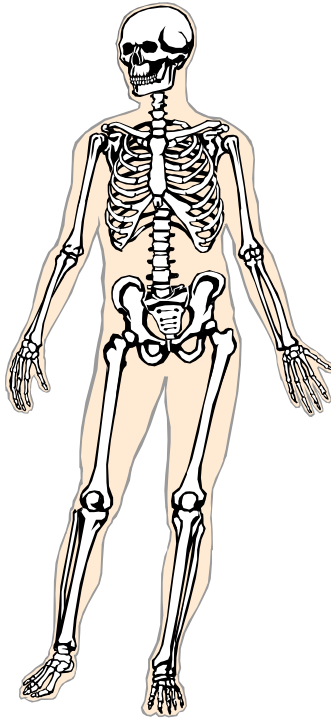


Student and Clinical Handbook

2019-2021

Rowan-Cabarrus Community College
Radiography Program A45700
1333 Jake Alexander Blvd. South
Salisbury, NC

Student and Clinical Handbook
Revised Spring 2019



Note: Program requirements, as well as policies, are changed from time to time. New or revised requirements and/or policies become effective when policies are changed, and the additions and/or revisions supersede any previous requirement and/or policy in past use, whether in writing or in past practice.

Radiography Program Student and Clinical Handbook

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SECTION 1: GENERAL PROGRAM INFORMATON

1.0 INTRODUCTION

This handbook is designed to assist students as they navigate the opportunities, expectations, and requirements of the Radiography program at Rowan-Cabarrus Community College. The purpose of this handbook is to provide the incoming student with useful information regarding the administration, organization, and educational components of the Radiography program. Students are encouraged to consult the handbook for specific information related to the policies and procedures within the Radiography program. In addition, the handbook outlines all of the program policies and requirements regarding admissions, course completion, progress within the program, and clinical competency requirements. This information, along with the counsel of your academic advisor and faculty mentors, will assist you in successful completion of your goals within the Radiography program.

You are now a member of a program that provides the best education for our students, and the best possible service for patients under our care. The effectiveness of this program depends upon the cooperation of the student, faculty, and staff within each radiology department. The contributions of each student are important factors in the success of our program and the services offered to our patients. This student handbook is representative of the Radiography program's standards and expectations. The information in this handbook is intended to inform and assist you in making a satisfactory adjustment to your career and environment. Each Radiography student is expected to read, become knowledgeable, and comply with the contents of this handbook. It is recommended that students frequently refer to this handbook and the college catalog for guidance and clarification of policies, procedures and expectations.

Rowan-Cabarrus Radiography program does not discriminate because of race, color, gender, sex, ancestry, national origin, marital status, age, religious preference, or disability. For further information, see the non-discrimination notice published in the College catalog.

1.1 PROGRAM OVERVIEW

The Rowan-Cabarrus Radiography Program is designed for students to complete Associate in Applied Science Degree in Radiography (AAS) requirements in five semesters. The degree curriculum integrates a total of 73 credits of didactic and clinical instruction with increasing expectations at each quarter. A combination of courses from the general education core curriculum and the radiology major curriculum are required to prepare the graduate to be a radiographer, a skilled health care professional who uses radiation to produce images of the human body.

Our curriculum is designed to provide instruction and clinical experience in the science and art of radiography. In the full-time radiography program, the student receives highly diversified instruction which includes clinical rotations to area health care facilities, radiographic exposure, image processing, radiographic procedures, physics, pathology,

patient care and management, radiation protection, quality assurance, anatomy and physiology, and radiobiology.

Through a blend of classroom and clinical education, students learn radiographic equipment operation, patient positioning, radiation safety, and patient care.

The radiography curriculum prepares graduates to be competent medical radiographers. A medical radiographer, generically described as a radiologic technologist, is an allied health professional skilled in the application of ionizing radiation for the production of diagnostic images which are medically interpreted. The responsibilities of a medical radiographer include manipulating varied types of imaging equipment; positioning the body for radiographic examination; providing patient care in the radiologic context; evaluating the diagnostic quality of an image and applying proper radiation protection.

The faculty of the Radiography program, in conjunction with Rowan-Cabarrus Community College, provides a foundation of general education coursework that emphasizes the attainment of knowledge and skills as these relate to human interactions, communication, ethics, critical and analytical thinking, and reasoning skills at the undergraduate level. The program of study correlates didactic and clinical instruction enabling the student to become a competent health care professional with a humanistic approach. This approach enables graduates to competently perform tasks as identified in their scope of practice as autonomous health care providers.

1.2 MISSION STATEMENT

The Radiography program offers a five-semester competency-based education in medical imaging which will prepare all students to successfully provide quality radiographic care and duties to patients, health care consumers, colleagues, employers, and all members of the health care team in the college's regional community and beyond.

The Radiologic Technology Program maintains a comprehensive curriculum, which includes verifying the competence and professionalism of our students. Faculty and staff work together to promote an optimal educational experience for all students, promoting diversity, critical thinking, leadership, and life-long learning. As role models, instructors involved in the program strive to exhibit the professional attributes expected in the radiologic technology profession. The curriculum, resources, and clinical affiliates facilitate the students' achieving an essential role in the profession, serving the community, and attaining personal enrichment.

1.3 PROGRAM VALUES

The Radiography program at Rowan-Cabarrus Community College values:

- Compassion
- Clinical Skill
- Knowledge
- Ethical Professionalism
- Quality Care

1.4 PROGRAM GOALS and LEARNING OUTCOMES

- 1. Program will continually monitor its overall effectiveness.**
 - a. Student Learning Outcome:
 - i. Students will complete the program.**
 - b. Program Learning Outcomes:
 - i. Graduates will successfully pass credentialing exam on first attempt.**
 - ii. Graduates will find a job within 12 months of graduation.**
 - iii. Graduates will indicate satisfaction with the quality of the program.**
 - iv. Graduates will overall satisfy employers.**

- 2. Students will be clinically competent.**
 - a. Student Learning Outcomes:
 - i. Students will provide appropriate patient care in the clinical setting.**
 - ii. Students will position patients to yield diagnostic images.**

- 3. Students/Graduates will critically think.**
 - a. Student Learning Outcome:
 - i. Students will be able to perform non routine exams.**
 - b. Program Learning Outcome:
 - i. Graduates will be able to perform non routine exams.**

- 4. Students will effectively communicate.**
 - a. Student Learning Outcomes:
 - i. Students will be able to communicate effectively in the healthcare setting.**
 - ii. Students will be able to adequately document medical information.**

- 5. Students/Graduates will demonstrate professionalism.**
 - a. Student Learning Outcome:
 - i. Students will exhibit professional behaviors during clinical.**
 - b. Program Learning Outcome:
 - i. Graduates will exhibit professional behaviors in the workplace.**

1.5 PROGRAM PURPOSE

The purpose of the Radiography program is to contribute to healthcare practicing radiographers who provide high quality patient care through their performance of competent, safe, and courteous related health services. The Radiography program offers all students a quality educational experience, a dynamic career opportunity, and provides behavioral skills needed for future development as a health care provider in their role as a radiographer. Students are encouraged to appreciate their own worth, to exercise insight into those patterns of facts and events which influence their career in radiography, and to become contributing citizens who meaningfully participate in their chosen careers and society as a whole.

1.6 PROGRAM OBJECTIVE

The objective of the Radiography curriculum is to prepare graduates to be proficient Medical Radiographers. The radiographer is a skilled person qualified by technological education to provide patient services using imaging modalities (as directed by physicians qualified to order and/or perform radiologic procedures). This is accomplished by applying knowledge of the principles of radiation protection for patient, self, and others, by applying knowledge of anatomy, positioning, and radiographic techniques to accurately demonstrate anatomical structures on a radiograph; by determining exposure factors to achieve optimum radiographic technique with a minimum of radiation exposure to the patient, by examining radiographs for the purpose of evaluating technique, positioning, and other pertinent technical qualities; by exercising discretion and judgment in the performance of medical imaging procedures; by providing patient care essential to radiologic procedures; and by recognizing emergency patient conditions and initialing life-saving first aid.

Graduates can be employed in radiology departments in hospitals, clinics, physicians' offices, research and medical laboratories, federal and state agencies, and industry. Graduates are eligible to take the national examination given by the American Registry of Radiologic Technologists for certification and registration as medical radiographers.

1.7 PROGRAM PHILOSOPHY

The basic educational philosophy of the Radiography program can be expressed in two words, preparation and practice. The program strives to provide the student with experiences in the classroom and laboratory which will foster recall and skill which can be clinically applied. Thus, the clinical practice portion of the curriculum has maximum impact on the individual student and imparts the level of competency necessary for an entry level radiographer.

1.8 PROGRAM ACCREDITATION

The Rowan-Cabarrus Radiography program is currently accredited through:

The Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 North Wacker Drive, Suite 2850

Chicago, Illinois 60606-3182

Phone: (312) 704-5300

Email: mail@jrcert.org Website: <http://www.jrcert.org>

In 2012, a five (5) year accreditation status was awarded to this program. In 2014 this accreditation was amended to 8 years.

1.9 CLINICAL EDUCATION SITES

Atrium Health-Northeast
920 Church Street N
Concord, NC 28025

Rowan Regional Imaging &
Physical Rehabilitation Center (Julian Rd.)
514 Corporate Circle
Salisbury, NC 28147

Atrium Health
Outpatient Imaging Center Copperfield
1065 NE Gateway Court NE
Concord, NC 28025

W.G. (Bill) Hefner Medical Center (VA SALISBURY)
1601 Brenner Avenue
Salisbury, NC 28144

VA Outpatient Clinic Charlotte
3506 West Tyvola Rd.
Charlotte, NC 28208

Novant Family Physicians-Denver
269 Gilman Rd.
Stanley, NC 28164

Novant Family Physicians-Northpoint
16525 Holly Crest Ln Suite 150
Huntersville, NC 28078

Novant Family Physicians-Prosperity
6909 Prosperity Church Rd.
Huntersville, NC 28078

Novant Spine Specialists
10305 Hamptons Park Dr. Suite 101
Huntersville, NC 28078

Novant Health Rowan Medical Center
612 Mocksville Avenue
Salisbury, NC 28144

Novant Health Orthopedics & Sports
810 Mitchell Avenues
Salisbury, NC 28144

Piedmont Orthopedic Specialists
1090 NE Gateway Court NE
Concord, NC 28025

VA Outpatient Clinic Kernersville
1695 Kernersville Medical Pkwy.
Kernersville, NC 27284

Novant Family Physicians-Cornelius
1948 Old Jetton Rd. Suite 100
Cornelius, NC 28031

Novant Family Physicians-Mooresville
130 Plantation Ridge Dr.
Mooresville, NC 28117

Novant Pediatrics & Internal Med
17220 Northcross Dr. Suite 110
Huntersville, NC 28078

Novant Family Physicians-Rosedale
14330 Oakhill Park Lane Suite 200B
Huntersville, NC 28078

1.10 COLLEGE ADMINISTRATIVE STRUCTURE

President Carol S. Spalding, Ed.D
Vice President of Academic Affairs Michael Quillen, Ed.D
Dean of Health and Education Programs Wendy Barnhardt, Ed.D

1.11 RADIOGRAPHY PROGRAM FULL TIME FACULTY DIRECTORY

Kelly McCowan MHA, RT(R)
Radiography Program Chair
kelly.mccowan@rccc.edu
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Radiography Clinical Coordinator
Radiation Safety Officer (RSO)
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SECTION 2: RADIOLOGIC TECHNOLOGY PROFESSION

2.0 RADIOLOGIC TECHNOLOGIST CERTIFICATION

Students successfully completing the Associate in Applied Science Degree in Radiography will be eligible to sit for the registry examination administered by the American Registry of Radiologic Technologists (A.R.R.T.). Successful completion of the A.R.R.T. examination provides licensure for individuals to practice as a registered radiologic technologist. **Students convicted of a felony could be excluded from actual clinical experience and/or the opportunity to take the A.R.R.T. certification examination. Visit www.arrt.org for more information.**

2.1 QUALIFICATIONS FOR CERTIFICATION

In accordance with the American Registry of Radiologic Technologist's "Equation for Excellence", candidates for ARRT certification must meet basic requirements in three components of the equation:

1. Ethics
2. Education
3. Examination

Ethics

Every candidate for certification and every applicant for renewal of registration must, according to the governing documents, "be a person of good moral character and must not have engaged in conduct that is inconsistent with ARRT Rules of Ethics, and they must "agree to comply with the ARRT Rules and Regulations and the ARRT standards of Ethics." ARRT investigates all potential violations in order to determine eligibility. The ARRT Standards of Ethics provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. Compliance with the Rules of Ethics is required for initial eligibility for certification and for ongoing registration. And the Code of Ethics serves as an aspirational guide to achieving the highest standards of patient care.

Education

Eligibility for certification also specifies the satisfaction of educational preparation requirements. For the primary categories eligibility requires the successful completion of the respective discipline's formal educational program that is accredited by a mechanism acceptable to the ARRT. Candidates must also demonstrate competency in didactic coursework and an ARRT-specified list of clinical procedures.

Examination

Finally, eligibility requires candidates for certification, after having met all other qualifications, to pass an examination developed and administered by the ARRT. The exams assess the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required of staff technologists practicing within the respective disciplines. Exam content is specified on the ARRT website and in the respective handbook for each discipline.

2.2 ARRT STANDARD OF ETHICS

The American Registry of Radiologic Technologists Principles of Professional Conduct / Standard of Ethics

This Code shall serve as a guide by which Radiologic Technologists evaluate their professional conduct as it relates to patients, colleagues, other members of the healthcare team, healthcare consumers, and employers. The Code is intended to assist radiologic technologists in maintaining a high level of ethical conduct. The entire Standards of Ethics can be found at: https://www.arrt.org/docs/default-source/governing-documents/arrt-standards-of-ethics.pdf?sfvrsn=c79e02fc_16

1. The radiologic technologist conducts himself/herself 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 to mankind.
3. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

2.3 ARRT ETHICS REVIEW

Candidates for certification and R.T.s are held to stringent ethics standards in order to be eligible for initial certification and annual renewal of registration. Individuals who are considering enrolling in an educational program or who are more than six months in advance of graduation may want to take advantage of the ARRT Ethics Review Pre-Application process in order to determine their ethics eligibility. Individuals who apply for a primary pathway to certification must answer three ethics-related questions on the application form. The questions address convictions, court-martials, disciplinary action by regulatory or other certification boards, and educational honor code violations. The Ethics Review Pre-Application is reserved for those who are not yet enrolled in an ARRT-recognized educational program, or enrolled in an ARRT-recognized educational program and are at least six months away from graduation. The Ethics Review Pre-Application provides an early ethics review of violation(s) that would otherwise need to be reported on your Application for Certification when you have completed an ARRT-recognized educational program and may be used for the following circumstances:

- Criminal proceedings including:
 - Misdemeanor charges and convictions
 - Felony charges and convictions
 - Military court-martials; and/or
- Disciplinary actions taken by a state or federal regulatory authority or certification board; and/or
- Honor code violations (college, institution, hospital, etc.)

Applicants with such a history are strongly advised to contact the ARRT and go through the pre-application process to determine future eligibility status before enrolling in the radiography program. Further information can be found at the ARRT website: <https://www.arrt.org/> or by calling

The ARRT at (651) 687- 0048. Decisions on ARRT applicant eligibility based on criminal background are solely the responsibility of the ARRT.

2.4 ROLE OF RADIOLOGIC TECHNOLOGIST

Radiologic technologists (Radiographers) are the medical personnel who perform diagnostic imaging examinations and administer radiation therapy treatments. A Radiologic Technologist uses critical thinking and independent judgment to obtain a diagnostic imaging study while maintaining quality patient care and minimizing radiation exposure. They are educated in anatomy, patient positioning, examination techniques, equipment protocols, radiation safety, radiation protection and basic patient care. Technologists are employed in acute care settings, ambulatory care settings, physicians' offices, in education, and in management or sales positions. They may specialize in a specific imaging technique such as bone densitometry, cardiovascular-interventional radiography, computed tomography, mammography, magnetic resonance imaging, nuclear medicine, quality management, sonography or general radiography. The radiologic technologists who specialize in radiation therapy, which is the delivery of high doses of radiation to treat cancer and other diseases,

are radiation therapists and medical dosimetrists. Registered radiologic technologists — known as "R.T.s" — must complete at least two years of formal education in an accredited two- or four-year educational program at an academic institution and must pass a national certification examination. To remain registered, they must earn continuing education credits.

The Associate in Applied Science Degree in Radiography prepares students to become members of the health care team in a variety of settings. Radiographers must be sensitive to the patients' physical and psychological needs, pay attention to detail, follow instructions, work as part of a team, and demonstrate mechanical ability and manual dexterity. Radiographers operate sophisticated equipment to help physicians and surgeons, and other health practitioners diagnose and treat patients.

2.5 FUNCTIONAL CAPABILITIES

Applicants applying for admission to the program are strongly advised to review the functional capacities described in the following chart below for Radiologic Technologists.

Function	Requirement	Example tasks for Radiology Technologist
Vision	Adequate to ensure safety of self and others in didactic and clinical settings and to discriminate between black, white, and a scale of gray.	Discriminate diagnostic quality of radiographs; observation and visual assessment of a patient's condition; preparation of radiographic facility and instilling contrast media into a syringe.
Hearing	Adequate and effective communication with others in close proximity (15 feet) and remote areas (30 feet) while donning a surgical mask.	Verbal communication with patients, clinical staff, and others; telephone communication; patient assessment; responding to pagers and overhead announcements.
Gross Motor Strength and Coordination	Adequate to allow effective mobility of self, imaging equipment, and patients for at least 50 feet and to lift 25 pounds from the ground to waist level and extend that weight out from the body at a minimum of 12 inches.	Safe transfer of patients; mobility and strength to move patients and equipment; safe and efficient mobility in a sterile environment; coordinated movement in the performance of mobile imaging procedures; safe and efficient movement of medical imaging equipment.
Fine Motor Strength and Coordination	Adequate to allow use of medical and imaging equipment while maintaining a safe environment to patients and others; able to lift and carry two imaging receptors in each hand simultaneously.	Technical factor control selection on panels; venous injection of drugs; assisting catheter manipulation during imaging procedures; placement and movement of image receptors, positioning the radiographic tube at standard parameters; angulation of the radiographic tube; operation of tube and equipment locks.
Critical-Thinking Ability	Adequate to allow mastery of course content and to demonstrate sound judgment in simulated and clinical situations.	Identifying non-routine radiographic procedures to produce diagnostic radiographs; identifying cause and effect relationships in patient positioning and related anatomy; identifying relationships of accessory devices utilized in image formation.
Interpersonal Skills	Adequate to facilitate effective working relationships with peers, instructors, patients, and families.	Interaction with severely injured or critically ill patients; providing patient education; working in a stressful environment; providing quality patient care.

Communication	Adequate to allow coursework completion and effective communication with patients, their families, peers, and clinical staff in English.	Class and laboratory presentations; homework assignments; providing patient education and instructions; interaction with clinical staff.
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2.6 RADIOGRAPHY PRACTICE STANDARDS

The practice of radiography is performed by a segment of health care professionals responsible for the administration of ionizing radiation to humans for diagnostic, therapeutic or research purposes. A radiographer performs radiographic procedures and related techniques, producing images at the request of and for interpretation by a licensed independent practitioner.

The complex nature of disease processes involves multiple imaging modalities. Although an interdisciplinary team of radiologists, radiographers and support staff plays a critical role in the delivery of health services, it is the radiographer who performs the radiographic examination that creates the images needed for diagnosis. Radiography integrates scientific knowledge, technical skills, patient interaction and compassionate care resulting in diagnostic information. A radiographer recognizes patient conditions essential for successful completion of the procedure.

Radiographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. They must possess, utilize and maintain knowledge of radiation protection and safety. Radiographers independently perform or assist the licensed independent practitioner in the completion of radiographic procedures. Radiographers prepare, administer and document activities related to medications in accordance with state and federal regulations or lawful institutional policy.

Radiographers are the primary liaison between patients, licensed independent practitioners and other members of the support team. Radiographers must remain sensitive to the physical and emotional needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. As members of the health care team, radiographers participate in quality improvement processes and continually assess their professional performance. Radiographers think critically and use independent, professional and ethical judgment in all aspects of their work. They engage in continuing education to enhance patient care, public education, knowledge and technical competence.

2.7 RADIOGRAPHER SCOPE OF PRACTICE

The scope of practice of the medical imaging professional includes:

- Apply knowledge of anatomy, physiology, positioning, and radiographic techniques to accurately demonstrate anatomical structures on a radiograph or imaging receptor
- Perform diagnostic radiographic procedures

- Apply principles of ALARA to minimize exposure to patient, self and others; determine exposure factors to achieve optimum radiographic techniques with minimum radiation exposure to the patient and self
- Evaluate radiographic images for appropriate positioning and image quality
- Determining radiographic technique exposure factors.
- Apply the principles of radiation protection to the patient, self, and others
- Provide patient care and comfort
- Verify informed consent
- Recognize emergency patient conditions and initiate lifesaving first aid and basic life-support procedures
- Evaluate the performance of radiologic systems, know the safe limits of equipment operations, and report malfunctions to the proper authorities
- Exercise independent judgment and discretion in the technical performance of medical imaging procedures
- Participate in radiologic quality assurance programs; performing ongoing quality assurance activities.
- Receive, relay and document verbal, written and electronic orders in the patient's medical record.
- Provide patient/public education related to radiologic procedures and radiation protection safety
- Utilize physical strengths and capabilities by: assisting and lifting patients onto and from radiographic tables; carrying various accessory equipment; and manipulating radiographic equipment
- Demonstrate expected ethical and professional behavior
- Communicate and interact effectively with patients, the members of the healthcare profession, and others

SECTION 3: RADIOGRAPHY PROGRAM CURRICULUM

3.0 PROGRAM CURRICULUM OUTLINE

Associate in Applied Science – Radiography (A45700)

The Radiography curriculum prepares the graduate to be a radiographer, a skilled health care professional who uses radiation to produce images of the human body. It is designed to prepare individuals with the skills and knowledge to provide radiologic procedures in a variety of settings. Course work includes clinical rotations to area health care facilities, radiographic exposure, image processing, radiographic procedures, physics, pathology, patient care and management, radiation protection, quality assurance, anatomy and physiology, and radiobiology. Graduates of accredited programs are eligible to apply to take the American Registry of Radiologic Technologists' national examination for certification and registration as medical radiographers. Graduates may be employed in hospitals, clinics, physicians' offices, medical laboratories, government agencies, and industry.

Radiography Curriculum.....73 credits

Area I – General Education Curriculum.....23 credits

Mathematics (choose one)	MAT143 Quantitative Literacy, or MAT171/MAT171A Precalculus/Lab	3 3/1
Science	BIO168 Anatomy & Physiology I BIO169 Anatomy & Physiology II	4 4
Written Communication	ENG111 Expository Writing	3
Communications	COM231 Public Speaking	3
Social/Behavioral Science	PSY150 General Psychology	3
Humanities/Fine Arts	Elective	3

Area II – Major Curriculum.....50 credits

Radiography	RAD110 Rad Intro and Patient Care	3
	RAD111 Rad Procedures I	4
	RAD151 RAD Clinical Education	2
	RAD112 Rad Procedures II	4
	RAD121 Image Production I	3
	RAD161 RAD Clinical Education II	5
	RAD122 Image Production II	2
	RAD141 Radiation Safety	2
	RAD171 RAD Clinical Education III	3
	RAD211 Rad Procedures III	3
	RAD231 Image Production III	2
	RAD251 RAD Clinical Education IV	7
	RAD261 RAD Clinical Education V	7
RAD271 Radiography Capstone	3	

3.1 CURRICULUM COURSE SEQUENCE

First Year Fall (1st) Semester

BIO168	Anatomy & Physiology I	4
RAD110	Rad Intro and Patient Care	3
RAD111	Rad Procedures I	4
RAD151	RAD Clinical Education	2
Take One of the Following:		
MAT143	Quantitative Literacy	3
MAT171/171A	Precalculus Algebra/Lab	3/1
Total		16/17

First Year Spring (2nd) Semester

BIO169	Anatomy & Physiology II	4
ENG111	Expository Writing	3
RAD112	Rad Procedures II	4
RAD121	Image Production I	3
RAD161	RAD Clinical Education II	5
Total		19

First Year Summer (3rd) Semester

RAD122	Image Production II	2
RAD 141	Radiation Safety	2
RAD171	RAD Clinical Education III	3
Total		7

Second Year Fall (4th) Semester

PSY150	General Psychology	3
RAD211	Rad Procedures III	3
RAD231	Image Production III	2
RAD251	RAD Clinical Education IV	7
Total		15

Second Year Spring (5th) Semester

COM231	Public Speaking	3
RAD261	RAD Clinical Education V	7
RAD271	Radiography Capstone	3
-----	Humanities/Fine Arts Elective	3
Total		16

Curriculum Total - 73 Credits

3.2 RADIOGRAPHY COURSE DESCRIPTIONS

<p>RAD 110 RAD Intro & Patient Care</p> <p>This course provides an overview of the radiography profession and student responsibilities. Emphasis is placed on basic principles of patient care, radiation protection, technical factors, and medical terminology. Upon completion, students should be able to demonstrate basic skills in these areas. Prerequisite: Acceptance into Radiography Program.</p>	3
<p>RAD 111 RAD Procedures I</p> <p>This course provides the knowledge and skills necessary to perform standard radiographic procedures. Emphasis is placed on radiography of the chest, abdomen, extremities, bony thorax, and pelvis. Upon completion, students should be able to demonstrate competence in these areas. Prerequisite: Acceptance into Radiography Program.</p>	4
<p>RAD 151 RAD Clinical Education I</p> <p>This course introduces patient management and basic radiographic procedures in the clinical setting. Emphasis is placed on mastering positioning of the chest and extremities, manipulating equipment, and applying principles of ALARA. Upon completion, students should be able to demonstrate successful completion of clinical objectives.</p>	2
<p>RAD 112 Radiographic Procedures II</p> <p>This course provides the knowledge and skills necessary to perform standard radiographic procedures. Emphasis is placed on radiography of the skull, spine, and gastrointestinal, biliary, and urinary systems. Upon completion, students should be able to demonstrate competence in these areas.</p>	4
<p>RAD 121 Image Production I</p> <p>This course provides the basic principles of radiographic image production. Emphasis is placed on image production, x-ray equipment, receptor exposure, and basic imaging quality factors. Upon completion, students should be able to demonstrate an understanding of basic principles of radiographic image production.</p>	3
<p>RAD 161 RAD Clinical Education II</p> <p>This course provides additional experience in patient management and in more complex radiographic procedures. Emphasis is placed on mastering positioning of the spine, pelvis, head and neck, and thorax and adapting procedures to meet patient variations. Upon completion, students should be able to demonstrate successful completion of clinical objectives.</p>	5
<p>RAD 122 Image Production II</p> <p>This course is designed to continue to develop the concepts and principles in the field of radiologic technology. Emphasis is placed on advanced digital principles and production. Upon completion, students should be able to demonstrate an understanding of advanced principles of digital imaging production.</p>	2
<p>RAD 141 Radiation Safety</p> <p>This course covers the principles of radiation protection and radiobiology. Topics include the effects of ionizing radiation on body tissues, protective measures for limiting exposure to the patient and personnel, and radiation monitoring devices. Upon completion, students should be able to demonstrate an understanding of the effects and uses of radiation in diagnostic radiology.</p>	2

RAD 171	RAD Clinical Education III	
This course provides experience in patient management specific to advanced radiographic procedures. Emphasis is placed on applying appropriate technical factors to all studies and transitioning to mastering positioning of advanced studies. Upon completion, students should be able to demonstrate successful completion of clinical objectives.		3
RAD 211	Radiographic Procedures III	
This course provides the knowledge and skills necessary to perform standard and specialty radiographic procedures. Emphasis is placed on radiographic specialty procedures, advanced imaging, radiographic pathology and image analysis. Upon completion, students should be able to demonstrate an understanding of these areas.		3
RAD 231	Image Production III	
This course is designed to continue to develop the concepts and principles in the field of radiologic technology. Emphasis is placed on complex imaging production and principles, quality control and quality assurance in the imaging sciences. Upon completion, students should be able to demonstrate an understanding of advanced radiographic equipment and quality control programs.		2
RAD 251	RAD Clinical Education IV	
This course provides the opportunity to continue mastering all basic radiographic procedures and to attain experience in advanced areas. Emphasis is placed on equipment operation, pathological recognition, pediatric and geriatric variations, and a further awareness of radiation protection requirements. Upon completion, students should be able to demonstrate successful completion of clinical objectives.		7
RAD 261	RAD Clinical Education V	
This course is designed to enhance expertise in all radiographic procedures, patient management, radiation protection, and image production and evaluation. Emphasis is placed on developing an autonomous approach to the diversity of clinical situations and successfully adapting to those procedures. Upon completion, students should be able to demonstrate successful completion of clinical objectives.		7
RAD 271	Radiography Capstone	
This course provides an opportunity to exhibit problem-solving skills required for certification. Emphasis is placed on critical thinking and integration of didactic and clinical components. Upon completion, students should be able to demonstrate the knowledge required of any entry-level radiographer.		3

3.3 GENERAL EDUCATION COURSE DESCRIPTIONS

MAT 143 – Quantitative Literacy

This course is designed to engage students in complex and realistic situations involving the mathematical phenomena of quantity, change and relationship, and uncertainty through project- and activity-based assessment. Emphasis is placed on authentic contexts which will introduce the concepts of numeracy, proportional reasoning, dimensional analysis, rates of growth, personal finance, consumer statistics, practical probabilities, and mathematics for citizenship. Upon completion, students should be able to utilize quantitative information as consumers and to make personal, professional, and civic decisions by decoding, interpreting, using, and communicating quantitative information found in modern media and encountered in everyday life.

A TI-84 Plus graphing calculator is required of all students enrolled in this course. Online sections require students to take all tests in an approved college testing center. This course is a Universal General Education Transfer Component course that is guaranteed to transfer for general education equivalency credit to each of the 16 institutions in the University of North Carolina system.

MAT 171 – PRECALCULUS ALGEBRA

This is the first of two courses designed to emphasize topics which are fundamental to the study of calculus. Emphasis is placed on equations and inequalities, functions (linear, polynomial, rational), systems of equations and inequalities, and parametric equations. Upon completion, students should be able to solve practical problems and use appropriate models for analysis and predictions.

This course has been approved for transfer under the Comprehensive Articulation Agreement as a general education course in mathematics. This course has been approved for transfer under the Independent Comprehensive Articulation Agreement as a general education course in mathematics.

