UNIVERSITY OF SOUTH ALABAMA

FLAGSHIP OF THE GULF COAST

Pat Capps Covey College of Allied Health Professions

Department of Radiologic Sciences

Student Reference Manual

PREFACE

The Student Reference Manual (SRM) sets forth the objectives, policies and disciplinary guidelines pertaining to the Department of Radiologic Sciences, at the University of South Alabama. It is important for each student to maintain and frequently refer to this manual throughout enrollment in the program. Students should also refer to the University's student handbook, The Low Down, concerning general University policies pertaining to students.

The manual is organized into five parts:

I. Departmental Organization and Objectives
II. Departmental Policies Pertaining to Student Affairs
III. Clinical Education
IV. Radiation Protection, Health, and Safety Policies
V. Hold Harmless Provision

This manual marks the culmination of much time and effort by the faculty of the Department of Radiologic Sciences, with the intent to clearly outline what is reasonably expected of each student. It should be understood, however, that this manual is subject to revisions at the discretion of the faculty.

UNIVERSITY OF SOUTH ALABAMA

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DEPARTMENT OF RADIOLOGIC SCIENCES

MISSION STATEMENT

The mission of the Department of Radiologic Sciences is to provide a strong academic and clinical foundation that prepares students to become competent and compassionate healthcare professionals who deliver high-quality patient care, serve their communities, and contribute to the medical imaging and therapy professions.

GOALS

1. Students will communicate effectively in the healthcare setting.
    a. Students will demonstrate effective written communication skills.
    b. Students will demonstrate effective oral communication skills.
2. Students will develop problem-solving and critical thinking skills.
    a. Students/graduates will be able to accurately evaluate radiographic images.
    b. Students/graduates will be able to modify standard procedures for non-routine imaging examinations.
3. Students will demonstrate professional behavior.
    a. Students/graduates will exhibit a work ethic and demeanor befitting a healthcare professional.
    b. Students/graduates will respect patient dignity and show compassion for patients.
4. Students will develop clinical skills and competency appropriate to the entry level medical imaging professional.
    a. Students will be able to position patients for routine radiographic examinations.
    b. Students will practice radiation safety.
5. Conduct a program committed to the continued improvement of education in the Radiologic Sciences
    a. Students/graduates will benefit from the program via program completion and job placement.
    b. Students will be prepared for the ARRT certification examination.

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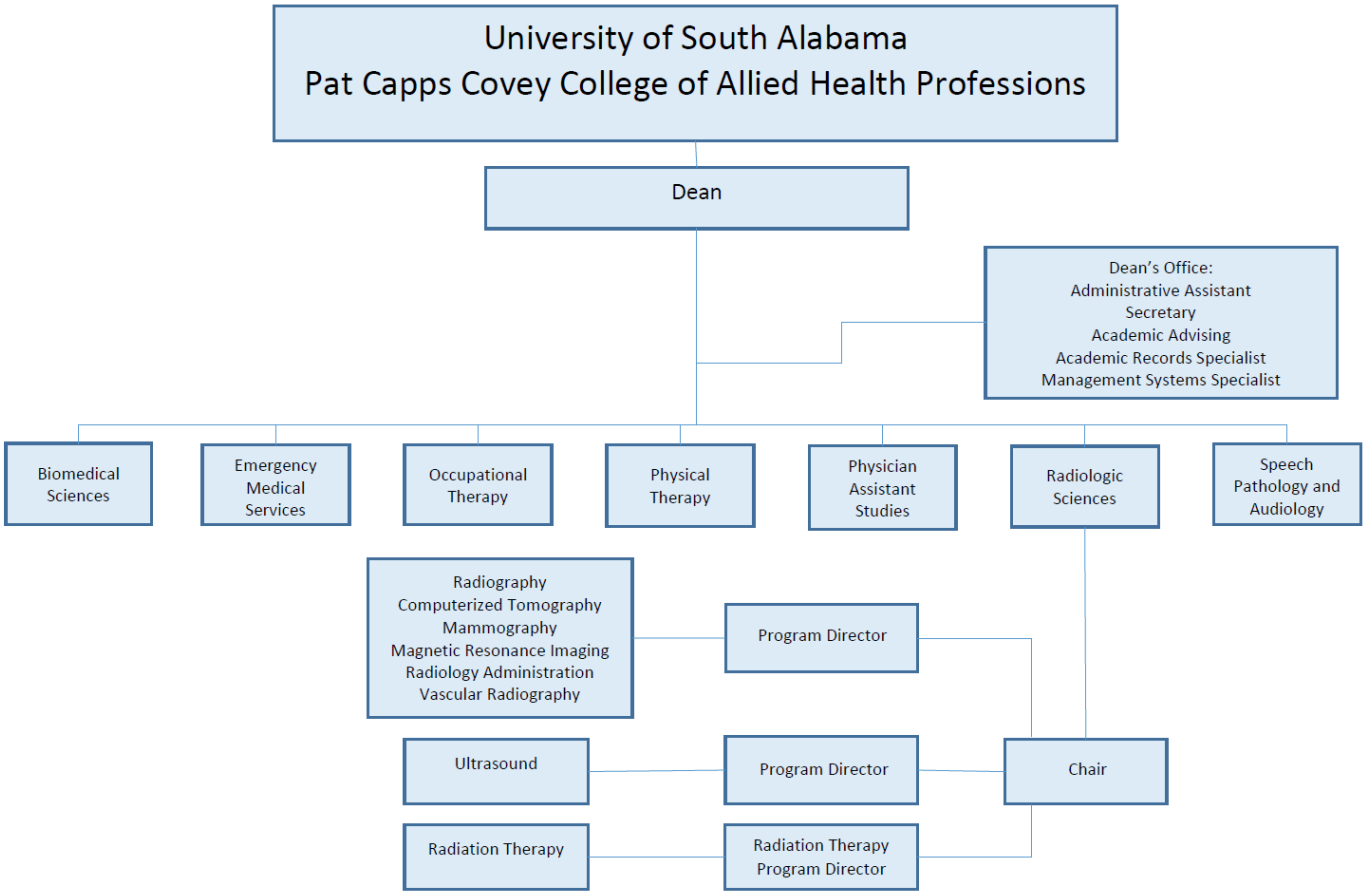
1. **1. Department Organization and Objectives**

1.1 Organizational Structure

The Department of Radiologic Sciences is a department within the College of Allied Health Professions. Departments within the College of Allied Health Professions are as follows:

- Biomedical Sciences
- Emergency Medical Services
- Occupational Therapy
- Physical Therapy
- Physician Assistant Studies
- Radiologic Sciences
- Speech Pathology and Audiology

The Department of Radiologic Science's organizational structure is as follows:



1.2 Departmental and College of Allied Health Professions Committees

1.2.1 Admissions Committee

The Admissions Committee's chief function is to assist the Department in student selection in accordance with the Department's admissions policies and procedures. The Committee is composed of individuals who are directly involved in (e.g., faculty and teaching technologists), or interested in the medical imaging program (e.g., local administrative directors, radiographers, former graduates, etc.). In addition to its admission activities, the Committee also provides input and advises the Department in matters relative to:

- Student promotion and retention
- Student reinstatement
- Admission policies and procedures
- Program strengths and weaknesses

1.2.2 Radiologic Sciences Disciplinary Committee

The purpose of the Radiologic Sciences Disciplinary Committee is to hear appeals from students concerning disciplinary decisions administered by the faculty of the Department of Radiologic Sciences. The Radiologic Sciences Disciplinary Committee is composed of the faculty of the Department of Radiologic Sciences, two (2) senior students appointed by the Chair of the Department of Radiologic Sciences, and two Ex-Officio members appointed by the Department of Radiologic Sciences. These Ex-Officio members will be selected from a list of members that serve on the Admissions Committee of the Department of Radiologic Sciences. The student has the right to request that the Dean or Assistant/Associate Dean of the College of Allied Health Professions be present for scheduled hearings. Refer to the Academic Misconduct Policy for established procedures concerning disciplinary action.

1.2.3 Academic Standards Committee

The function of the Academic Standards Committee is to hear appeals from students concerning academic decisions pertaining to student promotion and reinstatement. The Committee is composed of members of the Admissions Committee and two (2) senior students. The Committee's final decision may be appealed to the Dean of the College of Allied Health Professions. Refer to Part II, Section C "Promotion Policies," sections a-d for procedures pertaining to reinstatement. This committee does not address issues related to disciplinary actions. Students are encouraged to refer to the current edition of The Low Down for matters pertaining to promotion.

1.2.4 Advisory Committee

The Advisory Committee is composed of individuals situated within the immediate community who volunteer their services to provide input and advice relative to:

- The program's mission, goals and philosophy toward educating radiographers
- Evaluation program outcomes
- Monitoring the program's assessment plan
- Offering input for continued program development and improvement
- Providing input regarding program strengths and weaknesses

The Advisory Committee's membership is represented as follows:

- Department Chairperson/Radiography program director
- One faculty member from the Department of Radiologic Sciences
- Two current senior students
- Adjunct Clinical Instructor(s)
- Two Administrative Directors from affiliated hospitals
- One Teaching Technologist

1.3 Faculty Roles

1.3.1 Departmental Chairperson:
Responsible for planning, staffing, making budgetary determinations and directing the overall operation of the department. The Chair is an active in classroom instruction, serves as Chair of the Admissions Committee and the Advisory Committee and is a member of the departmental Professional Behavior Committee and the Academic Standards Committee. The Chair also serves as a student academic advisor, and is available to all students regarding programmatic concerns.

1.3.2 Clinical Coordinator:
The duties and responsibilities of the Clinical Coordinator (CC) include monitoring and making recommendations to the Chairperson, faculty, and teaching technologists regarding the maintenance and effectiveness of clinical education, maintenance of various clinical records, actively participating in the program's assessment process and provides student supervision and evaluation in the clinical setting. They also act as a liaison person between the Chairperson and the clinical affiliates. The CC should be considered as essentially a peer person to other program faculty and teaching technologists.

1.3.3 Program Faculty (Clinical Faculty):
Provide didactic and clinical instruction as well as student advising. They strive to correlate the didactic portion of the curriculum to appropriate clinical applications. Although faculty actively participate in didactic instruction, they also devote a considerable amount of time to clinical teaching and the determination of all final grades in clinical education courses. Faculty are also charged with the responsibility of making continuous improvements in the quality of didactic and clinical instruction.

1.3.4 Teaching Technologists:
Employed by the Department of Radiologic Sciences to work with students in the clinical setting. While teaching technologists are not assigned to classroom instruction, their duties and responsibilities in the clinical setting are essentially the same as program faculty. They may also provide assistance in the laboratory components of didactic courses.

1.3.5 Clinical Preceptor:
Radiographers employed by the clinical affiliates. They serve an important function in this program in that they assist program faculty in supervising students. In addition to supervising students, they have the additional responsibility of performing clinical competencies, evaluating clinical and professional performance each semester, and they are specifically identified for each clinical site. These individuals receive periodic instruction and in- service sessions from program faculty and teaching technologists concerning the assignment and completion of their duties and responsibilities. As volunteers, they do not receive financial remuneration for their service to the program.

1.3.6 Adjunct Radiographers:
These individuals are also radiographers, and are employed by the clinical affiliates. Their duties are identical to the clinical preceptors, with the exception that they do not perform evaluations on clinical and professional performance. They also receive periodic instruction and in- service sessions from program faculty and teaching technologists. As volunteers, they do not receive financial remuneration for their service to the radiography program.

1.3.7 Advanced Imaging clinical preceptors:
These individuals are employed by the clinical affiliates. They are radiographers appointed by the radiography program, and are specifically identified for each clinical site. While their duties are identical to those of other clinical preceptors, their focus is solely directed to students performing rotations in the areas of Mammography, CT, Vascular Interventional Radiography and/or MRI. They also receive periodic instruction and in- service sessions from program faculty and teaching technologists. As volunteers, they do not receive financial remuneration for their service to the radiography program.

