CCBC Radiography

Class of 2027

STUDENT HANDBOOK

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A Letter from the Dean

Dear School of Health Professions Student:

On behalf of the administration, faculty and staff of the School of Health Professions (SHP), I congratulate you on your admission. The School of Health Professions programs and graduates are highly valued in the community because of the quality of instruction and the expertise of our faculty.

During the course of your study, you will find the program rigorous and demanding, not only in terms of the content you will be required to master but also the demands that it will place on your life outside of the program. To be successful, it is imperative that you manage time effectively and create plans to deal with life's issues. Life issues are often a barrier to student success. Please avail yourself of the many resources that are available to you within the School of Health Professions and Community College of Baltimore County.

This Policy Manual is a publication that is a supplement to the Student Life Policies and Regulations. The Student Life Policies and Regulations can be found in the CCBC College Catalogue and Student Handbook. The SHP Policy Manual provides additional policies and procedures that will help prepare you to enter the healthcare environment where ethics and standards of behavior are imperative. Therefore, SHP policies may supersede those of the college. The environment that you will experience during the course of your study will mirror the demands of the healthcare professional you aspire to be.

Please carefully read, understand and practice these policies and procedures during the course of your study. SHP has an excellent reputation in our community. Please remember that you represent CCBC School of Health Professions and professional behavior is expected at all times.

I wish you much success in your program.

Sincerely,

Shawn McNamara

Shawn P. McNamara, Ed.D., M.S.N., R.N.

Academic Dean, School of Health Professions

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CCBC Radiography Program

Introduction

The Radiography Program at CCBC (formerly Essex Community College), initiated in August 1971, is one of 19 programs offered by the college's School of Health Professions and is one of 8 community college programs in Maryland. Clinical sites for the program include imaging centers and local hospitals.

- Ascension Saint Agnes Hospital
- Greater Baltimore Medical Center
- Medstar Franklin Square Medical Center
- Medstar Good Samaritan Hospital
- Medstar Harbor Hospital
- Medstar Orthopaedic Institute
- Medstar Union Memorial Hospital
- Mercy Medical Center
- Mercy Personal Physicians at Lutherville and Overlea
- Northwest Hospital
- University of Maryland Downtown Campus
- University of Maryland Midtown Campus
- University of Maryland Saint Joseph Medical Center
- University of Maryland Upper Chesapeake Medical Center
- Advanced Radiology offices at 201 Plumtree Road, Aberdeen, Annapolis, Eldersburg, Fisher, Fleet Street, GBMC Pavilion, Harford Imaging, Lutherville, Medical Arts, Merritt Boulevard, Perry Hall, Pomona Square, Quarry Lake, Seven Square, and Timonium Crossing.
- Patient First offices at Aberdeen, Bayview, Bel Air, Lutherville, Perry Hall, Towson, and White Marsh.
- Ascension Saint Agnes Imaging Center (Outpatient office)
- Medstar Health radiation oncology center (Observation site only)

The radiographer (x-ray technologist) produces x-ray images of human anatomy for the physician to read and make a diagnosis. Most people are familiar with chest x-rays and also know that x-rays are the best way to diagnose broken bones. However, radiographers (x-ray technologists) perform a whole host of x-ray procedures in locations, such as the operating room, emergency department, catheterization suites, and bedside for patients who cannot leave their hospital beds. The radiographer is an essential member of the healthcare team.

The CCBC Radiography Program utilizes curriculum created by the American Society of Radiologic Technologists (ASRT). Additional requirements are added to the minimal ASRT standards to ensure that each graduate is a fully prepared, well-rounded radiographer. See http://www.asrt.org for details.

Graduates from the CCBC Radiography Program are eligible to apply to sit for the primary certification exam in Radiography given by the American Registry of Radiologic Technologists (ARRT). The ARRT will determine eligibility. Graduates must pass the "Registry" exam by a minimum scaled score of 75% in order to gain employment as a radiographer. See https://www.arrt.org/for details.

In order to become licensed in the State of Maryland, graduates must file an application with the Board of Physicians and submit a Verification of Education form, which the Registrar's office completes and submits after graduation. See https://www.mbp.state.md.us/resource_information/res_pro/resource_practitioner_forms_ah.aspx for details.

Mission

The mission of the Community College of Baltimore County's Radiography Program is to prepare qualified students to become proficient diagnostic medical radiographers and integral members of the healthcare team. By offering a thoughtfully designed curriculum that leverages CCBC's resources and clinical sites, we provide students with a robust education grounded in liberal arts and sciences. Our program aligns with the college's broader mission by cultivating healthcare professionals who will stay in the area as productive citizens, actively enhance public health, and commit to lifelong learning.

Program Goals

The curriculum of the Radiography Program has been designed so that students can achieve the following goals:

1. Students will be clinically competent.
2. Students will use critical thinking skills.
3. Students will communicate effectively.
4. Students will evaluate the need for professionalism.
5. The program will constantly measure its effectiveness in graduating entry-level technologists.

Accreditation

The Joint Review Committee on Education in Radiologic Technology (JRCERT) accredits the CCBC Radiography Program. The JRCERT is the only organization recognized by the U.S. Department of Education to evaluate and accredit education programs in radiography and radiation therapy. JRCERT accreditation demonstrates that a program adheres to the national educational standards that provide students with the knowledge, skills, and attributes needed for entry into the profession of radiography. The Standards can be found on their website at www.jrcert.org.

In the event a student feels that the Radiography program does not comply with the published JRCERT Standards, the student should first address the complaint through the program director and the School of Health Professions Appeals process. The student can expect a written response within 10 business days. A student may report the allegation of non-compliance directly with the JRCERT.

When written notice is received by CCBC from the JRCERT regarding an allegation of non-compliance with the Standards, the following steps will be taken:

1. The Dean of the School of Health Professions, the radiography program director and other appropriate personnel shall meet to develop a plan for investigating the complaint.
2. The complaint is investigated while assuring the privacy of involved personnel.
3. If warranted, an action plan is written and implemented to resolve the complaint.
4. A follow-up evaluation is performed to determine if the alleged non-compliance is corrected.
5. Appropriate documentation is forwarded to the JRCERT to assure resolution of non- the Standards.

Degree Requirement

Starting in 2015, the ARRT requires an associate degree to sit for the Registry exam. The CCBC Radiography Program concludes in an Associate of Applied Science (AAS) degree, and that will be the degree that is confirmed; however, the ARRT verification process may lengthen the time from program graduation to state licensure. Degrees obtained through other means will not be confirmed by the program director.

Admissions Requirements

To apply to the Radiography Program:

1. Applicants must apply for Admissions on the CCBC website, if not already a student. See: https://www.ccbcmd.edu/Admission-and-Registration/Apply-for-Admission/index.html Students who attended CCBC anytime in the past are still considered students and need not apply to the college again.
2. To apply to the Radiography Program, once accepted into CCBC, students must fill out the School of Health Professions application via the School of Health Professions CAS admissions software. Filing by April 15th guarantees consideration for the class entering that fall. Additional information will be needed in students' SIMON accounts.
3. Official college transcripts (including a CCBC transcript) must be forwarded to the address provided in the CAS system, along with the form provided with the applicant's unique bar code, or CAS ID number in email. When applicants do not mail their bar code forms to the CAS address, or include the CAS ID number in email, their transcripts are sent to a general warehouse until the applicant calls trying to find them. This can lead to delays in processing applications.
4. Applicants must take the TEAS test through ATI (www.atitesting.com) at an authorized testing center (CCBC Testing Center preferred) before April 15th for consideration for the class entering that fall. The overall score must be at least a score of Proficient to be considered. Applicants must forward results to the School of Health Professions Admissions Office.
5. Students in RADT 101 will be given information about scheduling an observation session at a local hospital or imaging center before the April 15th application deadline. During the observation session, the candidate will be assessed on interest, interaction, timeliness, and professional appearance. Imaging staff will fill out an Observation Rubric which will be used for admission points.
6. All applicants must have a minimum of 2.5 GPA overall and completion of the following courses with a C or better in each for admission consideration: college algebra (MATH 135, MATH 163 or higher), anatomy & physiology (BIO 109 or BIOL 220 and BIOL 221), medical terminology (ALHL 115), technology and information systems (CSIT 101), and Introduction to Radiography (RADT 101). All general education courses required for the Radiography Associate of Applied Science degree must be completed with a C or better in each before graduation from the program. However, it is not advised for students to take non-program courses during the actual program due to its intense nature. It is advised for students to complete all prerequisite and general education courses and the program requirement of the PSYC 103 course prior to the start of the program.
7. Once students are accepted for enrollment in the radiography program, a satisfactory medical examination must be performed along with up-to-date immunizations. In addition, a criminal background check and drug screening must be performed and completed before the start of clinical duty.

Learning Outcomes

Upon successful completion of the radiography program, students shall be able to perform the duties of an entry-level radiographer and will be able to:

1. demonstrate positioning skills,
2. select appropriate technical factors,
3. demonstrate knowledge of and practice radiation safety,
4. manipulate technical factors for non-routine examinations (i.e.: portables/ or/trauma/ pediatrics) evaluate images,
5. demonstrate effective written communication skills,
6. use effective oral communication skills,
7. demonstrate professional behavior,
8. understand professional ethics,
9. complete the program,
10. pass the American Registry of Radiologic Technologists (ARRT) certification exam on the first attempt,
11. will score at or above the national average on the ARRT Radiography certification exam,
12. will express satisfaction with the radiography program, and
13. will obtain employment.

Graduation Requirements

Students successfully completing the Radiography program graduate with an Associates of Applied Science in Radiography if all general education, prerequisite, and program courses are completed. To be eligible for graduation:

1. A student must achieve a grade of "C" or better in each Radiography course. In case of unsatisfactory performance in a Radiography program course, a student is automatically dropped from the program. The student may reapply to the Radiography Program the following year or apply for readmission into the semester in which he/she was unsuccessful. See Readmission policy.
2. All prerequisite, general education, and program requirement courses must be passed satisfactorily with a C or better.
3. Students must meet both degree AND program requirements to be eligible to apply to sit for the American Registry of Radiologic Technologists certification exam in Radiography. Students are urged to follow the college catalog and DegreeWorks to complete these requirements.
4. All didactic, lab, and clinical course work must be satisfactorily completed. All clinical evaluations, performance objectives (all learning modules and every exam must be completed in their entirety), lab evaluations, pretest evaluations, competency evaluations, and PIEs must be completed and submitted.
5. Clinical competencies must be satisfactorily completed.
6. Program materials must be turned in (e.g., program ID badge, dosimeter, and markers).
7. All clinical site property must be turned in (e.g., ID badges, parking passes, scrubs, etc.).
8. All make-up time must be completed.
9. All financial obligations to the college and the clinical sites must be met.

10. All service hours must be completed, and the Service Hour card turned in.
11. An Exit Interview with the program director and an exit survey must be completed.
12. A copy of the student's Graduation Application and payment must be on file.
13. Attendance at the program Pinning Ceremony is mandatory in appropriate attire. *Students awaiting decisions from SHP Honor Council or Academic Review Board proceedings and Dean and/or Provost decisions are not allowed to attend the Pinning Ceremony.
14. Attendance at CCBC Commencement in cap and gown is optional. Commencement takes place after the official Graduation date of May 31st each year.

Once all the above graduation requirements are met, the program director will complete the Program Completion Verification form on the ARRT website. Students who do not meet all the above criteria for Graduation before the college's deadline for faculty grade entry will receive an Incomplete for any courses with outstanding obligations. Once obligations are fulfilled, student final grades will be entered.

Service Learning

The Radiography Program requires all students to obtain 10 hours of service learning in order to graduate. Service hours are eligible for activities that offer assistance to the program, the college, and the community at large. Students cannot earn service hours for any activity that they regularly participate in (church groups, etc…), activities in which they are paid, class activities, any online activity, or for activities involving animals or helping in animal shelters.

Half of the number of required service hours must be completed by the end of RADT 205, or the student will receive an Incomplete (I) for that semester until which time he/she has submitted a plan for completing the minimum number of hours to the program director. In RADT 224, a Service Hour paper will be assigned, and all service hours must be complete. Students are to document all hours on the Service Hour card or provide complete documentation of each activity.

Advanced Placement

The CCBC Radiography Program has no Advanced Placement available at this time. All students from other Radiography programs or military service must apply for admission into the start of the program as described in the Admissions Requirements section.

Orientation Sessions

Radiography Program students must attend all Orientation session after being accepted. The Program conducts a 2-day program orientation the third week of August and a two-week clinical orientation the first two weeks of the fall semester. The School of Health Professions holds a New Student Orientation for all programs in August of the 1st year. Attendance is mandatory to keep placement in the program and cannot be skipped for any reason. All orientation sessions are conducted in-person only.

Chain of Command

The Radiography Program has many moving parts, and students usually have questions or concerns. Program students must adhere to the following Chain of Command:

Didactic

For all class work, students must first direct all questions and concerns to the instructor involved. Students may review and dispute all coursework, including assignments, quizzes, tests, final exams, and projects within a 2-week time period of the date graded, with the instructor by appointment. Students who are not satisfied with instructor feedback may then take concerns to the Program Director; however, instructors are considered content experts and are the last word when it comes to answers and grading.

Laboratory Simulations

For all lab grades, students must first direct all questions and concerns to the lab instructor involved. Students may review and dispute all lab grades within a 2-week time period of the date graded, with the lab instructor by appointment. Students who are not satisfied with instructor feedback may then take concerns to the Lab Coordinator; however, lab instructors are considered content experts and are the last word when it comes to answers and grading. Students who are not satisfied with the Lab Coordinator's feedback may take their concerns to the Program Director.

Clinical

For all concerns on clinical duty, students must first direct all questions and concerns to the clinical supervisor at the site and then follow up with the Clinical Coordinator. For all clinical grades, students may review and dispute within a 2-week time period of the date graded, with the Clinical Coordinator by appointment. Students who are not satisfied with Clinical Coordinator feedback may then take concerns to the Program Director; however, the Clinical Coordinator is considered a content expert and is the last word when it comes to answers and grading. Clinical grades include: Attendance, Clinical Evaluations, Clinical Objectives, Image Evaluations including PIEs, Comp Evaluations, and missing Landauer Dosimetry reports.

SHP Academic Review Board

Students who are not satisfied with results from the Radiography Program Chain of Command may take their cases to the SHP Student Appeals Committee, in cases of alleged unfairness or violation of policies ONLY. The Review Board will not hear cases based on grade dispute alone. See the SHP Policy Manual for more information/process of the SHP Student Appeals Policy.

Advisory Board

The Radiography Program's Advisory Board functions in accordance with institutional guidelines and supports the missions of the institution and program. The committee is representative of clinical facility representatives, academic interests, institutional representatives, radiography students, and communities of interest.

The committee shall meet on a bi-annual basis. The program director distributes the agenda, and the minutes are recorded and filed. The Advisory Board's responsibilities are inclusive of program planning, evaluation of assessment data, and external validation. The committee acts as an information resource.

Specifically, the committee periodically reviews the curriculum ensuring that new techniques and procedures are reflected, revisits the program goals and outcomes, assists in exit and post-graduate evaluations of student capabilities, serves in a public relations capacity with the medical and allied health communities, and assists in the placement of graduates.

Student Representation on the Advisory Committee

The functions of the student representatives are to:

1. Present the views and/or concerns of their class to the Advisory Board.
2. Report to their class the activities of the committee.

Class representatives shall be volunteers from the second-year class at the fall meeting and first year students at the spring meeting.

Readmission Policy and Criteria

A student who has been dismissed or has withdrawn from the Radiography Program may be considered for readmission one time** if they meet the following criteria:

1. Have a minimum CCBC GPA of 2.0.
2. Request readmission in writing. The letter must be sent to the Radiography Program Director by the stated deadline. This letter must include the following:

    A. Identification of the reason(s) or problem(s), which resulted in leaving the program.

    B. Documents verifying that the problem has been resolved. Verification of this information is required.

    C. A plan indicating the steps or measures the student will implement to ensure successful completion of the Radiography Program.

The request for readmission will be evaluated by a Readmission Committee and/or the Program Director. In order to be readmitted to a 200-level course, the student may be required to pass a qualifying exam for previously completed Radiography (RADT) courses with a minimum grade of 75%.

**Because enrollment in the Radiography Program is limited by the availability of clinical facilities, readmission will only be considered on a "space available" basis.

Students who will NOT be considered for readmission are:

1. Students with a CCBC GPA < 2.0.
2. Students who have allowed more than 2 years to elapse since the last successfully completed radiography course.
3. Students who have been readmitted and subsequently leave the program for any reason.
4. Students who have been dismissed via the School of Health Professions Honor Council or Academic Review Board may not be eligible for readmission, depending on the Dean's final decisions.

If a student is readmitted into the program, he/she will have extra requirements to complete or adhere to, based on past issues. Any Readmission letter and readmission criteria supersedes any policy in this handbook.

Advanced Imaging Modalities

Students are taught the rudimentary basics of advanced imaging modalities during the Radiography Program and are given brief rotations in CT, MRI, Interventional Radiology, Nuclear Medicine, Radiation Therapy, and Ultrasound to experience the imaging field in its totality and possibly to spark interest in other modalities.

The CCBC Medical Imaging department offers part-time hybrid certificate programs in CT and MRI, which graduates of the Radiography Program may apply to directly after graduation. In addition, the department offers 15-week Mammography courses that result in a Letter of Recognition and all requirements needed for the Mammography Safety and Quality Act. Graduates of CT, MRI, and Mammography are eligible to apply to take the post-primary certification exams in each for additional credentialing.

Radiography students who have finished all required clinical work before the end of the last clinical semester may request elective rotations. These elective rotations may be in regular rotations or in advanced modalities.

Faculty Expectations[1]

The faculty has high expectations of students enrolled in the Radiography Program. The following areas highlight these general expectations:

Conduct - Students are to refrain from gossiping, needless complaining, smoking, loud talking, boisterous laughing, gum chewing, internet activity, and any other activities that could disturb patients or is out-of-place in the clinical/college setting. Kind and courteous behavior and consideration for the patients, public, staff, and fellow students will enhance your professional image and afford personal satisfaction from your education. Personal conversations should not be conducted in the presence of patients. Conversations in or around patient rooms, waiting areas, or any area where patients/families are present should be limited to only those matters concerning the patient.

Academic and non-academic Misconduct - The penalty for infractions of the standards of conduct includes verbal warnings (first offense), written warnings (second offense), probation and/or dismissal (third offense and any thereafter).

Conflict of Conscience - If requested or required to perform duties to which personal objection occurs because of religious or personal convictions; you should discuss this matter with your instructor. If relief is not immediately available, you will be expected to complete the assignment and then bring the matter to the attention of your instructor. Resolution will be aimed to the mutual advantage of the clinical agency and the student.

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[1] http://www.gulfcoast.edu/health_sciences/medical_imaging/radiography/Radiography%20Handbook%20-%20rev%208-10.pdf

Criticism - It is easy to criticize but more difficult to make suggestions or modifications necessary to improve conditions. Complaints and/or grievances should be discussed directly with whom the complaint or grievance is directed. This may involve the Clinical Instructor, Clinical Coordinator, Didactic Instructor, and/or Program Director. Hostile attitudes will not resolve conflicts. It is recommended that energy be used to promote improvements.

Questioning – Students should discuss questionable practices or behavior observed during clinical duty with a faculty member, rather than questioning the technologist or doctor directly.

Ethics - All individuals participating in health care share the responsibility of observing a Code of Ethics that requires, in general, that good is to be done and evil is to be avoided.

1. The Code of Ethics requires truthfulness, honesty, and personal integrity in all human activities. Furthermore, all clinical students share some degree in the responsibility for observing a Code of Ethics that regulate the activities of doctors, nurses, and allied health personnel. In general, the following applies to all clinical settings and students:
2. All information concerning patients or the healthcare facility's business must be kept in strict confidence and not discussed with non-concerned parties. Confidential information should never be discussed with individuals outside the healthcare facility. Refer to confidentiality of patient records and information for addition description.
3. A student's private, as well as professional life should be conducted according to the highest moral standards. Students are not to burden patients or employees with their own personal problems.

Professionalism[2]

Because various health care facilities are affiliated with the Radiography Program, students are expected to always demonstrate professional behavior. This requires that the student:

1. Must be responsible for your own actions.
2. Must abide by the clinical agency standards, procedures, policies, rules, and regulations.
3. Must exhibit a good attitude, maturity, responsibility, punctuality, initiative, and enthusiasm.
4. Must avoid non-patient connection distractions.
5. Ask questions of staff / instructor. Questions should be constructive, asked in a tactful manner, and should be geared to learning outcomes.
6. Must refrain from gossiping, spreading rumors, needless complaining, smoking, loud talking, boisterous laughing, gum chewing, internet activity and any other activities that could disturb patients and would be out of place in the clinical setting.
7. Should take criticism constructively. Complaints or grievances should be discussed with the appropriate instructor. Hostile attitudes will not resolve conflicts. Energy should be focused on promoting improvements in clinical competency.
8. Act in a manner indicative of someone eager to learn.
9. Maintain professional relationships with affiliate staff at all times, included but not limited

[2] http://www.gulfcoast.edu/health_sciences/medical_imaging/radiography/Radiography%20Handbook%20-%20rev%208-10.pdf

to: not engaging in sexual/romantic relationships with clinical staff, not socializing with clinical staff outside of official program activities, and not friending clinical staff on Facebook, Instagram, Snapchat, or any other social media platform, except LinkedIn.

10. Any student who is admitted to the Radiography program must disclose any personal relationship with any program official, program instructors, adjuncts, or clinical staff at any affiliated clinical site before starting the program. However, after entering the program, no new relationships are allowed to occur. Students should be aware that as college students, all of the above individuals participate in grading students, and a quid-pro-quo relationship could be assumed.
11. Not exhibit rudeness, lack of cooperation, flirting, nor overly friendly attention as these behaviors are unacceptable.
12. Not have patient-centered conversations in the presence of a patient. Other than the exchange of purely technical information, all remarks should be made with the patient's comfort and sensitivities in mind.
13. Must refrain from insubordination. Insubordination (defined in Webster's Dictionary as "unwilling to submit to authority; disobedient; rebellious") or refusal of a student to follow instructions or perform designated duties where such instructions or duties normally and properly may be required of a student for educational experience and purpose. Students may not refuse to do exams simply because they have already competency tested on them.

Workplace Harassment[3]

Student learning environments will be free of any type of harassment. The CCBC Catalog states:

"CCBC is committed to providing a(n) (work) environment free from discrimination and/or harassment of any nature including, but not limited to, racial, religious, sexual orientation, age, gender, national origin, ancestry, veteran status, disability or any other type of harassment. Harassment is unwanted verbal, physical, or visual conduct relating to an individual's race, religion, gender, sexual orientation, age, national origin, ancestry, veteran status, or disability. This behavior will not be condoned or tolerated by CCBC."[4]

1. Harassment of any type is counterproductive to learning. In the event that the student experiences a situation in which he/she feels harassed, including sexual harassment, the student will immediately contact the nearest person of authority.
2. If this occurs in the classroom on campus or any other campus area, the student will report it to the instructor or Program Director/Coordinator immediately. If it occurs in the clinical setting, the student will report it to the clinical instructor and/or clinical coordinator.
3. Notes will be made on the incident which will be signed by the person of authority and submitted to the Program Director/Coordinator. Upon their request, the student will be removed from the harassment environment. The student will also submit their complaint in writing to the Program Director/Coordinator.

[3] http://www.gulfcoast.edu/health_sciences/medical_imaging/radiography/Program%20Student%20Handbook%202013.pdf

[4] https://catalog.ccbcmd.edu/content.php?catoid=41&navoid=5507

4. The Program Director/Coordinator will create an Incident Report and will contact CCBC's Title IX Coordinator and/or Public Safety. If it occurs in the clinical setting, the Program Director/Coordinator will contact supervisors at the facility and create a plan of action, of which the student will be notified.
5. Additionally, students are encouraged to report any form of harassment directly to CCBC's Title IX Coordinator and Public Safety, 443-840-1111.

Code of Conduct

The Radiography Program follows all SHP policies as stated in the SHP Student Policy Manual to include, but not be limited to:

1. Code of Ethics
2. Honor Code
3. Code of Classroom Conduct and Classroom Etiquette
4. Professional/Clinical Conduct

Appropriate action will be taken for any and all breeches of these policies. See the SHP student policy manual for specifics. Students who violate any policies in the SHP and Radiography handbooks are subject to being referred to the SHP Honor Council for program disciplinary actions.

Criminal Background Checks/Drug Screening

The Radiography Program follows the School of Health Professions Criminal Background Check policy, and all accepted students will submit to a background check and drug screen by the approved vendor ONLY in the timeline described in the affiliation agreements with clinical facilities before the start of clinical duty. However, due to the nature of the Radiography Program, the following stipulations are added to the existing SHP Criminal Background Check policy:

1. Students who test positive for any drug in the Drug Screening will lose their placement in the Program, the first time testing.
2. Occasionally, students ingesting CBD products will test positive for marijuana. Students may choose to purchase at their own expense an additional test that will differentiate between CBD and THC. If THC negative, the student will be allowed to continue in the program. Medical marijuana cards are not accepted, according to SHP policy.
3. Students who test Dilute Negative will have to purchase subsequent Drug Screening tests at their expense and perform the drug screening until a regular Negative or Positive test is achieved.
4. Students may not be placed on clinical duty until a regular Negative result occurs, in the case of the Dilute Negative result. Dilute Negative means that the student is over-hydrated, and the urine is too diluted to test.
5. If a disqualifying crime(s) is found by any one participating clinical facility, the student is dismissed from the Radiography Program.
6. The student may appeal to the clinical facility rejecting the student for the disqualifying

crime(s) by contacting the clinical facility. The student may only appeal if the clinical facility allows appeals because they may not.
7. During the appeal process, the student is not allowed on any clinical duty until a final decision has been made by the clinical facility (facilities).
8. If the appeal is not successful, the student's dismissal is upheld from the Radiography Program.
9. If the appeal is successful, and ALL clinical facilities allow the student to participate in clinical duty, it is the student's responsibility to make up all missed clinical time.
10. In addition, if the student is appealing a disqualifying crime to a clinical facility, the student must submit an Ethics Pre-Application Review form to the American Registry of Radiologic Technologists (ARRT). The form can be found at https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/ethics/ethics-review-preapplication. The student must share the results of the ethics review with the program administration.
11. If the ARRT finds that the student will not be able to sit for the Registry exam, the student's dismissal is upheld from the Radiography Program.
12. The Radiography Program reserves the right to ask any student to submit an ARRT Ethics Pre-Application Form at any time on condition of continuation in the Radiography Program if criminal activity is suspected after clearance of initial criminal background check/drug screen.