A TI-84 Plus graphing calculator is required of all students enrolled in this course. Online sections require at least a "B" in the prerequisite course and require students to take all tests in an approved college testing center.

MAT 171A – Precalculus Algebra Lab

This course is a laboratory for MAT 171. Emphasis is placed on experiences that enhance the materials presented in the class. Upon completion, students should be able to solve problems, apply critical thinking, work in teams, and communicate effectively.

This course has been approved for transfer under the Comprehensive Articulation Agreement as a premajor and/or elective course requirement. This course has been approved for transfer under the Independent Comprehensive Articulation Agreement as a premajor and/or elective course requirement.

ENG 111 – Expository Writing

This course is the required first course in a series of two designed to develop the ability to produce clear expository prose. Emphasis is placed on the writing process including audience analysis, topic selection, thesis support and development, editing, and revision. Upon completion, students should be able to produce unified, coherent, well-developed essays using standard written English. This course has been approved to satisfy the Comprehensive Articulation Agreement general education core requirement in English composition.

This course has been approved for transfer under the Independent Comprehensive Articulation Agreement as a general education course in English Composition. This course may satisfy a general education requirement for Catawba College.

PSY 150 – General Psychology

This course provides an overview of the scientific study of human behavior. Topics include history, methodology, biopsychology, sensation, perception, learning, motivation, cognition,

abnormal behavior, personality theory, social psychology, and other relevant topics. Upon completion, students should be able to demonstrate a basic knowledge of the science of psychology. This course has been approved to satisfy the Comprehensive Articulation Agreement general education core requirement in social/behavioral sciences.

This course has been approved for transfer under the Independent Comprehensive Articulation Agreement as a general education course in social/behavioral sciences. This course may satisfy a general education requirement for Catawba College.

COM 231 – Public Speaking

This course provides instruction and experience in preparation and delivery of speeches within a public setting and group discussion. Emphasis is placed on research, preparation, delivery, and evaluation of informative, persuasive, and special occasion public speaking. Upon completion, students should be able to prepare and deliver well-organized speeches and participate in group discussion with appropriate audiovisual support. This course has been approved to satisfy the Comprehensive Articulation Agreement general education core requirement in humanities/fine arts (substitute).

This course has been approved for transfer under the Independent Comprehensive Articulation Agreement as a general education course in Humanities/Fine Arts (Substitute). This course may satisfy a general education requirement for Catawba College.

BIO 168 – Anatomy and Physiology I

This course provides a comprehensive study of the anatomy and physiology of the human body. Topics include body organization, homeostasis, cytology, histology, and the integumentary, skeletal, muscular, and nervous systems and special senses. Upon completion, students should be able to demonstrate an in-depth understanding of principles of anatomy and physiology and their interrelationships. This course has been approved to satisfy the Comprehensive Articulation Agreement for transferability as a premajor and/or elective course requirement.

This course has been approved for transfer under the Independent Comprehensive Articulation Agreement as a premajor and/or elective course requirement.

BIO 169 – Anatomy & Physiology II

This course provides a continuation of the comprehensive study of the anatomy and physiology of the human body. Topics include the endocrine, cardiovascular, lymphatic, respiratory, digestive, urinary, and reproductive systems as well as metabolism, nutrition, acid-base balance, and fluid and electrolyte balance. Upon completion, students should be able to demonstrate an in-depth understanding of principles of anatomy and physiology and their interrelationships.

This course has been approved for transfer under the Comprehensive Articulation Agreement as a premajor and/or elective course requirement. This course has been approved for transfer under the Independent Comprehensive Articulation Agreement as a premajor and/or elective course requirement.

3.4 COMPETENCY-BASED DEVELOPMENT

The radiography curriculum is founded on principles of Competency-Based Education (CBE) and designed to develop knowledge, skills, and attitudes. The educational and clinical experiences are directed toward preparing individuals to perform pre-specified tasks of an occupation or profession under “real world conditions” and to perform these tasks at a level of accuracy and speed required of radiographers on the job. The curriculum is designed to allow students to achieve competence in the responsibilities of the profession before leaving the education program. Radiography Course and Clinical experiences are arranged in a sequential manner and proceed to a new experience only when the student has achieved the specified level of competence in the previous task/course. Continuous evaluation and reinforcement of student performance is critical in CBE. This means that the student will perform the task or procedure under direct supervision of the educator/technologist. During each step, the student’s ability and performance are evaluated.

3.5 ACADEMIC GRADING

At the end of each radiology course for which a student is registered, he/she will receive a final grade. Final grades for Major Curriculum coursework in Radiologic Technology will be based on one hundred percent (100%) and will be determined as follows:

RCCC Grading Scale:

Grade	Grade Explanation		Quality Points and Information
A	90 - 100	Excellent	4 quality points per semester hour
B	80 - 89	Good	3 quality points per semester hour
C*	70 - 79	Average	2 quality points per semester hour
D*	60 - 69	Below Avg.	1 quality points per semester hour
F*	< 60	Failing	0 quality points per semester hour.

***Below minimal requirement for progression in Radiography Program**

3.6 ACADEMIC PROGRESSION IN RADIOGRAPHY

For students enrolled in Radiography (RAD), numerical grades below 80 (B) in Radiography (RAD), Biology (BIO) and a “C” in all other required courses are considered unsatisfactory attainment of course competency. In these instances, students will not progress in the program.

Students who achieve a minimum of 80(B) overall competency for **each** Radiography (RAD) course will be eligible to progress in the Radiography program. In addition, for Radiography

(RAD) courses which are comprised of **both** a class and laboratory component, a minimum of 80% (B) must be achieved in **both class and laboratory components** in order to progress in the Radiography (RAD) curriculum. Numerical grades below 80% (B) in Radiography (RAD) courses are considered unsatisfactory attainment of course competencies and will **result in failure to progress in the program**.

Exam Grades: During the course, if a student scores less than 80% (B) on any evaluation instrument, a mandatory counseling session will be scheduled with the instructor and/or other academic counselor. This session will emphasize strategies for success on future evaluations and will be geared to the retention of the student. It is the responsibility of any student who decides to drop this course to officially withdraw from the course to avoid a grade of "F". A student may be administratively withdrawn as it becomes evident that he or she cannot meet course objectives due to lack of attendance.

Course Final Exams: Students who achieve a minimum of 80% (B) or higher on each Radiography (RAD) course comprehensive **final exam** will earn a course grade calculated using all evaluative assessments and the comprehensive final exam per the course syllabus. Progression in the curriculum will continue as designed. However, students who make less than 80% (B) on any RAD course comprehensive final exam will receive the grade earned, but **cannot progress in the Radiography curriculum**.

3.7 VOLUNTARY WITHDRAWAL

If a student elects to voluntarily withdraw from the Radiography Program, there is no guarantee that he/she will be readmitted to the program. Students withdrawing from the program and wishing to reenter will be required to re-qualify and re-apply for program admission as based on the RCCC Readmission Policy and the Radiography Program Re-Entry Policy. Prior to withdrawal from any course of instruction, the radiography student should see the Radiography Program Chair or Academic Program Dean to determine the best course of action, since withdrawal may interrupt or stop the continued education of the student in the Radiography Program.

3.8 RADIOGRAPHY RE-ENTRY POLICY

All students wishing to return to the RCCC Radiography Program must be eligible to do so based on policies and procedures governing enrollment, academics, and readmission established by the college. These policies and procedures can be reviewed in the RCCC Student Handbook/College Catalog, and at www.rccc.edu.

Students unable to progress in the radiography program course sequence can re-apply to the radiography program one time. The student desiring to reapply to the program must do so within one year and is re-evaluated for program placement based on individual circumstances and program requirements.

Acceptance is contingent upon:

- a. Meeting the current admission and graduation requirements in effect at the time of re-application. Radiography Admission Test scores that are within two years of re-entry and are at or above the currently established normal passing standard will satisfy this RAD admission criterion. Students with scores that are not at above the currently established normal passing standard is required to test and meet current program score requirement.
- b. Availability of space.

Final approval for re-entry must be granted by the Radiography Program Chair following a thorough review of the student's record by the radiography faculty.

In addition to RCCC Readmission policies and procedures, the following have been adopted as part of Re-Entry Policy for Radiography Program.

- If a student has been dismissed due to unacceptable behavior, approval for readmission will be contingent upon satisfactory evidence that the unacceptable behavior which caused dismissal has been corrected and is not likely to occur again. Evidence of remediation may be required.
- If a student has withdrawn or has been dismissed due to health concerns, approval for readmission is contingent upon conclusive evidence that the health concern has been corrected. This applies to physical, mental, and/or emotional health issues. Evidence of restored health from a medical physician is required.
- If a student has been dismissed due to a confirmed violation of the college's academic integrity policy, re-entry into the program is not allowed.

A student must be eligible for readmission according to college standards. Students who have been withdrawn from the Radiography Program due to progression standards, or students who voluntarily withdraw from the RAD course sequence, and request to be considered for the subsequent Radiography Program must meet the current admissions criteria/requirements stated at the time application for re-entry is placed and is contingent upon space availability.

Candidates for re-entry must retake the Radiography Admissions Exam and fulfill the competitive admissions criteria as specified in the college catalog. Re-entry consideration is given on a first-come, first-served basis. Application for re-entry must be placed within six months from date of withdrawal.

If a student is readmitted into the Radiography program, the program requires the student to return the semester before the loss of contact to audit all RAD courses offered. Once the audit is complete, the student is allowed to rejoin the program in the semester where contact was lost. *Exception to the audit: Students losing contact in the fall semester of the first year must reapply and rejoin, if eligible, without audit of the previous semester. A student wishing to re-enter the program must meet with the Radiography Program Chair to develop an individualized plan of action for re-entry. If the applicant is unsuccessful during his/her second attempt in the program, the applicant must wait a period of three (3) years before re-applying to the program. In most instances, students are limited to one re-entry

opportunity. Final approval for re-entry is granted by the Radiography Program Chair following a thorough review of the student's record by the radiography faculty.

3.9 TRANSFER STUDENTS

Request for transfer into the RCCC Radiography Program is considered on an individual basis following a thorough evaluative process of the student's records. Transfer acceptance is contingent upon:

- Availability of space
- Meeting the current admission and graduation requirements in effect at the time of transfer request. Note: this may require transfer applicant to qualify to take the Radiography Admission Test which could cause a delay in the admission process.
- Evidence of successful progression within an established RAD curriculum
- Final approval for transfer is granted by the radiography program chair.

In the event that a student is granted transfer status, the Director of Admissions and Radiography Program Chair will review the student's academic records to establish transfer of credit. Transfer students are required to audit all RAD courses for at least one full semester prior to enrolling in RCCC RAD courses for credit.

3.10 PROGRAM TERMINATION

Grounds for termination/academic withdrawal from the Radiography Program include (but not limited to):

1. Receiving a final grade of C, D or F in any Radiography coursework listed in the program curriculum.
2. Receiving a final grade of C, D or F in any Radiography class or laboratory component.
3. Insubordination.
4. The conviction and/or known use of, distribution of, or possession of illegal drugs or controlled substances.
5. Failure to complete didactic and/or clinical assignments and/or objectives.
6. Unprofessional and/or unethical conduct.
7. Academic dishonesty in related general education Core Curriculum or Major Curriculum coursework.
8. A participating clinical affiliates' decision to exercise their right to reject a student whose behavior may be hazardous to the agency.
9. Violation of any college or programmatic policy and/or procedure as listed in the college and/or student handbook.

3.11 RADIOGRAPHY PROGRAM COSTS

Program cost varies year-to-year and individual-to-individual. The following is offered as an Estimated Cost Per Semester for Radiography Program

Associate Degree Radiography program costs by semester are listed below. This includes General Education courses as listed in the Programs of Study of the college catalog.

First Semester (Fall)

Expense	Cost
Tuition (16H: MAT)	\$1,216.00
Student Activity Fee	\$34.00
Campus Access Fee	\$20.00
**Radiography Program Fee	\$230.00
Books/Computer	\$1,020.00/\$400.00
Technology Fee	\$36.00
Graduation Fee	\$7.00
<i>Total (of Above Fees Only)</i>	<i>\$2,563.00</i>
Entrance Testing Fee	\$10-\$100.00
Immunizations & MD Physical	Variable due to insurance, copay, & deductibles

Second Semester (Spring)

Expense	Cost
Tuition (19H)	\$1,216.00
Student Activity Fee	\$34.00
**Radiography Program Fee	\$ 230.00
Campus Access Fee	\$20.00
Technology Fee	\$36.00
Books	\$270.00
Graduation Fee	\$7.00
<i>Total</i>	<i>\$1,813.00</i>

Third Semester (Summer)

Expense	Cost
Tuition (7H)	\$532.00
Student Activity Fee	\$15.00
Campus Access Fee	\$20.00

Technology Fee	\$36.00
**Radiography Program Fee	\$230.00
Books	\$130.00
Graduation Fee	\$7.00
<i>Total</i>	<i>\$970.00</i>

Fourth Semester (Fall)

Expense	Cost
Tuition (15H)	\$1,140.00
Student Activity Fee	\$34.00
Campus Access Fee	\$20.00
**Radiography Program Fee	\$230.00
Technology Fee	\$36.00
Books	\$275.00
Graduation Fee	\$7.00
<i>Total</i>	<i>\$1,742.00</i>

Fifth Semester (Spring)

Expense	Cost
Tuition (16H)	\$1,216.00
Student Activity Fee	\$34.00
Campus Access Fee	\$20.00
**Radiography Program Fee	\$230.00
Technology Fee	\$36.00
Books/Online Access Fees	\$200.00
Graduation Fee	\$7.00
<i>Total</i>	<i>\$1,743.00</i>

Total Estimated Program Cost - \$8,831.00*

Cost of Travel not included

****Radiography Program Fee includes:** Kettering Test Prep, Liability insurance, ARRT registry, uniforms, Castlebranch, and lab fees.

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3.12 RADIOGRAPHY COURSE TEMPLATE

Clinical education shifts are completed Monday through Friday, approximately 8:00am to 4:00pm, and 2:00pm to 10:00pm. There will be no more than three scheduled second shift rotations per student during the fall and spring semesters and no more than two evening rotations in the summer. These hours vary depending on the semester, department rotation, and conflicting general education courses. Authorization for changes to clinical education times is done by program administrators only.

Personal days allowed for excused absences from clinical education are as follows:

- Semester One: 2 personal days
- Semester Two: 3 personal days
- Semester Three: 2 personal days
- Semesters Four and Five: 4 personal days

General Course Template:

	In-Seat Classes	Clinical Education
First Semester (Fall) *1 st Eight Weeks	M-F	
First Semester (Fall) *2 nd Eight Weeks	M, W, F	T, TH
Second Semester (Spring)	M, W, F	T, TH
Third Semester (Summer)	M, T	W, TH, F
Fourth Semester (Fall)	T, TH	M, W, F
Fifth Semester (Spring)	T, TH	M, W, F

SECTION 4: CLINICAL EDUCATION POLICIES & PROCEDURES

4.0 INTRODUCTION TO CLINICAL EDUCATION

The responsibilities of a Radiographer have grown in complexity with the development of more sophisticated equipment and procedures in the imaging sciences. This has resulted in an increased amount of material which must be presented and mastered in the most efficient manner possible. It is essential that both Rowan-Cabarrus Community College and the various clinical settings work together to provide the best possible clinical education experience to all students. During the clinical experience, students must have opportunities to perform all types of radiographic procedures. Only in this manner may they be prepared for entry into the profession of radiologic technology. With RCCC responsible for the final student performance, we feel there must be a competency-based curriculum, both in the didactic and the clinical areas.

Evaluation of clinical performance is undoubtedly one of the most difficult and time-consuming aspects of education in radiography. While most professionals would agree that evaluation is important, we, as educators in the field, have a particular responsibility to evaluate student classroom and clinical performance because it verifies student competence to the public and potential employees. The following are four reasons for measuring clinical performance: (1) to certify competency, (2) to maintain quality in health care delivery, (3) to provide feedback to the learner, and (4) to improve the instructional process. Increased attention must be focused on student learning as the function of clinical evaluation. Stufflebeam and Associates are quoted as saying, "The purpose of evaluation is not to prove – but to improve." Utilizing evaluation with this thought in mind creates a system that is more than just a mechanism of assigning grades and everyone involved in the educational process will benefit.

Efforts have been made to develop a clinical evaluation system whereby students' progress through a structured program, and strengths and weaknesses can be identified. Upon determining specific strengths and weaknesses, a more individualized approach to clinical education is taken. This competency-based evaluation is a means of checking the progression rate of each student during his/her educational experience by determining whether or not he/she is able to meet certain predefined competency-based objectives. Students' cognitive skills are primarily evaluated in the classroom and indirectly evaluated throughout all of their radiographic educational experience. Psychomotor skills are evaluated both in the energized laboratory at the college and during the clinical experience in each of the clinical settings. In order to properly evaluate a student's psychomotor skills, it is necessary to determine his/her level of performance ability. Only through the use of a competency-based evaluation system may we accurately determine the level of competence a student has reached.

In each clinical setting, there may be a need to slightly vary and adapt the details and policies to suit the particular situation. However, basic principles and guidelines of clinical education must remain constant and universal throughout the program. It is very important that all knowledge and skills be reinforced and evaluated in the clinical setting in order to maximize the student's clinical performance. It is the clinical setting's role to provide an environment which applies a smooth transition from theory to application. This is accomplished through

immediate supervised clinical experience by both staff technologists and program Clinical Instructors in each clinical setting.

4.1 STUDENT/INSTRUCTOR CONFIDENTIALITY

Instructors and students have the right to evaluate and communicate professionally and constructively. In order to defer distractions from the students' clinical education, no student is to discuss any conversation that exists in instructor/student counseling sessions.

Exceptions to this rule shall be communication to other RCCC affiliates that need to be involved in emergent situation. Faculty may speak to other affiliates within the profession in a scheduled meeting when necessary. With this said any student that takes conversation outside of sessions and/or meetings to other students, clinical staff, non-involved RCCC staff/faculty etc. will receive an anecdotal record (see Appendix A-2).

4.2 CLINICAL EDUCATION COURSE SYLLABI

At the beginning of each semester, the Radiography Course Syllabi syllabus provides information relative to the expectation for each clinical experience. The areas covered in the syllabus are brief course description, course competencies, credits, hours, prerequisites, student materials, and types of evaluation, attendance statement, office hours of instructors, and a planning calendar. Each area covered in the syllabus will have specific information for that particular semester and should be referred to throughout the entire clinical experience. RCCC now utilizes an online system to provide all course syllabi. Each student has access to each course syllabus through the particular course Blackboard shell associated with that course. Although course syllabi are no longer printed, a sample of a typical syllabus that appears online is available in the appendix (see Appendix A-1).

4.3 PURPOSE OF CLINICAL EVALUATION

The purpose of this evaluation system is two-fold. One purpose is to measure student competency in the production of diagnostic radiographic images of specific anatomical parts designated in the clinical objectives for each given semester. The second purpose is to evaluate performance characteristics (e.g. production habits, professional judgment), professional characteristics (e.g. appearance, interpersonal relations, etc.), and continuity of radiographic skills (e.g. instrumentation, positioning, etc.) which are also included in the clinical objectives for each given semester.

In order to evaluate the production of radiographs or performance characteristics, a variety of evaluation instruments are utilized. The primary evaluation instrument related to the production of radiographs is the “Radiographic Evaluation Form” (see Appendix A-3a & A-3b). This form is used to demonstrate the student's ability to produce a specific exam and is used in every semester. In addition to this primary evaluation form, a secondary form, the “Clinical Competency Test” (see Appendix A-4) is used to evaluate specific aspects of radiographic

study. These tests change each semester and are designed to **prepare, review, or familiarize a student with particular skills necessary to the production of radiographic exams.**

The primary evaluation instrument related to performance characteristics is the “Ethics & Practice Evaluation Form” (see Appendix A-5). This form contains detailed statements concerning areas of performance characteristics, professional characteristics, and continuity of radiographic skills.

All evaluation forms are applied in the determination of the student's clinical grade. The weight of each evaluation and the specific evaluations needed are stipulated in the evaluation section of each clinical course syllabi.

4.4 APPLICATION OF RADIOGRAPHIC EVALUATION

The Radiographic Evaluation Form (see Appendix A-3a & A-3b) is used in all of the clinical settings to assess student performance on individual examinations. This form is also used in positioning laboratories at Rowan-Cabarrus Community College in order to familiarize the student in practice with the exact items of performance being evaluated clinically. At RCCC, students receive instruction and simulation on the examinations which are evaluated later in the clinical sites. Any examination attempted for evaluation must be included in the exams found in the competencies designated in the course syllabus. Further, the student cannot attempt evaluation on any examination if a passing grade of 80% has not been met in the didactic and lab simulations at RCCC.

In the clinical site, after having observed and assisted with a given exam, the student may feel ready to be evaluated on that particular study. Initiation of the evaluation is the student's responsibility; however, the Clinical Instructor does have the authority to initiate radiographic evaluation upon demand. Initiation of the evaluation begins with the notification of an evaluator that the student wishes to perform an examination for that purpose. First, the student must produce an evaluation form or verbally commit prior to beginning the exam and second, the student must receive a grade on that exam regardless of the outcome. If the evaluation form is not presented or a verbal commitment is not made before the exam begins, the student may not be evaluated on the exam. Thus, it is important for you to be planning which exams you want and the patient on which you wish to perform the exam. Remember, you can choose the time, place, and patient but it counts. Further, if you want to demonstrate competency on only one part of an exam, you must finish the other part(s) of the exam also. In other words, you must do the **entire** exam. For example, if you wanted the odontoid view for competency from a C-spine exam, you would do the odontoid study for competency or grade, but you would also do the other parts of the C-spine exam to completion. You would NOT be graded on that part but you would take responsibility to see the entire exam to completion. In addition, you should complete any exam that you have started; thus do not start an exam with hope of being relieved by someone. The prime evaluator should be the Clinical Instructor or preceptor. The staff radiographers within a clinical site can also be evaluators, provided the Clinical Instructor/preceptor is not readily available. New hospital staff does not evaluate students until their probationary period is

complete. During the probationary period, new staff technologist must be educated by the Clinical Coordinator or a Clinical Instructor to ensure knowledge of the evaluation process before performing student assessments. The only exception to this probationary period is for a recent graduate of the program that already demonstrates knowledge of the evaluation process. After the student has notified an evaluator, they proceed with the exam under direct observation of that evaluator. The evaluator should always have the radiographic evaluation form at hand as the examination proceeds. After the exam is completed, the images are reviewed by the student and the evaluator. Student performance is then determined based on the criteria expressed on the back of the radiographic evaluation form. Any errors or indication of no error is denoted on the evaluation form by the evaluator and discussed with the student. The form is signed by the student and evaluator and then placed in the locked box present at each clinical site for pick up. Later the forms will be collected, recorded, and processed by the Clinical Coordinator.

Each item on the evaluation form is allotted equal value with the exception of 1-3. If a student is not competent in these areas, a maximum grade of 75 will be given and the student must re-comp the exam. Grades are determined by dividing the total number of points into the number of correct responses, if a student records a **score below 85% on any radiographic evaluation**, the exam must be repeated for documentation of competency; however, the grade will stand for determining that semester's final grade. The repeat exam will only count toward competency and the grade applied will not be used at any time for inclusion on any other course grade. Any failed competency will be recorded in the semester it was performed and will result in an anecdotal record.

The Radiographic Evaluation Form is very important and when used properly, should give an accurate measure of a student's ability to adequately produce diagnostic radiographs of a specific anatomical part. Utilizing this form, one can quickly identify a student's problem areas and at the end of any given period of time, be able to document the student's ability to obtain various diagnostic radiographs.

Please note: Only ARRT-registered technologists and technologists who have been oriented to the RCCC evaluation process may evaluate a student's clinical competency.

4.5 RADIOGRAPHIC EVALUATION CRITERIA

- 1. Routine:**
Student should be aware of the routine views done at given site for exam being attempted. *For Barium enema, student must tip patient.
- 2. Equipment:**
Student should be able to manipulate equipment in given room, along with any needed accessory equipment, to perform the exam.
- 3. Positioning:**
Student demonstrates knowledge of correct positioning and baselines for exam as well as hospital specific protocols. This includes position of patient as well as body parts.

4. **Technical Factors -**
Student should have a working technical range for manual technique or AEC and be able to implement technique on equipment.
5. **Room Preparation -**
Student should have equipment and supplies needed for the exam ready and organized in exam room. **For any sterile procedure, student must also set up sterile tray.
6. **Patient Positioning:**
Student should position patient accurately. If any radiograph is repeated for positioning problems, it should be indicated.
7. **Patient Information:**
Student should properly ID patient and make sure that images are marked appropriately with both patient information and anatomically correct markers.
8. **Image Receptor (IR):**
Student should have selected the proper IR, cassette and/or grid, or combination of said equipment.
9. **SID:**
Student is to use correct source-to-image distance for the exam.
10. **Tube Angle and Central Ray:**
Student should have used correct angulation of tube and correct entrance/exit point.
11. **Tube/IR Alignment, Body Part/IR Alignment:**
Student should have correctly aligned tube with IR and/or body part with IR.
12. **Collimation/Radiographic Protection:**
Student should always collimate to cassette/IR size or smaller. Student should have asked appropriate questions concerning pregnancy and always attempt shielding in as much as exam allows.
13. **Immobilization:**
Student should be aware of immobilization devices and be able to use them when needed for the exam.
14. **Communication/Patient Care:**
Student should effectively communicate with patient in order to collect & record pertinent patient history and properly direct patient during the exam; give patient clear pre- and post-exam instructions; and communicate effectively with supervising technologist. Student should also provide patient care and demonstrate compassion toward patient.

15. **Critical Thinking/Problem Solving:**
Student should be able to analyze a situation and improvise accordingly.
16. **Image Evaluation:**
Students should evaluate images for optimum image quality including image orientation, technical factors, recognize artifacts, repeat criteria, and suggest appropriate changes to improve image quality.

4.6 CLINICAL COMPETENCY TEST

During each semester the student is responsible for completing clinical competency tests (see Appendix A-4). A study sheet is given at the appropriate times within each semester to prepare the student. These tests contain specific tasks, which are necessary for producing radiographic examinations, or to review skills and knowledge expected of entry-level radiographers.

Clinical tests are graded upon completion and used in grade determination. The specific grade applied will be a percentage of the total number of tasks relative to the number of tasks completed by the student. These tests count as a percentage of the clinical grade each semester and a score of 85% must be received on each test to document competency for graduation. If a grade of 85% is not achieved, the student may retest for competency (original grade stands). This retest should occur two weeks from the first attempt. If a student does not receive a grade of 85% or greater, their status in the program may be affected. A failed clinical competency test results in an anecdotal record. Final semester clinical competency tests are proctored on campus either by the clinical instructors or the clinical coordinator.

4.7 USE OF THE ETHICS AND PRACTICE EVALUATION

The Ethics and Practice Evaluation form (see Appendix A-5) is designed to assess specific performance characteristics to include certain professional characteristics and designated radiographic skills that appear in the clinical objectives of each semester. Rowan-Cabarrus Community College and its clinical settings agree that competency in these areas is a prerequisite to the production of a well-balanced radiographer. It is also agreed that evaluating these areas is essential to confirming student progress patterns; to verify student ability to meet each semester's clinical objectives; and to document the continuity of competencies demonstrated on previous radiographic evaluations produced by the student.

The Clinical Instructor, after personal observation and consultation with the technologist who has supervised the student, fills out the Ethics and Practice evaluation form according to the planning calendar, which is part of each syllabus. The Clinical Instructor will continuously assimilate information that is applied to this clinical evaluation. Thus, the student is being evaluated in every clinical experience, in terms of performance characteristics. The information recorded on the evaluation instrument is shared with the student during a scheduled conference by the Clinical Instructor. In this conference, the student also has the

opportunity to provide verbal self-evaluation of performance characteristics. An action plan can be established among the Clinical Instructor and the student as a process for improvement. Students: Please use your Clinical Instructor as the first line in problem solving. These are paid employees of the college who are charged with assisting you with any difficulty.

If a student does not agree with the assessment of faculty and hospital staff, they may submit a written rebuttal; however, the original grade is recorded as part of the student's clinical grade. A failing grade below 85%, will result in an anecdotal record as failure to progress. The Ethics and Practice grading scale can be located in the Appendix.

4.8 USE OF THE WEEKLY PERFORMANCE EVALUATION

The purpose of the weekly performance evaluation (appendix A5b) is to give students an ongoing evaluation of their clinical performance. If an instructor or preceptor identifies an area for improvement, the student has time to rectify the issue before being evaluated for a grade on the Ethics and Practice form. Weekly evaluations are not mandated but used as a tool for documentation of performance at the instructor's discretion.

4.9 ANECDOTAL RECORD AND REQUIRED COUNSELING

If upon evaluation by the Clinical Instructor, the student does not perform satisfactorily in a given category of the evaluation instrument on a daily basis, this unsatisfactory performance is recorded on an anecdotal record (see Appendix A-2). This anecdotal record documents the nature of the unsatisfactory performance and outlines specific means by which the student improves his/her unsatisfactory performance.

A completed form is shared with the student on the day of the unsatisfactory performance or as soon after the occurrence as possible by the Clinical Instructor or Clinical Coordinator in a conference with the student. After this conference, this unsatisfactory performance results in an unsatisfactory on the Ethics and Practice Evaluation.

Required counseling is enforced after a student has received two (2) anecdotal records in one semester. The course grade is lowered one letter grade per two (2) anecdotal records in one semester. A third (3rd) anecdotal record in any one semester; or four (4) cumulative anecdotal records at any point during the program can result in dismissal from the program.

All of the following, but not limited to, results in an Anecdotal Record:

- Any tardy
- Any unexcused absence
- Failure to achieve course objectives/outcomes
- Failure to achieve minimum progression requirements
- Failure of Radiographic evaluation
- Failure of Clinical Competency Test, assessment, or evaluation tool (less than 85%)
- Failure to follow dress code

- More than one minor dress code reminder. (Offense that can be corrected immediately. i.e. put hair up, remove jewelry, get lab jacket on after OR)
- Failure to adhere to behavior standards and professional conduct
- Failure to adhere to student/instructor confidentiality agreement
- Any unsatisfactory performance
- Failure to participate in clinical experience
- Leaving any clinical education site or area without permission
- Failure to produce a repeat supervision sheet at or before each E &P session
- Leaving the hospital in OR scrubs or being in possession of OR scrubs outside hospital are grounds for dismissal
- Failure to accurately document clinical time and submit attendance sheets as described in section 4.11.

