



# Student Handbook

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## Radiologic Technology Program

Revised: June 28, 2017

## **PREFACE**

This handbook was written by the faculty of the Radiologic Technology Program to inform students of the program's policies and procedures. The faculty will periodically review the policies, procedures, curriculum and any other information contained in this handbook as necessary. Any changes will be distributed to the students in writing and will supersede previous policies and/or procedures.

# INTRODUCTION

## **Foreword**

This handbook provides the Radiologic Technology Program's philosophy and operational framework within which the students and faculty can work together toward the common goal of educating tomorrow's medical imaging professionals. The policies and procedures contained herein are to ensure operation of the program is consistent with its objectives and responsibilities.

The faculty of the Radiologic Technology Program is dedicated to assisting each student toward achievement of the objectives of the educational program and toward development of his or her optimal potential. The faculty is also obligated to prepare radiologic technologists who meet standards of safe practice and have demonstrated competency in the skills required of radiologic technologists.

Students are responsible for becoming familiar with all information contained in this student handbook. The student, throughout the duration of the program, should retain these materials and will receive copies of revised policies, procedures, and/or revised editions.

All faculty and students have the responsibility of preserving the integrity of the program by adhering to these policies and procedures consistently and impartially.

## **Equal Opportunity Statement**

The Radiologic Technology Program of Nashville General Hospital at Meharry does not discriminate on the basis of age, race, color, gender, religion, origin, disability, sexual preference, marital or parental status in its student admission policies as well as employment administration, program operations and activities.

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## **DESCRIPTION OF THE PROFESSION**

Radiologic Technology is the art and science of applying x-radiation, gamma radiation, ultrasound, and magnetic fields in the diagnosis and treatment of patient disease or injury. Radiologic Technology is a profession which includes those individuals who perform radiographic procedures, nuclear medicine procedures, radiation therapeutic procedures, ultrasonic imaging procedures, and magnetic resonance imaging procedures. Individuals performing these procedures are referred to as Radiographers or Radiologic Technologists, Nuclear Medicine Technologists, Radiation Therapists, Sonographers, and MRI Technologists, respectively.

Radiographers perform and assist physicians in conducting radiographic procedures in order to determine the presence of disease or injury. Radiographers utilize sophisticated, highly technical x-ray equipment in recording the structures of the body on a radiographic film or other image receptor. The types of radiographic examinations vary considerably and include examinations of the chest, abdomen, head and neck, organ systems, and the entire skeleton. The radiographer is a member of the medical team and performs effectively by:

- Applying knowledge of the principles of radiation protection for the patient, self, and others.
- Applying knowledge of anatomy, positioning, and radiographic techniques to accurately demonstrate anatomical structures on a radiograph.
- Determining exposure factors to achieve optimal radiographic technique with a minimum of radiation exposure to the patient.
- Examining radiographs for the purpose of evaluating technique, positioning, and other pertinent technical qualities.
- Exercising discretion and judgment in the performance of medical imaging procedures.
- Providing patient care essential to radiographic procedures.
- Recognizing and managing emergency patient situations.

Advances in medical knowledge and the constant expansion in hospital and health services are creating an ever-expanding demand for the services of well qualified radiographers. Registered technologists are welcome and needed in both urban and rural health care facilities. This allows technologists to choose the type of community in which they wish to live. Job opportunities are allowing employment in hospitals, clinics, private physician offices, industry, government, public health, and education.

# **NASHVILLE GENERAL HOSPITAL at Meharry**

## **Description**

The hospital was established in 1890 and is under the jurisdiction of the Metropolitan Government of Davidson County. The hospital's primary responsibility is to provide medical services to the medically indigent of Davidson County. As an acute care facility in the Metropolitan area, the hospital provides a full range of services including emergency, medicine, surgery, obstetrics and gynecology, pediatrics, medical imaging, and pathology. Nashville General Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and licensed by the State of Tennessee.

## **Mission Statement**

To improve the health and wellness of Nashville by providing equitable access to coordinated patient-centered care, supporting tomorrow's caregivers, and translating science into clinical practice.

## **Vision Statement**

Leader in exceptional community healthcare —“One neighbor at a time.”

## **Values**

Compassion to those we serve and to each other.

Honesty and integrity in all we say and do.

Accountability to society, our community, and each other.

Respect and dignity for all human kind.

Teamwork to achieve our vision, mission and values.



# **RADIOLOGIC TECHNOLOGY PROGRAM**

## **Description**

In existence since 1958, the Nashville General Hospital Radiologic Technology Program maintains a twenty-four-month educational program, which is divided into four semesters and designed to prepare students to become Registered Radiographers. The structure of the curriculum is based on a maximum of forty hours per week, which includes clinical and didactic instruction. Shifts will vary including some evenings. The Medical Imaging Department contains imaging modalities which provide for the following: routine radiographic examinations, tomography, mobile radiography, fluoroscopy, vascular studies, dental radiography, surgical radiography, sonography, mammography, nuclear medicine, computerized tomography (CT), and magnetic resonance imaging (MRI). The hospital and medical imaging facilities provide the student with state-of-the-art directed experience.

Upon graduation, the student will receive a certificate of completion which makes them eligible to sit for the national registry exam administered by the American Registry of Radiologic Technologists (ARRT). Once the exam is passed, graduates will obtain the Registered Technologist (Radiographer) credentials that will follow their name as R.T.(R).

## **Mission Statement**

In accordance with and in support of the mission of the Nashville Hospital Authority, the Radiologic Technology Program is committed to educating highly skilled radiographers who will provide quality care for their patients. It is the program's mission to promote medical imaging skills, multi-skill competency, high quality patient care, professionalism and continuing education. This is accomplished through a twenty-four-month clinical and didactic curriculum.

## **Program Goals**

The following program goals and student learning outcomes support the program's mission and serve as standards for assessment of program effectiveness.

1. Students will demonstrate competency in the performance of entry-level diagnostic imaging procedures.
  - Students will provide radiation protection for the patient, self, and others.
  - Students will be able to integrate anatomy with clinical positioning skills.
2. Students will apply critical thinking and problem solving skills in the practice of radiography.
  - Students will use a logical sequence of steps in performance of exams.
  - Students will be able to set appropriate technical factors and modify for pathology as needed.
  - Students will adapt to the changing needs of patients and accommodate for patient conditions, equipment, and accessories to produce a high-quality radiograph.
3. Students will develop communication skills to effectively interact within a healthcare setting.
  - Students will use proper oral and written medical communication as it applies to different age, cultural, and socio-economic groups.
  - Students will effectively communicate with patients in the clinical setting.
  - Students will present and articulate a radiographic pathology case study.
4. Students will demonstrate professional development and growth.

- Students will conduct themselves in a professional manner in the clinical setting.
- Students will demonstrate an appreciation for membership in a professional organization.

### **Program Commitment**

The following resolutions are designed to further ensure the promotion of well-educated, multi-skilled professionals who perform the art and science of diagnostic medical imaging.

The program will:

1. Provide high-quality instructors to educate students desiring to become registered radiologic technologists.
2. Provide multi-competency education to ensure graduate marketability.
3. Provide the students with a curriculum that will aid them in seeking advanced degrees through transfer of credits.
4. Establish a program committed to the continued improvement of Radiologic Technology education.
5. Provide a curriculum and program that is continuously relevant to present and future trends in Radiologic Technology through an on-going evaluation process.
6. Be cognizant of the fact that education is not a static process, and requires a systematic evaluation of instructional procedures and practices in order to insure continued improvement in the cognitive, affective, and psychomotor domains.

The program shall be properly planned, organized, and directed so that:

1. Individuals can successfully pass the American Registry of Radiologic Technologists Examination.
2. An adequate clinical and didactic ratio is established which properly balances the educational needs of the students.
3. Professional growth is instilled to afford a challenge, diversity, and increase the technical capacity of the radiographer.
4. Students develop pride, professionalism, and a sense of ethical competition and general concern for the welfare of others.
5. The program will rank in parallel or above other programs of its type.
6. Students are taught the latest techniques, curriculum, and imaging modalities in radiologic technology.
7. The importance of continuing education and participation in professional societies is encouraged.
8. A valuable service to the community is provided by educating qualified health care professionals in the art and science of radiologic technology.
9. Candidates to the program are properly screened, qualified instructors are maintained, and the general environment of the program is conducive to learning.
10. An advisory committee provides professional input to goal development which is consistent with the mission of the sponsoring institution and program.
11. Systems are maintained for validation and evaluation of the goals to determine output of terminal capabilities.

12. The program shall surpass minimal accreditation standards recommended in the "Standards for an Accredited Educational Program in Radiography" by *The Joint Review Committee on Education in Radiologic Technology*.

## **STANDARDS OF ETHICS**

The radiologic technology program adheres to the ASRT Code of Ethics, ARRT Standard of Ethics, and the ARRT Code of Conduct.

The radiologic technology program curriculum consists of didactic and clinical instruction, each playing an integral role in the student's education. The curriculum is supported by the American Society of Radiologic Technologists, the established agency which guides the profession. The ASRT Code of Ethics is founded in this curriculum.

### **ARRT Standards of Ethics**

Last revised and published: September 1, 2016

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, "Certificate Holders"), and to persons applying for certification and registration by ARRT in order to become Certificate Holders ("Candidates"). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular- interventional radiography, breast sonography, and radiologist assistant. The *Standards of Ethics* are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

### **A. Code of Ethics**

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

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

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

## ACCREDITATION STATEMENT

The Nashville General Hospital at Meharry's Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
(312) 704-5300  
email: [mail@jrcert.org](mailto:mail@jrcert.org)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with its Standards. For more information regarding the JRCERT Standards, please visit [www.jrcert.org](http://www.jrcert.org) - the Standards can be found in the "programs and faculty" section.

Students have the right to submit allegations against the program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT is not a step in the formal institutional/program grievance procedure. The student must first attempt to resolve the complaint directly with institution/program officials by following the program's grievance policy and procedure. If the student is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT.

## AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS

Students who graduate from the Radiologic Technology Program and meet the program's degree requirements are eligible to apply to take the national certification examination administered by the American Registry of Radiologic Technologists.

Students (or potential students) who have been convicted of a felony or misdemeanor must complete and submit an Ethics Review Pre-Application Packet to the ARRT, in order to determine eligibility to take the national certification examination.

For more information, please visit [www.arrt.org](http://www.arrt.org) or contact the ARRT at:

**American Registry of Radiologic Technologists**  
1255 Northland Drive  
St. Paul, MN 55120  
(651) 687-0048

## TRANSFER AGREEMENT

The Nashville General Hospital at Meharry Radiologic Technology Program is partnered with Saint Joseph’s College for the purpose of awarding college credit for courses taken as part of the radiologic technology program. This agreement allows students to transfer credit earned from the radiologic technology program to Saint Joseph’s College and apply that credit towards an Associate of Science in Radiologic Science Administration.

As part of the transfer agreement, students must complete six general education courses outlined in the first table below. These courses may be taken online at SJC or at another accredited institution (the following Web sites provide lists of accredited institutions:

[CHEA list of accepted accrediting agencies](#) and [USDE list of accepted accrediting agencies](#)).

Transcripts are reviewed on an individual basis to determine if courses taken at another institution are acceptable for transfer credit.

Required general education courses:

Course Code	Course Name or Acceptable Examples
EH 106	English Composition I
EH 107	English Composition II
HISXFR	History – World Civilization, U.S. History, Western Civilization
MTHXFR	College Mathematics – Any college level math course numbered 100 or above
SSCXFR	Social Science – Psychology, Sociology, Social Work, Political Science
NATXFR	Science – Anatomy and Physiology, Microbiology, Chemistry, Physics

Students must complete one additional general education course (THEXFR) and five specialty courses outlined below. These courses must be taken online at SJC.