American Registry of Radiologic Technologists (ARRT)

The candidate for certification by the American Registry of Radiologic Technologists (ARRT) must be of good moral character. The conviction of a felony or misdemeanor (with the sole exceptions of speeding and parking violations or juvenile offenses that were adjusted in Juvenile court) may indicate a lack of good moral character for Registry purposes. Individuals convicted of a crime must supply a written explanation including court documents with their application for examination.

Anything less than complete and total disclosure of any and all convictions will be considered as having provided false or misleading information to the ARRT. This is grounds for permanent denial of eligibility for certification.

The ARRT strongly encourages students with misdemeanor or felony convictions to submit a Ethics Pre-application Review. This review can be started at any time but should be completed eight months prior to graduation. All violations must be cleared before an applicant is determined eligible and assigned to a testing window. Ethics Pre-application Review forms and instructions are available by clicking https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/ethics/ethics-review-preapplication.

American Registry of Radiologic Technologists

1255 Northland Drive

St. Paul, MN 55120

(651) 687-0048

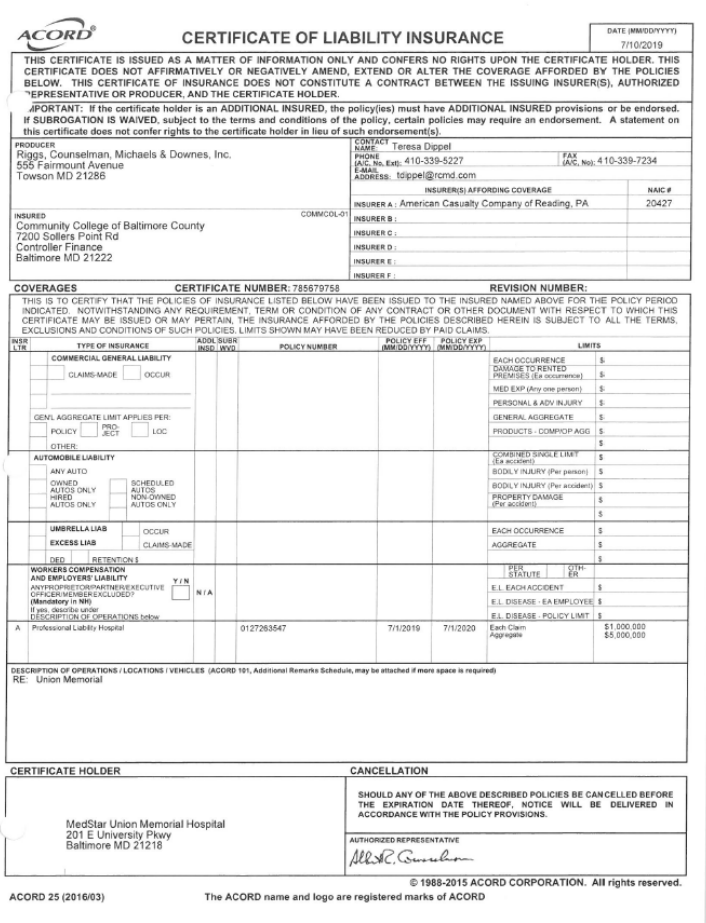
State of Maryland COMAR Regulations

The Maryland State Board of Physicians licenses and governs radiographers and their professional scope of practice by enforcing the COMAR regulations. All licensed radiographers in Maryland are subject to these state laws, and students should read the laws to prepare for their careers. The Board of Physicians website can be found at: http://www.mbp.state.md.us/.

From the website of the State of Maryland Office of Secretary of State, Title 10 of the Department of Health and Mental Hygiene's Subtitle 32 can be found at: https://dsd.maryland.gov/regulations/Pages/10.32.10.00.aspx

Professional Liability Insurance

All SHP students are covered under CCBC's professional liability insurance during the entire program, including semester breaks; however, students are instructed in Orientation that they may purchase addition liability insurance individually at a discounted rate through the ASRT, if they so choose. All documents of professional liability are housed in the Dean's office. Below is an example of a liability insurance certificate:



ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Riggs, Counselman, Michaels & Downes, Inc.
555 Fairmount Avenue
Towson MD 21286

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E-MAIL ADDRESS: tdippel@rcmd.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Casualty Company of Reading, PA	20427
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Community College of Baltimore County
7200 Sollers Point Rd
Controller Finance
Baltimore MD 21222

COMMCOL-01

COVERAGES **CERTIFICATE NUMBER:** 785679758 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $ $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE $ AGGREGATE $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT $
A	Professional Liability Hospital			0127263547	7/1/2019	7/1/2020	Each Claim $1,000,000 Aggregate $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Union Memorial

CERTIFICATE HOLDER

MedStar Union Memorial Hospital
201 E University Pkwy
Baltimore MD 21218

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

Drug/Alcohol Policy

The Community College of Baltimore County is a drug-free and alcohol-free institution. There will be a ZERO TOLERANCE policy regarding students reporting to class, lab, or clinic under the influence of alcohol or drugs. A drug screening may be ordered on any student exhibiting signs of alcohol and/or drug influence during class, lab, and/or clinical duty.

1. Students under the supervision of medical care and taking prescribed drugs must immediately identify themselves to the faculty supervising the class, lab, or clinical assignments. Prescribed medications must not induce an unsafe mental or physical state or impair the student's ability to meet the course requirements, act with safety, perform competently, or to demonstrate appropriate conduct when in class, lab, or clinical settings.
2. Situations that could indicate that the student is under the influence include, but are not limited to, odor of ethanol or drugs, slurred speech, disturbed gait, problems with balance, and questionable or inappropriate behavior.
3. The Radiography Program follows the SHP drug screening policy on Drug Screening for Cause: if a faculty member has reason to suspect that students are under the influence of drugs or alcohol, students must obtain a drug screening at their own expense, within 24 hours, while being suspended from clinical duty until results are shown to be negative to program administration.
4. In the event that a student is suspected or found to be under the influence of drugs or alcohol, the student will be immediately dismissed from the class, lab, or clinical assignment pending further review.
5. In the event a student is suspected or found to be under the influence in any of the above settings, the student will be expected to seek an alternative method of transportation to return home. The college assumes no responsibility for assisting the student in leaving the above sites or returning home. Security will be called, if necessary, to assist the student with leaving.
6. The student must meet with the college faculty member and the Program Director/Coordinator to assess the need for remediation or counseling. The decision to return the student to clinical will be based upon the recommendation of the clinical faculty member. Any missed days will be unexcused and subject to the make-up policies of the individual course or program. Failure to attend counseling sessions, or to meet the remediation plan objectives within the time designated, will result in immediate dismissal from the program.
7. All students in the CCBC Radiography program have an ethical responsibility to report radiographers, healthcare professionals, and fellow students suspected or found to be under the influence of drugs or alcohol while on duty. If the student finds that he/she is working with a drug or alcohol-impaired radiographer, healthcare professional, or fellow student, the student should first report this to the immediate clinical supervisor as soon as possible. Then the student will inform program administration within two business days. All information about the reporting student will be kept confidential as long as possible, except in the case of criminal prosecution where a witness statement may be needed.

CCBC Smoking and Tobacco-Free Policy

Each campus of the Community College of Baltimore County is designated as a smoke, vape, and tobacco-free environment. Therefore, smoking, vaping, and the use of tobacco products are prohibited in or on any CCBC campus. This Smoke and Tobacco-Free Policy applies to all facilities and to all events taking place on college property. It applies equally to members of the college community and visitors to the campuses, including but not limited to students, faculty, staff, parents, visitors, contractors, and vendors. Faculty, staff, and students at the college's extension sites are expected to observe the smoking and tobacco-free policies of property owners of those buildings currently in force or revised in the future.

1. The buildings and grounds of the hospitals are designated as smoke-free. Students are not allowed smoke breaks on clinical duty.
2. Smoking is permitted only in the designated areas on campus.
3. All students MUST not smell of smoke, tobacco, or vape products on the campuses of the college or any clinical site. Those smelling of these products will be sent home, will be charged a deduction on their Attendance grade, and must make up the missed clinical time.

Professional Organizations/Scholarships

Students in the Radiography Program are eligible to join professional organizations as student members and are highly encouraged to do so. In addition, there are specific scholarships that are open to only Radiography students and to all those in the School of Health Professions. All scholarships must be applied to on the main CCBC scholarship page through the CCBC Grant and Scholarship Portal, and all students must first complete the CCBC$Fund Me Application where eligibility will be determined.

1. American Society of Radiologic Technology (ASRT) – The ASRT is the national professional organization for radiographers and other imaging professionals. It is the parent organization to the MSRT on the national level, and students may apply to scholarship opportunities, Student Leadership Development Program, Registry Review, and other resources. See www.asrt.org for information.
2. Maryland Society of Radiologic Technologists (MSRT) – The MSRT sometimes awards scholarships to students who are enrolled in accredited programs in Radiography. To apply for an MSRT Scholarship, students must be MSRT members and must be making satisfactory progress. In addition, some years students join the MSRT and attend the annual conference in RADT 207 for a project grade (see RADT 207 syllabus for yearly updates). The Ted Lynch Memorial Award for outstanding program accomplishments is given during the conference. Students may participate in the poster competition. See http://www.msrtonline.net/ for more information.
3. The Charlotte Wade Todesco Memorial Scholarship – A scholarship fund was initiated in 1991 in remembrance of Charlotte Wade Todesco who was the first Associate Director of the Radiography Program for nearly 20 years. Applications are available in RADT 204 to students on the CCBC website: https://www.ccbcmd.edu/Paying-for-College/Financial-Aid/Scholarships-Grants/index.html . Additional information can be obtained from program administration.

4. The Lucille Hoilman Memorial Scholarship – This scholarship was established in 2007 to honor the life of Lucille E. Hoilman (1948-2007), former senior administrative assistant for the dean of the School of Health Professions. Mrs. Hoilman was a champion of School of Health Professions students and staff. She valued all of the characteristic that make a good healthcare professional, such as honesty, integrity, concern for others, scholarship, and service. Applications are due by April 15 each year. Additional information can be obtained from program administration.
5. The Radiology Education Fund – This scholarship was established in 2022 by Dr. Thayer Julian Simmons, a radiologist, to help with radiography student expenses. Applications are available in both spring and fall on the CCBC Scholarship website.
6. The Carol Eustis Memorial Scholarship – Started in 2018 to memorialize long-term Dean of School of Health Professions Carol Eustis, this scholarship is designed to support SHP students demonstrating financial need.

Tentative Expenses for Radiography Students*

In addition to tuition and fees for RADT courses, students accrue expenses before and during the course of the Radiography Program. Textbooks, uniforms, medical costs, criminal background check, drug screening, and E*Value expenses are generally paid for before the beginning of the program. Parking, conference, graduation and license fees, and miscellaneous costs occur during the program and may be offset by class fundraising.

Items	Costs
Professional Radiography Textbooks/Software	approx. $800
Uniforms	$200 - 300
Parking – is free on the Essex campus parking fees are charged at some UMMS sites (Downtown & Midtown), and Fleet Street.	varies
Medical Expenses (after accepted into program & before starting radiography RADT courses) - annual physical examination - immunizations - annual Tuberculosis testing - medical insurance - CPR	approx. $300-500 plus health insurance costs
Criminal Background Check/Drug Screen	$69.50
ASRT Student Membership	$35 a year
Clinical Tracking Program	$175 a year (course fees)
Registry Review seminar in RADT 224	approx. $200
Graduation fee	$75.00
Fees to apply to Board exams and State licenses	approx. $425
Miscellaneous expenses – Blackbook, poster materials, etc…	approx. $50

***Subject to change**

The Scoop Newsletter

The official newsletter for the program and the entire Medical Imaging department is called *The Scoop* and comes out 2-3 times a year. Program news, changes in accreditation standards and/or curriculum, and events are highlighted. Current students are encouraged to write articles for the newsletter to explain to the community what is going on within the class cohort. *The Scoop* is sent out electronically to all students, program staff, and clinical technologists.

Articulation Agreements

Graduates of the CCBC Radiography Program may want to continue their education at some point and will want to transfer CCBC credits to four-year institutions. Some colleges and universities will accept RADT course credits into their Bachelor's degree programs. The CCBC Radiography Program and Towson University's Bachelor of Technical and Professional Studies and University of Baltimore's Bachelor of Health Management have official articulation agreements to ease the process. Most state of Maryland universities also have such agreements under the Maryland Transfer Advantage Program (MTAP). For more details, see: https://www.ccbcmd.edu/For/Current-Students/Transfer-Partnerships/index.html. In addition, several online colleges and universities will accept RADT course credits into their medical imaging Bachelor and Master degrees. Information can be found on brochures in the control room in the lab.

Replacement Costs for Incidentals

Material	Cost
Replacement Lead Markers	**$20.00 approx.**
Replacement Dosimeter	First one free, any additional dosimeters **$25.00**
Replacement ID Badge	**$5.00**
Replacement Lab Manual	**$15.00**
Replacement Service Hours Card	**$3.00**

Financial Aid

The college makes several types of financial assistance available to aid students in meeting their educational expenses. While in attendance at CCBC, students may apply for scholarships, grants, part-time student employment and/or loans administered by the College, using community and College resources as well as state and federal funds. The College and the various community, state and federal agencies have developed guidelines to govern the awarding of student grants, scholarships, employment and loans. Typically, the federal government considers the program as part-time and prorates any awards as such. However, other agencies acknowledge the program as full-time, due to the number of clinical hours. Inquiries regarding application forms and additional information are found at: https://www.ccbcmd.edu/Paying-for-College/Financial-Aid/index.html.

Radiography Class Officers/Fundraising

The Radiography program encourages each class to elect class officers to lead class activities and fundraising. However, it is the intent of the service hour project that all Radiography students participate in class activities.

1. Officers should be elected by the class by the end of RADT 121.
2. Elections will be held on non-class times, for example, before or after class. Nominations should be called for first before the election is held. Students may self-nominate. There will be a written anonymous vote if more than one student is nominated for an office. All candidates for the office of Class President must have an interview with the program director before the vote. In the case of a tie for Class President, the program director will be the deciding vote.

3. The officers needed are: President, Vice President, Secretary, Treasurer, and Historian. Duties include, but are not limited to:

President

a. Is the main representative of the class and is the liaison between the class and program officials
b. Acts as chief fundraiser and organizer of fundraising activities
c. Acts as chief organizer of all class activities, such as Pinning, Senior Day, Tech of the Year, and Thank You Breakfasts. Delegates duties.
d. Sets up class bank account with Treasurer (both names on account)
e. Helps to decide how to spend class funds
f. Schedules class officer meetings somewhat regularly or when needed
g. Communicates all messages to classmates

Vice President

a. If President leaves the program or resigns, automatically becomes Class President
b. Acts as supplementary fundraiser and organizer of fundraising activities
c. Acts as supplementary organizer of all class activities. Helps President to delegate duties.
d. Participates in all class activities
e. Attends all class officer meetings
f. Helps to decide how to spend class funds

Secretary

a. Takes minutes at all class officer meetings
b. Ensures all class officer minutes are available to all classmates, either in the form of a binder in the Control Room or electronically in a folder accessible to all
c. Acts as supplementary fundraiser and organizer of fundraising activities
d. Acts as supplementary organizer of all class activities
e. Participates in all class activities
f. Attends all class officer meetings
g. Helps to decide how to spend class funds

Treasurer

a. Sets up class bank account with President (both names on accounts)
b. Helps to decide how to spend class funds
c. Manages all class funds
d. Creates Venmo or other account specifically for class funds
e. If dues are incorporated, collects all dues in cash (make deposits) or electronically and sends reminder notices to classmates
f. Keeps accounting record (current running tab and bank statements) of all class funds and makes available to all classmates either on paper in a binder in the Control Room or electronically in a folder accessible to all
g. Acts as supplementary fundraiser and organizer of fundraising activities
h. Acts as supplementary organizer of all class activities
i. Participates in all class activities

j. Attends all class officer meetings

Historian

k. Collects memories of program journey over the course of 2 years from classmates and self. Could be photos and videos.
l. Creates a PowerPoint presentation of all Thank You Pages (one for each student and some from entire class)
m. Creates a PowerPoint presentation for the Pinning Ceremony which consists of important memories, representing each classmate in program
n. Acts as supplementary fundraiser and organizer of fundraising activities
o. Acts as supplementary organizer of all class activities
p. Participates in all class activities
q. Attends all class officer meetings

2. Class officers automatically receive all program service hours. They must still submit the service hour card with the office listed in RADT 205.
3. Class officers are NOT expected to perform all duties of every class activity. Class officers are expected to organize and lead all class activities but may form committees comprised of any Radiography student to perform actual tasks.
4. The Class may fundraise for various activities. Here is a tentative list of possible activities that need to be paid for:
   a. **Welcome Luncheon** – September of 2nd year, food and gifts for incoming first year class.
   b. **Senior Day** – May of 2nd year, one day off clinical for graduating students for a class activity that needs to be approved with a Senior Day Approval Form by April 1st in RADT 225. The program director is the only one to approve the form, and the class activity must not be simply going to a bar or pub. The class activity may be going to an Orioles game, having a picnic at a public park, participating in miniature golf, or other fun endeavor. The approval form must list the class activity in detail before it will be approved.
   c. **Kettering's Registry Review Seminar** – April/May of 2nd year, approx. $185/person. Cost will vary each year.
   d. **Pinning Ceremony Class of 2027** – May of 2nd year, invitations, programs, gifts, decorations, dessert, and location rental if not free.
   e. **Thank You Breakfasts** – April-May 2027, class provides breakfast for each site.
   f. **Tech of the Year** – Spring of 2nd year, class elects the Tech of the Year who speaks at Pinning Ceremony, classes have given the Tech of the Year a present, flowers, made a banner, etc…to present the award usually at his/her clinical site.

Leftover Money Possibilities

Occasionally, there is class money left over at the end of the program. Your class has the following possibilities of what to do with the leftover money. It is highly recommended to vote on these:

- Donate it to a charity your class chooses.

- Donate it to the first-year class.
- Pay for ARRT fees for your class.

CCBC Radiography Program
Senior Day Approval Form

Class of _____ Date Submitted: _____

Proposed Date of Senior Day:

_____

Activity (in detail):

_____

_____

_____

_____

_____

Signed: _____
(Class President)
I understand that no class money will be spent towards alcoholic beverages and that CCBC has no liability towards any injuries and/or property damage sustained during Senior Day.

Approved on: _____

By: _____
CCBC Radiography Program Director

Rev. 6/24

Semester Breaks, Personal Time Off, Leave of Absence, Injury on Duty

Students are highly encouraged to attend each and every class, clinical, and lab session as every experience in the Radiography program is unique and contributes to the student's overall training for the profession. Students are discouraged from making any vacation plans or any major life changes during any RADT course as there are semester breaks as outlined in the program schedule for each class. Students should always keep personal time off (PTO) days for true emergencies since they cannot be planned in advance. However, the program does realize that emergency situations can occur during RADT courses and offers students the following policies to deal with them:

1. **Semester Breaks**
   Students receive scheduled semester breaks during the program. See program schedule for Class of 2027.
2. **Absences**
   a. Students are required to call the Clinical Coordinator whenever absence is anticipated for any reason in clinical and the Lab Coordinator for lab absences. See call-in procedures under Didactic, Lab, and Clinical Instruction chapters.
   b. Students are responsible for any portion missed during an absence.
3. **Personal Time Off**
   a. The program provides forty (40) hours of personal time off (PTO) to students during the entire program.
   b. PTO is used for missed clinical rotation time only, not class or lab.
   c. PTO may be used in lieu of make-up time, except for rotations on evenings, weekends, and overnight, or the last clinical day of a semester. All clinical objectives must still be completed and are separate from clinical time.
   d. Requests for personal leave must be by email/LMS and approved by the clinical coordinator at least 48 hours in advance. The clinical coordinator will approve or deny all PTO requests via email.
   e. When requesting PTO, students must indicate in the email the date they are requesting, the site and rotation for the requested date/dates, and how many hours they are requesting to use.
4. **Unauthorized Absence**
   a. Students absent without notice for longer than 3 consecutive weekdays will be dismissed from the program.
5. **Injury on Clinical Duty**
   a. If a student is injured on clinical duty and is either encouraged to leave, get check out, or opts to leave due to the severity of the injury, the student is not required to make up the remaining clinical hours of the clinical day with the discretion of the clinical coordinators final decision.
   b. Students are to provide a bonafide doctor's note from the day of the injury to avoid point deductions.
   c. Any days missed thereafter said injury needs to have a doctor's note provided to cover the absences that are accrued during that time.

6. **Leave of Absence**
   Requests for a leave of absence will be considered on an individual basis. Students must submit a request for leave in writing with projected time frame of absence well in advanced of the requested leave.

Bereavement Leave

Bereavement leave implies the necessity for the student to be absent from class, clinical, and/or lab to attend a funeral and to take care of personal business related to family or the funeral.

1. In the event of death in the immediate family, a special absence from one to two scheduled days may be authorized if requested.
2. Immediate family is defined as the student's legal spouse, husband, wife, son, daughter, stepchildren, brother, sister, father, mother, grandparents, grandchildren, legal guardian, mother/father-in-law or sister/brother-in-law.
3. If additional time is needed it will be deducted from the student's personal time off.
4. Clinical time from Bereavement Leave does not need to be made up, except if the student misses a special one-time rotation.
5. No deduction in Attendance grade for class, clinical, or lab will be taken for Bereavement Leave.

Jury Duty

Being selected for jury duty is a situation over which a student has no control. Therefore, it will be considered an excused absence.

1. The individual course instructors will make reasonable accommodations for any student required to fulfill jury duty obligations. This includes providing additional time to complete assignments, tests, or quizzes missed during this absence.
2. The Program Director/Coordinator requires that students submit a copy of their jury notice prior to the scheduled jury duty.
3. Students that are absent from clinical due to jury duty and fall behind in terms of expected clinical performance, may be assigned additional days of clinical experience beyond the normal schedule.
4. An individual clinical plan will be developed outlining the student performance requirements for this additional clinical time.

Student Advisement

Students have formal performance conferences with the program director during the following semesters:

- RADT 121 in January of first year
- RADT 208 in Fall of second year
- RADT 225 in Spring of second year students will have an Exit Interview

Conferences are to discuss the student's performance academically and clinically and to check progress in skills. The Clinical Coordinator may be present also. Students may bring with them any questions they have about the program as well as clinical paperwork to map out strategies for success. An Exit Interview is necessary for graduation, and students fill out the Exit Interview survey before meeting with the program director.

Prior scores on course assignments and clinical and lab evaluations will be discussed, as will any areas for concern. The program director will advise students on areas they should pursue in order to improve techniques in studying and test-taking, and/or any clinical, lab, organizational, and interpersonal skills that would benefit the student. Moreover, student transcripts will be checked during the conference to ensure that students are on the correct path towards graduation.

Midterm grades will be displayed in the Brightspace course. Any student who does not have a passing grade at Midterm time must have a formal conference with the instructor of the course.

Students may request a conference outside of these semesters at any time for any issues. Clinical questions should be addressed to the clinical coordinator, while academic questions should be addressed to the program director. Students should first approach individual instructors regarding course material but then may ask questions of the program director if the issue is not resolved with the individual instructor.

The program director and clinical coordinator may also request formal or informal conferences with students when the need arises. This could be for questioning of a situation, inquiring into program progress, behavioral incidents, or other reasons. Clinical evaluations with continued Needs Improvement grades will always be investigated, as will any marks of Unsatisfactory.

All types of conferences will be documented, and the documentation will be housed in the student's administrative file in the program director's office. If a student does not show up for a conference, half the daily clinical attendance points will be deducted for the next closest clinical day.

Personal counseling referral is available to students for all personal or collegiate issues that may interfere with success in the program. CCBC Success Navigators are on-call and ready to help in most situations. Program officials provide students with Success Navigator cards that contain helpful phone numbers at the start of the program and are always available upon

request. Program officials reserve the right to require students to reach out to Success Navigators if circumstances arise that prevent students from being successful in the program.

Student Records

Students have the right to view their tests, quizzes, and assignments maintained in the Radiography Office/Brightspace. An appointment must be made to view quizzes and tests with faculty or administrative personnel.

1. Students must provide written permission to release any information from their program files and/or records by completing the College's FERPA form; this includes releasing records to parents.
2. Upon written request from the student, student records may be copied. A minimum of $5.00 is charged for up to five (5) copied pages. Additional pages will cost .25 cents each. College transcripts may be obtained from CCBC. A student may also obtain an unofficial transcript from his/her MyCCBC account.
3. Students may obtain any of their own personal medical information stored on the online clinical tracking software.
4. To view prior quizzes, tests, and final exams, students must email the course instructor to make an appointment to view the assessment in the Radiography Office. The instructor need not be present; only one program staff member (faculty or administrative assistant) must oversee student activity. The course instructor, however, is responsible for changing the LMS settings so the student can view the desired assessment. Students may write down generalized notes from the assessment, but may never copy questions word-for-word, take photos/videos, or print out the assessment. Students will be sent to the SHP Honor Council for any violation of this policy.