4.10 COMPETENCY EVALUATION RECORD/ SUMMARY

Appendix A-6 & A-7 provides a complete record of the examinations the student has attempted and demonstrated with competency utilizing the radiographic evaluation process. Students are provided a copy of the cumulative competency record (Appendix A-6) in their handbooks and from the database to use for their own personal record keeping. Students should note the required competencies for graduation from the program. The most current Clinical Evaluation Summary (Appendix A-7) is available via the program's record keeping database. Students have viewing only access to their recorded evaluations in the database. Students and instructors are given individual usernames and passwords for access. The Clinical Coordinator changes passwords to maintain student confidentiality at least annually and can turn off access at any time. Additionally, each student receives an updated hard copy of their master sheet at the beginning of each semester. Student updates are provided to Clinical Instructors at every ethics and practice meeting. The update includes student evaluation progress, outstanding items, absences, and additional student clinical needs. Clinical instructors meet with each student, privately, to discuss clinical performance related to their ethics and practice grade and any outstanding clinical needs noted in the update. The clinical coordinator periodically emails instructors throughout the semester with reminders of outstanding clinical needs such as spot checks, personal days, required evaluations, clinical tests etc. (Appendices A-6 – A-9).

4.11 DAILY TIME SHEET / ABSENCE TALLY SHEET

In every clinical experience, **the student records his or her time of attendance** on a Daily Time Sheet (see Appendix A-10). **Each student signs in and out** of the clinical area on this form. The Clinical Instructor/preceptor must initial sign-in time, the dress code checklist on the backside, and sign-out time of all students each clinical day. Students on a second shift must get the supervising technologist to initial their timesheet. If the student does not sign-in and sign out on the daily time sheet, the time of attendance is considered invalid resulting in the use of a personal day or an unexcused absence accompanied by an anecdotal record. Clinical time must be made up for any unexcused absence. Time sheets are considered part of the student uniform and mandatory to receive credit for clinical time. If the Clinical Instructor

cannot be available for validation, **the supervising technologist at the clinical site is requested to provide validation.** Time sheets are required to be submitted at the end of each clinical week.

Absences are maintained electronically regarding students' attendance. Clinical Instructors are kept up to date about their students' progress by receiving the Clinical Instructor's Update, including an absence summary (see Appendix A-8) which is e-mailed from the Clinical Coordinator.

4.12 CLINICAL ASSIGNMENT SCHEDULE / SCHEDULE CHANGES

Student schedules are worked out in advance by the Clinical Coordinator after consultation with clinical elements. The Clinical Assignment Schedule (see Appendix A-12) must be adhered to unless it is seen to interfere with patient care at the clinical setting or with the student's educational experience. **Students are not to be reassigned to different areas as substitutes for staff technologists or other paid personnel.** It is important that any variations in room assignment be recorded on this form by the Clinical Instructor. Any major variation in these rotations must be approved by the Clinical Instructor who must notify the clinical coordinator or Program Chair of the nature of the variation. Students are assigned to a rotation for each day. Students are to stay in that area/room unless directed elsewhere by the Clinical Instructor. Rotations are **NOT** self-directed by the student. Also, students should stay out of other student's space, giving each student the opportunity to work more independently. However, when assigned to OR, schedule changes might be necessary. If there are no cases scheduled in OR, please contact your Clinical Instructor so you may be reassigned to a more productive area.

Any schedule change that involves more than one day must be cleared by the Clinical Coordinator or Program Chair. The first step in clearing a schedule change is submission of that change in writing using the proper form or via e-mail at least 3 clinical days (excluding weekends and holidays) before the proposed change. A Schedule Change Form is submitted to the Clinical Instructor who submits the request to the Clinical Coordinator or Program Chair. The request should be processed within 24 hours of receipt. Schedule changes are not considered without this chain of events occurring in the stated sequence.

Any schedule change involving one day's time exactly or less must be cleared by the Clinical Instructor. Again, the request must be submitted in writing using a Schedule Change Form. Submission of the proper form to one of the Clinical Instructors whose decision will be final and cannot be reversed by any other person of the same capacity. All forms relating to schedule changes are kept in the clinical notebooks at each clinical setting so that access is readily available to the student.

4.13 FACILITATING A PRODUCTIVE LEARNING ENVIRONMENT

Each student is to stay in assigned area unless directed by Clinical Instructor. While in the assigned area/exam room the student shall be productive and display active participation while exams are being performed in assigned room. Even if the exam is beyond the student's capabilities at that time, they will at least be attentive and observant and participate with

patient care. Clinical time is to be used wisely as this is documented hours of instruction that are needed for admittance for ARRT registry exam. Failure by a student to participate in their own clinical experiences may result in an anecdotal record for uncooperative behavior while in the learning environment, as well as leaving a scheduled clinical area without being directed by a supervisor, i.e. Clinical Instructor or supervising technologist, will result in an additional anecdotal record.

4.14 RADIOGRAPHIC EVALUATION REQUIREMENTS

To ensure that a student progresses at a reasonable rate, a specific number of radiographic evaluations are due on the next to last clinical day of each semester. Production of evaluations at a specific rate within the semester is also necessary to assure progress. This rate is set at a *minimum* of two evaluations per two-week interval. Be sure to note that this is *just a minimum* and that in some semesters production at this rate would **not** result in the total number of evaluations needed. Exceptions to the two-week interval are made on the production of evaluations if a student is new to or has changed clinical setting, or if the clinical rotation is of a special type such as observational rotation. In the case of new or changed clinical settings, a two-week grace period will lapse before the “two” radiographic evaluations per two-week interval goes into force. In the case of special modality rotation, the student is not expected to produce radiographic evaluations.

For the student who does not comply with the two-week interval and deadline (next to last clinical day), a maximum score of 85% is given on the evaluation produced after these deadlines. This penalty for late evaluations will be in effect as long as the student fails to produce two evaluations in a two-week period.

Before presenting the guidelines for the exact number of radiographic evaluations expected each semester, it must be reinforced that any evaluations due during a semester must come from those examinations which the student has had **previous academic exposure**. It should also be stressed that there are designated examinations that must be evaluated by certain timelines. These designated examinations are stated in the course syllabus. Bearing this in mind, the following is offered as the number of radiographic evaluations due per semester:

	Number of Evaluations	Type of Evaluations
1st Year		
Fall Semester	4	CXR, 3 Extremities
Spring Semester	18	2GI Fluoro, L-Spine, Hip/Pelvis
Summer Semester	16	1 GI Fluoro, C-Spine, X-Table Trauma Extremity, Head Work
2nd Year		
Fall Semester	21+3 OR=24	21 Regular; 3 OR (Surgical)
Spring Semester	21+3 OR=24	21 Regular; 3 OR (Surgical)

Students are allowed to produce more radiographic evaluations in a semester than designated above provided he/she has had academic instruction in the exams. These “extra” evaluations will be placed in a hold status, and recorded in the next semester. Students are limited to the number of evaluations per semester that can be placed in a hold status. This number is set at 50% of the required evaluations for the next semester.

Please note: After students have completed all required exams necessary for graduation, additional OR evaluations are optional. Any student not completing the required number of clinical competencies for graduation receives an incomplete in clinical for the last semester. To complete the program, the student must complete an additional clinical course during the Summer Semester. Students are not allowed to simulate exams for completion of the program.

The student must also use the Clinical Instructor as the primary evaluator of radiographic evaluation. This is to insure greater consistency of evaluation and to keep the Clinical Instructor more abreast of student progress.

Clinical Competency Requirements.

All clinical competency requirements are listed in appendix A-6 in the Student and Clinical handbook. All required exams indicated with an “x” and are required for graduation. A Barium Enema is a graduation requirement. This requirement includes a regular BaE, Air contrast BaE, a pediatric BaE or a gastrographin BaE.

4.15a SPOT CHECKS

Beginning in the 2nd semester students are given a spot check. Spot checks are done on exams the student has been evaluated on previously. The purpose is to ensure competency is still being maintained on these exams. Spot check should be announced to the student prior to the start of the exam. These spot checks are recorded as a clinical test grade. If a student does not perform satisfactory (85 or higher), the student is given an anecdotal record for the failed exam and must prove competency on the failed exam with another competency evaluation. The grade stands for the semester. Spot checks begin in Rad 161. Each student is required to have one successful spot check on record for the following semesters: Rad 161,171, 251 and 261.

Critical thinking spot checks are given each semester beginning in Rad 151. Critical thinking spot checks are used for assessment and learning experiences only and are not recorded as a grade included in the student’s clinical average. Both types of spot checks scored using a form similar to the Radiographic Evaluation Form (appendix A-3c).

List of criteria for critical thinking spot checks:

- Any exam that requires images produced in a wheelchair or stretcher due to altered condition.

- Portable exams that require critical thinking due to patient condition or inability to cooperate for routine positioning.
- Exam on any patient that suffers from a disability.
- Exam on a patient with a language barrier.
- Exam on extremities that are immobilized.
- Any extreme bodily habitus that require adjustment to the routine procedure.

4.15b DETERMINING CLINICAL GRADE

Grades for each clinical course are derived from the Radiographic Evaluations, Ethics and Practice Evaluation, Image Critiques, Radiographic Clinical Competency Tests, and spot checks. Feedback from weekly evaluation sheets (Appendix A-5b) is considered when filling out the Ethics and Practice Evaluation. A percentage of the numerical average of each of these elements are added together to produce the clinical grade. The exact percentage is presented in the evaluation portion of each course syllabus. The following is an example of how the grade determination would work:

1. **% of final grade as would appear in syllabus**

Radiographic evaluations = 50%

Radiographic Clinical Competency Tests, spot checks & Syllabus Test = 30%

Ethics and Practice Evaluations and Image Critique = 20%

2. **Sample numerical averages**

Radiographic Evaluation = 90

Radiographic Competency Test, spot checks & syllabus Test = 85

Ethics and Practice Evaluation and Image Critique = 80

3. **Determination of grade**

Radiographic Evaluation = $90 \times .5 = 45$

Radiographic Clinical Competency Test = $85 \times .3 = 25.5$

Ethics and Practice Evaluation and Image Critique = $80 \times .2 = 16$

86.5 (Final Grade)

4.16 IMAGE CRITIQUE

Image critique sessions are scheduled according to the clinical planning calendar produced as a part of each syllabus. The date, time, and topic criteria for each image critique session is listed on the clinical syllabus planning calendar.

Students select images from exams that they performed during the clinical component of the program and present to the class following the guidelines given in the syllabus and in the grading rubric. All images must have patient sensitive information removed before leaving the clinical facility. The Clinical Coordinator or Clinical Instructor must approve any other source of images (online, printed, etc.) in advance. Students are responsible for providing a

PowerPoint and an additional visual aid that must be referenced during the presentation. Failure to adhere to these guidelines results in a grade deduction. Grades below 85% result in an anecdotal record. The student **MUST** use different presentation topics and anatomy for each critique. Failure to present a new topic or anatomy results in a grade of a zero. For grading rubric, refer to Appendix A-12.

Image critique is a collective experience and cannot be “made up” by simply presenting radiographic images. In an attempt to create the more comprehensive nature of the critique, students who are unable to attend must submit a typed **three-page** report in lieu of participation. Because participation in a presentation is half of the image critique experience, the maximum score achievable on this report is **50%**. Instructions for this report can be obtained from the Clinical Coordinator. Also, as image critique is a required **clinical day**, missing this day results in an automatic *unexcused absence and must be made up*. A tardy for image critique is handled the same as a clinical tardy. Note: Image critique days are considered a full clinical day. During certain semesters students present their presentations on campus then, attend clinic for the remainder of the clinical day.

4.17 RESPONSIBILITIES OF CLINICAL INSTRUCTORS

Clinical Instructors are paid employees and the official representatives of the sponsoring institution (Rowan-Cabarrus Community College) in the clinical setting. The specific responsibilities of the Clinical Instructor are outlined in the following:

1. The Clinical Instructor supervises students while in the clinical area. This means the Clinical Instructor observes each student as the student produces radiographs or assists the radiologist. In circumstances where direct observation is not possible, the instructor makes sure the student is properly supervised.
2. Clinical Instructors act as a liaison between student and clinical staff and between clinical staff and sponsoring institution.
3. Knowledgeable of program goals.
4. Understands the clinical objectives and clinical evaluation system.
5. Understands the sequencing of didactic instruction and clinical education.
6. Provides students with clinical instruction and supervision.
7. Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development.
8. Maintains current knowledge of program policies, procedures, and student progress.
9. Clinical Instructors produce Ethics and Practice Evaluation with each student as scheduled. In addition, they document and conduct conferences with students upon evaluation.
10. The Clinical Instructor verifies attendance and approves limited schedule changes.
11. Clinical Instructors act as the prime evaluators for student radiographic evaluations.
12. Student rotation, clinical instruction planning calendar, clinical course syllabi, and other applicable documents are posted and/or distributed by the Clinical Instructor.
13. Clinical Instructors make sure that all forms and/or evaluations are stocked in the clinical area, and make copies, or inform clinical coordinator of needed forms.

14. Clinical Instructors provide individual and group instruction in the clinical setting as directed and understand the clinical objectives for each semester.
15. Knowledge of hospital policies and orientation of students to a given clinical area is also the responsibility of the Clinical Instructor.
16. Clinical Instructors help keep students abreast of clinical records.
17. Clinical Instructors help in producing documents needed for instruction.

4.18 RESPONSIBILITIES OF CLINICAL PRECEPTORS

Clinical preceptors are volunteer faculty members of the college. Their responsibilities are as follows

1. Assisting with identification and development of the learning experiences and resources for the student education program.
2. Directing and supervising the activities of the student (s) assigned to them by the academic institution.
3. Participating in clinical education meetings and other faculty development programs. The educational meetings and development programs are not to interfere with the work responsibilities of the clinical site's employees. Meetings and development programs are to be held during down time or via electronic format and does not require preceptor to leave their scheduled area. RCCC Clinical coordinator, program director, or main site clinical instructors travel to the clinical site for such meetings and programs when necessary.
4. Maintaining communication with the clinical coordinator, program director and assigned students.
5. Ensure students are in assigned area at assigned times.
6. Ensure that a site-specific orientation is completed.
7. Ensure a weekly evaluation is performed either verbally, and documented, or in writing.
8. Evaluate the clinical competencies of student based on the assessment tools provided.
9. Assign another qualified technologist to oversee the assigned student in my absence or notify RCCC Radiography Administration or clinical instructor.

4.19 RESPONSIBILITIES OF CLINICAL COORDINATOR

The specific responsibilities of the Clinical Coordinator include:

1. Clinical Coordinator visits each clinical setting several times per month to collect radiographic evaluations and student attendance records. These records are subsequently recorded in the database and stored in the student's clinical file. Updates are prepared throughout the semester for the Clinical Instructors. The update includes outstanding items, required exams, evaluations progress, absences, and additional student needs.
2. Clinical Coordinator reviews and revises clinical handbook, course syllabi, clinical tests, and clinical forms each semester. These forms are duplicated and distributed to

Clinical Instructors each semester. Additional forms are supplied upon request, or instructors make copies as needed at the clinical settings.

3. Oversees coordination of clinical education with didactic education.
4. Clinical Coordinator prepares the clinical assignment schedule(s) for each semester. Polling of students for preferences and special considerations are sometimes necessary prior to composing the clinical schedule. This is primarily done prior to the final semester.
5. Distribution of current personal radiation monitoring devices, collecting the “used” monitoring devices, mailing these devices in for a reading, and posting exposure reports are also duties of the Clinical Coordinator.
6. Clinical Coordinator assists the Program Chair with numerous administrative and clinical responsibilities. Some duties occur annually while others are special one-time assignments. Including but not limited to assessment and program improvement efforts.
7. Clinical Coordinator actively participates in preparing new students for their initial clinical assignment by assisting with uniform purchase, assigning “F” and “S” numbers and distributing to the clinical settings each student’s demographic information to be programmed into hospitals’ computer databases.
8. Clinical Coordinator keeps students abreast of all clinical records.
9. Clinical Coordinator stores and maintains student clinical records and exposure records following completion/exiting of program.
10. The Clinical Coordinator also has classroom assignments as deemed necessary by the program chair.
11. Clinical Coordinator maintains current knowledge of program policies, procedures and student progress.
12. Advisement of students.
13. Serve on committees.

4.20 RESPONSIBILITIES OF THE PROGRAM DIRECTOR

1. Assures effective program operations.
2. Oversees ongoing program assessment.
3. Participates in budget planning.
4. Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development.
5. Assumes the leadership role in the continued development of the program.
6. Creation of policy operations of the program.
7. Teach a portion of classroom courses in the program.
8. Provide leadership in planning, delivery, assessment, accreditation, improvement, and development of the academic curriculum in the disciplines housed in the department.
9. Develop schedules, administering faculty evaluations, establishing teaching schedules, submitting reports, and other department personnel matters.
10. Application of academic policy and responding to student needs, participation in student recruitment and retention.

11. Coordinate professional development, review, and revision of department strategic plan, budget requests and monitoring expenditures.
12. Overseeing the use and maintenance of department facilities and equipment.
13. Developing and maintaining relationships with units and individuals external to the department.
14. Student advisement.
15. Serve and lead college committees.
16. Complete any duties assigned or changed by the Dean of Health Education Programs, Vice President of Academic Programs, and/or the President of the college.

4.21 RESPONSIBILITIES OF PART-TIME DIDACTIC PROGRAM FACULTY

1. Prepares and maintains course outlines and objective, instructs and evaluates students, and reports progress.
2. Participates in the assessment process as needed.
3. Cooperates with the program director in periodic review and revision of course materials.
4. Maintains appropriate expertise and competence through continuing professional development.

4.22 RESPONSIBILITIES OF SUPERVISING RADIOGRAPHERS

Each student performs under the supervision and/or observation of a qualified radiographer. A student assigned to a room is directly responsible to the radiographer working in that room. If difficulties arise, the Clinical Instructor should be contacted. If unable to contact the Clinical Instructor, contact the Program Chair or Clinical Coordinator. All radiographers assigned to a room or a specific area dealing with students are responsible for reporting to the Clinical Instructor all matters involving the students' clinical progress. Consultation with the Clinical Instructor and/or any RCCC faculty member concerning educational or personal problems of the students is encouraged at any time.

During initial clinical education (RAD 151, RAD 161), unsupervised or unobserved work, especially with regard to patients is not permitted. Additionally, during this initial phase of clinical education, some students have a tendency to be somewhat shy and reluctant. It is the responsibility of the Clinical Instructor or supervising radiographer to be cognizant of this type of student. Supervising radiographers should attempt to involve the student in as many aspects of practice as feasible, thus increasing the student's involvement in the routine procedures of the radiology department.

Supervising radiographers are educated on the clinical competency system and expected to understand the requirements for student supervision, evaluation, support the educational process, and maintain knowledge of program policies, and procedures.

On a daily basis, the supervising radiographer in each clinical site acts as mentors for students. As mentors, radiographers are expected to provide radiographic evaluation for the

students. Further, these radiographers should act as major supporters and resource persons for the students. All radiographers should take extra time to observe the student and provide valuable input on student performance to the Clinical Instructor.

4.23 SUPERVISION OF STUDENTS / REPEAT POLICY

Until a student achieves and documents competency in any radiographic procedures, all clinical assignments shall be carried out under the **direct supervision** of a qualified radiographer. A qualified radiographer is ARRT-registered and has completed an orientation given by the Clinical Coordinator or Clinical Instructor at that clinical site outlining the program's evaluation process. The parameters of direct supervision are as follows:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement.
2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
3. **A qualified radiographer is present during the examination.**
4. A qualified radiographer reviews and evaluates radiographic images.
5. **Direct** supervision is **always** required for Portable, OR procedures, and all repeated images.

After a student achieves competency in specific procedures, the clinical assignments can be carried out under the **indirect supervision** of a qualified radiographer. The parameters of indirect supervision are as follows:

1. A qualified radiographer is in close proximity and readily accessible to the student if examination is performed in the radiology department.
2. A coordinating radiographer must approve student images before a patient leaves the department and prior to accepting/transmitting images to PACS.

Regardless of a student's level of competency, unsatisfactory images must be repeated in the presence of a qualified radiographer. This measure is taken to assure quality care and radiation protection of the patient.

Students are required to get the supervising radiographer's signature (or initials) for **each** repeated exam. The form (see Appendix A-14a) titled "Supervision of Repeats" is kept with the student in clinic at all times. The **student** is responsible for getting the appropriate signatures. Failure to properly utilize the Supervision of Repeat Document results in an anecdotal record and a negative response on Ethic and Practice in the following areas: cooperation, communication, concern for safety, radiation protection, and organization of work. Additionally, the Clinical Coordinator or Program Chair conducts a supervision/repeat audit at least twice during a semester to assess compliances with program policy (see Appendix A-14b & 14c). Any issue of non-compliance is communicated back to the coordinator or supervisor at that clinical setting. Supervision of repeats is then stressed in staff meetings, reminding the technologists of their responsibilities to directly supervise all repeated exams performed by any student, regardless of their status or level within the program.

4.24 CHANGE OF GRADE PROCEDURE

In the event that a student, Clinical Instructor, staff technologist, or Clinical Coordinator feels that a grade in clinic (clinical competency, clinical tests, Spot checks, E&P evaluation) was given unfairly the situation should be brought to the immediate attention of the Clinical Coordinator. The Clinical Coordinator arranges a conference with all of the following: 1) the student involved, 2) the technologist involved, 3) the Clinical Instructor involved, and 4) the Program Chair. A grade change is not made until information has been obtained from all the parties involved. A change of grade will be authorized **only** by the Program Chair and/or the Clinical Coordinator.

4.25 CLINICAL EDUCATION SITE ROTATIONS

Rotation of students through different clinical education settings provides for a well-rounded clinical education which allows the student to become exposed to a variety of clinical experiences. Students in the Radiography program are scheduled for clinical education rotations throughout the entire curriculum. All students rotate through each of the different clinical settings affiliated with RCCC. Clinical education times vary depending on the semester; however, **at no time should a student be scheduled more than 40 hours per week** of combined clinical and didactic/classroom hours. **Each student is required to rotate through each clinical site. Driving throughout Rowan, Cabarrus, Mecklenburg, and Forsyth counties is necessary to complete the Radiography curriculum.** Clinical education assignments are within a 60-mile radius of Rowan-Cabarrus Community College - North Campus. Some **evening shift rotations** will be required. Evening rotations total no more than 3 weeks in the fall and spring semesters and no more than 2 weeks in the summer. Evening rotations are completed by 10:00pm. No substitutions or changes for clinical rotations or assignment times are allowed without consulting the Clinical Coordinator. The Program Chair and Clinical Coordinator determine all clinical assignments. RCCC Radiography Program Administration reserves the right to make changes in clinical sites as deemed appropriate for quality clinical education. Initial clinical settings are determined by lottery.

All students, male and female, will be offered the opportunity to participate in clinical mammography rotations and HSG exams. The program will make every effort to place a male student in a clinical mammography rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography and HSG exams to female students. Male students are advised that placement in these rotations are not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging and HSG procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students. Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient. The program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student clinical mammography rotations adopted by the Board of

Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT)
www.jrcert.org.

SECTION 5: STUDENT POLICIES

5.0 CLINICAL EDUCATION ORIENTATION

It is essential, to facilitate proper patient care and treatment that a student be orientated to both the Radiology Department and all other patient treatment areas where a radiographer is required to perform his/her duties. Thus, it is important that all students be given a thorough orientation to each clinical setting prior to their clinical experience. Accordingly, the first day a student enters a new clinical setting, time is set aside for orientation of student. Certain essentials should be included in the orientation to all clinical affiliated settings. These essentials should be as follows and are outlined specifically on the site orientation check sheet. (Appendix A-15)

1. A general introduction of students to all radiology personnel. This is normally accompanied as personnel appear during orientation.
2. Students should also be informed of clinical policies and administration to include hospital regulations, procedure books, reference textbooks, and specific clinical regulations regarding safety, processing, or technical practice.
3. During a tour of the clinical areas, the following should be pointed out:
 - a. Clinical supplies areas
 - b. Special equipment areas
 - c. Central hospital supply areas
 - d. Utility room or room for cleaning supplies
 - e. Location of bulletin boards
 - f. Major patient areas of the clinical setting
 - g. Special patient areas (ED, OR, etc.) of the clinical setting
4. Students should be given briefing on the instrumentation and consoles of each piece of equipment that he/she is expected to operate. Note: Other site specific orientation procedures could be added to the above outline. See Appendix A-15 for general and site specific orientation procedures.

5.1 CLINICAL ATTENDANCE

The purpose of clinical education is multifaceted. One facet is personal interactions; student with patient, technologist, radiologist, attending physicians, Clinical Instructors and other members of the health care team. Other facets include opportunities for the student to utilize academic knowledge, to accomplish specific course objectives; to demonstrate competency in radiographic examination; to actively participate in the role of a technologist and to continually grow in general and specific knowledge of the science of radiography as it is practiced. Yet another facet is professional growth demonstrated through initiative, conduct, appearance, and confidence all of which are essential to a professional career. Therefore, clinical education is a class which is an integral part of the total educational experience of the program.

Note the use of the word class. Although the clinical portion of the program is not within the confines of Rowan-Cabarrus Community College, it embodies all the properties of any other regularly scheduled class. In order to take full advantage of the clinical education class the

student is obligated to attend. This attendance is not hoped for or coerced but is expected by the faculty and clinical affiliates. The following are put forth as specific responsibilities and conditions applied to student attendance in clinical education.

A. The program uses personal days to describe an excused absence in the clinical area. In the first year (RAD 151), two personal days are allowed in the fall semester, three personal days in spring (RAD 161), and two personal days in the summer session (RAD 171). In the second year, a total of four personal days are allowed in both fall and spring semesters (RAD 251 and RAD 261). The simple formula for total number of excused personal days is as follows: 2-3-2-4-4. Any absentee hours past allotted days are unexcused and requires makeup time. The Clinical Instructor who is present on the day of an absence fills out a clinical absence approval form (see Appendix A-16). This form is to be signed by the student upon return to the clinical site and retained for documentation. Note: unused personal days are not carried over into the next semester. Absences in excess result in an anecdotal record.

B. Notification of absence:

- 1 Procedure for taking a personal day: The student emails the Clinical Coordinator and the Clinical Instructor scheduled at the student's assigned clinical site within the first 15 minutes of the scheduled shift.
- 2 If a student is scheduled at an off-site where a clinical preceptor is assigned, the student emails the Clinical Coordinator and the Clinical Instructor scheduled at the main site. The Clinical Instructor at the main site communicates the information to the preceptor and clinical staff. (Ex: Julian Road, Novant Orthopedics & Sports Medicine, Atrium Piedmont Orthopedics).
- 3 Students scheduled at Novant Family Physician Offices, Huntersville Pediatric/Internal Medicine, and Huntersville Spine Specialists should email the Clinical Coordinator and the Clinical Instructor assigned to oversee the site. All instructor schedules are given at the beginning of the semester. The Clinical Instructor communicates with the site about the absence after receiving student's email.
- 4 **Failure to email the clinical coordinator and instructor overseeing the site within the first 15 minutes of the assigned shift results in an automatic unexcused absence, anecdotal record, and makeup time.**
- 5 Advance notification or arrangement of a personal day is acceptable ONLY when faculty is properly notified and a personal day form is filled out prior.
- 6 Contact references:
Melissa Bell, Clinical Coordinator
melissa.bell@rccc.edu

Clinical Instructors:

Shannon Bare
Shannon.bare@rccc.edu

Jordan Brown
jordan.brown@rccc.edu

Elvin Colon
elvin.colon@rccc.edu

Valarie Gullett
Valerie.gullett@rccc.edu

Regina Hunter
Regina.hunter@rccc.edu

Chelsea Moore
chelsea.moore@rccc.edu

Angela Neve
angela.neve@rccc.edu

Christy Pinckney
christy.pinckney@rccc.edu

Megan Prokop
megan.prokop@rccc.edu

Taylor Rogers
taylor.rogers@rccc.edu

Anni Satterfield
Anni.satterfield@rccc.edu

Rhonda Weaver
rhonda.weaver@rccc.edu

- 7 The phone numbers for the clinical settings are listed for emergency purposes. Students do **not** call the clinical site or instructors on private phones when taking a personal day. Students are expected to email the Clinical Coordinator and Clinical Instructor.

Atrium Health-Northeast	704) 403-1583 – IP (704) 403-3491 – OP
Atrium Health- Copperfield Imaging	(704) 403-7526
Atrium Health- Piedmont Ortho Specialists	(704) 403-9243; (704) 403-9242
Novant Health Imaging Julian Road	(704) 210-6916
Novant Health Rowan Medical Center	(704) 210-5504 – IP (704) 210-5732 – ED
Novant Health Ortho and Sports Medicine	(704) 603-1403
VA Charlotte	(704) 329-1300 ext. 31045

VA Kernersville	(336) 515-5000 ext. 21103 or 21439
VA Salisbury	(704) 638-9000 ext. 12411
Huntersville Spine Specialists	(704)-895-9838
Huntersville Peds/Internal Med	(704)-384-8720
Novant Family Physicians:	
Rosedale	(704)-316-1265
Northpoint	(704)-384-1725
Cornelius	(704)-384-1775
Mooresville	(704)-316-1635
Prosperity	(704)-384-1425
Denver	(704)-316-4930

C. Scheduling make up attendance:

All make up time is arranged on an individual basis. Students are not to exceed **40** contact hours per week when making up clinical attendance. A student must make specific arrangements to make up attendance *within two weeks of the date* of absence. Before make up occurs, a schedule must be made with the Clinical Instructor. Proceeding with a make-up schedule is contingent upon Clinical Instructors' approval and notification of clinical staff of student's intentions to be in attendance. Failure to adhere to make up schedule results in an incomplete for the semester and could result in not being able to move on in the curriculum. It is preferred that make up of a full day occur in large blocks of time, rather than brief time frames added onto a clinical day. The following criteria apply to make up:

- 1 The sum total of make-up must be equal to the scheduled clock hours of the unexcused absence day(s).
- 2 The preferred make up day is Saturday. However, if make-up on Saturday is not possible, arrangements are to be made on an individual basis. The minimum block of scheduled make up is 2 hours added onto a regular scheduled clinical day and the maximum of 4 hours extra.
- 3 It remains the student's responsibility to get all appropriate forms signed and documented properly before submitted for retention in the student's clinical record file (see Appendix A-17). Unverified time is not recognized.
- 4 Make up time cannot be accrued by skipping lunch, coming in early for clinical days, during times when the college is not in session, or pre-planned prior to absence.
- 5 Make up time is not allowed on third shift, and not allowed on second shift or Saturdays at VAMC.
- 6 If possible, unexcused absences should be made up at the clinical site where the absence occurred during the time of the original schedule shift (1st or 2nd shift).
- 7 If a student must miss time on second shift, they need to take a personal day. Time will not be rescheduled to a first shift rotation.
- 8 If a student is absent and has personal days left, they must take all of their personal days. Make up time may not be pre-planned prior to the absence.
- 9 If make-up time is completed in its entirety in one block of time, the student must be given lunch (in other words, a student may not make up a

6.5 hour shift on Saturday by making up 6.0 hours; they are required to take lunch).

