td>26</td>
</tr>
<tr>
<td>PROGRAM WITHDRAWAL</td>
<td>26</td>
</tr>
<tr>
<td>PROGRAM DISMISSAL</td>
<td>27</td>
</tr>
<tr>
<td>LEAVE OF ABSENCE</td>
<td>27</td>
</tr>
<tr>
<td>ACADEMIC STANDARDS</td>
<td>27</td>
</tr>
<tr>
<td>SOCIAL MEDIA</td>
<td>27</td>
</tr>
<tr>
<td>DISCIPLINARY ACTION</td>
<td>28</td>
</tr>
<tr>
<td>GRIEVANCE PROCEDURES</td>
<td>28</td>
</tr>
<tr>
<td>STUDENT HEALTH</td>
<td>31</td>
</tr>
<tr>
<td>STUDENT PREGNANCY</td>
<td>31</td>
</tr>
<tr>
<td>RADIATION SAFETY</td>
<td>32</td>
</tr>
<tr>
<td><strong>DRUG-FREE WORKPLACE, CAMPUS AND COMMUNITY</strong></td>
<td>33</td>
</tr>
<tr>
<td>SAFETY AND SECURITY</td>
<td>34</td>
</tr>
<tr>
<td>POST-EXPOSURE PROCEDURE</td>
<td>35</td>
</tr>
<tr>
<td><strong>CLINICAL POLICIES AND PROCEDURES</strong></td>
<td>37</td>
</tr>
<tr>
<td>PRE-CLINICAL REQUIREMENTS</td>
<td>37</td>
</tr>
<tr>
<td>MCC CLINICAL PLACEMENT POLICY</td>
<td>38</td>
</tr>
<tr>
<td>CLINICAL DISMISSAL</td>
<td>39</td>
</tr>
<tr>
<td>CLINICAL SITE ASSIGNMENTS</td>
<td>40</td>
</tr>
<tr>
<td>CLINICAL SCHEDULE</td>
<td>40</td>
</tr>
<tr>
<td>HOLIDAYS</td>
<td>40</td>
</tr>
<tr>
<td>INCLEMENT WEATHER</td>
<td>41</td>
</tr>
<tr>
<td>DRESS CODE &amp; GROOMING</td>
<td>41</td>
</tr>
<tr>
<td>PERSONAL HYGEINE REQUIREMENTS</td>
<td>41</td>
</tr>
<tr>
<td>TRAJECTSYS</td>
<td>42</td>
</tr>
<tr>
<td>ABSENCE FROM CLINICAL</td>
<td>42</td>
</tr>
<tr>
<td>CLINICAL ABSENCE PROCEDURES</td>
<td>43</td>
</tr>
</tbody>
</table>
ABSENCES DUE TO SPECIFIC REASONS 44
CLINICAL PRACTICE COMPLIANCE 45
PROFESSIONAL CONDUCT 46
TOBACCO FREE- SMOKE FREE ENVIRONMENT 47
INCOMPLETE CLINICAL GRADES 47
REQUESTS FOR EXCEPTIONS TO CLINICAL POLICIES/SCHEDULES 47

ROLE OF CLINICAL EXPERIENCE 47

CLINICAL PROCEDURES 48
PROCEDURE FOR TESTING FOR COMPETENCY 49
CLINICAL PRACTICE GRADING 50

CLINICAL PRACTICE COURSES 51

Clinical Immersion 51
Clinical Practice I 52
Clinical Practice II 53
Clinical Practice III 54
Clinical Practice IV 55
SPECIALTY & MODALITY ROTATIONS 56
CLINICAL COMPETENCIES 57
EXPLANATION OF CLINICAL REQUIREMENTS 60
CASTLEBRANCH 62

CLINICAL FORMS 63

CLINICAL EXPERIENCE STUDENT HEALTH REQUIREMENTS 63
VACCINATION DECLARATION/DECLINATION FORM 64
IMMUNIZATION/TITER REQUIREMENTS 65
RELEASE OF INFORMATION FOR PROGRAM PARTICIPATION AND CLINICAL ROTATIONS 66
CONSENT TO DISCLOSE INFORMATION FROM STUDENT EDUCATION RECORDS 68
ACKNOWLEDGMENTS FORM 69
PHOTO-VIDEO-AUDIO 70
STUDENT CONFIDENTIALITY STATEMENT 71
STUDENT INFORMED CONSENT 72
CONSENT TO DRUG/ALCOHOL TESTING 73
INFECTIOUS DISEASE POLICY 74
STATEMENT OF COMPLIANCE 76
STATEMENT OF UNDERSTANDING 77
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
  - Manage appropriate communications skills relative to the setting and purpose of the communication
- Think critically and apply problem solving skills
  - Adapt standard procedure for non-routine patients
  - Evaluate radiographic images to determine diagnostic quality
- Exhibit professional growth and seek new knowledge
  - Analyze their role in the healthcare team for comprehensive patient care
  - Prepare and plan continued pursuit of education

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. Christine Howell, is Dean of Instruction and Eric Thompson is the Penn Valley Dean of Student Success and Engagement.