1.4 JRCERT Standards

While the University of South Alabama is fully accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, radiography and radiation therapy programs may voluntarily seek programmatic accreditation through the Joint Review Committee on Education in Radiologic Technology (JRCERT). The College of Allied Health Professions, Department of Radiologic Sciences, conducts a radiography program which meets or exceeds those requirements as set forth in the Standards. The University of South Alabama Radiologic Sciences program is accredited by:

The Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, Illinois 60606-3182
312-704-5300
www.jrcert.org

The JRCERT is the only organization recognized by the U.S. Department of Education for the accreditation of education programs for radiographers and radiation therapists in the United States. This programmatic accreditation recognizes programs of study that meet certain established qualifications and educational standards as determined through initial and subsequent periodic evaluations.

The JRCERT Standards can be viewed at https://www.jrcert.org/.

All students are encouraged to read the Standards as a means of acquiring an overview of radiography education as well as the responsibility this program assumes when it accepts students into the program. Furthermore, students may gain additional insight into what is expected of them as students and perhaps better understand why students must participate in various activities as they proceed through this program.

The JRCERT Six Standards (Brief summaries)

Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Students who have questions about the JRCERT Standards or question the program's compliance with JRCERT Standards are encouraged to speak with the Radiography program director or Chair of the Department of Radiologic Sciences. Complaints will be investigated and a written response will be provided within 10 working days. A record of all complaints of noncompliance with the Standards will be maintained and made available to JRCERT. Students may also contact the office of the JRCERT directly; however, they must first follow the program's grievance procedures and attempt to resolve concerns through appropriate institutional channels.

JRCERT accreditation information for the Radiography Program can be found at www.jrcert.org.

1.5 Radiologic Sciences Club

The Radiologic Sciences Club is established as a university-sponsored organization for the purpose of providing a place for Radiology students to come together and learn more about Radiologic Sciences. It offers the necessary information about the field to students not in the Radiology Program so that they are well prepared when they go through the program itself. It also provides students with an opportunity to learn about the field from the staff at the university. The Radiologic Sciences Club provides support services for students in the professional component of the Radiography Program to help them succeed. The officers of the club are senior students, and their duties include representing the class in meetings with the chair and/or faculty of the Department of Radiologic Sciences. Meetings are scheduled by the officers and are conducted three times in the fall and spring semesters. Class officers develop plans for fund-raising events, for social activities, and attendance to the annual state meeting of radiologic technologists. In addition, they coordinate service activities two times a year. Class officers are typically elected during the spring semester of the junior year.

2. Departmental Policies Pertaining to Student Affairs

2.1 Drug Screen and Background Check Policy and Procedure

Clinical programs in the PCCCAHP are required to verify that students have met all requirements of a healthcare site and state level credentialing processes prior to the student beginning clinical education activities in the clinical facility. As such, students in clinical programs in the PCCCAHP are required to provide negative drug test results to their program prior to matriculation into the program, prior to beginning clinical education activities, and at times required by clinical sites. Additionally, students may be asked to submit drug or alcohol test results if, in the sole discretion of the PCCCAHP, behavior warrants or if the student self-reports illegal drug or alcohol use or abuse. This policy specifically pertains to illegal use of drugs at any time during the program, as well as attendance in the academic and clinical settings while under the influence of alcohol.

Some programs and clinical training facilities may require submission of negative drug test results on an annual basis or as requested, in accordance with the facility's policies. Students in these programs are required to provide negative drug and/or alcohol test results as requested by the clinical training facility, and as requested by their program. The financial responsibility of all drug/alcohol testing will be borne by the student.

Positive drug test results at any point during the academic/clinical training program may create difficulty in securing clinical education opportunities during the program of study, potentially delaying or preventing the ability to complete the program. Such results may also be detrimental to future professional licensure, certification, and/or employment.

Prior to Matriculation

Prior to matriculation into any clinical program in the PCCCAHP, students are required to submit negative drug test results following the process outlined in their specific program policies. Submission of positive drug test results prior to matriculation will result in revocation of the student's admittance into the program, with the opportunity to reapply for the program in the next admissions cycle. All drug tests scheduled and/or taken after the student has

accepted their offer of admission to the program must be submitted to the program using the platform(s)/application(s) required by the program.

During the Program

During clinical training experiences, students will be subjected to the same rules and regulations that apply to all employees at the clinical site. The PCCCAHP maintains the following requirements.

- The use, presence in the body, sale, distribution or possession of alcohol, drugs or synthetic drugs or substances is prohibited by students in the clinical setting while working, observing, or participating in clinical education activities at any clinical education site, unless the criteria for over-the counter or prescription medications is met.
- It is a condition of participation in clinical education activities at any clinical site as a student in the PCCCAHP, that students be and remain free of illegal drugs, controlled substance use/abuse, and alcohol while participating in any clinical education/observation experience
- Students are not permitted to attend classroom, laboratory, and/or clinical education activities, volunteer or assigned, while under the influence of alcohol and/or illegal drugs. Attendance at any clinical activity while under the influence of illegal drugs and/or alcohol will result in immediate dismissal from the program of study.
- Students will be required to submit negative drug test results prior to beginning clinical education activities.
- Students will be required to submit negative drug and/or alcohol test results as needed to meet requirements for placement in the clinical setting.

All drug/alcohol test results (e.g., scheduled and canceled, completed, inconclusive, negative, and positive results) must be submitted to the program, using all platforms and applications required by the program.

Because positive test results may impact the availability of sites for clinical rotations, the student's graduation timeline may be extended if drug tests are scheduled and later canceled or if the student tests positive for illegal drugs while in the program.

In addition to drug/alcohol testing that may be required by the clinical site, additional drug/alcohol testing for any student enrolled in a clinical program can be requested at any time by the department chair in consultation with an administrator in the PCCCAHP under the following circumstances:

1) There is reasonable cause to suspect that the student is impaired, in violation of the University policy to maintain a drug-free environment,
2) The student displays behaviors suggesting the use of drugs and/or alcohol,
    a. Direct observation of drug/alcohol use, physical symptoms and/or manifestations of being under the influence of a drug/alcohol.
    b. Erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, smell of alcohol or illegal substances, sleeping and/or deterioration of work performance.
    c. Information that a student has caused or contributed to an accident that resulted in injury to him/herself or others.
    d. Conviction by a court of a charge related to drug, alcohol, or controlled substance offenses.
3) A credible, non-anonymous report, in the PCCCAHP's sole discretion, is made regarding specific knowledge of the student's use and/or abuse of illegal substances, selling and/or dealing illegal substances, or abuse of alcohol.
4) The student is involved in a class- or clinic-related accident or incident which could have, in the sole discretion of the PCCCAHP, endangered the health or safety of another person or the student.
5) The student is included in a random testing to ensure compliance by students with this policy.
6) The student self-reports substance use or abuse.

Concerns identified while in the clinical setting

If the request is made by a supervisor in the clinical site, the supervisor should follow the same rules that apply to other employees in that facility, and the student is required to report the supervisor's request for drug and/or alcohol testing and/or suspension of clinical education at the site to their program of study. Students in the clinical setting who are suspected of being under the influence of or impaired by drugs and/or alcohol will be immediately dismissed from the clinical site. In this situation, the student will not be permitted to drive themselves off the premises, nor to be driven by faculty or staff of the University of South Alabama. The student will be directed to immediately report for drug and/or alcohol testing at an occupational or industrial health clinic. Testing must be completed within 3 hours or within a reasonable timeframe as determined by the department chair of the student's program. Results must be reported to the student's program. If the student is unable or refuses to provide a sample adequate for testing at the testing facility, this will be considered an unsatisfactory/failed drug/alcohol screen and will result in immediate dismissal from the program.

Suspension of Academic/Clinical activities for Drug Testing Due to Behavioral Concerns or Self Report

A student who is tested because they appear to be impaired or display behavior consistent with impaired functioning, or who voluntarily admits to having a substance use/abuse problem will not be allowed to continue in classes and clinical rotations and will be placed on suspension from the point of notification until drug/alcohol test results are received. Notification of intent to drug test may consist of in-person communication, telephone call, or a letter received via mail or email. Refusal by a student to submit to drug/alcohol testing will result in the student's dismissal from the program in the PCCCAHP.

Positive drug test results:

Attendance in the clinical setting while under the influence of illegal drug(s) and/or alcohol: A student who tested positive for illegal drug and/or alcohol use as a result of attending clinical activities while under the influence of either will be immediately dismissed from their program of study within the PCCCAHP. The student may appeal this dismissal directly with the Dean of the Covey College of Allied Health Professions in accordance with the Covey CAHP Dismissal Appeal Policy.

First confirmed positive - A student testing positive for the use of illegal drug(s) will be suspended from class and clinical activities until he/she provides documentation proving: 1) that the subject drug(s) were currently prescribed in the student's name prior to the administration of the drug test or 2) successful completion of an approved substance use assessment and rehabilitation treatment program. Engaging additional University resources (e.g., the USA behavioral assessment team, USA Counseling and Wellness Center, etc.), may be required by the program and PCCCAHP administration as necessary. Clinical sites may deny a student with a history of positive drug/alcohol test result(s) the opportunity to obtain clinical experience in their facility. Because positive test results may impact the availability of sites for clinical rotations, the student's graduation timeline may be extended if drug tests are scheduled and later canceled or if the student tests positive for illegal drugs while in the program.

Second confirmed positive - A second confirmed positive test for use of illegal drug(s) will result in permanent dismissal from the program. Students may appeal dismissal to the Dean of the Pat Capps Covey College of Allied Health Professions.

Readmission after Positive Drug Test Results

A student whose admission is withdrawn or who is dismissed from their program in the PCCCAHP due to a positive drug/alcohol test may be considered for readmission if the following conditions are met:

- Completion of an approved substance use assessment and rehabilitation treatment program. Upon completion of the program, the student must submit a letter signed by a healthcare provider at the rehabilitation program or provide verification in a manner acceptable to USA.

- Submission to a drug test prior to readmission. This drug test will be at the student's expense and a positive finding will result in permanent dismissal from the program.

- Submission to random drug tests as requested by the PCCCAHP after readmission to the professional component.

The student will submit their request for readmission, documentation of completion of an approved assessment and rehabilitation treatment program, negative drug test results, and a narrative to the department chair of their respective program. The department chair will inform the Dean's Office of the student's request, and the department chair will then assemble a faculty committee of at least three (3) departmental faculty members to review the submitted documentation. The faculty committee will decide, by a majority vote, whether the student should be readmitted into the program. The department chair will notify the student and the Dean's Office. There is no appeal from this decision.

Since every program admits only a limited number of students, readmission of a student following positive drug test results and subsequent rehabilitation will depend on the existence of an available seat to continue their professional training and a determination that this student is the best candidate for that opening.

Students who are readmitted to the program and have a subsequent confirmed positive drug and/or alcohol test will be dismissed from the program.

2.1.1 Drug Screening

Drug/alcohol testing centers operating during normal business hours:

USA Health Industrial Medicine, 251.660.5910
USA Student Health Center, 251.460.7151
Quest Diagnostics, 866.697.8378
Labcorp, 251.435.8521

After hours drug/alcohol testing centers may include:

Emergency Department, University Hospital AmeriLabs24, 833.215.7200
Coastal Drug Testing, 800.828.7086
Fastest Labs of Mobile, 251.577.5072

The cost of all drug and/or alcohol testing, as well as the any cost associated with transportation to the testing site, will be borne by the student.

If a newly accepted student is unable to complete the screening at Student Health, they must submit official results from a 12-panel drug screen performed by a certified testing facility. Results must be current and submitted to program administration by the required deadline.

All students must complete pre-admission drug screen requirements by the date indicated on the acceptance letter.

2.1.2 Background Checks

Students selected for admission to the B.S. program are admitted pending a negative background check. Students will be notified of the procedure in their letter of admission. Admission will be withdrawn for students failing to authorize a background check. All costs associated with the background check are the responsibility of the student.

