



SANTA BARBARA CITY COLLEGE

Policies and Procedures (Student Handbook)

Associate of Science Degree Program in Radiologic Technology

Revision 6/2022
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Preface

This handbook/manual presents the policies of the Radiography Program.

At Santa Barbara City College (SBCC), it is felt that if students are given an incentive to learn, and guidance toward the grasp of principles underlying the art and science of Radiography, they have the opportunity to build toward a solid foundation for their future careers.

This handbook is designed to help the student who participates in the Radiography Program. Specifically, it can be used as a reference for Radiography students, faculty, and Clinical Instructors.

Statement of Non-Discrimination

Santa Barbara Community College District is committed to equal opportunity in educational programs, employment, and all access to institutional programs and activities without regard to the protected classes, as established by [BP 3410](#), Chapter 3 of the General Institution Policies. “Protected classes” mean those established by statute and include: national origin, religion, age, gender, gender identity, gender expression, race, ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy, military, and veteran status, or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics. ([BP 3400](#))

Section I : MISSION STATEMENTS

The Associate Degree in Radiologic Technology is consistent with the mission of Santa Barbara City College and the standards of the Joint Review Committee on Education in Radiologic Technology (JRCERT).

RADIOGRAPHY PROGRAM MISSION STATEMENT

The mission of the Associate of Science Degree Program in Radiologic Technology is to educate students to become qualified and competent entry-level radiologic technologists with the technical knowledge and skills to serve the needs of a diverse patient population in an ethical and compassionate manner while inspiring continuous learning.

SBCC MISSION STATEMENT

As a public community college dedicated to the success of each student...Santa Barbara City College welcomes all students. The College provides a diverse learning environment and opportunities for students to enrich their lives, advance their careers, complete certificates, earn associate degrees, and transfer to four-year institutions.

The College is committed to fostering an equitable, inclusive, respectful, participatory, and supportive community dedicated to the success of every student.

JRCERT

The Joint Review Committee on Education in Radiologic Technology (JRCERT) promotes excellence in education and elevates the quality and safety of patient care through the accreditation of educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry (JRCERT.ORG, 2020).

Section II : RADIOGRAPHY PROGRAM

Program Goals

Goal 1: Students will be clinically and technically prepared to enter the current job market.

Student Learning Outcomes:

- ✓ Students will pass the ARRT on the first attempt
 - ✓ Students will apply accurate positioning skills on patients in the clinical setting
 - ✓ Students will evaluate clinical images for proper anatomy, positioning, and image quality
-

Goal 2: Students will be professional and ethical.

Student Learning Outcomes:

- ✓ Students will practice radiation protection
 - ✓ Students will provide competent patient care
 - ✓ Students will routinely practice the standards of the profession to produce high-quality radiographs
-

Goal 3: Students will demonstrate written and oral communication skills.

Student Learning Outcomes:

- ✓ Students will demonstrate written communication skills
 - ✓ Students will demonstrate oral communication skills
 - ✓ Students will properly communicate with patients
-

Goal 4: Students will demonstrate critical thinking and problem-solving skills in the performance of their duties.

Student Learning Outcomes:

- ✓ Students will evaluate radiographs for diagnostic quality
- ✓ Students will adjust procedures and techniques for various circumstances

- ✓ Students will demonstrate an understanding of the basic functions of radiographic equipment

Accountability Statement

The design and curriculum of the Radiologic Technology Program is based on national standards established by the Joint Review Committee on Education in Radiologic Technology (JRCERT). JRCERT serves as the accrediting body for the Department of Education as well as the California Department of Health Services. Periodically the Radiographic Imaging and Science Department at Santa Barbara City College undergoes the voluntary process of evaluation and site visits by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

The Radiologic Technology program at SBCC has participated in the JRCERT accreditation process for the past 25 years. The program is fully accredited and in good standing with JRCERT. We are scheduled for our next accreditation in 2025.

Recognition Statement

The SBCC Radiology Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). JRCERT is recognized by the Council for Higher Education Accreditation (CHEA) and the U.S. Department of Education. Any student with questions or concerns regarding the Radiologic Science Program at Santa Barbara City College and compliance with the JRCERT Standards may contact the JRC at:

[Joint Review Committee on Education in Radiologic Technology \(JRCERT\).](#)

**20 N. Wacker Drive
Suite 2850 Chicago, IL
60606-2901
(312) 704-5300
Email: mail@jrcert.org**

The Radiology Program is also approved and recognized by the following departments and organizations: Department of Health Services of the State of California, Department of Education of the State of California, and the Veterans Administration. Any student with questions or concerns regarding the Radiologic Science Program at Santa Barbara Community College and compliance with the DHS Standards may contact the DHS at:

[Department of Public Health Radiologic Health Branch](#)

**P.O. Box 997414, MS 7610
Sacramento, CA 95899-7414
(916) 327-5106**

Upon successful completion of the AS Degree in Radiologic Technology, the graduate is eligible to submit their application to take the National Certification Exam in Radiology proctored by the [American Registry of Radiologic Technologist \(ARRT\)](#).

Admissions Policy

Admission Requirements

Prerequisites:

1. Eligibility for Math 107- Intermediate Algebra.
2. Eligibility for English 110- Freshman English & Composition.
3. Complete BioMed 107- Human Anatomy, or equivalent. (grade of “C” or better)
4. Complete BioMed 108- Human Physiology, or equivalent. (grade of “C” or better)

Application Procedure:

Obtain a program application from the Health Technologies Office (Administration Building, Room A218) or online at the [Medical Imaging Sciences](#) web page. Submit an application to the Health Technologies Office along with:

- Completed RT application
- SBCC transcripts will be obtained by our department

*Prerequisites must be completed and the grades showing on the transcripts

Incoming (Official) Transcripts:

- Incoming transcripts from other institutions are required to be submitted. Transcripts can be mailed or electronically submitted. Further information can be located online at [Incoming Transcripts](#).

Entry Procedure:

Once the application is accepted and before entry into the program, the applicant is required to:

1. Complete RT 100 Introduction to Radiography or the equivalent at another college (must be approved by the Health Technologies counselor and the RT Program Director).
2. Attend a Program Orientation meeting (time and date will be announced to the students who are scheduled to begin).
3. Complete the SBCC physical examination on SBCC form
4. Results from a negative TB skin test (or chest x-ray if warranted)
5. Lab results that prove immunity to Measles, Mumps, and Rubella (MMR)
6. Lab results that prove immunity to Hepatitis B (note that the Hepatitis B vaccination is given in three doses over a period of six months)
7. Lab results that prove immunity to varicella
8. Submit proof of receiving the Tdap vaccination
9. Submit results each flu season of that season's influenza vaccine
10. Obtain a CPR card which must be kept current throughout the program.
11. Complete a background check (information and forms given at orientation meeting), and,
12. Submit the results of a ten-panel drug test.
13. Pay a one-time Radiation monitoring badge fee at registration.

*It is highly recommended to complete Medical Terminology and General Education Areas before starting the program. These are graduation requirements but are beneficial to the student to have completed before starting the program. Otherwise, the student's date of taking the board exam will be delayed.

*Failure to fulfill any of the above requirements will negate the students' admission into the Radiography program.

Applications:

Applications are accepted during the application period only, which begins in January and ends June 30 each year. Applications and transcripts must be *received* by the deadline of June 30.

Ongoing Program Self-Evaluation

To maintain a continuing standard of excellence, regular self-evaluation shall occur outside the cycle of re-accreditation self-study. This will be accomplished by the adoption of an evaluation plan that measures program effectiveness through self-evaluation and measurable program outcomes.

Procedure

The following activities will be undertaken to evaluate and monitor program performance:

1. **Instructional Evaluation:** - Each course and instructor shall be evaluated by the students as to effectiveness and content. The Program Director shall be responsible for monitoring compliance with the course outlines.
2. **Course review:** - The Program Director, Clinical Coordinator, and Clinical Instructor(s) shall review course content annually and shall recommend changes when appropriate.
3. **Program review** - The faculty shall review the didactic and clinical sections of the program annually to determine strengths and weaknesses. This review shall include input from students, faculty, and other communities of interest. A report shall be made available to the Dean of Health Technologies and Vice President of the College.
4. **Physical resources evaluation** - The Program Director shall review available resources annually and shall maintain the resources necessary to promote the goals of the program.
5. **Graduate survey** - A written questionnaire asking the graduate to evaluate their didactic and clinical educational experiences. Additionally, future educational and career choices or desires are asked for.
6. **Graduate employment survey** - A survey is given to a graduate's employer asking the employer to rate the technical and clinical abilities of the recent graduate.

All the above evaluation tools will be used in the annual self-evaluation process of the program. The annual self-evaluation will take place during the month of July with a report to be prepared immediately after.

Radiography Program Faculty

Faculty

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Dean of Health and Human Services

Alan Price, PhD
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Room A-218

Program Support (Health Technologies Office)

Lorraine Michalak
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Program Design

The Radiography Program adheres to the standards set forth by the [Joint Review Committee on Education in Radiologic Technology](#) (JRCERT) and the [California Department of Public Health-Radiologic Health](#) Section (CDPH-RHB). Upon successful completion, the student will be awarded an Associate in Science Degree in Radiography and will be eligible to apply for the [American Registry of Radiologic Technologist](#) (ARRT) exam in Radiography.

The program is a twenty-four-month, six-semester program, commencing with the first summer session in May. In the entire program, there will be a total of four (4) major clinical education rotations. The first clinical rotation, two semesters in length, commences in the fall semester and is completed at the end of the spring semester. Minor rotations in other specialty imaging areas will also be included to complement the student's clinical experience. See policy on specialty rotations (p.)

Program Cost

	\$46.00 per unit (California resident)	
TUITION	First year (including summer and only RT classes)	34.4 units = \$1,583
	Second year (incl. summer)	38.6 units=\$1,776
	TOTAL	\$3,358*

*If you take the elective mammography course it is an additional 2 units=\$92

(Non-Resident Tuition is \$285/unit for both out of state and international students)

Mandatory SBCC fees per semester	\$20.00 \$32.00 \$ 5.00 \$ 1.00	Health Services Fee (\$17 in the summer semesters) Transportation Fee (\$14 in the summer semesters) Student Activity Pass (Fall & Spring semesters only) Student Representation Fee
Optional fees:	\$33.40	SBCC Parking permit (Fall) (Spring \$34-Summer I & II \$19)
Film badge fee:	\$85.00 \$35.00	Paid at registration-good for two years Second-year materials fee
Physical exam: Castlebranch:	Varies \$140.00	Depending on insurance and immunization needs Includes background check, drug test, and immunization documents management note: background check and drug test may be required to repeat for specific clinical sites.
	\$105	Additional drug/background checks if required by your Clinical site or suspicion you may be under the influence
Uniforms:	\$120.00 \$75-120	Two each: pants & top (White or navy only) 2 pairs of shoes
Id markers:	\$20.00	
Textbooks	\$1,000.00+	For two years CorectecReview (online review)
Supplies:	\$100.00	For two years
Licensing	\$200.00 \$88.00 \$88.00	ARRT-National Exam (2 nd year) CDPH-State licensing fee DCPH-State Fluoroscopy exam

*Approximate Estimated Expenses for Two-Year Program: \$5,500-\$6,000

Optional Expenses	\$25.00 California Soc. Of Radiologic Technologist \$35.00 American Soc. Of Radiologic. Technologist.
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Program Orientation

A program orientation takes place in March, approximately three (3) months prior to the commencement of the Radiography Program in the Summer I term. The Policy and Procedure Manual comprises all the pertinent information about the Radiology program including the purpose, organization, function, operation, and policies. Students are also informed of all other obligations and fees including but not limited to:

1. SBCC Physical Examination
2. CPR Requirements
3. Radiation Monitoring Badge
4. Registration/Tuition
5. Uniforms and Costs
6. Background check
7. Drug screening
8. TB testing
9. Titers
10. Hepatitis B vaccination

A pre-enrollment (paid for by student) physical is required of all new students, which includes Tuberculosis (T.B.) test and TDAP (tetanus and whooping cough), and titers to show proof of immunization for Measles, Mumps, Rubella (MMR), varicella, and Hepatitis B is discussed during the program orientation.

Curriculum

The curriculum for the School of Radiologic Technology shall meet the criteria identified in the Essentials and Guidelines of an Accredited Education Program for the Radiographer adopted by the Joint Review Committee on Education in Radiologic Technology and the Minimum Standards for Diagnostic Radiologic Technology Programs published by the State of California, Department of Health Services, Radiological Health Section Certification.

The master plan of instruction shall include specific goals, objectives, and directed assignments related to the three major sections of the training program:

1. Academic Courses
2. Clinical Instruction
3. Assignments and Student Evaluation both Academic and Clinical.

The following academic courses are included in the curriculum.

FIRST YEAR

SUMMER I

Course	Course Title	Units
RT 101	Introduction to Radiology	2.3
Total		2.3

SUMMER I or SUMMER II

HIT 135, Basic Medical Terminology, 3.0 Units

It is recommended to take medical terminology prior to fall, as it will be useful in both the clinical and classroom settings.

All remaining general Ed. classes needed to graduate (i.e. Math, PE, Library class)

FALL

Course	Course Title	Units
RT 102	Fundamental of Radiographic Positioning and Procedures I	4.0
RT 109	Principles of Radiographic Exposure	3.0
RT 120	Patient Care in Radiography	3.0
RT 191	Radiographic Clinical Practicum 1	5.7
Total		15.7

WINTER INTERSESSION

Course	Course Title	Units
RT 191A	Radiographic Clinical Practicum 1A	2.1
Total		2.1

SPRING

Course	Course Title	Units
RT 103	Fundamental of Radiographic Positioning and Procedures II	4.0
RT 111	Advanced Principles of Exposure	3.0
RT 119	Radiological Technology	3.0
RT 192	Radiographic Clinical Practicum 2	5.1
Total		15.1

SECOND YEAR**SUMMER**

Course	Course Title	Units
RT 293	Radiographic Clinical Practicum 3	6.7
Total		6.7

FALL

Course	Course Title	Units
RT 220	Radiation Biology & Protection	3.0
RT 250	Principles of Cross-Sectional Anatomy	2.0
RT 230	Radiographic Pathology	3.0
RT 251	Principles of Mammography and Procedures	2.0
RT 294	Radiographic Clinical Practicum 4	7.1
Total		17.1

SPRING

Course	Course Title	Units
RT 202	Advanced Radiographic Procedures	3.0
RT 203	Radiology Certification Preparation	4.0
RT 295	Radiographic Technology Clinical Practicum 5	8.6
Total		15.6

Program Total		72.3 Units
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Course Sequencing

First Year

Summer (RT 101)

This course is designed to introduce and orientate incoming students to the Radiographic and Imaging Science program. Topics provide students with entry-level information and skills to begin practicing in an imaging department. Additional topics include ethics, introduction to fluoroscopy, lab practice, basic radiation protection, and patient care.

Fall I (RT 102)

This course is designed to cover radiographic positions and procedures dealing primarily with the respiratory system, the abdomen, upper extremities, shoulder girdle, pelvis, and lower extremities. The course contains two days consisting of (3) hours of lecture and two days consisting of (3) hours of skills lab at the college. Precise and detailed information on routine radiographic procedures of the chest, abdomen, and appendicular skeleton. Portable and traumatic exams are also included.

Fall 1 (RT 109)

This course is designed to provide first-year radiography students with the basic principles of image production, exposure techniques, photographic and geometric factors, computed and digital radiography, and radiation protection.

Fall 1 (RT 120)

This course is designed to provide students with the concepts of patient care. Routine and emergency patient care are described. Also, topics on venipuncture and contrast media/medication administration are discussed. The role of the radiographer in patient care administration identified. Aspects of death and dying are also reviewed.

Fall I Clinical Practicum (RT 191)

This course is designed for the opportunity of students to perform learned exams at their clinical assignment. The course commences the week prior to the beginning of the fall semester consisting of 5 consecutive days at 8 hr. per day. Students will report to their assigned clinical site thereafter on Tuesday and Thursday, eight and one half (8.5) hours each day. Introduction to clinical settings and exposure to the departmental organization; patient flow, CR and PACs; observation of techniques employed; and policies and procedures of clinical cases. The student performs basic radiographic procedures under direct supervision. Total clinical hours will equal 278 positive attendance hours.

Winter Intersession (RT 191A)

This course is designed for the opportunity of students to perform learned exams at their clinical assignment. The winter intersession allows the opportunity for students to solidify their positioning knowledge on a more repetitive basis. Students are required to perform 14 days consisting of 8 hr. per day during the winter break. Designed to give students the opportunity to improve clinical skills as well as accumulate the clinical hours required by the California Department of Health. Total clinical hours will equal 112 positive attendance hours.

Spring I (RT 103)

This course is designed to cover the spine, skull, and all routine examinations requiring contrast media. The contrast studies will include the gastrointestinal and urinary systems. A survey of invasive vascular procedures of the abdominal region will be included. The course consists of three (3) hours of lecture, (3) hours of skills lab at the college. Basic principles of positioning for the axial skeleton to include vertebral column, skull, facial bones, contrast procedures for the gastrointestinal and genitourinary tract.