Course Code	Course Name
THEXFR	Theology – World Religions, Theology of Christ
HA 205	American Healthcare Systems
HA 330	Health Administration
HA 343	Health Care Financial Management
HA 353	Legal Aspects- Health Care Administration
HA 355	Ethics in Health Administration

NGH students must submit an online application for admission, and official transcripts from colleges previously attended. Upon completion of the above general education and specialty courses, and the completion of the certificate in radiologic technology from Nashville General Hospital at Meharry, the student will be awarded an Associate of Science in Radiologic Science Administration degree. For additional information regarding schedule, costs/fees, financial aid, etc., contact:

**SAINT JOSEPH’S COLLEGE**  
 278 Whites Bridge Road  
 Standish, Maine 04084-5236  
 Online Admissions: 1-800-752-4723  
[www.sjcme.edu](http://www.sjcme.edu)

## ADMISSIONS PROCEDURES

While adhering to its Equal Opportunity Statement, the Radiologic Technology Program is a selective, limited-access admissions program. Classes begin in the fall of each year. Applicants must meet specific criteria and selection is competitive. Students who qualify and whose application file is complete are granted an interview. General education requirements include:

1. Applicants who have been enrolled, or are currently enrolled, in an Associate's degree program at an accredited post-secondary institution shall submit official transcripts and a degree map. Students must have completed a minimum of three general education courses prior to the first Monday in October of the year of application. A timeline for degree completion synchronous with completion of the program will be structured for each student; additional copies of official transcripts will be requested periodically to confirm progress towards the degree. Students who fail to abide by the timeline will be subject to Academic Probation. Official college transcripts documenting completion of any general education courses from an accredited post-secondary institution (the following Web sites provide lists of accredited institutions): [CHEA list of accepted accrediting agencies](#) and [USDE list of accepted accrediting agencies](#))

OR

2. Applicants who already have earned an Associate's Degree or higher from an accredited post-secondary institution. Official college transcripts documenting the conferment of an Associate's Degree or higher from an accredited post-secondary institution (the following Web sites provide lists of accredited institutions): [CHEA list of accepted accrediting agencies](#) and [USDE list of accepted accrediting agencies](#))

OR

3. Applicants who have not yet earned a minimum of an Associate's degree from an accredited post-secondary institution may choose to enroll at Saint Joseph's College Online (SJC) and, upon acceptance to the program, begin completing the degree map of general education and specialty courses that meet the SJC Associate of Science in Radiologic Science Administration (ASRSA) degree requirements. For a list of these general education and specialty courses, please visit: [http://catalog.sjcme.edu/preview\\_program.php?catoid=24&poiid=1307&returnto=694](http://catalog.sjcme.edu/preview_program.php?catoid=24&poiid=1307&returnto=694)

Students must have completed a minimum of three general education courses prior to the first Monday in October of the year of application. A timeline for degree completion synchronous with completion of the program will be structured for each student; additional copies of official transcripts will be requested periodically to confirm progress towards the degree. Students who fail to abide by the timeline will be subject to

Academic Probation. General education courses, with the exception of Theology, may be completed at another accredited institution and transferred to SJC. SJC must evaluate all student transcripts and make the final decision on transfer credits. Students may complete the required specialty courses at SJC, and any remaining general education courses, concurrently with the Radiologic Technology program. Upon acceptance and successful completion of NGH's radiologic technology program, credits will be transferred to SJC for conferral of the ASRSA degree. For more information, including how to apply to SJC, please download the *Admissions Process for Saint Joseph's College* from our website (SJC's application fee will be waived for applicants of NGH's radiologic technology program).

In order to qualify for an interview, the applicant's file must be complete with the following documents:

1. Completed application form and \$50.00 application fee (non-refundable).  
Official \*college transcripts documenting completion of any general education courses from an accredited post-secondary institution.

OR

- Official \*college transcripts documenting the conferment of an Associate's Degree or higher from an accredited post-secondary institution.
2. Essay explaining why the applicant has chosen to become a radiologic technologist.
3. Three letters of recommendation from individuals who can attest to the applicant's professional qualities and/or personal attributes (employers, supervisors, teachers, coaches, church officials, volunteer organizations). Letters from friends and family members are not acceptable.
4. Signed verification of eight (8) hours of observation in the medical imaging department of a Joint Commission hospital (this may be completed at NGH – please contact the school for scheduling).

*\*Note: If you have never attended college but are a high school graduate (or completed GED), please contact the school for additional information regarding degree planning options. A high school (or GED) diploma must be submitted with the application.*

Qualifying applicants whose application file is complete will be granted an interview. Interviews are scored by the admissions committee to determine which applicants will receive an invitation to the program. Points are awarded based on interview responses. Candidates with the highest scores are considered for acceptance first.

Once an applicant receives an invitation to the program, their formal acceptance will be *pending* until the following are completed:

1. Health physical documenting clearance to participate in the program.
2. Records documenting proof of required immunizations
3. Criminal background check\*\*
4. Drug screen\*\*



5. Possession and proof of personal health insurance
6. CPR certification for the Health Care Provider
7. Possession and proof of medical liability insurance

For those students who have not yet earned a minimum of an Associate's degree at an accredited post-secondary institution, will agree to submit a degree map and official transcripts every six (6) months to demonstrate progress toward an Associate's degree to be earned no later than the last day of the program.

\*\*Unfavorable results may disqualify a candidate's invitation.

## **DEXTERITY/HEALTH STANDARDS**

Students must be physically capable of performing the following standards related to the occupation in a safe, accurate, and expeditious manner.

- Lift, move and transport patients (in excess of 50 pounds) to and from various ambulatory devices, (wheelchair, stretcher, hospital bed, and radiographic table) without causing undue pain or discomfort to patient or oneself.
- The ability to spend prolonged periods of time walking, standing, sitting, bending, reaching, pushing, and pulling.
- Position patients for various radiologic examinations. This requires physical touch.
- Manipulate x-ray equipment into proper positions, including fixed and mobile units. This requires upper and lower body dexterity.
- Recognize audio sounds (bells, buzzers, etc.) and visually distinguish colors.
- Respond immediately to emergency situations that may otherwise jeopardize a patient's physical state if speedy care is not administered.
- Evaluate written requisitions for radiographic procedures.
- Communicate (verbal and written) the explanation of procedures and give effective instructions to a patient.
- Obtain medical histories of patients and communicate this information to appropriate members of the health care team.
- Visually evaluate radiographic images.

## STUDENT SERVICES

The Radiologic Technology Program provides the following student services:

### **Disability Services**

Nashville General Hospital's Radiologic Technology Program complies with the Americans with Disabilities Act of 1990. The program will assist students with disabilities by ensuring the provision of reasonable modifications and/or accommodations. It is the student's responsibility to voluntarily and confidentially disclose information regarding the nature of the disability. Students requiring disability services should immediately meet with the program director to request reasonable accommodations. In addition, the student must request in writing such consideration and submit a current letter from an appropriate licensed professional describing the nature of the learning limitation and specific accommodations needed. Only after written documentation is presented can reasonable modifications and/or accommodations be provided.

### **Financial Assistance**

The program is NOT a Title IV participant through the Federal Department of Education. This means our students are NOT ELIGIBLE for Federal Student Aid (government-funded student loans or deferments). It is the student's responsibility to secure the necessary funding for tuition, books, insurance, transportation, uniforms, and other related school costs. There is no financial aid officer on campus. Scholarships, loans and grants are not currently available through Nashville General Hospital. Nashville General Hospital is not responsible for any part of the financial assistance process, eligibility, acceptance, or awards.

Possible sources of financial assistance include:

- Nashville Career Advancement Center – to find the office nearest you, please visit: <http://www.nashville.gov/Nashville-Career-Advancement-Center/About/Locations.aspx>
- U.S. Department of Veterans Affairs – to apply online, please visit: <http://explore.va.gov/education-training>
- Banks, Credit Unions
- ASRT Foundation scholarships (<https://foundation.asrt.org/what-we-do/scholarships>)

The Radiologic Technology Program will assist with all required documentation a student may need in order to secure financial assistance, i.e. enrollment verification, transcripts, etc. No student will be enrolled greater than 45 days after payment of financial responsibilities is due.

It is the policy of the Radiologic Technology Program sponsored by Nashville General Hospital that all students will have equitable didactic and clinical opportunities, must maintain policies and standards, and must display the highest level of professionalism, regardless of whether or not the student is receiving financial assistance.

### **Personal Counseling**

For students who may need personal counseling, the program provides a list of local therapists and organizations that provide such services. Many of the listed therapists and organizations offer a sliding scale method of fees, based on financial need. This list is located on the bulletin board in the classroom, or may be obtained from any member of the faculty.

### **Tutoring**

Students may request an appointment for one-on-one tutoring at any time. It is the responsibility of the student to keep up with his/her academic and/or clinical progress and to make tutoring appointments with program faculty as needed.

## **HEALTH SERVICES**

In the event a radiologic technology student at Nashville General Hospital has a medical emergency, Nashville General Hospital will immediately call 911 for emergency medical assistance. The student is responsible for all costs incurred for all medical treatment.

Should the student require emergency medical treatment while at a clinical education site, the student will use emergency facilities, i.e. Emergency Department at the clinical education site. The student is responsible for all costs incurred for all medical treatment.

Students must have current health insurance while enrolled in the program.

## **STUDENT TRANSPORTATION**

The student is responsible for all costs associated with their transportation to and from Nashville General Hospital and all assigned clinical education sites, which are currently located within a 50-mile radius from the sponsoring institution. Nashville General Hospital is not liable for accidents while traveling to and from Nashville General Hospital and all assigned clinical sites. The program will not make any allowances for a student who is unable to participate in a didactic or clinical course due to lack of transportation.

## **LEARNING RESOURCE CENTER**

The program's learning resource center has several radiologic technology textbooks and professional journals, a computer with full internet access, ASRT *CT Basics* software, and ARRT *Online Digital Imaging Academy* software. In addition, the program has a collection of x-ray phantoms, anatomical models, and access to the hospital's PACS archive for supervised student use.

Furthermore, the faculty has their own private collection of textbooks which students may use under the direction of the program's faculty.

## **PROFESSIONAL ORGANIZATIONS**

Nashville General Hospital's Radiologic Technology Program encourages currently enrolled students to become a member of the American Society of Radiologic Technologists (ASRT) and the Tennessee Society of Radiologic Technologists (TSRT).

### American Society of Radiologic Technologists (ASRT)

The ASRT is the world's largest and oldest membership association for medical imaging technologists and radiation therapists. The ASRT provides its members with educational opportunities, promotes radiologic technology as a career, and monitors state and federal legislation that affects the profession. It also is responsible for establishing standards of practice for the radiologic science profession and developing educational curricula. As a member, students will be able to enjoy the same privileges as registered radiologic technologists who are active members. Students may obtain an ASRT application by visiting the ASRT website at: <http://www.asrt.org/membership>.

Tennessee Society of Radiologic Technologists (TSRT): <http://www.tsrt.org/> For a membership application, please visit: <http://www.tsrt.org/join---renew.php>

# PROGRAM COURSE DESCRIPTIONS AND CURRICULUM SEQUENCING

## COURSE DESCRIPTIONS

### **Introduction to Radiography and Patient Care: (60 hrs.)**

This course provides the student with an overview of radiography and its role in healthcare delivery. Students are oriented to academic and administrative structure, key departments and personnel, and to the profession as a whole. Basic principles of radiation protection are also introduced to ensure radiation protection of self, patients and others when assigned to clinical rotations in the first quarter. Furthermore, this course provides the student with the basic concepts of patient care, including consideration for the physical and psychological needs of the patient and family. Routine, emergency, geriatric, and pediatric care is described as well as infection control procedures utilizing standard precautions. The role of the radiographer in patient education is included. Ethics and law pertaining to patient care is addressed, and pharmacology in medical imaging is covered.

### **Medical Terminology: (12 hrs)**

This course provides the student with an introduction to the origins of medical terminology. A word building system is introduced, and abbreviations and symbols are discussed. Specific medical imaging terminology is also included.

### **Human Structure and Function: (72 hrs.)**

This course provides the student with knowledge of anatomy and physiology. The components of cells, tissues, organs and systems are described. The individual parts/organs that comprise the human body are presented in detail.

### **Radiographic Procedures (I, II) (240 hrs.)**

This course is designed to provide the student with the knowledge and skills necessary to perform standard radiographic procedures. Positioning and procedural steps are presented in detail for each examination covered. Image critique for each procedure is included in the lectures. Laboratory demonstration, practice, and practical evaluation complement the didactic portion of the course.

### **Radiographic Procedures (III, IV) (192 hrs.)**

This course is designed to provide the student with the knowledge and skills necessary to perform standard radiographic procedures. Image critique for each procedure is routinely included in the lectures. This course also introduces the student to routine and special radiographic procedures utilizing contrast media. Positioning and procedural steps are presented in detail for each examination covered. Anatomical structures in the sagittal, coronal, and axillary planes as seen in cross sectional images of computed tomography and magnetic resonance imaging are also explored. Laboratory demonstration, practice and evaluation complements the didactic portion of the course.

**Radiographic Exposure and Image Evaluation: (72 hrs.)**

This course introduces the production and properties of x-ray, radiographic film processing, equipment, and accessories used to produce diagnostic medical images. Technical factors affecting density, contrast, distortion, and detail are discussed, as well as calculation of multi-factor technique problems.

**Radiation Protection and Radiobiology: (48 hrs)**

This course provides the student with an overview of the principles of radiation protection. Radiation protection responsibilities of the radiographer for patients, personnel, and the public are presented. Regulatory agencies are identified and agency involvement in radiation protection is discussed. The course also includes an overview of the principles of the interaction of radiation with biological tissues. Radiation effects on biological molecules, organisms, and factors affecting biological response are presented. Acute and chronic effects of radiation are also discussed.

**Radiation Physics: (48 hrs.)**

This course will provide the student with knowledge of basic radiation physics. Fundamentals of x-ray generating equipment are discussed. Information on x-ray production, beam characteristics, and units of measurement is presented.

**Imaging Equipment: (24 hrs.)**

This course provides the student with knowledge of equipment routinely utilized to produce diagnostic images. Course content includes various recording media, imaging techniques, and special imaging equipment including image-intensified and digital fluoroscopy, mobile radiographic equipment, tomography, and automatic exposure control devices. The course will also explore various imaging modalities and radiation therapy.

**Medical Ethics and Law: (24 hrs.)**

The purpose of this course is to promote an understanding and appreciation of ethics, morals, and how laws influence the health care profession. Legal terms, Patient Bill of Rights, sources of laws, consent, standards of care and professional scope of practice will be covered as it relates to preventing malpractice.