*For students in clinic outside of the normal scheduled clock hours; the clinical coordinator and program chair are available via email.

D. Absence due to adverse weather:

Hours missed due to closing of RCCC is made up according to procedures outlined by Rowan-Cabarrus Community College and the office of the Vice President, Curriculum Programs.

E. Tardiness:

A student is tardy if not present when the clinical day begins. Any student 15 minutes (or less) late is considered tardy. A student who has not arrived within 15 minutes of the start of a clinical day is considered absent and must take a personal day. If a personal day is not available, the absence is unexcused and must be made up. The inability to arrive at an appointed time for any activity is irresponsible and demonstrates a lack of professionalism.

If during an educational experience a student is allowed to develop a pattern or habit of tardiness, the student will suffer in future employment. The Radiographic program therefore, takes a very strong view on the need to be on time for each clinical experience. An anecdotal record is given for each tardy. In order to satisfy course objectives, the student is required to “stay over” and make up the missed time on the day of the offense. The following actions are enforced in regard to tardiness:

1. Time missed due to tardiness must be made up and is tacked on to the day of the offense. A make-up approval form noting time in and time out must be completed by Clinical Instructor (see Appendix A-17). These forms will be collected and compiled by the Clinical Coordinator. Each tardy results in one anecdotal record. Main site instructors are responsible for issuing write-ups to ensure that every minute is made-up.
2. The **third tardy** results in loss of a personal day and an anecdotal record. If the student does not have a personal day, the loss is considered an unexcused absence and must be made up, preferable on a Saturday. The Clinical Coordinator gives a notice of the loss of a personal day.
3. An unsatisfactory is recorded in the appropriate areas of the Ethics and Practice Evaluation form, thus affecting the clinical grade

F. Absence due to appointments:

Students should make appointments during semester breaks or holiday breaks. A student is not allowed to take early dismissal from the clinical site to secure an appointment. If an emergency appointment is needed, a personal day can be taken. If a personal day is not available, a make-up day is to be scheduled and considered unexcused resulting in an anecdotal record.

- G. Absence due to death:
Four excused clinical days are given for a death in the immediate family. The immediate family is defined as spouse, parents, child, or parents of a spouse. Grandparents acting as a student's legal guardian will also be included.
- H. Excessive absences and scheduled make up:
If a student is in a make-up situation, a conference between the student, Clinical Instructor, and/or Program Chair/Clinical Coordinator must be scheduled immediately to discuss the absence problem. Arrangements for make-up are to be made at the scheduled conference. The instructor is not required to presume student effort for which there is no evidence. Repeated absences in clinic limit the instructor's ability and opportunity to judge a student's performance. A student can be penalized for failure to demonstrate competency due to lack of practice. This type of incompetency can result in a drop from the course. Additionally, if more than the allowed personal clinical days are missed and 1/8 of the total instructional hours have been collectively missed, or the instructor determines the student cannot meet the course objectives, the student may be **withdrawn** from the program. Finally, unexcused absences result in anecdotal record documentation which will negatively impact the final grade. Reentry is considered according to program policy.
- I. Attendance beyond scheduled clinical rotations:
Students should normally not exceed scheduled clinical attendance. At all times and to the best of their ability, the student is to sign in and out at the hours specified on the rotation schedules. Student are not compensated for excessive clinical attendance. Student and Clinical Instructor must work together to insure that excessive clinical attendance does not happen. Remember that exceeding the regularly-scheduled time for a clinical should only occur in unusual circumstances and should not be a normal situation.
- J. Students **must** be given lunch. This time cannot be accrued in any way.

5.2 CLINICAL GRADING

Clinical grades are determined by using all applicable evaluation methods. The procedure for determining grades follow the guidelines set forth in the evaluation section of each course syllabus. The grading scales are those established by Rowan-Cabarrus Community College which follows:

A	=	90-100
*B	=	80-89
C	=	70-79
D	=	60-69
F	=	60 and below

I	=	Incomplete (Written agreement between instructor and student is required. Work must be completed prior to the end of the following semester.)
F	=	Failing (Course must be repeated.)
WP	=	Withdrew Passing
WF	=	Withdrew Failing
AU	=	Audit
CE	=	Credit by Exam

*All RAD courses must be passed with a minimum grade of B; clinical courses 85%; and all other required courses must be passed with a minimum grade of C.

5.3 CLINICAL SCHEDULE

Daily clinical schedules in each of the clinical settings will be Monday through Friday with the days varying dependent upon the specific semesters as follows:

Fall Semester	1 st year: T TH (RAD 151)	Fall Semester	2 nd year: M W F (RAD 151)
Spring Semester	1 st year: T TH (RAD 161)	Spring Semester	2 nd year: M W F (RAD 261)
Summer Semester	1 st year: W TH F (RAD 171)		

The clinical hours are stated in each course syllabus.

The published clinical schedule is strictly adhered to unless it is clearly impractical and/or departmental requirements justify a modified schedule. Lunch periods (30 minutes) are assigned by the Clinical Instructors and usually occur between 11 am and 1 pm. Room or duty assignments are maintained and posted by the Clinical Instructor at each clinical setting. Students remain in their assigned clinical areas during all periods of clinical education unless otherwise designated by the supervising radiographer or Clinical Instructor. All students leaving the radiology department during the normal clinical day must have the approval of the Clinical Instructor or the supervising radiographer with whom they are assigned. Students should not leave the clinical site during the clinical day.

5.4 VACATION

The professional portion of the Radiography program is a continuous 21-month program, which encompasses one summer semester. Students are to abide by the RCCC published vacation schedules which appear in the catalog each year, as the Academic Calendar.

5.5 STIPEND AND OTHER EMPLOYMENT

There are no stipends paid by Rowan-Cabarrus Community College or the clinical affiliates. All hours in the clinical environment are a component of the courses paid for by the student;

therefore, the student is in that clinical area to gain an education. The clinical settings provide the proper environment for the education of students. Some students may perform related work while in the Radiography program and be paid (E.G., student tech, transport, etc). This work is performed separate from school hours, and the student is then a paid employee of the institution. Students are not to accrue clinical time while being paid by the institution. Students are also not to perform clinical competencies while being paid by the institution.

5.6 APPEARANCE AND DRESS CODE

Students come to clinic prepared to start the day. Often this takes some adjustments of time/activities the day prior to clinic.

The following are minimum requirements concerning clothing and attire while in the clinical and classroom area:

1. The approved uniform worn at all times. Students are not permitted to wear any variation of the approved, purchased uniform (no white pants or white lab coats). To assist staff and patients at the clinical sites with identifying freshmen from senior students, freshmen will wear khaki and seniors will wear green. The “no-white” rule assures that students will be in the recognized color for student radiographers, which should prevent an awkward situation where the student is mistaken for an employee of an institution. White hose or white (no patterns) socks are to be worn.
2. Complete uniform includes name tag, markers, and ink pen, personal radiation monitoring device, repeat sheet, competency examination record, and attendance forms.
3. Fingernails must be clean and well groomed, and must not exceed $\frac{1}{4}$ ” beyond the fingertips to protect the student and patient from injury. Decoration of nails is **not** acceptable. Only pale, translucent colors are acceptable without any chips exhibited. **Artificial nails** (acrylic overlay, silk, etc.) of any type are **not** acceptable in certain clinic sites. Enforcement of the no artificial nail rule is hospital specific.
4. Foot wear must be white in color with adequate support (no sandals, boots, etc.), closed toe, closed heel, polished, and with clean white laces. Athletic shoes are popular and can be used provided they are white. Leather shoes preferred.
5. All hair must be neat, clean, well-groomed, and of a natural hair color and style (natural hair color means a color one could have been born with). Conservative styles need to be selected and long hair (both male and female) must be tied back to prevent hair from falling over face while performing clinical job duties. Extreme hair styles; Mohawks, cutouts, or unnatural colors are **not** acceptable. Facial hair must also be neatly groomed.
6. The standard lab jacket can be worn. When assigned to OR, make sure you are prepared with a lab jacket to go over your OR scrubs for when you leave the OR area. Students should **never** leave the hospital in OR scrubs. Student should never take OR scrubs out of the hospital. This offense if grounds for dismissal.

7. Jewelry is to be at a minimum. A watch, wedding ring, single post earrings, and a single necklace are acceptable. **Jewelry piercing are not to be worn in any body part other than the ear. Tattoos kept covered.**
8. Standard uniform items are determined by the program faculty and clinical settings.
9. All uniform items are to be both neat and clean (which includes ironed appearance). Uniforms must be of the appropriate size to cover the student entirely when bending or squatting down and non-tattered. Uniform pants must be at a professional length and meet the top of the shoe.
10. Cleanliness of body and good dental hygiene are to be observed at all times. Therefore, only conservative and tasteful makeup is acceptable
11. No strong cologne, perfume, or other toiletries are acceptable.
12. If a tee shirt or undershirt is worn under uniform, it must be white and free of decals or lettering.
13. Cell phones are prohibited in patient area and must be turned on vibrate at all times. They must be stored in areas designated for student belonging and are only allowed during the lunch break.

Failure to abide by the dress requirements results in an anecdotal record and poor performance on the Ethics and Practice evaluation form. Students who arrive to clinic and are non-compliant with the dress code are to be sent home by the Clinical Instructor. The student is charged with a personal day. If a personal day is not available, the time must be made-up and an anecdotal record is issued for the unexcused absence of the day missed.

5.7 CONDUCT

Students are required to abide by hospital policy, rules and regulations regarding conduct. Remember that you must conduct yourself in a professional manner in the clinical site when coming in contact with patients, physicians, technologists, Clinical Instructors, and fellow students. No display of disruptive or inappropriate behavior by students is tolerated during clinical rotations. In order to ensure that the student does not pose a direct threat to the health and safety of themselves and others, a zero-tolerance policy is enforced regarding inappropriate behavior. Any student whose physical/psychological/emotional condition or acuity level would be inconsistent with safe clinical practice is to be dismissed immediately by their Clinical Instructor. The Clinical Instructor should immediately inform Program Chair or Clinical Coordinator of their action. A student who is dismissed from clinical due to inappropriate behavior must schedule a conference as soon as possible with the Program Chair and Clinical Coordinator. Student services may also be included in the conference. The student is not allowed back in clinic prior to this conference. Appropriate action regarding the student's inappropriate behavior is to be discerned during the scheduled conference in compliance with RCCC's and the Radiography Program's published policies and procedures.

5.8 SMOKING POLICY

All hospital clinical sites are smoke free facilities. Students are required to abide by hospital specific guidelines when in the clinical areas.

5.9 RADIATION MONITORING, RADIATION SAFETY AND MRI SAFETY

Each student is given a radiation monitoring dosimeter badge that requires changing quarterly. This badge is to be worn at all clinical settings and during all periods at the RCCC energized laboratory. It is the student's responsibility not to lose or damage the badge. Students exchange badges quarterly during scheduled class time. Exchange of badges for faculty occurs during site visits by the Clinical Coordinator or at faculty meetings. Each student is advised of current radiation levels. Any dosimeter badges which are lost are to be replaced at student expense. Students *cannot* participate in any clinical experience without their dosimeter badge. **Students who arrive for clinic without their dosimeter badge are to be sent home and the student will be charged with a personal day. If no personal day is available, the time must be made up and an anecdotal record is given for the unexcused absence of the day missed.**

Dosimeter radiation reports are posted in the Radiography classroom for student review. Reports are posted without Social Security numbers and date of birth to maintain students' privacy. Students are provided with a copy of the program's radiation operating and safety procedures in an orientation session. After this session, students sign a participation form verifying their competency to use the x-ray equipment (see Appendix A-18a).

Student MRI screening/education takes place before clinical rotations begin in the first semester and again prior to modality rotations their fourth semester. Screening and education is used to ensure safety in the event a student is asked to assist moving a patient in the MRI department. Prior to participating in special modality rotations in RAD 211, students again complete the MR Environmental Screening Form (appendix A18b) with the classroom instructor and are reeducated on MR safety.

5.10 DISCIPLINARY ACTIONS

Any infractions of policies of Rowan-Cabarrus Community College, the Radiography program, and/or any infractions in clinical setting policy or regulations by students warrant disciplinary action. The type of action taken depends upon the seriousness of the infraction. If a problem should develop within the assigned clinical setting, the administrative staff should notify Rowan-Cabarrus Community College through a formal written letter addressed to the Program Chair. This letter shall define the problem and explain all circumstances surrounding the infraction. In addition, the administrative staff should contact the Program Chair or another RCCC faculty member immediately or at the earliest time possible following the infraction.

The particular disciplinary action to be taken consists of an anecdotal record, warning, probation, suspension, termination of clinical experience for that student at the clinical site, or other action deemed necessary by RCCC administration. Action taken is described in the college catalog and handbook in the Student Grievance Procedures and Due Process. Written documentation of any disciplinary action is sent to any student involved in such action and a copy is placed in the student's permanent file. Only the sponsoring institution (RCCC) has the right to review a student's record and deny continuation in any portion of the program because of a student's performance.

5.11 MEDICAL ETHICS

Students must adhere to the highest standards of medical ethics in all periods of attendance in the clinical setting. An important part of the student's general evaluation is student-patient relationships. All infractions related to medical ethics are to be dealt with under the appropriate disciplinary policy.

5.12 INCIDENT REPORTING

It is the student's responsibility to know what the appropriate policies and regulations are regarding each clinical setting for handling accidents, emergency situations, and fire regulations during the period of rotation at each setting. These appropriate policies and regulations are presented in a clinical orientation session provided by each clinical setting. In the event that an accident or incident (with or without injury) does occur and involves an RCCC student and/or faculty member who is participating in a clinical educational setting, an **Incident Report Form** (see Appendix A-19) is filled out to acknowledge and document the incident. This form is to be signed by appropriate supervising personnel, and passed on to the Clinical Coordinator. The Clinical Coordinator will file a [Rowan-Cabarrus Incident Report](#) online within 24 hours of the incident to ensure that the appropriate college staff receive documentation. The original copy is kept in the student's permanent file for documentation purposes.

5.13 PARKING

Certain parking facilities have been made available at all clinical settings for faculty, employees, staff, and students. The student is responsible for his or her adherence to a particular clinical setting's policy regarding parking.

5.14 ACKNOWLEDGEMENT OF UNDERSTANDING

Each student is required to sign an agreement form (see Appendix A-20) releasing Rowan-Cabarrus Community College and all affiliating agencies from responsibility in the case of accident or illness suffered as a result of clinical education involvement while enrolled in

course work at RCCC. In addition, NEMC requires a separate confidentiality form to be signed by each student.

5.15 PREGNANCY POLICY

The Radiography program has developed guidelines to follow in the event of pregnancy. These guidelines appear in the pregnancy accommodation policy form (see Appendix A-21). The student acknowledges Rowan-Cabarrus Community College and all affiliate agencies are not to assume responsibility for the health and safety of any unborn offspring by signing the pregnancy waiver (see Appendix A-22). The student's disclosure of pregnancy is voluntary; however, for health purposes early notification is advised. Further, the student maintains the right to rescind their previous declaration of pregnancy by submitting a written statement to that effect.

5.16 COMMUNICABLE DISEASES

The Radiography program follows the policy regarding communicable diseases stated in the policy and procedures manual of Rowan-Cabarrus Community College with one modification. The student should simultaneously notify the Vice President and the Program Chair in the event the individual has developed a communicable disease. A copy of the RCCC policy is attached (see Appendix A-23). Novant Health Rowan Medical Center's policy is attached (Appendix A-23).

5.17 STATEMENT OF UNDERSTANDING

The last page of the clinical handbook is a statement that each student **must** sign and submit (see Appendix A-25). By their signature, the student **acknowledges** that they have read the entire clinical handbook, and are **responsible** for the policies and procedures contained therein. The signed statement is also to be signed by the Clinical Coordinator, and placed in the student's file. Students are given a Clinical Handbook Quiz during their first semester to help insure familiarity with program policies.

Finally, in recognition and support of the college's focus on scholastic integrity, a statement regarding student integrity is included on this form. Your signature indicates that you are aware of RCCC's behavior standards and understand the potential consequences of failing to abide by these standards. Again, this form is placed in the student's permanent file.

SECTION 6: GENERAL COLLEGE INFORMATION

6.0 COLLEGE WEBSITE

Any information, policies, and/or procedures associated with Rowan-Cabarrus Community College can be found at www.rccc.edu

6.1 COLLEGE CATALOG AND STUDENT HANDBOOK

The RCCC General Catalog and Student Handbook contains information about the college, including program and services overview, the academic calendar, policies, and programs of study. When looking for program information, such as course requirements, students should refer to the catalog for the academic year in which they first enrolled at RCCC.

The 2018-19 General Catalog and Student Handbook can be found at <https://legacy.rccc.edu/catalog-2018-2019/>

6.2 TUITION

Tuition is set by the North Carolina Legislature and the North Carolina State Board of Community Colleges. Tuition rates are subject to change without notice. College fees are established by the RCCC Board of Trustees and are also subject to change without notice. Tuition and fees, as well as the refund policy, are set by the NC State Board of Community Colleges and the NC General Assembly (NCGA), and are subject to change. Any changes will be announced by the NCGA in July of each year. Refunds are automatically processed based on deadlines and drop dates.

Because the state helps pay the tuition of North Carolina residents out of tax dollars, tuition for North Carolina residents is \$72.00 per credit hour and \$264.00 per credit hour for non-residents. The college accepts Master Card, VISA, American Express, and Discover credit cards for registration payment.

A resident student is generally defined as one whose legal residence is in North Carolina for at least 12 months before enrollment or re-enrollment in the college. The college operates on the semester system, and all students are expected to register during the dates listed in the Academic Calendar. The rates are subject to change by action of the NC General Assembly.

6.3 CAMPUS ACCESS FEE

All students pay a campus access flat fee of \$20.00 per semester/term which supports parking, security systems, student accident insurance, remote notification and public safety infrastructure, and other enhancements of access to college facilities. This fee is refundable only if the student completely drops all courses by the refund deadline as published in the Academic Calendar.

Accident insurance, covering hours in school, is required of all students and is included in the Campus Access Fee. All enrolled students of RCCC are eligible. Students are covered while participating in scheduled, sponsored and supervised activities of RCCC.

6.4 STUDENT ACTIVITY FEE

Students at RCCC are required to pay a \$28.00 activity fee for fall and spring semesters (regardless of the number of credit hours enrolled). This fee covers student activities coordinated by the SGA. Students pay a \$6.00 activity fee for summer term, regardless of the number of credit hours for which the student is enrolled.

6.5 TECHNOLOGY FEE

Students at Rowan-Cabarrus Community College pay a technology fee for each of the fall and spring semesters, and summer term. Technology fees cover the cost of instructional supplies, materials, computers and other technology support. Technology fees are charged on a pro-rate basis depending on the number of credit hours for which the student is enrolled as follows:

7+ credit hours: \$16.00 per semester

1-6 credit hours: \$8.00 per semester

6.6 RADIOGRAPHY PROGRAM FEES

Curriculum students pay a lab fee for courses that have an associated lab. The fee ranges from \$5.00 to \$15.00. Lab fees are subject to change by NC State board of Community Colleges and NC General Assembly. The lab fee is included in the program's **Radiography Program Fees. These fees include:** Kettering Test Prep, Liability insurance, ARRT registry, uniforms, Castlebranch, and the lab fees. The fee is \$230.00 a semester.

6.7 PROFESSIONAL LIABILITY INSURANCE

Cosmetology, Early Childhood Education, Dental, Nursing, and Radiography students are required to purchase student professional liability insurance which is available for approximately \$13.00 per year. Students in Continuing Education courses which require patient care or direct client service are also required to have professional liability insurance. The RCCC Cashiers Office can provide additional information about this fee. The liability insurance fee is included in the Radiography Program Fees as described in 6.6.

6.8 TEXTBOOKS AND SUPPLIES

The cost of textbooks and supplies varies with the program of study. These items can be purchased from the Online Bookstore. The Online Bookstore accepts Master Card and VISA

credit cards for payment of textbooks and other merchandise. Please refer to Section 3.11 and Section 3.12 for Radiography Program associated estimated costs.

6.9 CONFIDENTIALITY OF STUDENT RECORDS

The Family Educational Rights and Privacy Act of 1974 ([FERPA](#)) is a Federal law that governs the maintenance of student records. This act, with which the College intends to comply fully, protects the privacy of educational records, establishes the right for students enrolled to inspect records kept by the College about the student and the right to correct inaccuracies in the records. Rowan-Cabarrus Community College recognizes its responsibilities to students in maintaining accurate and confidential student records. Access to the records by persons other than the student is limited and generally requires prior consent by the student. Rowan-Cabarrus Community College adopted a written policy governing the rights of parents and students under the Family Educational Rights and Privacy Act. Copies of this policy can be found in the offices of the President and the Vice President of Student Services at Rowan-Cabarrus Community College.

6.10 ACADEMIC LOAD

A full-time student is one who is enrolled in 12 or more credit hours of course work per semester. Average full-time enrollment for most students vary between 15 and 18 hours of credit. Students who wish to carry more than 21 credit hours must have prior approval from the vice president of student services unless their curriculum requirements, as stated in the catalog, require more than 21 hours in a particular semester. Course schedules and course loads should be carefully planned through consultation with a counselor and approved by the student's faculty advisor.

Note: The NC General Assembly has set tuition and registration fees on a "per credit hour" basis with a maximum charge for 16 credit hours.

6.11 ATTENDANCE REQUIREMENTS

Students are expected to attend every class for which they are scheduled and to arrive on time. Instructors keep an accurate record of class attendance. Students are responsible for contacting their instructors when unavoidable absences occur and for maintaining contact every few days during any necessary extended absence. Students are responsible for withdrawing from any class. The student must complete and submit a Drop/Add/Withdrawal Notice to student services.

Instructional time missed is a serious deterrent to learning. A student is responsible for fulfilling the requirements of the course by attending all classes (including shops, labs and clinics) and completing course assignments. An instructor can withdraw the student if the student has not attended courses for two consecutive weeks (or 12.5% of course duration), of scheduled course meetings during a 16-week semester whereby the student has not attempted intentional, ongoing communication with the instructor in person, via telephone,

or campus email, to discuss the circumstances of the ongoing absence and plan their efforts to complete missed assignments. The student must maintain contact with the instructor if there are extenuating circumstances such as an accident, illness or death in the family.

Some programs and courses at Rowan-Cabarrus Community College have more stringent attendance requirements due to the nature of a course or program. These requirements are stated in the program description or course syllabus. Students are informed in writing during the first class meeting of specific attendance requirements. Class attendance is calculated from the first officially scheduled class meeting (includes the drop/add period) through the last scheduled meeting.

6.12 RCCC CLOSING – ADVERSE WEATHER

Classes at Rowan-Cabarrus Community College are conducted as scheduled unless otherwise announced through the campus connect system or announced on the RCCC web page. When classes resume after cancellation, the class schedule for that day of the week is to be followed. Exceptions to this can be made by prior arrangements with classes meeting off campus, such as nursing classes. If day classes are cancelled, evening students must listen for news regarding evening classes. This decision is to be announced after 3 p.m.

The Office of the President informs the radio and television stations listed below at the earliest time possible. Once cancellation of classes is announced for a day, this is not to be rescinded. However, cancellation can be announced at any time the conditions warrant. For example: afternoon and evening classes may be cancelled after morning sessions have been held. The student must make the ultimate decision on whether or not he/she can travel safely. RCCC campus connect, websites, radio, and television station are very helpful in making frequent announcements concerning school closing.

Students are asked not to call the stations.

Websites, radio, and television stations that will announce RCCC closings are:

WBTB.COM

WSAT	Salisbury	1280 AM
WSTP	Salisbury	1490 AM
WPEG	Concord	98 FM
WBAV	Concord	101.9 FM
WEGO	Concord	410 AM
WRKV	Kannapolis	1460 AM
WRNA	China Grove	1140 AM
WKKT	Charlotte	96.9 FM
WLNK	Charlotte	107.9 FM
WBTB	Charlotte	Channel 3 TV
WCNC	Charlotte	Channel 6 and 36 TV
WLYT	Charlotte	102.9 FM
WSOC	Charlotte	Channel 9 TV

WBT	Charlotte	1110 AM
WLTC	Gastonia	1370 AM
WMAG/ WHSL	Greensboro	100.3 FM
WWWB	High Point	100.3 FM
WWGL	Lexington	94.1 FM
WLXN	Lexington	1440 AM
WHIP	Mooresville	1350 AM
WIST	Statesville	105.7 FM
WSIC	Statesville	1440 AM
WFMX	Statesville	105.7 FM
WDSL	Mocksville	1520 AM
WSJX	Winston-Salem	600 AM
WXII	Winston-Salem	Channel 12 TV
WSGH	Winston-Salem	1040 AM
WTOB	Winston-Salem	1380 AM
WTQR	Winston-Salem	104.1 FM
WXRI	Winston-Salem	91.3 FM/1040 AM

6.13 GRADING

Rowan-Cabarrus Community College operates on a grade-point system, and each student’s academic standing is established by a “Grade-Point Average” (GPA) determined by numerical values assigned to each grade. At the end of each semester, students have access to final grades via [WebAdvisor](#) based on the following Scale. Health programs and Developmental Studies courses are graded on a variation of this scale.

For students enrolled in the Radiography program, numerical grades below 80 (B) in RAD and a “C” in all other required courses are considered unsatisfactory attainment of course competencies. In these instances, students are not allowed to continue in the program. All health program students should refer to the specific program handbook regarding the minimum grade to be earned for program progression.

Letter Grade	Numerical Grade	Explanation	Quality Points for Credit
A	90-100	Excellent	4 Quality points per semester hour
B	80-89	Good	3 Quality points per semester hour
C	70-79	Average	2 Quality points per semester hour
D	60-69	Below Average	1 Quality point per semester hour
F		Failing	0 Quality points per semester hour Student did not meet minimum course objectives. Course must be repeated.
I		Incomplete	0 Quality points per semester hour Student did not meet course objectives due to unusual circumstance. By written agreement faculty may allow the work to be completed prior to the end of the following semester or term.

W	Withdrawn	Student officially withdrew after the census date and before the 65% point of the semester.
AU	Audit/No Credit Earned	Student registered for the course and requested “audit” status before the 10% point of the semester. Audit status is not possible after the 10% point.
CE	Credit by Exam	0 Quality points per semester hour Student must register for the course.
R	Developmental Course Repeat	0 Quality points per semester hour Student did not meet the objectives of the course. Course must be repeated. Student must register for and complete the course with a satisfactory grade. Course is not computed in the GPA.

Grade of Incomplete (I): Students who need extra time to complete the objectives of a course because of unusual circumstances such as extended sickness or hospitalization may receive a grade of “I” (Incomplete). Students should refer to the course syllabi for information related to all grading standards. The student and the instructor must complete an Incomplete Agreement Form which details the work to be completed no later than the agreed date or no later than the end of the next academic term. The “I” is computed in the Grade-Point Average as “0” quality points. However, when a student completes the provisions necessary for the removal of an “I,” the “I” is removed from the student’s record and replaced with the grade earned. The GPA is then recomputed using the grade earned. If course requirements are not met by the deadline given, the grade of “I” is automatically be changed to a grade of “F.” The student must register again for the course.

6.14 GRADE APPEAL REQUEST

Students may appeal a grade awarded either within a course or as a final course grade using the grade appeal process. Students may request a grade appeal, in writing, through the course instructor, the program or discipline chair, or through the [grade appeal request form](#). The appeal process includes an informal review followed by a formal review if the informal review fails to reach a resolution. The results of the formal review are final.

Grade appeal requests must be received within ten business days after the grade is posted or the student forfeits the right to appeal.

Students are expected to provide a reason for the appeal. Reasons may include:

- Inconsistency between classroom practice and the course syllabus
- Inconsistency with a grading rubric
- Demonstrated inconsistency in grading from one student to another student
- Grade miscalculation
- Error in grade reporting
- Grade assignment on some basis other performance in the course

Generally, grade appeals based upon disagreements with published class rules such as attendance, grade-weights, acceptance of late work, teaching methods, or financial aid requirements will not be supported.

Grade Appeal requests will be sent to the course instructor and the program or discipline chair for the initial review.

For More information visit <https://www.rccc.edu/civility/grade-appeal-request/>.

6.15 GRADUATION

Rowan-Cabarrus does not require students to submit an application for graduation. Graduation eligibility is determined by the Registrar's office.

Degree, Diploma, and Certificate Requirements:

Students who successfully complete the Arts and Sciences program will earn the Associate in Arts degree, Associate in Engineering, Associate in Fine Arts in Visual Arts degree or Associate in Science degree. The Associate in Applied Science degree is awarded to students who successfully complete a two-year Applied Science programs. Diplomas and certificates are available in many of the Associate in Applied Science programs.

For most programs, a student is eligible for graduation when they have satisfied the specific requirements of the college and the program for which they are enrolled, completed a minimum of 25% of required hours at Rowan-Cabarrus, and have earned a program grade point average of at least 2.0. Students accepted into programs with competitive entrance requirements may have to meet other graduation criteria.

Students continuously enrolled may graduate using the catalog under which initially enrolled or the current catalog (please see an advisor if you wish to update your catalog year). As outlined in [Maintaining an Active Record](#), a student's record will be made inactive if they do not enroll for two consecutive terms (summer term excluded). If a student's record is made inactive, the catalog year will be updated based on the semester the student returns.

Students are responsible for ensuring that they have met all program and course requirements to earn their degree, diploma, and/or certificate.

Course Residency Requirement:

A minimum of 25% of the total number of credit hours required for graduation in a particular program must be taken at Rowan-Cabarrus Community College. No more than 75% of required credit hours can be accepted for transfer credit.

6.16 GRADUATION HONORS & GRADUATION EVENTS

Students who earn a grade-point average of 3.5 through 3.99 in their degree or diploma will graduate “With Honors.” Those students who earn a 4.0 in their degree or diploma will graduate “With High Honors.” These designations are printed on degrees and diplomas. All courses required in the student program must be completed with a grade of “C” or higher to be eligible for honors.

Students who earn Honors or High Honors will be provided with a gold tassel to wear at the graduation ceremony.

Commencement is held at the end of spring semester. To participate in the graduation ceremony, you are expected to successfully complete your program requirements:

- in the Fall semester prior to the ceremony
- in the Spring semester of the ceremony
- or be enrolled in your final courses in the Summer semester following the ceremony

Participation in the graduation ceremony is not an indication of meeting graduation requirements.