Spring I (RT 111)

This course is designed to examine the principles of X-ray production with the effect of image production with digital imaging systems. Principles of the digital system quality control and maintenance are also discussed.

Spring I (RT 119)

This course is designed specifically for radiation physics. The primary focus is on fundamental concepts of energy and measurement, atomic structure, molecules, electricity, magnetism, electromagnetism, X-ray tubes, production, emission, and interactions.

Spring I Clinical Practicum 2 (RT 192)

Second in a series of clinical education courses.. Students are assigned 17 hours per week at a clinical education center. During this supervised experience, the student observes and performs diagnostic radiographic procedures. The student must demonstrate competency in recently taught radiographic examinations, as well as in the exams previously evaluated. Total clinical hours will equal 246.5 positive attendance hours.

*It should be noted that students will follow the regular college schedule during this first year, taking part in all holidays, vacation periods, final exam breaks, and designated recesses. During this first year, the students will report on Tuesdays and Thursdays at their clinical sites.

Weekend or evening assignments are permitted during this time if approved by the Clinical

Instructor and Clinical Supervisor. The day shift consists of an 8.5-hour clinical experience. The hours are determined by the clinical site and will vary from one clinical site to another. Some examples of possible schedules are as follows: 0500–1400, 0600-1500, 0700–1600, 0800-1700, 0900-1800, 1200- 2100 and 1430-2330. Students are not permitted to work more than 10 hours per day and the total didactic and clinical involvement may not exceed 40 hours per week.

Second Year

Summer II (RT 293)

Third in the series of clinical education courses. This Summer Practicum course is designed exclusively for the beginning second-year student to improve on clinical skills and complete examination previously learned during the RT 102 and RT 103 course experiences. The student will report for the nine-week Summer practicum for eight (8) hours each day, for a total of forty (40) hours per week. The student must demonstrate continued competency in those exams previously mastered and additional competencies throughout the semester. During this time the students may be assigned to weekend or evening assignments to complete the 5 mandatory rotations. Upon completion of this Summer Practicum, the student will be on a break until the program resumes in the Fall semester. Total clinical hours will equal 376 positive attendance hours.

Fall II (RT 220)

Fluoroscopic imaging systems, digital and conventional image intensification, radiation safety regulations, and quality control methods are discussed. This course is approved by the DPHS and prepares students for the California State Fluoroscopy Examination. Radiation biology, dose-effect relationships, and long-term somatic and genetic effects of radiation exposure are covered.

Fall II (RT 230)

This course is designed as an introduction to more advanced pathological conditions for second-year students. Differentiates normal radiographic anatomy from pathologic conditions. Students are expected to identify, evaluate, and present common pathologic conditions throughout this course.

Fall II (RT 250)

This course provides an understanding of cross-sectional anatomy and knowledge relationships of human organs to each other as they appear in the sagittal, coronal and axial plane. The practical applications of cross-sectional with CT, MRI, and ultrasound are emphasized.

Fall II (RT 251)

This class is an elective, open to all students. This class prepares the radiographer for

state and national certification in mammography. Content covers the anatomy and physiology of the breast, positioning, radiation biology and protection, and QA and QC regulations for mammography equipment.

Fall II (RT 294)

Fourth in a series of clinical education courses to increase technical and clinical proficiency in routine and advanced X-ray procedures under the supervision of the Clinical Coordinator/Clinical Instructor and departmental radiographers. The student must demonstrate competency of recently taught radiographic exams plus continued competency of exams previously evaluated. Total clinical hours will equal 328 positive attendance hours.

Spring II (RT 202)

This course is designed to introduce and provide the advanced student with a survey of advanced imaging and an introduction to other specializations in the (radiation) radiologic sciences. The advanced imaging procedures include (C.T., MRI, Ultrasound, special procedures), Mammography and Pediatric Radiology. The course consists of three (3) hours of lecture and has no skills lab assignment. It concludes with an introduction to special invasive procedures, especially those focused with the heart/vascular system.

Spring II (RT 203)

This course is designed as a review of those subjects deemed critical for the ARRT examination. Consists of lecture, both by the instructor and guests, simulated registry examinations and a computer-assisted learning program.

Spring II (RT 295)

Fifth in a series of clinical education courses to increase technical and clinical proficiency in routine and advanced X-ray procedures are performed under supervision of the Clinical Coordinator/Clinical Instructor and departmental radiographers. The student must demonstrate competency of recently taught radiographic exams plus continued competency of exams previously evaluated. Total clinical hours will equal 368 positive attendance hours.

Grading Policy

The following grading policy has been adopted by faculty of the Medical Imaging department and will be utilized for all didactic radiography courses.

Grading Scale

97-100%=A+
92-96.9% =A
88-91.9% =B+
83-87.9% =B
79-82.9%=C+
75-78.9% =C
Fail= Below 75%

A grade designate of "C" shall indicate a passing evaluation for the clinical portion of the program. A grade of "D" or "F" shall constitute a failure in the didactic portion of the program.

Mammography Policy

RT 251, Principles of Mammography and Procedures is open to all students enrolled in the Radiography Program.

Students are required to observe mammograms for four (4) hours prior to enrolling in the class to ensure all students understand the requirements in performing a mammogram. Furthermore, ensuring the student is serious about the class.

Upon completion, students will fulfill the 40 hours of mammography education required for MQSA initial qualifications requirements and to apply for the California Mammography license. This course will also satisfy the ARRT Structured Education requirement for certification (M). Students will have the opportunity to complete 25 supervised mammograms with a ARRT certified and California state licensed mammographers present in compliance with MQSA initial qualifications requirements. In addition, ARRT certification in mammography requires 100 supervised mammograms with the technologist present, but we cannot guarantee that students will be able to complete this number during their final fall and spring semesters.

Students may enroll in RT 290, Work Experience in Radiography in the attempt to complete the required 100 mammograms to be eligible for the ARRT Mammography exam. Work Experience in Radiography will be offered during the Summer I semester immediately following graduation.

If male students are interested in mammography, SBCC will make every attempt to provide these students the opportunity to complete 25 supervised mammograms in the clinical setting. However, decisions are ultimately up to the clinical site and the patient if they will allow male students to perform their mammogram exam.

Section III : STUDENT CODE of CONDUCT

Academic Standards

The academic school year is divided into six (6) major grading periods and one (1) minor period (winter intersession). At the conclusion of each major grading period, the student will be evaluated clinically by the Clinical Instructor with the Clinical Supervisor. The Program Director and Clinical Coordinator will review each evaluation for student progress.

This evaluation will also allow the student an opportunity to express their opinions on the training program. Students should be aware if they are experiencing problems, either academically or clinically, they are encouraged to discuss it with the Program Director, Clinical Coordinator, Clinical Supervisor, and/or Clinical Instructor as soon as possible.

All students must maintain an average of at least 75% in all academic and clinical work. Failure to maintain an average of at least 75% in all academic and clinical work will result in probation up to dismissal from the program. Regarding academics, not maintaining an average of at least 75% will result in a probationary period in that subject for the following grading period.

Faculty Expectations for Student Performance

To assist in your success during your tenure in the Radiography Program, the following standards have been provided as expectations of student behavior.

At the college, the student is expected to:

1. Adhere to all college and departmental policies/procedures
2. Be on time for class and clinical sessions.
3. Complete all assignments for all courses according to the date and time scheduled.
4. Take examinations on the day and time scheduled.
5. Make-up exams automatically by the next class day following the date of the exam.
6. Be prepared to participate in class by preparing assignments and answering objectives prior to the class.
7. Maintain a consistent pattern of professional and ethical behavior by:
 - a. Completing your own work on tests and written exams.
 - b. Not writing assignments for other students.
 - c. Consulting with the instructor regarding any material in the course that is not clear.

For the radiography student to qualify for the ARRT exam they shall be in good standing at the time of the exam administration. Good standing means students are:

1. Currently enrolled in the terminal courses of the program with a minimum of a "C" average at the time of exam administration.
2. Have completed all previously required courses in sequence with a minimum of "C" grade.
3. In good clinical standing by being in the Satisfactory Category.
4. Clinically, a student shall not owe more than two (2) clinical education days (absences).

Probation

Academic

The probationary period is designed to ensure that a student is able to prove competency in a subject matter previously failed. A student shall be placed on academic probation whenever they fail to maintain an average of at least 75% in one subject for any grading period. The conditions to satisfy the probationary period must be established by the instructor and student. Any and all makeup work designated by the instructor must be completed with competency, within the following grading period.

Disciplinary

A student will be placed on probation if they fail to meet the criteria for retention or fails to adhere to the *ARRT Code of Ethics, Rules of Conduct, or Clinical Regulations* outlined in this Policy Manual. The student will be informed of probationary status via a probationary notice and conference with the Program Director.

The probation notice shall be specific as to the reason for probation and recommendations made to the student by the Program Director. The Program Director should also document what conditions are necessary to remove the student from probationary status and what circumstances may lead to disqualification. The original probationary notice will be maintained in the student's file in the School Office.

Standards for Disqualification/Retention

Disqualification

The School of Radiologic Technology reserves the right to dismiss a student at any time during the program if the student is found not qualified or is determined as a poor candidate to become a Radiologic Technologist. Inability or failure to maintain the Standards for Retention and Rules of Conduct, insubordination, unprofessional conduct, constitute reasons for dismissal from the program. Inability or failure to meet the following established academic standards shall result in immediate dismissal:

1. Failure to maintain an average of at least 75% in all radiography classes or the clinic within the same grading period,
2. Failure to satisfactorily complete the clinical competencies or assignments,
3. Failure to satisfactorily complete the designated makeup work during the probationary term,
4. Probation in any two consecutive grading periods,
5. Probation once in the past and once again failed to meet the 75% grading standard.
6. Whenever possible, a student should be placed on probation and receive counseling and a probationary notice before disqualification from the program.

Retention

1. Satisfactory performance of radiologic technology skills as evidenced in classwork, directed clinical practices, and laboratory situations.
2. Understanding and maintenance of ethical conduct.
3. Ability to maintain the physical, mental and emotional health essential to the performance of duties in the radiologic technology profession.
4. Use of good judgment and ability to make sound clinical decisions.
5. Ability to work well with others in the clinical setting.
6. Ability to maintain professional appearance and grooming.
7. Ability to maintain a continuing 75% average in each radiologic technology course and to meet attendance requirements of the program.
8. Suitable attitude and personal relationships to the radiologic technology profession as defined in the ASRT Code of Ethics.

Student Due Process

The school recognizes the right of a student to express valid grievances that may arise in the day-to-day working situations without fear of recrimination. The following due process procedures give students the proper methods and communication path to take when seeking solutions to problems that may occur between the students and the faculty, or the students and clinical personnel. The following steps should be taken when trying to resolve a problem or grievance.

Method I

Step 1: Applies to any student or group of students recognizing a grievance in the clinical education site. The student wishing to seek due process for the problem must pursue the following procedure unless it relates to Sexual Harassment.

Any complaint concerning a clinical matter should first be discussed with the Clinical Instructor of the designated clinic within the first two weeks of the occurrence of the situation creating the grievance. The Clinical Instructor will investigate and obtain all pertinent factual information regarding the problem and will provide the student with a solution or decision within three academic days following the receipt of the verbal or written discussion of the problem. A report reflecting the discussion and decisions made will be submitted to the assigned Clinical Supervisor, the student, and the clinical personnel involved.

Step 2: If the grievance is not satisfactorily solved by the assigned Clinical Instructor, the student may appeal verbally or in writing to the assigned college Clinical Supervisor of the program. The college faculty member will obtain all pertinent factual information and provide the student with a written or verbal solution or explanation within five academic days following the receipt of the complaint or problem. A report reflecting the discussion and decision made will be submitted to the Clinical Coordinator, (if the Clinical Coordinator is not the assigned university faculty member), the student, and the faculty involved.

Step 3: If the grievance is not satisfactorily solved by the assigned college faculty (Clinical Supervisor), the student may appeal verbally or in writing to the Clinical Coordinator (or Program Director if the Clinical Coordinator is the college faculty, move to Step 4). The Clinical Coordinator will obtain all pertinent factual information and provide the students with a written or verbal solution or explanation within five academic days following receipt of the problem. A report reflecting the discussion and decisions made will be submitted to the assigned Clinical Supervisor, the Program Director, the student, and the Clinical Instructor.

Step 4: If the grievance is not satisfactorily solved by the Clinical Coordinator, the student may appeal verbally or in writing to the Program Director. The Program Director will obtain all pertinent factual information and provide the students with a written or verbal solution or explanation within five academic days following receipt of the problem. A report reflecting the

discussion and decisions made will be submitted to the Dean of the Allied Health Department, the Clinical Coordinator, the assigned Clinical Supervisor, the student, and the Clinical Instructor.

Step 5: If the decision of step 4 does not provide a satisfactory solution to the problem, the student may appeal in writing to the Dean of the Department of Health Technologies. The Dean will review the problem and provide the student with a written or verbal solution or explanation within five academic days following receipt of the problem. A report reflecting the discussion and decisions made will be submitted to the Dean of the Allied Health Department, the Clinical Coordinator, the assigned Clinical Supervisor, the student, and the Clinical Instructor.

Step 6: If the decision of step 5 does not provide a satisfactory solution to the problem, the student may appeal to the Dean of Student Affairs within one week following the receipt of the Dean's recommendations regarding the problem. Requests are to be in writing and made to the Santa Barbara Community College Dean of Student Affairs as outlined in the District's Student Code of Conduct, Student Discipline Procedures, and Student Rights.

- [AP 5500 - Student Code of Conduct](#)
- [AP 5520 - Student Discipline Procedures](#)
- [Student Rights and Grievances](#)

Method II

Applies to any student or group of students recognizing a grievance regarding a grade, the instructor, the course content, or any aspect of the didactic courses and /or campus laboratory sections. The student must pursue the procedure listed on the [Office of Student Conduct and Conflict Resolution](#) webpage.

Method III

Applies to any student or group of students recognizing a valid grievance involving a grade, the instructor, the course content, or any aspect of a Santa Barbara Community College faculty not employed for the Program. The student must pursue the procedure listed on the [Office of Student Conduct and Conflict Resolution](#) webpage.

Student Policy for Re-Entry and Leave of Absence

This policy is designed to address students who were previously enrolled in the Radiography Program and desire to apply for re-entry or return to the program from a leave of absence. Students in both of these categories (RE-ENTRY or LOA) are not guaranteed to be readmitted into the program. Cases will be considered on an individual first-come, first-serve, basis dependent upon space available. Once you have left the program, there is no guarantee for re-entry. **A student may re-enter the program only one time** providing they meet the following criteria:

Re-entry

- a. For any student withdrawn from the Program due to academic failure, failure to meet the minimum requirement of 75% or “C” in any of the Radiography courses, the student must first submit a re-entry petition to re-enter the next semester in which the failed course is being offered. For example, if a student fails a class in the Fall semester, they must reapply for the following Fall semester. Failure to re-apply for the Fall semester will negate any considerations for priority enrollment.
- b. If a student is readmitted the student will be required to repeat the clinical rotation for that semester while repeating the previously failed course. In the event that a student fails a course during the first semester, all courses will be repeated so that the student may fully participate as a member of the incoming class.
- c. Petition for re-entry must be filed by **January 1st** for those requesting re-entry in the Summer, **March 1st** for those requesting re-entry for the Fall semester, and **September 1st** for those requesting re-entry for the Spring semester.
- d. Re-entry will only be granted if the student can provide sufficient evidence of the issues that contributed to the academic failure and the changes that have been made to assure success if given re-entry.
- e. All petitions will be considered on a first-come, first-serve basis, based on space availability. If the class is full, there will be no re-entries granted.
- f. **NOTE:** If a student receives a grade of “D” or “F” in more than one class, they must reapply as a new student and will be added to the bottom of the waitlist.

Leave of Absence

- a. Students in good standing who have taken a leave of absence from the Program will be allowed to reapply to the Program if done so within one year of the LOA. For example, if the student leaves at the end of the Fall semester they must return by the following Spring semester. Petition for re-entry must be filed by **March 1st** for those requesting re-entry for the Fall semester and by September 1 for those requesting re-entry for the Spring semester.
 - b. Failure to re-apply within the first year of absence will negate any considerations for priority enrollment and the student must re-enter as a new student.

- c. Re-admission is based on a first-come, first-serve basis, based on space availability. If the class is full, there will be no re-entries granted.

Required Re-Entry Procedure

- a. Submit a petition to the Health Technologies office by the appropriate deadline for consideration for readmission to the Radiography Program.
- b. Meet with the Radiography Program Director and Clinical Coordinator to review previous records and determine if the placement is possible.
- c. Complete a new physical exam, background check, and drug screen if required.

Notification

Once all requirements have been met and the returning student is qualified, they will be notified by acceptance in writing by the Program Director and The Clinical Coordinator.