- Background checks inquire about criminal records only. Information about a student's credit status, for example, will not be checked.
- Criminal background checks are conducted to identify felony convictions within the past 7 years.
- The company performing background checks will notify the Chair of the Department of Radiologic Sciences with results of the check.
- Positive findings on the background check will be dealt with on an individual basis.

- The fee for the background check depends on one's past number of residencies, but is usually $40, which is payable to the vendor/company conducting the background check.

2.2 Student Insurance

Malpractice insurance is necessary in order to provide student protection in the event of error, negligence or omission in the performance of your duties as a student. As a student, you have a definite personal responsibility for your own activities in your contact with patients, even though you are not yet licensed, registered, or otherwise accredited for your profession. Professional Liability Insurance is required as a protective measure in the event a student becomes entangled in a legal suit involving patient care activities within the clinical setting. Professional Liability Insurance is provided by the university at a cost of $25 per year to students enrolled in the professional component of the program.

Personal medical/health insurance is also the responsibility of each student. Such insurance will cover accidents or injuries. Proof of medical insurance coverage is required of all students prior to being admitted to the program. Students must carry personal medical insurance for the duration of their enrollment in the program. Annual proof of personal medical insurance has to be turned in to the departmental secretary no later than the first day of the Fall semester.

2.3 Promotion Policies

All students enrolled in the Department of Radiologic Sciences must obtain a minimum grade of "C" in each professional course. Students receiving less than a "C" in a professional course will not be allowed to proceed in the program. This policy applies to all courses with and without a clinical component, e.g. radiology administration, business, pathology, physics, etc. Students not meeting the minimal requirement may apply for reinstatement by petitioning the Academic Standards Committee. The student must petition in writing through the Office of the Departmental Chair no later than fifteen class days following the end of the semester in which the student did not meet the minimum grade requirement. The student will be scheduled for a reinstatement interview with faculty to discuss reasons cited by the student for withdrawing from the program and if the student has developed a definite plan to address issues that caused failure to succeed in the program. The faculty will then decide whether or not to allow reinstatement. If reinstatement is granted for the following academic year, the student will be placed on probation and will be required to repeat the course prior to continuing on to graduation. Additionally, all students must acquire a quality point average of 2.0 on all academic hours attempted

While students are encouraged to apply for reinstatement, students should also understand that they will be required to:

- have a cumulative GPA of 2.0
- comply with the standards and policies in the current University catalog and SRM.
- repeat or audit courses on a case-by-case basis. The student will be informed of any additional class requirements upon being reinstated.
- re-acclimation to the clinical setting is required.

The implied intent of all promotion policies is to lead you, the student, to a timely graduation date. Therefore, be reminded that all students must complete the following in order to graduate:

1. Complete the Radiologic Sciences model curriculum as outlined in the University Bulletin and in other Departmental publications.
2. Successful completion of comprehensive exit exam.
3. Your final cumulative GPA must be a 2.0. This is also a University requirement.
4. Completion of the model curriculum also implies that you must also complete all of the clinical competencies required by the department.
5. You must satisfy any outstanding University parking tickets, tuition deferrals, etc.

Note: When students are participating in re-acclimation, the length of re-acclimation will depend on the student's past performance in clinical education courses, and the length of time they have been absent from clinical education. Thus, the period required for re-acclimation will, by necessity, be considered on a case-by-case basis, but it will generally range from a day or two per week throughout the semester, or possibly repeating the entire course in clinical education. The ultimate goal of this policy is to appropriately acclimate the student so that he/she may effectively complete the clinical education goals of the next and succeeding semesters.

Decisions regarding the length of the re-acclimation period, specific schedules to achieve appropriate re- acclimation and specific requirements to be fulfilled during the period of re-acclimation will be determined by departmental faculty in consultation with Teaching Technologists.

Please Note: Students may be required to audit/repeat courses already successfully completed so that we may evaluate competence in those areas. For clinical courses, students must register as an audit student for liability purposes.

Regardless of when a student exits the program, clinical requirements will include the completion of clinical competencies, which the student may have previously completed.

Attendance policies for clinical courses will be observed as outlined in the SRM.

Academic decisions concerning student promotion will be determined by the faculty of the Department of Radiologic Sciences. Students may appeal these decisions to the Department of Radiologic Sciences by formally notifying the chairperson of the department who will in turn schedule a meeting between the student and the faculty of the Department of Radiologic Sciences. The student may further appeal these decisions to the Academic Standards Committee at which time the Chair of the Department of Radiologic Sciences will convene the committee.

2.4 Second Academic Dismissal

Unless special circumstances exist, once a student is granted reinstatement (second admission to the program), further academic failure will result in said student being ineligible to apply for a third reinstatement.

2.5 Withdrawal Policy

Withdrawal refers to a situation in which the student decides to withdraw from the program for an indefinite period of time. Withdrawal essentially means that the student is no longer enrolled in the program.

2.5.1 Withdrawal Due to Non-Medical Reasons

Students withdrawing from the program due to non-medical reasons must reapply for admission in order to be eligible to re-enter the program. Thus, readmission following withdrawal due to nonmedical reasons requires that one follow the same admissions procedure as though he/she were applying for the first time. Students applying for re-admission will be considered at the same time other applicants are considered. If readmitted, the student will resume his/her program as dictated by prior academic standing. In short, re-admission following withdrawal due to non-medical reasons is not automatic, and requires the approval of the Department of Radiologic Sciences Admissions Committee as well as the completion of other admission requirements as published in the University Bulletin and similar publications developed by the Department of Radiologic Sciences.

It is important to note that the withdrawal policy stated herein must not be confused with the University withdrawal policy and in particular, the granting of the symbol "WD." It is equally important to note that the symbol WD is merely a symbol and is not a letter grade. Thus, the Departmental policy <u>does not</u> supersede the University policy regarding student withdrawal. Student withdrawal from the University as well as courses the student is currently enrolled will proceed in accordance with the following policy as stated in the University Bulletin:

"Official withdrawal from the University is not initiated in the Office of the Registrar. Clearance must be secured from the student's academic advisor, the University Library, and the Offices of Financial Aid, the Bursar, and the Registrar. The symbol WD is recorded for all courses when the student completes the withdrawal form within the time limits listed in the official calendar. A grade of "F" is recorded when a currently enrolled student leaves the University without initiating and completing the withdrawal form."

2.5.2 Withdrawal from Program Courses

It should be noted that students may not withdraw from clinical education courses for non-medical reasons and still pursue the didactic components of the program.

Withdrawal from didactic courses must follow University policy. Students should note that most professional courses are sequential to one another and, therefore, withdrawal from such courses would be ill-advised. Thus, requests for withdrawal from didactic courses will be considered on a case-by-case basis.

2.5.3 Withdrawal Due to Medical-Related Reasons

Students withdrawing from the program due to medical-related reasons will be allowed to re-enter the program and subsequently complete their education provided they withdraw from the program in good academic standing. It will be the responsibility of each student to notify the appropriate instructors of their intent to withdraw, and plans relative to the student's return to the program will be formulated on a case-by-case basis.

In cases of student pregnancy, or major illness, the following policies will apply:

a. Students have the option of notifying the faculty of a suspected and/or confirmed pregnancy. Notification can be achieved by voluntarily completing a Pregnancy Declaration Form, which is available in the office of the Department of Radiologic Sciences and can be found on the Electronic Data Input System (Trajecsys).

b. Student options relative to pregnancy:
    - The student may withdraw from the program and reenter at a later date as is the case with withdrawal due to other medical-related reasons.
    - Students may withdraw from clinical education courses and continue with the didactic component of the curriculum. A student selecting this option will be allowed to complete clinical education courses only during the semester in which the clinical course is offered. It is also important to note that this program emphasizes the relationship and/or the interdependence which exists between didactic and clinical instruction. Thus, students may be required to audit/repeat some didactic courses if one's clinical performance upon their return to the clinical setting reveals a need to do so. The latter aspect of this policy would, of course, depend upon the length/period of withdrawal.
    - The student may continue in both the didactic and clinical components of the curriculum providing their radiation exposure does not exceed accepted standards as published in the University of South Alabama Radiation Safety Manual. The manual states that "during the entire gestation period, the maximum permissible dose equivalent to the fetus from occupational exposure of the expectant mother should not exceed 0.5 rem." If the allowable dosage is exceeded, the student will be advised to withdraw from the clinical phase of the program for the remainder of the gestation period. Consideration will be given to radiographic assignments/diagnostic room assignments and other factors relating to one's physical well-being. However, it must be understood that students electing to remain in clinical education courses will be expected to complete/fulfill the course requirements of clinical education courses in which they are enrolled.
    - Students may withdraw their declaration of pregnancy by submitting written notification.

c. Policies relative to withdrawal due to major illness/injury:
    - The student must provide a written communiqué from his/her physician which explains the estimated time of recovery and the limits, if any, placed upon the student's activity.

- The appropriate faculty member (course master) must be notified and the physician's communiqué presented in a timely fashion.
- The final approval will be determined by the departmental chair.
- For specific policies relating to clinical education attendance, please refer to the attendance policies under Clinical Education.
- Attendance policies for didactic courses are found within the individual course syllabi.
- It is important to note that this program emphasizes the relationship and/or interdependence which exists between didactic and clinical instruction. Thus, a student may be required to audit/repeat some didactic courses if one's clinical performance upon his/her return to the clinical setting reveals a need to do so.

2.5.4 Readmission after a medical leave of absence

Withdrawal from the program due to a medical leave of absence (illness or pregnancy) will not allow the student to return to the program once a semester is underway. This means that students must re-enter the program at the beginning of a given semester.

2.6 Leave of Absence Policy

Leave of absence refers to a situation in which a student is allowed to be absent for a period of time without having to withdraw from the program. A leave of absence generally suggests a more short-term departure than that of withdrawal.

A leave of absence may be granted in cases of illness, pregnancy, family medical emergencies, serious personal and/or family related problems and similar situations considered serious enough by the faculty to warrant such consideration. Students must consult with departmental faculty members in order to receive permissions to take a leave of absence. Following faculty discussions relative to the situation at hand, the student will be notified of the faculty's decision and plans regarding the student's absence as well as his/her return will be handled on a case-by-case basis.

By previous definition, a leave of absence is considered to be a short-term duration which implies that the student will be capable of completing all course requirements for a given semester. Assuming the student receives official permission to take a leave of absence and is unable to complete the course requirements by the end of the semester, the student will be given an incomplete (I) or X (absence from final exam) as his/her final grade. Students receiving an I or X must fulfill the course requirements prior to the middle of the following semester or the final grade will be converted to a failure (F). This aspect of the policy is in keeping with adopted University Policies.

It is the policy of the department that no longer than 36 months may lapse from the initial term in the program until the date of graduation. Any student failing to apply for re-admission must complete the program within 36 months. Otherwise, the student will be required to apply for admission to the program as a first- year student, regardless of previous course work.

2.7 Grade Grievance Policy

The Department of Radiologic Sciences utilizes the Grade Grievance Policy published in the University of South Alabama Low-Down. The following is a summary of the timeline and procedures to be followed for a Final Grade Grievance:

1. A final course grade grievance cannot be filed until a grade has been received in a course. A Final Grade Grievance Form must be filed by the student no later than 20 class days into the succeeding semester to include summer term if the student is enrolled.
2. Prior to filing a grade grievance, the student must meet with the instructor to attempt resolution. If the instructor is unavailable, the student documents attempts to contact the instructor in writing. The student

contacts the instructor's department chair in the event a meeting with the instructor cannot be arranged. If there is no resolution, proceed to step 3.