Graduation Events:

Students planning to participate in the [Graduation Ceremony](#) (Commencement) must attend the [Graduation Fair](#) to pick up tickets, cap, gown and tassel. Commencement is held at the end of the Spring semester. The specific dates for graduation activities are listed in the academic calendar.

The Radiography Student Clinical Excellence Award is presented to recognize the graduating radiography student who has demonstrated superlative clinical service, knowledge and practice of professional skills and a professional attitude. This student displays a sense of personal commitment as an individual to the care and wellbeing of patients and is committed to high output and productivity and ethical practice in clinical activities. This award recognizes the student that has gone over and above the normally expected commitment to the values and goals of the Radiography Program. This award is presented at the Radiography pinning ceremony.

6.17 COLLEGE CODE OF CONDUCT

The College reserves the right to maintain a safe and orderly educational environment for students and staff. Therefore, when in the judgment of College officials, a student’s/patron’s conduct disrupts or threatens to disrupt the College Community, appropriate disciplinary actions will be taken to restore and protect the well-being of the College Community. Students are expected to conduct themselves in accordance with generally accepted standards of scholarship and morality. Community Patrons are expected to conduct

themselves in accordance with the accepted standards of good citizenship in the state of North Carolina. The purpose of this Code is not to restrict Student or Patrons Rights, but to protect the rights of individuals in their academic pursuits on the campus. Please refer to the college website at to view the [RCCC Code of Conduct](#).

6.18 DISCIPLINARY ACTIONS & SANCTIONS

Violation of the Campus Code of Conduct, or of RCCC policies, or of North Carolina and federal laws while on campus or while off campus when participating in activities sponsored by RCCC, subjects violators to appropriate sanctions. Charges that a student has violated behavior standards will be investigated by the Vice President of Enrollment Management and Student Services (or designee) to determine whether the charges are significant or whether they may be dropped or informally resolved. Charges that a student has violated an academic standard will be investigated by the appropriate dean to determine if the charges are significant, whether the charges will be dropped or informally resolved. Charges that a community patron has violated the Campus Code of Conduct will be investigated by the Vice President of Administration (or designee) to determine if the charges are significant, inform the patron and appropriate administrative unit of any restrictions imposed and notify campus security of any additional action to be taken.

6.19 PROCEDURES FOR DISCIPLINARY ACTIONS

This section describes the College disciplinary procedures in response to violations of the Campus Code of Conduct. The Vice President of Academic Programs (or Designee) is responsible for implementing student disciplinary procedures.

A. Disposition of Disciplinary Cases: The following section outlines the procedure for handling student disciplinary cases in accordance with due process and justice.

1. **Charges:** Any member of the College community may file charges with the Vice President of Academic Programs against any student for violation of the College regulations. The individual(s) making the charge must complete a charge form stating:
 - a. The name(s) of the student(s) involved
 - b. The alleged provision of the Campus Code of Conduct, college regulation, state or federal law that has been violated.
 - c. The date, time and location of the incident
 - d. The names of students or staff directly involved or who witnessed the infractions, and
 - e. The actions taken by the complainant related to the incident.
 - f. The desired solution(s).

The completed charge form (written or electronic) with the printed name and signature of the person filing the charge should be forwarded directly to the Vice-President of Enrollment Management and Student Services.

2. Investigation and Decision: Within five (5) business days after the charge is filed, the VP (or dean) shall complete a preliminary investigation of the charge, and the schedule a meeting with the student(s) alleged to be in violation. After meeting with the student(s) to review the alleged infraction(s) one of the following actions will be taken:

- a. Drop the charge(s)
- b. Impose a sanction consistent with those listed below
- c. Refer the student(s) to a College Office or community agency for services

3. Notifications: The decision of the VP (or dean) shall be presented to the student in writing or mailed within five (5) business days. In instances where the student cannot be reached to schedule an appointment or where the student refuses to cooperate, the VP (or dean) shall send a certified letter to the student's last known address providing the student with a list of charges, the decision, and instructions governing the appeals process.

B. Immediate Interim Suspension is a procedure which can be invoked by any College Official for any student who has been involved in conduct that threatens the health or wellbeing of any member of the College community or disrupts the function or good order of the College or College Premises. The College Official must advise the student that failure to cease and desist results in immediate interim suspension. If the student fails to cease and desist, the College Official can invoke the interim suspension until disciplinary proceedings are completed. College Officials may contact College security officers to have the Student removed from campus.

Once interim suspension has been invoked by a College Official, a written report must be filed with the Vice President of Academic Programs. The report must detail the individual(s) involved and the nature of the infraction with supporting information including other students or employees who observed the incident. The report must be filed immediately, but not more than two (2) working days after the incident. Incidents in the classroom should be reported to the program head and dean of the division by the instructor involved.

The Vice President of Academic Programs will notify the student in writing of the interim suspension and the reasons for the suspension. The notice will include a description of disciplinary procedures including the time, date and location of any subsequent hearing. The procedural timeline outlined in a subsequent section will be followed by the College to resolve the pending matter.

Interim suspension may result in continued exclusion (beyond the incident date) from class and or other privileges including presence on College Property or College sponsored activities until a final decision has been made concerning the alleged conduct violation.

6.20 DISCIPLINARY SANCTIONS

1. **Verbal Warning** (reprimand): A verbal communication given to the student/patron by a College Agent to cease a behavior or action deemed inappropriate or possibly a violation

of the Campus Code of Conduct. The issuing College Official should document the issuing of a verbal warning, including the incident and the student/patron name.

2. **Written Warning** (reprimand): A written communication which gives official notice to the student/patron regarding the offense noted and that any subsequent offense of the Campus Code of Conduct carries heavier penalties because of the prior infraction.
3. **Interim Suspension**: Exclusion from class or other privileges or activities as set forth in the notice, until a final decision has been made concerning the alleged violation.
4. **General Probation**: A minor disciplinary offense results in this penalty which allows the student to show the willingness and capacity to observe the Campus Code of Conduct without further penalty. IF a second penalty occurs during the probationary period further action can be taken. The probationary period can be in effect for no more than 2 academic terms.
5. **Restrictive Probation**: A major disciplinary offense or series of violations can result in a loss of good standing and a matter of official record (transcript notation) denoted by this sanction. Restrictive probation limits the student's/patron's activity on the campus and within the college community. The student cannot be initiated into any local or national organization, receive any college award or recognitions, occupy a position of leadership or travel with any college student organization. Further, the College may restrict the student's/patron's access to campus or use of campus services and facilities. Restrictive probation is for a period of not less than 2 academic terms. Any violation of Restrictive Probation orders can result in immediate suspension.
6. **Restitution**: Paying for damage, misuse, destruction, or loss of property belonging to the College, College personnel, student, or contract agent for the college.
7. **Loss of Academic Credit or Grade**: Imposed as result of academic dishonesty.
8. **Withholding grade reports**, diplomas, right to register or participate in graduation ceremonies: Imposed when financial obligations are not met.
9. **Suspension**: Exclusion from class(es) or all other privileges or activities of the College for a specified period of time. Reserved for offenses which warrant discipline more severe than probation or for repeated misconduct. Students receive this sanction must get specific written permission from the Vice President before returning to campus.
10. **Expulsion**: Dismissing a student/patron from campus for an indefinite period. Loss of student/patron status means that the individual will not be permitted on the College property, cannot register for any course (basic skills, curriculum, continuing education, occupational or corporate) and cannot participate as a citizen in any college sponsored event. The individual may be readmitted to the College only with the approval of the Vice President, Enrollment Management and Student Affairs or the Vice President of Academic Programs.

6.21 APPEAL OF DISCIPLINARY SANCTIONS

The disciplinary decision of the Vice President of Academic Programs or academic dean must be presented to the student in writing within five (5) working days after the charge is investigated. If a disciplinary sanction is imposed, the student may appeal the decision as follows:

1. The student must submit the appeal in writing within five (5) working days to the Associate VP. The appeal must include the student's reason for appeal, mitigating circumstances or evidence which needs to be considered. The Associate VP and respective dean will render a decision and is to notify the student of the decision within five (5) working days of receipt of the appeal.
2. Further appeals of disciplinary sanctions must be made in writing within five (5) working days of receipt of the Associate VP decision. Appeals are made to the Student Appeals Committee through the Director of Counseling, The Student Appeals Committee consists of 2 faculty, 2 staff and 1 student who render a decision based on the written appeal submitted.
3. The decision of the Student Appeals Committee is to be submitted in writing to the student within five (5) days. The decision of the Student Appeals Committee is final except in the case of expulsion.
4. Final appeal regarding expulsion may be issued to the President within five (5) working days of receipt of the Student Appeals Committee decision to support the disciplinary sanction of expulsion. The President may solicit evidence and information regarding the student case, appeal proceedings, recommendations of the Student Appeals Committee and take any other steps deemed appropriate before rendering a decision as soon as possible but not more than ten (10) days from the date received. In the event that a suspension or expulsion is issued, campus security will be notified.

6.22 STUDENT GRIEVANCE POLICY

<https://www.rccc.edu/civility/student-grievance/>

Any student may request a review of any College decision or action alleged to be discriminatory or have a negative effect on the student's enrollment status at Rowan-Cabarrus Community College.

A grievance must be presented, in writing, within 30 days after the action or decision in question. Processing at each step cannot exceed 20 working days; however, the time may be extended by agreement of both parties or by extenuating circumstances as decided by the administrator to whom the grievance is presented. If administrator at each step does not meet processing time limitations, the grievant may then request higher administrative assistance in obtaining requested relief. If the grievant does not meet the stated time limitations, the process will be terminated and such grievance cannot be resubmitted.

Procedure

1. The student shall first informally discuss the matter in question with the College employee most directly involved unless the issue is a claim of discriminatory harassment. In that case, the student may move directly to the employee's immediate administrator or the Director of Student Conduct.
2. If the student is unable to resolve the matter in question through discussion with the College employee directly involved, the student may file a formal grievance form with

the employee's immediate administrator or the Director of Student Conduct. All such grievances shall be in writing and state the basic facts in the case.

3. If the matter is not resolved, the formal appeal may be processed through the employee's supervising administrators in succession until a satisfactory resolution is obtained or until the appeal reaches the appropriate vice president. The vice president or chief officer's decision will be final except in the case of expulsion from the college which requires a final ruling by the president.
4. A student may at any stage of the process consult with the Director of Student Conduct to obtain advice regarding the grievance procedure.

6.23 ADVISING SERVICES

Professional advising services is provided for students, prospective students, and the entire college community in the areas of personal, academic and career advising. The staff is comprised of trained advisors who are qualified to help individuals assess and understand their personal issues, abilities, aptitudes, interests, and other characteristics. Advising services are confidential and are focused to promote the growth and success of the individual

The advising program is an integral part of the teaching and learning process. Advising services are provided through the comprehensive work of the Student Services office and are available on both campuses day and evening.

Advising Services include:

- Personal issues such as relationship concerns, depression, anxiety
- Time management and stress management techniques
- Relationship concerns with faculty, staff and students
- Social skills development
- Conflict and confrontation resolution
- Referral and information services
- Academic advising
- Career advising
- Decision-making skills
- Crisis intervention
- Financial challenges
- Classroom activities
- Test anxiety
- Disability Services

To learn more about RCCC Counseling Services, visit: <https://www.rccc.edu/wellness/>

6.24 CAREER SERVICES

Career Services provide career counseling to students and potential students; provide tools and information for students to be successful in their job search in the way of resume

reviews, interview feedback, and labor market information. Additionally, this office assists students in the college transfer process as well as connect students to personnel at RCCC that coordinate co-operative education experiences for qualified students.

We offer individual and group career counseling and other career exploration tools to help students make decisions about their education and career path. We explore career paths based on personality, interests, and values. We encourage students to look inward and learn more about themselves in order to venture outward toward their future.

College Central Network

College Central Network (CCN) is the online career job bank and employment resource system RCCC uses to connect students, alumni, and local businesses. CCN is accessible 24-hours a day, seven days a week at no charge to the student, alumni or employer. Students can search for jobs; create a résumé and have it reviewed, uploaded and posted to their account; listen to job search podcasts; create and maintain a portfolio; and access career advice information. Employers can post jobs and review posted résumés and portfolios. Students and employers must register with CCN in order to access the system.

Cooperative Education

Cooperative education allows students to gain hands-on work experience with a local employer in their program of study and earn academic credit by participating in the cooperative education program. Cooperative education is available for curriculum students who have completed one semester (12 semester hour credits), have a minimum GPA of 2.25 and are registered for 3 semester hour credits during the semester of co-op experience.

To learn more about RCCC Career Services visit

<https://www.rccc.edu/advocacyservices/about-career-services/>

6.25 JOB PLACEMENT

A job placement service is available for Rowan-Cabarrus Community College students and alumni in the student services office at both campuses. The director of job placement and faculty keep in touch with area businesses and industries so that they are aware of job opportunities in the various fields taught at the college.

The purpose of the job placement service is to help students establish contact with prospective employers and present qualifications for employment. Job-seeking skills, resume writing and interviewing skills are offered in an individual and small group setting. The responsibility for getting the job rests entirely with the individual. Companies and other organizations that wish to consider graduates of RCCC are invited to call or write the Student Services Office. Interviews with prospective graduates are generally arranged on the campus during the Spring Semester and Summer Term.

6.26 LEARNING RESOURCE CENTER (LRC)

The LRC is the home of the Library, Information Commons and Tutoring Center. It has a generous provision of study spaces and computers to support students with all their learning needs. The LRC is spacious, modern and well-equipped, providing a great variety of spaces to study either individually or as part of a class. Information Commons (IC) offers space and access to technology for group study, high-speed Internet connectivity including wireless, and spaces for serious work, reading and relaxation. The IC is the ideal place to learn, share, connect, create and relax on the RCCC Campuses.

Rowan-Cabarrus Community College (RCCC) offers five Learning Resource Center / Information Commons (LRC/IC) locations at North Campus, South Campus, North Carolina Research Campus (NCRC), Cosmetology Campus (COS), & the Cabarrus Business and Technology Center (CBTC).

North Campus (Salisbury)

1333 Jake Alexander Blvd. S.
PO Box 1595 Salisbury, NC 28145
704-637-0760
704-216-3827 (Fax)

CBTC (Concord, NC Hwy 29)

660 Concord Parkway North
Concord, NC 28027
704-216-3539
704-786-5454 (Fax)

NCRC (Kannapolis)

399 Biotechnology Lane
Kannapolis, NC 28081
704-216-7140

South Campus (Concord)

1531 Trinity Church Rd.
Concord, NC 28027
704-788-3197
704-788-2169 (Fax)

COS

988 Cloverleaf Plaza
Kannapolis, NC 28081
704-216-3714

6.27 STUDENT TUTORING (STAR)

The Student Tutoring and Academic Resource Center (STAR) is a comprehensive academic support center focused on helping students succeed. The STAR Center has two convenient locations. The North Campus STAR Center is located inside the learning resource center on the second floor of Building 500. The South Campus STAR Center is located inside the learning resource center on the third floor of Building 1000. The STAR Center offers tutoring services in business technology, math, sciences, biotechnology, foreign languages, writing and English. All tutoring services are free for Rowan-Cabarrus students and are available online and by appointment. Walk-ins are accepted when space and staff are available.

Additionally, the Radiography program holds tutoring for students upon request. See course instructor for more information.

APPENDIX



RAD Clinical Ed VRAD-261

Spring 7 Credits

Meeting Times

Clinical Education

- Monday, Wednesday, Friday, 8:00 AM to 3:30 PM, Clinical Education Sites

Course Delivery Information

This class meets on-campus as described above. In addition to the syllabus, additional information or activities may be provided online via Blackboard. Please refer to your instructor for details on the use of online content for this class.

Contact Information

Clinical Coordinator: Melissa Bell

- **Email:** melissa.bell@rccc.edu
- **Office:** Bldg 600 115m
- **Phone:** 704-216-3724

Description

This course is designed to enhance expertise in all radiographic procedures, patient management, radiation protection, and image production and evaluation. Emphasis is placed on developing an autonomous approach to the diversity of clinical situations and

successfully adapting to those procedures. Upon completion, students should be able to demonstrate successful completion of clinical objectives.

Credits, Hours, Prerequisites:

- Seven (7) Semester Hours Credit.
- Zero (0) Class Hours Per Week; Twenty-one (21) Laboratory Hours Per Week.
- Prerequisites: RAD 251
- Corequisites: RAD 241, RAD 245, RAD 271

Outcomes

Upon completion of this course, the student will be able to:

- Perform radiographic procedures involving all portions of the anatomy with job entry proficiency for both adult and pediatric patients.
- Demonstrate the ability to care for all types of patients in routine situations with job entry proficiency.
- Demonstrate proficiency in use of CR and DR radiographic equipment.
- Demonstrate the ability to perform radiographic procedures involving the use of contrast media and fluoroscopy with job entry proficiency.
- Perform radiographic procedures in surgery with indirect supervision.
- Perform radiographic procedures utilizing mobile equipment with job entry proficiency.
- Perform minor special procedures with supervision.
- Identify and process radiographic images properly.
- Participate in image evaluation and critique sessions.
- Present self in a professional manner.
- Demonstrate the ability to establish effective patient-professional relationship.
- Demonstrate the ability to establish an effective professional relationship with co-workers, supervisors, and physicians.
- Perform duties in an ethical manner.
- Provide evidence of actively producing radiographic examinations.
- Demonstrate ability to function with indirect supervision in the second shift environment.
- Demonstrate ability to function in selected clinical environments.
- Complete required radiographic evaluations.
- Satisfactorily complete applicable clinical testing and/or clinical projects.
- Demonstrates ability to care for and radiograph trauma patients.
- Produces 21 regular and three (3) surgery evaluations.
- Complete all required competencies as stated on the master competency record.

Materials

- RCCC Radiography Student and Clinical Handbook, Newest Edition
- Uniform
- Name Tag
- Pen
- Repeat Sheet
- Attendance Sheet
- Radiation Dosimeter
- Anatomical Markers
- Master Sheet

Note: For details about textbook ordering and applying your financial aid funds, visit the [Rowan-Cabarrus Online Bookstore](#) and login with your Rowan-Cabarrus email address and password.

Evaluation

Rowan-Cabarrus Grading Scale:

Developmental Course Repeat

0 quality Points. Student did not meet the objectives of the course. Course must be repeated. Student must register for and complete the course with a satisfactory grade. Course is not computed in the GPA.

Grade	Grade Explanation		Quality Points and Information
A	90 - 100	Excellent	4 quality points per semester hour
B	80 - 89	Good	3 quality points per semester hour
C	70 - 79	Average	2 quality points per semester hour
D	60 - 69	Below Avg.	1 quality points per semester hour
F	< 60	Failing	0 quality points per semester hour. Student did not meet the minimum objectives of the course.
I	Incomplete		0 quality points. Student did not meet the objectives of the course due to unusual circumstance. By written agreement, faculty may allow the work to be completed prior to the end of the following semester or term.
W	Withdrawn		0 quality points. Student officially withdrew after the census date and before the 65% point of the semester.
AU	Audit, No credit earned		0 quality points. Student registered for the course

		and requested “audit” status before the 10% point of the semester. Audit status is not possible after the 10% point.
SR	Senior Audit, No credit earned	0 quality points.
CE	Credit by Examination	0 quality points. Student must register for the course.
P	Developmental Course Pass	0 quality Points. Student met the objectives of the course. Course is not computed in the GPA.
R	Developmental Course Repeat	0 quality Points. Student did not meet the objectives of the course. Course must be repeated. Student must register for and complete the course with a satisfactory grade. Course is not computed in the GPA.
CC	Course Complete	0 quality Points.

Please note:

- Grades of A, B, C, D, F, AU and CE do not apply in Reading/English and Math developmental courses, which are non-credit and are not included in the Grade Point Average (GPA). These developmental courses are pass/repeat courses, and a final average of 80 or above is required for successful completion. Students earning a final average below 80 will receive a grade of “R” (Repeat) and must register again for the course.
- Students enrolled in Associate Degree Nursing, Practical Nursing, Dental Assisting, Radiography, Occupational Therapy Assistant, and Physical Therapist Assistant programs should refer to the specific program webpage for the numerical grade required in related courses. The required minimum grade for admission to and continuation in the program is listed there.
- For transfer purposes, a final grade of C or better is required in eligible courses. Please refer to [Transfer Information](#) on the College’s website for details about transferring to a 4-year college.
- Unless required by an accreditation body or licensing board (and specified in the Course Policies section of the syllabus), the 10-point grading scale described above applies.

Final Exam:

This course may include a final exam given during the last week of the term. This will be decided and communicated by the instructor. During the last week of the term, classes will meet as regularly scheduled.

Student Evaluation of Instruction:

As a participant in this course, you will be expected to complete an evaluation of instruction. Your participation in this process is critical and should be considered a requirement for successful course completion. The evaluation will be completed online in Blackboard. You will be provided additional instructions by email.

College Policies and Resources

Attendance and Withdrawal:

Instructional time missed is a serious deterrent to learning. A student is responsible for fulfilling the requirements of the class by attending all scheduled class meetings (including shops, labs and clinics) and completing assignments. An instructor will withdraw a student for not maintaining contact with the instructor for the equivalent of two consecutive weeks of a 16-week class (same as 1/8 or 12.5% of class duration) by attending class meetings, submitting assignments, and/or meeting with the instructor in person or by telephone to discuss the circumstances of the ongoing absence and plan efforts to complete missed assignments.

Additional information about [attendance requirements](#) is available on the College's website.

Please note:

- Students registered in classes that meet on one of Rowan-Cabarrus' campuses are expected to be present and on time for every class meeting.
- Students registered in Distance Education classes are expected to actively participate in the class online, including maintaining weekly contact with the instructor via email and meeting assignment, testing, and other participation deadlines.
- Some programs and courses may have more stringent attendance requirements due to the nature of the course or program. These requirements are stated in the program description or within the Course Policies section of the syllabus.

If a student withdraws from a class after the end of the drop/add period and before the 65% point in the class, the student will receive a grade of "W." A Grade of "W" will appear on the student's transcript, but will not be considered as hours attempted in the accumulated Grade-Point Average. If a student initiates a withdrawal after the 65% point of the semester, a withdrawal will not be granted (the student will receive the grade earned). Withdrawal from classes does NOT eliminate the student's obligation to pay any remaining balance due to Rowan-Cabarrus. Information about the College's [Withdrawal Policy](#) and processes is available on the College's website.

Students with Disabilities:

Rowan-Cabarrus Community College abides by Section 504 and Section 508 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, which mandate reasonable accommodations be provided to qualified students with disabilities.

If a student has a disability and requires instructional and/or testing accommodation, the student should contact the [Office of Accessibility](#) (OA) at Rowan-Cabarrus prior to the start date of classes or as early as possible into the semester.

Students must be registered with the OA in order to receive academic accommodations from faculty; once registered, written documentation is then provided to the student in order to share with the faculty member(s).

The OA at North Campus is located in Building 100 at Student Services, 704-216-3639, and the OA at South Campus is located in Building 1000 at Student Services, 704-216-3613.

Support Resources:

The College offers students a wide variety of academic and technical support resources. These resources include many online resources as well as support services on-campus.

- A listing of [Student Support Resources](#) (including links) is available on the College's website.
- The information is also available within each class site in Blackboard. Click on the “Student Support” link in the navigation menu.

All students enrolled in a Curriculum (for credit) class at Rowan-Cabarrus are given access to the “Blackboard Resources for Students” site. This is a free resource that assists students in learning more about using Blackboard. The site is accessed through Blackboard (within the “My Courses” area).

Students and Formal Complaints:

Rowan-Cabarrus has established specific procedures for specific complaints. For example, formal complaints regarding grades are subject to the [Grade Appeal Procedure](#); complaints regarding discrimination are subject to the [Student Grievance policy](#). Students will be expected to initiate or express their concern in accordance with those specific guidelines.

Generally, students should submit a formal complaint within 30 days after the action that gives rise to the complaint. The College will work with students toward a satisfactory resolution within established policies, procedures and administrative rules. Details about the process, required forms and additional [Student Formal Complaints](#) are available on the College's website.

Academic Integrity:

The College prohibits taking or acquiring possession of any academic material (test information, research papers, notes, etc.) from a member of the College staff or another student without permission; receiving or giving help during tests; submitting papers or reports presented as the student's original work that are not entirely the student's own; not giving credit for others' work.

Copyright

Rowan-Cabarrus Community College requires all employees and students to comply with state and federal laws applicable to copyright. Applicable copyright laws and license agreement provisions shall be observed with respect to the acquisition, use, production and distribution of protected materials in any format or medium in all College facilities.

Employees and students are prohibited from copying materials not specifically allowed by Copyright law (including Fair Use, Teach Act and Digital Millennium Copyright Act guidelines), licenses or contractual agreements, or other permission.

The materials in this course are only for the use of students enrolled in the course for purposes associated with the course. Copyrighted course materials may not be further disseminated. Learn more about copyright restrictions in the College's [Copyright Statement](#).

Plagiarism

Plagiarism is the intentional or unintentional presentation of another person's idea or creation as one's own. Plagiarism includes but is not limited to the following: copying verbatim all or part of another's work; using phrases, charts, computer code, figures, illustrations, or technical, mathematical or scientific solutions without citing the source; and paraphrasing ideas, conclusions or research without citing the source in the text and in reference lists.

Plagiarism is a serious offense to academic integrity, which may lead to a failing grade for a particular assignment or a failing grade for the course.

Student Behavior Standards

All students are expected to be familiar with and to abide by the policies, procedures, and standards of Rowan-Cabarrus. These include, but are not limited to, the [Campus Code of Conduct](#) and the [Student Internet Acceptable Use](#) procedure. Please refer to the [Catalog and Student Handbook](#) for information about the College's student behavior standards.

Students and Title IX:

Sexual Misconduct

Rowan-Cabarrus Community College is committed to providing a safe, respectful and equitable learning environment for all students and employees. Any form of Sexual

Misconduct (including sexual harassment, sexual assault, interpersonal violence, and stalking) is considered a form of sexual discrimination and is prohibited by the College under Title IX of the Education Amendments of 1972 and the Violence Against Women Act - Reauthorization 2013.

For more information, or to report sexual misconduct or sexual discrimination, please refer to "[Title IX – Sexual Misconduct](#)" on the College's website.

Student Pregnancy and Childbirth

Rowan-Cabarrus Community College does not discriminate or exclude participation on the basis of pregnancy or related conditions. Absences due to medical conditions relating to pregnancy will be excused for as long as deemed medically necessary by a student's doctor. Students will be given the opportunity to make up missed work. Students needing accommodations should seek assistance from the College's Title IX Coordinator (contact information below).

Kathy Hall
Title IX Coordinator - Rowan-Cabarrus Community College
(704) 216-3468 - kathy.hall@rccc.edu

For more information, please refer to "[Title IX – Pregnancy & Childbirth](#)" on the College's website.

Course Policies

Course-Specific Attendance Policy

The program uses the term "personal days" to describe excused absence in the clinical area. In the first year (RAD 151), two personal days are allowed in the fall semester, and three personal days in each spring and summer sessions (RAD 161 and RAD 171). In her second year, four personal days are allowed in each fall and spring semesters (RAD 251 and RAD 261). The "simple formula" for total number of excused personal days is as follows: 2-3-2-4-4. Any absentee hours past allotted days are unexcused and **must** be made up. Note: unused personal days may not be "carried over" into the next semester. Absences in excess will receive disciplinary action.

Tardiness to clinical is not accepted. A student is tardy if not present when the clinical day begins. Any student 15 minutes (or less) late will be considered tardy, and will result in disciplinary action. A student who has not arrived within 15 minutes of the start of a clinical day must take a personal day.

Course-Specific Evaluation Criteria

A student's final grade in this course will be based on the following scale:

A. Average of Ethics and Practice Evaluation Forms	20%
B. Average Score Radiographic Competency Evaluations	50%
C. Average Score on Clinical Tests and Spot Checks	30%
Total	100%

Academic Progression for Clinical Radiography courses:

Test, evaluation/competency, spot check grades

- During the course, if a student scores less than **85%** on any evaluation instrument, a mandatory counseling session will be scheduled with the instructor and/or other academic counselor. This session will emphasize strategies for success on future evaluations and will be geared to the retention of the student.
- It is the responsibility of any student who decides to drop this course to officially withdraw from the course to avoid a grade of "F". A student may be administratively withdrawn as it becomes evident that he or she cannot meet course objectives due to lack of attendance.

RADIOGRAPHY Progression Policy Grade Below Minimum 80%: Per program policy students who achieve a minimum 80% overall competency for each RAD course will be eligible to progress in the Radiography program. Students making less than 80% on any test or competency must schedule a mandatory counseling session with the instructor and/or other academic counselor. This session will emphasize strategies for success on future evaluations and will be geared to retention of the student.

Course-Specific Student Behavior Standards

Students are expected to be familiar with and to abide by the student behavior standards as noted in the current RCCC Catalog and Student Handbook.

Course-Specific Cell Phone Policy

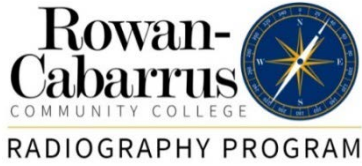
Under no circumstance is cell phone usage (voice, text, internet) permitted in any hospital/clinical department or patient area. Cell phone use is only permitted in designated areas and during scheduled breaks. Students found using cell phones during clinical will be dismissed from the clinical setting. Students will be responsible for any time/material missed.

Additional Items

Does Not Apply

Schedule of Course Topics

Rowan-Cabarrus Community College is a learning-centered institution, aided by enhancing active learning with technology. Instructors use cooperative/active learning techniques and/or technology where appropriate in the presentation of course content.



ANECDOTAL RECORD

Student: _____

Course/Clinical Setting: _____

Area: _____

Level: _____

Date: _____

Instructor: _____

*Indicate if this is a minor dress code violation warning? _____

Areas of unsatisfactory Performance:

Suggestion for removal of unsatisfactory performance:

Instructor's Signature _____

I certify that I have read and understand the information written on this Anecdotal Sheet. I further understand that I have a right to attach a written statement if I agree/disagree with the information as stated or if I feel that extenuating and mitigating factors should be considered.

Student's Signature _____

I _____ wish to attach a statement.
(do/do not)

Radiographic Evaluation Form

Student Name _____ **Date** _____ **Hospital** _____

Radiographic Study _____ **Exam ID** _____

Instructions: Place the view in top blank as indicated. Put an “X” in each box the student does not successfully accomplish. Please be aware each blank carries the same point value.