SECTION IV: CLINICAL EDUCATION

Student Accountability

Throughout the entire program, students are primarily and ultimately responsible to the Program Director and Clinical Coordinator. Since Clinical Instructors are not available for each shift, the responsibility for clinical performance of the student has been delegated to the supervisor of the shift and/or the technologist with whom the student is assigned. If, and when possible, students should direct all problems to the Clinical Supervisor and or Clinical Instructor.

Ethical and Professional Conduct

The student radiographers will accept and uphold the professional and ethical standards established by, but not limited to, the Radiological Society of North America (RSNA), American Registry of Radiologic Technologists (ARRT), American Society of Radiologic Technologists (ASRT).

Ethical and professional conduct will encompass all students' competence, integrity, appearance and honesty in dealings with co-workers and clients.

A. **Definitions:**

1. **Ethical Conduct:** The thoughtful and reflective application of moral principles and a competent level of knowledge and skills, according to principles and standards established and generally accepted by society and the profession.
2. **Professional Conduct:** The act, manner or process of carrying out the profession, Department of Imaging expectations, principles, and standards.

B. **Unethical and Unprofessional Conduct:**

1. All students will refer suspected or actual unethical and/or unprofessional conduct to the immediate supervisor as soon as the occurrence takes place.
2. The supervisor will investigate occurrences to determine reporting requirements and the necessary action to be taken.
3. Disciplinary action will be consistent with SBCC Policy.

ARRT Code of Ethics

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

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

(Retrieved from ARRT. 5/2020)

Radiography Program Clinical Affiliates

Santa Barbara	North County
<p>1. Cottage Hospital 400 West Pueblo St., Santa Barbara, CA 93105 Clinical Instructor: Hilda Kirchmaier, R.T.(R) Tel: 805-682-7111 or 805-569-7279</p> <p>2. Goleta Valley Community Hospital 100 South Patterson Avenue, Santa Barbara, CA 93111 Clinical Instructor: Rene Ramos, R.T. (R) Tel: 805-967-3411 or 805-681-6406</p> <p>3. Sansum Clinic 317 W. Pueblo Street, Santa Barbara, CA 93105 Clinical Instructor: Greg Hamilton, R.T.(R) Tel: 805-898-3141</p> <p>4. SB Medical Foundation Clinic 215 Pesetas Lane, Santa Barbara, CA 93110 Clinical Instructor: Dawn Brosnan, R.T.(R) Tel: 805-681-7671</p> <p>5. Pueblo Radiology 250 W. Pueblo Street, Santa Barbara, CA 93105 Clinical Instructor: Silvia Plasencia, R.T.(R). Tel: 805-682-7984</p> <p>6. Santa Ynez Valley Cottage Hospital 2050 Viborg St., Solvang, CA 93455 Clinical Instructor: Richard Gonzalez, R.T. (R) Tel: 805-686-6431</p>	<p>9. Arroyo Grande Hospital 345 South Halcyon Road Arroyo Grande, CA 93420 Clinical Instructor: Andrew Campagnola, R.T.(R) and Connie Blanco, R.T.(R). Tel: 805-473-7672</p> <p>10. Marian Medical Center 1400 E Church Street, Santa Maria, CA 93454 Clinical Instructor: Maria Ramirez, R.T.(R) Tel: 805-739-3000</p> <p>11. Lompoc Valley Medical Center 1515 East Ocean Ave, Lompoc, CA 96436 Clinical Instructor: Rolanda Cordero, R.T.(R) Tel: 805-737-3300</p> <p>12. Sierra Vista Medical Center 1010 Murray Street, San Luis Obispo, CA 93405 Clinical Instructor: Jimmy Diaz , R.T.(R) Tel: 805-546-7676</p> <p>13. Digital Medical Imaging 522 E. Plaza Drive Santa Maria, CA. 93454 Clinical Instructor: Jim Schaffer, R.T. (R) Tel: 805-928-3673</p> <p>14. French Hospital Medical Center 1911 Johnson Ave San Luis Obispo, CA 93401 Clinical Instructor: Helen Stecker, R.T. (R) Tel: 805-458-0919</p>
Ventura County	
<p>7. Ventura County Medical Center 3291 Loma Vista, Ventura, CA 93003 Clinical Instructor: Seth Hochberg-Miller, R.T. (R). Tel: 805-652-6080</p> <p>8. Community Memorial Hospital 147 N. Brent Street, Ventura, CA 93003 Clinical Instructor: Zack Cuchapin, R.T(R) Tel: 805-652-5011</p>	

Student Clinical Orientation

All students must complete a general orientation at their imaging department within 30 days of the start of each of their clinical rotation. All new students are required to attend HIPAA training and all safety educational and orientation programs as mandated by their position and/or the Hospital (safety, bloodborne pathogens, hazardous materials, etc.). Department orientation consists of:

1. Orientation of all work areas (including equipment) and Diagnostic Imaging Department.
2. Explanation of their role and responsibilities in the department as it relates to their job description, patient population (pediatrics, adolescents, adults, and geriatrics), and mission statement.
3. General department policies, including, but not limited to, attendance, time and attendance system, environmental safety, radiation safety, role in Quality Assurance/Quality Improvement (QA/QI).
4. Once department orientation is complete, one copy of the Department Orientation Checklist is placed in the student's personal file. (See appendix for form.)
5. Completion and verification of HIPAA training performed during the fall semester offered on-campus.

Clinical Regulations

During all clinical education assignments, the Radiography student will be required to:

1. Purchase and maintain a radiation monitoring badge with the carrier prescribed by the college. The student must wear this badge whenever they are in a radiation area. (If lost the student will pay \$25 for replacement)
2. Provide their own health insurance and immunizations.
3. Provide their own means of transportation to and from the clinical education site.
4. Successfully complete all of the required clinical objectives and assignments of each course, within the assigned semester. A student who is unable to fulfill this requirement shall be placed on probation.
5. Maintain the Clinical Workbook, documenting all exams and/or procedures completed. The student is responsible for obtaining a clinical evaluation twice each semester. These evaluations shall remain in the Clinical Workbook. The Summer Practicum, RT 293, will require only one (1) evaluation.
6. Maintain regular prescribed clinical assignments by reporting:
 - a. On the assigned days.
 - b. At the assigned time.
7. Notify the assigned Clinical Instructor in event of illness/absence. This must be done before the shift begins. Notifying anyone other than the Clinical Instructor is unacceptable.
8. Frequent absenteeism will result in an Unsafe or Unacceptable Practice Act (UPA), and counseling with the Clinical Instructor/Clinical Coordinator and eventually the Program Director. Frequent absenteeism beyond the time allotted may result in clinical probation and the eventual student's withdrawal from the program.
9. Changes in schedule or clinical assignments must be proposed in writing 72 hrs. prior to the change, and notification of the Clinical Instructor and Supervisor is mandatory.
10. Notification must be given to the Clinical Instructor and Clinical Supervisor if they must leave the clinical site prior to the scheduled time.
11. Request, in writing to the Clinical Supervisor and Instructor, any changes in clinical assignments of two days or more. Approval for changes in the student's schedule shall come from the Program Director, in writing before the event occurs.
12. Maintain appropriate behavior and conduct while on clinical assignment. This includes:
 - a. Maintaining respectful behavior towards the clinical faculty and staff.
 - b. Maintaining courteous treatment of patients and visitors.
 - c. Maintaining high standards in the performance of all assigned duties.
 - d. Maintaining patient confidentiality.
 - e. Following the departmental regulations of the clinical affiliate, you have been assigned to.
 - f. Provided radiation safety to patients and personnel, according to the [California Department of Public Health regulations--Title 17](#).

- g. Avoid using inappropriate or profane language, especially around patients.
 - h. Avoid gambling on the hospital/clinic property.
 - i. Avoid any type of physical altercation on hospital/clinic property.
12. Maintain proper/required dress, appearance, and grooming by:
- a. Wearing the required uniform (see dress code). It must be clean, pressed, and in good repair.
 - b. Wearing the prescribed school ID and radiation monitoring badge so that they are visible.
 - c. Maintaining proper grooming and cleanliness by keeping:
 - i. Hair clean and off the collar and kept in a neat style.
 - ii. Nails clean and short.
 - iii. Cosmetics applied in moderation and avoiding perfumes/colognes
 - iv. Men's beards are trimmed and neat.
13. Limiting jewelry to a wedding ring, engagement ring and or watch. Small earrings are permissibly worn within the ear, limited to two (2) per ear. Nose and eyebrow rings shall not be worn in the clinical setting.
14. Wearing a white lab coat to cover visible tattoo or if you are cold.

Clinical Visitations, College Faculty (Clinical Supervisors)

During each semester that students are assigned to the clinical education site, college faculty will visit the First- and Second-Year students on a weekly or bi-weekly basis. The goals for the clinical visits shall include:

1. Observe students in the clinical environment.
2. Observe students during patient management procedures.
3. Meet with students to discuss progress.
4. Meet with Clinical Instructors to review a student's progress.
5. When appropriate, meet with the Radiologist and staff technologists.
6. Assess whether the clinical education is being integrated in an organized manner and in accordance with each specific course and program design.
7. Assess whether students are following required procedures regarding patient handling, radiographic procedures, and Radiation biology.
8. Review the student's clinical workbook and sign with the date affixed.
9. Discuss the positioning/procedure progress.
10. Review competencies with the student discussing CR, size IP, and anatomy seen.

Student Clinical Policies

Students shall adhere to all policies of the Radiography Program:

1. Students shall meet all the district requirements for the Associate of Science Degree, as well as all the Radiography Program requirements. No student shall sit for any certification exam unless these requirements have been met.
2. All courses must be taken when they are offered. No alterations shall be made in any of the following unless permitted by the Program Director.
3. All special requests in the Radiography Program shall be made through the Program Director, in writing and in advance (5 days minimum). All requests shall be approved in writing. This shall include any alterations to the clinical education or special leave requests.
4. A grade of "P" in the clinical practicum shall be maintained. A grade other than "P" shall require the student to be dropped from the program. The student may apply to the Radiography Program for readmission.
5. Students are responsible for obtaining all clinical evaluations and maintenance of their clinical workbooks. This will be calculated into the clinical grade.
6. All evaluations and clinical hours must be completed before proceeding to the next clinical rotation. Failure to do this would require the instructor of record to assign an incomplete grade for the course.

Clinical Rules of Conduct

Every organization must have rules and regulations if it is to function effectively. Because of the nature of the services given, hospitals must have a very strict adherence to these rules and regulations. The following are some of the violations which may be considered cause for **immediate termination** or **dismissal** from clinical affiliations.

1. Abuse or inconsiderate treatment of patients.
2. HIPAA violation of patient's privacy by any unauthorized release of confidential information.
3. Interference with, insubordination, or refusal to obey any supervisor or other duly constituted authority.
4. Possessing, drinking or being under the influence of alcohol or drugs on the hospital premises.
5. Falsifying enrollment application, attendance records, or any hospital documents.
6. Unauthorized handling, possession or use of narcotics or drugs.
7. Theft from the hospital, fellow employees, patients or anyone on hospital property.
8. Immoral or indecent conduct to fellow students, patients, staff, or faculty.
9. Any serious misconduct on or off duty that may reflect upon the profession.
10. Accepting monetary tips or gratuities from anyone.
11. Intentionally giving false information in accident or insurance cases.
12. Altering attendance records or intentionally altering another student's records.
13. Absence for three consecutive working days without notice to the Program Director.

Student Clinical Supervision

All students will be adequately supervised. The quality of radiographic procedures performed by students will be adequately monitored to maintain both the proper development of skills and habits and a high level of Radiographic image quality.

Procedure

1. All students of the Radiography program will be under direct supervision during their clinical practicum assignments at all times until they are judged, by the Clinical Instructor, to be competent in a given procedure.
 - a. Direct supervision is defined as that:
 - i. a qualified technologist reviews the request in relation to student's competency.
 - ii. a qualified technologist evaluates patient condition in relation to student's competency and knowledge.
 - iii. a qualified radiographer is present during the examination.
 - iv. a qualified technologist reviews and approves the radiographs.
 - b. Repeat radiographs must be performed under the direct supervision of a qualified technologist.
 - c. Students may not be assigned to a radiographic room or portable unit unless a qualified technologist is also assigned to the specific area until the student is judged to be competent.
2. Direct supervision of students, as defined, is required under the following conditions:
 - a. Portables and surgery
 - b. Mammography and special imaging modalities
 - c. Repeat examinations
3. Students judged competent in a specific area of radiography may perform procedures under indirect supervision.
 - a. Indirect supervision is defined as that a qualified technologist shall be immediately available to assist the student regardless of competency level.
 - b. Prior to student competency achievement, a single qualified technologist may not be directly responsible for more than one first-year student and indirectly
 - c. one second-year student during all clinical assignments.

Dress Code

The following policy has been prepared to clearly outline the dress code guidelines for students in their clinical rotation.

POLICY GUIDELINE

1. It is important for the general welfare of the Radiology Program that each student present a professional appearance to patients and the public.
The importance and value of individual expression and freedom and the fact that styles and fashions change is recognized. However, people judge an organization not only by the quality of service, but also by the appearance of the people they meet. Therefore, Clinical Instructors and Supervisors are responsible for assuring that students are dressed and groomed in a manner acceptable and appropriate to the hospital environment.
2. Hospital appearance should identify students as professionals in the healthcare field.
 - 1.1 Cleanliness
 - 1.1.1 Clothes must always appear fresh and clean.
 - 1.1.2 Personal hygiene should be maintained so as not to offend patients or fellow employees.
 - 1.1.3 Fingernails must be clean, neatly trimmed and not be longer than 1/4 inch.
 - 1.1.4 Foot apparel should be clean and polished. Hose or socks must be worn.
 - 1.2 Neatness:
 - 1.2.1 Clothing should be well-fitting, and not excessively tight or baggy.
 - 1.2.2 Makeup should be used to give a natural appearance. Excessive use of perfume, cologne, or aftershave should be avoided.
 - 1.3 Hairstyles for women should be neat and close to the body. Long hair shall be restrained or tied back at the nape of the neck. Barrettes or short tasteful scarves are acceptable to tie the hair back. Afros and naturals must be of moderate size. Wigs and hairpieces must be neat and in keeping with the hospital environment.
 - 1.4 Hairstyles for men should be neat and in keeping with your profession. Long style hair is acceptable, if groomed. If it touches the shoulders, it shall be tied back. Leather strips, covered elastic or rubber bands are acceptable for this purpose. Afros and naturals must be of moderate size. Wigs and hairpieces must be moderate in style and size.
 - 1.5 Beards and mustaches are permitted only if they are kept well-groomed. They **may not be** grown while in the radiology program. Men without beards and mustaches are expected to be clean-shaven each day. Failure to shave will result in being sent home to do so.
2. Identification:
 - 2.1 Picture ID Badge: An identification badge will be issued from the school. Picture ID's must be worn while on hospital premises, clearly visible and without markings or defacement.
3. Additional Guidelines:
 - 3.1 Male Students

- 3.1.1 Scrubs are acceptable in the following colors only: navy blue and or white. Scrubs must be worn as matching sets and be thick enough not to be seen through. (** see below)
 - 3.1.2 Sandals and excessive boot styles are not acceptable. Clean leather tennis/gym shoes are acceptable attire. Socks must be worn.
 - 3.1.3 White lab coats or jackets may be worn. T-shirts with slogans or advertising are **NOT acceptable**. All lab coats must be laundered and ironed. There are many different styles of lab coats and smocks available.
- 3.2 Female Students
- 3.2.1 Scrubs are acceptable in the following colors only: navy blue and or white. White skirts or white uniform dresses may be worn in place of scrubs. Scrubs must be worn as matching sets and be thick enough as not to be seen through. (** see below)
 - 3.2.2 All clothing must be of an opaque material. T-shirts with slogans or advertising, low-cut necklines, short, halter or tube tops are NOT acceptable. All tops must be long enough to be tucked in.
 - 3.2.3 White lab coats or jackets may be worn. All lab coats must be laundered and ironed. There are many different styles of lab coats and smocks available.
 - 3.2.4 Some types of hose must be worn with the uniform style you choose.
 - 3.2.5 Clean leather tennis/gym shoes are acceptable attire.
 - 3.2.6 Jewelry, such as rings and earrings are acceptable, but should not be excessively large. Students MAY NOT wear more than two (2) earrings in each ear. No other body rings, such as lip, nose or eyebrow rings may be worn in the clinics.
 - 3.2.7 Nails are required to be trimmed short (no longer than ¼ in.). No false fingernails are to be worn while in the clinical setting. Neutral nail polish colors are acceptable and required to be kept in good condition.
4. Tattoos and Body Piercing:
- 4.1.1 If student has visible tattoos on the arms or legs, they must be covered with a lab coat or pants at all times while interning at the clinic.
 - 4.1.2 Nose rings, eyebrow rings, tongue balls, lip rings and belly rings are not permitted while interning at the clinic.