3. The student completes a Final Grade Grievance Form and files the form with the department chair within the required time frame
4. A facilitated grievance conference with both the student and instructor present is conducted by the department chair within 10 class days of receipt of the Final Grade Grievance Form.
5. If a resolution is reached in the grievance conference, resolution will be noted and the process ends.
6. If the student requests a hearing, the department chair will notify the dean's office who will convene the appropriate College Grade Grievance Committee within three (3) class days of the conclusion of the conference. (The chair has to notify after the conference and the dean has to convene the committee within 3 days.)
7. The Grade Grievance Committee holds a hearing within ten (10) days of receiving the request from the dean. The student and the instructor will be provided an opportunity to present evidence and supporting materials.
8. The Committee's written notification of their decision is made within three (3) class days to the student, instructor, department chair, and dean. The department chair will implement the decision if there is no appeal.
9. The student or instructor may appeal the Committee's decision to the Dean within ten (10) class days. The only grounds for an appeal are violation of due process or the rendering of a decision that conflicts with university policy. The decision of the Dean regarding the appeal is final and the process will end. Students should refer to *The Lowdown* for additional information concerning course grade grievances

The process for filing general complaints that are non-academic related can be located under Student Complaint Guidelines using the following link: https://www.southalabama.edu/departments/academicaffairs/policies.html

2.8 Withdrawal from a Course

Students enrolled in the Department of Radiologic Sciences may withdraw from professional component courses provided they do so in accordance with University regulations regarding adding or dropping courses as published in the University Bulletin. The student should, however, note that withdrawal from a professional component course means that the student must repeat the course in order to satisfy the graduation requirements of this program. Also, in accordance with University policy, the grade of "F" will be recorded for a course abandoned without an official withdrawal. Thus, as mentioned previously, students must follow the policies as published in the University Bulletin regarding withdrawal from courses.

2.9 Courses Repeated for Credit

A student may repeat a course which has been failed. Total grade points are computed on the basis of all attempts. A student who has a grade of "D" in a course may repeat the course one time with the approval of the Dean of the involved college. A repeated course may be counted only once toward graduation, but both grades are recorded on the student's transcript and both are counted in determining quality points. The preceding statement is a general University policy. However, students who fail to receive the minimum grade of "C" in the same radiologic science course on two occasions, will find themselves in serious academic difficulty and reinstatement would not be forthcoming.

2.10 Student Record Policy and The Family Educational Rights and Privacy ACT (FERPA)

To remain in compliance with FERPA and specific Standards as set forth by the JRCERT, student information, related materials, grades, records and files are considered privileged and confidential. Student reports, tests, examinations and clinical evaluations along with student personal files are stored in a locked file room when not in use. Access to these documents is limited to faculty, staff, and appropriate administration. No information contained within a student record will be given, either verbally or in writing without written authorization of the student. Written authorization for release of records is maintained in the student's personal file. Permanent records of student grades

are maintained in the University's Registrar's Office in the form of Official Transcripts. The University Registrar's Office adheres to all FERPA Regulations.

Who can access your educational records?

FERPA grants USA the right to disclose information from your education records without your approval to the following:

- University officials with a legitimate educational interest.
- Federal or state agencies or organizations performing audits or official studies.
- Financial Aid Officers.
- Accrediting Agencies.
- Officials of other institutions in which you seek to enroll.
- Parents or legal guardians if you are listed as their dependent according to the IRS tax code.
- Appropriate authorities in an emergency situation.
- Parties to legal actions through subpoenas and/or court orders.

An important exception to the Buckley Amendment is the policy which allows educational records to be made available to accrediting organizations in order to carry out their accrediting function. The Department of Radiologic Sciences has a policy of allowing access to records by the accrediting agency and keeps a written record of all requests for student records. At the same time, the accrediting agency must sign a statement saying that they will not use the information except as a necessity in its function as program evaluators. Students should also refer to the current edition of The Low Down for further University policy pertaining to student records.

Students should understand that all records (didactic tests, clinical evaluations, etc.) are maintained under lock-and-key to provide privacy and security. While students may review tests and similar documents, they are not permitted to review the individual comments offered by members of the Admissions Committee arising from the admissions process, letters of recommendation or financial records of parents of the student. The University Registrar provides each student with an official grade report at the end of each semester.

2.11 University Holidays

Students are granted all holidays and between semester breaks observed by the University.

2.12 Grading Scales

The Department of Radiologic Sciences maintains the following grade scale:

90 - 100 = A
80 - 89 = B
75 - 79 = C
65 - 74 = D
65 - below = F

2.13 Student Placement Service

A major mission of this department with respect to its relationship to the clinical education centers is one of continued improvement in clinical education, and the maintenance of rapport as a necessary element in the continued success of this program. This relationship provides information relative to the job market for program graduates. In addition to the clinical education centers, this department communicates with other departments of radiology within the State as well as with other departments in adjacent States as a means of monitoring the job market for program graduates. Other methods utilized in assisting program graduates involve the availability of professional related journals containing classified advertising sections as well as the availability of the University Placement and Career Center. The University Placement and Career Center is available to all students and alumni of

the University. This placement service is free, and establishes and maintains contacts with employers, including governmental agencies, business and industrial firms, and public service offices, both local and national. The University Placement and Career Center aids program graduates in the following ways:

- It provides on-campus interviews with companies and agencies.
- It supplies students with a copy of the "College Placement Annual."
- It provides a resume and alumni referral service.

However, the University nor the Department of Radiologic Sciences in any way guarantees students employment upon completion of the Radiologic Sciences program.

2.14 Student Advising

Academic advising is available through the Academic Counselor for the College of Allied Health Professions for complete graduation requirements. Appointments with an Academic Counselor can be scheduled online at https://www.southalabama.edu/colleges/alliedhealth/ahealthadvisors.html. Students should expect to receive student counseling through critique and general comments regarding their progress whenever instructors are working with them in the clinical setting. It is feasible to expect such input will occur on a daily basis. In a more formal manner, instructors will also provide students with input regarding their progress when bi-semester clinical evaluations are completed. Furthermore, students should feel free to contact faculty members during faculty office hours providing students make appointments to discuss didactic and clinical matters with faculty. Simply stated, students are encouraged to seek faculty counseling for specific courses in a timely manner and students should never wait until the end of the semester to discuss matters which may affect their final grades. Therefore, consistent and timely faculty/student conferences should occur throughout the academic semester and as often as the need arises.

2.15 Parking Facilities

Faculty members have assigned parking areas in the parking lots of the University of South Alabama. Students are required to purchase a parking permit and park in areas designated for student parking.

Students should be aware that there are specific parking requirements at various clinical sites and should consult with the clinical instructor assigned to a clinical site for specific parking instructions. If a student requires special parking accommodations due to a documented need, they must contact the Center for Educational Accessibility and Disability Resources (CEADR) to arrange services. Once accommodations are approved, documentation must be provided to the clinical coordinator prior to the start of the clinical rotation.

2.16 Student Employment

While students may seek and obtain employment as "student radiographers" within medical institutions in the State of Alabama, students are strongly advised to limit the number of work hours to twenty hours per week. Moreover, students must understand that employment as student radiographers has no relation or in any way influences their activities/position as program students. In short, employment as a student radiographer is separate and apart from the program's clinical education requirements.

2.17 Health-Related Policies

In addition to other health-related admission requirements (e.g., TB test, CBC, etc.), all students must provide documentation of the following immunizations prior to enrolling in their first Clinical Education course:

- Hepatitis B vaccine series
- One Rubella vaccine
- Two Measles vaccines

These vaccinations may be obtained through a personal physician, a local Board of Health, or the University of South Alabama Student Health Center. Students who receive vaccines through outside providers must submit official documentation to Student Health so that records can be uploaded to the university's health portal.

Students are also required to provide annual proof of a TB test, which must be submitted to the department secretary no later than the first day of the Fall semester.

In addition, students must receive an influenza vaccine each year, with timing dependent on availability. Once the flu vaccine has been administered, proof must be submitted to Student Health for upload to the portal and to the department secretary.

2.18 Title XI - Sexual Harassment

The University of South Alabama (the "University") is committed to establishing and maintaining an environment where individuals, regardless of gender, gender identity, gender expression, or sexual orientation, are free from sex discrimination, sexual harassment, sexual violence, domestic violence, dating violence, stalking, and retaliation (collectively "sexual misconduct"). The University considers sexual misconduct to be a serious offense because it undermines the atmosphere of trust and respect that is essential to a healthy University Community. As such, sexual misconduct violates the standards of our University Community and constitutes a violation of this policy.

This policy is outlined in the complete form on the USA Title IX website.

https://www.southalabama.edu/departments/studentaffairs/titlenine/

As part of the orientation process, a representative from the University's Title IX office meets with first-year students to provide information on sexual harassment, reporting procedures, and the University's policies and support resources.

2.19 Emergency Preparedness Plan

2.19.1 Information to guide students in the event of an on-campus or weather emergency can be accessed from the USA homepage, www.southalabama.edu. Select "Emergency Information" from the bottom of the page to learn about the Weather Hotline and Emergency Warning System, and to access policies such as inclement weather communication, power failures, and campus violence or criminal threat. Emergency phone numbers are also provided. USA encourages students to follow the guidelines outlined and to take advantage of the resources provided.

2.19.2 Department of Radiologic Sciences Emergency/Communication/Evacuation Plan

Purpose: To set forth the procedures for all students, faculty, patients, and visitors to the Department of Radiologic Sciences who must be aware of the evacuation plan to ensure a safe and hazard-free environment, and to follow if evacuation from the Health Sciences Building (HAHN) becomes necessary.

Departmental Contacts:

Department Office, Ramona Brownlow	251-445-9346	Room 3015
Ms. Cathy Cooper	251-445-9353	Room 3018
Ms. Misty Davis	251-445-9356	Room 3020
Ms. Ashley Dobbins	251-445-9356	Room 3020
Ms. Jessica Cooney	251-445-9357	Room 3021
Ms. Ashley Long	251-445-9351	Room 3022
Ms. Briony Gaston	251-445-9352	Room 3023
Ms. Missy Curtis	251-445-9350	Room 3024
Ms. Kayla Neely	251-445-9354	Room 3025

Mr. Jacob Manning	251-445-9355	Room 3026
X- Ray Lab	251-445-9358	Entrance across from R3095 &R3102

Procedure:
The individuals listed above will be responsible for notifying students, faculty, patients and visitors of the existing problem. Should the problem arise in the department, Ramona Brownlow will be responsible for notifying the appropriate campus authorities.

Specific and General Duties:

- Ramona Brownlow will notify the appropriate campus authorities, ensure all electronics in the office space are turned off and the office is closed with the lights on. She will exit the space via the central stairwell.
- Faculty and Staff will check the corridor within the department, all offices, classrooms, and the x-ray lab.
- Patients will be evacuated from the x-ray lab via the south stairwell to the designated place of safety. All x-ray units will be turned off, lights left on and doors closed.
- If classes are in session, the instructor is responsible for evacuating the students via the central stairwell to the designated place of safety. All electrical equipment will be turned off, lights left on and doors will be closed.
- If lab classes are in session, the instructor is responsible for evacuating the students via the south stairwell to the designated place of safety. All electrical equipment will be turned off, lights left on and doors will be closed.
- **DO NOT USE THE ELEVATORS.**

Designated place of assembly: Once evacuated from the building, all Department of Radiologic Sciences employees and students will meet with their department at the designated meeting area at Hippocrates park (between the Health Sciences & Medical Sciences buildings). A roll check will be conducted at the place of assembly.

Re-Entrance to the HAHN: No one will be permitted to re-enter the building (HAHN) until notified by the Building Safety Officer, Building Coordinator, Campus Police or the Fire Department that it is safe to return.

Contact Numbers:
Campus Police……251-460-6312
Maintenance……251-460-7111
Maintenance Emergencies (After 3:00 pm weekdays and holidays)…251-460-7047

2.20 Professional Behavior

2.20.1 USA Policy

Students in the College of Allied Health Professions professional programs are expected to adhere to the general student behavior expectations as defined in the USA *The Lowdown* and to display professional behavior, consistent with the standards set by the College, the student's Department, and the applicable healthcare profession.