	Views Taken:				
* 1. Does student perform routine for the exam? ****					
****2. Does student correctly operate equipment for the exam?					
****3. Does student demonstrate knowledge of positions and protocol ?					
4. Could student set technical factors/AEC ?					
** 5. Did student have room, supplies and equipment prepared *** for the exam?					
6. Did student position patient and/or body part correctly?					
7. Did images have patient information and markers imprinted on them?					
8. Did student use the correct IR and grid ?					
9. Did student use the correct SID ?					
10. Did student use the correct tube angle/entrance point ?					
11. Did student use the correct tube/IR alignment and/or body part/IR alignment ?					
12. Did student use proper collimation and radiographic protection ?					
13. Did student use adequate immobilization (pig-o-state, restraints, tape, etc.)?					
14. Did student communicate appropriately with the patient and supervising technologist? (collect patient hx, clear pre- and post-instructions, provide patient care/compassion)					
15. Did student demonstrate critical thinking/problem solving skills appropriate for the situation?					
16. Image Evaluation. Could student identify image quality, orientation, artifacts, determine criteria for repeats etc.					
Check this box if exam done correctly.					<input type="checkbox"/>


* Must tip patient for BE ** Must include sterile tray set-up *** Must set up c-arm completely for exam
**** If a student cannot successfully complete items 1-3, the competency will result in a maximum grade of 75 and an automatic reevaluation.

Evaluator’s Signature _____ **Print Name** _____

Comments: _____

Student Signature _____

1. **Routine:**
Student should be aware of the routine views done at given site for exam being attempted. *For Barium enema, student must tip patient.
2. **Equipment:**
Student should be able to manipulate equipment in given room, along with any needed accessory equipment, to perform the exam.
3. **Positioning:**
Student demonstrates knowledge of correct positioning and baselines for exam as well as hospital specific protocols. This includes position of patient as well as body parts.
4. **Technical Factors -**
Student should have a working technical range for manual technique or AEC and be able to implement technique on equipment.
5. **Room Preparation -**
Student should have equipment and supplies needed for the exam ready and organized in exam room. **For any sterile procedure, student must also set up sterile tray.
6. **Patient Positioning:**
Student should position patient accurately. If any radiograph is repeated for positioning problems, it should be indicated.
7. **Patient Information:**
Student should properly ID patient and make sure that images are marked appropriately with both patient information and anatomically correct markers.
8. **Image Receptor (IR):**
Student should have selected the proper IR, cassette and/or grid, or combination of said equipment.
9. **SID:**
Student is to use correct source-to-image distance for the exam.
10. **Tube Angle and Central Ray:**
Student should have used correct angulation of tube and correct entrance/exit point.
11. **Tube/IR Alignment, Body Part/IR Alignment:**
Student should have correctly aligned tube with IR and/or body part with IR.
12. **Collimation/Radiographic Protection:**
Student should always collimate to cassette/IR size or smaller. Student should have asked appropriate questions concerning pregnancy and always attempt shielding in as much as exam allows.
13. **Immobilization:**
Student should be aware of immobilization devices and be able to use them when needed for the exam.
14. **Communication/Patient Care:**
Student should effectively communicate with patient in order to collect & record pertinent patient history and properly direct patient during the exam; give patient clear pre- and post-exam instructions; and communicate effectively with supervising technologist. Student should also provide patient care and demonstrate compassion toward patient.
15. **Critical Thinking/Problem Solving:**
Student should be able to analyze a situation and improvise accordingly.
16. **Image Evaluation:**
Students should evaluate images for optimum image quality including image orientation, technical factors, recognize artifacts, repeat criteria, and suggest appropriate changes to improve image quality.


Rowan-Cabarrus
 COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
O.R. Evaluation Form

Student Name _____ **Date** _____ **Hospital** _____

Radiographic Study _____ **Exam ID** _____

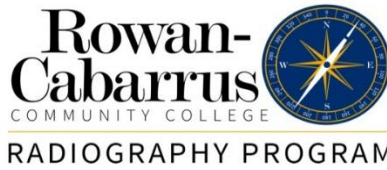
Instructions: Place the view in top blank as indicated. Put an “X” in each box the student does not successfully accomplish. Please be aware each blank carries the same point value.

Views Taken:					
1. Does student perform routine for the exam while maintaining sterile field?					
2. Does student correctly assemble equipment for the exam?					
3. Did student enter patient information into monitor?					
4. Did student utilize all icons on c-arm/portable appropriately?					
5. Was the student able to rotate the image ?					
6. Was the student able to reverse the image ?					
7. Was the student able to magnify the image ?					
8. Was the student able to store/save the image ?					
9. Did the student obtain the required images for the surgeon?					
10. Did student print film images or send images to PACS ?					
11. Did student annotate images if necessary?					
12. Did student manipulate image before sending to PACS?					
13. Did student remove the c-arm/portable from the O.R. room to storage area?					
14. Did student use correct radiation protection ?					
15. Did student demonstrate critical thinking/problem solving skills appropriate for the situation?					
***Must set up c-arm completely for exam Check this box if exam done correctly.					

Evaluator’s Signature _____ **Print Name** _____

Comments: _____

Students Signature _____



Radiographic Spot Check Assessment

Student Name _____ **Date** _____
Radiographic Study _____ **Routine** _____ ***Critical Thinking** _____

*Criteria for Critical Thinking: Modifications required; may include variations in positioning, minimal movement of part, compensation for equipment limitations, etc.

Instructions: Place the view in top blank as indicated. Put an “X” in each box the student does not successfully accomplish. Please be aware each blank carries the same point value.

	Views Taken:				
* 1. Did the student perform the correct routine for the exam?					
* 2. Did the student correctly operate the equipment for the exam?					
* 3. Does student demonstrate knowledge of positions and protocol ?					
4. Could student set technical factors/AEC ?					
5. Did student have room, supplies and equipment prepared for the exam?					
* 6. Did student position patient and/or body part correctly?					
7. Did images have patient information and markers imprinted on them?					
8. Did student use the correct IR and grid ?					
9. Did student use the correct SID ?					
10. Did student use the correct tube angle/entrance point ?					
11. Did student use the correct tube/IR alignment and/or body part/IR alignment ?					
* 12. Did student use proper collimation and radiographic protection ?					
13. Did student use adequate immobilization (pig-o-state, restraints, tape, etc.)?					
14. Did student communicate appropriately with the patient and supervising technologist? (collect patient hx, clear pre- and post-instructions, provide patient care/compassion)					
15. Did student demonstrate critical thinking/problem solving skills appropriate for the situation?					
16. Image Evaluation. Could student identify image quality, orientation, artifacts, determine criteria for repeats etc.					
Check this box if exam done correctly.					<input type="checkbox"/>

* If a student cannot successfully complete starred criteria, the spot check will result in an automatic score of 75% and a revocation of associated completed competency and the competency category will need to be completed again.

Evaluator’s Signature _____

Student Signature _____

**Rowan-Cabarrus Community College
Radiography Technology Program
Clinical Competency Test A**

PDA - Performs or Demonstrates Adequately
PDI - Performs or Demonstrates Inadequately

	PDA	PDI
Section I: Sterile Technique		
1. Demonstrates ability to put on sterile gloves		
2. Demonstrates ability to open sterile packages		
3. Demonstrates placement of a sterile item on a sterile tray		
4. Explain what a sterile field is and tell how it would be kept sterile throughout an entire procedure		
Comments:		
Section II: Surgical Radiographic Procedures		
1. Describe the proper attire for the surgical suite.		

	PDA	PDI
2. Explain why it would be necessary to maintain a sterile field in surgery.		
3. Explain how portable unit(s) and C-arm are “sterilized” for surgery cases.		
Section III: Myelography (Manipulation)		
1. Tray Preparation:		
a. Myelography tray: open and set up following aseptic technique		
b. ID’s contrast media		
c. From tray, ID’s spinal needle		
d. From tray, ID’s contrast syringe		
e. From tray, ID’s anesthetic syringe		
f. From tray, ID’s prep sponges		
g. Recognizes use of test tubes		
2. Equipment Preparation:		
a. Manipulates fluoro carriage controls for myelography		

PDI - Performs or Demonstrates Inadequately

	PDA	PDI
b. Positions part for lateral (cross table)		
c. Chooses proper grid/holder/IR combination		
d. Selects proper central ray location for x-table lumbar myelogram		
e. Selects proper alignment for IR/grid/tube		
f. Selects proper collimation		
g. Selects proper exposure factors for medium adult		
3. Digital Fluoro Equipment:		
*1. Digital Fluoro Room:		
a. Enters patient information.		
b. Produces fluoroscopy set up.		
c. Edits and “sends” digital images.		
d. Produces conventional technique set-up for x-table laterals.		

	PDA	PDI
Section IV: Myelography (General)		
1. List two appropriate pre-myelography instructions:		
a.		
b.		
2. List two appropriate post-myelography instructions:		
a.		
b.		
3. List two appropriate clinical history scenarios consistent with myelography:		
a.		
b.		
4. List two contraindications to contrast media applied to myelography:		
a.		
b.		
5. List two adverse reactions to contrast media applied to myelography:		
a.		
b.		

**Rowan-Cabarrus Community College
Radiography Program
Clinical Competency Test A
Study Guide**

- I. **Sterile Technique:** (can be combined with myelography sections)
 - A. Donning sterile gloves
 - B. Opening sterile packages and placing items on sterile tray
 - C. Sterile field definition
 - D. Maintaining sterile field throughout procedure

- II. **Surgical Procedures:**
 - A. Proper surgical attire. Remember lab coat
 - B. Why a sterile field is important in surgery
 - C. How to keep C-arm/Portable “sterile” during surgery cases

- III. **Myelography (Manipulation)**
 - A. Simulate/demonstrate tray prep and ID components for myelogram.
 - B. Simulate/demonstrate equipment/positioning preparation for myelogram - (x-table - lumbar).
 - C. Digital Fluoro Equipment
For digital fluoro rooms: demonstrate ability to set up fluoro, enter patient information, and edit images.

- IV. **Myelography (General)**
 - A. Determine appropriate clinical history for myelography.
 - B. Determine appropriate pre and post instruction for a myelography patient.
 - C. Determine contraindications and adverse reactions to contrast media applied to myelography.

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY TECHNOLOGY PROGRAM
CLINICAL COMPETENCY TEST B**

PDA - Performs or Demonstrates Adequately

PDI - Performs or Demonstrates Inadequately

	PDA	PDI
Section I: Standard Precautions: Identify correct protective barriers		
1. Airborne:		
2. Droplet:		
3. Contact Isolation:		
4. Define Standard Precautions:		
Section II: Pediatric Procedures		
1. Pediatric Chest Performance: (Simulation)		
a. selects proper technical factors for a pediatric chest		
b. manipulates and utilizes a pig-o-stat or a pap pose restraint		
c. demonstrates proper beam collimation		
d. demonstrates proper patient shielding		
e. demonstrates proper positioning		
Comments:		
2. Pediatric Skull (head work) or Extremity Exam:		

	PDA	PDI
a. select proper technical factors		
b. demonstrates proper positioning		
c. demonstrates proper immobilization devices		
d. demonstrates proper shielding		
e. demonstrates proper beam collimation		
Comments:		
Section III: Patient Care Skills		
1. Define Universal Precautions:		
2. For the following categories identify the correct protective barriers for each:		
a. Contact Isolation		
b. Respiratory Isolation		
c. Protective Isolation		
d. Strict or Complete Isolation		
e. Disease-Specific Isolation (Ex. TB)		
f. Universal Precautions		
Comments:		

	PDA	PDI
Section IV: Radiobiology and Protection 1. What does "ALARA" stand for and explain its meaning?		
2. In terms of radiation protection, what question should all females of child bearing potential be asked?		
3. Explain the RT's response when a patient is unsure about pregnancy status:		
4. For the following tissues or organs state whether they have a High (H), Intermediate (I), or Low (L) sensitivity to radiation: – Spinal Cord – Gonads – Liver – Bone Marrow – Muscle – GI Tract		
5. State the three Cardinal Principles that apply to radiation protection:		
Comments:		

	PDA	PDI
6. State the RT's role regarding holding a patient during a radiographic exam?		
Comments:		
7. Locate two shielding devices and demonstrate their use: a.		
b.		

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
ETHICS AND PRACTICE EVALUATION
INSTRUCTOR AND STUDENT EVALUATION FORM**

Instructions: The evaluation of the student is based on a scale of 1-4, with 4 being the best possible. Comments are provided to guide the evaluator and student in their selection. Comments must be given for a grade of 1 or 4. If an area does not apply to a given rotation, please make a comment.

Professional Development

1. Attendance:

1. Absent often (have absences in excess of allowed personal days).
2. Occasionally absent (has taken all personal days).
3. Seldom absent (has not taken all personal days).
4. Never absent (has taken no personal days).

2. Quantity of Work/Work Ethic:

1. Avoids producing exams, always/often idle, or not in designated area.
2. Will produce exams but must be prompted to engage in procedures.
3. Is busy most/all of the time (adequate quantity)
4. Seeks additional learning experiences.

3. Cooperation with Staff and Peers:

1. Uncooperative, offers excuses, needs prodding.
2. Cooperates only when it suits or benefits student (i.e., I will do that later, I want to go on break with my friend, etc.)
3. Moderately cooperative (often needs additional instruction or clarification).
4. Always cooperative.

4. Willing and Able to Follow Directions:

1. Not able and/or willing (lacking skills and/or motivation).
2. Demonstrates some knowledge and limited ability, but no motivation to perform task.
3. Demonstrates knowledge and ability and is motivated to perform task but must be instructed to do so.
4. Intuitively recognizes opportunities to assist and performs tasks without being prompted.

5. Recognizes and Corrects Own Errors:

1. Never recognizes own errors.
2. Beginning to recognize errors but cannot correct.
3. Recognizes errors but cannot always correct.
4. Recognizes and corrects errors.

6. Punctuality:

1. Arrives 15 minutes late, has lost personal day.
2. Chronically arrives 0-10 minutes after the said start time.
3. Arrives at said start time but takes additional time to prepare for clinic.
4. Arrives in department and is ready to begin day prior to say start time.

7. Respect for Patients, Staff and Peers:

1. Makes derogative or demeaning remarks about patients, staff or other classmates.
2. Displays disrespectful body language or gestures, is moody or has unpredictable disposition.
3. Displays an indifferent behavior.
4. Is respectful and polite at all times.

8. Professional Presentation of Self:

1. Poor (sloppy appearance, wrinkled uniform, no markers, pen, name tag, food or smoke odor).
2. Constantly breaks dress code (i.e., non-authorized shoes, nails, etc.)
3. Good (follows dress code with occasional exception or reminder).
4. Exceptional (follows dress code with no exception).

9. Maintains Work Area:

1. Leaves room in disarray (i.e., dirty sheets, clutter).
2. Leaves room in fair condition for next exam.
3. Leaves room in good condition for next exam and maintains a clean and well-stocked work area.
4. In addition to #3, sanitizes table, upright bucky and IR's between patients as necessary.

Comments: _____

Technical

1. Positioning Accuracy/Repeat Knowledge:

1. Demonstrates little repeat knowledge and has difficulty in positioning anatomy covered in class. Has many repeats or must be corrected often.
2. Demonstrates some repeat knowledge, can position some anatomy covered in class, and needs improvement to be at desired level.
3. Demonstrates repeat knowledge, can accurately position all anatomy covered in class, few repeats or corrections.
4. Has incorporated positioning techniques gleaned from practical experience and technologist input.

2. Fluoroscopy:

1. Cannot perform unassisted.
2. Can perform with much assistance.
3. Can perform with little assistance.
4. Can perform unassisted.

3. Radiation Protection:

1. Does not use radiation protection.
2. Uses radiation protection inconsistently.
3. Uses radiation protection with minimum reminders.
4. Always uses radiation protection.

4. Image Evaluation:

1. Demonstrate no image evaluation skills.
2. Demonstrates limited knowledge of image evaluation.
3. Demonstrates moderate knowledge of image quality, must ask if image is satisfactory.
4. Easily recognizes satisfactory images.

5. Knowledge of Techniques:

1. Has no knowledge of kVp/mAs values for given anatomy
2. Can set kVp, Ma and mas using given information (i.e., verbal or chart).
3. Can set some techniques without use of chart and is beginning to grasp kVp values for various anatomy.
4. Has committed to memory kVp and mas values for numerous anatomical areas.

6. Use and Care of Equipment:

1. Has difficulty moving tube (i.e., detent, centering, and upright bucky).
2. Can manipulate tube and use console only for routine exams.
3. Is proficient with equipment use for routine exams and beginning to manipulate tube for trauma exams.
4. Is proficient with equipment use for all exams including trauma.

7. Minor Special Procedures/C-arm:

1. Could not perform unassisted.
2. Could perform with major assistance.
3. Could perform with minor assistance.
4. Could perform with no assistance.

8. Use of Markers/Patient Identification:

1. Does not use lead markers.
2. Uses lead markers sporadically or does not use properly (constantly using computer generated markers).
3. Lead markers are used often but are sometimes in non-visible area.
4. Lead markers are always demonstrated on images.

9. Knowledge of Routines/Protocols:

1. Must constantly ask routine or protocol.
2. Has grasp of routines learned in class but does not remember hospital specific protocol, needs improvement.
3. Has adequate knowledge of routines and protocols.
4. Changes between clinical sites with ease, demonstrating knowledge of routines and site protocols.

10. Work Speed/Efficiency:

1. Major problems with organization/speed.
2. Needs improvement with organization/speed.
3. Work flow is organized; speed is improving (few problems).
4. Is organized and work flow is smooth and efficient.

Comments: _____

Communication

1. Communication with Staff and Peers (Verbal and Non-verbal):

1. Lack of communication, or negative/hostile.
2. Mostly positive but sometimes negative.
3. Always positive but communication is one way.
4. Communication is positive and two ways.

2. Requisition Interpretation and Verification:

1. Cannot interpret written orders and/or fails to verify patient ID (has radiographed wrong patient or wrong exam on patient).
2. Sometimes has difficulty with written orders and verifying patient ID.
3. In most cases, verifies patient ID and written orders.
4. Always verifies patient ID and written orders and questions any inconsistencies.

3. Promotes Interpersonal Relationships:

1. Promotes **negative** interpersonal relationships.
2. Much difficulty with interpersonal relationships (painfully shy or introverted).
3. Some difficulty, somewhat hesitant.
4. No difficulty, very outgoing and at ease with staff, peers, and patients.

4. Promotes Instruction/Communication:

1. Cannot speak to patients on any level.
2. Can speak to patients at a social level but has difficulty delivering instructions.
3. Instructions to patients are effective, needs improvement on age appropriate instruction, sometimes gets impatient.
4. Communications and instruction are effective and age appropriate for difficult patients.

5. Care of difficult patient:

1. Cannot deal with difficult patient (loses temper, becomes impatient).
2. Major improvement needed.
3. Copes adequately with difficult patient.
4. Provides exceptional care.

6. Concern for Patient Safety and Welfare:

1. No concern shown; does not recognize potential danger (i.e. falls, skin tears, etc.).
2. Preoccupied by other task, patient safety and welfare overlooked.
3. Concern was demonstrated by assistance but only when prompted by patient or staff.
4. Safety and welfare well demonstrated (offers additional items, blankets, folding pillow, etc.).

7. Patient History/Information:

1. Fails to ask patient history.
2. Asks patient history but cannot determine which information is necessary for diagnosis.
3. Recognized useful patient history but cannot rephrase it in medical terms.
4. Writes accurate and pertinent history in correct medical terminology.

8. Teaching Activities:

1. Never participates (does not share any experiences or acquired knowledge).
2. Seldom participates (sometimes shares experiences or acquired knowledge).
3. Often participates (readily available to help fellow students or share experiences).
4. Always participates (always helpful with helpful hints, etc.).

Comments: _____

<p>By my signature I acknowledge that I have read this clinical documentation record</p> <p>I would like a conference to discuss this record at this time.</p> <p>YES NO</p> <p>_____</p> <p style="text-align: center;">Student's Signature Date</p>	<p>The above ratings are based on current observations of the student's behavior relative to the Student and Clinical Handbook and Course Syllabus and reflect to the best of my ability an objective evaluation.</p> <p>_____</p> <p style="text-align: center;">Clinical Instructor's Signature Date</p>
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Grading System:

1st Semester only

- | | |
|--------------|------------|
| 112-99 = 100 | 100-87=100 |
| 98-84 = 90 | 86-75 = 90 |
| 83-70 = 85 | 74-61 = 85 |
| 69-56 = 80 | 60-48 = 80 |
| ≤55 = 70 | ≤47 = 70 |

Overall Progress (List areas below expectation)

1. Far below expectation.
2. Below expectation.
3. Normal.
4. Above normal.

NAME: _____ DATE: _____

RAD Student Performance Evaluation		COMMENTS
<p>PATIENT POSITIONING – The student is able to apply appropriate positioning concepts to difficult patients and is able to arrive at desired outcome of an optimal radiograph</p> <p>The student is able to properly position the patient for all exams, requiring only minimal reminders</p> <p>The student is able to position for all exams but requires close scrutiny and performs at a less than average speed.</p> <p>The student is not able to position for exams but knows routines.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>IMAGE ACQUISITION – The student is able to perform, acquire, and process digital images; taking into account variable imaging and patient factors. The student is also able to accommodate for differences in imaging parameters: Control panels, imaging plates, exposure techniques, SID, etc.</p> <p>The student is able to perform and acquire digital images with very minimal assistance.</p> <p>The student demonstrates an understanding of digital imaging control panels but has difficulty in practice.</p> <p>The student does not demonstrate knowledge or understanding of digital imaging parameters.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>EVALUATING RADIOGRAPHS – The student is able to make corrections needed for retakes and is able to manipulate technical factors to make these corrections.</p> <p>The student is able to identify corrections required for a retake, and requires little assistance in making these corrections.</p> <p>The student is able to identify technical errors but repetitively requires input on action needed to correct the error.</p> <p>The student does not demonstrate knowledge of required criteria and is not able to identify technical errors.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>EQUIPMENT OPERATION – The student demonstrates knowledge of equipment functions and is able to manipulate and operate comfortably in different rooms, different situations, or outside the scope of usual operation if needed.</p> <p>The student requires some improvement on equipment operation and function.</p> <p>The student demonstrated lack of competency with</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

equipment operation on repeated occasions.

INITIATIVE –

The student arrives on time, follows absence policies, and initiates and prepares for exams without being told to do so, and seeks additional learning opportunities.

The student does not initiate interactions or involvement with procedures, and/or requires occasional reminders.

The student demonstrates little to no initiative after repeated reminders.

PROFESSIONALISM –

The student demonstrates complete confidence in his/her clinical and interpersonal abilities and actively seeks performance feedback to improve; and demonstrates a desire for success.

The student is very cooperative but has difficulty accepting constructive criticism towards professional improvement and/or lacks the capability to take responsibility for actions.

The student lacks professionalism in the clinical setting and demonstrates indifference to clinical application and performance.

COMMUNICATION –

The student explains the procedure to the patient in a concise manner so that the patient knows exactly what to anticipate and ensures complete patient cooperation.

The student can communicate basic information to the patient but requires some assistance with patient communication.

The student needs improvement with patient communication.

PATIENT CARE –

The student demonstrates good patient care skills, demonstrates empathy, and can attend basic patient care needs.

The student can attend to basic patient care needs with some reminders.

The student requires direction with basic patient care skills.

RADIATION PROTECTION –

The student exercises thorough knowledge of radiation safety and exposure limitation procedures; uses gonadal shielding (when appropriate) in addition to close collimation. Student also inquires as to possibility of pregnancy.

The student requires some assistance with radiation restriction, but consistently uses gonadal shielding and inquires as to possible pregnancy.

The student needs occasional reminders on gonadal shielding, collimation, and inquiring as to the possibility of pregnancy.

The student does not consistently use gonadal shielding or collimation and does not consistently ask the patient as to the possibility of pregnancy.

POLICY/PROCEDURE COMPLIANCE -

Student is fully aware of supervision policies and accurately complies with direct and/or indirect supervision while completing competencies and/or examinations; at all times exercises direct supervision policies to repeat examinations.

The student is aware of supervision policies but occasionally needs reminders of procedures and compliance requirements.

The student does not follow procedures and compliance requirements.

SUMMARY OF STUDENT'S PERFORMANCE:

Follow up meeting recommended: Yes _____ No _____ Date: _____

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Rowan Cabarrus Community College
Radiography Competency Report

Student:					
Program: Radiography Prog					
Procedure / Type	Req	Sim	Verified	Clinic	Grade
Abdomen					
Abdomen Supine (KUB)	X				
Abdomen Series (Chest, Flat,	X				
Abdomen Decubitus*					
Abdomen Obliques					
Abdomen 2 View (Flat & Erect)					
Cranium (must perform 1*)					
Skull*					
Sinuses*					
Facial Bones*					
Orbits (for MRI) *					
Zygomatic Arches*					
Nasal Bones*					
Mandible (PA & Panorex)					
Skull Limited (AP & Lat) *					
Cephalogram					
Mandible (Townes, PA, Obs) *					
Orbits (Reese & PA) *					
Submentovertex (SMV)					
Skull Trauma*(AP, Caldwell,					
TMJ*					
Digestive System					
Barium Enema Single*	X				
Gastrographin Study(BEorUGI)					
T-tube Cholangiogram					
Feeding Tube with Contrast					
UGI (with overheads) *					
UGI (Digital Study) *	X				
Small Bowel Series*	X				
Barium Enema Double*					
Small Bowel Spot (Terminal					
Esophagus*	X				
Fluoroscopy Studies					
ERCP*					
Fluoro Chest					
Modified BariumSwallow					
Geriatric Patient (Physically or Cognitively Impaired as a					
Chest Routine 65+	X				
Upper Extremity 65+	X				
Lower Extremity 65+	X				
Lower Extremity					
Foot	X				
Toe*					

Rowan Cabarrus Community College
Radiography Competency Report

Student:					
Program: Radiography Prog					
Procedure / Type	Req	Sim	Verified	Clinic	Grade
Ankle	X				
Knee (AP/Lat on table)					
Tibia-Fibula	X				
Femur	X				
Trauma Lower Extremity	X				
Patella* (Sunrise/Settegast)					
Calcaneus* (Os Calsis)					
Pelvis	X				
Hip (AP/Lat Frog)	X				
Hip (AP/X-table Trauma)	X				
Ankle (Weight Bearing)					
Foot (Weight Bearing)					
Knee X-table Lat					
Knee (AP/Obl/Lat on table)	X				
Knee Standing (AP/Lat)					
Intercondylar Fossa (Tunnel)					
Misc. Non-Sterile					
Soft Tissue Neck*					
Shunt Series (head, chest,					
Metastatic Bone Survey					
Casted Extremity					
Misc. Sterile (must include tray set up)					
Myelogram Lumbar*					
Arthrogram					
Myelogram Cervical*					
Thoracocentesis/Paracentesis					
Hip Injection					
Hysterosalpingogram*					
Lumbar Puncture					
Non-Surgical Misc.					
Misc. Non-Surgical (requires					
Pediatric (age 6 and younger)					
Pediatric Chest	X				
Pediatric Upper Extremity*					
Pediatric Abdomen*					
Pediatric Portable Abdomen*					
Pediatric Lumbar Spine					
Pediatric Lower Extremity*					
Pediatric Skull					
Pediatric Sinuses					
Pediatric C-Spine					
Pediatric Pig-O-Stat Chest					
Pediatric Barium Swallow					
Pediatric UGI					

Rowan Cabarrus Community College
Radiography Competency Report

Student:					
Program: Radiography Prog					
Procedure / Type	Req	Sim	Verified	Clinic	Grade
Pediatric Barium Enema					
Pediatric IVU					
Pediatric Voiding Cystogram					
Pediatric Pelvis					
Pediatric Portable Chest*					
Portable Exams					
Portable Chest	X				
Portable Abdomen	X				
Portable Lower Extremity	X				
Portable Upper Extremity					
Portable Lumbar Spine					
Portable Pelvis					
Portable Post-Op (in recovery)					
Portable C-Spine					
Portable Decubitus Abdomen					
Portable Decubitus Chest					
Portable Surgery					
Abdomen in OR					
Foraminal Stenosis OR					
Spinal Fusion OR					
Open Reduction					
Closed Reduction					
IVU OR					
Cholangiogram					
Hip Pinning					
Surgical Studies					
Laminectomy/Diskectomy					
Cholangiogram					
Misc. C-Arm					
Nerve Block					
Spinal Fusion C-Arm	X				
Closed Reduction C-Arm					
Hip Pinning or Replacement					
Laparoscopic Cholangiogram					
Pace Maker C-Arm					
Port-A-Cath C-Arm					
Open Reduction C-Arm	X				
Arteriogram C-arm					
Bronchoscopy C-Arm					
Subclavian Dialysis Catheter					
Brachytherapy (seed implant)					
Thorax					
Chest Routine (2 vws)	X				
Chest AP	X				

Rowan Cabarrus Community College
Radiography Competency Report

Student:					
Program: Radiography Prog					
Procedure / Type	Req	Sim	Verified	Clinic	Grade
Chest Lateral Decubitus*					
Sternum*					
Supine Chest					
Lordotic Chest					
Oblique Chest					
Nipple Marked Chest					
Expiration Chest					
Ribs	X				
Sternoclavicular Joints (SC)					
Upper Extremity					
Hand	X				
Thumb	X				
Wrist	X				
Forearm	X				
Elbow	X				
Humerus	X				
Shoulder Outlet					
Shoulder (Y-view or trans)	X				
Clavicle	X				
Scapula*					
Finger	X				
Shoulder (Internal/External)	X				
Shoulder Axiolateral					
Navicular					
Humerus Transthoracic					
Ball Catcher Hands					
Trauma Upper Extremity	X				
Acromioclavicular Joints* (AC)					
Urinary System					
Intravenous Urography IVU*					
Urethrogram					
IVU with Tomography					
Cystogram					
Voiding Cystogram					
Urology Surgical					
Retrograde Pyelography					
Cystogram Surgery					
Stone Removal Surgery					
IVC Filter Placement Surgery					
J-Stint Placement Surgery					
Vertebral Column					
Cervical Spine (AP, Obf's, Lat)	X				
Trauma C-Spine (X-Table Lat)	X				
Thoracic Spine	X				

Rowan Cabarrus Community college

Radiography Competency Report

Student:					
Program: Radiography Prog					
Procedure / Type	Req	Sim	Verified	Clinic	Grade
Lumbar Spine w/ Obl's	X				
Coccyx*					
Scoliosis Series*					
Sacroiliac Joints (SI)*					
Trauma C-Spine w Obl's					
Odontoid (Tip Shot)					
C-Spine Flexion & Extension					
Swimmers (Twinning Method)					
Lumbar Spine Limited (AP/Lat)					
Lumbar Flexion & Extension					
Sacrum*					

Recap	Total Exams:	<u>Competency Type</u>
	Required:	
	Elective:	
	Simulated:	
	Average Grade:	

Exam Requirements:

Required exams are indicated with an "X". Elective exams are indicated by an astricks following the exam name.