**Pharmacology and Contrast Media: (24 hrs.)**

Under the supervision of a radiologist, and depending on the scope and level of responsibility required of the radiographer, there is the possibility of administering drugs and contrast agents to patients. This course content provides basic concepts of pharmacology, venipuncture and administration of diagnostic contrast agents and intravenous medications. The appropriate delivery of patient care during these procedures is emphasized.

**Radiographic Pathology: (24 hrs)**

This course is a study of diseases, their relationship to radiographic imaging, and how the disease may affect radiographic technique, positioning and patient care delivery. Furthermore, students will present a pathology incorporating the disease process with the use of multiple imaging

modalities, extensive research, and interaction with radiologists and/or other medical professionals.

**Introduction to Quality Assurance and Control: (24 hrs)**

This course provides the student with an introduction to the evaluation of imaging systems to assure quality in the delivery of all aspects of imaging services. The components involved in the quality improvement system are discussed. State, federal, and professional impacts are described. Equipment quality control is discussed including tests to evaluate imaging equipment and accessories.

**Digital Imaging in Radiography: (24 hrs)**

This course introduces the student to fundamental principles of computer technology. Computer concepts and terminology are discussed. Computer applications in radiology are presented including teleradiology, PACS, HIS, and RIS.

**General Review and Registry Review: (108 hrs.)**

The purpose of this course is to provide a review of all radiologic technology subject matter with emphasis placed on the content specifications for the radiography examination administered by the American Registry of Radiologic Technologists. Multiple mock registry exams are administered to provide testing practice and to evaluate retained knowledge of course information presented throughout the program.

**Clinical Education (I, II, III, & IV): (1,856 hrs.)**

As a fundamental component of the student’s education, clinical rotations seek to reinforce and expand upon lessons learned in the classroom setting. Students, through observing and assisting at first, will develop the skills related to clinical practice. With experience, students will perform examinations with either direct or indirect supervision. Evaluation of clinical performance in the cognitive, psychomotor, and affective domains will provide meaningful feedback; guiding each student to success and building confidence.

**Total Didactic Hours: 996**

**Total Clinical Hours: 1,856**

**TOTAL CLOCK HOURS: 2,852**

**Clock Hour Calculation**

The length of all didactic and clinical courses is measured in clock hours. The method used to determine clock hours is based on “seat time” in the classroom or clinical setting.

Formula/Method:	Number of hours in classroom or clinical setting = Clock hours for that course
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## **CURRICULUM SEQUENCING 2017 – 2019**

### **First Semester (Quarters 1-2), October 2, 2017 to March 23, 2018**

#### Classroom Lectures

Q1	Q2	HRS	Course
X	X	60	Introduction to Radiography and Patient Care
X		12	Medical Terminology
	X	24	Radiation Physics
X	X	72	Human Structure and Function
X	X	240	Radiographic Procedures I, II

#### Clinical Education

Q1	Q2	HRS	Course
X	X	320	Clinical Education I

### **Second Semester (Quarters 3-4), April 2, 2018 to September 21, 2018**

#### Classroom Lectures

Q3	Q4	HRS	Course
X		24	Radiation Physics
	X	36	Radiographic Exposure and Image Evaluation
X	X	48	Radiation Protection and Radiobiology
X	X	192	Radiographic Procedures III, IV

#### Clinical Education

Q3	Q4	HRS	Course
X	X	384	Clinical Education II

### **Third Semester (Quarters 5-6), October 1, 2018 to March 22, 2019**

#### Clinical Education

Q5	Q6	HRS	Course
X	X	576	Clinical Education III

#### Classroom Lectures

Q5	Q6	HRS	Course
X		36	Radiographic Exposure and Image Evaluation
X		24	Imaging Equipment
	X	24	Digital Imaging in Radiography
	X	24	Radiographic Pathology
	X	36	General Review, Registry Review

### **Fourth Semester (Quarters 7-8) April 1, 2019 to September 20, 2019**

#### Clinical Education

Q7	Q8	HRS	Course
X	X	576	Clinical Education IV

#### Classroom Lectures

Q7	Q8	HRS	Course
X		24	Medical Ethics and Law
	X	24	Pharmacology and Contrast Media
X		24	Introduction to Quality Assurance and Control
X	X	72	General Review, Registry Review



## **SATISFACTORY PROGRESS & PROGRAM CONTINUATION**

The radiologic technology program has set a grading standard designed to assist graduates in achieving passing scores on the national certification examination and to demonstrate that the required core competencies have been achieved.

After a student has enrolled in the radiologic technology program, only credit earned at NGH or one of its affiliates may be applied toward the Certificate of Completion.

Students must successfully complete each radiologic technology course in sequence. Progression to the second year depends on successful completion of first year courses. The grading scale for the radiologic technology program is:

100 – 95%	A
94 – 90%	B
89 – 85%	C
84% or Below	F

All requirements listed within each course syllabus must be met before a final course average can be calculated. Individual grades for coursework (including, but not limited to: quizzes, exams, presentations, classwork and homework) will not be rounded in the gradebook and will be entered as values reported to the hundredths of a percent. Final course averages will be rounded to the nearest whole number and recorded in the student's official transcript. A minimum final course average of 85% is required to pass each course and continue to the next course in the curriculum sequence. A final course average of less than 85% results in the student being placed on Academic Probation. Students in violation of the Academic Honesty policy resulting in a Final course average of 0 will not be placed on probation or allowed to take a probationary comprehensive exam.

### **ACADEMIC PROBATION DUE TO FAILURE OF ONE OR MORE COURSES:**

Students failing to achieve a final course average of 85% will be placed on academic probation for a period of two (2) weeks during the following quarter. Before the end of the probationary period, the student must take and pass a probationary comprehensive exam covering the entire course material. If the probationary comprehensive exam is greater than or equal to 85% after rounding to the nearest whole number, the overall course average will be 85%. Probationary comprehensive exam scores less than 85% after rounding to the nearest whole number will result in Academic Dismissal from the program.

A student has five school days to appeal their final course average through the established Grievance Policy.

### **ACADEMIC DISMISSAL:**

A student who fails a course and fails the comprehensive exam given during Academic Probation will be dismissed from the program. Should the student desire to re-enter the program, the

student will be required to re-apply to the program. If accepted, the re-admitted student must start the program from the beginning if they are dismissed during the first year; or at the start of the second year if they are dismissed during the second year. Grades earned for previously taken courses will not be considered. A student may be readmitted to the program one time only. Previous tuition payment cannot be applied to re-enrollment.

## **ADMINISTRATIVE POLICIES**

### **ADVISEMENT**

The Radiologic Technology Program will advise students in the area in which the student or program has educational concerns and/or issues.

Student academic, behavioral, and clinical advisement will be conducted by the program director, clinical coordinator, and/or faculty on an as-needed basis.

If a student has concerns and/or issues regarding course scheduling, general education requirements, or other administrative issues, the student should make an appointment with the program director.

If a student has concerns and/or issues regarding clinical rotation scheduling, clinical education requirements, or other clinical issues, the student should speak directly with the clinical coordinator as the first step in the resolution process.

If a student has concerns and/or issues regarding classwork, assignments, exams, or other academic issues related to a course, the student should speak directly with the course instructor as the first step in the resolution process.

If the student does not find resolution through the chain of command, (Instructor/Clinical Coordinator, Program Director) the student should refer to the program's Grievance Policy.

### **ACADEMIC AND ADMINISTRATIVE DISMISSAL**

A student may be dismissed from the radiologic technology program for disregarding administrative policies. Causes for dismissal include, but are not limited to, the following:

- Failure to meet minimum educational standards established by the program.
- Failure to meet student responsibilities including, but not limited to:
  - meeting of deadlines for academic work and tuition payments;
  - provision of documentation, corrections and/or new information as requested;
  - notification of any information that has changed since the student's initial application;
  - purchase or otherwise furnish required supplies;
  - maintenance of program and hospital property in a manner that does not destroy or harm it;
  - return of library books in a timely manner;
  - obtaining required education and financial clearance prior to graduation;
  - failure to comply with all parking regulations;

- continued inappropriate personal appearance;
- continued unsatisfactory attendance;
- failure to comply with policies and procedures listed in the current hospital authority rule book and student handbook;
- Specific behaviors that may be cause for immediate dismissal include, but are not limited to:
  - willful destruction or defacement of student or hospital property;
  - theft of student or hospital property;
  - improper or illegal conduct, including hazing, sexual harassment, etc.;
  - use, possession, and/or distribution of alcoholic beverages, illegal drugs, and/or paraphernalia on campus, at a clinical site, or school-related event;
  - being under the influence of alcoholic beverages or illegal drugs while on campus, at a clinical site, or school-related event;
  - cheating, plagiarism, and/or infractions of the hospital's or program's conduct policies;
  - any behavior which distracts other students and disrupts routine classroom activities;
  - use of abusive language, including verbalization or gestures of an obscene nature;
  - threatening or causing physical harm to students, faculty, staff or others on campus or while students are engaged in off-site learning experiences;
  - school abandonment as defined by three (3) consecutive absences in the didactic or clinical setting without communication with the program director or clinical coordinator.

### **ACADEMIC HONESTY POLICY**

The program can best function and accomplish its mission in an atmosphere of high ethical standards. As such, the program expects students to observe all relevant principles of academic honesty. Students are expected to maintain complete honesty and integrity in all clinical and academic work attempted while enrolled in the program. Academic dishonesty is a serious violation of the trust upon which the program and medical imaging community are established. There are different forms of clinical and academic dishonesty including, but not limited to, the following:

#### **Acquiring or Providing Information Dishonestly**

Using unauthorized notes or other study aids during an examination; using unauthorized technology during an examination; improper storage of prohibited notes, course materials and study aids during an exam such that they are accessible or possible to view; looking at other students' work during an exam or in an assignment where collaboration is not allowed; attempting to communicate with other students in order to get help during an exam or in an assignment where collaboration is not allowed; obtaining an examination prior to its administration; altering graded work and submitting it for re-grading; allowing another person to do one's work and submitting it as one's own; or undertaking any activity intended to obtain an unfair advantage over other students.

#### **Conspiracy**

Agreeing with one or more persons to commit any act of academic dishonesty.

**Multiple Submissions**

Submitting the same work for credit in two different courses without the instructor's permission.

**Facilitating Academic Dishonesty**

Aiding another person in an act that violates the standards of academic honesty; allowing other students to look at one's own work during an exam or in an assignment where collaboration is not allowed; providing information, material, or assistance to another person knowing that it may be used in violation of course or program academic honesty policies.

**Abuse or Denying Others Access to Information or Resource Materials**

Any act that maliciously hinders the use of or access to library or course materials; the removing of pages from books or journals or reserve materials; the removal of books from the library without formally checking out the items; the intentional hiding of library materials; the refusal to return reserve readings to the library; or obstructing or interfering with another student's academic work. All of these acts are dishonesty and harmful to the program.

**Falsifying Records and Official Documents**

Forging signatures or falsifying information on official academic documents such as a program application, transcript, memo, clinical documents, or any program document.

**Clinical Misconduct**

Dishonesty in the clinical setting includes, but is not limited to: misrepresenting completion of clinical hours or assignments; falsification of patient records; fabrication of patient experiences; failure to report omission of, or error in, assessments, treatments or examinations; and appropriation/stealing of facility, staff, patient, visitor and/or student property.

**Disclosure of Confidential Information**

A high, responsible standard of conduct and professionalism is expected from each student. Students are personally accountable for the way in which patient information and other confidential information in clinical facilities is utilized. Confidential information is never to be discussed with anyone other than those directly involved in the care of the patient or in the legitimate use of other confidential agency information. Those having access to patient or facility information should never browse such information out of "curiosity." It is to be used and accessed only for legitimate, clinical/learning purposes.

A breach in confidentiality which involves discussing and/or releasing confidential patient or facility information, or obtaining unauthorized system access, will lead to disciplinary action from the program.

Each student must seriously evaluate his/her daily use of confidential patient or facility information to assure its proper use. When in doubt, students should seek clarification or direction from their immediate supervisor.

### **Sanctions for Violating the Academic Honesty Policy**

After determining that the student has violated the Academic Honesty Policy, the program may impose one of the following sanctions:

Didactic Assignments:

- The first occurrence of academic dishonesty may result in a grade of 0 for the assignment or examination.
- The second occurrence of academic dishonesty may result in a grade of 0 for the Final course average. The student will not be placed on Academic Probation nor allowed to take a probationary comprehensive exam as described previously in the Satisfactory Progress and Program Continuation section and consequently the student will be dismissed from the program.

Clinical Assignments:

- The first occurrence of academic dishonesty or falsifying any clinical documentation (evaluations, time sheets, COEs, OPA forms, etc.) may result in dismissal from the program.

All progressive disciplinary measures described above are cumulative throughout the program and not limited to occurrences within a specific course or quarter.

### **STANDARDS OF APPEARANCE**

Proper professional dress and appearance are required. Students are representatives of the program, Nashville General Hospital, and the entire medical community, and therefore carry the responsibility of consistently and adamantly maintaining a professional appearance.