Appropriate professional behavior and professional expectations include (but are not limited to) responsibility and dependability; honesty, integrity, and trustworthiness; professional appearance, demeanor, and self-control; time management; commitment to excellence; awareness and respect of others; communication and collaboration; commitment to ethical principles; accountability; altruism; compassion/caring; social responsibility; cultural competence; and a commitment to self-improvement and ongoing professional development.

Any behavior that is not congruent with appropriate professional behavior constitutes a violation of the professional behavior policy of the College of Allied Health Professions.

All matters related to violations of professional behavior are the responsibility of the academic units involved and the College Dean's office. Faculty are expected to report suspected cases of violations of professional behavior. These matters will be resolved through procedures defined in the College of Allied Health Professions Professional Behavior Policy. Refer to 3.7 and 3.9 for specific professional behavior policies pertaining to Radiologic Sciences.

2.20.2 Electronic Device Usage and Social Media

Cell phone usage is not permitted in the classroom, x-ray labs or in the clinical setting. Therefore, students will turn their cell phones off upon entering the classroom/lab, and place their cell phones in the designated area within the classroom/lab. Electronic devices such as laptops, smartphones, ipads, e-cigarettes, etc. are not permitted to be used in the clinical setting. While clinical data for Trajecsys is entered via cell/smart phones, such information is currently not entered during a student's assigned clinical hours.

Postings on social media, such as Facebook, Instagram, etc., must not include references to patients. Postings must not refer negatively to radiographers, therapists, radiologists, or physicians associated with this program. To do so is considered unprofessional behavior and will be addressed through the Pat Capps Covey College of Allied Health Professions Professional Behavior Policy.

2.20.3 Academic Misconduct

To review the Student Academic Conduct Policy, click on the link below:

https://www.southalabama.edu/departments/academicaffairs/policies.html

2.21 Lifelong Learning

As a future radiologic technologist, you are expected to embrace lifelong learning as part of your professional commitment. One key component of maintaining your credentials is meeting the continuing education (CE) requirements set by the American Registry of Radiologic Technologists (ARRT).

To renew your ARRT certification, you must complete 24 continuing education units (CEUs) every 24 months for as long as you remain certified. Your CE cycle begins on the first day of your birth month following your initial certification. For example, if you pass the ARRT registry in June 2025 and your birthday is in October, your CE cycle starts on October 1, 2025. You will then report your CEUs when you renew your certification two years later, in October 2027.

There are several ways to earn CEUs, including:

- Attending radiology seminars and professional meetings (state or national)
- Completing ASRT-directed readings from *Radiologic Technology*
- Taking college courses toward an advanced degree

Continuing education not only ensures you remain in compliance with ARRT standards, but also supports your personal and professional growth throughout your career.

2.22 Psychological Clinic and Counseling Services

The USA Psychological Clinic provides professional services for the USA community – including students. Appointments can be made by calling 460-7149 or preferably through PsychologyClinic@southalabama.edu
https://www.southalabama.edu/colleges/artsandsci/psychology/psychologyclinic/clinic-services.html

All USA students are eligible for free counseling through the USA Counseling and Testing Service (460-7980). Graduate students in psychology provide most of the direct client services. In all cases, student clinicians are supervised by faculty members who are Clinical or Counseling Psychologists and are licensed in the State of Alabama. Some psychological services are provided directly by licensed Clinical and Counseling Psychologists.
https://www.southalabama.edu/departments/counseling/

2.23 USA Student Health Insurance

All full-time USA undergraduate students taking at least 12 credit hours per semester on campus are eligible to purchase the student health insurance plan. Part-time, USA undergraduates enrolled in at least 6 credit hours per semester on campus (in a traditional classroom setting) and USA graduate students enrolled in at least 3 credit hours per semester on campus (in a traditional classroom setting) are eligible to purchase the student health insurance at the part-time rate; students taking additional credit hours for a total of 12 credit hours are eligible to purchase the plan at the full-time rate. - See more at:

Student Health Insurance Plans

2.24 Course Evaluations & Communication

The University currently uses Course Evaluations & Surveys (formerly EvaluationKIT) to administer Student Perceptions of Instruction. Course Evaluations & Surveys (CES) is an innovative evaluation platform that allows us to smoothly administer student perceptions of instructions (SPIs) as well as other general surveys. It is also easy to use via web or mobile devices.

Completing SPIs is very important and helpful for instructors and the university. All SPIs can be accessed via a single link that will be distributed along with other related correspondence from our university survey email address, southsurveys@southalabama.edu, or through the LMS.

3.0 Clinical Education

3.1 Objective

The objective of the clinical education component is to provide students with the practical experience required to develop competence as medical imaging professionals. Clinical education constitutes a substantial portion of the overall radiologic sciences curriculum and is essential to the integration of theoretical knowledge with applied clinical practice.
Students are expected to effectively correlate didactic instruction with clinical application, demonstrating both technical proficiency and professional conduct. Due to the critical role of clinical education in student development, the policies and expectations outlined in this section pertain specifically to the requirements and responsibilities associated with clinical training.

3.2 Competency-Based Program

The clinical education phase of the curriculum is structured around a competency-based program. Briefly stated, a competency-based program ensures that each student attains a prescribed level of competence in performing diagnostic imaging examinations in order to successfully complete the graduation requirements of the program. This program was designed to give attention to the correlation of clinical experience and didactic instruction.

The first stage of a student's clinical education involves classroom lectures followed by laboratory sessions in which simulation is used as a learning device. Students are then required to observe and assist medical imaging professionals as they perform their daily duties. Next, students actually begin to perform basic imaging examinations

while under constant supervision. After an adequate time period, each student is required to perform a competency exam in the clinical setting. The competency exam involves performing the essential procedures necessary to produce a quality image as well as providing quality patient care. After successful completion of a competency, each student is allowed to progress by performing more difficult imaging examinations. Several competency examinations will be required of each student per semester. Ultimately, failure to complete prescribed competencies will result in a delay in completing the program requirements for graduation and a delay and/or a denial of a student's interest/desire in pursuing more complex examinations or other imaging modalities. The specifics of what is required of each student in the way of competencies is spelled out each semester in a course syllabus provided to each student.

Until students achieve the program's required competency in a given procedure, all clinical assignments must be carried out under the direct supervision of qualified medical imaging professionals.

1. Following are the parameters of direct supervision:
    a. The qualified medical imaging professional reviews the request for examination in relation to the student's achievement.
    b. The qualified medical imaging professional evaluates the condition of the patient in relation to the student's achievement.
    c. The qualified medical imaging professional is present in the room.
    d. The qualified medical imaging professional reviews and approves the images.
    e. Failure to comply with these policies will result in suspension or dismissal in cases of repeated violations.
    f. Direct supervision is required on all mobile radiography and imaging done in the surgical suite regardless of competency status.

2. Indirect supervision is defined as that supervision provided by a qualified medical imaging professional immediately available to assist students regardless of the level of student achievement.

3. Regardless of a student's level of experience or level of competency, whenever images must be repeated, students must consult with and be supervised by program faculty or Teaching Technologists or clinical preceptors, or staff medical imaging professional when the image is repeated.
   As specific competencies are completed and entered in Trajecsys, students will then be allowed to perform imaging examinations under the status of Indirect Supervision.

4. Failure to comply with these policies will result in disciplinary action up to and including suspension or dismissal in cases of repeated violations.

3.3 Determination of Clinical Grades

Definitions:

1. **Bi-semester evaluations**: As the term suggests, clinical evaluations are conducted two times each semester and occur at the midterm and end of the semester. These evaluations monitor a variety of technical skills considered important in clinical education as well as adherence to one's personal and professional responsibilities. The evaluations are highly objective and thus the numerical grades derived from these evaluations are relatively free from subjective influences. The clinical evaluation form can be found on the Electronic Data Input System (Trajecsys).

2. **Clinical application tests:** These tests are given 4 or 5 times each semester with the intent of testing the knowledge retention of students, relative to previously completed coursework. These tests are appropriately matched to the student's academic level/standing in the program.

3. **Self-Evaluations:** These are completed two times each semester. These evaluations are designed to help the students set goals and lead to a deeper understanding of their strengths and areas for improvement.

4. **Adjunct Clinical Instructor Evaluations:** These are conducted two times each semester. These evaluations monitor professional and personal responsibilities in clinic, as well as students' technical performance in clinic. The adjunct clinical instructor employed by the clinical facility completes these evaluations.

   Although the completion of all clinical competencies is a program requirement, clinical competencies are graded on a Pass/Fail basis and thus do not have a significant impact on one's final grade in clinical education courses. However, failure to complete the required clinical competencies does impact negatively on one's successful completion of the program as well as one's opportunity to pursue more complex examinations or other imaging modalities.

   Students receiving a final grade of less than a "C" should consult Section II, C and for further information.

3.4 Record of Clinical Experience

All Radiologic Science students are required to maintain a "Record of Clinical Experience." This practice is designed to maintain a record of clinical experience obtained by students.

The Record of Clinical Experience are weekly observation forms/sheets. Students must record daily all examinations and competencies on these weekly forms/sheets regardless of whether the examinations are classified as assisted, assisted/position, assisted/technique, unassisted, competency, attempted competency or simply "observed", i.e., no actual participation in the performance of the examination according to the definitions of assisted and unassisted as listed below.

At the end of scheduled clinics on Friday of each clinical week, students must enter their procedures into the electronic data input system and upload Weekly Observation Forms/Sheets to the appropriate assignment in the clinical course on the LMS. Weekly observation forms are due in the LMS by 8:00 a.m. on Mondays. A five-point reduction on the Bi-Semester Evaluation form will be assessed if one or more of the following occurs:

- Procedures are not entered into the Trajecsys system by Monday – 8:00 a.m.
- Forms are not uploaded to the LMS by Monday – 8:00 a.m.
- Forms are not legible or neat.
- Insufficient number or variety of examinations recorded.
- Failure to obtain weekly adjunct radiographer rating form
- Failure to log repeat exams and errors

In summary, all examinations, competencies, and errors observed by program faculty and/or clinical preceptors are acknowledged and signed in appropriate spaces on weekly observation forms. Competencies are recorded on the weekly observation form, just as are examinations. However, the individual instructor performing the competency will submit a separate competency form. All competency forms must be submitted with the appropriate weekly observation form or it will be voided. The student will be required to complete the competency another day.

The proper manner in which students are to log information in the clinical record book is as follows:

Assisted Examinations (A) - Any student who aids another individual is to log that patient's information in the clinical record book as an assisted examination.

Assisted Position Examinations (P) - Any student who positions the patient without setting the technique is to log that patient's information in the clinical record book as an assisted examination.

Assisted Examinations (T) - Any student who sets manual technique (not AEC settings) as an aid to another individual is to log that patient's information in the clinical record book as an assisted examination.

Unassisted Examinations (U) - Any examination in which the student performs all aspects of the examination independent of another's aid is to log the patient's information in the clinical record book as an unassisted examination.

Competency (C) - Any examination in which the student successfully performs all aspects of the examination independent of another's aid and for which they are evaluated by designated instructors.

Attempted Competency (AC) - Any examination attempted as a competency in which the student does not pass.

Observed (O) - no actual participation in the performance of the examination according to the definitions of assisted and unassisted as listed above.

3.5 Patient Exam Requirements

Beginning the Spring Semester of the Junior Year, students will be required to perform a specific number of exams and competencies. The requirements are listed below:

	Total # of Exams Assisted or Unassisted	# of Total That Must Be Unassisted or Positioned	# of Completed Competencies
Spring – Junior Yr	60	30	0
Summer – Junior Yr	100	50	10
Fall – Senior Yr	220	125	20
Spring – Senior Yr	250	125	20
Summer – Senior Yr	125	100	15

Students failing to meet the required examinations according to the specific semesters listed above, receive a letter symbol "I" for the course. In order for the symbol "I" to be changed to a passing grade, the students are advised to attend additional clinical sessions during the break period between semesters in order to complete the patient exam requirement. If needed, clinical assignments during the break period will be arranged by the Department of Radiologic Sciences. Students will have until the third week of the following semester to meet the required number of examinations. If a student fails to meet the patient examination requirements, the symbol "I" will be recorded as a letter grade "F" by the registrar's office, according to the University Bulletin (see USA Bulletin final grade "I" policy).