- 41 required exams (X)
- 15 out of the 34 electives marked (*)
 - Atleast one of the 15 electives must be completed from the cranium section.

All indicated exams are consistent with ARRT and RCCC Radiography Program requirements and must be completed before graduation.

Clinical Evaluation Summary

Student: 102, student ID: rccc		Hours To Date:			
Program: Radiography Prog					
Procedure / Type	Req	Sim	Verified	Clinic	Grade
Abdomen					
Abdomen Series (Chest, Flat,	X				
Abdomen Decubitus*					
Abdomen Obliques					
Abdomen 2 View (Flat & Erect)					
Abdomen Supine (KUB)	Clinical Evaluation	X		TR 2	100%
Cranium					
Skull*					
Sinuses*					
Facial Bones*					
Orbits (for MRI)*					
Zygomatic Arches*					
Nasal Bones*					
Digestive System					
Barium Enema Single*	X				
Gastrographin Study(BEorUGI)					
T-tube Cholangiogram					
Feeding Tube with Contrast					
UGI (with overheads)*					
Barium Enema Double*					
Small Bowel Spot (Terminal					
Esophagus*					
UGI (Digital Study)*	Fluoroscopy	X		TR 2	93%
Small Bowel Series*	Fluoroscopy			TR 2	96%
Fluoroscopy Studies					
ERCP*					
Fluoro Chest					
Modified BariumSwallow					
Geriatric Patient (Physically or Cognitively Impaired as a					
Chest Routine 65+	X				
Upper Extremity 65+	X				
Lower Extremity 65+	X				
Lower Extremity					
Toe*					
Ankle	X				

Rowan Cabarrus

Competency Report
5/1/2018 to 05/10/2018

Student: 102, student ID: rccc		Hours To Date:			
Program: Radiography Prog					
Procedure / Type	Req	Sim	Verified	Clinic	Grade
Coccyx*					
Scoliosis Series*					
Sacroiliac Joints (SI)*					
Trauma C-Spine w Obl's					
Odontoid (Tip Shot)					
C-Spine Flexion & Extension					
Swimmers (Twinning Method)					
Lumbar Spine Limited (AP/Lat)					
Lumbar Flexion & Extension					
Sacrum*					

Recap	Total Exams:	5	Competency Type	
	Required:	3	Clinical Evaluation	3
	Elective:	2	Fluoroscopy	2
	Simulated:			
	Average Grade:	96.40%		

CLINICAL INSTRUCTOR UPDATES

Name	Test A	Test B	Syllabus Test	Spot Check	CT	Required Exams	Comp Total	Hold s	PD' S	Rep Sheet	Notes
STUDENT A	X		X	X	X	Lspine;Hip;UGI; Esoph	12		2	XX	
STUDENT B	X	X	X	X	X	Lspine;Hip;Esoph; SMB	18	7	1	XX	
STUDENT C	X	X	X		X	Hip;Lspine;Esoph; UGI	10		3	XXX	
STUDENT D	X		X	X		Pelvis;Lspine; Esoph;UGI	18	2	2	XX	
STUDENT E	X	X	X	X	X	Lspine;Pelvis;UGI;B E	11		3	XXX	
STUDENT F	X		X	X	X	Lspine;Pelvis;BE; UGI	12		2	XX	
STUDENT G	X	X	X			Pelvis;Lspine; BE; UGI	18	5	1	XXX	
STUDENT H	X	X	X	X	X	Pelvis;Lspine;Esop h; BE	18	8	1	XXX	
STUDENT I	X	X	X	X	X	Lspine;Pelvis;BE; UGI	10		2	XXX	
STUDENT J	X	X	X	X		Pelvis;Lspine;Esop h; UGI	13		3	XX	
STUDENT K	X	X	X		X	Lspine;Hip;Esoph; UGI	18	2		XXX X	
STUDENT L	X	X	X	X	X	Pelvis;Lspine;UGI; Esoph	18	3	2	XX	
STUDENT M	X		X	X	X	Lspine;Hip;Esoph; BE	15		3	XX	
STUDENT N	X	X	X			Pelvis;Lspine;BE; Esoph	10		2	XX	
STUDENT O	X		X	X	X	Lspine;pelvis; Esoph;UGI	18	1	3	XX	
STUDENT P	X	X	X	X	X	Pelvis;Lspine;BE; UGI	16	1	1	XXX	
STUDENT Q	X	X	X			Hip;Lspine; UGI;BE	18	4	1	XXX	
STUDENT R	X	X	X		X	Lspine;Pelvis;BE; UGI	17			XXX X	

**Rowan-Cabarrus Community College
Radiography Program
Request for Schedule Change**

Name: _____

Date: _____

Date(s) of Requested Absence:

Reason: _____

Change that will be involved: _____

Signature: _____ **Date:** _____

Clinical Coordinator: _____ **Date:** _____

Approved ()

Not Approved ()

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
DAILY TIME SHEET
RAD 171 SUMMER 2019**

STUDENT NAME

DATE	NAME OF CLINICAL SITE	ARRIVAL TIME	INSTRUCTOR/TECH SIGNATURE	DEPART TIME	INSTRUCTOR/TECH SIGNATURE

TOTAL HOURS PRESENT _____

TOTAL HOURS ABSENT _____

STUDENT SIGNATURE _____ DATE: _____

INSTRUCTOR VERIFICATION _____ DATE: _____

ADDITIONAL NOTES:

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
CLINICAL ATTENDANCE SHEET
RAD 171 Summer 2019**

Dress Code Checklist			
1. Uniform includes name tag, markers, and ink pen, personal radiation monitoring device, repeat sheet, competency examination record, and timesheets.			
2. Fingernails must be clean and well groomed, and must not exceed ¼” beyond the fingertips to protect the student and patient from injury. Decoration of nails is not acceptable. Only pale, translucent colors are acceptable without any chips exhibited. Artificial nails (acrylic overlay, silk, etc.) of any type are not acceptable in certain clinic sites.			
3. Foot wear must be clean and white in color.			
4. All hair must be neat, clean, well-groomed, and of a natural hair color and style. Long hair must be pulled back (male and female). Facial hair must also be neatly groomed.			
5. The standard lab jacket can be worn. Lab jackets are mandatory when assigned to OR.			
6. Jewelry is to be at a minimum. A watch, wedding ring, single post earrings, and a single necklace are acceptable. Jewelry piercing are not to be worn in any body part other than the ear. Tattoos kept covered.			
7. All uniform items are to be both neat and clean (which includes ironed appearance).			
8. Cleanliness of body and good dental hygiene are to be observed at all times. Therefore, only conservative and tasteful makeup is acceptable.			
9. No strong cologne or perfume.			
10. Undershirts must be white.			
11. Cellphones must be stored.			

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
CLINICAL SCHEDULE**

	ROOM	5/19-23	5/26-30	6/2-6	6/9-13	6/16-20	6/23-27*	7/7-11	7/14-18	7/21-25	7/28-30
N E M C	IP (Routine/Mobile)	Patton	Weaver	Barlowe	Honeycutt	Anderson	Weaver	Goodman	Whitley	Weaver	Ritchie
	IP Trauma	Whitley		Honeycutt	Patton	Barlow		Weaver		Anderson	Weaver/Corriher
	IP Routine/Fluoro	Hegeman	Whitley			Weaver	Anderson		Barlowe		Anderson
	OR	Weaver	Anderson	Hedgeman	Barlowe	Whitley	Patton	Honeycutt	Goodman	Ritchie	*
	OP	Honeycutt	Patton	Weaver	Whitley	Goodman		Anderson	Ritchie	Barlowe	Whitley
	OP	Barlowe	Honeycutt	Patton	Anderson	Patton	Whitley	Barlowe	Weaver	Corriher	Goodman
	OP Fluoro	Anderson	Barlowe	Whitley	Hegeman	Honeycutt	Goodman	Patton	Anderson	Whitley	Barlowe
2 nd	_____	Hegeman	Anderson	Weaver	_____	Barlowe/Honeycutt	Gorman*/Whitley	Patton	Goodman	_____	
R R M C	Rm 4/Portables	Walker	Gaydeski	Leatherman	Goodnight	Walker	McKnight	Rowlands	Leatherman	Gaydeski	Walker/Gorman
	Rm 5	Goodnight	Walker	Rowlands	Leatherman	Henderson	Rowlands	Gaydeski	Corriher	Patton	Gaydeski
	OR	Rowlands	Goodnight	Gaydeski	Henderson	Corriher	Leatherman	McKnight	Walker	Gorman	*
	Rm 6	Henderson	Leatherman	Walker	Gaydeski	Goodnight	Corriher	Walker	Rowlands	McKnight	Patton
	Rm 7	Gaydeski	Rowlands	Corriher	Walker	Leatherman	Gaydeski			Rowlands	Leatherman
	OP	Leatherman/Corriher	Henderson	Goodnight	Corriher	Rowlands/Gaydeski	Goodnight	Corriher	Goodnight	Walker/Leatherman	Rowlands/McKnight
	2 nd	_____	Corriher	Henderson	Rowlands	_____	Walker/Ritchie*	Goodnight/Leatherman	McKnight/Gaydeski		_____
V M A C	Rm A/Portables	McKnight	Goodman	Gorman	Ritchie	Hegeman	Henderson	Hegeman	Honeycutt	Goodnight	Hegeman
	Rm C	Gorman	McKnight	Ritchie	Goodman	Gorman	Hegeman	Ritchie	Henderson	Honeycutt	Goodnight
	Rm D	Ritchie	Gorman	Goodman	McKnight	Ritchie	Gorman	Henderson	Hedgeman	Henderson	Honeycutt
	Rm B	Goodman	Ritchie	McKnight	Gorman	McKnight			Gorman	Hegeman	Henderson
	OR & 2 nd @ NEMC & RRMC						(Ritchie)*	(Gorman)*			
		(VAMC closed 5/26 for Memorial Day)									

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
IMAGE CRITIQUE**

Student's Name _____

Date _____

Clinical Setting _____

Evaluator _____

Each category is worth a maximum of 20 points.

Directions: Circle One

- | | | |
|----|--|---|
| 1. | Student is properly prepared and organized. | Satisfactory/Unsatisfactory
Points _____ |
| | a. Arrives on time. | (5) Points _____ |
| | b. Has images/materials. | (5) Points _____ |
| | c. Organization. | (5) Points _____ |
| | d. Knowledgeable | (5) Points _____ |
| 2. | Materials are pertinent to assignment and meet criteria as specified in clinical syllabus. | Satisfactory/Unsatisfactory
Points _____ |
| | a. Images fit criteria. | (10) Points _____ |
| | b. Patient ID removed. | (10) Points _____ |
| 3. | Student presents materials adequately and includes support materials. | Satisfactory/Unsatisfactory
Points _____ |
| | a. Delivery loud and clear. | (5) Points _____ |
| | b. Good flow of information. | (5) Points _____ |
| | c. Correlates anatomy on images with support material. | (5) Points _____ |
| | d. Has proper support materials. | (5) Points _____ |
| 4. | Student presentation fills the specified time slot (5-7 minutes).
*Points deducted if under or over . | Satisfactory/Unsatisfactory
Points _____ |
| | a. Deduction of 2 points per minute over/under allotted time. (Presentation time does not include question and answer session) | (20) Points _____ |
| 5. | Student is attentive and courteous to presenters; engages in question/answer session following presentation. | Satisfactory/Unsatisfactory
Points _____ |
| | a. Attentive to presenters | (10) Points _____ |
| | b. Participates in Q/A session | (10) Points _____ |

COMMENTS:

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY
CALENDAR - RAD 251, FALL SEMESTER**

	8:00 a.m.-12:00 p.m., 12:30-2:20 p.m.	8:00 a.m.-12:00 p.m., 12:30-2:20 p.m.	8:00 a.m.-12:00 p.m., 12:30-2:20 p.m.
WEEK	MONDAY	WEDNESDAY	FRIDAY
1	AUGUST	18 Distribution/Review of Syllabus and Schedule	20
2	23 Review Clinical Test A	25 Review Clinical Test A	27 Review Clinical Test A
3	30 Review Clinical Test A	SEPTEMBER Review Clinical Test A	3 Review Clinical Test A
4	6 LABOR DAY HOLIDAY	8 Review Clinical Test A	10 Review Clinical Test A
5	13 TESTING CLINICAL TEST A	15 TESTING CLINICAL TEST A	17 TESTING CLINICAL TEST A
6	20 TESTING CLINICAL TEST A	22 TESTING CLINICAL TEST A Ethics & Practice (12:30-2:20)	24 Review Clinical Test B
7	27 Review Clinical Test B	29 Review Clinical Test B	OCTOBER Review Clinical Test B
8	4 TESTING CLINICAL TEST B	6 TESTING CLINICAL TEST B	8 FALL BREAK Student/Faculty
9	11 FALL BREAK	13 TESTING CLINICAL TEST B	15 TESTING CLINICAL TEST B
10	18 TESTING CLINICAL TEST B	20 TESTING CLINICAL TEST B	22 TESTING CLINICAL TEST B
11	25 Ethics & Practice *Image Critique	27 Review Clinical Test C	29 Review Clinical Test C
12	NOVEMBER Review Clinical Test C	3 Review Clinical Test C	5 Review Clinical Test C
13	8 Review Clinical Test C	10 Review Clinical Test C	12 Review Clinical Test C
14	15 TESTING CLINICAL TEST C	17 TESTING CLINICAL TEST C	19 TESTING CLINICAL TEST C
15	22 TESTING CLINICAL TEST C	24 BREAK Student/Faculty	26 THANKSGIVING HOLIDAY
16	29 TESTING CLINICAL TEST C	DECEMBER TESTING CLINICAL TEST C	3 TESTING CLINICAL TEST C
17	6 TESTING CLINICAL TEST C	8 All Comps Due	10 Last Day of Class

* Image Critique will emphasize

- | | |
|-----------------------------------|-------------------------------|
| 1. Special Exams (Myelogram, etc) | 2. Geriatric Images |
| 3. Equipment Faults | 4. Continued Pediatric Images |
| 5. Computer or Digital Images | 6. Surgical Images |

24 Radiographic Evaluations: 21 Reg's, 3-OR's, 6 "Holds"
4 personal days

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
SUPERVISION/REPEAT QUESTIONNAIRE**

Instructions: Please answer the question by checking the appropriate response.

1. Yes_____ No___ I am aware of the direct and indirect supervision policy of the Radiography program.

2a. Yes_____ No___ The supervision policy of the program was maintained during all my clinical experiences since the last auditory period.

2b. If the supervision policy was not maintained, indicate clinical setting(s) and rotations involved.

3. Yes_____ No I am aware of the Radiography program repeat policy.

4a. Yes_____ No The repeat policy of the program was maintained during my clinical experience since the last auditing period.

4b. If the repeat policy was not maintained, indicate clinical setting(s) and rotations involved.

5. Yes_____ No___ All repeats in the Digital Radiography were performed in the Presence of an ARRT registered radiographer.

5b. If no, indicate clinical setting(s) involved_____

6. My clinical setting is _____

7. Today's date _____

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM**

**SUPERVISION/REPEAT COMPLIANCE
AUDIT REPORT**

1. Date of audit _____, covering period_____.
2. Clinical coordinator conducting audit (print)_____.
3. Audit resulted in 100% compliance_____.

Signature_____

Clinical Coordinator_____

4. Audit resulted in variance_____.

Signature_____

Clinical Coordinator_____

5. Audit variance information.

- a. What is the percent of variance?
- b. What clinical setting or settings were involved?
- c. What rotations were involved?

6. Audit variance follow-up.

- a. Variance required reviewing all students on program policy which was conducted and needs no further follow-up.

Signature_____

Clinical Coordinator_____

- b. Variance required follow-up of program head as described in attached memorandum.

Signature_____

Program Head_____

**Rowan-Cabarrus Community College
Radiography Program
New Clinical Site Orientation Tour**

Student Name: _____ Clinical Site: _____

Date: _____ Supervisor/Instructor: _____

PDA- Performs or Demonstrates Adequately
PDI – Performs or Demonstrates Inadequately

	PDA	PDI
<p>1. Locate:</p> <ul style="list-style-type: none"> ○ Parking ○ Hospital Entrance (s) <ul style="list-style-type: none"> ▪ Inpatient ▪ Outpatient ▪ CT ▪ MRI ▪ Nuclear Medicine ▪ Ultrasound ▪ Mammography ▪ Dexascan ▪ Office Areas ○ Emergency Department ○ Surgery & Recovery <ul style="list-style-type: none"> ○ Cafeteria, Snack Shop, Vending, Smoking Areas 		
<p>2. Radiology Department</p> <ul style="list-style-type: none"> ○ Meeting Area/Break Rooms ○ Staff Bathrooms ○ Student Supplies (Cabinets), Personals, Coat Racks ○ Exams Rooms ○ Portable Machines ○ Computers ○ Telephones & Directories ○ Linen Cart ○ Patient Areas: <ul style="list-style-type: none"> ▪ Waiting ▪ Dressing ▪ Bathrooms 		

	PDA	PDI
<p>3. Imaging Center</p> <ul style="list-style-type: none"> ○ Parking ○ Entrance ○ Diagnostic Radiology ○ Personnel ○ Patient Areas <ul style="list-style-type: none"> ▪ Waiting ▪ Dressing ▪ Bathrooms 		
<p>4. Safety</p> <p>I. Locate these items</p> <ol style="list-style-type: none"> 1. Blanket warmer 2. Emesis basins 3. Bed pans 4. Urinals 5. Clean gowns and linens for patients 6. Towels and washcloths 7. IV poles 8. Blood pressure cuff and stethoscope 9. Oxygen supply 10. Suction 11. Sharps container for disposal <p>II. Personal Protective Equipment (PPE)</p> <ol style="list-style-type: none"> 1. Locate gloves, mask, splash proof gowns, eye protections, shoe covers. 2. Demonstrates knowledge of when PPE is necessary 3. Demonstrates knowledge of proper donning of PPE 4. Demonstrates knowledge of proper disposal of soiled PPE <p>III. Locates or Demonstrates:</p> <ol style="list-style-type: none"> 1. Patient's Chart location 2. How to call for a RAD nurse 3. How to call a code 4. Crash Cart 5. MSDS/Chemical 6. Codes 7. Fire 8. Electrical Hazards 9. Emergency Evac. 		

Student Orientation VAMC Salisbury

Introduce new student to RT's

Students should not gather in the workroom. The primary location for students between exams is in the hallway outside of the workroom unless otherwise advised by instructor.

Requisitions

When a case is registered, the order will print with a case# in the workroom.

Review status- should be pending or active NOT COMPLETE.

*(Do not dispose of requisitions unless given permission by a VA technologist)

Review history and the date exam was ordered.

Call patient from waiting room and seat them in hallway if room not available.

Place request in first box if patient here. If patient is **not** here place request in the second black box and write N.H. and time.

Once a patient is in the room ask their **full name, full social**, and initial the request.

Use arrow markers to indicate area of interest.

When the exam is complete include the room, number of images, and initials on the request.

If history states pre-op must include date of surgery.

Have a technologist review images and case out the order.

Rooms

Rooms B and C: barium cabinets must be locked when not in use.

Panic Buttons

Exam rooms have a safety mechanism in the event of an emergency. The silent panic alarm can be activated by pressing the F1 and F12 keys at the same time on the keyboard.

Misc.

Linens are located in the linen closet on the Imaging Hallway.

Storage Room in hallway- must stay locked, all techs have a key

Location of patient and employee bathrooms

Dressing rooms and gown location

Personal Belonging Storage

Students can store personal belongings in the designated area at the end of the hall near the stairway exit. This is also where RCCC items such as handbook, comp box, and related paperwork are stored.

Student Orientation Charlotte VA HCC

Park in the front parking and enter through the front doors. Take a left passed the self-check-in station. Take another left after you pass Starbuck's. Go to the end of the hall. Imaging will be on the right. Tell the receptionist whom you are and they will take you back to the x-ray workroom. The assigned Clinical Instructor will give a tour and indicate where to find evaluation forms, lock box for competencies, sign in book, cleaning supplies, linens, and where personal belongings can be stored. There are 3 diagnostic and 2 fluoroscopy rooms.

RCCC Student Guidelines & Expectations

Welcome to the Charlotte VA HCC Imaging Department! We are very happy to have you here!

1. Have one of the Rad Techs sign your timecard at the beginning of your shift.
2. At the beginning of the week:
 - a. Write the comps you need on a piece of paper; attach it to the Student Bulletin Board
 - b. Make yourself familiar with the rooms and equipment. Don't be afraid to ask questions!
 - c. Look over the protocols so you are familiar with the views for our site
3. On arrival, during down time, and before you leave:
 - a. Set up fluoroscopy rooms for any scheduled exams
 - b. Stock supplies & clean linens
 - c. Clean equipment and console area
 - d. Empty dirty linen bags
 - e. If everything is done, feel free to practice positioning or study
4. X-Raying Patients
 - a. As soon as an order prints, grab it from the printer and let a Rad Tech/Clinical Instructor know that you are going to set up for the exam.
 - b. *Before* you bring a patient into the exam room:
 - i. Pull up the correct patient's exam(s) on the worklist
 - ii. Prepare the room (Linens/Markers/Tube & Correct Grid/Shield)
 - iii. Prop open the x-ray room door so it doesn't lock you out when you get your patient
 - c. Bring your patient into the exam room:
 - i. Verify 2 forms of Identification: full name and date of birth or **full** SSN (not last 4)
 - ii. History: e.g. where does it hurt, how long, any recent injury, any prior surgery and write it down on the order
 - iii. Clean hands BEFORE AND AFTER!!! Hand Sanitizer and don gloves, de-glove and then sanitize or wash hands!**
 - iv. Extremity pain: use arrow marker to point to specific area of pain
 - d. After you walk your patient back to the lobby:
 - i. Thank them for their service.

- ii. Clean the room (wipe tube, table, wall bucky, handles, detector, console area) and put any equipment you used back in its correct spot **(detectors must be stored in the wall or table bucky at all times!)**
 - iii. **Ensure room door is closed for security reasons!!!!**
5. When you are ready to comp make sure you get the appropriate form and let the tech know you want to comp before you bring the patient into the room.
6. Have one of the Rad Techs sign your timecard at the end of your shift and return any chairs back to fluoroscopy room that you used during the day.

Student Orientation VA Kernersville Health Care Center

Park anywhere in the front lot. Enter through the front doors. Walk through the foyer where the self-check-in stations are and turn right. Imaging is located on the right. Receptionist will escort students to the x-ray workroom.

The assigned Clinical Instructor will give a tour and indicate where to find evaluation forms, lock box for competencies, sign in book, cleaning supplies, linens, and where personal belongings can be stored.

This site has 2 diagnostic and 2 fluoroscopy rooms. Requisitions print off the printer and technologists are alerted by a bell.

There is a break room where you can eat. The canteen is located at the opposite end of the hall down the steps.

Student Orientation Pinnacle Orthopedics

Preceptor: Heather Brady

Park in the side lot farthest from the building leaving up close spaces for patients. Enter through automatic sliding doors. Tell the receptionists who you are and someone will bring you back to the x-ray work area.

One of the technologists will give a tour and indicate where to find evaluation forms, lock box for competencies, sign in book, cleaning supplies, linens, and where personal belongings can be stored.

There are two diagnostic rooms. The technologists will provide specific exam protocols when ordered by physicians.

Student Orientation Novant Health Julian Road

Preceptor: Debbie Hartley

Park in the front of the building. Enter through the front entrance. Tell the receptionist who you are and someone will bring you back to the x-ray workroom.

One of the technologists will give a tour and indicate where to find evaluation forms, lock box for competencies, sign in book, cleaning supplies, linens, and where personal belongings can be stored.

There are two fluoroscopic rooms and two diagnostic rooms. A technologist will notify you when an exam is ready to be performed. A technologist will also verify the exam and protocol. Students will retrieve patients from the waiting room and walk the patient out after a technologist has verified completion of the exam.

There are specific written protocols available when special exams are ordered.

Student Orientation RRMC

Procedure

Always verify at least two forms of identification (name, DOB, wrist band).

Inpatient

The coordinator calls for inpatients to be brought to the department. All inpatients are brought directly to the exam room by a transporter. When the patient arrives verify two forms of ID. Take the request to the workstation computer. To start the exam, refresh the exam list on the right monitor screen. Select the patient and exam matching requisition. If the patient's name is not in the system, take the order to the technologist. Document patient history on the request form. Upon completion of exams, the patient will remain in the exam room. A technologist or the supervisor will call transportation to return the patient to their room. **Under the supervision of a technologist or Clinical Instructor**, finalize data entry and PACS verification to complete the exam entirely.

Outpatient

Some outpatient exams are performed in the inpatient exams rooms. Someone will bring them to the xray waiting room outside of the department. Dressing rooms are located outside of exam rooms. Start and complete exams as described above under the inpatient section. Upon completion, take the patient back to the waiting room or let them leave depending on doctor's orders (Ex: call report). Verify post exam instructions with supervising technologist or clinical instructor.

Emergency Room

There are two digital rooms. Inpatient linens are located in the holding room. ED portable and linens are located in the room across the hall from the exams rooms.

A Technologist will monitor the computer and will verify when a patient is ready for their exam. Patient is ready for exam when "Patient Ready" shows on the patient's room icon. Transport the patient from their ER location to the exam room. Upon completion, take the patient back to their room, notify nursing staff, give the patient their call bell. **Under the supervision of a technologist or Clinical Instructor**, finalize data entry and PACS verification to complete the exam entirely.

Contrast

Barium is in a locked location outside of the exam rooms in the inpatient department. Other contrast supplies are located in a locked cabinet in the workroom. Only a technologist can access it.

Miscellaneous

Do not wear t-shirts under scrubs when going to the OR.

Ask complete patient history. Ex: symptoms, location of pain, length of time, any past surgeries, LMP

Personal items may be stored in the breakroom area located downstairs in the Radiology department.

Student Orientation Atrium Health- Northeast

****ALWAYS inform RT or instructor before starting an exam. They must be present when verifying patient information. If you want to perform the exam for an evaluation, have evaluation form out and lay it on counter in plain sight.**

- Presentation (how to send images to PACS):
All laterals facing left
AP and oblique foot – toes up
Hand and wrist – fingers up
- Mark lateral side of all anatomy and center at joint space for extremities (no distortion)
- Use BB markers to identify area of interest or pain, always on ribs
- Document a complete history on all patients; ex: symptoms, location of pain, length of time, any past surgeries.
- Ask LMP on all females. Document date of last LMP or hysterectomy etc. For male patients, write “male” in the LMP space. This space must have a response.
*REMEMBER if you don’t write it, the radiologist does not know it!
- Have a NE employed registered tech to approve all films before sending to PACS and their initials must be on paperwork and documented in computer.
- Move all wires and lines from chest and rib x-rays or as much as possible

Exams at Atrium-NE:

Shoulders: *non-trauma* – External and Y view -center over joint space and collimate
(do not include all of clavicle and scapula)

trauma – Add axillary view and include all of scapula and clavicle.

Perform Y view if unable to obtain axillary view.

Abdomens: supine and upright include both pubic symphysis and diaphragms

Ankles: flex foot on all views and include 5th metatarsal on all views, also get malleoli on lateral image

Bone Age: PA only view of left hand and wrist

Knees: *non-trauma* – AP, OBL, Lat *trauma* - AP, cross table, and sunrise (only if ordered by MD)

T-spine: do swimmers if C-7 / T-1 space is not clear

Hips- Pelvis and lateral of the affected side.

C-spine- must include spaces on every patient. Trauma only- include tip shot.

****NO STANDING AROUND OR SITTING** – use idle time to practice moving equipment, reviewing protocols, stocking rooms, and locating supplies, etc.

Personal belongings may be stored in the designated cabinet space on either inpatient or outpatient side.

Student Orientation CHS-Copperfield Imaging Center

Park in the front of the building in the spaces farthest away from the building to allow for patients to park close to the entrance. Enter through the sliding doors. Identify yourself to one of the attendants at the front desk and they will open the automatic door to the right of the desk. Go through the door, take your first right, pass dressing rooms, and following hall to the left. The x-ray workroom is the second door on the right.

An instructor is scheduled at this site regularly. The instructor will give a tour and indicate where to find evaluation forms, lock box for competencies, sign in book, cleaning supplies, and linens. Make sure rooms are clean and stocked for the day. After each patient, clean the equipment and place a clean sheet on the table for the next patient. There are two diagnostic x-ray rooms.

In the morning when you arrive, a tech might not be in the workroom. Requisitions will print off on the printer. There is an extension number listed above the printer. If a requisition prints off and a technologist is not in the workroom, call the extension before proceeding with exams. Do not remove the requisition from the printer. When a patient advocate brings the patient back they will pair the requisition with the correct order and place them both in the file divider next to the printer. This indicates that the patient is ready for their exam.

Always make sure to have the exam verified by a technologist or instructor prior to beginning the exam. Check two forms of ID. Make sure you have the correct exam pulled up with the correct accession number.

Always remember to use AIDET.

Piedmont Orthopedics

Preceptor: Sherry Jones

Park in the front parking lot. Enter through the automatic sliding door and go to the first office on the right. Identify yourself to the receptionist. They will open the door for you. Follow the hall all the way back to the x-ray workroom. There are two diagnostic x-ray rooms and three technologists.

One of the technologists will give a tour and indicate where to find evaluation forms, lock box for competencies, sign in book, cleaning supplies, and linens. They will also explain to you how the light system works in relation to when patients are ready for imaging or if the physician is in the room ect.

The instructor that is scheduled at Copperfield will periodically assist you throughout the day and provide reflection time in the afternoon.

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
ABSENCE APPROVAL FORM**

STUDENT _____ CLINICAL SITE _____

DATE ABSENT _____ CLINICAL INSTRUCTOR _____

DATE RETURNED _____

REASON FOR ABSENCE _____

Student Signature _____

Approved Absence () Clinical Instructor Signature _____

Not Approved
Absence () Program Head Signature _____

(If not approved) Plan for Make-up _____

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
MAKE-UP TIME APPROVAL FORM**

STUDENT: _____ CLINICAL SITE: _____

DATE: _____ CLINICAL SUPERVISOR: _____

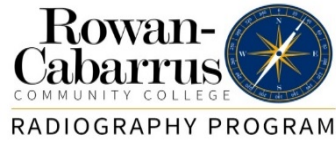
TIME IN: _____ TIME OUT: _____

STUDENT SIGNATURE

*SUPERVISOR SIGNATURE

CLINICAL INSTRUCTOR SIGNATURE

*MUST BE SIGNED ON DAY OF MAKE-UP BY SUPERVISOR OR REGISTERED TECHNOLOGIST.