Emergency Procedures/Mandatory Training

Students are trained in Emergency Procedures before beginning the clinical portion of the program. In addition, the CCBC Emergency Manual is posted on the Medical Imaging Programs Brightspace course. Also, Learning Harbor and the ASRT EZ Compliance provide web-based regulatory compliance training for healthcare employees, including mandatory hospital annual training that conforms to Joint Commission (formerly JCAHO) and OSHA requirements. In addition, students are required to follow all clinical site policies, including being oriented to emergency procedures and codes.

Learning Harbor modules include:

Corporate Compliance

Customer Service for Healthcare Employees

Prevention of Workplace Violence

Sexual Harassment

Sprains and Strains

Team Concept for Healthcare Employees

Understanding Advance Directives

Infection Control/Bloodborne Pathogens

ASRT EZ Compliance modules include:

Abuse and Neglect

Cultural Competence

Elderly Patient Populations

Environmental Safety

Fire Safety

Hand Hygiene

Hazardous Materials and Waste

HIPAA

HIV/AIDS

Medical Imaging and Radiation Therapy Equipment

Medication Safety

Mentally Disabled Patient Populations

Non-English Speaking Patient Populations

Obese Patient Populations

Patient Communication

Patient Identification

Patient Restraints

Patient Rights

Pediatric Patient Populations

Physically Disabled Patient Populations

Prevention of Health Care-Associated Infections

Radiation Safety

Reducing Patient Falls

Safe CT Practices

Safe MRI Practices

Safe Fluoroscopy Practices

Section 1557: Health Care Discrimination Rules and Regulations

Storage and Care of Lead Aprons

Student Supervision

Substance Abuse

Wrong Site, Wrong Procedure, and Wrong Person

Health and Medical Care

All CCBC Radiography Program students must adhere to the following health and medical care policies:

1. Prior to entry into the Radiography program and again in the beginning of the second year, a physical examination must be done by a physician of the student's choice. The expenses for this examination are the student's responsibility. The purpose of this examination is to verify the good health of the student and to document up-to-date immunizations. Medical forms are available from BrightSpace. The physical must be completed and the medical forms uploaded to the clinical tracking software before students will be allowed to attend the clinical portion of the program. An annual tuberculosis test (or chest x-ray if indicated) and flu vaccinations must be performed in order for the student to participate in clinical education. Special vaccinations may be required by the clinical facilities.
2. Often, insurance companies will not pay for physical examinations unless the date is one day after the year anniversary of the last physical. Students need to be conscious of this fact while scheduling appointments and check with their insurance companies. If a student is experiencing difficulties in scheduling an appointment within the required timeframe, he/she must contact the Clinical Coordinator immediately to discuss options.
3. Students are responsible for their health care. All students entering the program are to have health insurance and provide proof of medical insurance before starting the clinical portion of the program and again at the start of the second year of the program.
4. Students should schedule non-emergency medical, dental, and other appointments on off-duty time.
5. Students who are injured during their clinical experiences must report their injury to the Program Director, Clinical Coordinator, or Clinical Instructor. In their absences, injuries must be reported to the supervisory technologist in charge. Injured students will be referred to the appropriate health care location.
6. Students may not report to a clinical area if they have an injury or illness that prohibits them from wearing regulation shoes or uniforms, or prohibits them from performing regular assigned duties. The program administration may require students who have physical impairments as a result from injury or illness to produce letters from physicians to clear them in order to be eligible to return to clinical duty, depending on the individual situation. ALL students must be able to follow all Radiography Program Technical Standards, including to be able to lift at least 25 lbs., or the student is not allowed on clinical duty.
7. Students are responsible for following the Communicable Disease policies of the clinical sites in the event they identify themselves or are identified as having a communicable disease.
8. Standard Precautions as described by the Center for Disease Control will be followed by the Radiography program.
9. All new radiography students are required to attend an infection control session during RADT 105. Students receive additional infection control education during RADT 103, Fundamentals of Radiologic Technology.
10. Any student who refuses or fails to work with a fellow student or hospital employee, or provide proper care for a patient in their charge, known or perceived to have a

communicable disease will be required to undergo counseling with respect to communicable diseases and the care & treatment of such infected persons and/or co-workers. In the event he/she student continues to refuse to perform their clinical duties as expected, they will be subject to disciplinary action.

11. Insurance information, tuberculosis screening tests, flu shots, physical exam, personal information, and CPR certification will be updated at the beginning of the second year of the program. Any student not having updated information will not be allowed on clinical duty until all clinical requirements are satisfied. If clinical time is missed because of missing information, the student is responsible for Make-up Time.

Categories of Corrective Action

Occasionally, a Radiography program student does not follow the policies set forth in this handbook or does not make minimal academic and/or clinical progress, so the following may result:

1. **Academic Warning**
    A. An Academic Warning is a notice to a student that conduct was questionable in a non-clinical course and that additional violation of conduct will be treated more severely.
    B. Any student receiving a D or F on any midterm grade will be counseled and will receive advice on how to improve.
    C. A first academic warning will be verbal. Verbal warnings are noted in the student's administrative file.
    D. A second academic warning will be written, and the student will be sent to the School of Health Professions Honor Council and/or to the CCBC Office of Student Conduct.
2. **Clinical/Lab Warning**
    1. A Clinical Warning is a notice to a student that conduct was questionable on clinical duty or during lab time and that additional violation of conduct will be treated more severely.
    2. Any student receiving a D or F on any midterm grade will be counseled and will receive advice on how to improve.
    3. A first clinical warning will be verbal. Verbal warnings are noted in the student's administrative file.
    4. A second clinical warning will be written, and the student will be sent to the School of Health Professions Honor Council and/or to the CCBC Office of Student Conduct, if appropriate due to the nature of the poor behavior.
    5. In cases of severe lack of clinical progress despite prior warnings, a third and final clinical warning will be given, and the student is dismissed from the Radiography Program.

3. **Clinical Suspension**

    1. Suspension is the temporary removal of a student from the Radiography Program due to a serious violation of the rules and regulations of the College, Radiography Program, or a serious violation of the rules and regulations of the clinical site.
    2. The amount of time of the suspension is determined by the Program Director.
    3. Under extraordinary circumstances, no prior written notification will be given to the student before the action of suspension is taken.
        a. If the student's presence compromises the safety of patients, staff, or program personnel, or if the student's presence is disruptive to the educational process, the student will be asked to leave for the remainder of the day.
        b. Upon returning to the program, a conference will be held with the Program Director to discuss the violation and to give the student the opportunity to present his/her version of the situation that resulted in the immediate suspension.

4. **Dismissal**

    Dismissal is the removal of the student from the Radiography Program and can be either Academic Dismissal or Clinical Dismissal.

    1. Academic dismissal is when a student fails any one RADT course in the program and/or the Dean's decision resulting from an Honor Council hearing.
    2. Clinical dismissal is when a student, either on clinical duty or during lab time, is exhibiting dangerous and/or unprofessional behavior, including, but not limited to:
        a. Violations of the SHP Professional Conduct Policy
        b. A final semester grade of below 75% in any clinical course
        c. Violent dangerous behavior to anyone
        d. Using radiation to intentionally harm oneself or others
        e. HIPAA violations with all medical information, including medical images
        f. Taking x-rays of oneself or taking x-rays of others unsupervised
        g. Being under the influence of drugs or alcohol
        h. Falsification of any lab or clinical documentation and work (for example, objectives, evaluations, PIEs, pretests, comp tests, reports…)
        i. Putting own lead markers on someone else's images
        j. A second offense of having a mobile device on clinical duty
        k. A third clinical warning
        l. Being AWOL from the program for more than 3 consecutive program days
        m. Dean's decision resulting from an Honor Council hearing

2

Didactic Instruction

The Radiography Program at CCBC holds regular didactic (classroom) instruction in the Radiography classrooms and lab space in the Eustis Center for Health Professions on the Essex campus. Class time is maximized to give as much hands-on time as possible. Instruction includes mainly face-to-face lecture; however, online resources and lectures may also be utilized. The program possesses several software and other technological resources to bring the latest delivery methods to the students.

Grading System for Classroom Instruction

Radiography students must adhere to the following grading policies for all RADT courses. Individual course syllabi with specific information are posted on each Brightspace course before the semester starts.

1. Students must maintain a minimum overall CCBC grade point average of 2.0 (C average).
2. The minimum passing grade for all Radiography (RADT) courses is 75%. See the semester syllabus for the grading breakdown. The minimum passing letter grade for all RADT courses is a C. Students scoring below these thresholds will be automatically dismissed from the program.
3. The Radiography Program has a grading scale that is a higher standard than that of the college at large. Students may not be eligible for the same graduation honors that the college lists. The grading scale is listed on each course syllabus.
4. Students will receive progress grades at midterm. Any student whose progress grade is below 75% must make an appointment with the course instructor for a formal conference to discuss ways to improve.
5. Class attendance is of the utmost importance, and students should attend each and every class. Full attendance points will be given for each class attended on time. Students who are at least one minute late to class will only receive half (50%) of the attendance points for that day. Students who are absent from class will receive 0 attendance points for any reason.
6. Full attendance points are only given for students physically attending class in the classroom. Students who miss a single class due to illness may log on online, but will still receive 0 attendance points.
7. In the event of **prolonged** injury, illness, or other extenuating circumstances (not vacation), students may attend class online synchronously, with **prior** approval of the Program Director or Clinical Coordinator only. Then, all online synchronous rules will apply; see Chapter 6: Technology and the Synchronous Online Class Procedures section. Students

must sign this form as soon as possible. If approved, full attendance points will be given if the student follows all rules.

8. All didactic attendance points can be viewed in the Brightspace course.
9. Tests, quizzes, and assignments are maintained in the Brightspace course, and are not returned to students or opened on Brightspace past the test/due date. Students have the right to view their records and can make an appointment at any time with the course instructor to do so. However, at no time can a student print out, copy, record word-for-word, or take photos of test, quizzes, and some assignments when in his/her possession.
10. Students are responsible for checking the course schedule on the Brightspace calendar. Schedules will not be posted anywhere else.
11. Students receiving an Incomplete (I) grade for any RADT course must satisfy the I grade before the start of the 2nd semester in which they earn the I, or they cannot register for the next RADT course. For example, an Incomplete in 121 can continue in 123, 124, and 125, but cannot be registered for 204/205 until 121 is completely graded.

Radiography Classroom Behavior

In addition to the policies set forth in the School of Health Professions student handbook, Radiography students must also adhere to the following:

1. All students are expected to attend class regularly and punctually in order to obtain maximum benefit from instruction and to contribute to the general learning process in the classroom.
2. All classes will be held in the Radiography classroom unless otherwise notified by the instructor. Online lectures will be designated on the Brightspace calendar.
3. Students are responsible for checking the class schedule posted on Brightspace daily.
4. Smoking and eating are not permitted in the Radiography classroom.
5. Cell phones are not allowed to be used in the classroom or lab setting, unless directed by the instructor. See the Cell Phone/Internet device policy for more information.
6. Students should wait up to fifteen minutes after the scheduled class time for the instructor. In addition, it is recommended that someone in the class go the administrative assistant to see why no instructor has appeared, at the 15-minute mark, but before all students leave. Class cancellations are generally sent out through Brightspace Announcements before class starts, so all students should sign up for Brightspace notifications and the Brightspace Pulse mobile app.
7. Students should obtain the instructor's permission before recording a lecture. Most lectures use some type of lecture-capture software for students to study, but the software should not replace taking good and careful notes. Sometimes there are computer glitches and lectures are not captured, and students should not rely on the software.
8. Online classes should be treated exactly as face-to-face classes. Students must keep the camera on themselves the entire time, and students must be located at a stable location (not walking around) and not at work or driving in a car. All attempts to treat the class exactly as a face-to-face class should be managed, including finding a quiet place away from family members/pets in order to be able to concentrate. See Chapter 5: Technology and the Synchronous Online Class Procedures section.
9. If a student is absent from class, that student must take the responsibility to obtain class notes, information on assignments, etc., from other students.
10. Quizzes, tests, and examinations are given periodically as courses progress. The length of

time to take a quiz, test, and final exams will be at the discretion of each instructor. No more than 2 hours will be given for each final semester exam. No additional time will be given to any student without an accommodation letter from CCBC's Office of Student Accessibility Services. Contact the office on the Essex Campus at 443-840-3832 for more information or click: https://www.ccbcmd.edu/Student-Life/Student-Support/Accessibility-and-Accommodations/index.html

11. Students are expected to take all tests as scheduled. If an illness or an emergency should occur, the instructor may request a physician's report and/or deduct points. If an exam cannot be taken at the designated time, the instructor should be contacted prior to the exam or as soon as possible afterwards. In the event of absence tests, quizzes and examinations are generally expected to be made up on the next school day following the absence. Consult your instructor for arrangements. If the instructor is not readily available, consult with the Program Director.
12. All make up quizzes, tests, and finals must be proctored through any one of CCBC's official Testing Centers. Students must make an appointment with the Testing Center for an appointment and notify the instructor at least 3 business days ahead of time. Instructors must fill out a Proctor Form and email to submitanexam@ccbcmd.edu within 30 days of the test. Students need to read the information on this website about testing: https://www.ccbcmd.edu/For/Accepted-Students/pages/Testing-Centers.html. At the discretion of the instructor, any quiz/test not made up in this manner may be marked as a zero.
13. Any student caught cheating will automatically receive a zero for that examination, followed by action that may result in dismissal from the Radiography Program and/or CCBC. Students will be referred to the SHP Honor Council for any cheating or plagiarism cases. The outcome of the Honor Council and the Dean's decision is final.
14. Radiologists, technologists, technical representatives, and other personnel sometimes present lectures. These lectures are part of the formal curriculum and examinations will include material presented in these classes.
15. Exam and course grades will be returned to a student as specified by the instructor. No grades will be given over the telephone or e-mail. However, grades may be viewed securely through Brightspace.
16. The Radiography program supports the writing policy of CCBC and the School of Health Professions.
17. Students are expected to submit assignments with a Microsoft Word or PDF document, electronically through Brightspace, and all formal college paper formatting rules apply. Assignments that are submitted late may have points deducted or may not be accepted at all by the instructor.
18. Students are prohibited from using AI tools (ChatGPT, Google Translate, Perplexity, Grok, etc), such as large language models, text generators, image generators, and code generators, to create content, assist in test taking, or representing themselves for coursework, assignments, or assessments. This includes assessments, essays, reports, presentations, and other academic, clinical, or lab work. The use of AI in this manner hinders the development of critical thinking, writing, and research skills necessary for academic success. It prevents students from engaging deeply with course material and developing their own analytical and expressive abilities.
19. See SHP handbook for Code of Classroom Conduct and Classroom Etiquette.

Testing Center Procedures

The CCBC Radiography Program uses the Essex Testing Center (ETC) for all tests and final exams at scheduled times which are placed on the course calendar. The course instructor performs authenticated proctoring of all students and remains in the testing room. Since the ETC remains open for all students during the test period, all Radiography students must adhere to the following:

1. No food or drink is allowed to enter the ETC, not even in the lobby of the ETC or in or near the lockers. No exceptions. Students with visible food and drink in their belongings will be turned away from the test session.
2. Upon entering the assigned testing room, all students are to place all personal belongings at the back of the room, without blocking free flow of movement. This includes mobile phones which must be placed with students' other belongings and must be placed on complete silence (not on vibrate) or off.
3. Students are to choose a computer but are not allowed to bring anything to the computer station. This includes such things as coats, jackets (no hoods on sweatshirts up on head), keys, hats, sunglasses (even on top of head), and all other personal belongings, except reading glasses. The proctor will hand out answer sheets, pencils, and calculators, if needed, for the test.
4. Each student must sign the Honor Statement on the answer sheet. Answer sheets are to be used as scrap paper as well.
5. Students must follow all directions on the Honor Statement regarding computer test taking.
6. Once the proctor gives out the password to the exam, there is no more talking in the testing room, except to the proctor.
7. Students must not open any other screen during the test other than the page the test is on. However, students may use the computer's calculator. Any other screen open will be considered cheating.
8. If a student has a question during the exam, the student will quietly find and ask the proctor.
9. All students should try to use the restroom facilities prior to the exam time, but if there is an emergency, the student will minimize the computer screen, give the answer sheet to the proctor, and then find the closest open restroom, the bathroom located directly inside the ETC being preferable.
10. After the student has submitted answers and completed the exam, the student may look at the results and answers of that test. However, students are never allowed to copy down questions and answers word for word or take photos/videos of questions and answers.
11. To exit the exam, all students must hand the Answer Sheet to the instructor. All students must print name legibly, sign, and date this form for the Honor Pledge. Instructors will make sure these sections are filled out immediately in order for the student to leave. Students need not use the Answer Sheet to write down answers, but the Honor Pledge must be filled out correctly. Failure to do so will invalidate test results.
12. All students are to make sure the LMS is logged off and closed, to make sure the area is neat by pushing in chairs, and to return answer sheets, pencils, and calculators (if used) to the proctor before leaving.
13. Students who are finished and have left the ETC should not hang out in the hallway directly in front of the testing suite, as conversations about the exam could be heard inside by students still taking it.

Course Schedules **schedule is subject to change

Course schedules for students are a projection of exact dates when all RADT courses will run in the entire program for students. Exact course dates are sometimes determined later as per college procedures, but the course schedule is a good guide for student planning. Students are not on any duty whatsoever in between courses, and these breaks are when students should plan vacations, events, etc…

Course Dates – Class of 2027**	Semester	Credits	Classes	Clinical	Lab
RADT 103 – Fundamentals of Radiologic Technology 15 weeks August 25 - December 8, 2025 (Off for Labor Day September 1 and Nov 26 for Thanksgiving)	Fall (1)	3	3 hrs/week, M/W, 8-9:30am (A), 10-11:30am (B), F2F		
RADT 104 – Radiographic Procedures I 15 weeks August 29 - December 12, 2025 (Off for Thanksgiving Nov 28)	Fall (1)	2	2 hrs/week, F, 8-10am (A), or 10:15am-12:30pm (B), F2F		
RADT 105 – Clinical Education I 15 weeks August 26 - December 9, 2025 (Off for Thanksgiving Nov 27-30)	Fall (1)	2	Welcome Luncheon, September 12, 2025, 12:30-3pm (No PM Labs)	16 hrs/week T & Th, 8.5 hour shifts each day, anywhere from 7am-5pm	2 lab hrs/week M, W or F See BR course for dates/times
RADT 121 - Clinical Seminar I 5 weeks January 5 – February 6, 2026 (Off MLK 1-19)	Winter (2)	1		16 hrs/week T & Th, evenings, weekends start	2 lab hrs/week M, W or F See BR course for dates/times
RADT 123 – Image Production and Processing 15 weeks February 9 - May 20, 2026 (Spring Break: March 28 – April 6)	Spring (3)	3	3 hrs/week, M/W, 8-9:30am (A), 10-11:30am (B), F2F		
RADT 124 – Radiographic Procedures II 14 weeks February 13 - May 22, 2026 (Spring Break: March 28 – April 6)	Spring (3)	2	2 hrs/week, F, 8-10am (A), or 10:30am-12:30pm (B), F2F		
RADT 125 – Clinical Education II 15 weeks February 9 - May 21, 2026 (Spring Break: March 28 – April 6)	Spring (3)	2		16 hrs/week T & Th, some even/we	2 lab hrs/week M, W or F See BR course for dates/times
RADT 204 – Radiographic Procedures III 11 weeks June 2 – August 13, 2026	Summer (4)	4	5 hrs/week T/Th, 8-10:35am, F2F		
RADT 205 – Clinical Education III 11 weeks June 1 – August 14, 2026 (Off June 19 for Juneteenth Holiday)	Summer (4)	3		24 hrs/week M, W & F, some even/we	2 lab hrs/week T or Th See BR course for dates/times

RADT 206 – Radiation Protection/Radiobiology 14 weeks September 10 - December 10, 2026 (Off for Thanksgiving Nov 26)	Fall (5)	2	2 hrs/week Th, 8-10am, F2F		
RADT 207 – Advanced Imaging Procedures 15 weeks September 1 - December 8, 2026	Fall (5)	3	3 hrs/week T, 8-11am, F2F		
RADT 208 – Clinical Education IV 16 weeks August 31- December 18, 2026 (Off Sept 7 for Labor Day and Thanksgiving November 26-29)	Fall (5)	3		24 hrs/week M, W & F, some even/we	2 lab hrs/week T or Th See BR course for dates/times
RADT 221 - Clinical Seminar II 4 weeks January 5 - January 29, 2027 (Off MLK 1-18)	Winter (6)	1		24 hrs/week M, W & F, some even/we	2 lab hrs/week T or Th See BR course for dates/times
RADT 223 – Radiographic Pathology 4 weeks February 2 – February 25, 2027	Spring (7)	1	4 hrs/week T/Th, 8-10am, F2F		
RADT 224 – Radiography Seminar 10 weeks March 2 - May 13, 2027 (Spring Break TBA)	Spring (7)	3	4 hrs/week T/Th, 8-10am, F2F		
RADT 225 – Clinical Education V 15 weeks February 1 - May 21, 2027 (Spring Break TBA)	Spring (7)	3		24 hrs/week M, W & F, some even/we	2 lab hrs/week T or Th See BR course for dates/times

ARRT Code of Ethics

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

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

3

Lab Instruction

Laboratory simulations are used to allow the students the chance to simulate radiographic procedures on fellow student "patients" or volunteers as well as mannequins in the program's lab space before performing routines on actual patients in the clinical setting. Lab simulations include demonstration, practice, and finally testing on radiographic routines. At no time is a human being radiographed on campus. In addition, experiments with phantoms utilizing ionizing radiation in a safe manner with direct supervision of a faculty member allow students the chance to visualize concepts in radiographic physics and image quality.

The Radiography program lab contains digital radiographic equipment. Nonetheless, students continue to be taught film/screen principles as a basis to digital imaging. The laboratory environments on campus house energized radiographic equipment, including two full x-ray table systems, a C-arm, and a portable x-ray machine. A licensed RT(R) is on duty in the lab space anytime students are present, and the energized equipment must be disabled and locked whenever the licensed RT(R) is not present.

Grading System for Lab Instruction

Radiography students must adhere to the following grading policies for all lab sessions:

1. All daily lab attendance points will be deducted from the daily Lab Attendance grade for every incident of absenteeism, even with a physician's statement. PTO time is not allowed to be used for lab absences.
2. Half the daily lab attendance points will be deducted from the daily Lab Attendance grade for every incident of lateness up to 15 minutes. Physician statements are not accepted for lateness. All daily lab attendance points will be deducted from the daily Lab Attendance grade for every incident of lateness at 15 minutes late and after.
3. Students who are unable to attend lab because of illness or an emergency during the week are to call the Radiography Lab Coordinator office no later than 15 minutes prior to scheduled lab. Students must speak personally to the Lab Coordinator or leave a message. The message will be sent to the Lab Coordinator by email and will include a date and time stamp. Students are to speak clearly, leave the name of the Lab Group (Alpha…), and explain clearly the reason for the absence.
4. A "no-call" will be recorded in the attendance record if a student fails to report an absence in the required manner. This will be reflected in a double daily attendance deduction from the lab attendance grade.
5. All Lab Violations will incur a deduction of half the daily lab attendance points. Violations include:

a. Not bringing a dosimeter to an ionized lab (and will be unable to complete the lab at that time)
b. Not being prepared for lab
c. Not bringing their own markers to lab after receiving them
d. Blackbook not complete and accurate by the category's practice lab or present at all during the lab. Complete means that if the lab instructor edits or suggests changes to the Blackbook, the student will make those changes before the next lab session. Completion means the Blackbook meets all criteria listed in the Lab Manual and/or lab instructor discretion.
e. Not bringing lab manual to lab session

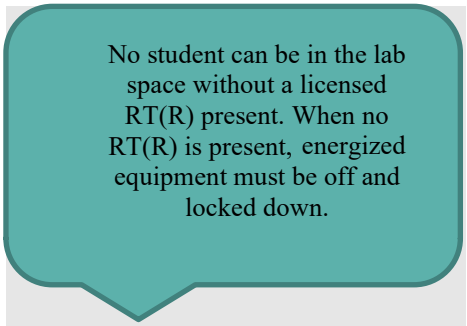
6. Lab absence, lateness, and violation deductions will be placed on E*Value by the lab instructor and can be seen by the student on the Time Tracking Supervisor Verification report.
7. All lab testing must be completed with a minimum of 75% for each procedure. If a student fails a lab scenario, the student incurs a grade of 50% on the failed exam and needs to repeat that scenario during a different lab session until passed. The successive labs on that particular procedure will be graded as normal. This includes multiple exam labs and Final Trauma labs.
8. Students who fail lab exams will be sent to the Lab Coordinator for remediation. Remediation activities may take the form of performing practice labs while being recorded with SimCapture software and then submitting a written report through Brightspace based on the errors committed, along with a plan for corrections, watching Positioning videos, redoing a portion of the Blackbook, or any combination thereof. After successful remediation, students will retest. Situations when students are referred for lab remediation include, but not limited to:
    a. failing a single lab exam 3 times (including a multiple lab scenario)
    b. failing multiple single lab exams in the same session
    c. students who display an unwillingness to continue lab testing in a session or ask to stop testing
    d. at the discretion of the lab instructor

Laboratory Simulations

The CCBC Radiography Program houses two fully energized radiographic rooms to hold lab simulations for students who will be scheduled for a lab session once every 1-3 weeks. The lab groups will be posted on Brightspace, and individual lab schedules will be posted in the clinical tracking software, where students will punch in and out for lab attendance. Lab partners and sessions are scheduled randomly so that students do not get too accustomed to one specific partner.