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 position is currently vacant. 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
- 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 instructor 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 JRC documentation from each newly added clinical education setting and provide this documentation to the program director
- Obtain/ maintain clinical instructor documentation for JRC compliance
- Maintain records/files for each site
- Assess clinical site/clinical instructor effectiveness and provide the program director this report each semester
- Provide each clinical instructor 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 instructors, students and program faculty.
- Prior to each semester, order the necessary clinical forms from the college’s printing services department.
- 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 instructors, students and program faculty
- Enforce clinical policies and procedures
Serve as an educational resource for the clinical site community
- Educate clinical instructor 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 two site visits 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 INSTRUCTOR ROLE AND RESPONSIBILITIES

The clinical instructor 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 instructor 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 816-604-4089. 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.

<table>
<thead>
<tr>
<th>ABILITY</th>
<th>STANDARD</th>
<th>SOME EXAMPLES OF NECESSARY ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility/Dexterity</td>
<td>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. Fine and gross motor abilities sufficient to provide safe and effective patient care in a timely fashion.</td>
<td>• 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</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking sufficient for safe, clinical judgment.</td>
<td>• 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.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others orally and in writing</td>
<td>• Comprehend instructions and written documentation • Instruct patient/ family • Document exam information • Communicate with radiographers and radiologists.</td>
</tr>
</tbody>
</table>
| Sensory Ability | Auditory ability sufficient to monitor and assess health needs of patients for safe patient care.  
Visual ability sufficient for observation and assessment necessary in the operation of equipment and for safe patient care. |
| --- | --- |
|  | * 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 |
| Interpersonal Skill | Interpersonal abilities sufficient to interact with patients, families, groups, team members from a variety of social, emotional, cultural, and intellectual backgrounds. |
|  | * 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 |
| Professional Behavior | Behavior consistent with the standards and core values of the profession. |
|  | * 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.mcckc.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 Alex Lopez with the MCC Penn Valley Advising department (816) 604-4130 to discuss your needs.

EMPLOYMENT RESOURCES

The Employment Resources office keeps current information on jobs available in the various allied health careers. The Employment Resources specialist, Sonya Thomas, can advise students on cover letter and resume writing and interviewing. Ms. Thomas can be reached by calling 604-4155.
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.
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 class/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 radiography 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.
**Student Information**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID#:</td>
<td></td>
</tr>
<tr>
<td>Instructor:</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Discipline**

- [ ] Verbal Warning
- [ ] Written Warning
- [ ] Probation
- [ ] Suspension
- [ ] Expulsion

**Type of Offense**

- [ ] Tardiness/Leaving
- [ ] Early
- [ ] Absenteeism
- [ ] Violation of Program Policies
- [ ] Substandard Work
- [ ] Violation of Safety Rules
- [ ] Rudeness
- [ ] 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.*

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Faculty Member Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Witness Signature (if student understands action but refuses to sign)</td>
<td>Date</td>
</tr>
</tbody>
</table>
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.

STUDENT PREGNANCY

A student who becomes pregnant while enrolled in the radiologic technology program may elect to divulge her condition or may choose to keep her condition undisclosed to the Program Coordinator. Students have the option to continue in the educational program without modification. A student who initially disclosed a condition of pregnancy may, at any time, rescind this disclosure. This statement of rescinding must be made in writing and given to the Program Coordinator.

The program encourages each student to reflect on the demands of this rigorous academic and clinical program in the event that she should become pregnant while enrolled in the program. All students are required to complete specific clinical competencies in their clinical courses. Due to the physical nature of these competencies and the associated potential for radiation exposure, the pregnant student is advised to consult their physician about the advisability of continued participation in the program.