#### **STUDENT DRESS CODE AND APPEARANCE POLICY**

1. **UNIFORM:** The radiologic technology student uniform is an all ceil blue, two-piece scrub suit of appropriate professional appearance. The uniform should be clean and properly fitting. A clean, white warm-up jacket or lab coat may be worn over the uniform. White t-shirts (short-sleeve or long-sleeve) may be worn under the uniform top; however, the t-shirt must not be visible extending lower than the scrub top. Under garments must not be visible through the uniform.
2. **SHOES AND HOSE:** Shoes are to be all white, clean, well-supporting and with clean white laces. Open-toed and open-heeled shoes (clogs) are not permitted. White socks or white hosiery are to be worn at all times.
3. **IDENTIFICATION BADGES:** The identification badge is issued at Nashville General Hospital. It is to be worn and must be clearly visible with the uniform and jacket/lab coat at all times, including class days.
4. **JEWELRY:** A watch, which measures seconds, is considered part of the uniform, and must be worn at all times within the clinical setting. No other jewelry is to be worn, except a wedding band, which may need to be removed at times. If ears are pierced, small, plain stud/post/button earrings may be worn. No other visible piercings are

allowed. Neither Nashville General Hospital nor clinical affiliates are responsible for lost or stolen jewelry, money or other personal items.

5. **HAIR:** Hair must be clean and well controlled so that it does not hang in eyes, around face, or on shoulders while in uniform. Extreme hairstyles or hair colors (e.g., unnatural colors) are not allowed. Hair bows must be modest and of appropriate size. Beards and mustaches should be trimmed neatly. Caps and hats are prohibited.
  6. **PERSONAL GROOMING:** Personal cleanliness including bathing and the use of deodorant and oral hygiene is essential. Only moderate use of makeup, perfume, mild cologne and/or shaving lotion is allowed. Nails must be clean and well-trimmed. Colored nail polish, artificial nails, and nail ornaments are prohibited.
- TATTOOS:** No visible tattoos are allowed.
7. When assigned to a clinical rotation site, the student must follow the facility's dress code, in addition to the program's policy.

The above Student Dress Code and Appearance Policy shall be adhered to at all times. If a student fails to adhere to the policy while in the classroom or clinical setting, disciplinary action will follow.

**First Infraction:** A verbal warning will be administered.

**Second Infraction:** The student will be issued a written Behavior Warning.

**Third Infraction:** The student will be placed on Behavior Probation. If the terms of the behavior probation are not met, suspension or dismissal may be warranted.

### **STANDARDS OF ATTENDANCE**

Regular class and clinical attendance is expected and integral to proper academic and clinical progress. Students are expected to attend ALL scheduled classes and clinical shifts.

#### DIDACTIC CLASSES AND LAB SESSIONS:

1. If an absence or tardy is expected to occur, the course instructor AND clinical coordinator or program director must be notified no less than thirty (30) minutes prior to the beginning of the class/lab session.
2. Students must abide by the attendance policy established for each course in the course syllabus.

## CLINICAL ATTENDANCE POLICY

Students will not be scheduled for shifts greater than 10 hours per day, nor shall they be scheduled for total didactic and clinical involvement more than 40 hours per week. Students will receive a schedule prior to each term. Typical clinical hours are from 7-3:30 or 8-4:30 during the day and 12:30-9:00 PM during afternoon/evening rotations. Clinical education hours may vary (assigned hours may fall within the ranges of 5AM – 7PM for day shift or 7PM - 5AM for evening rotations). Clinical rotations for the Radiologic Technology program will be scheduled based on the hours of operation, staffing, and discretion of each clinical site and the Clinical Coordinator.

1. Students are expected to arrive at their assigned clinical site at their scheduled arrival time, ready to participate, and leave at their scheduled departure time.
2. If an absence or tardy is expected to occur, the student must call their assigned clinical site AND the clinical coordinator or program director no less than thirty (30) minutes prior to the beginning of their scheduled shift. **Failure to notify (NO CALL/ NO SHOW) events are considered serious breaches of professionalism that will warrant, at minimum, Clinical Probation for the duration of the program.**
3. Tardy is after five (5) minutes past the scheduled time and up to two (2) hours late. Early departures are treated as tardy. Discrepancies between scheduled time and attended time greater than two hours are considered absences.
4. All missed clinical time must be made up during the next quarter break at the clinical site where the absence occurred. Students may not make up clinical time on a holiday observed by the sponsoring institution.
5. An occurrence will be defined as either: One (1) absence or (3) tardy/early departures. Thus, one tardy is equivalent to 1/3 of an occurrence.
6. Occurrences will accumulate each quarter for each student in regards to rules 5 through 7. As each new quarter begins, all students will begin again with zero (0) occurrences.
7. Any student who accrues more than (1) occurrence per quarter will be issued a written warning.
8. Any student who accrues more than (2) occurrences per quarter will be placed on Clinical Probation for the duration of the program.
9. Any student who accrues more than (3) occurrences per quarter may be dismissed from the program.

Clinical make-up days must be scheduled and approved by the clinical instructor and the clinical coordinator. Students must submit a Clinical Make-up Time Form prior to the next quarter

break. If a student is absent for a scheduled make-up day, this absence will be added to their total absences for the quarter and is also required to be made-up.

### **BEREAVEMENT TIME**

Up to five consecutive days will be allowed for bereavement of the death of an immediate family. The immediate family is defined as spouse, child, parent, brother, sister, grandparent, mother or father-in-law and step-family members. Time off shall be documented with an obituary notice, or other death notice. Bereavement time must be approved by the program director and clinical coordinator. It is the student's responsibility to inform their assigned clinical site of their bereavement time.

### **BULLETIN BOARDS**

The bulletin boards outside and inside of the classroom(s) are property of Nashville General Hospital for displaying relevant program information. Students who wish to display information on a program bulletin board must first obtain permission from the program director.

### **CALCULATORS**

Programmable calculators and mobile phones are not permitted for use on tests, quizzes, or any in-class assignments. Conventional arithmetic calculators limited to addition, subtraction, multiplication and division may be used for certain courses.

### **CHANGE OF CONTACT INFORMATION**

Students must promptly report any changes of their contact information (legal name, home address, home telephone number, mobile telephone number, e-mail address) to the program director and clinical coordinator so that these changes may be recorded in their student file.

### **CLINICAL EDUCATION SITE ASSIGNMENT**

Clinical education rotation sites are assigned by the clinical coordinator. No consideration will be given to the student's preference, proximity to the student's home, student employment, etc. The clinical coordinator and program director reserve the right to place the student according to course objectives and available space.

### **CLINICAL EDUCATION REQUIREMENTS**

Before a student can be assigned to a clinical education site, the student must obtain the following:

1. Health physical (within the last three months)
2. (2) MMR (measles, mumps, and rubella) immunizations
3. (2) Varicella (chickenpox) immunizations
4. Tdap (tetanus, diphtheria, and pertussis) immunization/booster  $\geq$  eighteenth birthday.
5. Hepatitis B immunization or signed waiver
6. Influenza immunization (current year)
7. Tuberculin skin test (PPD) or chest x-ray for positive PPD results (within the last three months)
8. N-95 respirator fitting (Note: Male students must trim facial hair such that the mask has direct contact and a good seal with skin)
9. Personal health insurance



10. Personal malpractice liability insurance
11. Basic Life Support (CPR) for the Healthcare Provider certification
12. Passing criminal background check with no discrepancies
13. Passing drug screening test

Documentation providing proof of the above requirements must be in the student's medical file before the student is allowed to attend their clinical education rotation. The clinical attendance policy will apply in the case of missed clinical time due to lack of documentation of the above.

After a clinical education site has been assigned, the student shall be required to complete and/or attend a mandatory site-specific orientation. Should the student neglect to attend and/or complete the mandatory orientation the student will not be allowed admittance to the medical facility. The clinical attendance policy will apply in the case of missed clinical time due a failure to attend the orientation. In the instance of a prolonged time lapse between the facility's scheduled orientations, the student may be dismissed from the program due to absenteeism.

### **CLINICAL SAFETY**

Clinical safety is defined as the consistent implementation of scientific principles (physical and behavioral) in the care of assigned patients and in professional relationships. Clinical safety includes but is not limited to: the administration of contrast media, the application of radiographic procedures with appropriate supervision from an instructor (the staff technologist, radiologist, clinical instructor, clinical coordinator, and/or program director), being adequately prepared and maintaining professional interpersonal relationships with peers, clients, faculty, and clinical facility staff.

The student who is frequently unprepared, needs frequent correction and close supervision, or who fails to consult the instructor appropriately is considered unsafe in the clinical area, and will be placed on Clinical Probation or dismissed from the program. The primary consideration is safe application of all aspects of radiography and other medical imaging modalities with a moderate amount of guidance and direction.

### **COMMUNICABLE DISEASE AND IMMUNIZATION POLICY**

All students, at their own expense, are required to have annual tuberculin skin tests with follow up chest x-ray in cases of positive results.

Students must be current with their immunizations and a copy of their immunization record must be on file. An annual influenza (flu) vaccine must also be documented in the student's file.

Each student must provide the program with a valid, current, signed documentation of a health physical. The physical will provide reasonable assurance that the student is physically able to perform the duties required of a student radiographer. Each student is required to follow standard precautions as established by the Center for Disease Control (CDC).

Students who are exposed to a communicable disease in the clinical site through any source such as (but not limited to) needle sticks, patient contact, contact with contaminated supplies, must immediately inform his/her clinical instructor and the clinical coordinator or program director.

The student must complete all documentation required by the clinical site and submit a copy of this documentation to the clinical coordinator or program director.

If a student should contract any type of communicable disease while enrolled in the program, the student must inform the clinical coordinator or program director immediately. After review by program officials, the student may be suspended from clinical assignments and /or the classroom. This decision will be based upon the advice of medical experts. Readmission will not occur until the student provides the program with proof that he or she is no longer contagious. Students are responsible for making up missed time.

### **COMMUNICATION/INCOMING TELEPHONE CALLS**

Incoming telephone calls to students are not allowed, except in emergency situations. Mobile phones, if worn during class, must be on a non-audible setting. Personal calls are not allowed during classes, unless it is an emergency. Students may return/make calls only during breaks.

Mobile phones are not to be worn in the clinical areas. If there is an emergency, and a student needs to be contacted while in the clinical setting, the phone call must go through the clinical instructor.

Students must inform family/friends/employers not to contact them during clinical hours, unless it is an emergency.

### **COMPLAINT AND RESOLUTION POLICY**

Students have the right to submit allegations against the program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT is not a step in the formal institutional/program grievance procedure. The student must first attempt to resolve the complaint directly with institution/program officials by following the program's grievance policy and procedure. If the student is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT:

#### **JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY**

20 North Wacker Drive, Suite 2850

Chicago, IL 60606-3182

Phone number: (312) 704-5300

E-mail: [mail@jrcert.org](mailto:mail@jrcert.org)

Website: [www.jrcert.org](http://www.jrcert.org)

## **CONFIDENTIALITY**

The confidentiality of patient records shall be maintained always. To the extent by federal law, employees and students of Nashville General Hospital agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d (“HIPAA”) and any current and future regulations promulgated there under, including with limitation, the federal privacy regulations, the federal security standards, and the federal standards for electronic transactions, all collectively referred to herein as “HIPAA requirements.” Employees and students of Nashville General Hospital agree not to use or further disclose any Protected Health Information or identifiable Health Information, other than as permitted by HIPAA Requirements and the terms of this Agreement.

All students will be required to sign a confidentiality agreement.

## **CPR CERTIFICATION**

All students are required to obtain Basic Life Support (CPR) for the Healthcare Provider certification prior to beginning their clinical education. Students must maintain certification while enrolled in the program. Copies of the CPR certification cards are kept in the student’s file.

## **CRIMINAL BACKGROUND CHECK**

All Radiologic Technology Program applicants must complete an initial criminal background check\* to be considered for program acceptance. The program provides this service via an outsourced company, with all associated fees being the sole responsibility of the student. Once the results have been released to the program, the program director will review the information and make a decision concerning official program acceptance.

The program reserves the right to deny acceptance based on the following criteria:

- A student who has pled guilty, or has pled nolo contendere (no contest) to an offense which is classified as a misdemeanor or felony which is directly or indirectly related to patient care or public health.
- Crimes which may directly or indirectly relate to patient care or public health including, but not limited to: murder, attempted murder, manslaughter, rape, sexual assault, violence or threat of violence, driving while intoxicated or impaired, controlled substance abuse, fraudulently altering medical documentation, insurance claims, and medical prescriptions.

\*Candidates for the Radiologic Technology program should be aware that any adverse background findings may prevent eligibility to enroll in the program, attend clinical rotations at affiliate site(s), or take the ARRT certification exam. Candidates with adverse background findings are advised to submit a pre-application to the ARRT Ethics Review Committee for review prior to enrolling in the program. The application and associated fee can be found at the following Web address: <https://www.art.org/pdfs/Ethics/Ethics-Review-Pre-Application.pdf> or request a copy by phoning the ARRT at 651.687.0048, ext. 8580.

## **DAMAGE OF EQUIPMENT**

Any damage/breakage of equipment must be reported immediately to the clinical instructor or a staff technologist.