3.6 Attendance Policy

3.6.1 Radiologic Sciences Attendance Policy

Clinical rotations are regarded as an obligation as well as a privilege, and all students are expected to attend regularly and punctually. Clinical attendance is required in order to meet the objectives of the Radiologic Sciences Program.

Absences

All clinical absences must be made up, regardless of the reason. Students who fail to complete required make-up time will receive a grade of "I" (Incomplete) for the clinical course until all missed hours are fulfilled. Make-up time must be arranged in coordination with the clinical instructor and may not be scheduled on Saturdays, Sundays, or University Holidays. An absence cannot be made up prior to it occurring.

While there is no cap on the number of absences a student may accrue, the first two, regardless of whether they are excused or unexcused, will not result in a grade penalty. After two absences (excused or unexcused) for the semester have occurred students will receive a 10 point deduction on their final clinical course average for each **unexcused absence**. Documentation is required to determine whether an absence is excused.

Excused Absence

Documentation must be submitted for all excused absences. The following are the approved excused absences:

- Illness with physician documentation
- Immediate family illness with physician documentation
- Documented death in immediate family
- Military duty (requires meeting with Clinical Coordinator)
- Job orientation
- Emergency situation documented and approved by faculty

Unexcused Absence

All absences not considered excused, including, but not limited to:

- Illness without physician documentation
- Wedding
- Vacation

Tardy

Students are considered tardy if they arrive later than their assigned time to report to their clinical affiliate. A student will be considered absent if they arrive one hour or more after their assigned time. A tardy and an early departure cannot be used on the same day.

Early Departure

A student is considered to have taken an early departure if they leave prior to their scheduled time of departure. A student will be considered absent if they leave one hour or more prior to their scheduled time of departure. A tardy and an early departure cannot be used on the same day.

Tardiness-Early Departure Policy

Students are allowed two instances of either late arrivals, early departures, or one of each per semester. A tardy and an early departure cannot be used on the same day. For each additional instance of late arrival or early departure, students will receive a 2-point reduction on their final clinical course average per occurrence.

3.6.2 Make Up Day Policy

All missed clinic days must be made up in accordance with program requirements. It is the student's responsibility to coordinate directly with the assigned clinical instructor to schedule any make-up time. This scheduling must be done in a timely manner following the absence.

Once a make-up day has been scheduled and agreed upon, the student is expected to attend. Failure to attend a scheduled make-up day, regardless of the reason, will result in a 5-point deduction from the final course average. Additionally, the student will still be required to reschedule and complete the missed clinic day, as all missed time must be made up to meet program and accreditation standards.

All clinic make-up days must be completed no later than the first day of the following academic semester. For example:

- Days missed during the Spring semester must be made up prior to the start of the Summer semester.
- Days missed during the Summer semester must be made up prior to the start of the Fall semester.
- Days missed during the Fall semester must be made up prior to the start of the Spring semester.

Failure to comply with this policy may result in a failing grade for the clinical course and/or delayed progression in the program.

3.6.3 Senior Year Exception (Diagnostic Radiography Students Only)
Senior students who have 10 or fewer ARRT required and/or elective competencies at the completion of their 5th semester will be allowed to take 6 clinical absences within the last two weeks of the Summer (6th) semester. Students must still meet the programmatic objectives for the Summer semester in diagnostic and modality clinic. Students will know if they qualify for the senior year exception prior to entering the Summer semester.

3.6.4 Joint Commission Visits
When a clinical facility receives notification that the Joint Commission will be visiting, they will notify the students. Upon notification, the student will clock out of clinic and contact their clinical instructor to receive information on how to proceed. Every effort will be made to reassign the student to another facility, to avoid a clinical absence. If reassignment cannot be achieved, the student will be counted absent from clinic and will have the opportunity to make up the day because it will be an excused absence.

3.6.5 Notification of Attendance
Students are required to notify their clinical instructor via email of an absence or potential tardiness within 30 minutes of their scheduled arrival time. Students will receive a 5-point reduction on their clinical evaluation for failing to notify within the allotted time. Students will also receive a 5-point reduction on their clinical evaluation if notification is not received.

3.6.6 Clocking Attendance in Electronic Data Input System

All students must provide documentary proof of clinical attendance by utilizing the electronic data input system at each clinical education center prior to performing any duties.
Students failing to document their attendance in the clinical setting will be considered absent. In the event a student fails to record their attendance, the error may be corrected by utilizing the following procedure:

- Report the incident to the departmental supervisor and to the clinical instructor via email immediately. The email should contain the name of the supervisor who can verify attendance.
- Clock in as soon as possible. The clinical instructor will verify the time of arrival.

Students must also record any absence as a “time exception” in Trajecsys by the end of the following day. Time exceptions are only to be utilized for absences.

Students will receive a 5-point reduction on their clinical evaluation for any of the following:

- Failure to record time exceptions by the end of the day following an absence.
- Neglecting to clock in or out for clinical rotation.
- Clocking in or out using a cell phone.

3.6.7 Lunch

Students are allowed 45 minutes for lunch during clinical shifts that are scheduled for more than five hours. Students must clock out when leaving for lunch and clock back in upon return. Any lunch break that exceeds 50 minutes will be considered a tardy, and penalties will be applied according to the program’s tardy policy. Failure to properly document lunch breaks will result in a 5 point deduction on the bi-semester clinical evaluation.

Lunch should not be taken within the last two hours of the clinical shift unless approved in advance by the clinical instructor.

3.6.8 Weekend/Trauma Assignments

As a radiologic sciences student it will be necessary for you to acquire some of your clinical experience on weekends or evenings. This is considered a necessary part of one's total education.

Weekend and evening rotations will occur during the Spring and Summer Semesters of the Junior year. Students are rated on technical ability, patient care and safety skills, initiative, and response to supervision and guidance by the Adjunct Clinical Instructor/Medical Imaging Professional working with the student. Students are not permitted to change their weekend/trauma assignments without the approval of the instructor.

The performance of Clinical competencies is only allowed within the first two hours (2pm - 4pm) during evening assignments.

3.7 Dismissal from Clinical Site due to Unprofessional Conduct

Clinical faculty and clinical preceptors have the authority to immediately dismiss a student from the clinical site if they observe behavior that is unprofessional, unsafe, or inappropriate. Grounds for immediate removal include, but are not limited to:

- Insubordination or refusal to follow reasonable instructions
- Argumentative or combative behavior
- Disruptive, inappropriate, or unprofessional conduct
- Demonstrating a lack of respect toward instructors, technologists, or other medical imaging professionals
- Any action or behavior that has the potential to compromise patient safety or well-being

A student who is dismissed from clinic under these circumstances will receive an automatic 10-point deduction on their Bi-Semester Clinical Evaluation. The absence will be recorded as unexcused, unless approved otherwise by the clinical coordinator or program director.

These measures are in place to maintain a safe, respectful, and professional environment for all patients, students, and staff. A pattern of unprofessional conduct or repeated incidents may result in further conduct-related consequences, including probation or dismissal from the program.

Students who believe the decision to be sent home was made in error have the right to submit a written appeal to the Department's Professional Behavior Committee within three business days of the incident. The committee will conduct a review and determine whether the action will be upheld or modified.

3.8 Appeal Process

To review the appeal process, according to the Student Academic Conduct Policy, click on the link below:

https://www.southalabama.edu/departments/academicaffairs/policies.html

3.9 Disciplinary Guidelines for Professional Behavior Violations

Students enrolled in the Radiologic Science Program are expected to maintain the highest standards of professional conduct at all times. While general student conduct is governed by University policies outlined in *The Low Down* (Student Handbook), students must also comply with additional standards while assigned to clinical education centers. These regulations are considered binding and are enforced without exception.

All students are representatives of the University and the profession while at clinical sites. As such, they must uphold principles of integrity, respect, professionalism, and patient safety at all times. Students must adhere to all policies and procedures set by the clinical affiliate and follow the lawful directives of technologists, clinical instructors, and site administrators.

Any student who demonstrates unprofessional behavior or violates clinical site expectations will first receive a verbal warning. If the behavior persists or if the incident is serious enough to warrant immediate action, the student will be dismissed from the clinical site for the day. The clinical instructor or faculty member will3.9 document the occurrence, and the incident will be added to the student's permanent academic file.

Important Notes Regarding Dismissal from Clinic:log

- Any dismissal, regardless of the time of day it occurs, will count as a full clinical absence. This includes being dismissed within the first five minutes of the shift, the last five minutes, or any time in between.

- These absences will be considered unexcused and will result in a 10 point deduction off of the final clinical course average if the absence occurs beyond the first two.

- Repeated infractions may result in formal probation, suspension from clinic, failure of the course, or dismissal from the program.

The following actions are considered serious breaches of professional conduct. This list is not exhaustive and may be amended as necessary:

1. Fighting or Aggressive Behavior
Engaging in or initiating physical or verbal altercations, including shouting matches, aggressive gestures, or any behavior deemed threatening or disruptive to staff, patients, or peers.

2. Patient Mistreatment
Includes, but is not limited to, physical abuse, use of inappropriate or vulgar language in the presence of a patient, mocking or ridiculing a patient's condition, body habitus, or personal characteristics.

3. Unethical Conduct
Violations of HIPAA; discriminatory behavior based on race, gender, religion, or socioeconomic status; unauthorized criticism of hospital policies, staff, or faculty; abandoning a patient or post; or any behavior that places patients or staff at risk.

4. Alcohol or Drug Use
Students may not enter the clinical setting under the influence of alcohol, illegal drugs, or prescription drugs that impair performance. Possession, use, or theft of drugs or alcohol while at the clinical site will result in immediate removal and referral to the University for further disciplinary action.

5. Threatening Remarks or Behavior
Making any statement, gesture, or communication that implies intent to harm faculty, staff, students, or patients will result in immediate dismissal from clinic and a mandatory review by the Program Director.

6. Dishonesty or Falsification of Records
Includes forging clinical attendance sheets, altering time records, misrepresenting performed exams, or using another technologist's lead markers to intentionally deceive or mislead.

7. Unauthorized Presence in Clinical Areas
Students are not permitted to enter or remain at clinical sites when not scheduled. Being present at a site while not assigned and engaging in any clinical or disruptive behavior is grounds for disciplinary action.

8. Equipment Misuse or Vandalism
Students must treat all hospital and imaging equipment with care. Intentional damage, negligent use, or unauthorized operation of any equipment will be reported and addressed through disciplinary channels.

9. Gossip or Defamation
Students must avoid engaging in harmful gossip, rumors, or slander, whether verbal, written, or online. Spreading false or damaging information about patients, staff, or peers is strictly prohibited.

10. Personal Phone Use
Use of personal cell phones in the immediate clinical area is prohibited. Departmental phones are for official use only. Students may only make or receive personal calls in emergencies, and only with the express permission of the clinical instructor or site supervisor.

11. Unauthorized Departure from Assigned Area
Students must remain in their assigned clinical area unless reassigned by the instructor or site supervisor. Leaving without permission is considered a serious infraction and will be documented.

12. Tobacco and Nicotine Use
Smoking, vaping, and the use of any nicotine products, including e-cigarettes, are not permitted on clinical premises, including break areas, parking lots, or hospital grounds.

13. Studying During Clinical Hours
The clinical site is for hands-on learning and patient care. Students are not permitted to study academic materials while on duty unless given direct approval by the supervising technologist or clinical instructor.

Violations of these expectations are taken seriously because they affect patient safety, the professional reputation of the program, and your own future in healthcare. Clinical affiliates have the right to remove any student whose behavior they deem unprofessional, unsafe, or disruptive. The Program reserves the right to escalate disciplinary action as warranted, including dismissal from the program for repeated or egregious offenses.