Students who disclose their pregnancy are required to:

- Disclose their estimated due date.
- Provide a letter, signed by their obstetrician, stating that they have no medical restrictions and are cleared to continue their participation in the program or provide appropriate documentation from the Access office regarding any reasonable accommodation related to their documented disability resulting from their pregnancy.
- Wear a second dosimeter to monitor fetal radiation exposure.
- Maintain a radiation exposure fetal dose at or below 1.0 Sieverts (0.1 Rem).
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.
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 instructor 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.
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
- Health insurance waiver
- KCANE clinical orientation manual
  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
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 clinical calendar lists the specific days of clinical experience for a given semester. On faculty in-service or workshop days, students will observe their normal clinical schedule; there is no clinical release time given for these events.

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 forty hours spent in the program for a given week.

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 will be scheduled that day as normal. 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.

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 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 Clinical Coordinator, clinical instructors, and students to manage clinical time, clinical competencies, Compliance Reports, Absence Authorization forms, 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 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 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 and an Absence Authorization form must be completed by the student in Trajecsys no less than 8 hours prior to the designated start of the clinical day to be missed. The student must also put in a Time Exception for the hours missed with the reason “Absent.”
  - Failure to notify the Clinical Coordinator of an anticipated absence no less than 8 hours prior will result in disciplinary action (verbal/written warning).
  - Failure to notify the clinical site and/or clinical instructor of an absence will result in .5% deduction for each occurrence from the final Clinical Practice grade for that semester.
  - Failure to complete the Absence Authorization form in Trajecsys within the allotted time will result in a .5% deduction 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. An Absence Authorization form must be completed in Trajecsys within 48 hours of notifying the Clinical Coordinator.
  - 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 instructor of an absence will result in .5% deduction for each occurrence from the final Clinical Practice grade for that semester.
  - Failure to complete the Absence Authorization form in Trajecsys within the allotted time will result in a .5% deduction 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. The Clinical Coordinator has the discretion to forgive the clinical hours missed through personal days if a student is in good program standing and their clinical performance is meeting program expectations.
  - Each subsequent absence will result in a 5% deduction from the final Clinical Practice grade for that semester.

- 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.

- 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.
• 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.
  o 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.
  o A make-up schedule must be completed for all clinical make-up time. The student must meet with their clinical instructor 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.
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 Instructor may not endorse a student's bending or breaking of a program policy.

1. In accordance with JRCERT standards, at no time during the program may any student perform a portable radiographic examination unaccompanied by a registered Radiologic Technologist. The technologist must be within “hearing distance” of the student at all times.

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:
     o Review the request for examination in relation to the student’s achievement
     o Evaluate the condition of the patient in relation to the student’s knowledge
     o Be physically present during the conduct of the procedure
     o Review and approve the procedure and/or image
   • Indirect Supervision
     o 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
     o 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 4.4 and 4.5)

4. In accordance with JRCERT standard 4.6, 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 Instructor and program Clinical Coordinator.

PROFESSIONAL CONDUCT
While in the clinical setting, all Penn Valley Radiography 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 instructor.

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 Instructor 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 instructor 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.

On the first day a student is assigned to a clinical facility, the designated clinical instructor 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 Trajecsys 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 Trajecsys. The Clinical Instructor or Clinical Coordinator will approve time in/out in Trajecsys.

At the end of each calendar month, the Clinical Instructor will complete the Clinical Compliance Report in Trajecsys. Following completion of this form, the Clinical Instructor is to discuss the report with the student. It is the student’s responsibility to ensure the Clinical Instructor completes the Clinical Compliance Report at the end of each month they are in rotation at the facility.

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 Instructor, program faculty or other designated clinical staff will complete the competency form. The Clinical Instructor must review the competency form and images with the student if he or she was not the evaluator. If the program faculty or Clinical Instructor 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 Trajecsys, 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 Instructor or by program faculty. If a designated Clinical Instructor or program faculty member is not available, a registered staff technologist may observe and evaluate the competency but the designated Clinical Instructor or program faculty 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 Instructor 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. 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 Practice 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 with a scheduled time for the simulation to take place in the program lab facility on campus. Certain examinations cannot be accurately simulated and therefore, a simulation is not allowed.

   a. A maximum of eight mandatory competencies may be simulated

   b. Any remaining elective competencies may be simulated

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 a subsequent semester.
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:

- Various clinical forms:
  - Clinical Orientation
  - Diagnostic Radiography Room Orientation
  - Clinical Compliance Report (completed by the Clinical Instructors)
  - Student Clinical Experience Evaluation (completed by student each semester)
- Completion of appropriate documentation for all specialty rotations
  - Includes: Evenings, MobilEx, Children’s Mercy, Samuel Rodgers, etc.
- Completion of appropriate documentation for advanced modality rotations
  - Clinical objectives, examination log, summary of experience assignment
  - Clinical Student Evaluation (completed by staff technologists or Clinical Instructors)
- Required competencies per semester
- Retention competencies per semester
- 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.
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 165, 171 & 172.