## **DISCONTINUATION OF PROGRAM**

If the program is to be discontinued, Nashville General Hospital will make every effort to allow currently enrolled students to complete the program before closing. If this is not possible, Nashville General Hospital will provide reasonable assistance to currently enrolled students for placement in other programs. The following steps are to be taken:

1. Currently enrolled students will be notified immediately.
2. All incoming students will be notified immediately.
3. Transcripts will be finalized and mailed to the program(s) of choice.
4. Program officials will assist each student via letters, phone calls, etc. in efforts to obtain placement in other programs.
5. Radiation dosimetry reports will be provided to the program accepting each student.

**EMERGENCY PREPAREDNESS – Please refer to the NGH Hospital-Wide Manual on the hospital intranet (Section: (EM) Emergency Management)**  
<http://wsf03/emergencymgt/SitePages/Home.aspx>

## **FOOD, DRINK, AND MEAL BREAKS**

Food and drinks are permitted in the classrooms, provided students clean up after themselves. Food and drink privileges will be suspended for students who fail to do so.

Due to transmission of disease and respect for all patients, food and drinks are never permitted in patient contact areas in the clinical setting.

Scheduled meal breaks are lunch and dinner. Students are not allowed to leave their assigned areas to obtain food from the cafeteria or snack machines at any other time, unless specifically authorized by the clinical instructor, supervising technologist, or program officials.

## **GRADING POLICY**

The grade for any course examination, quiz, homework, lab exercise, and final course average will adhere to the following grading scale:

100 – 95%	A
94– 90%	B
89– 85%	C
84% or Below	F

The percentage of the course examinations, quizzes, homework, lab exercises, attendance, etc. that apply toward the course final average is determined by the faculty for each course, and are reflected in the course syllabus.

Clinical course grades are factored into the student's cumulative grade average. A student must submit all required clinical documentation, successfully complete the minimum clinical competency requirements as outlined for each clinical rotation, and participate in clinical conference and image critique sessions. Students must adhere to the program's clinical schedule for clinical documentation submission. Grading criteria for each course evaluation strategy is

listed in the course syllabus which is provided to students during clinical orientation. Student clinical performance will be evaluated by the clinical coordinator and the clinical instructor(s).

### **GRADUATION CEREMONY**

The program's graduation ceremony occurs on the last day of the eighth quarter. Successful completion of all general education and degree requirements, didactic courses and clinical courses is required in order to be awarded the Certificate of Completion. All students are required to participate in the graduation ceremony.

### **GRADUATION REQUIREMENTS**

In order for a student to be cleared for graduation, and for the program director to verify program completion with the ARRT, the student must:

1. Complete all general education and degree requirements for the program.
2. Complete all didactic requirements for the program.
3. Complete all clinical education requirements for the program.
4. Satisfy components of any Clinical, Academic, or Behavior Probation.
5. Meet all financial obligations to the program and Nashville General Hospital.
6. Return any borrowed resources.
7. Return radiation dosimetry badge and ID badge.
8. Participate in the graduation ceremony.

### **GRIEVANCE POLICY AND PROCEDURE**

Any student who has a complaint should first discuss the problem with the course instructor (*or clinical instructor during clinical education. For clinical education, if the complaint is not resolved at the clinical instructor's level, the student should submit their complaint to the clinical coordinator within five (5) business days*). If the problem is not resolved, the complaint must be submitted in writing within five (5) business days to the program director. All written grievances will be investigated by the program director and the student will receive a written response within five (5) business days from submission. Grievances not settled at the program director's level will be submitted in writing within five (5) business days to the Chief Operating Officer for judgment and review. Again, the student must present in writing his/her philosophy concerning the matter and reasons for displeasure with prior judgments. The Chief Operating Officer makes the final decision, which constitutes the final step in the grievance procedure. The student will receive a written response within five (5) business days from submission.

Requests for all phases of due process must be submitted within five (5) business days of each prior notification of a decision. Each decision will be submitted in writing to the student within five (5) business days. Students may appeal suspension, probation, or dismissal and have the right to professional representation. If professional representation is used, all parties must be informed prior to scheduling a meeting.

### **GUESTS**

Guests in a student's assigned clinical education affiliate site are prohibited. Guests in the classroom are prohibited without the instructor's permission.

## **HARRASSMENT POLICY**

Students involved with, or affected by, any form of harassment, from or towards a fellow student, faculty, clinical staff, patient, or any other individual associated with the radiologic technology program is unacceptable, impermissible, and intolerable. All allegations of harassment shall be reported immediately and submitted in writing, accompanied with a verbal complaint. Allegations of harassment within the clinical setting shall be submitted to the clinical coordinator and program director. Investigative action will be taken and will follow within the policies of the clinical education setting and the Nashville Hospital Authority (NHA). Allegations of harassment within the program shall be submitted to the program director. Investigative action will be taken and will follow the policies of the NHA. See also NHA – policy A-019 <https://nashvillegeneral.policystat.com/>.

## **HEALTH INSURANCE REQUIREMENT POLICY**

Students are required to carry personal health insurance coverage while enrolled in the radiologic technology program. Students are responsible for their own health insurance coverage and are responsible for any medical expenses incurred while enrolled in the radiologic technology program (including both clinical and didactic settings).

## **HOLDING OF PATIENTS**

Students are not permitted to hold patients during a radiographic examination. In these situations, other persons such as the patient's family member or other health care workers should be utilized to assist. To assist in minimizing exposure, it is important for the student radiographer to collimate to the area of clinical interest.

## **INCIDENT/ACCIDENT REPORTING**

Within twenty-four (24) hours of an incident/accident, which occurs at Nashville General Hospital or at any of the affiliated clinical sites, students must submit documentation to the clinical coordinator and program director. The information included in this documentation should include: Who, What, Where, When, Why, and Witness information, as applicable.

## **INCLEMENT WEATHER POLICY**

There are no allotted inclement weather days for students of Nashville General Hospital. Since this is a health care profession and students' clinical sites never close, students are expected to use good judgment and attempt to arrive at their assigned clinical site without jeopardizing their health and safety. During inclement weather, the program will follow the lead of Tennessee State University (TSU). If TSU is closed, the school faculty will decide whether to open with a two-hour delay, or to close for the day. Students will be considered tardy after two (2) hours. On clinical days, it remains the student's responsibility to call the clinical instructor 30 minutes prior to their scheduled arrival time if they are expected to be late or absent for the day. In the event that the weather is extremely severe, the program faculty may decide to close the school, cancelling classes and clinical rotations.

The information chain for inclement weather policy enactment will begin with program faculty notifying the students via Trajecsys. It is each student's individual responsibility to contact their clinical instructor if they are expected to be late or absent for the day.

## **INFECTION CONTROL PRECAUTIONS**

The use of Standard Precautions for infection control is essential in the health care field. Standard precautions must be used with all patients, whether handling blood or body substances, in order to protect oneself from exposure to pathogens. The use of standard precautions will also protect oneself from other infectious organisms:

1. Handle blood and body substances of all patients as potentially infectious.
2. Wash hands before and after all patient or specimen contact, even when gloves are used.
3. Use procedures which minimize spraying, splashing, spattering, and generation of droplets of infectious material.
4. Gloves should be worn always when there is potential contact with blood and body substances.
5. Wear a gown, an apron, surgical caps or hoods, and or shoe covers when splashing with blood or body substance is expected.
6. Wear protective eyewear and mask if splattering with blood or body substance is possible.
7. All garments should be removed as soon as possible if penetrated by potentially infectious material. Do not take them home to wash. Notify your clinical instructor if contamination occurs.
8. Place used syringes immediately in a nearby impermeable container. Never recap, remove, or manipulate a needle.
9. Contaminated sharps should be placed in appropriate containers.
10. Treat all linen soiled with blood or body substance as infectious.
11. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in areas with potential contact with blood and body substances.
12. Food and drink should not be stored where blood or other potentially infectious materials are present.
13. Specimens of infectious materials should be properly labeled and placed in a leak proof container.
14. All equipment and working surfaces should be decontaminated after contact.
15. Adhesives used for lead markers should be checked routinely for visible dirt and debris. Adhesives that are visibly soiled should be replaced.

If an exposure incident occurs, such as a needle stick, or splash of blood or body substance, immediately flush the wound with soap and water; flush mucous membranes with water or normal saline solution. Immediately after washing or flushing, notify your clinical instructor and complete an incident report at the clinical facility. Make a copy of this report and bring it to the program director so it may be placed in your records.

Only students with a properly fitted N-95 TB mask are permitted to perform x-rays or provide any patient care on active TB patients with permission of the assigned clinical facility.

## **LEAD MARKERS**

Students are required to use personal lead markers on all radiographs. Competency Evaluations are not valid without the student's personal lead markers on the image. Students working without their own personal lead markers will be considered out of uniform and dismissed from

the clinical setting. The lead markers will be distributed by the clinical coordinator or program director. Students are required to purchase two (2) sets of personal lead markers. One set will be kept in the clinical coordinator's office always. If a student needs to replace a right or left marker they must order a new set. The new set ordered will become the new back-up set. There must always be a back-up set in the clinical coordinator's office.

### **LEAVE OF ABSENCE**

If unforeseen circumstances in a student's life situation interfere with the student's academic progress, the student should first discuss the issue with the program director for the purpose of problem-solving and determining if short-term accommodations could be made in the student's curriculum. If short-term accommodations are not possible, the best solution may be to request a Leave of Absence in writing from the program and to resolve the problem before applying to re-enter the program.

The request for a Leave of Absence must be submitted in writing and approved by the program director. A Leave of Absence shall not be for longer than one year.

The student will not receive a refund for the tuition deposit, first tuition installment, second tuition installment, or graduation fee, but will be given the opportunity to re-enroll the following year to complete the program.

Readmission may be offered only if program capacity will not be exceeded. Prior to readmission, the student must submit to another criminal background check and drug screening. In addition, the student must provide up-to-date proof of all required immunizations. The expense for these resides with the student.

### **LEARNING RESOURCE CENTER MATERIALS**

Students are encouraged to utilize the books and periodicals located in the program's learning resource center for research and completion of course assignments. Students who wish to check out a book or periodical must request approval from the clinical coordinator or program director. Upon approval, the student will have two (2) weeks to return the book or ask for extended checkout time.

### **MALPRACTICE LIABILITY INSURANCE POLICY**

Contractual agreements with clinical affiliates require all students to carry malpractice liability insurance. No student will be allowed in the clinical area without verification of coverage. The cost of malpractice insurance is the student's responsibility. Students are required to purchase two-year malpractice insurance coverage through a designated independent company.

### **PARKING POLICY**

Students are to park only in designated areas and are responsible for all parking fees and fines. Nashville General Hospital and the Meharry Medical College are not responsible for any loss, damaged, or stolen property. If a student is not parked in their assigned area, all fees, fines, and towing charges will be the responsibility of the student.



## **PROFESSIONAL BEHAVIOR POLICY**

The Radiologic Technology Program has established a set of professional behaviors which will help students develop their knowledge and skills for entry-level positions in this field:

- Adhere to NGH policies and procedures as outlined in the NGH Compliance Plan/Code of Conduct.
- Adhere to program policies and procedures as outlined in the program student handbook.
- Adhere to policies and procedures of the clinical education site where assigned.
- Arrive to class and clinical sites on time; punctuality is a demonstration of professional behavior.
- Demonstrate responsibility and accountability in all aspects of the educational process.
- Demonstrate appropriate communication, interaction and behavior toward other students, faculty and clinical staff.
- Respect the learning environment regarding visitors. Visitors may not attend class or the clinical education site. This includes children, spouses, parents, friends, animals or any other visitor.

If a student demonstrates inappropriate behavior, the student may receive a written behavior warning or be placed on behavior probation depending on the severity of the action. The program reserves the right to dismiss a student at any time if the inappropriate behavior is judged extreme as determined by the program director.

Students who do not maintain satisfactory behavior, both academically and clinically, may be placed on probation. The term of probation will become effective in the quarter the student is currently enrolled in, and remain in place for the remainder of the program. Failure to meet the terms of probation as outlined in a student action plan may result in dismissal from the program. If additional unsatisfactory behavior should occur during the remainder of the program, the student may be dismissed from the program.

### **REQUEST FOR REMOVAL OF STUDENT FROM A CLINICAL SITE:**

Should a clinical site request removal of a scheduled student due to the student's failure to abide by the program's and/or clinical site's policies and procedures, the student may be suspended from the program until the matter can be properly and thoroughly investigated. If program officials deem the removal warranted, the student will receive a zero for the clinical education quarter, and consequently be dismissed from the program.

If program officials deem the removal unwarranted or ambiguous, the program will attempt to re-assign the student to a different clinical site. However, at any time during the remainder of the program, if a second clinical site requests removal of the student, the student will receive a grade of zero ("0") for the clinical education quarter, and consequently be dismissed from the program.

### **READMISSION**

Students who separate from the radiologic technology program will not be considered for readmission without an exit interview on file. It is the student's responsibility to schedule an exit interview.

Any student who withdraws or is dismissed from the program and desires to re-enter the program must reapply for admission. If accepted, the re-admitted student must start the program from the beginning if they withdraw or are dismissed during the first year; or at the start of the second year if they withdraw or are dismissed during the second year. A student may be readmitted to the program one time only. Previous tuition payment cannot be applied to re-enrollment.