Regular lab sessions will be available for demos, practice, single labs, multiple labs, and phantom labs (see below for details of each). Practice labs are posted separately on the lab schedule. And if a student if eligible to test in regular lab, testing in lab takes precedent over everything else. The lab instructor will determine which type of lab is to be done by the student's documentation in his/her lab manual, which must be presented each lab session.

Additional practice lab sessions may be available during the semester with a sign-up sheet in Brightspace. Students who sign up for practice lab sessions must attend the session or attendance points will be deducted (grade of "0" will be given for a daily attendance grade). Extra labs may be assigned for mandatory remediation if a student fails a particular lab multiple times.



Demos

After receiving didactic (classroom) instruction of radiographic procedures, students are shown how to perform those procedures in a radiographic room. Students will practice each radiographic procedure using a fellow student or phantom as a patient. Practice sessions are supervised by clinical or lab faculty.

After practicing each radiographic procedure, students must demonstrate their knowledge and skills to a clinical faculty member or second year student who has documented competency for the exam.

Chest and Abdomen labs can ONLY be performed during scheduled lab sessions with CCBC lab faculty. All other categories can be completed in the CCBC lab or on clinical duty. A students MUST receive their markers after successful completion of Chest and Abdomen lab testing prior to performing Demos in ANY other categories.

Example: A student has not received their markers because they are behind in lab. Upper extremity class content has covered hand and wrist upper extremity exams. The student wants to demo these exams. The student is ineligible to demo these exams in lab or on clinical duty because they have not received their markers.

Demo Requirements:

1. The student MUST give the evaluator his/her Blackbook containing the completed entry for the exam he/she wishes to demonstrate.
2. The student must provide the lab manual prior to demonstrating the exam.
3. The student's routine MUST be written in the Blackbook, and the student may not have the Blackbook or notes open. Before the student demos, the student will hand the Blackbook to the evaluator for inspection.
4. The student must use his/her own markers in every demo (except in the Chest and Abdomen category).
5. The student must demonstrate the entire exam at one time (example –Chest PA & Lateral)
6. Positioning and central ray placement must be demonstrated according to the entry in the Blackbook.
7. Blackbooks will be graded throughout the semester and must be in the student's own words.
8. The student may Demo on non-clinical time at a clinical site, if he/she receives permission from the shift leader and if he/she is in uniform.

When Students May Demo in a Category

As soon as the Positioning instructor teaches the full routine in class, students may demo that routine. Students may demo on clinical with any radiographer or second year student (ONLY if the student is a first-year student) or in lab. All demos in a category MUST be done before the student can lab in that category.

Single Lab Testing

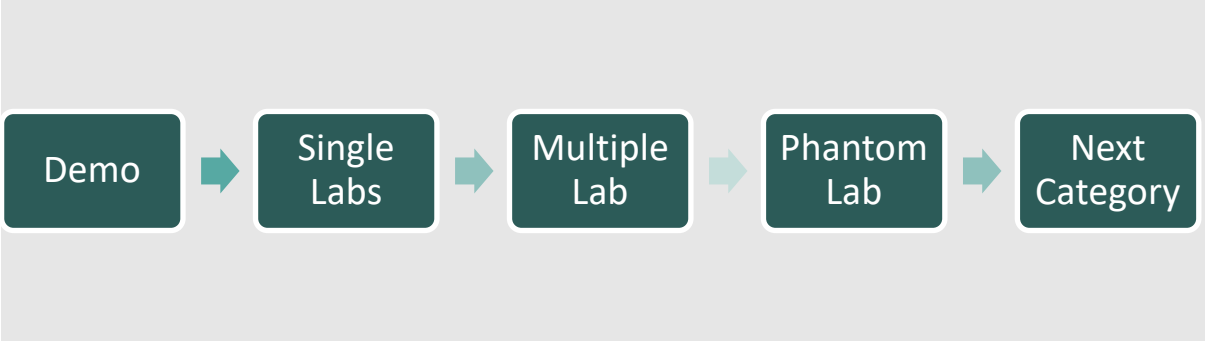
Upon successful completion of ALL demos in a category, the student's knowledge and skill in applying his/her knowledge will be evaluated using a fellow student as a simulated patient. A minimum grade of 75% is required for satisfactory completion of the lab evaluation. Upon successful completion of each single lab evaluation, students are ready to pretest on that routine.

Example: When student passes a routine hand exam in lab, that student may start pretesting on a hand, etc…

1. Partners cannot do the same lab, the same day.
2. If a student fails a lab, he/she cannot do it the same day. This is why lab instructors may switch lab partners (ONLY who's on the schedule already) – to make sure everyone gets what he/she needs.
3. For all lab testing, students must use markers, measure the patient for each view, use appropriate shielding, and fully set the control panel with appropriate technique and mode.
4. Students MUST have their own correct (R vs. L) marker on each view, in an appropriate place (except during the Chest and Abdomen category).
5. Students may not have any notes open, and the lab instructor will ask for the student's Blackbook and lab manual.

When Students May Attempt Single Labs in a Category

1. When all demos are complete in that category and after taking the didactic test.
2. The sequence for lab testing is single routine labs, one multiple lab, and one phantom lab for each category. The category must be complete before moving on to the next category for lab testing.



Multiple Exam Lab Testing

Once students have completed all single exam lab evaluations within a given category, they will perform a multiple exam lab evaluation for that category. These lab evaluations will serve to recheck student performance and assess the student's ability to perform multiple exams in a logical sequence, example, all AP's and all laterals to minimize patient movement and efficiently complete a multiple exam within in 30 minutes. A minimum grade of 75% is required for satisfactory completion of the lab evaluation.

When Students May Attempt a Multiple Exam Lab in a Category

After all the single labs in a category are passed, students must pass one multiple lab in that category (except for Chest and Abdomen). The lab instructor will take all the single lab scenarios that were not performed that session and randomly let a student choose 3 blindly, 2 for spine and thorax. Students must perform all views on those routines in an efficient and logical manner. If the lab instructor feels that he/she did all the views, but they weren't in an efficient and logical manner that is best for the patient, the lab instructor may fail the student for being inefficient.

Phantom Lab Testing

Once students have completed the multiple exam lab within a given category, they will perform one random single exam for that category on a phantom to produce images. A written report will accompany the lab, including a description and critique of images produced. The written report must follow the lab report format outlined in the lab manual and be turned in for grading within one week of lab or the student cannot progress with lab testing. Any phantom lab report not turned in by the due date and time will receive a score of "0" zero. The lab coordinator is responsible for grading phantom labs and assignment submissions are completed in Brightspace for the semester in which the student is currently enrolled.

When Students May Attempt a Phantom Lab in a Category

1. After the one multiple lab in a category is passed, students must pass one phantom lab with images. The lab instructor will determine which scenario to perform.
2. Two students may NOT perform the same phantom lab in the same session.
3. Students must position the phantom (any one of them – whole body or single part) and take images on every view of the routine presented.
4. The lab instructor will evaluate the images with the student.
5. Students have a written report in their own words and their own images attached that goes along with that particular scenario which MUST be turned in to Brightspace by one week (and exact time documented by instructor) from the date of the lab. The student's partner may observe and help gather and put away equipment, but that's all.
6. All students MUST be wearing a dosimeter for this.

Final Trauma Labs

After successful completion of all single and all multiple exam lab evaluations, the student will be scheduled for final trauma labs. Final trauma lab exams encompass all categories and serve as a recheck of previously learned skills while assessing the student's ability to perform multiple radiographic examinations on a trauma patient in a logical sequence, within a reasonable amount of time. A minimum final grade of 75% is required for successful completion of each final trauma lab evaluation. Acceptable time limitations are predetermined and indicated on the requisition.

A minimum of 3 (three) final trauma labs must be successfully completed by the student to complete the program requirements for laboratory evaluations. A second-year student getting ready to graduate from the program should be able to complete these trauma labs efficiently and correctly. Practice is highly suggested and can be done through Practice Labs or on clinical duty when there are no patients/duties to perform. Trauma labs are taught and practiced in RADT 207, so there is plenty of time to be able to continue to practice and pass the final trauma labs with minimal failure.

Students who fail more than 5 times (on the 6th try) any one of the three final trauma labs will fail RADT 225 and will fail out of the program.

Lab Progression

It is crucial for students to understand the importance of taking lab testing, and their progression in such, seriously. Students are encouraged to study for lab testing same as for their didactic tests, as not to waste precious lab time. Since passing lab testing is a critical gateway to competency testing, students are at risk of failing lab courses and can potentially be dismissed from the program if the following progression deadlines are not met, with progressive warnings:

1. Finished all lower extremity lab testing, including the multiple lab, by mid-term grading time for RADT 205: FIRST WARNING
2. Finished all spine and thorax lab testing, including the multiple lab, by mid-term grading time for RADT 208: SECOND WARNING
3. Finished all digestive lab testing by the end of RADT 208: In cases of severe lack of lab progress despite prior warnings, a THIRD and FINAL lab warning will be given, and the student can be DISMISSED from the Radiography Program.

Lab Rules

The following rules for utilization of lab space for testing and practicing are meant to enhance the educational experience of our students. Both students and lab instructors play a crucial role in the success of the simulation space. Therefore, clear communication and mutual respect are essential to ensure that everyone has a shared understanding of policies and procedures.

Lead Markers

Lead markers are the legal method for identifying side of the body and operator, not digital markers and/or annotations. Students earn their set of markers by passing all lab simulation tests in the first category – Chest and Abdomen Positioning.

The program gives each student an R and an L marker with a number and an assigned number on them. The markers are always the property of the program and must be returned before graduation.

Students will also be provided with a set of sticky/wipeable "Rad-grips" for each marker. Students must use their own issued markers for all program work including lab testing and may not use them outside of program work. Students will use generic R and L markers in lab until they earn their own markers.

If a student loses his/her marker(s), the student must purchase official markers through SAO Markers. Students can obtain a temporary marker and additional Rad-Grips by contacting the Lab Coordinator.

The cost of a replacement marker is $5; this is a temporary marker until the student can order a new set. Once students receive their new set of markers, the temporary marker can be returned, and the student will get the $5 back.

The website for ordering a replacement markers is saomarkers.com. Please make sure when selecting the color for R and L, the **R is red,** and the **L is blue**. Also, the characters for the first row must be the student's assigned marker number and the second row is the letter "s".

SAO Markers Website Navigation

- Home page
- Search (upper right corner of page)
- Type in "Student Xray Markers 4 Characters
- Select Right Color (Red)
- Select Left Color (Blue)
- First Row (Marker number)
- Second Row (s)
- Add to cart
- Check out

Marker Example

Radiation Safety

1. All labs utilizing radiation require that faculty and students wear radiation dosimeters. Students not wearing dosimeters may not be present in the lab when ionizing radiation is present.
2. All outside doors MUST be locked when energizing the machine.
3. When exposing, look to make sure all participants are behind barrier and not in the adjacent storage room.

Supervision

1. Lab instructor must be in the same room as the student being evaluated.
2. Lab instructor may switch lab partners that session as deemed necessary by the instructor. This does not mean the lab instructor can change the lab schedule; it is just for that session as already scheduled.
3. Lab instructor may set a time limit on students and students cannot change anything once indicated that they are finished that view.
4. If lab instructor stops an exam due to running out of time and it is no fault of the student, the lab instructor will note this in the student's lab manual, suspend the evaluation in the clinical tracking software, and will not deduct points from the student's lab grade.

Process

1. All participants in lab MUST participate.
2. Students are to place their personal belongings out of reach and view when testing in lab. This includes all electronic devices, which should be turned off completely.
3. Students may use blank pieces of paper for writing down information for their phantom labs, observer sessions, and final trauma labs, but should never look at previous notes for information about the procedure. Exception: lab instructions may allow students to use cell phones to take photos of lab images for later reports.
4. Students are to treat the test "patient" as a real patient, with retrieving from "waiting room," greeting, confirming ID, give changing instructions, gathering information for procedure, explanation or procedure, and face any situation that arises from the "patient card."
5. Blackbooks cannot be looked at during lab testing.
6. Every view for every routine needs to be done.
7. Students must measure their patients for every view.
8. All views must be marked with correct marker.
9. Proper shielding needs to be used for each appropriate view and shields are never to be folded but hung up properly on the holder.
10. Control Panel needs to be set with proper technique and proper mode (wall bucky vs. table bucky, tabletop, and focal spot…) for every exam by the student.
11. Students acting in the role of patients will not help their partners being tested by giving information, by indicating in any way that something is wrong, or by helping with positioning themselves.
12. Students who are in the Observer role for 3-person lab groups must take an active role in observing. This means students must pay close attention to classmates and take notice and/or notes on anything that would help in their own performance. Observing is not a break time, so any personal activities, such as leaving to use the restroom or snacking, is

prohibited and must be done before or after lab sessions, unless it is a true emergency. Also, students are not allowed to be working on other class assignments during this time.

13. Students must locate the images in PACS.
14. All lab reports are to be typed and of the student's own work.
15. Students who are caught up on all lab testing for a particular category will still attend lab sessions and will be given their time to practice at the end. This is not to be seen as a punishment, but as a reward for finishing early.

Equipment

1. Students are responsible for the care of the lab. This includes turning on the equipment, running a tube warm up. parking the equipment when finished and putting away all equipment in appropriate places. Also, this includes cleaning the table and disposing of dirty laundry.
2. X-ray tube needs to be turned on and off by students, as well as warmed up for exposure labs.
3. All grids MUST be stacked upright as well as any cassettes.
4. DR plates should be stored in bucky trays or chargers.
5. Students are responsible for cleaning up and putting back supplies where they belong, putting the tube to rest, turning off equipment, and locking up.

All other items on the Criteria for Clinical Competency Evaluation in your program handbook must be followed. This list is just a reminder.

Lab Attire

1. All students must wear a short-sleeved program uniform top, scrub pants, and uniform shoes for all lab sessions.
2. In addition, students must not wear the uniform jacket, as so covering forearms.
3. Students are not allowed to wear anything that would cover the forearms or excessive jewelry.
4. The only time students in lab may wear the long-sleeve uniform jacket is when they are simulating being the patient. This is due to the coldness of the room and table.

4

Clinical Instruction

The Radiography Program provides clinical rotations starting in RADT 105. In competency-based education, students must prove their competency in specific areas through both written evaluations and performance testing. After receiving didactic (classroom) instruction of radiographic procedures, students are provided with opportunities to apply their knowledge in a clinical setting. Clinical experience is gained through practice and testing of simulated procedures in a laboratory setting along with experience in actual clinical areas.

Clinical Supervision

Students must be supervised when they perform imaging procedures to assure patient safety. The level and extent of clinical supervision depends on the student's achievement of clinical competency. The following clinical supervision guidelines are to be followed at all times when radiography students are completing clinical duty:

1. Until a student's competency for an individual exam is documented students must be DIRECTLY SUPERVISED when they perform x-ray procedures.
   Direct supervision includes:
   a. A qualified radiographer must review the x-ray requisition and the patient's condition prior to the student performing the procedure.
   b. A qualified radiographer must be present in the x-ray room and/or control panel while the student performs the x-ray procedure.
   c. A qualified radiographer must review and approve the images.
   d. Students must always be under Direct Supervision for all surgical, mobile, and mobile fluoroscopy procedures.
2. After competency is documented, students may perform x-ray procedures with **INDIRECT SUPERVISION**.
   Indirect supervision includes:
   a. A qualified radiographer must be immediately available to assist the student (not by phone), and
   b. A qualified radiographer must review and approve the images.
   c. Unsatisfactory films must be repeated with **DIRECT SUPERVISION.** In other words, a qualified radiographer must be present in the x-ray room when the student repeats the image(s).

Clinical Sessions

Students are assigned to different clinical areas on a rotational basis for their clinical education. These rotations provide students the opportunity to observe and participate in a variety of imaging procedures and will be located around the Baltimore metro area and surrounding counties. No clinical site is more than 60 minutes' travel from students' homes. Starting in the 2nd-5th month, students may be assigned to a few evening/weekend rotations at hospitals. Student performance will be evaluated using a variety of methods.

Affiliation Agreements

All clinical sites students rotate through have official affiliation agreements with CCBC. These are legally binding contracts that outline the roles and responsibilities of both the college and the clinical facility. Such items as student supervision, radiation protection, onboarding medical requirements, indemnity insurance, and others are included in each contract. These agreements are the reason behind all clinical policies and schedules.

Performance Objectives

As students rotate through each clinical area, they are responsible for completing specific learning activities that range from equipment manipulation to participation in and performance of radiographic procedures. Performance Objectives are assigned at the beginning of each semester and are due by the stated deadline, usually towards the end of each semester.

1. **ALL Performance Objectives must be completed before a student may graduate from the program, yet there are specific deadlines for them**. "Completed" means that every study and every assignment is performed and signed off by the program, even if the student did not have enough patients during that rotation. The student will be reassigned incomplete objectives until they are finished.
2. Each Performance Objective generally contains a worksheet for the techs to sign (and students to upload) and assignments to complete through E*Value.
3. Students must read the directions on each objective and follow the directions carefully. "Observe" and "Observe and Assist" do not require that the student have had the positioning module in class in order to complete the objective. However, any exam that says, "Perform," may only be completed after the student has been taught the exam in class and has a good understanding of the procedure. All objectives that say, "Perform" must be completed with very minimal help and under normal supervision rules.
4. Students are never to place their markers on images unless they performed the majority of the exam.
5. Performance Objectives/Learning Modules that have been assigned and are not complete **must be turned in by the clinical work deadline each and every semester, until it is complete and graded.** Those not turned in will incur a grade of 0% each. Lateness deductions are listed on course syllabi.

Skills Objectives

These objectives are based on the skills needed to be learned in specific clinical rotations that are assigned, based on individual clinical schedules.

1. Skills Objectives will be assigned and need to be submitted in Brightspace.
2. Skills Objectives are scheduled periodically throughout the semester. Deadlines will be located in Brightspace, and students should always check the course Calendar for due dates.
3. Students must read the directions on each question and follow directions carefully.
4. Any Skills Objectives not turned in by the deadline will be given a grade of 0% and cannot be made up. This does not include situations of illness, accident, or other program-approved time off, all with appropriate documentation.
5. Writing for Skills Objectives must follow proper formatting as stated in directions in Brightspace.

Clinical Evaluations

Clinical evaluations are completed weekly by the clinical staff who directly supervise student activities in the clinical area. The purpose of this evaluation is to assess student conduct and performance in an actual clinical setting.

1. Students will receive an email from E*Value at or near the last day of clinical for the week. The email will have students choose Who Did You Work With (WDYWW), and students must choose ALL techs for that week. Students should document who they worked with during that week, so when they receive the WDYWW email, they can enter all of the technologists. If a student forgets to add a technologist, the technologist cannot be added in, and the student has missed the opportunity to be evaluated by that technologist.
2. Any technologist working with students may fill out evaluations by Initiate Ad Hoc at any time, no matter the length of time spent with the student, or if the student did not send the evaluation to the technologist.
3. Students are responsible for obtaining 2 clinical evaluations per week of clinical duty if at a hospital, and at least 1 clinical evaluation per week if at an outpatient site. If a problem arises due to only working with one technologist at a hospital, for example, email the Clinical Coordinator as soon as the problem arises.
4. **If a student fails to obtain clinical evaluations for the weeks of the clinical rotation, the student will be required to repeat that clinical rotation on his/her own time.**
5. Students are responsible for collecting clinical evaluations from staff. Evaluations not received within a reasonable amount of time will incur 0%'s for the midterm and semester Evaluation grade.
6. Students may use pink slips to remind techs to fill out clinical evaluations at any time.
7. Students are responsible for obtaining at least 1 Clinical Evaluation Form for each Make Up Day of clinical.

Pretest

Each radiologic exam must be performed, and images evaluated a minimum number of times before the student may attempt a competency evaluation. After completion of individual lab testing, students may perform pretests on required routines in the clinical setting. The required list is directed by the ARRT required competency list but may be enhanced with routines required by the program. All RT(R)'s may perform the Pretesting process; however, only Clinical Instructors may perform competency tests on students.

The number of prerequisite examinations for all List A examinations shall be either 1 or 2, depending on the study. For List B studies, the number of exams in that category and/or other rules will be stated at the top of the category list. **ALL List B images (required number of, not all exams) must be completed before starting competency exams in that category.** Completion of this review process will result in the eligibility of the student for competency evaluation.

All staff technologists and clinical instructors must be in the presence of the student when performing Pretests and when reviewing images and questioning students on the procedure. Techs must provide feedback face-to-face in addition to written comments on form.

Procedures for Pretesting

1. Students must announce that they are attempting a Pretest before starting any part of the exam.
2. Students must present their Blackbooks and lab manuals to the staff technologist or Clinical Instructor who will watch and observe the entire performance of the student during the exam without offering help (except in lifting and/or emergencies).
3. Students must submit the pretest evaluation form in E*Value's Case Log before presenting it to staff technologists or clinical instructors.
4. For a student to be successful in a Pretest, the student must perform the entire exam without any help from staff or from looking in the Blackbook. This will include having knowledge of the computer system, starting and completing all paperwork associated with the exam, having knowledge of all radiographic equipment associated with the exam, preparing all medical equipment/supplies associated with the exam, and performing all patient care duties associated with the exam. Staff technologists and clinical instructors may use judgment in the cases of lifting help, urgent situations, and emergencies.
5. Students must use their own markers on all images and markers must be seen on images.
6. After the student discharges the patient, the staff technologist or Clinical Instructor will perform a Pretest evaluation with the student in the room. This includes reviewing the criteria with the student to test knowledge about the procedure. **This should take place the same day of the Pretest, usually right afterwards. The staff technologist or Clinical Instructor is always in the room with the student who is Pretesting and this is considered under Direct Supervision!**

7. Staff technologists and CIs are to enter Pretest evaluations in E*Value within 24-48 hours and have gone over the image evaluation with the student the same day as the Pretest. This is an imperative part of the process as pretests are a pathway to competency.
8. Students are not allowed to Pretest until they have passed the specific routine in lab. Check the student's lab manual (Pretest Eligibility Checklist) for confirmation.
9. Unsuccessful Pretests do not count towards the semester Pretest grade; however, students are required to log unsuccessful Pretest tests in E*Value.
10. Students may use pink slips to remind techs to fill out Pretest evaluation forms at any time.
11. See program handbook pages 81-83 for which Pretests are needed. All exams performed must have normal number of views as outlined in class.
12. A Pretest is not considered successful until the staff technologist or Clinical Instructor fills out the successful evaluation for a grade in E*Value. Grades for all Pretests are based on the evaluations completed for that semester listed in E*Value.

When Students May Pretest in a Category

Routine Categories

Students may Pretest on an exam once they pass that same exam in lab.

Fluoroscopic Categories

Students may Pretest in the clinical setting for Digestive Fluoroscopy procedures after passing the lab directly associated with that exam. Students may pretest on Special Contrast exams after the didactic test in RADT 204 for Special Contrast studies.

Portable/Surgical/Geriatric Studies

Students may Pretest for portable, surgical, and geriatric procedures after passing the didactic test in RADT 207 for each.

Pediatric Studies

Students may Pretest in pediatric studies after passing individual labs in Pediatrics.

PIES

Students will start to perform PIE's in the RADT 121 clinical semester. A PIE is a Preliminary Image Evaluation. What this action consists of is students to self-critique their images from a competency exam that has been performed with a Clinical Instructors by way of a PIE form. When students complete PIEs, they are to announce that they want to PIE prior to comp testing with a Clinical Instructor. Once the comp test is completed successfully, students are to fill out the PIE form and then sit down with the CI for them to fill out their portion of the form prior to entering the comp test in E*Value. The grade of the PIE is determined by the percent matching between the student's and Imager's responses. Certain semesters require a certain number of PIEs in specific positioning categories. Required PIEs will be listed on each syllabus.

1. All PIEs must be completed before the student graduates; however, students who do not turn in required PIEs for the semester will receive 0% for each one not turned in by the Semester Final Clinical Work deadline, usually stated in the course syllabi.
2. Students may work on PIES ahead of time as long as students are allowed to Comp test in that particular category. If a student performs a PIE a semester ahead of when it is due, the grade for it will count for the semester in which it is due, not for the semester in which the student performed the procedure.
3. When completing paperwork, please log it as the semester in which it is due.
4. Only use the official PIE forms for PIEs. It is a different form than the normal Pretest and Comp forms.

Copying Images

There are not many instances where students need to copy real patient images to bring to campus. However, students have assignments for Image Analysis class where images may need to be copied. Each clinical site may have a different policy for copying images if they allow copying at all. Most of the time, students are given CDs. Sometimes, images are copied onto copy film. All copies must be disposed of at the college and not at home. Students not following these procedures carefully will be sent to the SHP Honor Council for HIPAA violations, so please check very carefully!

Film Copies: All patient information on films must be cut off and/or anonymized before the student leaves the clinical site.

CDs: Frequently, students are given CD copies in a cardboard CD jacket or paper sleeve. Students are responsible for checking the inside of the CD jacket for copies of reports accidentally included and outside for patients' names. Students are to have patient information removed by anonymizing the CD and are not allowed to leave the clinical site with patient reports at any time.

PACS: To expand the student experience with the ability to visualize examinations outside of the clinical setting, the radiography program has a Picture Archiving Communications System in the laboratory for students to access radiographic studies for projects and school assignments. The students will also be able to access this PACS system remotely.

Competency Testing

Upon successful completion of the number of required Pretest evaluations, the student is eligible for a competency evaluation (comp testing) on that exam under Direct Supervision. The student will be evaluated on all examinations described as List A in the category competency requirement, and the prescribed number of List B examinations according to the evaluation criteria by a member of the clinical faculty. Only JRCERT-approved clinical instructors who have been trained by the CCBC Radiography program are authorized to deem a student's clinical competency. An updated list of JRCERT-approved clinical instructors for each clinical site is kept on E*Value, and students are to refer to this list under Reports<Site List.