COURSE SCHEDULE:
This fall course begins in August 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, thirty minute lunch break is allotted while at the clinical facility. No other breaks are afforded the student during their assigned clinical shift. The assigned room rotations within the radiology department will be posted and provided by the Clinical Instructor.

COMPETENCY REQUIREMENTS:
Each student must complete the indicated course objectives and requirements during the semester.
Clinical Practice I
RATE 175
4 Credit Hours

PREREQUISITES:
The prerequisite for this course is the satisfactory completion of RATE 165, 171, 172, and 173 with a grade "C" or better. Concurrent enrollment is required in RATE 176 & 180.

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. No other breaks are afforded the student during their assigned clinical shift. The assigned room rotations within the radiology department will be posted and provided by the Clinical Instructor.

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 175- CLINICAL PRACTICE I
Clinical Compliance reports for January, February, March, April, and May.
Clinical orientation worksheets
Student Evaluation of clinical site
Clinical competencies
Perform clinical procedures under the appropriate level of supervision using fixed and portable radiographic equipment. Note: a minimum of seven (7) patient exam competencies are required for this semester. Exam categories include: chest and thorax, abdomen, upper and lower extremities, pelvis and hips.
Clinical Practice II
RATE 185
4 Credit Hours

PREREQUISITES:
The prerequisite for this course is the satisfactory completion of RATE 173, 175, 176 and 180 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 Friday. One week of evening shift rotations is required.

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. No other breaks are afforded the student during their assigned clinical shift. The assigned room rotations within the radiology department will be posted and provided by the Clinical Instructor.

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 185- CLINICAL PRACTICE II

Clinical Compliance reports for June and July.

Student Evaluation of clinical site

Clinical orientation worksheets

Clinical competencies
  Complete seven (7) required or elective competencies. Exam categories include those covered in RATE 175, exams requiring the use of contrast media and surgical procedures.
PREREQUISITES:
The prerequisite for this course is the satisfactory completion of RATE 185 with a grade "C" or better. Concurrent enrollment in RATE 279.

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. No other breaks are afforded the student during their assigned clinical shift. The assigned room rotations within the radiology department will be posted and provided by the Clinical Instructor.

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 280- CLINICAL PRACTICE III

Student compliance reports for August, September, October, November, & December.

Student Evaluation of clinical site

Clinical orientation worksheets

Clinical competencies

Perform clinical procedures under the appropriate level of supervision using fixed and portable radiographic equipment. Note: A minimum of seven (7) required and seven (7) retention patient exam competencies are for this semester, Exam categories includes chest and thorax, abdomen, upper and lower extremities, pelvis and hips, vertebral column, exams requiring the use of contrast media, surgical procedures, skull, sinuses, facial bones and trauma studies.
Clinical Practice IV  
RATE 282  
6 Credit Hours

PREREQUISITES:
The prerequisite for this course is the satisfactory completion of RATE 280 with a grade "C" or better. Concurrent enrollment in RATE 283.

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. Students in good standing will also attend two weeks of CT experience, as assigned by the Clinical Coordinator. 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. No other breaks are afforded the student during their assigned clinical shift. The assigned room rotations within the radiology department will be posted and provided by the Clinical Instructor.

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 282- CLINICAL PRACTICE IV

Student compliance reports for January, February, March, April, and May.

Student Evaluation of clinical site

Clinical orientation worksheets

Clinical competencies
Perform clinical procedures under the appropriate level of supervision using fixed and portable radiographic equipment. Note: A minimum of seven (7) required and seven (7) retention patient exam competencies are expected for this semester, Exam categories includes chest and thorax, abdomen, upper and lower extremities, pelvis and hips, vertebral column, exams requiring the use of contrast media, surgical procedures, skull, sinuses, facial bones and trauma studies.
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.

Required specialty rotations:

- Children’s Mercy – One 2-week rotation at one of the following locations during 2nd year
  - Adele Hall (Downtown)
  - Kansas
  - Northland
  - East

- MobilEx – One 2-week rotation during 2nd year
  - 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

- One 2-week rotation in an advanced modality of the student’s choice during 2nd year
  - See list of advanced modalities below

- Evening shift – 1-week rotation during RATE 185 – Clinical Practice 2 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
  - Students must be in good standing and must have completed all program competency requirements prior to any optional advanced modality rotations
CLINICAL COMPETENCIES

Each student must complete all mandatory competencies and a minimum of fifteen elective options; at least one must be a listed contrast procedure (in addition to an UGI or LGI) and at least one other must be a listed head procedure. All pediatric options must be on a child of six year or younger. All geriatric competencies require physical or cognitive impairment as a result of aging.