Students who have been separated from the program for more than one year will be required to re-apply as though they are a first-time applicant and must pay tuition and other fees applicable to the year they re-apply.

Individuals dismissed for lack of clinical safety will not be readmitted.

### **SECURITY OF RECORDS AND INSTITUTIONAL MATERIALS**

The Radiologic Technology Program adheres to the Family Education Rights and Privacy Act, "Buckley Amendment", as it relates to student records. All current student information is kept in locked file cabinets. Older records are also maintained in file cabinets in locked offices or rooms.

Student files are kept in their entirety for one year after graduation. Official student transcripts and clinical competency documentation are permanently maintained.

### **SMOKING/USE OF TOBACCO PRODUCTS:**

The use of tobacco products is strictly prohibited in buildings and land owned by Nashville General Hospital, Metropolitan Nashville Hospital Authority, Metropolitan Nashville government, and the Meharry Medical College. Tobacco use is defined as carrying, holding or using a lighted cigarette, cigar, or pipe of any kind, or emitting or exhaling smoke of any kind. This definition also includes the use of smokeless tobacco.

**First Offense:** The student will receive a verbal warning and be referred to the NGH Health Nurse to obtain information on smoking aids and support to eliminate tobacco use during school hours.

**Second Offense:** The student will receive a written warning and again be referred to the NGH Health Nurse to obtain information on smoking aids and support to eliminate tobacco use during working hours.

**Third Offense:** Dismissal

The Program Director, Clinical Coordinator, or any faculty member has the discretion to dismiss a student from the classroom, lab, or clinical setting if the student smells of cigarette smoke.

### **STUDENT EMPLOYMENT:**

The Radiologic Technology Program maintains an ethical obligation to all patients, upholds the integrity of the radiologic technology profession by not encouraging its enrolled students to work as a radiologic technologist assistant at any health care facility prior to graduation. Students

should contemplate the benefits versus the risk for themselves and their patients before accepting a radiologic technologist assistant position.  
No special privileges are given to students who work or engage in any outside activity.

Students are not allowed to be paid during scheduled program hours. Students who receive payment for duties assigned as a part of their clinical experience will be immediately dismissed from the program.

### **SUBSTANCE/DRUG ABUSE POLICY**

Students are expected to remain substance/drug-free while attending and participating in didactic and clinical courses, school related activities, or during any event where the student is a representative of the school.

The program's procedure for substance/drug abuse testing is outlined below:

#### **PRIOR TO ENROLLMENT:**

A substance/drug screening test is conducted prior to enrollment at the student's expense. Applicants with positive results will be contacted for retesting. If a second substance/drug screening test result is positive, the student may be ineligible for enrollment.

#### **AT ENROLLMENT:**

At enrollment, the student is required to agree to abide by and sign a substance/drug abuse contract.

#### **DURING ENROLLMENT:**

Should the faculty suspect a student is under the influence of a substance/drug, the student will be escorted immediately to a designated laboratory and provide a urine/saliva and/or blood specimen for analysis. If this occurs at a clinical facility that does not have an available laboratory to provide this service, the student will be referred to a local business which does provide this service. Should the student refuse to participate, immediate dismissal from the radiologic technology program is warranted. If the test result is positive, immediate dismissal from the radiologic technology program is warranted. The expense for the testing will be the responsibility of the student in question.

### **TEXTBOOKS/ELECTRONIC RESOURCES**

All textbooks and electronic resources for the radiologic technology program must be purchased from the prescribed publisher. This ensures all students have the required resources.

### **TRANSFER AND PART-TIME STUDENTS**

The Radiologic Technology program does not accept transfer students or part-time students. The program does not accept transfer credit for any courses contained in the curriculum. All students must apply through the admissions process, progress through the established curriculum sequence, and meet all didactic and clinical requirements for graduation.

## **TUITION AND FEES REFUND POLICY**

There is no refund for the tuition deposit, remaining tuition installments or graduation fee in cases when the student is dismissed from the program for either reasonable suspicion of substance abuse, a positive drug test, disciplinary, academic, or clinical performance reasons. If unforeseen circumstances in a student's life interfere with the student's academic progress, the student should first discuss this with the Program Director for the purpose of problem-solving and determining if short-term accommodations could be made in the student's curriculum. If short-term accommodations are not possible, the best solution may be to request a Leave of Absence (see Leave of Absence Policy). In cases of a Leave of Absence, the student will not receive a refund for the tuition deposit, remaining tuition installments or graduation fee, but will be given the opportunity to re-enroll the following year to complete the program.

If a Leave of Absence is not possible, and the student chooses to withdraw from the program, the student will not receive a refund for the tuition deposit, remaining tuition installments or graduation fee.

## **WITHDRAWAL (Excluding LOA and Disciplinary Actions):**

To formally withdraw from the program, the student must submit the withdrawal in writing to the program director and schedule an exit interview. Any student who withdraws from the program should understand that he/she must go through the full admissions process to be considered for the next class.



# Radiation Safety Program

## **RADIATION SAFETY PROGRAM**

All policies stated hereafter are designed to follow laws and regulations set forth by the Nuclear Regulatory Commission and/or the State of Tennessee. Any conflict between these policies and the above described laws and regulations shall defer to said laws and regulations.

Radiation protection policies and practices:

- The Radiation Safety Program will be re-evaluated annually, each September.
- Program faculty and students will always use good radiation protection practices and techniques in adherence to the ALARA principle.
- When students are at their assigned clinical educational site, they **MUST**:
  - Follow the department's radiation protection policies.
  - Must always be under either **DIRECT** or **INDIRECT** supervision by a qualified radiographer

### **DIRECT SUPERVISION**

**Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.**

#### ***Explanation:***

Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

### **INDIRECT SUPERVISION**

**Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.**

#### ***Explanation:***

Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

### **SUPERVISION DURING REPEAT RADIOGRAPHS:**

In support of professional responsibility for provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer (**DIRECT SUPERVISION**), regardless of the student's level of competency.

***Explanation:***

The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure.

**PERSONAL RADIATION MONITORING**

All students in the Radiologic Technology Program will be required to wear a radiation monitor to measure any radiation exposure/dose the student might receive during their attendance in the program.

- The radiation monitor (badge) will be supplied and maintained by the Radiologic Technology Program.
- Once a student is given their first personal radiation monitor, the student is required to use and maintain it properly.
- The student must wear the badge at their collar level **at all times**. This includes class, lab, and the clinical education site.
- The badge must never be stored or placed in their car (for long periods of time) near heat, direct light or near microwave ovens.
- If the badge gets wet, dried, damaged or lost, the student must report this immediately to the clinical coordinator.
- If a student voluntarily declares that she is pregnant a second badge will be assigned to the student. This second badge must be worn at waist level and will monitor the fetal exposure/dose.
- The radiation monitoring badges will be issued to the student on a monthly basis.
- The student must review the radiation dosimetry report which will document knowledge of his/her current radiation levels.
- If a student does not have, or is not wearing their badge the student will not be allowed into their lab or clinical course.
- At the completion of the program, all radiation monitoring badges must be returned to the Radiologic Technology Program.

**RADIATION SAFETY OFFICER**

Jeffrey Tillotson, B.S., R.T.(R) is the appointed Radiation Safety Officer for the Radiologic Technology Program.

**RADIATION EXPOSURE AWARENESS AND ACTION LIMITS**

The Radiation Safety Officer (RSO) shall review dosimetry reports in a private setting with each student within thirty days of receipt of the report. According to NRC 20.1301, student total effective equivalent dose limits are not to exceed 0.1 rem (1 mSv) in one year. The program has established action limits, described below:

- **LEVEL I:** The program will set a **monthly action limit of 0.01 rem** for total effective equivalent dose for all students.

1. The student will be notified and will be asked about the behaviors that might have led to the higher than usual badge reading.
2. The RSO will reinforce basic radiation safety procedures and make suggestions to the student regarding measures to reduce radiation in the workplace.
3. The badge reading will be signed to acknowledge the student's awareness of the reading.
4. The meeting with the student will be documented in writing with the student's signature.

A copy of student consultation/advisement will be placed in the student's clinical file.

- **LEVEL II:** The program will set an **annual action limit of 0.05 rem** for total effective equivalent dose for all students. The RSO and the Program Director shall discuss dosimetry readings with students that exceed the limit.
  1. The student will be required to provide a reason in writing why the reading was high and what they intend to do to reduce their radiation exposures.
  2. The student will be required to write a paper on radiation safety measures that can be taken to reduce radiation to themselves, patients, and others.
  3. The badge report will be signed to assure student awareness of the reading.
  4. The meeting with the student will be documented in writing with the student's signature.
  5. The dosimeter provider will be asked for a second reading to see if the reading was a result of \*\*\*static exposure (i.e. the badge being left in the room and not being worn during the exposure).

A copy of student consultation/advisement will be placed in the student's clinical file.

\*\*\*Radiation Badge Reading Due to Static Exposure:

1. Any badge reading that is determined to be the result of static exposure (meaning that the badge was left in a radiation area and not being worn during the exposure) may be removed from the student's permanent record by having the student write a letter to the badge provider requesting that the reading be removed.
2. The reading will be replaced by an average of the student's monthly readings.

## **RADIATION PROTECTION REQUIREMENTS**

A student is required to exercise sound radiation practices and techniques always. At no time, may a student participate in a procedure using unsafe protection practices. This includes, but is not limited to:

- A student may not take an exposure, intentionally or unintentionally, on another student. All exposures on human beings are to be taken for a medically valid reason only and prescribed by a physician.
- A student may not attempt any procedure under **INDIRECT SUPERVISION** until competency has been achieved.
- When students are at their assigned clinical educational site, they **MUST NOT**:
  - Hold patients during a radiographic procedure
  - Inject any contrast media or medication



- Support an image receptor during radiographic exposures
- Perform radiographic procedures (including mobile procedures) without a registered Radiologic Technologist in the immediate area
- Perform radiographic procedures not yet learned didactically
- Use fluoroscopy as a way to position patients for radiographic positions
- Perform repeat images without the consent and direct supervision of a qualified radiographer

### **PERSONAL RADIATION MONITORING BADGE REPLACEMENT POLICY**

- Students are expected to maintain control and possession of their radiation monitoring badge while in the program.
- If a student loses, misplaces, or damages their radiation monitoring badge, it must be replaced as soon as possible.
- The student must report this loss or damage to the clinical coordinator or program director immediately.
- The student will then receive a replacement badge from the program's contracted company.
- The replacement badge cost is \$7.00. The student will be required to pay this amount before the badge can be issued.

### **PREGNANCY POLICY**

A student may voluntarily notify program officials of her pregnancy. This notification should be in writing and include the following information:

- a. Date
- b. Student's Name
- c. Expected date of birth

At this point, the student will be a Declared Pregnant Student. Without this document and information, a student cannot be considered pregnant. If a student chooses not to disclose her pregnancy to program officials, the hospital and school are not to be held responsible for any danger to the student or her fetus. The student may withdraw this declaration at any time, and must do so in writing.

Should the student choose to voluntarily declare her pregnancy, the program will follow the procedure outlined below:

1. Meeting with the program director and the radiation safety officer to sign the Declaration of Pregnancy Statement.
2. Counseling from the program director and radiation safety officer regarding the nature of potential radiation injury associated with in-utero exposure. The RSO will provide a copy of the U.S. NRC Regulatory Guide, which will include instruction for prenatal radiation exposure and the regulatory limits, established by the NCRP and the Tennessee Department of Public Health. The required preventative measures must be taken throughout the gestation period.

At this time the student will have the following options:

1. Remain in the program and continue to complete all programmatic requirements without modification.

2. Request a leave of absence, per the program's Leave of Absence policy. The request shall be granted with proper documentation. Upon completion of the leave, the student may choose to be reinstated in the program as outlined in the policy.

Should the student choose to remain in the program, the RSO will order an embryo/fetal radiation monitoring badge to be worn at waist level during the entire gestation period. The student shall review and implement radiation safety practices as outlined by the RSO. The student shall not receive an embryo/fetal exposure dose of more than 0.5 rem during the gestation period nor should the monthly equivalent dose exceed 0.05 rem. The RSO will monitor the student's radiation dosimetry reports and readings. If the student's radiation exposure dose exceeds 0.5 rem during the gestation period or should the monthly dose exceed 0.05 rem, the student will be required to take a leave of absence from the program. Upon completion of the leave, the student may choose to be reinstated in the program as outlined in the program's Leave of Absence policy.

### **MAGNETIC RESONANCE SAFETY POLICY**

NGH School of Health Sciences has established an MR safety policy in compliance with the *ACR Guidance Document on MR Safe Practices: 2013*, by Kanal et al. There are potential risks in the MR environment, not only for the patient, but also for accompanying family members, attending health care professionals, and others who only find themselves only occasionally or rarely in the magnetic fields of MR scanners. Since students are occasionally called into such areas to provide assistance, the following guidelines shall apply to all students.