*Any questions as to the acceptability of a clothes item or appearance item should be brought to the attention of the Clinical Instructor before you begin to wear it to be sure that your appearance is in compliance with the appropriate dress standards. Each Clinical Site has specific dress standards that must be adhered to while at the site. This may vary slightly from the School Dress Code. The college supports and respects each departmental guideline and will abide and follow the regulation.

Clinical Rotation Placement Policy

Students will be provided a site selection form to complete. On the form, the student will make a first, second, and third selection for their clinical assignment. Based on these selections the

Clinical Coordinator will make every effort to assign the student to one of their three choices.

Once a preliminary rotation has been drafted, the Clinical Coordinator will discuss the placement of students with full-time faculty members. The Clinical Coordinator will keep records of which students received their first-choice pick for each rotation, which students traveled, and which students have interned at a hospital versus a clinic in order to keep clinical site selections fair and equitable for all students enrolled in the program.

Clinical site selections will occur four (4) times during the length of the program. The first site selection will be distributed and collected at the midpoint of RT 101. The subsequent clinical assignment will be in effect for RT 191, 191A, and 192. The second site selection distribution and collection will occur at the midpoint of the first spring semester. The clinical assignment will be for RT 293, summer clinical practicum. The third site selection will be distributed and collected at the midpoint of the summer practicum. The clinical assignment will be for RT 294, the fall clinical practicum. The final site selection will be distributed and collected at the midpoint of the fall semester. The clinical assignment will be for RT 295, the final clinical practicum during the spring.

Clinical placements are made so that it will best benefit the student for their success in the program. In some cases, students may be required to drive up to 100 miles each way to the clinical site, therefore students must be able to provide their own transportation.

Rotations have been portioned so that each one contains approximately the same number of clinical education hours, with the first rotation the longest.

Students that are employed by a clinical affiliate or have an immediate family member employed within the Imaging Department, working in any capacity will not be allowed to intern at that site for the first rotation (fall, winter, and spring semesters).

Clinical Assignments

Clinical days consist of 8 or 8.5 hours (not to exceed 10 hours per day or 40 hours per week with combined didactic course(s) hours). Hours will vary depending on the clinical site. While standard hours are 0800–1630, they may range from start times of 0500 through to 1300 depending on the clinical site and semester. Students are required to report to their supervisor in their assigned area and be ready to participate in the procedures at the time posted on the assignment schedule. Any changes in the clinical assignment time for reporting must be brought to the attention of the Clinical Instructor for approval, in advance.

1. Students wishing to change clinical assignments with another student must request permission in advance through the Clinical Instructor or coordinator.
2. Students will not be permitted or required to fill-in schedules of technologists.
3. Requests for adjustments in clinical assignment times, or changes in the clinical assignment must be submitted in the approved format at least 48 hours prior to the requested change. In emergency situations, the above policy will be waived, and approval considered on an individual basis. No permanent changes will be allowed.
4. Approval from the Clinical Instructor is required for all requested clinical assignment changes. Changes that occur without the Clinical Instructor's approval will result in lost clinical hours.
5. If a student is unable to report to their clinical assignment they must call within 30 minutes of their assigned shift to the Clinical Instructor and the Clinical Supervisor.
6. Failure to call in within 30 minutes of assigned shift, or at all, will result in disciplinary action up to and including dismissal.

Student Schedules

Clinical Education Requirements

Students are required to perform a minimum of four (4) clinical rotations. Clinical rotations include:

1. fall, winter intersession, and spring semester
2. summer semester
3. fall semester
4. spring semester

During each of the four (4) clinical rotations, students are required to complete mandatory hours as listed in the course syllabus and competencies per semester.

Procedure

The Clinical Coordinator is responsible for assigning the students to their clinical sites and handling all clinical situations and problems.

Clinical Coordinator or Clinical Instructor

Plans schedule for each 16-week semester. Schedules should be posted 2 weeks in advance of the scheduled start date.

1. All students will receive equal rotations to assigned areas and shifts. Rotations will be on a one to two-week basis.
2. It is the student's responsibility to be aware of the changing scheduled hours and clinical assignments. If a student shows up on the wrong shift, they will be sent home and no clinical hours will be rewarded. The student is still required to work his assigned shift.
3. Scheduling Changes must be made in advance with the Clinical Instructor.
4. Routine Shift Schedules:

Students are scheduled no more than 10 hours per day or 40 hours (included didactic courses) each week even when making up missed time. Students will not be assigned to "call" or "night shifts" 2300 to 0700, holidays, or weekends unless they volunteer.

The specific hours will depend upon the clinical assignment of the student. Shifts assignments include but are not limited to:

8 Hour shift	8.5 Hour shift
0500 to 1330	0500 to 1400
0600 to 1430	0600 to 1500
0700 to 1330	0700 to 1600
0800 to 1630	0800 to 1700

0900 to 1730	0900 to 1800
1300 to 2130	1300 to 2200

The normal assignment schedules for students are arranged from Monday through Friday. When assigned to a Saturday or Sunday, this is considered a special assignment, and the student is given equal time off during the week.

State and Federal work laws apply including:

1. two (2) fifteen (15) minute breaks
2. one (1) thirty (30) minute lunch break

Evening/weekend rotations

While the majority of our clinical sites assign students to complete clinical hours between 5 a.m. to 7 p.m. Monday-Friday, some sites do have later shift start times in order to separate the students to achieve better one-on-one training and for students to obtain more exposure to trauma patients. While weekend shifts are not routinely scheduled, students may ask their Clinical Instructors to rotate through them. No more than 25% of a student's clinical hours for the entire program (approximately 51 Days) shall be weekend shifts or a shift ending later than 7:00 p.m. Clinical supervisors will keep track of evening/weekend shifts, but it also the responsibility of the student to notify their Clinical Instructor if they hit the 25% mark.

Extended Clinical Education

During the Summer, Fall or Spring semesters of the second year, students are required to participate in one (1) week of this specialty experience totaling five (5) days. The purpose of this clinical education is to allow the advanced Radiography student to become more independent by being assigned to a limited crew in the x-ray department. Each student in the program will be required to participate, with dates and times will be scheduled in advance which may include:

Monday through Friday Evening, 1200-2030, 1300-2130, 1400-2230 or 1500-23:30

Saturdays and/or Sundays day or evening shift, 0700-1530, 2100-1730, 1300-2130 or 1500-2330

The total extended clinical experience may never exceed ten 10 % of a student's entire clinical education. Extended clinical hours will not exceed 170 hrs.

Schedules will be submitted to the Clinical Supervisor and coordinator once the schedule has been established by the student and clinical affiliate.

*

Specialty Rotations (Advanced Modalities)

As a final complement to the clinical rotations, each Radiography student will be given the opportunity to rotate through the following specialty imaging areas to familiarize themselves with these special imaging modalities. The main objective is to observe although students may participate more actively in some of these minor rotations.

Due to the limited time in the advanced modalities, students may assist but are not allowed to perform procedures, with the exception of mammography. Students that take the elective mammography course may perform radiographs under direct supervision after following the guidelines laid out by the American Registry of Radiologic Technologists. These minor rotations will begin in the Second Year.

Modality	Allotment of time (days or weeks equivalent)
Mammography	6 days (2 weeks)
Computed Tomography	3 days (1 week)
Ultrasound	3 days (1 week)
Interventional procedures/Cath Lab	3 days (1 week)
Magnetic Resonance Imaging	3 days (1 week)
Nuclear Medicine	1 day
Radiation Therapy	1 day
Total time	20 days (6 weeks and 2 days)

Request for Exchange of Clinical Education Assignment for Special Circumstances

A student may petition for an exchange of clinical education assignment or site. This shall be done in advance of the event and shall be done in writing to the Radiography Program Director. The Director will respond to the student accordingly.

Examples of Special Circumstances include:

1. Military assignment
2. Religious commitments or assignment
3. Business commitments
4. Financial hardship

Affiliate Clinical Regulations

It shall be considered unlawful to employ students in lieu of certified Radiologic Technologists.

1. Extended clinical education may not exceed more than ten percent of the total clinical education hours. These hours may take place during any time of the program.
2. Direct supervision (technologist in the same room) shall be given to all students until the student is capable of performing the assigned x-ray procedures accurately and safely. A student shall be permitted to **repeat** an image **only under direct supervision** of a certified radiographer.
3. Clinical supervision of all students shall be based upon the following ratio:
 - a. One full-time (100 percent) Clinical Instructor for every ten students on each clinical site at one time. For example, if four (4) students are on-site at one time requires a Clinical Instructor 40 percent or 16 hours for minimal supervision.
4. All clinical education days must be made up no later than the Friday prior to the entrance of grades for each clinical rotation.
5. All students shall follow the prescribed course outline for the course they are enrolled in. Students should never be permitted to attempt clinical examinations they have not studied or do not feel confident to approach. Basically, students may attempt any clinical examination they have been assigned within a given course at the college.
6. All students must receive a clinical evaluation by the Clinical Instructor on or about the 7th or 8th and 15th week of each semester they are enrolled in. All evaluations must be reviewed with the student, the Clinical Instructor with the Clinical Supervisor present. All signatures must be affixed upon completion of the evaluation.
7. It is the student's responsibility to turn these evaluations in at the set deadlines.

Time and Attendance

Absences

Students are allowed one (1) clinical absence per semester. The second absence must be made up within two (2) weeks of the occurrence. Any additional absences will result in a UPA. Three (3) UPA's in the same semester will result in dismissal from the program.

All clinical days a student is absent are to be noted on the attendance record. This would include illness, personal days, funerals, etc. All required clinical hours must be accounted for, documented, and total the requirement set forth in each clinical course. The accuracy and validity of clinical records are essential for maintaining accreditation.

All absences must be made up at the clinical affiliate/rotation in which the absence occurs by the end of the grading period for that semester. No absence or deficient time may be carried over to the next semester or clinical rotation. Arrangements for makeup shall be arranged with the Clinical Instructor, Clinical Supervisor, and the clinical affiliate within two (2) weeks of the occurrence.

All clinical absences shall be accounted for before students are allowed to sit for the ARRT national certification examinations. No student will be permitted to graduate unless all clinical absences have been made up. Instead, the student will be extended an incomplete grade for the clinical portion of the course in which the absence/s occurs. The student will then be given a specifically designated time period in which to successfully complete all the clinical requirements.

Any absences occurring beyond the allotted number in the college lab will be added to the clinical lab as clinical education hours. The student is permitted one (8) eight-hour day per semester, one lecture, and one college lab session.

Time Sheets/Timecards

Documentation of clinical hours will be based upon the quarter-hour (i.e. 0700, 0715, 0730, and 0800). Students are required to arrive prior to their scheduled shift and leave the premises at the end of their scheduled shift. **Hospital/Clinic time policy does not supersede the program policy.**

A time clock is located at a clinical site within each county. If the site to which a student is assigned has a time clock, then the student must clock "in" and "out"; in addition to documenting their "in" and "out" times on the required timesheets, then initialed by a technologist.

TARDIES

Students are expected to be in their assigned work areas, in proper attire, at the beginning of the scheduled shift (i.e. at 0700 for a 7:00 AM assignment). If the student is not at their assignment work area at the beginning of the shift they will be considered tardy. In the event of clinical tardiness or absence, the student is required to contact the Clinical Instructor thirty (30) minutes prior to their assigned shift on the assigned day.

If a student is tardy they may be allowed, upon Clinical Instructor's approval, to make up the time lost at the end of the shift. Any lost time not performed at the end of a shift will be deducted and reflected in the clinical timecards.

The accumulation of three (3) tardies in any one semester will result in a UPA.

Sickness/Extended Illness

Three (3) consecutive days of absence will require the completion of the Return from Illness form. Students will not return to the program without the attending physician's signature affixed to the document. Extended illness or acute hospitalization that will break the continuity of a student's program will require the student to withdraw from the program and may be considered for re-entry the following year.

Clinical Make-Up Hours

2. Any student who has exceeded their sick time or vacation time must make up the time prior to the end of the semester.
3. All make-up time will be scheduled by the Clinical Instructor as soon as possible and before the end of the semester.
4. Approval of make-up time will be scheduled at the discretion and clinical needs of the department as determined by the Clinical Instructor.
5. Excess time beyond the scheduled shift spent in the department without the direct approval of the Clinical Coordinator will not be credited to the students' hours.
6. In case of a communicable disease, first-year students who exceed their sick time may be given an incomplete and allowed to make up their time during the summer session, at the discretion of the Program Director.
7. Second-year students, who have not completed their clinical hours, will have their training time extended beyond the normal graduation date until the clinical hours have been satisfied. Students will not be able to take the national (ARRT) examination until clinical hours have been completed.
8. Any student owing in excess of 10% of their clinical hours, during any one (1) semester, may be dropped from the program.
9. Students are not permitted to work more than 10 hours per day or the 40 hours per week limitation.

Banking of Clinical Education Days

Students are permitted to bank up to three (3) days at any one affiliate. These bank days may be used at a later date for illness or other reasonable reasons. Banking forms must be complete with all parties' signatures including Clinical Supervisor, Clinical Instructor, and student, prior to the banking of clinical hours. Banking forms are located within the clinical workbook and are to remain within the clinical workbook for the duration of the program.

In the banking process, the student shall not exceed 40 hours per week federal regulation. The 40 hours per week requirement is defined as the sum of all lecture, college lab, and clinical lab hours.

All banked days shall be used at the affiliate in which they occur. No banked days may be transferred to a new affiliate. Banked days not used at the affiliate in which they occur shall be voided.

Jury Duty

Students are **strongly** encouraged to postpone any jury duty assignments until the program is completed. A lengthy assignment would require the student to withdraw from the program and re-enter at a later date. A letter of support will be written by the Program Director to assist you with your postponement request. If the student chooses to serve, a maximum of eight (8) days will be allowed.

It should be noted that all absences other than funeral leave must be made up in the semester in which they occur. Special circumstances/conditions may be exceptions to this rule through a petition process to the Program Director. All absences must be completed at the clinical affiliate in which they occur.

Recognized Holidays

First and Second-year students will observe the below holidays set by the SBCC academic calendar. Students will not be scheduled for these holidays.

<u>Labor Day</u>	<u>September</u>
<u>Veterans Day</u>	<u>November</u>
<u>Thanksgiving</u>	<u>November</u>
<u>Christmas (Observed)</u>	<u>December</u>
<u>New Year's (Observed)</u>	<u>January</u>
<u>Martin Luther King Day</u>	<u>January</u>
<u>Lincoln's Birthday</u>	<u>February</u>
<u>Washington's Birthday</u>	<u>February</u>
<u>Spring Break</u>	<u>March/April</u>
<u>Memorial Day</u>	<u>May</u>
<u>Independence Day</u>	<u>July</u>

*SEE [COLLEGE CALENDAR](#) FOR EXACT DAY OF HOLIDAY

Radiography Program Elective

Students who wish to elect additional extended clinical experience may elect:

1. RT 299 Independent Study- A one to four (1-4) unit Independent Study shall be offered each semester. Students interested in enrolling must confer with the Radiography Program Director.
2. Additional Extended Clinical Experience - In the Fall and Spring semesters of the second year, a student may elect to spend an additional two (2) weeks of their regular 3-day rotation on evenings or weekends. The hours may be:

Weekdays	1300-2130
	1400-2230
	1500-2330

Weekend days	0800-1630
	2100-1730
	1300-2130

Weekend evenings	1400-2230
	1500-2330

Clinical Evaluation and Grading

The School shall promote successful student outcomes and ensure a clinical experience which progresses through a series of additive tasks by setting certain student performance standards. The successful completion of these tasks shall be documented using three evaluation criteria: clinical evaluations, clinical competency grades, and clinical record keeping. These three criteria will be used to clinically grade the students during their five clinical semesters. During the last semester, terminal competencies will be added to the evaluation process and must be completed to finish the program.

PROCEDURES

Clinical education evaluations and grades for RT 191, 192, 293, and 294 are calculated as follows:

1. Clinical rotation evaluations	30 %
2. Clinical competencies	50 %
3. Clinical records	<u>20 %</u>
Semester clinical grade:	100 %

During the last semester, the clinical grading criteria for RT 295 will be adjusted to reflect the need to obtain the required terminal competencies. The clinical education evaluations and grades for the last clinical semester are calculated as follows:

1. Clinical rotation evaluations	30 %
2. Clinical competencies	20 %
3. Terminal competencies;	30 %
4. Clinical records	20 %
Semester clinical grade:	100 %

Although it is necessary to pass all clinical rotations, no letter grade is given for the clinical rotations. All clinical hours are graded on a “Pass” “No Pass” basis. It is necessary to complete all of the assigned clinical hours, competencies and scoring 75% or higher on the Clinical Progress evaluation to receive credit for each clinical portion of the program.

Performance Objectives

Evaluation of Requisition

The student will be able to:

- a. Select appropriate image size and identify procedures for the exam to be performed.
- b. Upon request, recall the patient's age and name of the patient.
- c. Identify patients' mode of transportation to the clinical area.
- d. Pronounce the patient's name.
- e. Recall the patient's admitting diagnosis.
- f. Recall the ordering physician's name.