<table>
<thead>
<tr>
<th>RADIOGRAPHIC PROCEDURE</th>
<th># OF EXAMS REQUIRED PRIOR TO COMPETENCY</th>
<th>MANDATORY OR ELECTIVE</th>
<th>DATE</th>
<th>REGISTERED TECHNOLOGIST VERIFYING COMPETENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHEST &amp; THORAX</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest - Routine (2-view)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest - AP (Wheelchair or stretcher)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ribs</td>
<td>2</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest - Lateral Decubitus</td>
<td>1</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternum</td>
<td>0</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft Tissue Neck (2-views)</td>
<td>1</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ABDOMEN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen - Supine (KUB)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen - Upright (Abd. Series)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen - Decubitus</td>
<td>1</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous Urography (IVU)</td>
<td>0</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UPPER EXTREMITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finger or Thumb (3-views)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand (3-views)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist (3-views)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forearm</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow (2- or 3-views)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humerus</td>
<td>2</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder (3-view – including Y/axillary)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma: Shoulder/Humerus (2 view – Y/transthoracic or axial)</td>
<td>1</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clavicle</td>
<td>2</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scapula</td>
<td>0</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AC joints</td>
<td>0</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma: Upper Extremity (non-shoulder)</td>
<td>2</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOWER EXTREMITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toe (3-views)</td>
<td>2</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcaneus</td>
<td>1</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot (3-views)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle (3-views)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tibia/Fibula</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee (3-view – oblique, tunnel, sunrise)</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Femur</td>
<td>3</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination Type</td>
<td>Required Exams</td>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------</td>
<td>-------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Trauma: Lower Extremity</strong></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patella</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SPINE &amp; PELVIS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Spine</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(must include obliques &amp; odontoid)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(must include swimmers)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar Spine</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(must include obliques)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-Table Lateral Spine</td>
<td>2</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(horizontal beam, patient recumbent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-Table Lateral Hip</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(horizontal beam, patient recumbent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvis</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacrum and/or Coccyx</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacroiliac Joints</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scoliosis Series</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEAD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skull (2-view minimum)</td>
<td>0</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paranasal Sinuses (2-view minimum)</td>
<td>0</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial Bones (2-view minimum)</td>
<td>0</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orbits (2-view minimum)</td>
<td>0</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zygomatic Arches</td>
<td>0</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal Bones</td>
<td>0</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandible (No Panorex/dental machines)</td>
<td>0</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporomandibular Joints</td>
<td>0</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FLUOROSCOPY STUDIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper GI – Single or Double Contrast</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contrast Enema – Single or Double</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Bowel Series</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophagus (Not swallow study)</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystography/Cystourethrography</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERCP</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myelography</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthrography</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hysterosalpingiography</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GERIATRIC PATIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least 65 years old and cognitively or physically impaired as a result of aging.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest - Routine</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Extremity</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Extremity</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PEDIATRIC PATIENT</td>
<td>6 years old or younger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------</td>
<td>------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest - Routine</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Extremity</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Extremity</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Study</td>
<td>1</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOBILE RADIOGRAPHIC STUDIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic (includes hardware)</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOBILE C-ARM STUDIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Arm Procedure - Requiring Manipulation Around a Sterile Field</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Arm Procedure – Requiring Manipulation to Obtain Multiple Projections</td>
<td>3</td>
<td>•</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EXPLANATION OF CLINICAL REQUIREMENTS

Orientation Checklist & Room Orientation
Student must be orientated to all listed items. Orientation may be done via video, verbal instruction or directed readings.

CXR, Wheelchair Patient
AP projection with patient seated in the wheelchair.

CXR, Stretcher Patient
AP projection while patient is on a stretcher.

CXR, Decubitus
Right or left lateral decubitus position of the chest with or without routine chest positions.

KUB
AP supine image of the abdomen.

Abdomen Series: KUB & Upright
AP supine and AP upright images of the abdomen. Student must have previously achieved competency on a KUB without upright.

Esophagram
The student must set up for and perform the entire procedure including any preliminary images, assist with contrast administration, assist with fluoroscopy and obtain any requested overhead images.