1. Students shall attend an MR safety lesson and complete a safety screening questionnaire prior to the first day of Clinical Education. This assures that students are appropriately screened for magnetic wave or radiofrequency hazards. The screening questionnaire shall be evaluated for potential risks by the Clinical Coordinator. Any student found to be at risk shall not be allowed access to the MR suite at any of the program's affiliate sites. The Clinical Coordinator shall meet with the student in private, and notify the Clinical Instructor and the Program Director about students who exhibit a potential risk. As part of the safety screening, any student with implanted medical devices must obtain documentation from the device manufacturer describing the safety status of such devices. The safety screening questionnaire shall become part of the student's clinical log.
2. Students must be accompanied by, or under the immediate supervision of, and in visual or verbal contact with one specifically identified level 2 MR person for the entirety of their duration within Zone III or Zone IV (the control area and rooms immediately adjacent to the exam room, and the exam room, respectively).
3. Efforts should be made to minimize student presence in Zone IV (the exam room).
4. All adverse events, MR safety incidents, or "near incidents" that occur in the MR suite shall be reported to appropriate persons, in accordance with the program's incident reporting policy.

## **FACULTY DIRECTORY**

### **PROGRAM DIRECTOR:**

Craig Shephard, M.S., R.T.(R), RDMS

Office phone: 615-341-4440

Office email: [Craig.Shephard@NashvilleHA.org](mailto:Craig.Shephard@NashvilleHA.org)

### **CLINICAL COORDINATOR:**

Jeffrey Tillotson, B.S., R.T.(R)

Office phone: 615-341-4450

Office email: [Jeffrey.Tillotson@NashvilleHA.org](mailto:Jeffrey.Tillotson@NashvilleHA.org)

### **ADJUNCT FACULTY:**

Nehayet Abdulkader R.T.(R)(MR)

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## ACADEMIC CALENDAR

Academic Calendar\* for October 2017 – September 2019

### Quarter I

October 2, 2017	Classes begin
November 10	Veterans' Day holiday – No classes
November 13	Classes resume
November 23 - 24	Thanksgiving holidays – No classes
November 27	Classes resume
December 22	Last day of quarter I
December 25 – January 1	Winter break – No classes

### Quarter II

January 2, 2018	Classes begin
January 15	Martin Luther King, Jr.'s Birthday holiday – No classes
January 16	Classes resume
February 19	President's Day holiday – No classes
February 20	Classes resume
March 23	Last day of quarter II
March 26 – March 30	Spring break – No classes

### Quarter III

April 2	Classes begin
May 28	Memorial Day holiday – No classes
May 29	Classes resume
June 22	Last day of quarter III
June 25 – June 29	Summer break – No classes

### Quarter IV

July 2	Classes begin
July 4	Independence Day holiday – No classes
July 5	Classes resume
September 3	Labor Day holiday – No classes
September 4	Classes resume
September 21	Last day of quarter IV
September 24 – 28	Fall break – No classes

### Quarter V

October 1	Classes begin
November 9	Veterans' Day holiday – No classes
November 12	Classes resume
November 22 – 23	Thanksgiving holidays – No classes
November 26	Classes resume
December 21	Last day of quarter V
December 24 – January 1	Winter break – No classes

Quarter VI

January 2, 2019	Classes begin
January 21	Martin Luther King, Jr.'s Birthday holiday – No classes
January 22	Classes resume
February 18	President's Day holiday – No classes
February 19	Classes resume
March 22	Last day of quarter VI
March 25 – 29	Spring break – No classes

Quarter VII

April 1	Classes begin
May 27	Memorial Day holiday – No classes
May 28	Classes resume
June 21	Last day of quarter VII
June 24 – 28	Summer break – No classes

Quarter VIII

July 1	Classes begin
July 4	Independence Day holiday – No classes
July 5	Classes resume
September 2	Labor Day holiday – No classes
September 3	Classes resume
September 20	Last day of quarter VIII

*\*Subject to change*



Nashville General Hospital  
School of Health Sciences

# Clinical Education

## **CLINICAL EDUCATION SITE ASSIGNMENT POLICY**

Clinical education rotation sites are assigned by the clinical coordinator. No consideration will be given to the student's preference, proximity to the student's home, student employment, etc. The clinical coordinator and program director reserve the right to place the student according to course objectives and available space. The Program shall monitor and maintain parity regarding clinical experiences for all students.

## **CLINICAL EDUCATION REQUIREMENTS**

Before a student can be assigned to a clinical education site, the student must obtain the following:

1. Health physical (within the last three months)
2. (2) MMR (measles, mumps, and rubella) immunizations
3. (2) Varicella (chickenpox) immunizations
4. Tdap (tetanus, diphtheria, and pertussis) immunization/booster  $\geq$  eighteenth birthday.
5. Hepatitis B immunization or signed waiver
6. Influenza immunization (current year)
7. Tuberculin skin test (PPD) or chest x-ray for positive PPD results (within the last three months)
8. N-95 respirator fitting (Note: Male students must trim facial hair such that the mask has direct contact and a good seal with skin)
9. Personal health insurance
10. Personal malpractice liability insurance
11. Basic Life Support (CPR) for the Healthcare Provider certification
12. Passing criminal background check with no discrepancies
13. Passing drug screening test

Documentation providing proof of the above requirements must be in the student's medical file before the student is allowed to attend their clinical education rotation. The clinical attendance policy will apply in the case of missed clinical time due to lack of documentation of the above.

After a clinical education site has been assigned, the student shall be required to complete and/or attend a mandatory site-specific orientation. Should the student neglect to attend and/or complete the mandatory orientation the student will not be allowed admittance to the medical facility. The clinical attendance policy will apply in the case of missed clinical time due a failure to attend the orientation. In the instance of a prolonged time lapse between the facility's scheduled orientations, the student may be dismissed from the program due to absenteeism.

## **MALPRACTICE LIABILITY INSURANCE POLICY**

Contractual agreements with clinical affiliates require all students to carry malpractice liability insurance. No student will be allowed in the clinical area without verification of coverage. The cost of malpractice insurance is the student's responsibility. Students are required to purchase two-year malpractice insurance coverage through a designated independent company.

## **PERSONAL AND PROFESSIONAL RESPONSIBILITY**

The student will develop and demonstrate the ability to:

- Perform within the standards of the professional code of ethics and scope of practice for radiologic technology and applicable state and federal laws.
- Perform within the standards of the clinical education site policies and procedures.
- Perform within the standards of the radiologic technology program policies and procedures.

## **HOLDING OF PATIENTS**

Students are not permitted to hold patients during a radiographic examination. In these situations, other persons such as the patient's family member or other health care workers should be utilized to assist. Individuals holding patients for radiographic procedures must be provided with lead aprons and lead gloves and should be positioned so that no part of their body is exposed to the direct radiation beam. To assist in minimizing exposure, it is important for the student radiographer to collimate to the area of clinical interest.

## **LEAD MARKERS**

Students are required to use personal lead markers on all radiographs. Competency evaluations are not valid without the student's personal lead markers on the image. Students working without their own personal lead markers will be considered out of uniform and dismissed from the clinical setting. The lead markers will be distributed by the clinical coordinator or program director. Students are required to purchase two (2) sets of personal lead markers. One set will be kept in the clinical coordinator's office at all times. If a student needs to replace a right or left marker they must order a new set. The new set ordered will become the new back-up set. There must always be a back-up set in the clinical coordinator's office.

## **CLINICAL SAFETY POLICY**

Clinical safety is defined as the consistent implementation of scientific principles (physical and behavioral) in the care of assigned patients and in professional relationships. Clinical safety includes but is not limited to: the use of contrast media, the performance of radiographic procedures with moderate direction from an instructor (the staff technologist, radiologist, clinical instructor, clinical coordinator, and/or program director), being adequately prepared and maintaining professional interpersonal relationships with peers, clients, faculty, and clinical facility staff.

The student who is frequently unprepared, needs frequent correction and close supervision, or who fails to consult the instructor appropriately is considered unsafe in the clinical area, and will be placed on Clinical Probation or dismissed from the program. The primary consideration is safe performance of all aspects of radiography and other medical imaging modalities with guidance and direction consistent with the policies of direct and indirect supervision.

## **INCIDENT/ACCIDENT REPORTING POLICY**

Should an incident or accident occur during a student's clinical rotation, the student shall inform the clinical instructor at the site immediately and the clinical coordinator within 24 hours of occurrence. The student will adhere to the medical facility's rules and guidelines for the incident in question and may consult with the clinical coordinator and/or program director. The student



and clinical coordinator will acquire all pertinent information to complete an incident report. Appropriate actions and follow up will be initiated by the program director, if necessary.

## **STANDARDS OF CLINICAL ATTENDANCE**

Regular clinical attendance is expected and integral to proper academic and clinical progress. Students are expected to attend ALL scheduled clinical shifts. Students will not be scheduled for shifts greater than 10 hours per day, nor shall they be scheduled for of total didactic and clinical involvement more than 40 hours per week.

## **CLINICAL ATTENDANCE POLICY**

Students will not be scheduled for shifts greater than 10 hours per day, nor shall they be scheduled for total didactic and clinical involvement more than 40 hours per week. Students will receive a schedule prior to each term. Typical clinical hours are from 7-3:30 or 8-4:30 during the day and 12:30-9:00 PM during afternoon/evening rotations. Clinical education hours may vary (assigned hours may fall within the ranges of 5AM – 7PM for day shift or 7PM - 5AM for evening rotations). Clinical rotations for the Radiologic Technology program will be scheduled based on the hours of operation, staffing, and discretion of each clinical site and the Clinical Coordinator.

1. Students are expected to arrive at their assigned clinical site at their scheduled arrival time, ready to participate, and leave at their scheduled departure time.
2. If an absence or tardy is expected to occur, the student must call their assigned clinical site AND the clinical coordinator or program director no less than thirty (30) minutes prior to the beginning of their scheduled shift. **Failure to notify (NO CALL/ NO SHOW) events are considered serious breaches of professionalism that will warrant, at minimum, Clinical Probation.**
3. An occurrence will be defined as either: One (1) absence or (3) tardy/early departures. Thus, one tardy is equivalent to 1/3 of an occurrence.
4. Occurrences will accumulate each quarter for each student in regards to rules 5 through 7. As each new quarter begins, all students will begin again with zero (0) occurrences.
5. Any student who accrues more than (1) occurrence per quarter will be issued a written warning.
6. Any student who accrues more than (2) occurrences per quarter will be placed on Clinical Probation for the duration of the program.
7. Any student who accrues more than (3) occurrences per quarter may be dismissed from the program.

8. All missed clinical time must be made up during the next quarter break at the clinical site where the absence occurred. Students may not make up clinical time on a holiday observed by the sponsoring institution.

Clinical make up days must be scheduled and approved by the clinical instructor and the clinical coordinator. Students must submit a Clinical Make-up Time Form prior to the next quarter break. If a student is absent for a scheduled make-up day, this absence will be added to their total absences for the quarter and is also required to be made-up.

## **EVENING ROTATIONS POLICY**

Students will be equitably assigned to ten (10) evening clinical hours during the program. The purpose of the evening hours' assignments is two-fold. Students will experience what it is like to participate during the second shift (in preparation for future employment) and will also gain trauma radiography experience where they will learn adaptive positioning and exposure techniques utilizing critical thinking and problem solving skills.

1. Affiliate sites must demonstrate sufficient exam volume on evening shifts to be approved for evening rotation.
2. Evening rotations must be equitably scheduled for all students.
3. The program capacity will not be increased by utilization of evening hour rotations. Weekend and holiday rotations are not allowed.
4. JRCERT defines normal operational hours as Monday-Friday 5:00am to 7:00 pm. Clinical hours scheduled beyond 7:00 p.m. are considered evening hours. Total scheduled hours beyond 7p.m. may not exceed 25% of the total program clinical hours.
5. Affiliate sites shall not schedule a student beyond 9 p.m.
6. Students may not schedule make-up time with evening hours unless the original absence included evening hours. Any evening clinical hours missed must be made up.
7. Evening shifts may not be scheduled on a holiday observed by the sponsoring institution, nor the day immediately preceding the holiday.

## **FOOD, DRINK, AND MEAL BREAKS**

Due to transmission of disease and respect for all patients, food and drinks are never permitted in patient contact areas in the clinical setting. Scheduled meal breaks are lunch and/or dinner. Students are not allowed to leave their assigned areas to obtain food from the cafeteria or snack machines at any other time, unless specifically authorized by the clinical instructor, supervising technologist, or program officials.

## **MOBILE PHONES/INCOMING TELEPHONE CALLS POLICY**

Mobile phones are not to be worn in the clinical setting. If there is an emergency, and a student needs to be contacted while at their clinical education site, the phone call must go through the clinical instructor. Students must inform family/friends/employers not to contact them during clinical hours, unless it is an emergency.

## **GRADING POLICY**

The grade for any course assignment and final course average will adhere to the following grading scale:

100 – 95%	A
94– 90%	B
89– 85%	C
84% or Below	F

Clinical course grades are factored into the student’s cumulative grade average. A student must submit all required clinical paperwork, successfully complete the minimum clinical competency requirements as outlined for each quarter, and maintain regular attendance. Students must adhere to the program’s clinical schedule for clinical paperwork submission. Student clinical performance will be evaluated by the clinical coordinator, clinical instructor(s), or supervising technologist. Grading criteria for each course evaluation strategy is listed in the course syllabus, which is provided to students during clinical orientation. Individual components of the clinical education grade will not be rounded. Final course average for clinical education will be rounded to the nearest whole number. Students who fail to earn a Final course average of greater than or equal to 85% will be dismissed from the Program.