1. Evaluation of the student's performance and the radiographs comprises the "comp test." A final minimum grade of 75% is required for successful completion of the comp test.
2. Unsuccessful comp tests do not count towards the semester comp test grade; however, students are required to log unsuccessful comp tests in E*Value.
3. Repeated unsuccessful comp tests may require the student to repeat the lab practice and lab evaluation. A final grade of 75% will be required to successfully complete a repeat comp test.
4. Satisfactory completion of the competency examination enables the student to perform that examination with indirect supervision. Repeated radiographs always require direct supervision regardless of student competency.

Procedures for Comp Testing

1. Students must announce that they are attempting a comp test before starting any part of the exam.
2. Students must present their Blackbooks and lab manuals to the Clinical Instructors who will watch the patient performance portion without offering help (except in lifting and/or emergencies).
3. Students must fill out the competency evaluation form in E*Value's Case Log before presenting it to program faculty or clinical instructors.
4. For a student to be successful in a comp test, the student must perform the entire exam without any help from staff or from looking in the Blackbook. This will include having knowledge of the computer system, starting and completing all paperwork associated with the exam, having knowledge of all radiographic equipment associated with the exam, preparing all medical equipment/supplies associated with the exam, and performing all patient care duties associated with the exam. Clinical instructors may use judgment in the cases of lifting help, urgent situations, and emergencies.
5. Students must use their own markers on all images and markers must be seen on images.
6. After the student discharges the patient, the Clinical Instructor will perform an Image evaluation with the student in the room. This includes reviewing the image evaluation portion with the student to test their knowledge about the procedure. **This should take place the same day of the comp test, usually right afterwards. The Clinical Instructor is always in the room with the student who is comp testing and this is considered under Direct Supervision!**
7. CIs are to complete comp test evaluations in E*Value within 24-48 hours and have gone over the image analysis portion with the student the same day as the comp test.

8. If the program finds a comp test that is dated before a Pretest, it will be erased. This meaning that all pretests required for that examination must be completed in E*Value by the technologist before comp testing that exam.
9. If a student fails a comp test, they may NOT perform the same comp test on the same day.
10. Students may be called in for a Comp test, ONLY if they are not on work duty, and ONLY in RADT 225, ONLY when not on regular clinical duty. If students work at a clinical site and the same site calls them in, they must receive written permission (email is fine) from their work supervisor to punch out of the job, do the Comp test, and then punch back in for work duty. NO SCHOOLWORK OF ANY KIND IS ALLOWED ON WORK DUTY!
11. Students may use pink slips to remind techs to fill out competency evaluations at any time.
12. Clinical instructors must be the supervising technologist for the exam, and any student performing competency tested without a JRCERT-approved clinical instructor supervising them will be placed on immediate suspension and will be sent to the SHP Honor Council for disciplinary actions.
13. A comp test is not considered successful until the Clinical Instructor fills out the successful evaluation for a grade in E*Value. Grades for all comp tests are based on the evaluations completed for that semester listed in E*Value.

Definition of Competency

According to the ARRT, demonstration of competence must include:

- patient identity verification;
- examination order verification;
- patient assessment;
- room preparation;
- patient management;
- equipment operation;
- technique selection;
- patient positioning;
- radiation safety;
- imaging processing; and
- image evaluation.

When Students May Attempt Comp Testing

Routine Categories

Students may attempt to Comp test after successfully Pretesting the appropriate number of times for that procedure and all Pretest Evaluations are graded and entered into E*Value.

List B Contrast Studies

ALL List B Images in a particular category must be successfully Pretested BEFORE students are allowed to Comp test in that category. See program handbook pages 81-83.

Portable/Surgical/Geriatric Studies

Students may attempt comp testing for portable, surgical, and geriatric procedures after successfully Pretesting each exam.

Pediatric Studies

Students may attempt to Comp test pediatric studies after successfully Pretesting the appropriate number of times for that procedure.

Clinical Policies

1. Students are responsible for completing assignments given by supervising clinical staff.
2. Students are permitted to document 1 exam per patient. If the patient has a multiple examination ordered, the student can document 1 exam out of the multiple. It must also be understood that the student is still expected to perform all of the exams on that patient but can only document one accession number.
3. Students must remain in their assigned clinical area until all work assigned to the room has been completed and approved by supervising clinical staff. Student radiographers must notify their supervising radiographer before leaving an assigned clinical area. If students does not notify their supervising radiographer, it is considered post abandonment.
4. Students are to assist imaging staff in the proper care of patients. Student radiographers should address patients by title and last name, i.e., **Mr. Jones**. The same courtesies are to be extended to all patients regardless of race, physical condition, or financial status. Patient privacy and comfort must be assured by using appropriate gowns and covering patients with available linens.
5. All radiographs produced by students must be approved by a qualified radiographer before dismissing the patient, regardless of student level of competency.
6. Student radiographers are responsible for assisting staff in maintaining a stocked and clean work area. Staff are encouraged to notify the program director or clinical coordinator immediately if a student radiographer does not willingly help in maintaining the work area.
7. When student radiographers are not busy in their assigned clinical areas, they are expected to spend the available time in a constructive manner such as practicing the operation of equipment, assisting with patient care in an adjacent area, and cleaning and restocking the area. Performing homework while on clinical duty is not allowed. Minor studying is allowed. Only minor sitting is allowed on clinical duty. Prolonged sitting will be viewed as an unwillingness to work on the part of the student. Students may practice lab sims on clinical duty, if time allows.
8. Clinical evaluation forms are to be filled out weekly for every clinical rotation. If a student is supervised by more than one radiographer, each radiographer should complete an evaluation.
9. Students' clinical and lab schedules will be posted on E*Value. Students are responsible for checking their schedules **BEFORE** the clinical semester starts, to verify for accuracy and are responsible for notifying the Clinical or Lab Coordinator of any errors. Only clinical rotations posted on E*Value's schedule are considered approved and legal. **No students are allowed on clinical rotations unless the rotation is posted on E*Value and must be in the correct room/rotation.** The consequences of not checking the clinical

schedule at least the week before the start of the semester may result in unpleasant consequences, such as multiple Attendance point deductions. This can be dire in the 2nd year of the program, where there are 3 clinical days a week.

10. Clinical time must be completed on the day or days indicated at the beginning of the semester. If a student must make up time because a day is missed or a student's clinical hours varied from the schedule (including extra time), an approval slip must be signed by program administration prior to making up the time. **Clinical time can only be made up in blocks of (4) or (8) hours unless added to the same clinical day.** Students will **only** receive credit for time beyond regularly scheduled time when it has been formally **approved** by both a supervisor/clinical instructor at the clinical site and by program administration. Students MUST submit the original approval slip with the clinical supervisor's signature on it and wait for the clinical rotation to appear on E*Value BEFORE being allowed to be on clinical duty for that day. ***There are no exceptions.***
11. Make-up clinical time must be completed in the same semester for which it was missed or during semester break. Students who have not completed required clinical hours by the end of the semester may receive an incomplete grade for the semester until all obligations are fulfilled. Incomplete grades must be completed by the deadline imposed by the College, or the grade will convert to an (F).
12. Students may not change clinical assignments without the prior approval of the program director or clinical coordinator. If a change is made to a student's schedule, it will show up on E*Value's schedule.
13. Students are only permitted in the assigned imaging departments during their scheduled clinical education hours. Students must receive approval from program administration and clinical supervisors/clinical instructors to be present in the clinical sites at other times. Students may stay late on their clinical days to see or perform interesting studies or studies that they have already started; however, students will not be allowed to come in late or leave early at other times to compensate for the extra time. **Students who stay more than half an hour late must call the Clinical Coordinator and leave a message as to how long they stayed.**
14. It is a violation of health department rules to have food and beverages in patient care areas. Therefore, food and beverages are **NOT** permitted in patient areas and can only be consumed in clinical staff lounges.
15. Radiography students may not solicit or accept any gift, tip, or gratuity from any patient, visitor, or other person for any services provided while on duty.
16. Students are to follow policies on supervision. **At no time is a Radiography student allowed to be sent on a portable or surgical procedure completely alone.** Staff must always adhere to direct vs. indirect supervision of students. The student to tech ratio is always 1:1, so staff may not allow more than one student to go on a portable procedure with him/her unless the 1:1 ratio is maintained.
17. Students MUST have appropriate shielding on ALL procedures, including portables, fluoro rooms, and in the OR. A lead shield must be provided to each student for every procedure.
18. All clinical work is given an end-of-the-semester deadline on E*Value, when all evaluations, images, PIEs, and comps will be counted for grading. All clinical objectives have a stated deadline in E*Value. All returned, incomplete objectives must be turned in at the end-of-the-semester deadline each semester until completed so that the Clinical

Coordinator can see progress. Clinical work not submitted by the deadline stated will be given a 0%.

19. Students are to show good clinical progress in their work, especially competency testing. Semester syllabi will show the minimum number of competency tests that are required to be considered in good clinical progress at midterm and/or at end of semester, starting in RADT 125. Students not meeting the semester minimum will receive 0%'s for all missing comp tests for semester grades.
20. Students who are also employees of clinical sites must not use any work-related privileges while on clinical duty. This includes using a work login for computers at clinical sites.
21. A directory of clinical sites and clinical instructors is available to students during clinical orientation and also listed in E*Value databases. E*Value contains the most up-to-date information to reflect clinical changes over time due to the clinical site handbook being printed once a year. Please refer to E*Value for the most correct information.
22. Students are expected to act as guests at clinical facilities. The program has rules and expectations for clinical duty, yet the clinical facility is responsible for the safety and well-being of their patients and staff. Students must defer to all clinical facility requirements and must display proper behavior at all times.
23. The CCBC Radiography Program allows its students to have observational rotations in ultrasound, nuclear medicine, CT, MRI, and radiation therapy. Many graduates go on to further schooling in these areas or on-the-job training. The purpose is to allow students the opportunity to have an experience in these modalities so that they may investigate the possibility of each.
24. The CT/MRI rotation is a one-week rotation, while the ultrasound, nuclear medicine, and radiation therapy rotation is only one week total, with one day in each. All of the above rotations are completed at one of the program's affiliated clinical facilities, except for radiation therapy. The program sends students to the private radiation therapy practice of RadAmerica, which is a freestanding (ambulatory) radiation oncology organization. CCBC Radiography students have a one-day rotation at RadAmerica for observational purposes only. This usually occurs at the Good Samaritan location, but can be at Franklin Square, Harbor Hospital, or Saint Joseph Medical Center.

Clinical Work and Age-specific Studies

1. All clinical studies for objectives, Pretests, PIEs, and comp tests are to be done on adult patients, unless otherwise specified.
2. A patient is considered an adult at the age of 13 years and older, for radiologic purposes.
3. Pediatric studies may not be performed until after passing all pediatric lab tests. Pediatric studies will list specific ages, typically between 0-6 years old.
4. Patients between the ages of 7-12 years old are not counted for clinical work but are to be practiced on and not ignored or passed over.
5. Geriatric patients for comp tests must be at least 65 years and must be physically or cognitively impaired as a result of aging. The comp tester will determine the geriatric status. Geriatric studies may not be performed until passing the age-specific test in RADT 207 that includes geriatrics.

Clinical Hours

1. When a student registers for a radiography course, clinical days and hours may not be specified. The clinical schedule will vary among and within the clinical radiography courses. The student may be required to be available at different times depending on the clinical assignment and clinical objectives for that radiography course.
2. Weekend, evening, and night clinical assignments may be scheduled in all RADT courses. Friday evenings are considered weekend rotations.
3. Days and times of clinical rotations will not be altered to accommodate personal lives and/or work schedules.
4. The maximum hours of clinical and academic involvement are limited to 40 hours per week. No student may be on clinical duty more than 10 hours a day.

Clinical Attendance

1. If students forget to Clock In, they should punch in at the clinical site at the time they remember and then get a Time Sheet signed by clinical staff who can verify their start time. If students forget to Clock Out, students should **NOT EVER** punch out on personal devices, as the clinical tracking software will automatically log them out after 9 hours. However, students will still need to get Time Sheets signed by clinical staff who can verify the time they left. **ALL Time Sheets must be turned into the Box within 1 week of the incident, or they will not be accepted.** All clinical staff signatures on Time Sheets will be verified by program administration.
2. Although it is good practice to arrive early, students have the ability to clock in to E*Value prior to the start of their shift. Clocking in prior to the start of the shift does not indicate that the student can leave earlier than the stated end time of their schedule posted in E*Value. Students are expected to stay their entire scheduled shift. Students who clock out earlier than the end of their shift will be required to make up a 4-hour block of clinical time, unless a time sheet can be produced as explanation.
3. Students are responsible for checking all attendance time records on E*Value under the report called Time Tracking Supervisor Verification.
4. Students who are unable to attend because of illness or an emergency during the week are to call the Radiography Clinical Coordinator office **no later than 9 am for a scheduled morning shift or 1 pm for a scheduled evening shift.** Students must speak personally to the Clinical Coordinator or leave a message. The message will be sent to the Clinical Coordinator by email and will include a date and time stamp. Students are to speak clearly and explain clearly the reason for the absence. When calling in to the program, students must clearly identify themselves and identify which facility and clinical rotation they are missing, for example, "Franklin ER." This is when speaking directly to program officials and/or leaving messages on voicemail. Students may incur a **No Call No Show** if they cannot be identified on messages.
5. Students must consult with the clinical site on the next clinical day following their absence to make arrangements to make up their missed clinical time.

6. Students are never allowed to email the program about absences in lieu of calling.
7. Students who are sick and unable to be on clinical duty must call that clinical site and speak with a clinical instructor or clinical supervisor regarding their absence. Students should call no later than **15 minutes after the start** of their assigned clinical duty.
8. Students who arrive on clinical duty but then become ill will be sent home early and then will need to make up the hours missed in the usual 4- or 8-hour blocks.
9. Students who are legitimately ill or injured for more than one day will only receive a single day's worth of daily attendance points deduction for the entire occurrence, if they can provide a physician's note.
10. No deductions will be given for mandatory court dates and PTO dates scheduled in advance. In addition, the program has the discretion to allow students off from clinical duty without penalty for program functions/activities.
11. **A "no-call" will be recorded in the attendance record if a student fails to report an absence in the required manner.** This will be reflected in the grade for clinical attendance.
12. Students who will be late to their clinical site **by more than 15 minutes** must call and speak to a clinical instructor or clinical supervisor regarding their lateness and **must call the Clinical Coordinator**. A "no-call" will be recorded in the clinical attendance record if a student fails to report lateness in the required manner.
13. If a student is late past fifteen (15) minutes, they will need to schedule make-up time if there is no notification to the program administration. Lateness between 15-60 minutes may be able to be made up the same clinical day, but only with permission of program administration. The student must call the clinical coordinator to have this verbally approved, and the student should document in the E*Value punch out that it was approved and who approved it. Latenesses over one hour must be made up in 4-hour blocks only.
14. If a student is **absent for three (3)** or more clinical days during a course without a bonafide statement from a physician, the final grade will be dropped one letter.
15. If a student is **late 3 or more times** to clinical during a course, the final grade may be dropped one letter.
16. Attendance point deductions are taken from the semester Clinical Attendance grade for every incident of absenteeism, even with a physician's statement and/or taking a PTO day (except for pre-approved PTO).
17. A student calling out sick to clinical, or leaving clinical early due to illness, may not be called in for a study in RADT 225 on the same clinical day as the absence.
18. A physician's note is not accepted for any lateness to clinical duty, nor does it excuse an absence.
19. Clinical Points Deductions:
    a. Absence with correct call-in procedure: all daily attendance points
    b. Absence without correct call-in procedure (**NO CALL/ NO SHOW**): double the daily attendance points
    c. Lateness (1-15 minutes): half the daily attendance points
    d. Lateness after 15 minutes with correct call-in procedure: half the daily attendance points
    e. Lateness after 15 minutes without correct call-in procedure (**NO CALL**): all daily attendance points

f. Punching out and leaving earlier than stated shift (for any reason including illness): half the daily attendance points

Note

Many times, students arrive on clinical duty and then are stuck behind a line of others logging on to the computer to record attendance for the day, making the student look late. Always be extra early for clinical to avoid this. However, if unavoidable, use a paper **Time Sheet** that a tech can sign you in at the proper time you arrived. Excessive use of paper time sheets will be investigated however.

Meal Periods and Breaks

1. **Thirty-minute** meal breaks are provided to students who are on clinical duty. Students may not intentionally miss lunch or dinner in order to leave their clinical assignment early. Some clinical sites allow more than 30 minutes for meal breaks, and students are allowed to take a longer break, but should not expect this at every site.
2. Rest breaks may be provided if there are no patients in the clinical area. Rest breaks may be combined with the meal break.
3. Students are to take meal breaks when clinical staff allow them to and should not expect to always take a break with fellow students. Meal breaks should be somewhere in the middle of the shift, and not in the very beginning or very end. Students must take the meal break before their 6th hour on clinical duty.
4. Students are never to be left unsupervised when clinical staff take meal breaks.
5. Students **MUST** take a 30-minute meal break anytime the student is on clinical duty for **6 hours or more**. This includes make-up time and when leaving clinical to make up a class in the second year. Travel time to and from clinical is never included in the 30-minute meal break.

Clinical Uniform Policy

Students are responsible for the purchase of their uniforms. Students enrolled in the Radiography Program are expected to present a clean professional appearance at all times while on duty in the clinical sites. Students not compliant with any portion of the uniform policy are subject to a half-daily attendance point deduction in their Clinical Attendance grade for a first-time offense, full daily attendance points for second offense and so on. Students may be dismissed from clinical based on any portion of this policy.

1. **Uniform** - Regulation uniforms are worn for all clinical assignments. Uniforms must be kept neat, clean, and unwrinkled at all times. Complete uniforms **MUST** be worn into clinical facilities at the start of the shift as well as on the way out at the end of the shift. This includes OR rotations. The uniform scrub top and scrub pants, as well as the embroidered jacket with the official CCBC Radiography logo through the official vendor

is to be worn. If students choose to wear shirts underneath the scrub top, they must not show through anywhere or poke out of the sleeves. **The embroidered warm up jacket must be worn at all times, except for OR cases.**

2. **Underwear** - Underwear appropriate for the style of uniform must be worn at all times and not show through the uniform pants.
3. **Shoes** - All white leather shoes must be worn (no clogs, crocs, sandals, canvas, mesh, or plastic jogging shoes, etc.) that surround the entire foot. Shoes and shoelaces are to be clean at all times.
4. **Socks** - Plain white socks are to be worn with pants. No-show socks are not allowed. Socks must come up to or go beyond the ankle.
5. **Warm-up Jackets** – Navy warm-up jackets must be worn over the regulation uniform. Warm-up jackets must be clean and unwrinkled and must be embroidered with the official CCBC Medical Imaging logo through the official vendor**.**
6. **Jewelry/Makeup/Cologne** – Jewelry and makeup should be kept at a minimum. Jewelry or other items of adornment worn in pierced areas other than one set in the ear lobes should not be visible to patients. **Only one set of small earrings in the normally accepted place (end of earlobe) is allowed.** No hoops or dangling earrings. Anything with a scent is prohibited on clinical duty, including, but not limited to, cologne, perfume, and scented lotions, hair products, and makeup products. Be mindful of strong-smelling laundry detergents and other scented items. The presence of strong fragrances can be disruptive and potentially harmful to patients, particularly those with respiratory conditions or sensitivities.
7. A **watch** with a second hand (either analog or digital is acceptable) is required on clinical duty. Watches must NOT be able to receive texts, emails, or any other digital messages. No FitBits or Apple Watches allowed on clinical duty. Students will adhere to all clinical facility policies on what is allowed to be worn in this category.
8. **Fingernails** - Fingernails should be kept clean, short, and healthy. Clean presentable fingernails are a must. **Nails must be natural**. Artificial nails may not be worn due to infection control policies at the clinical sites. Nail polish may NOT be permitted at all clinical facilities. If nail polish is worn, it should be in good condition without excessive wear and chips. Students will adhere to all clinical facility policies on what is allowed to be worn in this category
9. **Tattoos** - Visible tattoos are not allowed on clinical duty. Tattoos must not be visible through the uniform and should be discretely covered by the uniform or other discrete covering.
10. **Hair** –
    a. **Women:**
    Hair must be clean, neat and dry. If hair falls forward from the neck, it must be secured back. Hair should be neatly combed and arranged in an attractive, easy-to-maintain style. Any extreme hair styling is not permitted. Extremes in dyeing, bleaching, or tinting are not permitted. Excessive highlights/lowlights are not permitted.
    b. **Men:**
    A neat, natural haircut and a clean shave are essential. The hair is to be neatly groomed so that it does not extend beyond the top half of the ear. Hair must not

hang out over the shirt collar. Any extreme hair styling is not permitted. Extremes in dyeing, bleaching, or tinting the hair are not permitted. Sideburns, mustaches, and beards should be neatly trimmed, extending no more than ½" from the skin. **Facial hair that interferes with the seal of the N95 respirator is prohibited.**

11. **Gum -** Chewing gum is not permitted in clinical areas.
12. **Logo -** The CCBC Medical Imaging Program logo must be included on each uniform scrub top and warm-up jacket.
13. **Scrub Clothes -** Scrub clothes, other than the official uniform, are worn only when one must go to the operating room or when blood/body fluids have spilled onto a student's uniform. When you change from your uniform into hospital scrub clothes, remember to put your dosimeter on the scrub top.

    a. Students must wear the entire regular Radiography Program uniform into and out of the clinical facility every clinical day, whether changing into OR scrubs or not.
    b. OR scrub clothes are never to be worn outside the hospital or assigned OR area. Students must change out of OR scrubs before going to the college for labs and/or classes.
    c. Students must adhere to all clinical site policies on borrowing OR scrub clothing and must return all OR scrubs at the end of a rotation where it is needed. Some facilities have use of a scrub card. All scrubs and cards must be returned to facilities when not in use. Failing to return clinical property will result in suspension and/or probation or dismissal from the program.

14. **Identification badge -** The identification badge is considered part of the uniform and must be worn at all times when on clinical duty. Stickers, markers, pins, etc., should not be placed on the identification badge.
15. **Radiation Monitoring Dosimeters -** The purpose of radiation monitoring dosimeters is to record the exposure of students during the clinical portion of the program. Dosimeters are NOT to be worn when students undergo medical radiographic/fluoroscopic examinations ordered by their physicians.
    a. Radiation monitoring dosimeters must be worn at all times while on clinical duty and during exposure and phantom labs. **NO** student may complete clinical without their dosimeter on. Students may be sent home to retrieve their dosimeters and will need to make up the missed portion of clinical time at the discretion of the clinical instructor/clinical site.
    b. Dosimeters are to be worn on the collar of the uniform and are to be worn outside of a lead apron.
    c. Dosimeters are to be stored in a designated area when not worn. Store dosimeters at clinical sites in a non-radiation area whenever not in use.
    d. Loss or accidental exposure to the dosimeter must be reported to the clinical coordinator or program director immediately. One replacement dosimeter will be provided free of charge. The second (and any more) replacement will be paid for by the student. While waiting for the replacement dosimeter, the student will be assigned a dosimeter labeled Guest, and that Guest badge must only be worn by that particular student and will be labeled and reported as such when returned.

e. Dosimeters are collected quarterly for processing with Landauer. Students delaying the processing of dosimeters by not turning theirs in on time will be required to mail their dosimeter to Landauer at their own expense within one week after stated deadline for exchange or students cannot attend clinical until they do so.

f. Quarterly reports may be accessed on Landauer's Individual Dose Report (IDR) website. Students must print out reports, review, sign, and date reports, and then submit it to the Clinical Coordinator within 30 days of reporting becoming available, as per JRCERT standards. The program will alert students to the deadline. Those not turning in correct report by deadline will receive a half-daily clinical attendance point deduction from their Clinical Attendance grade and/or an Incomplete for the course until correct report is turned in.

g. Quarterly reports will be reviewed by the program director and the program director will initial each sheet of the report. Radiation exposure levels will be monitored as follows*:

Level I: 0-250 mrem (0-2.5 mSv)

Level II: 251-500 mrem (2.51-5 mSv)

Level III: 501-1000mrem (5.01-10 mSv)

1) Dose equivalents for the quarter that fall under Level I will require no action.
2) Dose equivalents falling in the Level II range will require the program director to counsel the student and discover the student's radiation protection practices. This counseling will be documented in the student's academic record.
3) Dose equivalents falling in the Level III range will require the student to be reassigned clinical duty for the next quarter to rotations where radiation exposure is at a minimum, such as a general diagnostic room with primary barriers.
4) Dose equivalents falling above the Level III range for the quarter will require the student to be suspended from clinical duty pending investigation into the dosimeter reading. If it is found that the dosimeter reading is the result of extreme radiation protection practices on the part of the student, the student will be dismissed from the Radiography program. If it is found that a radiation exposure accident occurred to the student, the student will meet with a radiation physicist and personal medical doctor to determine the correct course of action.

h. **Fetal dosimeters of declared pregnant radiography students must never exceed 500mrem (5 mSv) for the entire gestational period or 50mrem (.5 mSv) in any one month*.** Any declared pregnant radiography student exceeding these limits will be reassigned clinical duty for the remainder of the pregnancy to rotations where radiation exposure is at a minimum, such as a general diagnostic room with primary barriers. Students not completing clinical work due to these restrictions will receive a grade of Incomplete and will be allowed to complete the work following the end of the pregnancy.

i. Students with OR, fluoro, and specials rotations who receive dosimeter reports with an M, or minimal, exposure for the quarter will be questioned as to the wearing of their

dosimeters. This may take shape in the form of an e-mail or in-person conference in order to ensure proper usage of dosimeters.

j. Students who are habitually non-compliant with procedures for dosimeter reports may be not allowed on clinical duty until improvement is shown and all signed reports are submitted to the Clinical Coordinator.