Physical Facilities Readiness

The student will be able to:

- a. Provide a clean radiographic table.
- b. Exhibit orderly cabinets and storage space.
- c. Provide appropriate size imaging receptor when available.
- d. Provide emesis basins and have drugs ready.
- e. Locate syringes and needles as necessary.
- f. Turn machine "ON" and be prepared for exposures.
- g. Turn the tube in the position necessary for the exam.
- h. Resupply linens if appropriate.

Patient and Technologists Relationship

The student will be able to:

- a. Select and correctly identify each patient.
- b. Assist the patient to the radiographic room.
- c. Assist patient to radiographic table.
- d. Keep the patient clothed and/or draped for modesty.
- e. Talk with the patient in a concerned, professional manner.
- f. Give proper instructions for moving and breathing.
- g. Have the patient gowned properly.
- h. Follow proper isolation procedures when appropriate.

Positioning Skills

The student will be able to:

- a. Position the patient correctly on the table (prone or supine, head at appropriate end).
- b. Align the center of part to be demonstrated to the center of the imaging receptor.
- c. Center central ray to the center of the imaging receptor.
- d. Oblique patient correctly if required.
- e. Angle the central ray to the imaging receptor.

- f. Remove unwanted anatomical parts from the radiographic area.

Equipment Manipulation

The student will be able to:

- a. Turn tube from horizontal to vertical
- b. Move the bucky tray and utilize locks.
- c. Identify and utilize locks.
- d. Insert and remove cassettes from bucky tray and spot image device.
- e. Operate console for automatic exposure controls (e.g. chest)
- f. Select appropriate factors at the control panel.
- g. Demonstrate proper use of a technique chart.
- h. Properly measure the patient with calipers.
- i. Identify the image with "R", "L", and other appropriate identifications.
- j. Fill syringes using the aseptic technique.
- k. Direct mobile unit.
- l. Operate controls for the mobile unit.
- m. Select proper imaging receptor.
- n. Adopt technique for changes in SID/FFD, grid ratio, collimation, etc.

Evidence of Radiation Protection

The student will:

- a. Cone or collimate properly
- b. Use gonadal shields, when appropriate
- c. Demonstrate utilization of lead apron and gloves, if appropriate
- d. Wear the TLD as required by the institution and radiation safety requirements.
- e. Select proper exposure factors
- f. Adjust exposure technique for motion, when appropriate

Image Evaluation Objectives

Radiograph(s) Demonstrates:

Anatomical Part(s): Part is shown in the proper perspective.

1. Proper Alignment:
 - a. Imaging plate centered
 - b. Anatomical part centered
 - c. Tube centered
 - d. Patient oblique or rotated correctly

Standard Radiographic Exposure: Radiographic Techniques

- a. Chart was used correctly for selection of technique.
- b. Compensation of factors for Pathology.

- c. Correct exposure used to produce the image. (Proper density and contrast)

Image Identification and/or Other Identifications

- a. “R”, “L”, in the correct location.
- b. Minutes or hour markers/annotation visible
- c. Patient information and date can be identified.
- d. Correct annotation

Radiation Protection

- a. Cone or collimation limits visible.
- b. No repeats.
- c. Gonad shields in place

Clinical Competency Evaluation

Clinical Competency

A student's success during their clinical education is measured by their:

1. Technical skill
2. Dependability
3. Initiative
4. Personal relations

Technical Skills

A student must demonstrate the following skills with increasing confidence and ability as they progress through the of clinical education sequencing:

1. Good technique, as measured by an exposure index, positioning accuracy, and technical precision
2. Ability to familiarize and manipulate equipment appropriately.
3. Performance of procedures with decreasing supervision.
4. Maintenance of cleanliness and orderliness of equipment they use.
5. Maintenance of records and reports that are complete, accurate, and legible.
6. Organization of work with care and efficiency, utilizing time and materials effectively.
7. Production of high-quality radiographs.
8. Attention to patient safety.

Dependability

Dependability is an essential professional characteristic. The student is expected to demonstrate an increasing sense of patient-and-colleague-oriented responsibility as an integral part of professional practice. Awareness of an appreciation for this responsibility will be shown by his demonstrating:

1. Respect for the needs of others.
2. Willingness to accept instruction in procedures.
3. Faithfulness in completing assignments without external stimuli.
4. Realization of one's limitations and need for consultation in such areas.
5. Recognition of the fallacy and potential danger of shortcuts.
6. Observation of rules and lines of authority.

Initiative

Initiative is based upon self-confidence, resourcefulness, and sensitivity to potential problems and opportunities. In this category, individual differences are perhaps most recognizable, but some degree of initiative is required of any successful radiologic technologist. Educational experiences provided by the program and its clinical affiliates offer opportunities for the student to develop and strengthen their essential, professional attitudes, and increase their sensitivity and resourcefulness. The following characteristics identify evidence of initiative:

1. Willingness to go beyond the specific assignments, and recognition of opportunities to increase productivity and to help colleagues.
2. Acceptance of responsibility.
3. Adjustment to varying situations without compromising individual integrity.
4. Ability to analyze problems and arrive at conclusions (or solutions) that are supported by valid evidence and result with effective actions.
5. Interest in, and attention to opportunities for enlarging personal and professional competence.

Personal Relations

Since personal relations form the environment within which work is accomplished and learning takes place, cooperation and respect are major considerations. Both verbal and nonverbal expressions of these characteristics are important. Desirable personal relations are demonstrated by:

1. Openness and responsiveness to the patient, peers, technologist, supervisor, and instructors by the student.
2. Willingness to accept responsibility for, and correct their own errors with a good disposition, seeking and accepting guidance when appropriate.
3. Giving praise to others when appropriate.
4. Accepting praise with humility.
5. Willingness to contribute to the realization of goals which are group endeavors.
6. Respect for the needs of others, in terms of sharing in the use of supplies and equipment.
7. Maintaining appearance with appropriate dress, neatness, good grooming, and conduct.
8. Respect for the confidential nature of information about patients.
9. Respect and empathy for the patient regardless of race, color, sexual orientation, religious beliefs or physical and mental states.

(Review competency evaluation to correlate)

Clinical Objective - Student Progress Evaluation

The purpose of the student progress evaluation is to provide both you and the radiography program with specific information about how well you are progressing as a student radiographer. This information should be helpful in understanding your strengths and weaknesses in identifying ways which you can become a more competent student technologist and become an effective part of the organization

Clinical Instructors are accountable to the Clinical Supervisors that progress evaluations are completed in a timely manner. Staff technologists are accountable to the Clinic Instructor so that students under their direct supervision are evaluated appropriately.

1. The student clinical evaluation forms will be utilized as an aid in completing performance evaluations.
2. The established evaluation form will be utilized when completing performance evaluations.
3. A student self-evaluation will be completed prior to the interview with the Clinical Instructor for evaluation.
4. Performance evaluations will be completed by the Clinical Instructor in the middle and at the end of each semester.
5. Performance evaluations will be presented to the individual student in conference with the Clinical Supervisor and Clinical Instructor.
6. Failure to complete the clinical evaluation will result in an incomplete in the clinical experience grade.

Student performance evaluations will be graded upon 5 categories which include:

1. Demonstrates Technical Skills
2. Fulfills Professional Role
3. Uses Communication Skills
4. Demonstrates Critical Thinking Skills
5. Follows Program Requirements

Competency of Student Radiographers

Each student in Radiology is competent according to their responsibilities.

1. The necessary skills to appropriately perform their duties according to their designated rotation and stage of training.
2. The proper training and orientation in the operation and safe use of all equipment in the performance of their duties.
3. The proper training and orientation in the prevention of contamination and transfer of infections.
4. The proper training and orientation in cardiopulmonary resuscitation.
5. The proper training and orientation in all lifesaving interventions in accordance with the employee's job description.

Each semester every student will be required to complete a specific number of competency evaluations.

1. All students will be under direct supervision during their clinical practicum assignment at all times until they have achieved clinical competency in the given category of exams.
2. Failure to achieve the minimum number of clinical competencies per semester will result in an incomplete clinical experience grade.

Student Counseling

Radiology students are counseled to discuss areas of concern. This may encompass clinical performance, academic achievement, behavior, conduct, etc.

1. Meetings/discussions held with a radiology student to discuss clinical related performance, academic achievements, behavior, conduct, etc., are documented on the Student Conference form.
2. Copies of the completed Conference Self-Evaluation forms are made available to the student, and for the School personnel file.
3. Counseling memos are used to commend students as well as to document discussions regarding matters which do not fall within the disciplinary procedure but do require counseling.
4. The counseling of the student is strictly confidential and is conducted in private. However, in any clinical counseling session that may result in disciplinary action, the Clinical Supervisor must be present, and the Clinical Coordinator should be informed.

Student Clinical Workbook

Each student is required to purchase the Clinical Workbook packet which identifies and introduces the student to the various clinical forms and documents they will participate in during their training program. Included in this manual are the following introductions, information, and policies:

1. A brief explanation of each assignment area identifying the unique learning experiences of the assignment.
2. The specific learning objectives are identified for each assignment together with a list of the duties and responsibilities of both the student and the Clinical Instructor.
3. Individual references that differentiate between the expected learning and competencies to be achieved between the first- and second-year students assigned to the clinical rotation.
4. Clinical education, clinical supervision, and repeat examination requirements.

A description of the system established for student evaluation is included in the Student Policy and Procedure Manual. The system includes five individual yet integrated assessment areas.

Didactic Evaluations are given every semester. Clinical Evaluations are given twice a semester.

1. Competency-based evaluation
2. Cumulative evaluations
3. Needs assessment
4. Directed self-study evaluations
5. Routine formal counseling sessions

Review of Complete Images And Repeat Exams

All student images must be checked before the completion of an exam.

1. Responsibility for checking student images falls to the following:
 - a. Clinical Instructors,
 - b. Floor supervisors and/or
 - c. Staff technologist assigned to the student.
2. If there is a question regarding the necessity of repeating an image, the above responsible person shall sign the front of the requisition assuming responsibility from the student if the exam is questioned at a later date.
 - a. It is the student's responsibility to ask for such verification, and if it is not forthcoming to indicate same on the request.
 - b. If a student is required to repeat an image the student must be required to see the image in order to correct any positioning or technical factor problem.
3. Examinations that need to be repeated shall be repeated by the person who performed the examination originally. Students shall not repeat examinations for technologists and technologists shall not repeat examinations for students.
4. All repeat radiographs must be performed under the **direct supervision** of a qualified radiographer, meaning the radiographer is present and with the student during the repeat examination, regardless of the student's competency level.
5. Repeat exams shall be documented on a repeat log sheet and initialed by the technologists supervising the repeat.

Student Image Quality Control

Responsibility

The following individual may be responsible for checking student's images:

1. Clinical Instructors,
2. Floor supervisors and/or
3. Staff technologist assigned to the student

Procedures

If there is a question regarding the necessity of repeating an image, the above responsible person shall sign the student repeat log, assuming responsibility from the student if the exam is questioned at a later date. It is the student's responsibility to ask for such verification, and if it is not forthcoming to indicate same on the request.

If a student is required to repeat an image the student must be allowed to see the first image in order to correct any positioning or technical factor problem. The repeated examination must be performed under the direct supervision of a licensed technologist. The technologist should review the positioning and technique before the exposure is taken.

Repeat Examinations

1. The examination shall be repeated by the person who performed the original exam.
2. Students shall not repeat examinations for technologists.
3. Technologists shall not repeat examinations for students.
4. Repeat exams should be recorded in the "repeat log" noting the supervising technologist and the reason for the repeat.

Disciplinary Actions

A student who does not adhere to the *Code of Ethics, Rules of Conduct, or Clinical Regulations* as outlined in the Radiography Policies and Procedures Manual may be subject to disciplinary probation, suspension, or expulsion from the program. Each specific incident will be reviewed by the program officials and the necessary action is decided upon on an individual basis. Further details regarding disciplinary action and dismissal are explained in [the SBCC Standards of Student Conduct](#).

Causes for disciplinary action (including suspension and possible termination), include but are not limited to the following:

1. Excessive or unjustified absence or tardiness from classes or clinical rotations.
2. Failure to observe clinical work schedules, including rest and lunch periods.
3. Failure to maintain clinical records and workbook.
4. Failure to inform the clinical site promptly when unable to report for clinical assignments.
5. Inefficient or careless performance of duties, including failure to maintain proper standards of workmanship, productivity, or clinical workbook.
6. Disorderly conduct on hospital premises, such as fighting, practical jokes, horseplay, etc.
7. Wasting time, loafing, idleness, sleeping during clinical hours, or loitering on the clinical property at any time.
8. Failure to observe safety rules and regulations of the clinical site.
Failure to immediately report errors, accidents, or "near" accidents so occurring on clinical premises.
10. Use of clinical telephones for personal business.
11. Leaving the clinical site or department during working hours without proper permission.

Unsafe or Unacceptable Practice Act (UPA) Form

Unsafe or Unacceptable Practice Act (UPA) forms are used to inform students of unsafe or unacceptable actions. This form is to be used as a tool to inform the student, of direct corrections and or modifications required for the student to be successful in the profession. Unsafe or unacceptable actions include but are not limited to:

1. forgetting to ask a patient if they are pregnant
2. forgetting to verify patient ID
3. exposing the wrong patient to ionizing radiation
4. excessive tardiness

Each UPA form represents a 3% reduction in the student's clinical grade. The accumulative deduction will be applied to midterm and final evaluation. If a student receives three (3) UPA forms during a semester, or four (4) UPA forms for the same offense, during the program, the student will be dropped from the program.

Sexual Harassment

Sexual harassment of a student in the workplace is considered a form of behavior that is unacceptable and **will not be** tolerated by the Radiography Program and Santa Barbara City College.

1. All Radiology employees and students, whether management or non-management are expected to refrain from any behavior or conduct that could be interpreted as sexual harassment toward any other employee, student, patient, or visitor.
2. Management and supervisory personnel will take prompt and corrective action whenever they become aware of sexual harassment in the workplace.
3. Corrective action will include discipline that may include termination of the offending employee(s) or student(s).
4. All incidence of sexual harassment should be reported to the Program Director or Clinical Supervisor immediately.
5. All students should familiarize themselves with the SBCC policy on Sexual Harassment. In the case of Sexual Harassment, the Radiography Program will abide and uphold the SBCC policy.

Use of Fluoroscopy by Student Radiographers

In accordance with the CDPH-RHB state law pertaining to the use of fluoroscopy, student technologists **may NOT** independently perform fluoroscopic procedures that involve the positioning of patients or energizing the fluoroscopy tube under any circumstances.

Radiologic technologists possessing a current Fluoroscopic certification may assist a radiologist or physician who is permitted by the State as an Operator and Supervisor in Radiography and Fluoroscopy with the limitations defined by the fluoroscopy permit only.

Students will document each fluoroscopy procedure including:

1. Date
2. Procedure
3. Time of procedure
4. Technologist Fluoroscopy permit number
5. Technologist initials

Any student found performing fluoroscopy on patients as a means of previewing routine positions, such as IVU, KUB, GI overheads, etc., will be subject to disciplinary action up to and including dismissal.

Patient Rights and Responsibilities

The Radiology Program is aware of and respects the rights of all patients. In addition, all patients can exercise their rights without regard to sex, sexual orientation, culture, economic status, educational background, religious beliefs, or the source of payment for care.

1. A copy of the patient's rights and responsibilities, written in English and Spanish, shall be prominently posted in all patient-waiting areas of the department (see attachment).
2. All patient education manuals in the department will have a patient's rights section with a copy of the Patients' Rights. In addition, copies of the Patients' Rights and Responsibilities shall be available, upon request, to anyone.
3. There is a hospital procedure established whereby the patient's complaints are processed for a quick resolution. Knowledge of this procedure shall be readily available to patients. Additional follow-up of complaints will be handled promptly and appropriately.

Patient and Family Education

The Radiology Program is committed to providing patients, families, and the community, health education as directed in the hospital's mission and philosophy statement. Through patient education, the Department of Medical Imaging Sciences and the School of Radiologic Technology expects to: relieve patient anxiety regarding procedures and treatment; have a positive effect on the patient's feelings about their stay in the department; provide for and improvement in the patient's general health status; and, provide increased adherence to outpatient therapeutic regimens.

Patient/family education will be provided by Diagnostic Imaging professionals which include but are not limited to: physicians, registered nurses, technologists, sonographers, students, and others involved in patient care.

Diagnostic Imaging personnel and students will participate in providing patients family members, and significant others with an education that can enhance their knowledge, skills, and those behaviors necessary to fully benefit from the health care services provided by the Diagnostic Imaging Department.

Information that provides specific knowledge and/or skills needed to meet the patient's ongoing health care needs will include but is not limited to:

- a. Information concerning what the patient should expect during the procedure.
- b. Safe and effective use of medication and medical equipment.
- c. Instructions on potential drug-food interaction.
- d. How to obtain further information/treatment, if needed.
- e. Psycho-social implications of illness and treatment.

Educational materials and instructional methods utilized inpatient/family education will be medically current, instructionally correct, and cost-effective.