## **TRAJECSYS**

Students document and log all information relevant to the pursuit of clinical education in Trajecsyst. Trajecsyst is a Web portal that allows the students, faculty, and clinical instructors to report progress, log examinations and skill competencies, and receive meaningful and timely feedback regarding performance in the clinical setting. Each student will be issued a user ID and password which protects the privacy of the students’ grades. Students are expected to create accounts on Trajecsyst and purchase a two-year subscription by the second week of the curriculum. Students will receive training in the use of Trajecsyst software prior to their first clinical rotation. Should the Trajecsyst portal be unavailable for an extended period, the students will revert to paper documentation.

## **CLINICAL LOG REQUIREMENTS**

Students are required to keep a current clinical log of daily radiographic procedures that they have observed, performed, or assisted (OPAs) during their clinical rotation. The log is to be maintained daily and readily available for review by the clinical instructor and/or clinical coordinator via Trajecsyst. The electronic clinical log will be monitored periodically by the clinical coordinator. Exams performed per day are counted into the student’s clinical education grade; therefore, students are encouraged to include all exam experience and be diligent with their record keeping.

Students are allowed 15 minutes at the end of their scheduled clinical education hours to log exams for the day on Trajecsyst. Students should remove themselves from the exam area to not be in the way of technologists and patients. If a computer workstation at a clinical site is to be utilized, the student must ask permission to ensure that the workflow is not interrupted. Use of computer workstations for patient care supersedes student data entry; students should

immediately surrender any workstation upon request. It is the student's responsibility to finish logging exams at home, should they not be able to finish in the allotted time frame.

### **CLINICAL TIME RECORD POLICY**

In keeping with the Academic Honesty policy, a student's clinical time record will reflect an accurate representation of the student's clinical attendance, with no exceptions. Knowingly submitting falsified entries constitutes violation of the Academic Honesty policy. A student found to be falsifying clinical documentation will be dismissed from the program.

Clinical time records are maintained electronically via Trajecsyst. Each student will have access to the Trajecsyst web portal before clinical education. The Clinical Coordinator will train each student how to clock in and out, and how to enter a time exception. Students are responsible for correcting any errors in the record by time exception. The time record shall be validated periodically by the Clinical Instructor and Clinical Coordinator. Students will compile time reports and are responsible for determining hours to be made up on the break week. Clinical Attendance is counted as part of the student's Clinical Education grade.

### **CLINICAL PERFORMANCE EVALUATIONS**

Students shall receive monthly performance evaluations from supervising registered radiologic technologists. Additionally, the student shall receive two (2) performance evaluations from the clinical instructor, one at mid-quarter, and another at the end of the quarter.

The evaluation measures the student's clinical performance in the affective, cognitive, and psychomotor domains using the following parameters:

- Radiation Protection
- Integration and transfer of Didactic Study
- Exam Performance
- Adaptation
- Technique
- Communication
- Professionalism and Resource Responsibilities
- Maintenance of Clinical Environment
- Quantity of work/ Production
- Safety

The results of the evaluation shall be immediately available to the student for the purposes of constructive criticism and performance improvement. The evaluation score is counted toward the student's clinical education grade.

### **CLINICAL COMPETENCY EVALUATIONS**

Students will be evaluated for exam competency as a part of the clinical curriculum. The student may attempt a competency evaluation after the following requirements have been met:

- The student has received instruction and passed a practical in Radiographic Procedures.
- The student has documentation observance of, or assistance with, the exam at least twice. An exception may be made in the case of a procedure that rarely materializes.

Competency exams must be observed and evaluated by a qualified supervising technologist employed at the clinical education site. The student must declare their intentions to the supervising technologist before the exam is initiated. The technologist may refuse to allow the student to perform the competency if the technologist has doubts about the student's aptitude relative to the exam in question and assessment of the patient's condition. The technologist shall be present throughout the examination process to insure effective evaluation of all parameters.

More than three deficiencies or one (1) *major error* constitutes failure of the competency. A *major error* is one that would render the exam (or any image in the exam) useless (e.g., failing to place a cassette in the Bucky, directing the CR in the wrong direction, failing to align the tube to the Bucky grid and/or cassette, attempting to radiograph the wrong part, etc.) In order to support learning and growth, a failed competency must still be electronically signed and submitted to the clinical coordinator, such that the student can receive remedial instruction prior to attempting this competency again. Students do not receive academic penalties for failed competencies; however, a student who fails several competencies would be expected to have evaluations that show a need for improvement. Failure to shield when appropriate and failure to establish correct patient identity by two identifiers (defer to clinical facility protocols: name and date of birth, at a minimum as per The Joint Commission standard), shall result in a failed attempt with no exceptions.

For all radiographic examinations, the student will be able to:

1. Select the proper IR size and orient the placement of the Image Receptor (IR) to the part.
2. Achieve proper tube/IR/part alignment.
3. Correctly identify the IR with R or L markers.
4. Position the part correctly.
5. Collimate to the size of the Region of Interest; varies according to clinical site.
6. Set proper technical factors on the control panel.
7. Correctly identify the patient by checking inpatient armbands or obtaining complete name and/or date of birth.
8. Give appropriate instructions to the patient, including proper breathing instructions.
9. Assist the patient onto radiographic table from wheelchairs, stretchers and beds safely.
10. Correctly use the preparation (rotor) and exposure switch.
11. Properly maneuver the x-ray tube and be familiar with all locks, buttons, and dials.
12. Follow instructions outlined on the radiographic examination request form.
13. Acquire patient history and record specific problems or areas of injury using positional terminology and anatomic landmarks per facility protocol.
14. Discriminate between acceptable radiographs and unacceptable radiographs due to improper use of exposure factors, poor positioning and improper use of radiographic equipment.
15. Evaluate radiographs as to proper contrast, brightness, alignment and position. Develop
16. an understanding of what causes suboptimal images, and how to correct them.
17. Be familiar with the manufacturer's recommended range for Exposure Index/ S-number for the imaging system utilized and how technique should be adjusted to produce an exposure within diagnostic range and keep dose for the patient low.
18. Identify pertinent anatomy displayed on the image.
19. Perform any additional objectives required by the clinical site.

**COMPETENCY CATEGORIES:**

<b>CATEGORY I THORACIC CAVITY</b>	<b>CATEGORY IV SPINE AND PELVIS</b>	Myelogram
Chest (PA & LAT)	C-Spine (routine)	Arthrogram
CXR AP (wheelchair or stretcher)	Cross table (horizontal beam) lateral spine	Hysterosalpingography
Ribs	T-Spine	<b>CATEGORY IX PEDIATRICS (6 yrs. or under)</b>
CXR Lateral Decubitus	L-Spine	Pediatric CXR routine
Sternum	Pelvis	Pediatric Abdomen
Soft tissue neck (airway)	Hip	Ped. CXR (port)
<b>CATEGORY II UPPER EXTREMITIES</b>	Cross table lateral hip	Pediatric Extremity Upper
Finger or Thumb	Sacrum and/ or Coccyx	Pediatric Extremity Lower
Hand	Scoliosis Survey	<b>CATEGORY X MOBILE C-ARM STUDIES / MOBILE RADIOGRAPHIC STUDIES</b>
Wrist	Sacroiliac Joints	C-Arm procedure (requiring manipulation around a sterile field)
Forearm	<b>CATEGORY V HEAD</b>	C-arm procedure (requiring manipulation to obtain more than one projection)
Elbow	Skull	Chest (portable)
Humerus	Sinuses	Abdomen (portable)
Shoulder (routine)	Facial Bones	Portable extremity
Shoulder (Y view, transthoracic axillary)	Orbits (with Rhese)	<b>CATEGORY XI MAMMOGRAPHY*</b>
Scapula	Zygomatic Arches	Initial MQSA
Clavicle	Nasal Bones	Additional competency
AC Joints	Mandible Panorex	
Trauma upper extremity (non-shoulder)	TMJ	<b>CATEGORY XII COMPUTED TOMOGRAPHY</b>
<b>CATEGORY III LOWER EXTREMITIES</b>	<b>CATEGORY VI ABDOMEN</b>	CT Head
Toe	ABD Supine	CT Chest
Foot	ABD Upright	CT Abdomen Pelvis
Ankle	ABD (decubitus)	
Knee	Intravenous Urography	
Tibia-Fibula	<b>CATEGORY VII FLUOROSCOPY</b>	<b>CATEGORY XIII GERIATRICS (≥ 65 y.o. and physically or cognitively impaired as a result of aging)</b>
Femur	UGI	Chest Routine
Trauma lower extremity	BE	Upper Extremity
	SBFT	Lower Extremity
Patella	Esophagus	
Os calcis	VCU or Cystogram	
	ERCP	

## **SIMULATIONS POLICY**

Competencies performed with actual patients are preferred to simulations. There are rare exams that may not appear frequently enough during a student's clinical rotations. The student may elect to perform up to two simulations per semester at the clinical education site. The student must notify the clinical instructor regarding a desire to simulate a competency exam. The clinical instructor may postpone simulations to accommodate department workflow and must judge the validity of a simulation on a case by case basis; exams that are not rare in the opinion of the CI will not be allowed to be simulated. It is preferred that simulations are evaluated by the clinical instructor, when possible.

## **CONTINUAL COMPETENCY EXAMS**

Any radiographic procedure in which the student has previously been evaluated, and has demonstrated clinical competency, is subject to continual competency evaluations. These competency evaluations are performed and can be completed by the clinical instructor, staff technologist, and/or clinical coordinator. Patient selection for these evaluations should demonstrate a progressive level of difficulty. Should the student fail the continual competency, the student will then be required to receive remediation according to the guidelines in the Clinical Remediation Policy. The guidelines for continual competencies are the same as those listed in Competency Evaluations, above.

In the last semester of Clinical Education, students are required to perform at least one additional competency per category on exams listed in the following categories:

- Thoracic cavity
- Upper extremity
- Lower Extremity
- Spine and Pelvis
- Head
- Abdomen
- Fluoroscopy
- Pediatrics
- Geriatrics
- OR/Mobile Radiographic Studies

A student may obtain no more than five continual competencies per quarter. Students are not allowed to complete continual competencies before the start of the last semester. Students will not be eligible for graduation until completion of no less than ten continual competencies, one for each category listed above.

## **REQUIRED COMPETENCIES BY QUARTER**

As the student progresses through the curriculum, examinations will become available in which to demonstrate competency. To ensure regular progress, the minimum competencies necessary per quarter is presented below. The student may pursue competencies at a more aggressive rate than what is listed here:

- Second Quarter: Abdomen: AP supine, AP erect, Chest: PA, lateral, 2 additional competencies from available exams.

- Third Quarter: 10 additional competencies from available exams.
- Fourth Quarter: 15 additional competencies from available exams.
- Fifth, Sixth, and Seventh Quarters: Pursue completion of remaining competencies.
- Seventh and Eighth Quarters: Refer to the Continual Competencies policy.
- Modality rotations in the Eighth quarter: Students who complete all competencies and maintain good standing, both academically and clinically, may request a scheduled rotation at the end of the seventh quarter in one of the following modalities: CT, MR, NM, US, Mammography\*, CV/Angiography, and Radiation Therapy. Modality rotations are limited to a maximum of four weeks; additionally, students are not allowed more than two consecutive weeks at a time. If the student's site is unable to meet the request, the student can appeal to the Clinical Coordinator who will attempt to arrange for the student to be placed at a site that can fulfill the request.

The radiography program sponsored by Nashville General Hospital at Meharry revised its policy, effective 5/25/2016, regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging. (Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.)

Under the revised policy, all students, male and female, will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging 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.

The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is included as Addendum A to the program's policy and is also available on the JRCERT Web site, [www.jrcert.org](http://www.jrcert.org), Programs & Faculty, Program Resources.

### **CLINICAL REMEDIATION PROCESS**

When a student fails a radiographic clinical competency evaluation, or continual competency evaluation, the student will be required to receive remediation for that radiographic examination. In addition, if the student refuses to perform an examination selected for their continual competency, the student will be required to receive remediation for that radiographic examination.

The design for the remediation program will be prepared by the Clinical Coordinator. The remediation program may include additional clinical experience, review of the examination,



additional laboratory experience, and testing of their knowledge and skills associated with the examination.

The student will be placed on **DIRECT SUPERVISION** during the period of the remediation program and successful completion of the competency evaluation.

The remediation program will be documented and placed in the student's clinical file.

## **STUDENT HANDBOOK EVIDENCE OF UNDERSTANDING**

I have received and read (in its entirety) the Student Handbook of the Radiologic Technology Program sponsored by Nashville General Hospital at Meharry. I understand the contents and agree to abide by the policies, procedures, and general content specified in the handbook. Furthermore, in cases where I do not follow the program's policies and procedures, I am willing to abide by the consequences identified in the handbook, course syllabi, and/or the NGH code of conduct.

Student's Name (print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_