***Dose equivalent limits are based on the National Council of Radiation Protection (NCRP) recommendations in Report 116; however, program limits are set MUCH lower for whole body DELs due to historical data for program students.**

Radiation Safety

Students must exercise sound radiation protection practices at all times. At no time may students participate in a procedure using unsafe protection practices. Unsafe radiation practices are grounds for dismissal from the program pending investigation outcome. This includes, but is not limited to:

1. Taking exposures, intentionally or unintentionally, on another student or radiographer while they are in a radiography room. All exposures on human beings are to be taken for a medically valid reason under a physician's order.
2. Attempting any procedure under indirect supervision before competency has been achieved, and/or attempting any mobile procedure under indirect supervision.
3. Repeating images without the direct supervision of a registered radiographer.
4. Holding patients and/or image receptors for any radiographic procedure.
5. Placing oneself intentionally within the primary beam of radiation.

In addition, students must exercise judgment when participating and/or performing supervised radiography studies in regard to avoiding radiation misadministration. The physician's order must match the facility's computer order, which always must match the patient's history; if there is a mismatch of any kind, including patient identity, the exam cannot continue until the errors are rectified and verified by the ordering physician.

The State of Maryland terms radiation misadministration as Medical Diagnostic Radiation Events (MDRE), which are mandated to be reported to the Maryland Department of the Environment within a 24-hour time period, or next business day. The facility will need to fill out a Diagnostic Medical Event Occurrence Log and may receive monetary fines. It is of the utmost importance that students interview patients correctly to identify they have the correct patient, correct site and routine, and correct modality. If any student is involved in any radiation misadministration, he/she needs to inform the clinical supervisor and the program's Clinical Coordinator immediately. The student will be interviewed by the program and/or clinical facility and will be counseled and possibly retrained. Possible administrative actions may occur if there are any severe lapses in judgment on the part of the student.

MRI Screening Form

All students will be required to complete an MRI screening form during orientation before clinical placement and again in the beginning of the second year of the program in order to participate in clinical duty. Anyone with contraindications to entering the magnetic field will not be able to participate in the MRI rotation or go near the MRI suite and will be required to produce medical documentation. It is the responsibility of the student to inform the program director or clinical coordinator of any changes in his/her medical history during the program which may preclude them from safely participating in the MRI rotation. Students who are not able to participate in MRI rotations due to medical contraindications are not penalized in any way and will simply be rescheduled.

Pregnancy Policy

The pregnancy policy of the radiography program is designed with two basic goals: first, to reduce the potential for radiation exposure to a minimum; and second, to assure that the student receives the education necessary to satisfy the graduation requirements of the radiography program.

In accordance with U.S. Nuclear Regulatory Commission (NRC) Regulatory Guide 8.13, a pregnant student has the option of declaring her pregnancy or remaining undeclared. If a student chooses to remain undeclared, no modification of clinical duty will occur; this includes but is not limited to: lifting, radiation monitoring, rescheduling OR rotations… If a student chooses to inform the program of their pregnancy, it must be done voluntarily, in writing and provided to the program director, coordinator or the person in charge during their absence. The approximate due date should be documented. A declared pregnant student will receive and must sign a “Declaration of Pregnancy" form. Once a pregnancy is declared in writing, radiation exposure to the embryo/fetus shall be no greater than 0.05 REM in any month, excluding medical exposure. Within one calendar week from the time of such notification, the student has the right to, and the responsibility for, making one of the following choices:

1. To cease all clinical education at once.
2. To continue clinical education without modification.
3. To continue clinical education with modification.
4. An option of written withdrawal of declaration

Whichever of these options the student chooses, the exact detailed plan concerning the student's continuation of education will depend on such factors as the length of time in the program, the amount and nature of clinical education obtained to that point, the stage of pregnancy, the expected date of delivery, the planned date of return, etc. Since these factors are so variable, each case will be decided by the program director/coordinator on an individual basis and will involve consultation with the student. Once the student exercises her right to decide whether or not to continue in the clinical portion of the program, the program director has the right to determine the exact form and content of the student's plan for continuation. If

the student chooses to return to the program, she must provide a physician's note with a Return to Work date.

Should the student choose to cease clinical education, such a plan may use the following guidelines:

Whichever of these options the student chooses, the exact detailed plan concerning the student's continuation of education will depend on such factors as the length of time in the program, the amount and nature of clinical education obtained to that point, the stage of pregnancy, the expected date of delivery, the planned date of return, etc. Since these factors are so variable, each case will be decided by the program director/coordinator on an individual basis and will involve consultation with the student. Once the student exercises her right to decide whether or not to continue in the clinical portion of the program, the program director has the right to determine the exact form and content of the student's plan for continuation. If the student chooses to return to the program, she must provide a physician's note with a Return to Work date.

Should the student choose to cease clinical education, such a plan may use the following guidelines:

1. A student in the first year of the program may continue in the classroom portion of the program until the end of the current semester. She will be present only during regularly scheduled classroom hours. At the end of the semester, she will be placed on a leave of absence and may continue her education at a time that is mutually acceptable to the program director and the student.
2. A student in the second year of the program may finish the entire didactic portion of the program. She will be in attendance only during regularly scheduled classroom hours. At the end of the pregnancy leave, she will complete all incomplete clinical experiences. The schedule for these make-up clinical experiences will be mutually acceptable to the program director and the student. After completing the graduation requirements of the Radiography Program, the student will be eligible to apply to take the Registry Examination.

Should a declared pregnant student choose to continue her clinical education, she will:
1. Be issued a fetal monitoring badge to be worn at all times at waist level under the lead apron, in addition to the regular dosimeter, during tasks performed in direct exposure areas.
2. Wear a 0.5mm wrap-type lead apron during performance of tasks in a direct exposure area.
3. Adhere strictly to all safety precautions for radiation protection purposes.

U.S. Nuclear Regulatory Commission

§ 20.1208 Dose equivalent to an embryo/fetus:

1. The licensee shall ensure that the dose equivalent to the embryo/fetus during the entire pregnancy, due to the occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv). (For recordkeeping requirements, see § 20.2106.)

2. The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section.
3. The dose equivalent to the embryo/fetus is the sum of—
    a. The deep-dose equivalent to the declared pregnant woman; and
    b. The dose equivalent to the embryo/fetus resulting from radionuclides in the embryo/fetus and radionuclides in the declared pregnant woman.
4. If the dose equivalent to the embryo/fetus is found to have exceeded 0.5 rem (5 mSv), or is within 0.05 rem (0.5 mSv) of this dose, by the time the woman declares the pregnancy to the licensee, the licensee shall be deemed to be in compliance with paragraph (a) of this section if the additional dose equivalent to the embryo/fetus does not exceed 0.05 rem (0.5 mSv) during the remainder of the pregnancy.

For more information, see the Nuclear Regulatory Commission (NRC) website at:

http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/part020-1208.html

Declaration of Pregnancy Form

Community College of Baltimore County, Medical Imaging Programs

To: _____ (Name of Program Director or Coordinator)

From: _____ (Name of student)

Date: _____ (Date form filled out by student)

In accordance with the Nuclear Regulatory Commission (NRC)'s regulation at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I understand that radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in clinical rotations or clinical responsibilities during my pregnancy. I further declare that I will obtain a fetal dosimeter from the program office and agree to wear it properly during the course of my pregnancy (under all lead aprons) and exchange it monthly according to procedure.

To the best of my knowledge:

I believe I became pregnant in: _____.
(Month and Year only)

My Projected Due Date is: _____.

According to the Student Handbook's Pregnancy Policy, I choose Option _____.

My Clinical Rotations between the time I discovered I was pregnant and filling out this form: _____

_____
(How many hours and which locations and rooms)

_____ _____ _____

Printed Name of Student | Student Signature | Date Signed

FOR PROGRAM OFFICE USE ONLY:

Conference Date with Program and signature: _____

Date Fetal Dosimeter ordered through Landauer website: _____

Date Guest Dosimeter given to student and Serial Number: _____

Date official Fetal Dosimeter given to student: _____

Date of Dosimeter Termination entered in Landauer: _____

Security Checks and Inspection

1. Protection Services is responsible for safeguarding the well-being of patients, visitors, employees, and the assets of the hospitals. These procedures are necessary for the safety, health, and security of everyone at the hospitals, as well as the protection of our property and facility. In order to ensure that unauthorized or illegal substances or material do not enter out job sites, and to ensure that tools, files, supplies, equipment, and other hospital property are not removed, the clinical sites reserve the right to question and inspect any employee or other person before they enter or leave any of our facilities.
2. Lockers, containers, briefcases, handbags, and other parcels and personal belongings are subject to inspection and search by the hospitals or its outside investigators at any time.
3. If students are given security badges and/or parking cards while on clinical duty, those materials are to be returned at the end of the clinical rotation. Failing to return clinical property will result in suspension and/or probation or dismissal from the program.

Cell Phones/Internet Devices

1. Personal telephone calls on land lines are not to be initiated or received while on clinical duty unless a true emergency occurs.
2. When answering a telephone at a clinical site, always remember to identify yourself by giving your name and your department.
3. All mobile devices, including but not limited to, cell phones, tablets, Apple Watches, Fitbits, headphones, ear buds, cameras, and any other type of recording or internet device, are banned completely from all clinical duty. This does not include breaks and meal periods. All personal mobile devices are to be completely silent and invisible during all clinical duty. First offense for an infraction of this policy is a week's suspension from all activities. Second offense is dismissal from the program.
4. All personal mobile devices are to be completely silent and invisible during all classroom activities, including but limited to lectures, labs, presentations, etc…Mobile devices are to be left at the front of the classroom for all testing situations and should be turned off completely to avoid interference with the wifi. First offense for an infraction of this policy is a week's suspension from all activities. The student is responsible for making up those clinical days missed. PTO cannot be used. Second offense is dismissal from the program.
5. Exceptions to the mobile device ban include: students gaining permission ahead of time from program administration to have mobile devices on clinical duty for certain extreme situations, instructors allowing students to access mobile apps for specific classroom activities, and lab instructors allowing students to photograph lab experiments for reports.
6. Students caught using mobile and/or recording devices to photograph or video or transmit patient data and/or likenesses, including medical images, will be immediately suspended from the program and will be sent to the SHP Honor Council for disciplinary actions for violating the federal HIPAA law.
7. Students should consult clinical facility rules for obtaining patient images for program purposes.

Inclement Weather Policy

In case of emergency closing of CCBC due to weather or other conditions, announcements will be made over the major radio and television stations, on the CCBC website, and through the college wide Campus Alert system.

1. When the college has decided to close, all classes are cancelled; however, students must check Brightspace for substitute instruction. Online instruction will not be interrupted by campus closings.
2. If the college is closed, students have the choice of completing their regularly scheduled clinical duty or rescheduling their duty for another time. If a student reports to clinical duty within a reasonable time, the student will not be charged for lateness.
3. If the college opens late or closes early, students on clinical are expected to report to clinical duty on time for the entire scheduled shift. However, reasonable latenesses or early dismissals may be excused per discretion of the program director and/or clinical coordinator.
4. If a student decides that conditions warrant staying home for an assigned clinical day, the absence must be reported to the clinical site and radiography Clinical Coordinator following program guidelines.
5. If the college has a late opening, all campus activities will start at the time of the late opening. For example, if the campus opens at 10am, 7:45am lab and 8am class is cancelled, yet class and lab at 10am will be held at normal time.
6. Students who decide to reschedule their clinical duty must receive approval of the scheduled make-up time from either the Program Director or Clinical Coordinator prior to completing the clinical time.
7. Students may use personal time in lieu of make-up time, except in the case of evening, weekend, and overnight rotations which must always be made up for the exact times that were missed. No personal time is allowed for evening, weekend, and overnight rotations.
8. If the college is not closed nor has any late openings, all students are expected to report to all classes and clinical assignments at regular times. Normal absence/lateness rules will apply.
9. If the college is closed and a student elects to reschedule clinical for that day, the student will not be charged a deduction from the Clinical Attendance Grade. However, if the college is open at normal time and the student is either late or absent due to weather conditions in his/her area, the student will be charged a deduction from the Clinical Attendance Grade. If the college has a delayed opening or early dismissal due to weather and the student elects to not go to clinical or is unreasonably late/leaves early to clinical, the student will be charged a deduction from the Clinical Attendance Grade.

Handling of Confidential Information[5]

Any information concerning the business of the clinical sites, patients, suppliers, employees, or personnel associated with the hospital is confidential. You may not reveal any such information except under the direction or approval of your immediate clinical supervisor. If you are not sure about the confidentiality of particular information, you should check with your immediate clinical supervisor.

1. Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) further ensures confidentiality of patient records. Prospective and current students must maintain patient confidentiality. Consequences will be federal charges.
2. Confidentiality of Patient Records and information - In the process of performing one's assigned duty in the health care facility, it is possible to overhear information regarding patients, physicians, and/or hospital staff, which must be considered confidential. Therefore, you are directed not to discuss outside the health care facility or even with other health care facility students or employees these bits of information. Even casual conversation with other students may be overheard and, thereby, violate the right of privacy of others. Be particularly careful about your conversation in elevators, eating-places, and other places of assembly within or outside the health care facility.
3. Any discussion of patient information must occur for the purpose of fulfilling clinical assignments. Idle conversation regarding patient care is not exhibiting appropriate demeanor for healthcare professionals.
4. The patient owns the information contained in their medical record, and the health care facility owns the medical record document. Therefore, students cannot remove original, microfilmed, photographed, or photocopied medical records from the facility's premises. Any health data that identifies a patient, physician, or health care provider by name is considered to be confidential information. Patients must go through proper medical record channels at the institution to receive their images/results, and students are never involved in this process. All medical images are considered part of patients' official medical records.
5. Confidential information is privileged information that may not be disclosed without proper, written authorization from the patient. Not only is medical information confidential, but also identifying information, such as a patient's age, address on discharge, and the service or medical unit on which the patient was hospitalized. Unauthorized disclosure of health information is a breach of confidentiality punishable by state or federal law. Students who release health information without proper authorization will be dismissed from the program.
6. These rules govern the viewing, printing, or disseminating of a student's OWN personal medical information at a site. No student is allowed to "look up" his/her own record at any time.

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[5] http://www.gulfcoast.edu/health_sciences/medical_imaging/radiography/Radiography%20Handbook%20-%20rev%208-10.pdf

7. If a student is employed at a facility, they are not to use their credentialing at any time they are on clinical duty, or for any personal reasons.
8. Patient identification on program documents should be kept to a minimum. Students are to log accession numbers, location of exam, date of exam, and type of exam ONLY on all performance objectives, Pretest evaluations, including PIEs, and competency evaluations. No recording of patient privileged information is allowed anywhere else.
9. Any paperwork, CDs, or film with patient identification that needs to be discarded must be shredded or collected. Students are to leave CDs and film in the secured drop box and those items will then be given to the Clinical Coordinator. Any film students bring out of a clinical site MUST have the patient ID cut off of the film BEFORE students leave the clinical sites with them. Any CD cases with patient information written on them MUST have the patient identification blacked out BEFORE leaving the clinical site. Students are never allowed to photograph medical images on their own devices, even for schoolwork. All clinical facilities have their own processes for students using images for schoolwork (either film or CD or not allowed), and students must follow each individual facility's rules. Students are never to remove patient stickers or orders from clinical sites and must check CD cases or folders carefully.
10. Do not include patient information in any e-mail or online portfolio or assignment.
11. Students are never to post pictures or names of patients or clinical staff on any social media site. Doing so will result in immediate dismissal from the program.

Chart of Exam Categories

	Didactic Instruction	Laboratory Practice and Evaluation	Prerequisite Examinations & Images	Competency Evaluation
(Fall) RADT 105	Chest and Abdomen, Upper Extremities	Chest and Abdomen, Upper Extremities	Chest and Abdomen	
(Winter) RADT 121		Chest and Abdomen, Upper Extremities	Chest and Abdomen, Upper Extremities	
(Spring) RADT 125	Lower Extremities, Spine/Thorax	Lower Extremities, Spine/Thorax	Upper and Lower Extremities	Chest and Abdomen
(Summer) RADT 205	Contrast Studies, Skull/Face,	Spine/Thorax, Contrast Studies	Lower Extremities, Spine/Thorax, Contrast studies	Chest and Abdomen, Upper and Lower Extremities
(Fall) RADT 208	OR, Pediatrics, Trauma	Contrast studies, Skull/Face, OR, Pediatrics, Trauma	Spine/Thorax, Contrast studies, Skull/Face, OR, Pediatrics, Trauma	Upper & Lower Extremities, Spine/Thorax, Contrast studies, OR, Pediatrics, Trauma
(Winter) RADT 221		Contrast studies, Skull/Face, OR, Pediatrics, Trauma	Contrast studies, Skull/Face, OR, Pediatrics, Trauma	Lower Extremities, Spine/Thorax, Contrast studies, OR, Pediatrics, Trauma
(Spring) RADT 225		Final Comprehensive Labs	Skull/Face OR, Pediatrics, Trauma	Contrast studies, Skull/Face, OR, Pediatrics, Trauma

Guidelines for Clinical Competency

The following is a list for the pretesting and category competency requirements. A list of all views required for lab, pretest, and competency testing will be distributed in Positioning classes and are available in the pretest and comp standards manual.

Prerequisite examinations (pretests) are required for all **LIST A** examinations will either be 1 or 2 times, depending on the exam. See chart for number of pretest evaluation sessions, which is listed in parentheses next to the procedure name.

List B exams are more difficult to obtain in clinical settings. The number in parenthesis is the number of pretests needed to obtain, and students choose any in the list. Once the number of pretest has been completed and documented in E*Value, the choice in the list starts over, and then students must obtain the same number of comp tests for that list.

Category I – Chest and Abdomen

List A	**List B (1)** (Any 1 pretest, any 1 comp)
• PA and lateral chest (ambulatory) (2) • PA and lateral chest (arrives in wheelchair or stretcher, has IV's, O2, etc and stands for exam) (2) • AP stretcher chest with lateral (2) • KUB (2) • Flat and erect abdomen (2) • Decubitus abdomen (1)	• Soft tissue neck • Oblique chest • Lordotic chest • Lateral abdomen • Oblique abdomen • Dorsal decubitus abdomen • Decubitus chest

Category II – Upper Extremities

List A	**List B (1)** (Any 1 pretest, any 1 comp)
• Thumb or Finger, Digits 2-5 (2) • Hand (2) • Wrist (2) • Elbow (2) • Forearm (2) • Shoulder non-trauma (2) • Humerus (1) • Clavicle (1) • Trauma Shoulder (1) • Trauma: Upper Extremity (Non-Shoulder) (1)	• AC joints • Scapula

Category III – Lower Extremities

List A	**List B (1)** (Any 1 pretest, any 1 comp)
• Foot (2) • Ankle (2) • Lower leg (1) • Knee (2) • Femur (1) • Pelvis AP (1) • Hip – (AP Pelvis, Frog Leg Lateral) (2) • Trauma Hip (OR Lat) with AP Pelvis (2) • Trauma: Lower Extremity (Non-Hip) (1)	• Toes • Os Calcis • Patella

Category IV – Spine & Thorax

List A	**List B (3)** (Any 1 pretest, any 1 comp)
• Cervical Spine (2) • Thoracic Spine (1) • Lumbar spine (2) • Ribs (2) • Cross-table Lateral Spine (horizontal beam (1)	• S-C Joints • Sacrum/Coccyx • SI Joints • Sternum • Scoliosis Series

Category V – Fluoroscopic Contrast Studies

*must perform 2 pretests in either category prior to completing the 2 comps for this category

Digestive Fluoroscopy	**Special Contrast Studies**
• Esophagram • Upper GI Series • Small Bowel Series (Minimum3 films, scout does not count) • Barium Enema	• Arthrogram • Hysterosalpingogram • Voiding Cystogram/Cystogram • Myelogram • Lumbar Punctures (SJ, & UC ONLY) Special Contrast eligible once the didactic test is passed in *RADT 204*

Category VI – Portable*/Surgical Procedures

*Portable/Surgical Procedures are eligible once the didactic test is passed in *RADT 207*

List A	List B
• Portable Chest (non-critical care) (2) • Portable Chest (pt. in critical care unit – ICU, CCU, PACU) (Pt. must have a critical line/tube) (2) • Portable Abdomen (2) • Portable Upper Extremity (1) • Portable Upper Extremity, Orthopedic in nature (1) *All Portable exams must be ordered and conducted portably outside of the Radiology department.*	
• C-arm case in the OR *(must include AP & Lateral C-arm manipulation) (2)* C-arm exam *(different from manipulation) (2)*	
➢ Pretesting in the OR can be done with any technologist ➢ Comp Testing must be performed with a clinical instructor/comp tester	

Category VII – Skull & Face

List A	List B (1) (Any 1 pretest, any 1 comp)
	Any 1 (does not need to be different, all pretests must be completed before being allowed to comp test) • Skull (4 views) • Facial bones • Mandible • Nasal Bones • TMJ's • Orbits (with optic or orbital rim) Sinuses (at least 3 views)

Category VIII – Pediatrics/Geriatrics/CT

List A	List B
NICU Portable Chest – patient must be in a Bonafide NICU department, can be Chabdomen) (2)	• Pediatric Chest (Ages 0-6) (1) • Pediatric Upper Extremity, non-portable (Ages 0-6) • Pediatric Lower Extremity, non-portable (Ages 0-6) • Pediatric Abdomen (Ages 0-6) (1) • Pediatric Portable Exam (Ages 0-6) (1)
Geriatric Studies (Physically or cognitively impaired as a result of aging PLUS pt. must be 65 or older): • Chest Routine (1) • Upper Extremity (1) • Lower Extremity (2)	*Geriatric Studies (Physically or cognitively impaired as a result of aging PLUS pt. must be 65 or older):* • Geriatric Hip (1, can be a pretest or a comp) • Geriatric Spine (1, can be a pretest or a comp)

Total Images: 82 **Total Comps: 54**

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Criteria for Clinical Competency Evaluation

The student will notify the evaluator when ready to perform a competency. The examination will be monitored by the evaluator. Starred tasks (*) are critical to the successful completion of competency. Failure of the student to perform any starred task will terminate the evaluation process, thus resulting in an unsuccessful evaluation. The student will complete the examination. If after three unsuccessful attempts on any individual exam, the student returns to the laboratory setting for structured remedial instruction practice and evaluation before again attempting the evaluation. ****Unsuccessful Pretests and comps must be entered into the clinical tracking software system.**

Performance: **2** – Unacceptable

3 – Acceptable

4 – Excellent

Patient Interaction

1. *Was the proper patient selected using 2 forms of ID?
2. Did the student introduce him/herself to the patient?
3. Was the exam explained using appropriate language?
4. *Was proper clinical history obtained and compared with the exam requested?
5. Did the student maintain respect and modesty for the patient?
6. Were the needs of the patient met?
7. Was compassion and sensitivity shown?
8. *Did the student use standard universal precautions?
9. Was professionalism demonstrated throughout the exam?
10. *Was the patient's condition checked at regular intervals?
11. Was the patient observed during the exposure?

Positioning Skills

1. *Did the student possess knowledge of the exam and routine?
2. Was this knowledge applied correctly?
3. *Did the student center properly?
4. *Was the patient positioned and aligned correctly?

Equipment Manipulation

1. Was SID correct?
2. *Were the tube/part/IR aligned?
3. *Was the Central Ray angled properly?
4. *Were markers used correctly?

Technical Factors

1. *Was the part measured correctly?
2. *Were the proper exposure/technical factors selected?
3. *Did the student complete all documentation (LMP, charge codes)?

Radiation Protection

1. *Was the patient questioned for LMP and pregnancy status?
2. Did the student collimate to the area of interest?
3. Was the patient shielded appropriately?
4. *Were lead aprons utilized when appropriate?

Image Evaluation:

2 – Unacceptable

3 – Acceptable

4 – Excellent

Anatomical Parts

1. *Is everything on the radiograph that needs to be seen?
2. *Is the part in correct position? (true AP/ PA, proper obliquity)
3. *Is any rotation evident?
4. How about visible motion?

5. Can the student identify anatomical structures?

Proper Alignment of Tube, Part, and Image Receptor

1. Is the tube, part and image receptor aligned?
2. *Was proper SID utilized?
3. Is Central Ray angle correct?
4. Is the long axis of the part put to the best use on the image receptor?

Technique Manipulation

1. *Is proper density/brightness and contrast seen?
2. Has pathology and patient condition been compensated for?
3. Did the student use the correct image receptor, grid etc.?

Image Identification

1. *Is the accurate patient information seen with the date and time?
2. *Are the right/left and tech I.D. markers properly displayed (free of pertinent anatomy)
3. Were accessory markers used (eg. hour, minute, directional)?

Radiation Protection

1. Is evidence of collimation seen?
2. Is gonadal shielding present if indicated?
3. *Were any repeats taken?

Post-processing Manipulation (When Appropriate)

1. Has student entered appropriate patient information?
2. Has student selected proper part for image manipulation?
3. Has student oriented body part appropriately?
4. Is the EI number within an acceptable range?

Pretest Evaluation Form for Staff Techs and CIs

Completed by the Staff Techs and Clinical Instructors, who supervised the student attempting a Pretest, under Direct Supervision.