UGI
The student must set up for 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 barium, timed images and assist with the fluoroscopy portion of the examination. Students are not required to perform fluoroscopy for “spotting of the TI” in order to achieve competency.

Lower GI (contrast enema)
The student must set up for and perform the entire procedure including any preliminary images, assist with contrast administration, assist with fluoroscopy and obtain any requested overhead images.

IVU
The student must set up for and perform the entire procedure including any preliminary images, assist with contrast administration and obtain all required overhead images.

Cystogram/VCUG
The student must set up for and perform the entire procedure including any preliminary images, assist with contrast administration and obtain any required overhead images.
Trauma Shoulder
A patient with a recent shoulder injury who requires AP neutral and trans-axillary, Y-view or Trans-thoracic shoulder images. Requires modification in positioning and monitoring of the patient’s condition. The student must have previously achieved competency on a non-trauma shoulder exam.

Trauma Upper or Lower Extremity
A patient with a recent injury to an extremity. Must require AP and later views of the injured part. Requires modification in positioning and monitoring of the patient’s condition. The student must have previously achieved competency in the specific examination performed.

Trauma C-spine
A trans-lateral image of the cervical spine on a patient from the emergency department who is wearing a hard cervical collar. The student must have previously achieved competency on a non-trauma c-spine exam.

Trauma Hip
A patient with a recent hip injury or hip surgery who requires AP and Trans-lateral hip images. Requires modification in positioning and monitoring of the patient’s condition. The student must have previously achieved competency on a non-trauma hip exam.

Scoliosis Series
AP or PA projection of C7- S1.

Soft Tissue Neck
Lateral position of the neck for soft tissue evaluation. May be a pediatric or adult patient.

Zygomatic Arches
SMV, Townes and Waters position of the zygomatic arches. May not be just a SMV done with a facial bone exam.

Orbits
PA or Caldwell, Waters, modified waters and lateral positions centered and collimated to the orbits.

Mandible
PA, Townes, and bilateral axiolateral positions centered and collimated to the mandible.

Arthrogram, Myelogram, HSG or ERCP
The student must set up for the procedure, prepare any needed contrast media or sterile tray, assist the physician with the exam and obtain any required overhead images.

Portable for Ortho Hardware
A portable examination (AP & lateral) on a patient who has recently had any type of orthopedic hardware installed. The student must have previously obtained competency in the ordered examination and the competency form must specify the examination performed.

C-arm Procedure
Any case in OPS, OR, or ED requiring the use of the C-arm. Requires manipulation of the c-arm to obtain more than one projection. The competency form must specify the examination performed.
Surgical C-arm Procedure
Any case in the OR requiring the use of the C-arm. Requires manipulation of the c-arm around a sterile field. The competency form must specify the examination performed.

Geriatric Patient Exams
The patient must be physically or cognitively impaired as a result of aging. The student must have previously achieved competency on the procedure on a routine patient. The competency form must specify the examination performed.

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.
Student’s name ________________________________________________________________

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

Name, signature & address of practitioner(s) providing the health services
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

63
I have been advised that the Hepatitis B vaccination is required for the clinical assignments in the Radiologic Technology Program. I understand that due to the possible occupational training exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection.

Please check one of the following:

_____ I have completed the Hepatitis B vaccination series
(Must submit documentation)

_____ I am currently in the process of Hepatitis B vaccination and have received vaccination(s) at this time. (Must submit documentation)

_____ I decline to be vaccinated at this time.

I am aware that I can waive the Hepatitis B vaccination requirement only by signing this Vaccination Declination form. In that case, I continue to be at risk of acquiring Hepatitis B, a serious disease.

In the future, should I decide to be vaccinated with Hepatitis B, I will provide documentation of this to the program director.

__________________________________  ___________________
Student Signature                     Date
*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

#### 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 all three injections and/or a titer drawn showing proof of immunity, OR

a signed Hepatitis B waiver must be on file

#### 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

#### 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

#### 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.

#### Tetanus-Diphtheria
**Must have been received within the last 8 years or current through the end of the MCC program.**

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.

**Titers are not acceptable for any portion of TDaP.**

#### Influenza Vaccine
Clinical facilities require that all health care workers have an annual flu shot. Documentation must be provided of the date of the immunization, the type of vaccine given, and the signature of the person administering the injection. **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.**
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.

______________________________________  ______________________________
Student Name

Printed                                                Date

________________________________________
Student Signature                                                      Date
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: ______________________________________
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 instructor 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