All imaging procedures will be explained to the patient before the exam begins. Post-procedure instructions will be documented according to the medical center's documentation guidelines utilizing the appropriate form (i.e., integrated progress notes, patient/caregiver education record, and any other teaching checklist)

SECTION VI : STUDENT HEALTH

SBCC Health Technologies and Human Services Policy Statement

Infection Control

The risk of infection among patients and personnel is minimized through the strict attention and infection control measures.

Procedure for Implementation

Isolation Patients

- a. The Department of Diagnostic Imaging should be informed when isolation patients are to be sent to the department.
- b. Recommended isolation precautions must be adhered to as outlined within the Infection Control Manual.

Handwashing

- a. Hand washing is the most important procedure in preventing the spread of infection. Personnel should wash their hands when reporting to and leaving work.
- b. Hands should be washed when entering and leaving isolation rooms and between ALL patient contacts.

Surgical Scrubs

- a. Clean preparation, which is approved for use as a surgical hand scrub, should be used (according to FDA-approved label instructions) before all invasive procedures, e.g., Angiograms, Myelograms, Arthrograms, Drainage Procedures, and Biopsies.

Injections

- a. The site must be cleansed with alcohol or an appropriate solution prior to injection.
- b. Needles and syringes must be disposed of in labeled 'Sharps' containers.
- c. Major injection sites (Lumbar Punctures, Arthrograms, Angiograms, Drainage Procedures, Biopsies, etc.) should be shaved and prepared with the appropriate solution. Sterile drapes must surround the site.

Insertion of Catheters

- a. Catheter insertion should be done with an aseptic technique. Traffic in the room should be kept to a minimum.
- b. The injection site must be shaved, prepared with the appropriate solution, and draped with sterile towels.
- c. Hand washing must be done in a clean sink with a surgical scrub by the physician and the scrub technologist.
- d. The cleaning of equipment should be done at a dirty sink. All equipment should be disposable when possible.
- e. Procedures for cleaning the equipment should follow the manufacturer's recommendations.

Barium Enema

- a. All barium mixing and preparation should be done within the clean area.
- b. Hands should be washed before and after all barium studies.

General Cleaning

- a. All equipment and instruments coming into contact with contamination (e.g., blood, feces, urine, isolation patients) must be cleaned after each case. All other items coming into direct contact with patients should be cleaned at least once each day. Surfaces will be cleaned/disinfected using either the hospital-approved environmental disinfectant or 70% alcohol.
 - a. Wipe off gross contamination.
 - b. Whip wet surface thoroughly with alcohol.
 - c. Allow the surface to air-dry.
- b. All cleaning of dirty equipment should be done at a sink within an area labeled "dirty area".
 - a. Bathrooms should be cleaned daily.
 - b. Wheelchairs and litter should be cleaned once each week.

Standard Precautions

Should be used when having contact with ALL patients' blood and/or body fluids.

- a. GLOVES should be worn for performing all invasive procedures, touching body substances, or handling items or surfaces soiled with blood or body fluids. Change should occur after each substance contact.
- b. GOWNS should be worn with judgment when potential contamination with body fluids is anticipated (as in the treatment of major trauma or major drainage).
- c. MASKS AND EYEWEAR should be worn during procedures likely to generate droplets of blood or other body fluids (sectioning or intubation).
- d. NEEDLES and sharps must be disposed of within puncture-resistant containers. Needles should not be recapped by hand.

N-95 Respirator

- a. Protecting students from exposure of all types of respiratory hazards is an important issue. Clinical sites that provide students fit testing of the N95 respirator, the student will be allowed to enter a respiratory isolation room and participate in a radiographic procedure(s). Students shall not enter any respiratory isolation room requiring the protection of the N95 respirator if the clinical site does not provide fit testing of the respirator.

Employee Orientation And Responsibilities

- a. Each new employee should be oriented to the department's infection control policy with special regard to personal hygiene and his or her personal responsibility to Infection Control.

- b. A record will be kept in each employee folder to document infection control orientation.
- c. All open sores (boils, cuts, wounds) especially on the hands, should be reported to the department supervisor. They will determine what action or special precautions are to be taken.

Sterility/integrity of items

- a. Check instruments or tray covers for broken or tampered seal.
- b. Check instruments and trays for the expiration date prior to use. Check gas or steam indicator tape around trays or instrument packages indicating sterility was met. Steam and gas tape should be evenly covered with striped marks.
- c. When trays or instruments are opened, check the internal gas or steam indicator for change; indicator should be evenly colored with markings.
- d. Instruments or trays should never be used if there is the slightest doubt of sterility.

Hepatitis/HIV Precautions

The Health Technologies and Human Services faculty agrees with and adopts the National Center for Disease Control's guidelines for control of the spread of the human immunodeficiency virus and Hepatitis B, and related hepatitis viruses.

All students as health care and service providers need to know and practice precautions to protect themselves and their patients from exposure to the Hepatitis viruses and the human immunodeficiency virus (HIV) which causes AIDS and AIDS-Related Complex (ARC). Blood and body secretions from all individuals are considered potentially infectious. Therefore, preventive measures will be taught throughout the HT/HS programs.

Specific recommendations based on CDC guidelines are:

Use appropriate barrier precautions routinely to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient/client is anticipated. (These substances include vaginal, seminal, pleural, synovial, cerebrospinal, oral secretions, feces, pericardial and amniotic fluid, and any body tissue.)*

Wear latex gloves for touching blood and body fluids, mucous membranes, or non-intact skin of all patients/clients, or for handling items or surfaces soiled with blood or body fluids, including linen that may be soiled with secretions. Gloves should be changed using correct asepsis after contact with each patient/client, and hands washed thoroughly and immediately.

Wear a mask and protective eyewear during procedures likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns should be worn during procedures likely to generate splashes of blood or other body fluids. Wash hands and other skin surfaces immediately and thoroughly if contaminated with blood or other body fluids.

Take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments. To prevent needle stick injuries, do not recap needles by holding a needle cap in hand; rather direct needle into the cap on the instrument tray. Do not purposely bend or break needles by hand, remove from disposable syringes, or otherwise manipulate by hand. After use, place all sharp instruments in a puncture-resistant container for disposal, located as close as possible to the use area. (If syringes are used for repeated injections, do not recap after use, but rather place the unsheathed needle into a "sterile field" between injections, and dispose of in appropriate "sharps" container.)

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, have mouthpieces, resuscitation bags, or other ventilation devices available for use in areas where the need of resuscitation is predictable.

Although pregnant women are not known to be at greater risk of contracting HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant women should be especially familiar with and adhere strictly to precautions to minimize risks.

Check your hands for any cuts, abrasions or breaks in the skin and cover with a waterproof

dressings. Refrain from direct patient/client contact if you have an exudative lesion or weeping dermatitis until the condition resolves.

If accidental contact occurs, an immediate evaluation of the patient/client within legal parameters must be made for AIDS or Hepatitis B. If AIDS is confirmed, AZT treatment should be initiated. H-BIG (Hepatitis B immune globulin) is indicated to provide immediate protection from Hepatitis B. Hepatitis B vaccine, Heptavax-B, or Recombivax HB are available to provide active immunity to Hepatitis B infection. Clinical studies have shown that 85 to 96 percent of those vaccinated evidence immunity. Side effects have been minimal in vaccine trials. The most common complaint has been arm soreness; a few individuals have reported rash, nausea, joint pain, and low-grade fever. No long-term reactions to the vaccine have been reported.

* Though the CDC does not include nasal secretions, urine, and vomitus (unless contains visible blood), barrier precautions are required whenever working in a dental operator, diapering young children, or in acute care setting handling these body secretions.

Student Health

Prior to admission into the program, all students are required to pass a physical examination. Any student who does not meet the health standards required by the sponsoring institution will not be admitted into the program.

Once enrolled in the Radiology Program, health care is available to the student through the Student Health Center and Workman's Compensation. Health insurance and medical expenses incurred during training are not covered by the hospital. Students are responsible for their own primary care, hospital coverage, pharmaceuticals, dental and eye care.

SBCC Substance Abuse Policy

Santa Barbara City College has clear policies regarding substance abuse. The Radiology Program adheres to the campus policy regarding substance abuse for both students and faculty.

Substance Abuse Policy

[The Drug-Free Schools and Communities Act Amendments of 1989](#) required colleges to implement a drug prevention program, which includes the annual dissemination of the [college's policy on alcohol and drug use](#).

Santa Barbara City College is committed to the success of each student and, as a college, we realize that the use of alcohol and drugs can be a major impediment to success. There are both physical and psychological health risks associated with drug and alcohol use, including decreased immunity, exhaustion, decreased muscle coordination, depression, confusion, and paranoia, among other conditions. In most cases, anyone who uses drugs and abuses alcohol can expect a decline in the quality of their life.

Through the Health Services and Wellness Program and the Student Athletic Assistance Program (SAAP), SBCC offers classes, educational programming, resources, and counseling, as well as referrals to community service agencies, counseling, and rehabilitation programs.

According to the [Standards of Student Conduct](#), possession, use, or distribution of illicit drugs and alcohol on college property or during campus-related activities are subject to disciplinary action. This can be up to, and including, expulsion from SBCC, as well as punishment under California State Law.

Reasonable Accommodation and Undue Hardship Limitations

Under the Americans with Disabilities Act (ADA)

“Reasonable accommodation” is a critical component of the Americans with Disabilities Act's (ADA) assurance of nondiscrimination. ADA indicates that reasonable accommodation is any change in the work environment or in the way things are usually done that results in equal employment opportunity for an individual with a disability. The employer is not required to lower quality or quantity standards to make an accommodation. Nor is an employer obligated to provide personal use items, such as glasses or hearing aids, as accommodations.

The employer is not required to provide accommodation if it will impose an undue hardship on the operation of its business. **Undue hardship** is defined by the ADA as an action that is:

"excessively costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the business."

The Radiology School will make a reasonable accommodation to the known physical or mental limitations of a qualified applicant, student or employee with a disability unless it can show that the accommodation would cause an undue hardship on the operation of its business.

1. Examples of reasonable accommodation include:
 - a. Making existing facilities used by employees or students readily accessible to, and usable by, an individual with a disability
 - b. Job restructuring
 - c. Modifying work schedules
 - d. Reassignments to a vacant position
 - e. Acquiring or modifying equipment or devices
 - f. Adjusting or modifying examinations, training, materials, or policies
 - g. Providing qualified readers or interpreters

In determining undue hardships, factors to be considered include the nature and cost of the accommodation in relation to the size, the financial resources, the nature and structure of the employer's organization, as well as the impact of the accommodation on the facility.

Actions That Constitute Discrimination (ADA)

Under the American Disabilities Act (ADA)

The Radiology School will not perform any action(s) which is/are in violation of the American Disabilities Act (ADA). The ADA specifies the following types of actions that may constitute discrimination:

1. Limiting, segregating, or classifying a student applicant in a way that adversely affects career opportunities for the student applicant because of their disability.
2. Participating in contractual or other arrangements of relationship that subject a school applicant with a disability to discrimination.
3. Denying admission to a qualified individual because they have a relationship or association with a person with a disability.
4. Refusing to make reasonable accommodation to the known physical or mental limitations of a student applicant with a disability unless the accommodation would pose an undue hardship on the school.
5. Using qualification standards, entrance tests, or other selection criteria that screen out or tend to screen out an individual with a disability unless they are job-related and necessary for the school.
6. Discriminating against an individual because they have opposed an admission practice of the school or filed a complaint, testified, assisted, or participated in an investigation, proceeding, or hearing to enforce provisions of the American Disabilities Act.

SECTION VII : RADIATION SAFETY

Radiation Protection Program “ALARA” & Reporting

“Not long after the discovery of ionizing radiation, it became clear that exposure to high doses of such radiation was detrimental to human health. After the bombings that ended World War II, the United States moved toward further investment in both nuclear weaponry and nuclear energy for civilians. The Nuclear Regulatory Commission (NRC), laid out increasingly stringent safeguards to protect both civilians and nuclear workers. This effort culminated in the ALARA (As Low As Reasonably Achievable) protocol, which eventually became adopted as the gold standard of nuclear safety.”

Michael Baumer, March 14, 2015

The intent of the ALARA program is to maintain exposure to radiation at levels that are low as achievable. This radiation safety program is based on the premise that radiation exposure is not risk-free and therefore exposure should be kept to levels below the limits permitted by the State of California, the NRC, and other regulatory agencies. ALARA is critical to our radiation protection philosophy.

There are three major principles that assist in maintaining ALARA and can help prevent both unnecessary exposure and overexposure: time, distance, and shielding.

1. Time: Minimize the time spent near a radiation source to only what it takes to get the job done
2. Distance: maximize your distance from a radiation source as much as you can. The greater the distance, the lower the dose
3. Shielding: put something between you and the radiation source.

Procedure

1. Every 3 months radiation detection badges are returned for processing and reading.
2. All readings are recorded by the computer and are checked to see whether or not an individual exceeded the quarter's ALARA levels.
3. Exposure over 100 mRem/qtr. (1 mSv/qtr.) will prompt an investigation.
4. A notice will be generated informing the individual of the exceeded level.
5. The investigation must also include notification of the Department of Public Health, Radiologic Health Branch, Certification Unit with follow up required by Title 22. (See appendix)
 - a. Exposures above 1250 mRem (12.5 mSv) and below 5000 mRem (50 mSv) in a single quarter exposure are reported to the California Department of Public Health Services and the Radiation Safety Committee of the clinical site within 30 days.
 - b. Exposures above the 5000 mRem (50 mSv) but less than 25 Rem (.25 Sv) will be reported to the California Department of Public Health Services within 24 hours.
 - c. Exposure rates 5x in excess of the annual exposure dose limit will be reported to the California Department of Public Health immediately.

6. Copies of all notices, investigations, etc. will be maintained in the ALARA binder and the individual's personnel file.

Dose Limits:

	Per year	Per quarter year
Whole body deep	5 Rem (.05 Sv) 5000mRem (50 mSv)	1.25 Rem (.0125 Sv) 1250 mRem (12.5 mSv)

Investigation limit is:

	Per quarter year
Whole body deep	100 mRem =1 mSv

Radiation Safety On-Campus and at Clinical Sites

No students will be permitted to participate in skills labs or clinical rotations at any time without a personal monitor. If a lab or clinical rotation is missed, it must be made up later with instructor approval.

1. The operator must be aware of and implement all applicable requirements of the California Radiation Control Regulations.
 - a. No student shall be used to hold an X-ray patient or imaging plate except in an emergency, and no person shall be regularly used to hold patients (Title 17, Section 30308c1).
 - b. Careful collimation shall be used to restrict the x-ray beam to the size of the image receptor, or area of interest, whichever is smaller (Title 17, Section 30308c3).
 - c. The operator must make use of the appropriate operator protection devices provided, e.g. lead apron, lead shield, etc. (Title 17, Section 30307 & 30308).
 - d. Students will always wear personnel monitoring devices when in the lab, hospital, or clinic. The monitoring device must be worn on the collar outside of the apron when a lead apron is worn (Title 17, Section 30307 I 30309).
 - e. The operator is responsible for clearing the x-ray room of non-essential persons prior to generating x-rays (Title 17, Section 30308c2).
 - f. Gonadal shielding shall be used on all patients who have not passed the reproductive age during procedures in which the gonads are in the direct beam, except in cases in which this would interfere with the diagnostic procedure (Title 17, Section 30308c4).
2. The operator must adhere to any special radiation safety instructions relating to a specific machine or procedure.
3. Any unusual occurrence or apparent malfunction of the x-ray apparatus that may involve exposure to radiation shall be reported to the Instructor or Supervisor responsible for that section.
4. Never place yourself in the direct path of the x-ray beam. You should always stand behind the control booth during an exposure.
5. Never permit yourself or fellow students to serve as “patients” for the purpose of demonstration or test exposures.

Radiation Monitoring

Personnel whole-body radiation dosimeters for radiation monitoring are furnished for Diagnostic and Fluoroscopy students. The Thermoluminescent Dosimeter (TLD) badge is to be worn at all times during activities where radiation is present, including skills labs and clinical rotations. TLD badges are to be worn at the collar level.

The original exposure reports will be kept on file in the RSO office where students may check their exposure levels. A copy of the exposure report will be posted in the Radiology lab. Personal information including Social Security numbers and birth dates are excluded from the report. An associated student identification number (K#) will be used in place of identifying information

It is the policy of Santa Barbara City College to evaluate exposure to personnel on a quarterly and cumulative basis.

Material and Methods

1. The TLD badge is always to be worn during activities where radiation is present, including skills labs and clinical rotations.
2. The TLD badges shall be positioned on the front of the body between the waist and neck; when the lead apron is worn, the badge shall be positioned on the collar outside of the apron.
3. All TLD badges are to be exchanged quarterly with RSO.