The Community College of Baltimore County, Radiography Program – Pretest Form

STUDENT: ______________________ **EVALUATOR:** ______________________

All NAMES MUST BE LEGIBLE

EXAM: ______________ **Accession No.** ____________ **EXAM DATE:** ______________ **GRADE:** __________

DIRECTIONS: Student must present Lab Manual prior to Pretest. If one question is rated as Unacceptable, the entire evaluation is unacceptable and you must change all questions to Unacceptable. Unacceptable Pretest evaluations do not count towards student's grades. All Pretests must be recorded whether the student passes or fails. Staff Technologist or Clinical Instructor MUST be in the room with the student performing the Pretest. **NOTE:** During a Pretest, the student is to perform this exam from beginning to end on his/her own with direct Staff Technologist or Clinical Instructor supervision.	**Views**	**A**			**B**			**C**			**D**		
		2	**3**	**4**	**2**	**3**	**4**	**2**	**3**	**4**	**2**	**3**	**4**
1. **Preprocedural Preparation** Student set up the room, used appropriate and necessary supplies, checked two forms of patient ID, acquired patient history, demonstrated quality patient care skills, followed Standard Precautions, gave clear instructions and communication to the patient, asked LMP if appropriate, gave proper dressing instructions.													
2. **Positioning and Equipment Manipulation** Student performed routine, knowledge of positioning and centering points, proper tube-part-IR alignment, adapted to changes when necessary by applying critical thinking skills, used correct SID, used grid and other accessories when necessary, used proper angulation when required, applied proper PPE when applicable.													
3. **Technical Skill and Factors** Student used appropriate exposure factors, used AEC or manual techniques and collimation when appropriate, student selected adequate kVp and mAs for each position.													
4. **Radiation Safety and Protection** Student questioned the patient for pregnancy, asked LMP, collimated appropriately and used shielding when applicable, student shielded themselves on portables/C-Arm/OR, shielded and protected staff, family/parent when necessary, NO REPEAT images, used overlap technique when appropriate.													
5. **Image Quality and Evaluation** Images included all pertinent anatomy, no visible motion or removable artifacts, proper central ray angulation, correct centering of tube, demonstration of proper density/contrast on images, technical factors selected compensated for patient condition or habitus, proper use of all accessories including grid, sponges, and aides.													
6. **Procedural Activity** Student demonstrated effective skills of communication, used proper medical terminology, positioning, technique selection and patient care, accommodated to patient condition, used appropriate Standard Precautions, and exhibited a consistent manageable flow while performing the exam.													
7. **Post Procedural Activity** Student discharged patient, completed post-procedure documentation when appropriate, critiqued images by: identify anatomy & pathology using appropriate medical terminology, critique own images for quality (positioning, technique, CR, etc.), and by verbalizing indications & contraindications for exam, how to correct image, and which substitute views could have been performed for indications.													
TOTAL													

Comment(s):

2 - UNACCEPTABLE – Student unable to perform necessary tasks or performance of tasks is inadequate, major adjustments are required to complete tasks.
3 – ACCEPTABLE – Student's performance is passable, minor adjustments may be required.
4 – EXCELLENT – Student demonstrates exceptional level of competency, extremely knowledgeable, quick, and thorough.
ANY presence of 2 in any column results in an unacceptable and failing grade.

In E-Value: ____________
Initials : ______________

Competency Evaluation Form for CIs

Completed by the Clinical Instructors, who supervised the student attempting a Competency Test, under Direct Supervision.

The Community College of Baltimore County, Radiography Program – Competency Form

STUDENT: _____ **EVALUATOR:** _____

All NAMES MUST BE LEDGIBLE

EXAM: _____ **EXAM DATE:** _____ **GRADE:** _____

_____ *IMAGE (Other side only)* ***(Side 2)*** _____ *COMP (Complete Both Sides)* ***(Side 1 & 2)***	**Views**	**A**			**B**			**C**			**D**		
	Performance Side	**2**	**3**	**4**	**2**	**3**	**4**	**2**	**3**	**4**	**2**	**3**	**4**
1. **Room Preparation** Did the student: set up the exam room with appropriate equipment & supplies, wash hands before patient enters room?													
2. **Patient Interactions** Did the student: identify self, greet patient, check name, DOB, & arm band, respond to patient's needs, have sensitivity, compassion, & respect for patient & family members, follow Standard Precautions, give clear changing instructions, explain exam and give directions appropriately?													
3. **Patient History** Did the student: take accurate patient history discretely, write history on requisition and/or in computer system, convey any additional information to physician and/or radiologist?													
4. **Positioning Skills** Did the student: have knowledge of the routine(s), application of positioning knowledge, proper centering, patient position and alignment, respond to positioning & procedural challenges?													
5. **Equipment/Supplies Manipulation** Did the student: select proper detector size, use correct tube-patient-IR alignment, tube adjustment, & angulation, SID, selection & use of markers,& accessories/equipment, use appropriate PPE for self & markers?													
6. **Technical Factors** Did the student: use the correct measurement/assessment of patient, calipers, selection and use of appropriate exposure factors, complete documentation (LMP, charges, codes, shielded, etc.), use AEC or manual techniques appropriate for the exam?													
7. **Radiation Protection** Did the student: question for pregnancy, document LMP, use collimation and gonadal shielding when appropriate, including shielding for student (PORTABLES), shielding for staff &/or parent/family members?													
8. **Exposure** Did the student: give correct breathing instructions, take exposure under appropriate conditions, such as visually monitoring patient & condition, rotoring appropriately, and making sure room was clear before exposing?													
9. **Exam Completion** Did the student: review images while ensuring patient safety, document EI numbers, assess images for quality, discharge patient with appropriate instructions, clean exam room, wash hands?													
TOTAL													
Comment(s):													

2 - UNACCEPTABLE – Student unable to perform necessary tasks or performance of tasks is inadequate, major adjustments are required to complete tasks.
3 – ACCEPTABLE – Student's performance is passable, minor adjustments may be required.
4 – EXCELLENT – Student demonstrates exceptional level of competency, extremely knowledgeable, quick and thorough.
ANY presence of 2 in any column results in an unacceptable and failing grade.

SIDE 1

In E-Value: _____
Initials : _____

Note: Competency Testing means the student is competent to perform this exam from beginning to end on his/her own with direct CI supervision. All Comps must be recorded whether the student passes or fails Comp. Clinical Instructor MUST be in the room with student performing comp test.

The Community College of Baltimore County, Radiography Program – Competency Form - Image Evaluation side

STUDENT: _____ **EVALUATOR:** _____

All NAMES MUST BE LEDGIBLE

EXAM: _____ **EXAM DATE:** _____ **GRADE:** _____

ACCESSION #: _____ **DATE IMAGE EVALUATED:** _____ **Class of 20**_____

_____ *IMAGE (This side only)* ***(Side 2)*** _____ *COMP (Complete Both Sides)* ***(Sides 1 & 2)***	**Views**	**A**			**B**			**C**			**D**		
	IMAGE Evaluation	**2**	**3**	**4**	**2**	**3**	**4**	**2**	**3**	**4**	**2**	**3**	**4**
1. **Routine** Did the student: complete the correct routine for what was requested and what is required by the program for the exam?													
2. **Anatomical Part(s)** Did the student: use the correct position (AP vs PA)/ degree of rotation, include all pertinent anatomy, no visible motion or artifacts, central ray angulation?													
3. **Proper Alignment of Tube, Part & Image Receptor** Did the student: use correct centering of tube, part & image receptor, correct SID and anode heel orientation?													
4. **Technique Manipulation** Did the student: use proper density/brightness and contrast, noise, compensated for patient condition, correct use of grid, and other accessories?													
5. **Image Identification** Did the student: use accurate and legible patient information, correct use of RIGHT or LEFT Marker, any additional markers, and use annotation accurately?													
6. **Radiation Protection** Did the student: have evidence of collimation, gonadal shielding present if indicated, NO REPEATS?													
7. **Image Critique** Did the student: identify anatomy & pathology using appropriate medical terminology, critique own images for quality (positioning, technique, CR, etc.)?													
8. **Indications for Exam** Did the student: verbalize indications & contraindications for exam, how to correct image, and which substitute views could have been performed for indications?													
TOTAL													
Comment(s):													

2 - UNACCEPTABLE – Needs repeating
3 – ACCEPTABLE – acceptable but room for improvement
4 – EXCELLENT – No improvement possible
Each view requires an average score of 3.0 to be considered passing. ANY presence of 2 in any column results in an unacceptable and or failing score.

SIDE 2

In E-Value: _____
Initials: _____

Note: To Image, all single labs in a category must be completed prior to imaging any radiographs in the category as per Handbook. Students must critique images using Bontragers Positioning/Evaluation Criteria and/or information learned in Imaging/Positioning class.

Clinical Instructors must enter failed Pretests and comp tests into the clinical tracking software. Grade each question accurately.

For the last question of:

The student completed/passed this competency evaluation:

*Enter **NO**.*

Profile of Clinical Behavior

Radiography students are expected to demonstrate appropriate professional behavior while on clinical duty. Clinical evaluations will be completed weekly by the clinical staff supervising the students. Evaluations will address the following categories of behavior.

Demonstrate proper use and care of equipment by:

1. Assuring that area is stocked with routine and emergency supplies.
2. Practicing medical asepsis through regular cleaning and disinfecting of equipment.
3. Asking questions about the operation of equipment.
4. Requesting and obtaining demonstration of equipment operation.
5. Practicing equipment manipulation.
6. Operating equipment in a safe and correct manner.
7. Recognizing and reporting equipment malfunctions and other environmental hazards.
8. Operating wheelchairs and stretchers safely by using locks and assuring that side rails are up.
9. Observing infection control guidelines relating to equipment.

Demonstrate competent technical skills (positioning, exposures) by:

1. Displaying accuracy, neatness, and thoroughness in performance of procedures.
2. Working effectively/cooperatively with radiographers, supervisors, and other personnel in the clinical departments.
3. Applying technical knowledge from didactic courses in the performance of radiographic/imaging procedures.
4. Following through when performing tasks.
5. Evaluating requisition and identifying procedures to be performed utilizing departmental routines.
6. Properly completing documentation for radiographic exam.
7. Properly answering department telephones, and relaying messages. (e.g. portable orders with room number & exam type)
8. Properly setting technique on control panel given to him/her verbally by radiographer or by reading technical factors on the appropriate technique chart.
9. Transporting patients safely to and from the radiology department and into radiographic room/area.

Organize work effectively by:

1. Planning logical sequence of work functions.
2. Coordinating the performance of more than one patient and/or radiographic examination.
3. Using time constructively and productively.
4. Working competently under stress and in emergency situations.
5. Reasoning and interpreting with compassion and discretion when carrying out assignments.
6. Exhibiting logical thought in making decisions and recommendations.
7. Making decisions and reaching conclusions that are effective and sound.

Display concern for patients/customer service by:

1. Displays a positive, caring attitude toward all patients/customers.
2. Respecting patient's privacy by protecting patient's modesty as much as possible, and by not discussing patient information with persons who are not involved in that patient's care.
3. Communicating comfortably with patients yet observing his/her duty not to disclose information concerning diagnosis or any other inappropriate information.
4. Introducing self to patient.
5. Keeping patient/family informed of exam progress, delays, etc.
6. Anticipating patient's needs, physically and culturally.
7. Verifying patients identify by checking armband, addressing patients by title and last name (e.g. Mr. Smith), taking pertinent history, and explaining procedure to patient in lay terms.
8. Preparing patient properly for examination (gown patient, removing any unnecessary clothing and/or jewelry).
9. Performing procedures promptly but without rushing patients.
10. Observing good medical asepsis.
11. Never leaving patients unattended.

Practice radiation protection by:

1. Never holding patients or image receptors for exposure.
2. Wearing and storing radiation dosimeter properly.
3. Using precise collimation.
4. Practicing radiation protection in shielding self and in shielding patients when appropriate.
5. Documenting gonadal shielding according to institutional policy.
6. Questioning patients using parameters of the ten-day-rule, and documenting LMP according to institutional policy.
7. Practicing good technique with all repeat radiographs performed in presence of a registered radiographer.

Display teamwork and initiative by:

1. Displaying energy and motivation in starting and completing tasks.
2. Recognizing tasks to be done and doing them.
3. Displaying eagerness to perform procedures that he/she has been taught in class and willingness to assist with those examinations which have not been taught in the didactic portion of the program.
4. Volunteering to perform procedures and willingly performing examinations that he/she is competent in performing.
5. Offering to help another when own tasks are completed.
6. Spending available time in a constructive fashion.
7. Sharing in performance of tasks and offering help to others.
8. Displaying a positive attitude toward the clinical workload.
9. Concerning him/her with tasks which need to be completed on a daily basis.
10. Participating in all procedures performed in assigned clinical area, based on experience level.

11. Attempting to perform more than the minimum requirements stated on the performance objectives for the clinical assignment.

Display interest in learning and confidence by:

1. Communicating, interacting and dealing effectively with patients and staff.
2. Promoting a positive environment for patients, their families, and other health care workers.
3. Showing receptivity to suggestions or corrections.
4. Exercising self-control and displaying an interest in clinical assignments.
5. Not complaining about assigned duties.
6. Accepting assistance from others.
7. Asking questions when presented with the unfamiliar.
8. Seeking the unfamiliar when presented with options.
9. Knowing his/her limitations and seeking assistance in situations where he/she is not competent.
10. Instilling confidence in patients.
11. Displaying an ability to be guided, directed, and instructed in making constructive changes in behavior.
12. Displaying maturity and confidence.

Dependability, accountability to assigned area:

1. Continuing to follow through on all aspects of the radiographic examination in spite of difficulty.
2. Completing all assignments.
3. Not being easily discouraged.
4. Accepting responsibility for own mistakes.
5. Adapting to new situations.
6. Being consistently present and on time for clinical assignments.
7. Remaining in assigned clinical area at all times except for the scheduled classes, breaks, or lunches.
8. Notifying clinical staff/supervisor when leaving assigned clinical area.
9. Notifying clinical staff/supervisor of anticipated lateness or absence.
10. Not taking frequent or excessive breaks.

Present a professional appearance by:

1. Maintaining a well-groomed appearance.
2. Wearing program ID badge and radiation badge properly.
3. Adhering to program dress code.
4. Practicing appropriate personal hygiene.
5. Using appropriate verbal and nonverbal language when communicating with others.

RADT Clinical Evaluation Form

Completed by the Clinical Instructors, regarding the Student. Students will receive an email from E*Value around their last day of clinical. The email will ask students Who Did You Work With? (WDYWW). Students will choose all techs they worked with that week, and those techs will receive emails to fill out clinical evaluations on those students. In turn, students will receive clinical instructor evaluations to fill out about each tech they chose. Students are responsible for obtaining at least 2 clinical evaluations at hospitals and 1 clinical evaluation at outpatient facilities, filled out for each and every week they are on clinical duty. Also, students must receive at least 1 clinical evaluation for each make up day or extra day or elective day they perform.

If a student forgets to include a technologist in WDYWW, the student can fill out a pink slip and hand it to the tech. The tech would have to go to Evaluations>Initiate Ad Hoc Evaluation> and then choose the student. All techs have the right to fill out an evaluation on any student, no matter what.

Here is a copy of the paper evaluation, in case of computer failure or techs who refuse to use a computer:

CCBC RADIOGRAPHY PROGRAM

CLINICAL EVALUATION FORM

STUDENT'S NAME _____ **ROTATION:** _____ **WEEK OF:** _____

TO BE FILLED OUT BY STAFF:

INSTRUCTIONS:

Please initial the behavior box that BEST describes the student's performance during the clinical assignment. At the very bottom you rate the student's **overall** performance this week and please add a comment. We appreciate your honest feedback on our students as these evaluations count towards their semester grades, and this is really our only indication of their clinical performance. And as always, please feel free to contact the program office with any concerns. Please also remember that if it isn't documented, it didn't happen! Thank you for all you do for the Radiography program students. **PLEASE CHOOSE THE EXCEPTIONAL CHOICE SPARINGLY!**

PERFORMANCE	EXCEPTIONAL	ABOVE STANDARD	ACCEPTABLE	IMPROVEMENT NEEDED*	UNACCEPTABLE*
USE OF EQUIPMENT AND SUPPLIES	Exceptionally skilled in use of equipment, always keeps rooms exceptionally clean and stocked.	Operates equipment confidently & skillfully, picks up new equipment quickly, keeps room stocked/clean.	Generally careful with equipment, practices equipment manipulation and use.	Needs some assistance with equipment, a little reluctant to handle/operate some equipment.	Somewhat sloppy and careless with supplies/equipment, requires repeated instructions, inattentive.
ORGANIZATIONAL SKILLS	Incredibly adaptable to emerging situations, exceptionally efficient and organized.	Makes sound & logical decisions, can problem solve & adapt to different situations, works quickly & efficiently.	Satisfactory decisions on routine matters, may need minor assistance with difficult or unusual situations.	Hesitant to act, needs to be reminded of tasks & their order, becomes agitated in stressful/busy times.	Easily distracted, appears confused, not prepared for examinations, forgetful.
INTERACTIONS WITH PATIENTS/CUSTOMERS	Demonstrates exceptional empathy & concern for patients/all customers.	Anticipates patient/customer needs, consistently respects patient modesty.	Responds to patient/customer requests, respects patient modesty, interacts well with all customers.	Hesitant to speak or interact with patients/customers, needs some direction with customer relations.	Appears unconcerned about patients, appears indifferent, cool, or rude to patients and/or others.
TEAMWORK AND INITIATIVE	Exceptionally team-oriented, Actively seeks added responsibility.	Works well with all staff, shares responsibility.	Does required tasks, offers assistance to others, works well with most persons.	Reluctant to offer assistance to others, requires prodding to accomplish tasks.	Too independent, takes no initiative, inclined to be quarrelsome, refuses to help.
ATTITUDE TOWARDS LEARNING/CONFIDENCE	Always striving to learn best practices, exceptionally self-reliant and trusted.	Enthusiastic about learning, accepts criticism well, seeks advice and instruction, confident, self-reliant.	Shows interest in learning, usually benefits from criticism, confident with routine matters.	Shows interest at times, needs some direction in identifying essential knowledge/skills, lacks confidence.	Appears indifferent to advice, arrogant/passive behavior at times, resists instruction, overconfident.
DEPENDABILITY, ACCOUNTABILITY TO ASSIGNED AREA	Always goes above and beyond for others, exceptionally dependable & trusted.	Always available, informs staff of whereabouts & schedule, always follows tasks through to completion.	Available as needed, remains in assigned areas throughout shift, generally completes tasks.	Tendency to wander, occasionally late from returning from breaks, lunch, etc., inconsistent in completing tasks.	Difficult to locate, disappears, is easily distracted, doesn't complete tasks, undependable.

PERFORMANCE	EXCEPTIONAL	ABOVE STANDARD	ACCEPTABLE	IMPROVEMENT NEEDED*	UNACCEPTABLE*
APPEARANCE AND COMMUNICATION	Always exceptional in appearance & communication, very articulate.	Very professional & polished in image & speech.	Adheres to uniform policy, generally well-groomed, communicates appropriately.	Sometimes a little untidy or rumpled appearance and/or inappropriate communication.	Appears disheveled & messy, or uses rough/crude/inappropriate language.
PROFESSIONAL ETHICS	Demonstrates the utmost respect, honesty, & integrity in all interactions.	Consistently demonstrates respect, honesty, & integrity to staff, patients, & family members.	Generally demonstrates professional ethical behavior, may have an "OFF" time once or twice.	Tendency to show judgmental behavior either "on" or "off stage," needs some direction in being honest and forthcoming.	Shows no respect to staff, patients, & family members, has been caught in unethical behavior.
TECHINCAL SKILLS (POSITIONING, EXPOSURE FACTORS, ETC.) **May write N/A for beginning of program or observational/specialty rotations**	Accurate in positioning and technical skills 100% of the time without assistance.	Retains & applies previously learned knowledge, consistently accurate, rarely needs assistance.	Work is generally acceptable with few mistakes, follows instructions, remembers most material.	Work is inconsistent, needs review & reinforcement of material, somewhat sloppy.	Makes repeated mistakes, requires constant supervision to avoid mistakes.
RADIATION PROTECTION **May write N/A for observational/specialty rotations**	Expert in all aspects of radiation protection, can educate patients accurately on radiation risk.	Extremely conscientious with radiation protection, all patients shielded when appropriate, tight collimation and few/no repeats, good patient education on radiation risk.	Usually protects most patients, wears protective shielding when appropriate, average repeat rate, answers patients' questions on radiation risk fairly accurately.	Somewhat inconsistent in the practice of radiation protection & education of patients on radiation risk or hesitant to respond to patients' questions about radiation.	Forgets to use shielding or shows disregard for radiation protection, goes on portables without lead shield, very poor information given to patients' questions on radiation risk or gives misinformation.

PLEASE RATE AND COMMENT ON THE STUDENT'S OVERALL PERFORMANCE ON THIS ROTATION FOR THE WEEK:	EXCEPTIONAL	ABOVE STANDARD	ACCEPTABLE	IMPROVEMENT NEEDED*	UNACCEPTABLE*
COMMENTS:					

*COMMENTS FOR ANY BOX MARKED IMPROVEMENT NEEDED OR UNACCEPTABLE MANDATORY
COMMENTS:

Printed Name of Evaluator	Signature of Evaluator	Email address	Date Signed

Standard Precautions and Transmission-based Precautions

Students are expected to be trained in and follow all Centers for Disease Control infection control procedures for Standard Precautions and Transmission-based Precautions. For details and procedures, see:

https://www.cdc.gov/infection-control/hcp/basics/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/basics/index.html

Proper precautions are vital to the safety of students, staff, and patients. Infection Control procedures are introduced to students before going to clinical placements and are taught in full in RADT 103. Additional precautions are reviewed as medical imaging procedures are taught throughout the program.

Students are not allowed to refuse to perform exams based on patient conditions/diseases, except for the following situations:

1. Student has not been fit-tested for a NIOSH-approved N95 respirator, and the patient condition requires one. See: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html
2. Pregnant students should be properly protected with correct precautions and gear; however, they should consult their personal physicians for advice.

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Technology

The Radiography Program at CCBC is at the forefront of delivering cutting-edge technology in didactic, lab, and clinical settings. The program became the first in the college to adopt the iPad and other new technology in the classroom, which has enhanced interaction between faculty and students.

Various types of software and mobile apps are utilized to enhance instruction and increase student participation. Moreover, the program offers students PCs located in the Student Resource Room for personal use and printing. Computers house the program's virtual positioning software that is employed for assignments.

Students are encouraged to embrace technology and keep a positive attitude when issues occur. Technology frequently requires patience on the part of the user, and the college's network dictates its speed and ease, as does the condition of students' personal computer hard drive space.

When something does not seem to work at first, try it again before asking for help. Then, try a third time by shutting everything down and starting back up. Always check the wifi login first!

Social Networking Policy

Since social networking computer sites, such as Facebook and Instagram are so popular, the Radiography program maintains an account in each to disperse program information and announce special events. Students must be professional online at all times and are subject to the following policies:

1. Students are encouraged to use their CCBC student email accounts to network with the program's Facebook and/or Instagram accounts. Private accounts should be kept private.
2. Students are reminded to uphold HIPAA laws and patient privacy at all times. At no time is disclosing patient personal identifiers on any website acceptable. **Students found in violation of the policy will be immediately dismissed from the program.**
3. Students are discouraged from making or posting any disparaging and/or unprofessional comments/photos/sayings about the program, clinical facilities, patients, or particular classmate, instructor, or clinical staff member. Appropriate action will be taken towards any student found making negative comments or posting inappropriate photos of clinical facilities on social networking sites. Students are also reminded that program faculty and clinical staff may be able to read comments on social networking sites and students are to uphold the utmost professionalism at all times while in the program. Students are prohibited from posting photos or videos from class unless authorized by all parties present in photo/video and/or permission by the instructor.
4. Students are not allowed to "Friend" or link to any CCBC Radiography Program faculty member during the program, except the official Radiography Facebook page and through LinkedIn. Students are highly encouraged to use their CCBC student email accounts to connect to those. Friending clinical instructors from clinical facilities is also highly discouraged.
5. If students create their own class page, no wording may suggest that it is an official CCBC-endorsed site. Using the phrase "CCBC Radiography Program" is not allowed anywhere on the site. Keep titles non-specific. In addition, keep any Page professional as well. These pages are considered public, even though they may be set to private.
6. Students in violation of any part of these policies are subject to Warning, Suspension, and/or Dismissal from the program.

CCBC Student Email Accounts

CCBC provides each student with an email account. The Radiography Program will use this email account for all program information. Also, this account will be used for certain software accounts that require an email address. **Students are required to check CCBC email every 48 business hours at a minimum.** If students need help with this account or any college technology, contact the CCBC Help Desk at 443-840-HELP or online.

Brightspace Information

Brightspace course supplements are internet pages where students can access course information, course content, and grades. Students will need internet access and a CCBC user ID and password to access courses on the CCBC Brightspace pages:

1. Access the CCBC home page at www.ccbcmd.edu.
2. Once on the CCBC page, click on myCCBC along the top of the page.
3. Click on the Brightspace icon to log on.
4. This action will open the Brightspace log in page. You may bookmark this page.
5. Navigate throughout the course page to access the syllabus, announcements, course content, and messages.
6. Students should check the Brightspace page regularly, ideally on a daily basis, throughout the semester. **Students are required to check the Brightspace page every 48 business hours at a minimum.**
7. If the Brightspace course disappears from the student's homepage, the student has a problem with Records and Registration and needs to contact that office to re-enroll in the course.
8. Semester Brightspace courses will stay open for a month past the end of the semester and will not be opened again during the program.
9. Students may not print out any quiz, test, or final exam, nor may take photos of them. All other material may be downloaded and printed for studying purposes, unless restricted by the instructor.
10. Students are responsible for reading all instructor comments and viewing assignment and quiz/test grades within a 2-week time period in the Brightspace environment. Any questions/concerns should be addressed to the instructor within this time period. No feedback will be given to students prior to grading. There are no assignments that involve a first draft.
11. Testing is proctored in the Testing Center, and students take all tests on the PCs, along with a written answer sheet in case of Brightspace failure. All answers inside of Brightspace are considered the final answer, no matter what is written down on the answer sheet. No other web sites are allowed to be open during testing, and all students will be given pencils to use and must not have anything on desks.

Clinical Tracking Software

The Radiography Program currently uses the E*Value student clinical tracking software for recording clinical experiences and taking surveys. Students must input their E*Value work into the website at least once a week. Any cases dated later than one week will not be able to be entered. Training for this system will take place during Orientation and in RADT 101, and instructional videos are available under the HELP tab on the E*Value website: https://www.e-value.net/home-main.cfm.