Clinical Action Plan

Student _____ Date _____

Goal:

Plan:

Timeframe for completion:

The purpose of the clinical action plan is to help the student develop successful practices to reach a measurable goal. Action plan progress should be discussed during Ethics & Practice evaluations.

Your signature below signifies that you understand the goals and the plan as stated.

Student Signature _____

Clinical Instructor _____

Clinical Coordinator _____

Radiation Operating and Safety Procedures For Rowan Cabarrus Community College Radiography Program

Operating and Safety Procedures

These instructions are provided to students and faculty to comply with the state rules for radiation control. North Carolina Radiation Protection enforces the radiation rules in North Carolina. These rules require that our radiation machines meet specific requirements. The rules also require that certain procedures be followed and that certain records be kept. An electronic copy of these rules is always available for you to read and review. It is entitled North Carolina Regulations for Protection Against Radiation (NCRFPAR) and is located on-line at: www.ncradiation.net/NCARules.pdf

The following document is derived from the NCRFPAR rules and tailored for RCCC Radiography program

The intent of this document is to establish procedures to minimize radiation exposure of personnel & students. You, as an operator, are required to know the procedures and requirements in this document and be able to demonstrate that you can use them properly. After reading this document and demonstrating that you can use the machines safely and correctly, you must sign and date the "Record for Individuals in Operating and Safety Procedure" located at the end of the document.

The rules also require that each facility be registered with the state. The Notification of Registration as well as all records reviewed during inspections such as the plan review, letter of acknowledgements, post installation surveys and FDA forms shall be maintained in the program director's office of the 600 building 115E.

Changes in Notification

Changes in Notification: Notify NCDENR in writing using the working copy of NOR for x-ray units.

Posting of Notices to Workers

The Notice to Employee, published by the NCDENR is made available to employees and student via a posted copy located between the control panels of the two radiography rooms located in the 600 building classroom 116.

Radiation Safety Officer and Duties

The clinical coordinator is the Radiation Safety Officer (RSO) and has the responsibility and authority for overseeing matters relating to radiation protection. The RSO also confirms all training and serves as the contact person with the North Carolina Department of Environment and Natural Resources, who is responsible for regulating radiation safety.

Students and employees should submit all radiation questions or concerns about radiation safety to the RSO. All operators of x-ray machines are responsible for following the radiation safety procedures.

Facility Policies and Procedures for Operation of the X-ray Units At RCCC

The general requirements for radiation safety and your rights and obligations as a radiation worker are found in NCRFPAR Section .1600.

1. Operation of the x-ray unit is limited to radiography faculty and radiography students in direct supervision by radiography faculty. A radiography faculty member is present in the classroom when the units are in use.
2. Prior to participating in any energized lab, radiography students are enrolled in RAD 111 and receive instruction on ALARA. Prior to entering the clinical experience students have been enrolled in RAD 110 and have received additional instruction on ALARA, and Time/Distance/Shielding principles.
3. The lead shielding or lead panels should not be removed when operating the x-ray unit, except by trained personnel.

4. The x-ray equipment in this facility was installed following the manufacturer's specifications. DO NOT alter, tamper with, or remove any of the shielding, fail-safes, warning systems or in any way cause needless radiation exposure.
5. We have established restricted areas in the room in which the x-ray equipment is located when the machine is in operation. The restricted areas are in the x-ray laboratory in Room 116 of the 600 building. The room is designated by illuminated "x-ray in use" signs.
6. Do not allow anyone in the Radiography energized lab during exposure when the exposure is being made.
7. Energized Rooms: Students and faculty must stay in the control booth (station behind the barrier) during each exposure. No student or faculty is allowed in the energized lab during the exposure.
8. Students operating C-arm equipment must stay in assigned area under direct supervision of the instructor. Student must wear approved apron, thyroid shield, and dosimeter. No one allowed in the primary beam during energized activities with the C-arm. No one allowed in the area without proper shielding, dosimeter, and protection.
9. Restrict the beam to the area of clinical interest. The beam size must be no larger than the image receptor (IR). The method you use for restricting the beam is adjusting the collimator knobs according to the IR size or using the PBL mode. In the DR room collimation should be limited to the area of interest only.
10. Align the x-ray beam with the IR by using the light localizer and the centering device.
11. Follow all technique instructions (given by faculty members) closely to avoid repeat exposures thus decreasing potential dose (scatter) to the operator.
12. There are visual and audible indications during exposure.
13. The radiography equipment at RCCC is not to be used to radiograph the general public.

Emergency Procedures

If there is a need to turn off the unit in an emergency the following procedure should be followed:

1. Locate and push the Red emergency shut off buttons located above the control panels and/or inside each x-ray room. On the C-arm equipment, locate and push the power off button. Emergency buttons are found on the C-arm above the power supply (backside of keyboard).
2. Notify the program head and the RSO of the nature of the problem.
3. Local service engineers will be called.

Clinical Radiography

1. Students are not allowed to hold patients or image receptors during exposure in clinical radiography. There are no exceptions. Only mechanical immobilization devices should be utilized for stabilization of the patient or the image receptor when needed. These principles are taught in RAD 111 and RAD 110.
2. Gonadal shielding should be utilized to protect the gonads when they are in or near the primary beam and shielding does not interfere with the exam. Shielding is taught in RAD 111 and Rad 110.
3. During clinical rotations in fluoroscopy and portable radiography, students must utilize the cardinal principles of time distance and shielding to the maximum. Cardinal principles are taught in RAD 111 and RAD 110.
4. In Clinical Radiography student must follow the Direct/Indirect and Repeat supervision policies as outlined in the clinical handbook, as per JRCERT guidelines.

Personnel Monitoring and Exposure limits

All faculty members and students in clinical education are provided radiation dosimeter badges for monitoring of radiation exposure levels received. The following points should be noted about dosimeter badge use:

1. Dosimeter badges must be worn at all times when in the clinical and energized lab settings.
2. Dosimeter badges are provided for student clinical and energized lab activities. Dosimeters are not to be worn outside of clinical education during outside employment involving radiation exposure.
3. Students are fully responsible for their radiation dosimeter badges. Students are advised that radiation dosimeter badges should be stored in low radiation areas when not in use. The control badge shall be stored in the RSO's office.

4. Radiation dosimeter badges are to be worn at the collar, outside the lead apron, to monitor exposure to sensitive organs such as the thyroid and lens of the eye.
5. Students that voluntarily declare a pregnancy will be required to wear an additional radiation dosimeter badge (fetal) beneath the apron at waist level. (Please refer to Pregnancy Policy in student handbook).
6. Students will receive radiation dosimeter badges prior to clinical rotations and energized lab exercises in the first semester of the program. Students do not enter clinical before the first eight weeks of the fall semester of their first year.
7. If a dosimeter is lost, the student must be removed from radiation area, report to clinical coordinator within 24 hours, complete the lost dosimeter form, and receive a new badge. The student is NOT permitted to attend clinic or participate in energized lab exercises until the lost badge is replaced. (Lost, Damaged or Misplaced Dosimetry Badge Form is found in clinical handbook appendix A-18c)

Radiation dosimeter badges will be changed quarterly in compliance with dosimetry services. The Clinical Coordinator/ RSO will exchange dosimeter badges accordingly and be responsible for sending badges off to be processed. Resultant reports will be disseminated in the following manner:

1. The RSO will evaluate and review the exposure records
2. The original report will be kept on file in the Radiation Safety Officers (RSO) office.
3. The Radiation Safety Officer of the program will post a copy of the student/faculty quarterly reports in the classroom 116 of the 600 building as they become available. The copy is for review only after removing social security number, date of birth, and sensitive information. After review of the report, students will initial and date the dosimeter report indicating compliance of policy. RCCC utilizes a threshold dose that is lower than what is identified by the Nuclear Regulatory Commission (NRC). Seen below labeled as RCCC limit. The NRC and RCCC dose limits are posted above the copy of student reports on the bulletin board for referral.
*The Radiography Program at RCCC does not accept minors; therefore, minor dose limits are not posted.
4. Any student with prior occupational dose records should consult the RSO. It is the responsibility of the RSO to obtain prior occupational dose records.
5. Final badge reports are available for pickup after students graduate or no longer progress in the program upon receipt. The RSO will mail the badge reports upon written request.
6. Unusual reports or high exposures received by the student/faculty in a quarter (dose over ALARA Level 1 listed below) will be addressed immediately by the Radiation Safety Officer. See Exceeding Exposure Limits and ALARA protocol below.

Exceeding Exposure Limits

The permissible upper bounds of radiation dose are termed dose limits. Dose limits represent an acceptable level of potential risk and do not represent a level that will necessarily be unsafe if exceeded. In keeping with ALARA, RCCC has adopted lower dose limits than required by the NRC. This ensures additional safety to our students and faculty members.

Occupational Dose Limits for Adults established by the NRC:

5 rems (5000 mrem) (0.05Sv) = Total effective dose equivalent (TEDE)

50 rems (50,000 mrem) (.5 Sv) = Total Organ does equivalent (TODE)

15 rems (15,000 mrem) (.15 Sv) = Eye, skin, extremities dose equivalent

50 rems (50,000 mrem) (.5 Sv) = Shallow dose skin, extremities equivalent (SDE)

0.5 rem (500 mrem) (5 mSv) entire pregnancy= Embryo or Fetal Dose

RCCC adopted Dose Limits:

2 rems (2000mrem), (0.02 Sv) = TEDE

20 rems (20,000mrem) (.2Sv) = TODE

6 rem (6,000 mrem) (0.06Sv) = eye, skin, extremities dose equivalent

20 rems (20,000 mrem) (0.2 Sv) = Shallow dose skin, extremities equivalent (SDE)

RCCC ALARA Radiation Exposure Action Limits Protocol:

Dose Equivalent	Annual RCCC limit (mrem)	Annual NRC Limit (mrem)	Quarterly ALARA Level 1 10% RCCC limit (mrem)	Quarterly ALARA Level 2 25% RCCC limit (mrem)
Whole Body	2,000	5,000	200	500
Lens	6,000	15,000	600	1500
Shallow (SDE)	20,000	50,000	2,000	5,000

*Embryo/fetal dose limit = 500 mrem total gestation. If a student or faculty member chooses to declare a pregnancy, a second badge is provided. All fetal doses are closely monitored by RSO. Any dose above 5 mrem cumulative will require counseling with the RSO, documentation, and notification to Radiologist Radiation Safety Contact.

1. The RSO will routinely review and permanently store all dosimeter reports.
2. Students / faculty will have access to dosimeter reports no later than 30 days after the report is received by the RSO. These reports will include DDE (whole body), LDE (lens of eye) and SDE (shallow) doses for the student for the length of the enrollment.
3. Higher exposures can be due to improper storage of badge or error. Therefore, an unusual amount of exposure dose would require immediate investigation.
4. Any student or faculty member who suspects a badge reading may show high exposures due to routine clinical use or accidental exposure should be report to the RSO immediately. A signed note describing the incident may be requested of the student.
5. Students or faculty whose quarterly dose level exceeds ALARA Level 1 but is under ALARA level 2 will be notified that they have received over 10% of the annual RCCC established dose limit. The person will meet with the RSO to discuss radiation safety practices, documentation is kept with the RSO, and dose levels will be closely monitored for the remainder of the year.
6. Students and/or faculty whose dose levels exceed the ALARA 2 Level will be required to meet with the RSO, document the reason for the level on the Exceeding RCCC Threshold Dose Report Form. The form includes an immediate plan action followed by the review and signatures of RSO, Program Chair, and the program's Radiologist Radiation Safety Contact. (Appendix A-18d). Dose levels are closely monitored for the remainder of the year and the individual will be counseled on radiation safety practices.

RCCC Radiologist Radiation Safety Contact:

Dr. Frederick Dula

Novant Health Rowan Regional Medical Center

401 Mocksville Ave #100, Salisbury, NC 28144

(704) 384-4057

7. Any incident or dosage that reaches NRC dose limits will be reported to the appropriate authorities listed below in addition to the above protocol. This student/faculty will be removed, at minimum, from Operating Room, Fluoroscopy, and Portable Imaging rotations until advised by higher authorities.

DENR/DEH

North Carolina Radiation Protection

1645 Mail Service Center

Raleigh, North Carolina 27699-1645

Pregnancy Accommodation Policy (Student Handbook 5.15, Appendix A-21)

Students enrolled in the Radiography program are classified as occupational exposed individuals to ionizing radiation. Occupational exposure to radiation does present health risk in general and particularly during pregnancy. Radiation exposure to females who are pregnant poses a number of potentially serious health risks to the developing embryo or fetus. However, pregnancy is also a very private matter and disclosure or acknowledgment of pregnancy must ultimately rest with the potential mother regardless of radiation exposure status or risk to the developing embryo or fetus. In view of the health risks to the developing embryo and the privacy rights of a potential mother, Appendix A-21 must be reviewed and signed by the student. The Radiography Program Pregnancy Policy is located in the section 5.15 of the student handbook for further reference.

Quality Assurance (QA) and Quality Control (QC) Programs (Not required)

The radiography program at RCCC teaches Quality Control procedures within the curriculum each year. Some of the procedures performed in the rooms include:

• Radiographic Machines

- X-ray tube warm up procedures
- Differentiate between quality management, quality assurance and quality control.
- List the benefits of a quality control to the patient and to the department.
- Discuss the proper test equipment/procedures for evaluating the operation of an x-ray generator.
- Evaluate the results of basic QC tests.
- Identify common equipment malfunctions that affect image quality, and corrective action
- Repeat Analysis
- Lead Apron, Glove, Gonadal, and Thyroid Shield Integrity. Annual shielding QC log kept with the RSO.
- C-arm: Log of exposure times, dates and operators will be kept with the C-arm equipment. Each energized use documented.
- Cleaning Image Receptors
- Computer and viewing monitors for radiographic images.

System Security

The energized lab and X-ray equipment at RCCC is located in classroom 116 of the 600 building. The classroom is a designated radiography classroom, meaning no other classes meet in this area. The class room is locked when not in use. Only radiography faculty, dean, maintenance and security personnel have keys to this area. The x-ray equipment is turned off and the power supply is also disabled when not in use. Students make exposures only in Direct Supervision in the presence of Radiography instructor. Students are allowed to manipulate the equipment only (no exposures) when radiography faculty is present in the room. All radiography instructors are ARRT registered.

Appendix A

RECORD FOR INSTRUCTION OF INDIVIDUALS IN OPERATING AND SAFETY PROCEDURES FOR THE OPERATION OF Amrad, Quantum, and OEC x-ray equipment.

In accordance with NCRFPAR, these procedures have been made available to each individual who operates the x-ray equipment. I certify that each of the individuals listed has demonstrated to me, on the date indicated, that he/she is competent in these operating and safety procedures and can operate the x-ray equipment in a safe manner. This was demonstrated by

(Signature of RSO) (Date)

Operator Statement:

I have read these procedures and agree to abide by them.

(Operator's signature) (Date)

Policy updated 6/2018

MRI Safety Screening Requirements

Students must demonstrate completion of training and education in the areas of MRI safety listed below and complete the MRI screening form before entering the MRI environment. MRI screening and education shall take place prior to clinical entry. Additionally, the RAD 211 didactic instructor will reeducate and screen before students are allowed to enter MRI rotations their senior year. No student is allowed to enter the MRI environment until all safety and screening requirements are complete.

*Only an ARRT Registered Technologist or supervising licensed physician can sign and verify the completion of student MRI safety screening education.

MRI Safety Requirements

Screening patients, personnel, and non-personnel for MRI safe, conditional, and unsafe devices and objects.

Completed Screening form required

Identify MRI safety zones

Static field (projectiles) and other MRI safety considerations (e.g., cryogen, safety, fire, medical emergencies)

Watch MRI safety video

Date Completed

Verified By

I have completed training and education in MRI safety as detailed above.

Student Signature

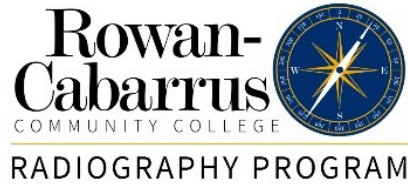
Printed name

Date

Signature
(ARRT tech or licensed physician)

Printed name

Date



Lost, Damaged or Misplaced Dosimetry Badge Form

Date: _____

Name: _____

ID #: _____

() Lost /Misplaced on: _____ (Date)

() Damaged

() Left in x-ray room for ____ days or ____ hours

Clinical Site: _____

Clinical Personnel notified: _____ Date: _____

Provide an explanation below:

“Spare” badge issued on _____ and returned on _____

“Spare” badge was not available. Student could not attend clinic on the following dates:

RSO Signature: _____

Program Chair: _____

***** Notification and form must be submitted to the Clinical Coordinator within 24 hours of loss. The student is NOT permitted to attend clinic or participate in energized lab exercises until the lost badge is replaced. The student must cover the cost of the lost badge plus expedited shipping.**



ROWAN-CABARRUS INCIDENT REPORT

<p>DIRECTIONS: Report must be made on <u>all</u> incidents occurring to any personnel (faculty, staff, students, visitors). Complete on date of incident. Include a detailed explanation of the incident.</p>	
<p>First, Middle, and Last Name of Person injured:</p>	<p>Address:</p> <p>Telephone Number:</p>
<p>Emergency Contact Name:</p>	<p>Address:</p> <p>Telephone Number:</p>
<p><input type="checkbox"/> Medical / Illness</p> <p><input type="checkbox"/> Accident / Injury</p> <p>Date of Birth:</p> <p><input type="radio"/> Male <input type="radio"/> Female</p>	<p><input type="checkbox"/> Student <input type="checkbox"/> Curriculum <input type="checkbox"/> Con Ed. <input type="checkbox"/> ABE/GED <input type="checkbox"/> BLET</p> <p><input type="checkbox"/> Faculty <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p><input type="checkbox"/> Staff <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time</p> <p><input type="checkbox"/> Visitor</p> <p><input type="checkbox"/> Contractor</p>
<p>Date and Time of Incident:</p> <p><input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekends <input type="checkbox"/> College Closed</p>	
<p>Location: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> CBTC <input type="checkbox"/> NCRC <input type="checkbox"/> Cabarrus Sheriff <input type="checkbox"/> Offsite</p> <p>Provide exact location details (Room number, area of campus, etc.):</p>	
<p>Person in charge of area or activity:</p>	
<p>Names of persons responding:</p>	
<p>Nature and cause of incident (Describe in detail):</p>	
<p>Extent of Injury (If known):</p>	
<p>Name, Address, and Telephone Number of Witness(es) (If applicable):</p>	

MEDICAL ATTENTION	
What first aid was administered: 	Was EMS called? <input type="radio"/> Yes <input type="radio"/> No
By Whom? 	Were they transported to hospital? <input type="radio"/> Yes <input type="radio"/> No
Medical Referral: 	
Recommendations to prevent recurrence of this type of incident: 	
Were recommendations implemented? (Include date and details): 	
Name and title of person completing this report: 	Date: Time:
<p>Return this form to location Emergency Operations Administrator. If employee injury occurs, send copies to Steve Cathcart in the Human Resources office and to the Director of Facilities.</p> <p>Emergency Operations Administrators: North – Paul DuPree, South – Timothy Hunter, NCRC & 120 West Avenue Center – Dusty Saine, CBTC – Donna Ludwig, Cabarus Sheriff – Tim Bost, All other locations – Steve Cathcart</p>	

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
PREGNANCY ACCOMODATIONS POLICY**

Students enrolled in the Radiography program are classified as occupational exposed individuals to ionizing radiation. Occupational exposure to radiation does present health risk in general and particularly during pregnancy. Radiation exposure to females who are pregnant poses a number of potentially serious health risks to the developing embryo or fetus. However, pregnancy is also a very private matter and disclosure or acknowledgment of pregnancy must ultimately rest with the potential mother regardless of radiation exposure status or risk to the developing embryo or fetus. In view of the health risks to the developing embryo and the privacy rights of a potential mother, the following policy on student pregnancy is stated:

2. Student pregnancy while enrolled in the Radiography program is discouraged due to the health risks posed for the developing embryo or fetus.
3. All students must sign a waiver of liability with regard to potential pregnancy. This waiver releases Rowan-Cabarrus Community College, its faculty, administration, Board of Trustees, clinical affiliates, and all other individuals involved with the Radiography program from any other responsibility for the safety, health, or well-being of either the mother or the unborn offspring.
4. Disclosure of pregnancy is voluntary; women who choose to voluntarily inform officials of the program that they are pregnant must do so in writing. This written statement will take the form of a letter addressed to the program head. In the body of that letter the pregnant woman will make her disclosure. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant. In the absence of this voluntary, written disclosure, the woman (student) cannot be considered pregnant by the program. The program's officials strongly encourage early disclosure of pregnancy so appropriate radiation safety measures can be taken which might reduce the potential risk to the developing embryo or fetus.

Declaration of Pregnancy should include:

- Your name
 - Estimated date of conception or due date
 - The date you signed the Declaration of Pregnancy
 - To declare pregnancy, no documented medical proof is necessary
 - **MUST BE IN WRITING**
 - At any time a student may withdraw their written declaration by submitting a written withdrawal
5. Upon disclosure of pregnancy, the program will provide an extra radiation monitoring device to record the potential exposure to the embryo or fetus to assure the dose does not exceed 0.5 rems (5mSv) during the entire gestation period. In addition, program officials will review scheduling of energized lab and/or clinical assignments for alterations which might lead to reduced exposure without compromising the integrity of the educational experience. Review past radiation exposure records.
 6. With or without disclosure, the pregnant student can opt to continue in the educational program without modification, but with the knowledge that they are at their own risk and have signed a waiver of liability acknowledging that fact.
 7. Any pregnant student, who opts not to continue in the educational program, will re-enter in accordance with the program's re-entry policy.

The undersigned acknowledges receiving and reading this Pregnancy Policy.

Signature

Date

**Rowan-Cabarrus Community College
Radiography Program
Pregnancy Waiver**

Occupational exposure to ionizing radiation poses health risk to the developing embryo or fetus during pregnancy. Due to this potential health risk, Rowan-Cabarrus Community College, its employees, agents, and all other affiliated agencies assume no responsibility for the safety, health, and well-being of a student who is pregnant and of the offspring of said student. The presence of your signature on this form acknowledges your understanding of the information thus presented.

Student Signature

Date

ROWAN-CABARRUS COMMUNITY COLLEGE**COMMUNICABLE DISEASE**

A communicable disease is an illness due to an infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person or animal. Communicable diseases include, but are not limited to, acquired immune deficiency syndrome (AIDS), hepatitis, chicken pox, measles, meningitis, whooping cough, mononucleosis, mumps, MRSA, and rubella.

Students and employees who know or believe they have been infected with a communicable disease have both a legal and ethical obligation to conduct themselves in a manner that will protect themselves and others. Individuals who contact a communicable disease are responsible for reporting this fact to appropriate RCCC officials. Students are to report this information to the Vice President of Academic Programs and the Radiography Program Chair. All such information will be kept confidential. Only persons with a “need to know” will be informed with the direct knowledge of the affected student.

Employees and students with a communicable disease will be allowed to engage in work or study as long as they are able to meet acceptable performance standards and medical evidence indicates that their conditions are not a threat to other persons on campus.

A student may be prohibited from attending RCCC and assigned clinical sites until an appropriate evaluation of the student’s medical condition can be completed. The assessment of a student’s condition with a communicable disease and the final determination of that student’s ability to stay in school will be made by the Vice President of Academic Programs after consultation with and recommendation from local health authorities. If a student is found to have a communicable disease, including infected open wounds that poses a risk to the student or others, the Vice President of Academic Programs will prohibit the attendance of the student until such time that a letter is presented by one or more physicians certifying that further attendance is no longer a risk to others. For more information on communicable and infectious diseases, please see RCCC’s Wellness Center.

To help prevent the spread of communicable disease, students are cautioned to avoid contact with body fluids of other persons. Disposable plastic gloves and bags are located in first aid kits in each building. These can be used to clean up any body fluid spills that may be encountered and for the administration of first aid. In addition, proper hand washing is recommended as a prime precaution against the spread of disease. For assistance of further information, contact the college’s [Wellness Center](#).

Non-Novant Worker & Student Blood and Body Fluid Exposure (BBFE) Resource

(Including independent practitioners, contract workers, police, EMS, fire)

What should I do if I think I may have been exposed to a patient's blood or body fluids?

Immediately wash potentially exposed areas such as needle sticks or cuts with soap and water. Flush splashes to nose, mouth, or skin with water. Irrigate eyes with clean water, saline, or sterile water/saline. Change clothes if they were soiled.

1. Have you been exposed to saliva, urine, feces, sweat, tears, respiratory/nasal secretions, vomitus, or gastric fluids containing **visible blood**? These fluids cannot transmit HIV or Hepatitis UNLESS they contain visible blood.

YES or NO

2. Have you been exposed to blood, breast milk, genital secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, or amniotic fluid? These fluids can transmit HIV and Hepatitis.

YES or NO

3. Did the body fluid come in contact with an open wound or mucous membrane (inside of eye, inside of mouth, or inside of nose)?

YES or NO

4. Were you stuck with a needle or sharp object contaminated with patient blood?

YES or NO

If the answer is NO to questions #3 AND #4, you have not experienced an exposure that can transmit HIV or Hepatitis. If the answer to questions #3 OR #4 is YES, **you must call Care Connections with a Novant leader at 336-231-0933.**

If it has been determined that I have had a confirmed BBFE to a Novant patient, what do I do next?

If the source patient is at a Novant hospital, Novant will be responsible for obtaining source patient labs. The source patient is the patient that you were exposed to. Call Care Connections and identify yourself as a Non-Novant worker or student. Care Connections will instruct the Novant leader in drawing the source patient's labs using the correct EPIC order set. The source patient is the patient you were exposed to. You must complete an injury report in I-VOS. This helps Employee Occupational Health make sure the exposure is handled

correctly, contact you about source patient lab results, and send source patient lab results to your institution so they can provide further post-exposure management. Any other treatment and lab work is the responsibility of your employer or school.

You need to notify the supervisor for your employer or school that an exposure has occurred. You may be instructed (depending on your institution's BBFE policy) to sign in to the ED using the workers comp information from your company/institution. The ED provider will then order the "HIV non-Sexual Assault/Employee Post Exposure Prophylaxis (PEP)" order set. **You and/or your employer or school's worker's comp carrier are responsible for any charges incurred during the ED visit and responsible for the remainder of post-exposure follow-up.**

What are the chances I will get infected after an exposure to a patient with Hepatitis or HIV?

The chances are very, very low.

A **High Risk Exposure** is defined as: a visibly bloody large bore needle, such as a 14-16 gauge, going 2 inches deep into bodily tissue such as the thigh.

A **Low Risk Exposure** is defined as: a finger prick with a contaminated needle or an infectious fluid coming in contact with an open wound or mucous membrane

In a High Risk Exposure, the risk of getting:

- Hepatitis B is 30% (30 in 100) if unvaccinated and 0% (0 in 100) if vaccinated with history of + titer
- Hepatitis C is 1-2% (1-2 in 100)
- HIV is 0.3% (1 in 300)

In a Low Risk Exposure, the risk of getting:

- Hepatitis B, Hepatitis C, or HIV is less than 0.1% (less than 1 in 1000)

Updated 6/2018

NOTE: To be signed by student and kept in Handbook.

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM**

**Statement of Understanding and Responsibility for the
Radiography Student Clinical Handbook**

By my signature, I hereby acknowledge that I have read the entire student clinical handbook, understand the policies contained therein, and am responsible for abiding by these policies throughout my clinical education. I understand that failure to abide by the stated policies will result in consequences as explained within the handbook.

Statement of Integrity

I hereby acknowledge that I have reviewed the RCCC Statement of Behaviors Code, and am aware of the college's policy regarding honesty and integrity, both academic and otherwise. I understand that violation of this code will result in disciplinary action, and may result in dismissal from the Radiography program.

Student/Instructor Confidentiality Agreement

Instructors and students have the right to evaluate and communicate professionally and constructively. In order to defer distractions from student's clinical education, no student will discuss any conversation that exists in instructor/student counseling sessions. Exceptions to this rule shall be communication to other RCCC affiliates that **need** to be involved or in emergent situations. Speak to other affiliates with professionalism in a scheduled meeting when necessary. With this said any student that takes conversation outside of sessions and/or meetings to other students, clinical staff, noninvolved RCCC staff/faculty, etc., will receive an anecdotal record.

Student

Date

RCCC Radiography Faculty

Date

NOTE: To be signed by student and turned in to the instructor on **first** day of the program.

**ROWAN-CABARRUS COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM**

**Statement of Understanding and Responsibility for the
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Student

Date

RCCC Radiography Faculty

Date

NOTE: To be signed by student and turned in to the instructor on *first* day of the program.

Rowan Cabarrus Community College Radiography Program Social Media Policy

Students in the Rowan Cabarrus Community College Radiography Program will abide by the following social media policy.

Privacy/Confidentiality

Patient privacy and confidentiality must be protected at all times. Posting of patient information or radiographic images on social media or social networking sites is a violation of federal HIPAA privacy laws.

Students should not post any patient information or images on social media or social networking sites. Violation of this policy is considered a violation of professional conduct. Any student violating this policy will be reviewed by the Program's Administration and is subject to receive a formal reprimand for unprofessional behavior.

Professionalism

Students should be aware that any information posted on a social networking site is subject to be disseminated to a large audience whether intended or not. When posting content online, students should remember that they are representatives of the RCCC Radiography program and clinical organizations in which attending. Students should take caution not to post information that is unprofessional or slanderous in nature.

Any student posting depictions of intoxication, drug use, sexually explicit behavior or discriminatory language will be reviewed by the Program's administration and may receive a formal reprimand for unprofessional behavior.

Recommended Guidelines

The RCCC Radiography program strives to facilitate professional behaviors for student's entering the healthcare workforce. Students should be conscious when mixing their business and personal life. To use social media and social networking sites professionally, students should adhere to the following guidelines:

- Follow the same principles of professionalism online as you would offline
- Avoid posting any depictions of intoxication, alcohol misuse, drug use or sexually explicit behavior
- Avoid any use of discriminatory, disrespectful language, or depiction of discriminatory practices online
- Avoid negative/slanderous posts about patients, classmates, school, instructors, clinical affiliates, physicians, or surrounding business practices
- Do not search or befriend patients
- When expressing personal opinions, identify that the opinion is not the views of the school or clinical affiliates when applicable
- Adhere to clinical site social media policies
- Use privacy settings for your protection

Student Date

RCCC Radiography Faculty Date