Personal Monitor Reporting

1. When the personal monitoring reports are received from Landauer Technology, they are reviewed by the RSO and subsequently by the Program Director. If any readings exceed the allowable limits of Section 30265, Title 17, (California Control Regulations):
 - a. The individual is notified in writing by the RSO.
 - b. An investigation of the overexposure is undertaken to determine the reasons for overexposure and to ensure that it does not reoccur.
 - c. As Exposures above 1250 mRem and below 5000 mRem in a single quarter exposure are reported to the California Department of Public Health Services and the Radiation Safety Committee of the clinical site within 30 days.
 - d. Exposures above the 5000 mRem but less than 25 REM will be reported to the California Department of Public Health Services within 24 hours.
 - e. Exposure rates 5x more than the annual exposure dose limit will be reported to the California Department of Public Health immediately.
2. The personal monitoring records are maintained by the college forever in the office of the RSO. These records are made available to students each quarter and a record of their exposure is available upon request at the time or after graduation.
3. The quarterly cumulative exposures are posted in the Department Lab each quarter

- and kept in a file with the RSO.
4. A copy of each current report is posted for review and a copy of these records is available to students.

Radiation Area Monitoring

The need for area monitoring shall be evaluated and documented.

1. The school has two fully energized x-ray rooms which are the only source of radiation. The lab contains the required Title 10 Code of Federal Regulations Part 20, Subpart B section 20.1101 and CCR Title 17 section 30253 (a) posting outside the entrances to both rooms of the energized lab is a red light “caution x-ray” sign which is energized when the x-ray machines are energized. There is also a posted sign “caution x-ray” located outside the rooms and inside the lab located by the control panel.
2. The program’s Radiation Safety Officer (RSO) is responsible to inspect the light signs and make sure they are in proper working order each semester before using the labs. They are also responsible to maintain the posted signs and make sure they have not been removed.

We do not work with any radioactive material therefore radiation area monitoring for particulate and gamma radiation is not necessary or required.

Instrument Calibration and Maintenance

Instruments used to verify compliance with regulatory requirements must be appropriate for use and calibrated at required frequencies. Specify instruments to be used and procedures to verify conformity.

Various instruments are used in the lab in our QC program to take standard measurements on the equipment such as PBL accuracy, collimation accuracy, density, and contrast levels with DR. All instrument calibration and maintenance of the equipment is done by an outside agency as needed for compliance with registration.

Maintenance of the machine should be addressed. This may be addressed in part by the operator's manual from the manufacturer.

Due to minimal use of the equipment and budget constraints the equipment is not on a routine preventative maintenance program. The equipment is used only twice a week while classes are in session with an Instructor present. The performance of the x-ray equipment is evaluated with image production on a daily basis and repairs are made as deemed necessary.

Fluoroscopy Regulations

In accordance with California Title 17 § 30423. Radiologic Technologist Fluoroscopy Permit School regulations:

Approved California radiologic technology fluoroscopy schools shall require that each student who graduates from the school completes the fluoroscopy coursework and clinical training specified in subsection (f).

(f) Subject to subsection (h), fluoroscopy coursework and clinical training shall include:

(1) Coursework comprising no less than 40 hours of instruction that fully covers the content categories listed in the document “Content Specifications for the Fluoroscopy Examination”^{*} published November 2010 by the American Registry of Radiologic Technologists (ARRT), which is hereby incorporated by reference. The school shall use the detailed listing of topics identified in that document to ensure the categories are addressed.

(2) Supervised clinical training of at least 40 hours in duration during which fluoroscopic procedures are performed. Procedures may be performed only if a holder of a current and valid radiology supervisor and operator certificate issued pursuant to section 30466, a fluoroscopy supervisor and operator permit issued pursuant to section 30466, or a radiologic technologist fluoroscopy permit issued pursuant to section 30451 is physically present to observe, verify, and correct as needed the performance of the individual operating the fluoroscopy equipment during the procedures. Performance, for purposes of this paragraph, means, and is limited to, the individual's competence to use fluoroscopy equipment effectively and safely.

(3) Subject to subsection (h), documentation of clinical training as specified in subsection (f)(2) shall include an orientation check-off of each fluoroscopic room or portable fluoroscopy device prior to initial use. The check-off document shall, as it pertains to the particular room or device, include items necessary for safe and effective use of the equipment as determined by the school or affiliated clinical site. Documentation of procedures performed shall include the name of the procedure, the date the procedure was performed, the facility name, including the physical location, where performed, and the name and certificate or permit number of the person observing and verifying performance.

(g) After December 31, 2014, subsections (a) through (d) shall no longer apply. On and after January 1, 2015, subsections (e) through (g) apply.

(Retrieved from: [California Code of Regulations](#) 5/2020)

Medical X-Ray Procedures (Title 17, Sections 40407, 30308, And 30309)

Protective aprons shall be worn in the fluoroscopic room by all staff, including students.

1. The operator of a mobile x-ray unit shall stand at least six (6) feet from the patient and well away from the useful beam. The operator should wear a protective apron.
2. When required, personnel monitoring devices shall be worn at or near the collar and outside the lead apron during fluoroscopic procedures.
3. Whenever possible, the tube side of a C-arm shall be located below the patient to reduce scatter to personnel

Radiation Dose – Evidence of Excessive Dose

All students' dosimeter reports will be monitored by the Radiation Safety Officer (RSO) and Program Director for excessive radiation doses. If a student exceeds 100 mRem during any monitored quarter, the faculty will investigate the causes for the high dose level. The investigation can include interviews with the student, the Clinical Education Facility Supervisor, Clinical Coordinator, and/or other relevant individuals. Previous reading for the student will be evaluated.

The objective of the investigation will be to learn why the student received the excessive dose and to determine what type of corrective action may be needed. A report of the information obtained from the interviews and other sources with subsequent recommendations will provide the corrective action initiated. The corrective action will be enforced, and the results of the investigation and corrective action will be placed in the student's file for future reference.

Notice of Excessive Radiation Dose

Dosimetry reporting period

Student Name

Today's Date

Dosimeter Badge Type: Radiation Quality
(Photon, x-ray or gamma-ray)

Total accumulated radiation measured in
lifetime dose equivalent (mRem)

Deep (DDE)

Eye (LDE)

Shallow (SDE)

These readings were reported to the Radiography Program by Landauer.

Report of excessive radiation dosage discovery/corrective action:

Student Signature

Date

RSO Signature

Date

Program Director Signature

Date

Internal Audit Procedures

The Registrant must audit the Radiation Protection Program on an annual basis. Documentation of the annual audits may be requested during an inspection. The following items should be addressed depending on the scope of the radiologic health protection problems:

1. Identification of inspection types and program audits conducted, to include radiation machines, personnel, and procedures.
 - a. All students and faculty are monitored for radiation on a quarterly basis using Thermoluminescent Dosimeter (TLD) personal monitors. The reports are sent to the school and reviewed by the Radiation Safety Officer (RSO) for minimum and maximum exposure levels every three months. After reviewing the documents, they are initialed and dated by the RSO and posted in the Lab for the students to review.
 - b. The Radiation Safety Program is reviewed annually along with the Policies and Procedures Manual. All documents are reviewed and revised by the Program Director, RSO, and faculty.
2. Identification of the individual(s) who are responsible for performing inspections and/or audits. RSO, the Program Director, and the faculty all participate in the review of documentation and the Policies and Procedures used for Radiation Protection.
3. Identification of where and at what intervals the inspections and/or audits are conducted. The audits of radiation monitoring records are done every three months with a review of the personal monitoring reports. Reports are posted in the lab for review by every student. Additionally, the Policies and Procedures are reviewed and revised annually as needed.
4. Procedures for conducting the inspections and/or audits.
 - a. Every summer the staff meets for review of the Policy and Procedures Manual and the Radiation Safety Program.
 - b. The Radiology lab is used by the students for the positioning of phantoms and videotaping positioning techniques on one another in RT 101, 102, 103, and 220. The equipment is not used for the purpose of exposing humans. The equipment is maintained, inspected, and tested by students in RT 220. When a problem is identified, outside Physicists or Electricians are called to service the equipment.

Student Pregnancy

The following policy has been adopted for the radiation protection of the fetus of the expectant student while assigned to the clinical portion of her training program. In the event a student becomes pregnant it is her right to inform the program faculty in writing or withhold the information.

POLICY GUIDELINES

1. Pregnant students may voluntarily notify the Radiation Safety Officer at the earliest opportunity of their condition so that appropriate radiation safety measures can be discussed and instituted if so desired. In order for a student to declare pregnancy:
 - 1.1 The student must fill out a Declaration of Pregnancy Form and give the form to the Radiation Safety Officer acknowledging the pregnancy.
 - 1.2 Declaration of pregnancy must include the anticipated date of delivery.
2. Upon declaration of pregnancy, the Radiation Safety Officer will:
 - 2.1 Review the student's radiation exposure levels and the options to do one of three things:
 - 2.1.1 temporarily discontinue the program with the ability to return after the birth of the child
 - 2.1.2 continue with adjusted rotations
 - 2.1.3 continue without adjusted rotations.
 - 2.2 Review all appropriate and applicable principles of proper radiological safety related to personnel with the student.
 - 2.3 Review and adjust, if desired, the student's clinical assignments to minimize her potential exposure and assure compliance with the Maximum Permissible Dose (MPD) established for the embryo and fetus in occupationally exposed women.
 - 2.4 Notify all appropriate radiology department personnel of the expectant status of the student in order to ensure proper clinical training while maintaining standards of radiological safety practice.
 - 2.5 If a student decides to continue in the program based on information provided, they must sign a waiver which releases SBCC and the hospital from any responsibility for any possible complication associated with the pregnancy and
3. During the entire gestation period, the MPD equivalent to the fetus from occupational exposure of the expectant mother may not exceed 0.5 rem or 0.05 rem in any given month.
 - 3.1 Radiation safety reports will be monitored monthly to ensure compliance with this recommended MPD.
 - 3.2 Additional changes in the clinical assignments may be instituted in order to ensure compliance with this recommended MPD standard.

- 3.3 The student will be required to purchase and wear an additional TLD badge at the waist level. The Radiation Safety Officer (RSO) will closely monitor badge readings. If the readings reach a total of 0.5 rem or 0.05 rem in any given month, a leave of absence will be mandatory.

4. At any time upon written notice to the RSO, the student can withdraw their Declaration of Pregnancy. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant
(Title 10 of the Code of Federal Regulations, Part 20.1003).

If the student does not inform the RSO of her pregnancy, the above measures cannot be taken. These measures are for the benefit of the student and the baby. Without the student's cooperation, the approved, the usual and standard safety precautions cannot be implemented.

Pregnancy Screening Prior To Diagnostic Procedures

It is the policy of the School of Radiologic Technology that steps will be taken to ensure that female patients of childbearing age (12-50 years old) are not pregnant prior to the performance of any diagnostic, therapeutic, and/or interventional procedures that expose the patient to ionizing radiation.

Procedure

1. Signs are posted in the waiting rooms and injection areas in English and Spanish that tell the patient they should inform the technologist if they are pregnant or think they might be.
2. The technologist also asks the patient if there is a chance they could be pregnant prior to performing the procedure.
3. In those cases where the patient states they are pregnant or are unsure of whether or not they are pregnant, the technologist informs the physician on duty.
4. The physician will then determine the appropriate course of action.

MRI Screening

To assure that students are appropriately screened for magnetic wave or radiofrequency hazards, students will be screened for certain implants, devices, or objects known to interfere with the MR unit.

1. All students will complete, sign, and date the provided MRI screening form.
2. Completed screening forms will be reviewed by the RSO.
3. Any screening form(s) that have indicated “yes” in any of the statements will be required to have a discussion with the RSO.
4. The RSO will inform the student if they are able to rotate and observe MRI procedures.
5. The RSO will sign and date the screening form.
6. The MRI screening form will be retained within the student file.
7. Violation to the policy will lead to probation, up to dismissal from the program.

General Safety Precautions

To ensure the safety of students, patients, and employees in Radiology, proper safety precautions shall be maintained against fire and explosion.

Procedure

General Safety:

- No patient shall be left unattended when on the radiology table.
- Appropriate immobilization of the patient shall be required to prevent the patient from falling from the radiology table.
- Any defects in transportation equipment will be immediately noted and reported. Contaminated needles are to be placed in Sharp boxes located in all radiographic rooms. Smoking, eating, or drinking is prohibited in the radiology room and corridors.

Electrical:

- All electrical defects will be immediately reported to the Supervisor.
- Serious malfunctions of radiology equipment will be reported. The equipment will be taken out of service until repairs are made.
- When closing the radiology room for the day, the equipment will be turned off and the main equipment breaker will be put in the OFF position.
- Prior to replacing fuses, light bulbs, or removing any cover or panel, the main equipment breaker must be turned to the OFF position.
- Electrical safety inspections are conducted by the Engineering/Bio-Med Department and documented in their records.
- If a serious problem exists, the room will be closed to all personnel and patients

Mechanical:

- Technologists will make daily checks of the X-ray tube, bucky, indicator light, interlocks, and table movements to ensure correct operation.
- Mobile equipment will be checked to ensure the wheel, tube column and locks are in working condition.
- Patient safety will be considered, and care exercised when tilting the table and moving tabletops. All wheelchairs and gurneys are cleaned and checked for mechanical defaults weekly and problems are fixed by the Engineering Department
- Any malfunctions found will be reported to the Supervisor for the necessary repair.

If serious problems exist, the room will be closed to all personnel and patients.

Fire and Explosion:

In the event of fire:

- Remove the patient in danger.
- Close door.
- Activate the fire alarm.

Telephone extension (see hospital phone book) and give your location on phone.

Extinguish fire by using the nearest fire extinguisher.

Fire Safety

It is the policy of most hospitals that all personnel in the department receive initial training and orientation as well as periodic in-services as required on fire response and that such training shall be documented, and records maintained.

Procedure

In the event of Fire, the patient/personnel are to be removed from any danger. The electrical supply is to be turned off by turning off equipment and unplugging or shutting off the main breaker switch. All doors are to be closed and all lights left on.

Do not allow papers, etc., to accumulate in storage areas and lounge areas. Do not fail to report defective wiring of electrical devices, using hazard notice forms.

IN CASE OF ACTUAL FIRE (SEE HOSPITAL FIRE PLAN): Know “**RACE**”

Rescue/**R**emove patients/personnel to safety.

Alarm/**A**lert-Pull fire alarm-report CODE RED to the telephone operator

Contain fire-**C**lose doors

Extinguish/**E**scape-extinguish a small fire by using nearest fire extinguisher-Escape a large fire

KNOW LOCATIONS OF FIRE EXTINGUISHERS AND WHAT “**PASS**” STANDS FOR:

Pull Pin

Aim

Squeeze

Sweep

KNOW FIRE ALARM SIGNAL FOR YOUR AREA KNOW LOCATIONS OF FIRE ALARM(S)

KNOW LOCATIONS OF OXYGEN SHUT OFF VALVES KNOW LOCATIONS OF EXIT ROUTES

APPENDICES/FORMS

Agreement to Abide by Policies

This is to certify that I, the undersigned, have read and completely understand all policies described in the Student Policy and Procedures Manual. In signing this document, I agree to abide by the patient's right to confidentiality as well as all the policies listed and described in the manual. I understand that failure to adhere to the policies can result in disciplinary actions and/or expulsion from the Radiography Program.

I understand that the program undergoes continuous review and self-evaluation. In an effort to improve student outcomes or comply with JRCERT Standards, it may be necessary to periodically modify the curriculum. In addition, policies and/or procedures may be revised or added during the training period. I agree to adhere to these changes as implemented and communicated by the Program Director.

Name (print)

Student Signature

Date

RSO Signature

Date

Program Director Signature

Date

Graduation Requirement Form

All students enrolled in the Radiography Program will be considered eligible for graduation once the following criteria are met:

1. Students must complete a minimum of 60 units
2. Students must maintain a GPA of 2.0 in all Radiography courses
3. Students must complete mandatory clinical hours for each semester.
4. Students must complete the general education requirements for the Associate of Science Degree. There are three (3) general education (GE) patterns you can choose from. See an academic counselor to identify which GE pattern is more appropriate for you to complete. Link to IGETC UC/CSU GE pattern:
<http://articulation.sbcc.edu/IGETC/IGETC.pdf> Link to CSU
 GE pattern: <http://articulation.sbcc.edu/CSU/CSUGE.pdf>
<http://www.sbcc.edu/apply/files/gereq.pdf>
5. Payment of all financial obligations at the college
6. Completion of all Clinical Workbook documentation.

Students are required to fulfill all graduation requirements before they will be released to take their National Certification Examinations.

I, the undersigned, have read and completely understand the described policy.

Name (print)	Student K number
Signature	Date
Program Director	Date

Program Release Form

I, _____, hereby accept a position in the Radiography Program at Santa Barbara City College. In consideration of my position in said program, I am executing the hereinafter stated release.

I understand that successful completion of the course of study requires the ability to perform all the normally assigned tasks, but not limited to, lifting, moving, and caring for the physical needs of hospitalized patients.

I further understand that my contact with hospitalized patients may expose me to infection from diseases, some of which are undiagnosed. I realize that such contact may increase the risk of complications in pregnancy.