1. Case studies will be entered by the student to track images and competencies in the Case Log tile. Students must be careful to choose the correct semester, course, instructor, etc...or the case will be rejected.
2. Students will obtain the clinical and lab schedule through the website. All information about clinical sites is contained in the site directory.
3. Students will be emailed Learning Modules, which are rotation objectives. The tech worksheet check-off pages can also be found under the Home tile, Other Tasks, and then Search Documents.
4. The Clock In/Clock Out section will be used to track clinical attendance. Students are only allowed to use certain computers at the clinical facilities as the IP address is tracked. Students who forget to clock in or out must Clock In or Out as soon as they remember and then get a paper Time Sheet filled out by clinical staff. The program administration will correct the time in the system.
5. Students must keep their own passwords secret to themselves and never share them with others.
6. Students must maintain medical credentials on the E*Value system. All tuberculosis screenings, immunizations, and CPR certification must be documented in order to attend clinical. Students must upload documents themselves through some app such as the Cam Scanner app.
7. Students must update their personal information on the website as it changes. Students must also change their information with Records and Registration and program administration. This includes, but is not limited to, change of name and/or address.

Surveys

Multiple surveys are deployed through E*Value for evaluation of courses, clinical instructors, and clinical facilities. Students are to take surveys as they are assigned. All course surveys and Clinical Instructor and Clinical Site evaluations are to be completed by the end of each semester. It is an accreditation standard that students must evaluate clinical staff on an ongoing basis. JRCERT requires clinical staff to obtain honest feedback on how they supervise and train students. So, it is crucial that students fill out these anonymous surveys and give timely constructive criticism, the same way students receive their own clinical evaluations. The data is compiled and shared once a year through the technologist's supervisor, with student information redacted.

Lecture Capture

The CCBC Radiography Program uses Microsoft Teams to record all class lectures if the instructor allows it. The recording can be downloaded by the student in various formats under the Teams app. Normally, the system does not fail; however, occasionally the system does not save a lecture. If this occurs, the student is still responsible for taking traditional class notes and responsible for all material presented in class.

SimCapture

The CCBC Radiography Program uses the B-Line SimCapture software to record audio and video of certain lab simulations involving students. Recordings are used for educational purposes only and are not covered under the CCBC Media Release form. Remember: the audio and video units are always on in the labs.

Other Technology Concerns

1. For technical problems with software from outside vendors, students should first contact the Help page on the vendor's website.
2. For technical problems with CCBC-related websites and pages, contact the CCBC Help Desk at 443-840-HELP.
3. Students are not allowed to reproduce quizzes, tests, or final exams in any way. Copying, printing, and photographing these items are strictly prohibited. No assignments or assessments may be printed from Brightspace.
4. Students should first make certain that their personal computers contain all updates that are required by any software used by the program. Before contacting the Help Desk, the student should know which operating system, browser, and versions that he/she is using. And it is always a good idea to try a different browser before calling the Help Desk. See the Technical Requirements section of each software for help.
5. Students are not allowed to wear and/or use headphones or earbuds in clinical, class or lab. Students should remove and store any headphone or ear bud before walking into the classroom and lab spaces.

Synchronous Online Class Procedures

While the majority of Radiography courses are face-to-face on the CCBC Essex campus, there are rare instances where classes will be needed to be held online instead.

1. **SCHEDULING**
   a. Instructors will send a Teams link to students for the online class session, either the day of or beforehand.
   b. Students should practice installing and using the software for the first time well before using it for the first time.
   c. Synchronous classes will take place during the normally scheduled class session. Asynchronous class links will be placed within the learning management system (LMS).
   d. Students registered for a synchronous course should expect to have class obligations and not schedule any other activity during class time.
   e. Only students who have prior permission, when the instructor provides that opportunity, may sit in on the class in the actual classroom or when scheduled for classroom activities or tests. All others must remain online.
2. **SYNCHRONOUS ONLINE CLASS PROCEDURES**
   a. Instructors will start the online class at least 10-15 minutes early to ensure smooth operation of technology.
   b. Students must be present on time or attendance points will be deducted as normal. Exceptions:
      i. Absent due to widespread emergency that interferes with participation.
      ii. Lateness points may be waived if student is experiencing technical difficulties in the first few minutes, communicates this with the instructor immediately, and is actively working on resolving issue.
   c. Students must keep the video camera on themselves, for attendance purposes, the entire class period, while keeping the mic muted when not speaking.
   d. Students will keep the instructor or speaker's sound on the entire class period.
   e. In the case where the student needs to take a bathroom break, the student will leave their device in place and walk away from it to take a quick break, keeping the video on.
   f. Attendance will be taken by instructors requiring each student to say "Here" after their name is called, ensuring a video/audio check for each student.
   g. Students must be physically located in a stable environment while attending online class and may not be driving, walking, or being on the job working. Students must be able to concentrate fully on the class. Some other prohibitive behaviors:
      i. Sleeping
      ii. Eating
      iii. Folding laundry

iv. Watching TV
v. Talking to service providers
vi. Any other activity that would take away attention from class. Students should only be taking notes and participating in discussions during class time.

h. Students should ensure that they manage their visible background environment as much as possible to avoid distractions, such as partners, children, pets, intense sunlight, harmful/disparaging/lewd backgrounds, etc...

i. Students may not disconnect from the online class until the instructor says so, including video feed.

j. Students must communicate technology issues to the instructor as soon as possible and must actively work on solutions.

k. Those not adhering to these policies will receive deductions in attendance points.

CCBC Medical Imaging Programs
Synchronous Online Class Procedures
Attestation Statement

I, _____, a student of one of the CCBC Medical Imaging programs, have read and understood the Synchronous Online Class Procedures policy. I attest that I have had a chance to ask questions and express any concerns.

I further attest that I will always follow the Synchronous Online Class Procedures or risk losing my position as a student in one of the CCBC Medical Imaging programs.

_____ _____

Signature Date

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Contingency Plan

The Radiography Program at CCBC trains students on campus and at local clinical facilities, under safe conditions. Occasionally, normal operations cannot be continued due to emergency situations. The program provides a Contingency Plan

CCBC MEDICAL IMAGING PROGRAMS
CONTINGENCY PLAN

Version 1.0

June 8, 2021

When the Contingency Plan is revised, versions will be listed on this chart. The new revised plan will be shared to all involve via email and posting on the student LMS.

Version #	Implemented By	Revision Date	Approved By	Approval Date	Reason
1.0	Erin Phelan	6/8/21	Shawn McNamara	6/5/21	

TABLE OF CONTENTS

INTRODUCTION

1.1 PURPOSE

This Medical Imaging Programs Contingency Plan establishes procedures to recover the Medical Imaging Programs following a disruption. The following objectives have been established for this plan:

- Maximize the effectiveness of contingency operations through an established plan that consists of the following phases:
  - Notification/Activation to detect and assess damage and to activate the plan
  - Recovery to restore temporary operations and recover from damage
  - Reconstitution of systems and normal operations
- Identify the critical activities, resources, and procedures needed to carry out operations during prolonged interruptions to normal operations
- Assign responsibilities to designated personnel
- Provide guidance for recovering operations during prolonged periods of interruption to normal operations
- Ensure coordination contingency planning stakeholders and staff

The intended audience of the Medical Imaging Programs Contingency Plan is the program director, program coordinators, adjunct faculty, lab instructors, students,

administrative assistant, clinical partners, and any senior leaders whose support is needed to carry out acquisition plans.

1.2 APPLICABILITY

The Medical Imaging Programs Contingency Plan applies to the functions, operations, and resources necessary to restore and resume normal Medical Imaging Programs operations at the Community College of Baltimore County. The Medical Imaging Programs Contingency Plan applies to Medical Imaging Programs and all other persons associated with the Medical Imaging Programs as identified in this document. Medical Imaging programs include Radiography, Computed Tomography, MRI, and Mammography.

1.3 SCOPE

1.3.1 Planning Principles

Various scenarios were considered to form a basis for the plan, and multiple assumptions were made. The applicability of the plan is predicated on the fact that students of the Medical Imaging programs and courses are front-line healthcare workers and all available resources will be employed to graduate them in a timely, safe manner.

1.3.2 Constraints

This section identifies any limitation that must be taken into consideration regarding the content of this plan.

1. Access to college campus may be restricted or unavailable.
2. Clinical partners may limit student access to rotations onsite.
3. Health and safety of instructors and/or students may be compromised and interfere with normal operations.
4. Instructors and/or students may have limited or no access to internet services.
5. Infrastructure barriers may exist, which will limit access to roads, buildings, equipment, electricity, etc.
6. Emergency services may be limited or unavailable.

1.4 REFERENCE REQUIREMENTS

This plan complies with the Community College of Baltimore County's contingency planning policy as follows:

The CCBC Medical Imaging programs and courses defer to the over-arching college policies and will only develop policies for instances not covered in CCBC's plans which are specific to the department.

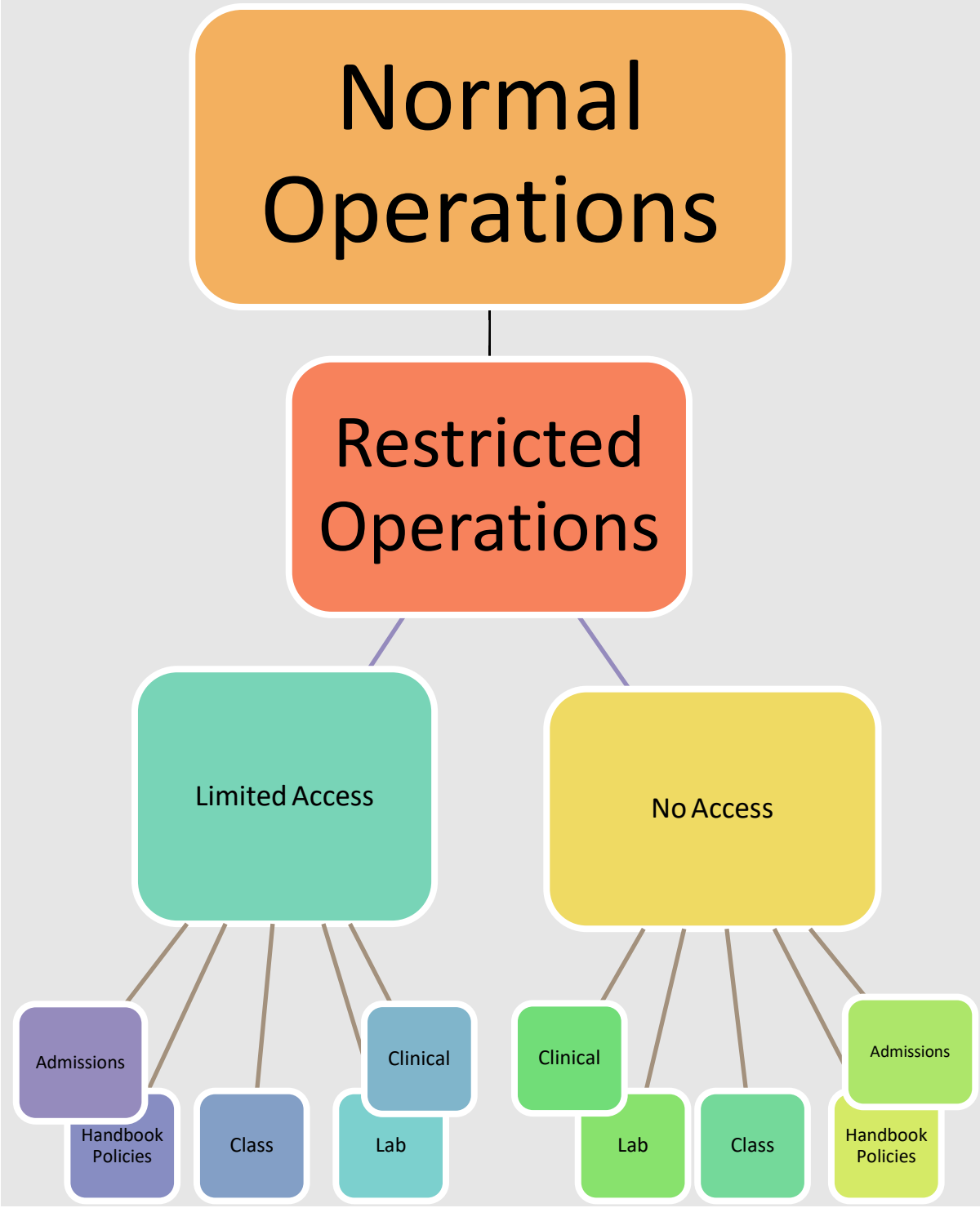
This plan also complies with the following federal and departmental policies:

- American Registry of Radiologic Technologists (ARRT) Examination Content Specifications for Radiography, Computed Tomography, MRI, and Mammography
- American Registry of Radiologic Technologists Didactic and Clinical Competency Requirements for Radiography, Computed Tomography, MRI, and Mammography
- American Society of Radiologic Technologists Curriculum for Radiography, Computed Tomography, MRI, and Mammography
- Code of Maryland Regulations (COMAR), Title 10, Subtitle 32
- Electronic Product Radiation Control provisions and the Medical Device Amendments of 1976 to the Food, Drug, and Cosmetic Act
- Mammography Quality Standards Act of 1992 and MQSA Reauthorization of 1998
- National Council on Radiation Protection and Measurements Reports No. 102, 116, 160
- U.S. Nuclear Regulatory Commission (NRC) Regulations (10 Code of Federal Regulations [CFR]) Part 20 Standards for Radiation Protection

CONCEPT OF OPERATIONS

1.5 CONTINGENCY PLAN DESCRIPTION AND ARCHITECTURE

The CCBC Medical Imaging programs and courses operate with comparable components, such as admissions, handbook policies, didactic classes, lab simulations, and clinical rotations. Each may vary slightly, but the Contingency Plan will address each component in general.


Normal Operations
Restricted Operations
Limited Access
No Access
Admissions
Handbook Policies
Class
Clinical
Lab
Clinical
Lab
Class
Admissions
Handbook Policies

1.5.1 Admissions policies

1.5.1.1 In an extended time of limited access to classroom space and/or clinical rotation availability, the number of applicants will be reduced to conform to availabilities.

1.5.1.2 In an extended time of no access to classrooms and/or clinical facilities, the program may choose not to admit the next cohort.

1.5.2 Handbook policies (limited or no access to classroom, lab, and/or clinical)

1.5.2.1 Attendance policies and grade deductions will be reduced or eliminated due to availability of lab sessions and clinical rotations and due to computer access issues.

1.5.2.2 Incomplete grades for courses will be given if a student has not made sufficient progress in which to give a grade for a particular course. This includes didactic and clinical/lab courses.

1.5.2.3 The required number of competency exams will be reduced to the minimum ARRT requirements.

1.5.2.4 All competency exams must still be performed on real humans on actual radiographic equipment, even for simulatable procedures.

1.5.3 Didactic classes

1.5.3.1 Limited access to classroom

1.5.3.1.1 Instructor substitutions will be made when scheduled instructor is unavailable for synchronous lecture or class activity.

1.5.3.1.2 Alternate asynchronous lectures and/or assignments will be created when no instructor is available for synchronous lecture or class activity.

1.5.3.1.3 Online synchronous lectures will be delivered to students on the occasion that the classroom is not accessible.

1.5.3.1.4 Students must adhere to the Synchronous Online Class Procedures as outlined in the student handbook and sign the attestation form. See Appendix B.

1.5.3.1.5 The scheduling of classes either in-person or asynchronous may be adjusted in dates and times.

1.5.3.2 No access to classroom/campus

1.5.3.2.1 Online synchronous lectures will be delivered to students, when infrastructure is available.

1.5.3.2.2 Instructor substitutions will be made when scheduled instructor is unavailable for synchronous lecture or class activity.

1.5.3.2.3 Alternate asynchronous lectures and/or assignments will be assigned when no instructor is available for synchronous lecture or class activity.

1.5.3.2.4 If infrastructure is not available to a large number of students, class time will be suspended until which time infrastructure is back online.

1.5.3.2.5 Students must adhere to the Synchronous Online Class Procedures as outlined in the student handbook and sign the attestation form. See Appendix B.

1.5.3.2.6 The scheduling of classes either in-person or asynchronous may be adjusted in dates and times.

1.5.3.2.7 All tests and final exams will be administered through the LMS with Respondus Lockdown Browser and Monitor for online proctored authenticated assessment.

1.5.4 Lab simulations

1.5.4.1 Limited access to program lab

1.5.4.1.1 The scheduling of lab sessions may be adjusted in dates and times.

1.5.4.1.2 Additional lab sessions may be scheduled to increase availability.

1.5.4.1.3 Instructor substitutions will be made when scheduled lab instructor is unavailable for lab sessions. When no lab instructors are available, lab sessions will be postponed.

1.5.4.1.4 Alternate locations for lab may be necessary and may include a local clinical partner or other lab on the Essex campus.

1.5.4.1.5 In cases of medical crises, personal protective equipment (PPE) may be required for staff and students. Students must adhere to the Procedures for Pandemic Labs on Campus as outlined in the student handbook and sign the attestation form. See Appendix B.

1.5.4.2 No access to any lab space

1.5.4.2.1 Online synchronous positioning lab sessions will be delivered to students, when infrastructure is available. Students will use family members, if at all available, as patient and will use household items to represent the tube, table, image receptor, and other equipment.

1.5.4.2.2 Instructor substitutions will be made when scheduled lab instructor is unavailable for synchronous lab session.

1.5.4.2.3 Alternate asynchronous assignments will be assigned when no lab instructor is available for synchronous lab sessions.

1.5.4.2.4 Exposure experiments for the semester may be cancelled.

1.5.4.2.5 If infrastructure is not available to a large number of students, online lab sessions will be suspended until which time infrastructure is back online.

1.5.5 Clinical rotations

1.5.5.1 Limited access to clinical rotations

1.5.5.1.1 The scheduling of clinical rotations will be adjusted in location, dates, and times.

1.5.5.1.2 Every effort will be made to schedule makeup clinical rotations.

1.5.5.1.3 Clinical onboarding procedures may be expanded by clinical partners.

1.5.5.1.4 In cases of medical crises, personal protective equipment (PPE) may be required for staff and students. If so, CCBC will provide all PPE. Students must adhere to clinical partners' requirements for PPE.

1.5.5.2 No access to clinical rotations

1.5.5.2.1 Makeup clinical rotations will be scheduled once access is achieved.

1.5.5.2.2 Virtual positioning software will be used as a way for students to practice clinical skills, if infrastructure is available.

1.5.5.2.3 Substitute clinical assignments will be created for students to continue with their critical thinking skills. These could include case studies, reflection writing, online anatomy/positioning modules, etc.

1.5.5.2.4 Online optional image evaluation sessions with program faculty will be made available to students.

1.5.5.2.5 Online optional positioning skills sessions with program faculty will be made available to students.

1.6 LINE OF SUCCESSION

Medical Imaging Department

A. Program Director:

   Erin Phelan

   ephelan@ccbcmd.edu

   443-840-2807

B. When Program Director is not available, the Advanced Modality Coordinator oversees the department.

   Advanced Modality Coordinator:

   Debbie Lam

   dlam@ccbcmd.edu

   443-840-2015

C. In the case of A and B not being available, the Radiography Clinical Coordinator oversees the department.

   Radiography Clinical Coordinator:

   Rhande Meggett

   rmeggett@ccbcmd.edu

   443-840-2266

D. In the case of A, B, and C not being available, the Radiography Lab Coordinator oversees the department.

   Radiography Lab Coordinator:

   Jessica Shirkey

   jshirkey@ccbcmd.edu

443-840-2017

1.7 RESPONSIBILITIES

1.7.1 Admissions policies

1.7.1.1 Admissions decisions are the sole responsibility of the Dean of the School of Health Professions (SHP), with consultation of the Medical Imaging programs director and the SHP Admissions director.

1.7.1.2 Additional consultation with the Advanced Modality Coordinator will take place for CT, MRI, and Mammography.

1.7.2 Handbook policies

1.7.2.1 All handbook policies for grades, etc. will be the responsibility of the course instructor.

1.7.2.2 For Radiography program courses, the Medical Imaging programs director will be consulted for action.

1.7.2.3 For CT, MRI, and Mammography courses, the Advanced Modality Coordinator will be consulted for action.

1.7.3 Didactic classes

1.7.3.1 Didactic course instructors are responsible for:

1.7.3.1.1 Scheduling/rescheduling class sessions

1.7.3.1.2 Creating or rearranging assignments

1.7.3.1.3 Providing synchronous lectures, when available, during normal class time

1.7.3.1.4 Training in and providing for Respondus Lockdown Browser and Monitor for all tests and final exams.

1.7.3.1.5 Grading all assignments in courses

1.7.3.2 Didactic course instructors for Radiography will give updates on course completion to the Medical Imaging programs director, and to the Advanced Modality Coordinator for CT, MRI, and Mammography courses.

1.7.4 Lab simulations

1.7.4.1 The Radiography Lab Coordinator is responsible for scheduling/rescheduling lab instructors and lab sessions for students and the creation/grading of additional lab assignments for all Radiography program courses.

1.7.4.2 The Advanced Modality Coordinator is responsible for scheduling/rescheduling lab instructors and lab sessions for students and the creation/grading of

additional lab assignments for all CT, MRI, and Mammography courses that have a lab component.

1.7.4.3 Both the Radiography Lab Coordinator and the Advanced Modality Coordinator are responsible for securing and distributing PPE for lab sessions, if needed.

1.7.5 Clinical rotations

1.7.5.1 The Radiography Clinical Coordinator is responsible for scheduling/rescheduling clinical rotations for students and the creation/grading of additional clinical assignments for all Radiography program clinical courses.

1.7.5.2 The Advanced Modality Clinical Coordinator is responsible for scheduling/rescheduling clinical rotations for students and the creation/grading of additional clinical assignments for all CT, MRI, and Mammography clinical courses.

1.7.5.3 Both the Radiography Clinical Coordinator and the Advanced Modality Coordinator are responsible for securing and distributing PPE for clinical rotations, if needed.

1.7.5.4 Both the Radiography Clinical Coordinator and the Advanced Modality Coordinator are responsible for coordinating communication with all clinical partners.

NOTIFICATION AND ACTIVATION

- Notification for on-campus activities comes from the Community College of Baltimore County President or Public Safety.
- Notification for clinical partner activity comes from individual clinical supervisors and must be conveyed to the Medical Imaging programs director and responsible coordinators.
- The Medical Imaging programs director will assess the situation with all available information and will activate certain sections of the Contingency Plan based on that information.
- The Medical Imaging programs director will defer to the over-arching college policies and will only develop policies for instances not covered in CCBC's plans which are specific to the department.
- All efforts will be made by the department to return students to normal operations as soon as possible so that interruptions are minimal.

RECOVERY OPERATIONS

Recovery Goal 1: *To return students to normal operations for didactic course instruction as soon as feasible.*

Recovery Goal 2: *To return students to normal operations for lab instruction as soon as feasible.*

Recovery Goal 3: *To return students to normal operations for clinical rotations as soon as feasible.*

Recovery Goal 4: *To maintain maximum admission goals as much as feasible.*

Recovery Goal 5: *To graduate students on time as much as feasible.*

PLAN DEACTIVATION

Deactivation Procedure 1: *To prepare instructors and students for the return to classrooms for face-to-face instruction.*

Name: Medical Imaging Programs Director for Radiography courses

Responsibility: Email or call instructors and students to provide timeline of deactivation of Plan and return to normal operations

Name: Advanced Modality Coordinator for CT, MRI, and Mammography courses

Responsibility: Email or call instructors and students to provide timeline of deactivation of Plan and return to normal operations

Deactivation Procedure 2: *To prepare instructors and students for the return to lab spaces for face-to-face lab instruction.*

Name: Radiography Lab Coordinator for Radiography courses

Responsibility: Email or call instructors and students to provide timeline of deactivation of Plan and return to normal operations

Name: Advanced Modality Coordinator for CT, MRI, and Mammography courses

Responsibility: Email or call instructors and students to provide timeline of deactivation of Plan and return to normal operations

Deactivation Procedure 3: *To prepare instructors and students for the return to on-site clinical rotations.*

Name: Radiography Clinical Coordinator for Radiography courses

Responsibility: Email or call clinical partners and students to provide timeline of deactivation of Plan and return to normal operations

Name: Advanced Modality Lab Coordinator for CT, MRI, and Mammography courses

Responsibility: Email or call clinical partners and students to provide timeline of deactivation of Plan and return to normal operations

a. Appendix A: Contingency Plan Approval

The undersigned acknowledge they have reviewed the Medical Imaging Programs Contingency Plan and agree with the approach it presents. Changes to this Contingency Plan will be coordinated with and approved by the undersigned or their designated representatives.

Signature: *Erin Phelan* Date: 6-9-21

Print Name: Erin Phelan

Title: Medical Imaging Programs Director

Signature: _____ Date: _____

Print Name: Debbie Lam

Title: _____

Signature: _____ Date: _____

Print Name: Rhande Meggett

Title: _____

Signature: _____ Date: _____

Print Name: Jessica Shirkey

Title: _____

b. APPENDIX B: REFERENCES

The following table summarizes the documents referenced in this document.

Document Name and Version	Description	Location
Synchronous Online Class Procedures 1.0	*Procedures for handling online synchronous class sessions*	*https://emailccbcmd.sharepoint.com/:w:/s/medicalimaging/Ee30Wr3eTtxFuEfcE1yy9AwBydt8T2HAu2ircCGNXttwtA?e=n0HD6U*
Procedures for Pandemic Labs on Campus 1.0	*Procedures for handling on-campus labs during a pandemic crisis*	*https://emailccbcmd.sharepoint.com/:w:/s/medicalimaging/EdZT2_2iatxDvaXMMokfnVsBUDnHZPGaPQRztlcAah3gUw?e=T58csl*

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NOTES