3.9.1 Safety and Professionalism Policy

Students enrolled in this course are expected to uphold the highest standards of safety and professional conduct as outlined by the ARRT Standards of Ethics, the University of South Alabama Department of Radiologic Sciences, and clinical site policies.

Violations of safety protocols or unprofessional behavior, including but not limited to improper handling of equipment, failure to follow site-specific rules, inappropriate communication, or actions that place patients or staff at risk, will result in a reduction of 10 points on their final course grade.

Subsequent violations will result in temporary removal from clinical rotations, a grade of Incomplete until successful remediation is completed, failure of the course if violations compromise the student's ability to complete clinical requirements.

In extreme or repeated cases, violations will result in dismissal from the program if it is determined the student can no longer be safely placed in a clinical setting. All incidents will be documented and reviewed by the course instructor, clinical coordinator, and program director.

3.10 Dress Code

A student's personal appearance is regarded as an important aspect of the Clinical Evaluation. Students are expected to be neat, clean, and well-groomed at all times. In addition, students are expected to use shampoo, deodorants, and other items of personal hygiene on a daily basis. In short, students are expected to dress and conduct themselves as professionals at all times.

Students presenting in the clinic inappropriately dressed will be sent home. The student will be given the option to make the day up. Failure to make up the day will result in the day being considered an absence with the absenteeism

policy regulations in force. It does not matter what time of day the infraction is observed; the student will be asked to leave at that time. The penalty will be the same as if it had been observed at the beginning of the day.

- Uniforms - Color: Royal Blue

  Any style scrub top or pants may be purchased as long as it is in the appropriate color; however, the scrub top chosen MUST meet our requirements and be approved by a clinical coordinator before being worn to clinic. The scrub top or pants cannot be extremely form-fitting or revealing - must be professional in appearance.

  Note: With the exception of altering the length of pants, scrub suits may not be otherwise modified. Uniform pants must NOT be dragging/touching the floor for infection control reasons.

  Note: Students are encouraged to save purchase receipts in the event uniforms must be returned to the vendor.

- Accessories - Professional style white lab coats or department approved outerwear may be worn over scrub suits. In addition, lab coats that are the exact color of the uniform are permitted.

  Note: Only short or medium lengths are permitted. Lab coats may be of the button, snap, or zipper-front type. Sweaters of any color are not permitted. Plain white T-shirts, short or long sleeved, may be worn underneath uniform tops, but the bottom of the T-shirt must not extend beyond the bottom of the uniform top.

- Shoes - Nursing or athletic shoes are recommended. High top athletic shoes are also permitted. Walking/support shoes (i.e. Rockport's) or clogs may also be worn. Sandals, dress shoes, or open clogs (i.e. Croc's) are NOT permitted.

- Socks - Any color/style.

- Identification badges are required and will be provided by the Department of Radiologic Sciences. Students shall wear their name identification tag and radiation monitoring device. Radiation monitoring devices are to be worn about the collar of the uniform. Radiation monitoring devices must be worn whenever students are engaged in any radiological activity. This includes, clinical education, radiographic laboratories, radiological rotations outside of the departments of radiology, etc.

- All uniforms shall be kept neat, clean and arranged at all times. Uniforms must be clean, unwrinkled and odor free. Uniforms must be laundered after each use due to harboring of germs. Students shall wear approved uniforms at all times within the clinical affiliates.

- Visible body piercing, other than ears, and tattoos are not acceptable and MUST be covered at all times in the clinic.

- Uniforms will be necessary for the Fall Semester of the Junior year and thereafter.

- Students shall wear their hair in a simple style which maintains the hair out of the student's face as well as the patients'. If a student's hair is below the shoulder, it should be completely pulled back in a neat style. Hair may be braided without decorations or held in place with bows, clips or barrettes. Student hair color should not be an unconventional color.

- Students shall not wear colognes, aftershaves, perfumes, excessive make up, or jewelry.

- Finger rings shall be limited to one ring per hand. Necklaces and bracelets are not permitted. Small stud or hoop earrings not to exceed 10 mm (approx 0.4 inch) in diameter may be worn.

- Students must be cleanly shaven at all times with beards/mustaches no longer than 1 inch. Students who do not have a beard or mustache must be clean shaven.

- Nail polish is permitted ONLY in clear. Artificial or acrylic nails are NOT permitted.

- Uniforms shall be worn with foundation garments.

Note: If a clinical affiliate has a dress code policy specific to their institution, other than policies stated in the Student Reference Manual, students will be expected to abide by these policies when assigned to the affiliate, e.g. earrings, certain types of shoes.

3.11 Measuring, Markers, Recording Errors, Additional Clinic Instruction

Patient Measuring
While in the clinical affiliate, students are expected to measure patients utilizing calipers in order to determine the proper exposure factors. The only examinations, which do not require measuring are extremities below the knee, extremities below the shoulder, and the skull

Students should note that measuring is a part of their clinical evaluation and failure to measure the patient will result in a lowering of the student's clinical evaluation grade. In addition to measurements, students are required to maintain a Technique Guide Booklet. The following policies regarding Technique Booklets and the impact they have upon one's Bi-semester Evaluation are as follows:

a. Technique Booklets will be reviewed by Faculty and Teaching Technologists periodically, but no more than once each week. Failure to maintain an up-to-date Booklet will result in a one point reduction per occurrence.
b. Failure to use the Technique Guide Booklet when setting exposure factors will result in a one-point reduction per occurrence.
c. Failure to bring your Technique Guide Booklet to clinic will result in a one-point reduction per occurrence/per day.
d. Since the usefulness and accuracy of a Technique Guide is compromised when one does not measure the patient, failure to measure the required anatomical structures will result in a two-point reduction for every 3 occurrences.

Method of Recording Errors on the *Weekly Clinical Observation Form*
a. Review of Technique Guide Booklets for currency by Faculty and Teaching Technologists only will be recorded under "Obtains and Records Patient History." Maximum deduction is limited to -1 per week.
b. Failure to use the Technique Guide when setting exposure factors will be recorded under "Technique Error." Maximum deduction is limited to -2 for every 3 occurrences.
c. Failure to bring the Technique Guide to the clinical site will be recorded under "Obtains and Records Patient History." Maximum deduction is limited to -1 per occurrence/per day. In addition, if one does not bring their Technique Guide to clinic for an entire week, an additional point will be deducted under #1 above. However, deductions under this section will not be allowed in a double jeopardy standard to deduct points under # 2 above.
d. Failure to measure the required anatomical structures will be recorded under "Part Measurement." A maximum of 1 error can be noted for each examination. Since it is the usual practice to double the mA.s. or similar practice for lateral projections, one is not required to measure the lateral aspect of a patient even though it would be desirable, e.g., one will be required to measure the PA/AP chest, but not the lateral. The same may be true for lateral Lumbar, L-5-S-1 and lateral Thoracic spines. Failure to measure the required anatomical structures will result in a 2 point reduction for every 3 occurrences.

Collimation

To align with current standards in radiation protection and image quality, students are expected to demonstrate appropriate collimation practices during all radiographic procedures. Collimation should be as close as reasonably achievable to the area of clinical interest, while still ensuring full coverage of the required anatomy.
At minimum, students must collimate no larger than the image receptor (IR) or digital field size being used for the specific exam or projection. Tighter collimation is encouraged when clinically appropriate to reduce patient exposure and improve image contrast.
Students will not be penalized for not using extremely tight collimation, as long as the collimation used meets the minimum requirement of not exceeding the IR size and appropriately includes the anatomy of interest.
Faculty and technologist preferences may vary, but students' clinical performance evaluations should be based on adherence to safe and appropriate collimation standards, not on individual preferences.

Students are instructed on appropriate image receptor (IR) sizes and collimation parameters in RAD 307, 308, 309, and RAD 315. These standards are to be followed consistently in the clinical setting, regardless of the size of the IR image receptor available at the site.

For example, if a projection taught in RAD 307 specifies the use of an 8 x 10 IR and collimation, but the smallest image receptor available in the clinic is a 10 x 12, the student is expected to manually collimate to the 8 x 10 field size.

Failure to adhere to these taught collimation standards will result in a three-point deduction per occurrence, recorded under Section II: Radiation Protection on the Bi-Semester Clinical Evaluation.

Use of Lead Markers
When working in the radiographic room with the radiographer, students must utilize their lead markers to mark the radiograph if they are positioning the patient. Students are not permitted to utilize other markers nor are they permitted to allow someone else to use their markers while in the clinical affiliate. Students are cautioned against using student markers in part-time employment.

Additional Clinical Instruction

It is common for certain students to proceed through clinical education at a slower pace than their classmates. In such cases, clinical faculty will recommend to the student that he/she should schedule additional time in which the instructor and the student can engage in additional instruction. Students should look upon additional clinical instruction as a means in which to enhance their clinical abilities. When additional time is scheduled, failure to attend will be considered an absence and will fall under the Attendance Policy guidelines.

Determination of a need for additional clinic time will be as follows:

a. Clinical faculty will identify students who are progressing at a slower pace based on regular performance evaluations and competency assessments.
b. Students identified as progressing at a slower pace are required to schedule additional clinical instruction time with their instructor.
c. This additional instruction is compulsory and aims to enhance the student's clinical abilities and ensure they meet program standards.
d. The schedule for additional instruction must be approved by the clinical instructor to ensure it fits within the overall clinical training plan.
e. Clinical instructors will monitor the progress of students receiving additional instruction and provide regular feedback to ensure improvement.

3.12 Clinical Competency

Clinical competencies are designed to provide a means in which clinical instructors can assess the progress of a student's performance as well as to determine a student's readiness to participate in more advanced radiological procedures.

The basic guidelines regarding clinical competencies are as follows:

1. No more than two duplicate successfully completed competencies can be performed in a given semester.
2. No more than four competencies can be performed on a particular body part during a student's total period of enrollment.
3. Each course in clinical education has its own individual course syllabi, and these syllabi specify which competencies a student may perform for a given semester.
4. Students must complete all of the mandatory patient care and positioning competencies, as well as 15 elective procedures as listed by the American Registry of Radiologic Technologists (ARRT). The ARRT website link can be found here: https://www.southalabama.edu/colleges/alliedhealth/radiologicsciences/links.html.
   The Radiographic Competency Form is the form most commonly employed in evaluating a student's competence in diagnostic radiographic procedures. A failed competency occurs when a student commits a major error or makes more than 3 errors on the attempted competency. Since this is based on a pass/fail system, the failed competency will result in an exam with errors on the weekly observation sheet.
   Note: A major error is defined as an instance where a student appears to have no sense of understanding regarding how to perform a procedure. Examples include:
   - Inability to set up or perform a given procedure
   - Incorrect CR alignment/angle (direction or degree)/centering
   - Improper control panel selections
   - Inability to establish technique
   - Failure to invert feet on AP Pelvis or AP Hip
   - Radiographing wrong patient or anatomical part

   NOTE: Major errors will not be noted until it is established that students have received proper didactic and laboratory instruction, and are properly acclimated to a given radiographic installation. The latter part of this statement is particularly important when students change clinical sites and/or radiographic rooms as part of the typical student rotation process.
5. Competencies represent a measure of one's obtainment/achievement of a specific clinical skill necessary to satisfactorily perform a specific radiographic examination within the clinical setting. Thus, the successful completion of a clinical competency indicates that a student can perform a given examination "fundamentally" in the same manner as an experienced radiographer absent any consideration for a student's present or past clinical experience. A competency is a form of a guarantee to all patients that a student is qualified to perform a given examination equivalent to the standard of care all patients have a right to expect.
6. With the exception of surgical and portable bedside competency examinations, the supervision of all other competencies will be limited to program faculty, teaching technologists, clinical preceptors, and adjunct radiographers. Surgical and portable bedside competency examinations will be supervised by radiographers assigned to these areas. Students must check with program faculty or Teaching Technologists for a listing of those clinical preceptors and adjunct radiographers who have been designated to perform clinical competencies.
7. Students may request that an instructor perform a competency examination on a particular body part if and only if that student has received formal instruction regarding that body part. The instructor has the authority to insist that a student perform a given competency at the discretion of the instructor providing the student has received formal instruction. In addition, an instructor has the authority to request that a student perform a given competency even though the student has previously performed the competency requested of him/her. Second-year students may request that the instructor allow them to perform a surgery competency under a surgery technologist. If granted, a surgery competency form will be given to the technologist to evaluate the student during an O.R. exam.
8. No credit will be given in instances where major errors occur during the course of performing a competency.