I further understand that my participation in the clinical component of the program gives rise to a potential exposure to radiation from energized radiographic units and other equipment.

I further understand that if I am injured while at the hospital, the hospital emergency room will only provide initial emergency care and I am responsible for all services rendered beyond this emergency care. The services beyond emergency care will be covered by my own health insurance.

I further understand that I will be required to spend two to three days per week in the clinical practice area for the duration of the twenty-four-month (24) program. During this time in clinical practice, I realize that I may spend long periods of time on my feet.

I have read the foregoing and after consultation with my physician, I wish to participate in the Radiography Program.

I hereby release the Santa Barbara City College and its employees or affiliates from all claims arising out of my participation in said program.

Name (print)

Student Signature

Date

Magnetic Resonance Imaging Screening Form



WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e. MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any questions or concerns regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room.

The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

- c Yes c No Aneurysm clip(s)
- c Yes c No Cardiac pacemaker
- c Yes c No Implanted cardioverter defibrillator (ICD)
- c Yes c No Electronic implant or device
- c Yes c No Magnetically activated implant or device
- c Yes c No Neurostimulation system
- c Yes c No Spinal cord stimulator
- c Yes c No Internal electrodes or wires
- c Yes c No Bone growth/bone fusion stimulator
- c Yes c No Cochlear, otologic, or other ear implants
- c Yes c No Insulin or other infusion pump
- c Yes c No Implanted drug infusion device
- c Yes c No Heart valve prosthesis
- c Yes c No Eyelid spring or wire
- c Yes c No Artificial or prosthetic limb
- c Yes c No Metallic stent, filter, or coil
- c Yes c No Shunt (spinal or intraventricular)
- c Yes c No Vascular access port and/or catheter
- c Yes c No Swan-Ganz or thermodilution catheter
- c Yes c No Medication patch (Nicotine, Nitroglycerine)
- c Yes c No Any metallic fragment or foreign body
- c Yes c No Wire mesh implant
- c Yes c No Tissue expander (e.g., breast)
- c Yes c No Surgical staples, clips, or metallic sutures
- c Yes c No Joint replacement (hip, knee, etc.)
- c Yes c No Bone/joint pin, screw, nail, wire, plate, etc.
- c Yes c No Dentures or partial plates
- c Yes c No Tattoo or permanent makeup
- c Yes c No Body piercing jewelry
- c Yes c No Hearing aid (Remove before entering MR system room)
- c Yes c No Other implant _____
- c Yes c No Breathing problem or motion disorder



SPECIAL INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hairpins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic stripe cards, coins, pens, pocket knife, nail clipper, tools.

Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I have read and understood the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR system room.

Student Signature

Date

RSO Signature

Date

Pregnancy Policy Awareness

Female students enrolling in the Santa Barbara City College Radiography Program are not required to report their pregnancy to any school official. Any student may seek additional information regarding the health of a pregnant student or of the baby, as it relates to the demands of the course of study, by contacting their personal physician, the Radiation Safety Officer, or the Program Director. Radiation Safety and a Pregnancy Policy are published in the Student Policy and Procedure Manual which is posted on the SBCC Radiology website at <http://sbcc.edu/radiology>.

The student's signature below indicates that they are aware that the Program Pregnancy Policies exist. The availability of additional information and reading materials and/or forms may be requested from the Radiation Safety Officer (RSO) or Program Director at any time from any interested party.

Name (print)

Student K number

Signature

Date

Radiation Safety Officer

Date

Program Director Signature

Date

Voluntary Declaration of Pregnancy

In accordance with Title 10 of the Code of Federal Regulations, Part 20, I hereby declare my pregnancy to the Santa Barbara City College Radiographic Imaging Department Radiation Safety Officer (RSO). This declaration authorizes the RSO to evaluate the dose received by the embryo/fetus from my occupational exposure to ionizing radiation and to assist me in limiting that dose to 0.5 rem (500 mrem). I understand that this limit is intended to provide an extra measure of protection for the embryo/fetus since it may be more sensitive to ionizing radiation than an adult. The 0.5 rem limit will be applied from the estimated date of conception, until the end of the pregnancy. I will comply with any restrictions imposed on my use of ionizing radiation by the RSO in order to meet this limit.

Expected DOB

Name (print)

Student K number

Signature

Date

Radiation Safety Officer

Date

Program Director Signature

Date

Privacy Act Statement: The information requested on this form is essential for the maintenance of records for individuals potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Part 20. Certain information is protected by the Privacy Act of 1974.

Radiation Safety Officer's Receipt of Pregnancy Declaration

By signing this statement, I acknowledge receipt of the voluntary declaration of pregnancy.

Name of Student (Print)

I have evaluated her prior exposure (internal and external) to ensure appropriate limits to control the dose to her unborn child have been established and are in accordance with limitations stated in Policies and Procedures Manual as well as the ALARA. The appropriate monitoring is being provided.

Radiation Safety Officer

Date

Pregnancy Release Form

I, _____, a student participating in the Radiography Program at Santa Barbara City College, notified the school of my existing pregnancy on _____. I will r _____ pregnancy that may appear to be caused by radiation exposure.

It is clear to me that, statistically, there is a small probability that clinical or school lab radiation exposure will in any way adversely affect my pregnancy. I take full responsibility to protect myself in accordance with recommendations in the National Council on Radiation Protection and Measurement (NCRP) Report #53. Furthermore, I will absorb the cost of a second radiation monitor to be worn under the lead apron at waist level and will wear the lead apron whenever needed.

I acknowledge that the _____, my present clinical affiliation, has been notified and has advised me of their specific procedures.

Name (print)

Student K number

Signature

Date

Radiation Safety Officer

Date

Program Director Signature

Date

Voluntary Temporary Withdrawal from The Program Due to Pregnancy

In accordance with Title 10 of the Code of Federal Regulations, Part 20, I hereby declare my pregnancy to the Santa Barbara City College Radiographic Imaging Department Radiation Safety Officer (RSO). Currently, I choose to temporarily withdraw from the program due to the pregnancy. I understand that if I do not complete the semester, I will not receive credit for those courses and will be required to repeat them. If the withdrawal occurs at the completion of the semester, I may enroll for the subsequent semester the next time classes are offered. I realize that I may re-enter the program when the required courses are offered again, provided I follow the re-entry policy and procedures.

Name (print)

Student K number

Signature

Date

Radiation Safety Officer

Date

Program Director Signature

Date

Privacy Act Statement: The information requested on this form is essential for the maintenance of records for individuals potentially exposed to ionizing radiation, as required by the Code of Federal Regulations, Title 10, Part 20. Certain information is protected by the Privacy Act of 1974.

Return from Illness Form

Date: _____

This is to certify that (Name of student) _____ to be sufficiently recovered from _____ and is able to resume all duties and responsibilities required by the Santa Barbara City College Radiography Program, including care for hospitalized patients, and all other activities associated with the Radiography Program.

Additional Comments:

Physician's Signature

Date

Name of facility

Phone Number

Department Orientation Checklist

The purpose of this orientation checklist is to familiarize you, the new Radiology student, with the hospital/clinical rooms and floors, tools and equipment, department manuals and policies within the Imaging Department and hospital. As you go through the different areas you will be shown the basic functions of each unit. When you complete your orientation of each unit, you will then put your initials on the line indicating that you have completed your training. The instructor who has trained you will place their initials on the line opposite yours. Once completed, this document will remain in your clinical workbook for viewing by the Clinical Supervisor.

HOSPITAL/CLINICAL ROOMS AND FLOORS	Student Initials
Imaging rm(s), specials rm, portables, and C-arm	
IP processing and PACS	
Crash cart	
Front office, reading room, break room	
Hospital tour to floor including ICU, CCU, ER, Surgery etc. (if applicable)	
Restroom/Lounge/lockers	
ADDITIONAL TOOLS/EQUIPMENT	
Fire alarms/Fire extinguishers	
Emergency Call Buttons	
EKG, Pulse Oximeter and monitoring equipment	
Storage for supplies	
Codes for emergencies	
Codes for entry into departments	
Time clock	
DEPARTMENTAL MANUALS	
Protocol manual	
Infection control manual	
Material Safety Data Sheets	
HOSPITAL/CLINIC PROCEDURES/PLANS/POLICIES	
Hospital procedures for the different "Codes"	
Hospital fire plan	
Cell phone policy	
Late/sick call	

Print Student Name

Student Signature

By signing below, you acknowledge orientating the student with the above information.

Clinical Instructors Signature

Facility

Date

Clinical Competency Form

Student Name _____ Date _____

Examination Category (checkmark) Pediatric Adult Geriatric Simulated
 Exam (checkmark) Routine Trauma Portable

MR # _____

Score _____

Objective: Given a patient, and the necessary radiographic equipment, the student will demonstrate the following skills based on a performance scored by:

Legend: 1 = Needs Improvement 2 = Satisfactory 3 = Excellent

Qualifications	1	2	3	Official Use
I EXAMINATION EVALUATION				
a. Computer skills- enters exam, patient information and DICOM images				
b. Performs the exam in an organized and timely manner				
c. Is able to assess the patient's condition and modify the exam accordingly				
d. Select proper technique for each image				
e. Centers, collimates and marks the image receptor appropriately				
f. Communicates effectively and appropriately with patient				
g. Attentive and sensitive to patient needs				
h. Shields the patient appropriately for the exam				
II IMAGE EVALUATION				
a. Able to assess the quality of the image				
b. Able to assess the positioning criteria				
c. Able to assess the exposure for each image (EI range: _____)				
d. Crops and post processes images appropriately				
e. Has evidence of collimation and markers on each image				
f. List criteria for a proper diagnostic image				
Total				

POINT VALUE: 28 or more = Pass 27 or less = Fail **Total:** _____

***Failure to shield, use a marker, or a repeat radiograph due to student technologist's error voids the competency.**

Comments:

Clinical Instructor Signature

Evaluator

Clinical Supervisor

Evaluator Signature

Competency Exams per Semester

 Student Name _____

RT 191	First Fall Semester		
Comp. #	EXAMS	DATE	Score
1			
2			
3			
4			
5			
6			
7			

RT 191A	Winter Intersession		
Comp. #	EXAMS	DATE	Score
8			
9			
10			
11			

RT 192	First Spring Semester		
Comp. #	EXAM	DATE	Score
12			
13			
14			
15			
16			
17			
18			
19			

*As part of their educational program, candidates must demonstrate competence in the clinical activities identified in this document. Candidates must demonstrate competence in the areas listed

1. Ten mandatory general patient care activities.
2. **Thirty-seven** mandatory imaging procedures.
3. **Fifteen** elective imaging procedures to be selected from a list of 34 procedures.
4. **One** of the fifteen elective imaging procedures must be selected from the head section.
5. **Two** elective imaging procedures from the fluoroscopy studies section, one of which must be either an UGI or a BE.
6. No more than **two** competency simulations.

RT 293	Summer Semester		
Comp. #	EXAM	DATE	Score
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

RT 294	Second Fall Semester		
Comp. #	EXAMS	DATE	Score
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			

RT 295	Second Spring Semester		
Comp. #	EXAMS	DATE	Score
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			

Unsafe or Unacceptable Practice Act

 Student Name

 Date

A “UPA” is an action that potentially or actually jeopardizes client safety or an action in which the student demonstrates poor judgment in areas in which the student has had previous opportunities for learning and may result in exclusion from the clinical area depending upon the severity of the UPA. For each UPA there is a 3% reduction in the clinical grade. If a student receives three (3) UPA forms in one semester, they will be dropped from the program.

You have failed to properly	
Safety of Patient and personnel	
1.	Announce to personnel in close proximity before doing a portable x-ray exposure
2.	Shield gonads of pediatric/childbearing age patient.
3.	Practice radiation protection
4.	Ask if the patient is pregnant
5.	Verify patient ID by using two patient identifiers before the beginning of the exam
6.	Practice universal precautions/Isolation
7.	Observe and practices standard patient safety
8.	Verify physician orders for procedure
9.	Recognize and reports important patient changes: respiration, color, bleeding, ALC
10.	Wear a Leaded apron during a portable exam.
11.	Other:
Client Legal Rights	
12.	Protect confidentiality & follows HIPAA guidelines
13.	Provide client privacy
14.	Use appropriate communication techniques
15.	Treats patients with respect and dignity
Student Role Requirements	
16.	Perform a procedure not competent to perform without supervision
17.	Perform repeat radiograph without supervision
18.	Excessive tardiness (3 or more)
19.	Excessive absences (3 or more)
20.	Adhering to start and end times set by clinical site
21.	Begins shift on time and stays allotted time
22.	Impaired by alcohol or drugs
23.	Falsifying clinical records (time and attendance)
24.	Failure to maintain adequate clinical records
25.	Insubordination and unprofessional behavior towards staff
26.	Sexual harassment.
27.	Follow appropriate grooming and dress code guidelines.
28.	The student didn't come prepared with ID, radiation monitoring badge and lead markers.
29.	The student used cell phone in front of the patient.
30.	Other :

Over



 Clinical Instructor's suggested remediation

You have been identified as displaying unprofessional conduct at our clinical site. You are instructed to do the following:

1. Contact the Program Director or Clinical Coordinator by the end of your shift
 - a. make arrangements to meet and bring in the UPA form
2. Complete the student section of the form
3. Sign the document in the presence of the Program Director or Clinical Coordinator

Clinical Instructor: Circle offense on the front page and briefly explain what occurred. Provide the student with this form to deliver to the Program Director or Clinical Coordinator.

Student: Briefly explain what occurred and return the completed form to the Program Director or Clinical Coordinator.

By signing below, you acknowledge the suggested remediation and will make the necessary adjustments to be successful.

Student Signature

Date

Clinical Instructor Signature

Date

Clinical Supervisor Signature

Date

Program Director or Clinical Coordinator

Date

Clinical Progress Evaluation

Student _____ Clinical Site _____ Date: _____ Midterm <input type="checkbox"/> Final <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Total Points Earned 100 = _____ % Total deficient hours _____ UPAs this semester _____ Completed number of competencies _____
--	---

Grading Scale:

- 1.0 = Unsatisfactory:** Does not meet expectations for the level of education. Significant improvement required
- 2.0 = Needs Improvement:** Usually meets expectations for the level of education
- 3.0 = Satisfactory:** Consistently meets expectations for level of education
- 3.5= Above Average:** Consistently meets and often exceeds expectations for the level of education
- 4.0 = Exceeds:** Consistently exceeds expectations for the current level of training

For the level of clinical education 90% of the time the student exhibits:

A	DEMONSTRATES TECHNICAL SKILLS BY:	1	2	3	3.5	4
1	demonstrating positioning skills					
2	demonstrating technique selection skills					
3	demonstrating knowledge of image anatomy and positioning criteria					
4	completing assigned tasks in a timely manner and with accuracy					
5	preparing room and organizing sequence of tasks					
6	utilizing correct IR and on each radiograph showing collimation and lead marker					
7	demonstrates patient safety by locking wheelchair/gurney, watching patient tubing/I.V and assisting unsteady patients					
(28 points = 28%)		Total A:				
B	FULFILLS PROFESSIONAL ROLE BY:	1	2	3	3.5	4
8	looking up prior exams properly and entering data into computer					
9	accepting constructive criticism and responsibility for errors					
10	using clinical time effectively and demonstrating initiative					
11	offering assistance to staff: teamwork					
(16 points =16 %)		Total B:				
C	USES COMMUNICATION SKILLS BY:	1	2	3	3.5	4
12	demonstrating compassion and concern for patient comfort and modesty per patient's culture					
13	introducing self to the patient & verifying ID with 2 identifiers (HIPAA)					
14	explaining the procedure to the patient					
15	maintaining a professional demeanor with patients					
16	maintaining a professional demeanor with staff					
(20 points = 20%)		Total C:				
D	DEMONSTRATES CRITICAL THINKING SKILLS BY:	1	2	3	3.5	4
17	practicing radiation protection for patients, self & others					
18	verifying procedure through physician's order and patient history					
19	ensuring the safety of patients and others during radiographic procedures					
20	modifying exam to specific needs/challenges of pediatric, geriatric, trauma, and mentally/physically challenged patients					
(16 points =16 %)		Total D:				
E	FOLLOWS PROGRAM REQUIREMENTS:	1	2	3	3.5	4
21	wearing uniform/I.D & maintaining grooming/hygiene standards of clinical site					
22	clinically prepared with lead markers and radiation monitoring badge					
23	completing required competencies					
24	maintaining clinical logs					
25	being punctual and adhering to scheduled clinical hours and making up absences in a timely manner					
(20 points = 20%)		Total E:				

**OVER
COMMENTS**

Student's Strengths:

Improvement:

General Comments:

Student's Comments

I certify this evaluation represents my best judgment as an educator.

Clinical Instructor Signature

Date

Clinical Supervisor Signature

Date

This evaluation has been discussed with me; and my signature does not necessarily indicate agreement.

Student Name

Student's Signature

Date

I request a discussion with college faculty (check if necessary)