3.12.1 Radiographic Equipment Manipulation Competency Form

Radiographic Equipment Manipulation Competency Form can be performed on a student at any time during the 24-month program. Although this competency form was designed to measure a student's ability in manipulating radiographic equipment, the form may also be utilized as a method of determining a student's continued ability to perform equipment manipulation procedures. Equipment Manipulation Competencies may be performed during any given semester, a competency performed for the purpose of assessing one's ability to correctly manipulate radiographic equipment will not fulfill the minimum number of competencies required for a given semester. The overall purpose of the Equipment Manipulation Competency Form is to allow the clinical instructor to periodically identify various strengths and weaknesses of a student regarding equipment manipulation skills thereby providing additional input with respect to the individual needs of a student.

3.12.2 Fluorographic Equipment Manipulation Competency Form

This competency form is used for the same purpose as the preceding form. The only difference between the two forms is that this form involves the manipulation of fluorographic equipment. This form can only be applied during the Spring Semester of the student's first year. Competency in this area must be achieved within the clinical setting.

3.12.3 Phlebotomy Competency

In addition to the aforementioned competencies, students must demonstrate proper venous puncture and intravenous injection technique, as part of the requirements for Patient Care, or in RAD 300, 301, 302.

3.12.4 Calculation of the Bi-Semester Clinical Evaluation Grade

In order for the student to understand how their Bi-Semester Clinical Evaluation grade is determined an outline of the method for calculation is listed below:

1. The Bi-Semester Clinical Evaluation Form (BCEF) will consist of 100 points. Excluding the negative point reduction section on the last page, all other point reductions will be subtracted from a 100 point total. The negative point reduction section will also be subtracted from the 100 points possible. Absenteeism, etc, and film slide tests will be weighted and factored into the final grade.
2. When a student is judged to have committed a major error as identified above, a check mark will be recorded in the major error box on the BCEF in the appropriate area. A brief explanation will be recorded adjacent to the check mark.
3. Major errors will result in a (5) point reduction per occurrence. Given the negative impact upon one's grade, any student who does not receive a sufficient number of faculty or adjunct clinical instructor observation signatures will receive a 5 point addition to their overall bi-semester evaluation.
4. While other errors will be noted as they have in the past, such errors <u>will not</u> result in point reductions (e.g., part measurement, markers etc.) unless they correspond to the following discussions under a and b below:
    a. In the columns identified as "Positioning" on the Weekly Clinical Education Observation Form three (3) of same type positioning errors observed in an evaluation period will result in a 2 point reduction under Section B, Radiographic Positioning.
    Examples of same type positioning errors are as follows:
    3 instances where a student fails to correctly position an AP ankle.
    3 instances where a student fails to correctly position a KUB.
    3 instances where a student fails to correctly position a pelvis.

    Any single occurrence of the above examples, as well as numerous other possible examples, will result in a 2 point reduction if they occur during the same evaluation period. If two occurrences are observed (6 errors), then 4 points will be deducted under the section Radiographic Positioning. If three occurrences are observed (9 errors), then 6 points will be deducted, and so on.

b. For all other errors (non-positioning errors, e.g. part measurement, technique, patient dress and other subsections), if the same error is noted (3) or more times in a given evaluation period, then 2 points will be subtracted from the 100 points possible.

5. For the vast majority of students, all non-major errors marks will simply be used as a guide in counseling students where improvement may be needed.
6. The radiation protection section and the professional expectations section will require the instructor to make assessments as before with the exception that grading will consist of 0 and minus point reductions as opposed to the solely positive point assessment.
7. Attendance policies, tardiness, and early departure will be treated according to the SRM policies noted under those headings.

3.14.5 Competency Simulations

The vast majority of radiographic competencies are performed on actual patients in the clinical setting under the direct supervision of faculty or their designees. However, some competencies may be performed under simulation conditions in accordance with the following definitions: First, a competency simulation involves essentially the demonstration of positioning skills and the establishment/setting of fundamental exposure factors on a volunteer patient with another student usually acting as the patient. Under such conditions, these competency simulations do not involve actual x-ray exposures. Second, competency simulations may also involve the use of an inanimate object (phantom patient) wherein actual x-ray exposures are made.

Those studies in which competency simulations may be performed are listed below. Since competency simulations "could" be performed in one of two ways, one must understand which competencies require actual x-ray exposures and which ones do not. Adjacent to the examinations listed below, you will find either a patient phantom (PP) listing which means actual exposures are required, or the space adjacent to the exam will be blank indicating a simulation with a student patient and without an actual exposure. The competency areas available for simulation according to what has been discussed thus far are arranged according to major body structures and are listed as follows:

Upper Ext/Shoulder Girdle	Vertebral Column	Lower Extremity	Bony Thorax	Calvarium (PP)	Trauma Exams
AC Joints Scapula Clavicle Humerus	T-Spine SI Joins Sacrum Coccyx	Os Calcis Toes Patella Femur	Ribs Sternum Decub Chest SC Joints	Skull Sinus Mandible Facial Bones Orbits TMJ	CTL C-spine CTL Hip

The absence of (PP) in various examinations listed above does not mean that one should not use the phantom patient and perform actual radiographs. In summary, students are not permitted to perform simulations of any kind on examinations/structures not listed above. To do otherwise is a violation of departmental policy and will result in the nullification of the competency. Thus, competency simulations may be performed in accordance with the above guidelines with the choice of exams limited to those listed above. The ARRT limits the number of competencies performed via simulation to ten (10).

3.15 Student Affiliate Assignment

At the beginning of each semester, students are assigned to a particular clinical affiliate(s). Upon arriving to your clinical site, you will be required to complete a Student Orientation to Clinical Facility. It is your responsibility to complete this form in a timely manner. All students should understand that at all times they are considered to be guests in any clinical affiliate and must, therefore, respect and adhere to additional policies and procedures adopted by a given clinical affiliate. As stated elsewhere, students must treat patients in a caring and respectful manner, which also includes maintaining respect for a patient's expectation for confidentiality. The importance of patient confidentiality is addressed in established policies promulgated in HIPPA publications, which are discussed in RAD 304 - Patient Care. Students should also understand that even though you pay tuition for clinical education courses, tuition payments are not paid to clinical affiliates and, therefore, do not afford students special consideration when rotating through a given clinical affiliate.

The affiliates to which students will be assigned are: University Hospital (USAMC), Providence Hospital, USA Women and Children's Hospital, Mobile Infirmary Medical Center (MIMC), Springhill Medical Center (SMC), Thomas Hospital, Thomas Medical Center (TMC), North Baldwin Infirmary, Monroe County Hospital, Strada Patient Center, South Baldwin Regional Medical Center, Gulf Orthopedics, USA Freestanding Emergency Department, South Baldwin Freestanding Emergency Department, Providence Sports Medicine, and Perdido Freestanding Emergency Department.

Once a student is assigned to a clinical affiliate, they will remain in the assigned affiliate for the duration of the semester, typically for fifteen weeks, unless the faculty agrees that a student should be either reassigned or assigned on a part-time basis to another clinical affiliate.

Once a student is assigned to a clinical affiliate, clinical faculty will assign particular rooms in which that student will participate in clinical education. A student will not change their room assignment unless they have the consent of clinical faculty. Students leaving their assigned area will be subject to disciplinary actions.

3.16 Clinical Instructor Affiliate Assignments

Clinical faculty and Teaching Technologists employed by the Department of Radiologic Sciences are assigned to an affiliate or affiliates by the department chairperson. The instructor's responsibilities while in the affiliates are to observe and instruct students in the performance of diagnostic procedures and perform competency examinations. Students should note that clinical instructors are assigned to particular affiliates at the discretion of the department chair, and therefore, the instructor may be on a slightly different time schedule than that of the student.

3.17 Student Employment in Hospitals or Medical Clinics

Although it is permissible for students to be employed in hospitals or medical clinics, students should understand that such employment has no relationship to the clinical requirements or other expectations inherent in the current curriculum. Furthermore, while this program limits the combined number of clinical and didactic hours (classroom and lab) to no more than 40 hours per week, the time commitment is nonetheless substantial and, therefore, students are encouraged to keep this in mind when seeking part-time employment. Specifically, employment in the aforementioned sites has no bearing upon the following:

- Number of clinical hours required
- Number of clinical competencies required
- Length of program
- Course requirements
- Clinical affiliation contracts
- Student malpractice insurance
- Class and/or clinical schedules
- Class and/or lab attendance

In summary, experience gained through employment in hospitals or medical clinics will not substitute for other programmatic requirements. In addition, students are not allowed to wear program radiation monitoring devices during part-time employment.

3.18 Pathogen Prevention and Protocols

As a supplement to in-class instruction about ways to minimize your risk of exposure to a bloodborne pathogen (BBP) or tuberculosis (TB), the Pat Capps Covey College of Allied Health Professions has prepared two training modules that must be completed annually by faculty, staff, and students who are at risk of exposure. As a student of this department, you will be required to complete both of these modules annually since your assignments in the clinical setting increase your risk of exposure to BBP and TB.

Human Immunodeficiency Virus, (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS), is transmitted through sexual contact and exposure to infected blood or blood components and prenatally from mother to neonate. HIV has been isolated from blood, semen, vaginal secretions, saliva, tears, breast milk, cerebrospinal fluid, amniotic fluid, and urine and is likely to be isolated from other body fluids, secretions, and excretions.

Thus, this section emphasizes the need for healthcare workers to consider all patients as potentially infected with HIV and/or other bloodborne pathogens and to adhere to infection control precautions for minimizing the risk of exposure to blood and body fluids of all patients.

This approach, referred to as Universal Blood and Body-Fluid Precautions or Universal Precaution, should be used in the care of all patients, especially including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

1. All health-care workers should routinely use appropriate precautions to prevent skin and mucous-membrane exposure when contact with blood or body fluids of any patient is anticipated.
    a. Gloves should be worn for touching blood and body fluid, mucous membranes, or non-intact skin of all patients; for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skin surfaces should be washed immediately if contaminated with blood or body fluids. Hands should be washed immediately after removal of gloves.
3. Health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be (1) recapped, (2) purposely bent or broken by hand, (3) removed from disposable syringes, or otherwise manipulated by hand.
4. Health-care workers who have exudative or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

Implementation of universal blood and body fluid precautions for all patients eliminates the need for the use of the isolation category of "Blood and Body Fluid Precautions" for patients known or suspected to be infected with blood-borne pathogens.

Precautions for Invasive Procedures

An invasive procedure is defined as surgical entry into tissues, cavities, or organs, or repair of major traumatic injuries (1) in an operating or delivery room, emergency department, outpatient setting; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery, or (4) the manipulation, cutting, or removal of any oral or

perioral tissues, including tooth structure, during which bleeding occurs. The Universal Blood and Body Fluid Precautions listed above should apply also in areas of invasive procedures.

Precautions for Laboratories *(Spinal Fluid)

Blood and other body fluids from all patients should be considered infectious. The Universal Blood and Body Fluid Precautions listed above should always be followed. The following recommendations are also recommended:

1. All specimens of blood and body fluids should be put in a well-constructed container with a secure lid to prevent leaking during transport. Care should be taken when collecting each specimen to avoid contaminating the outside of the container and of the laboratory form accompanying the specimen.
2. All persons processing blood and body-fluid specimens (removing tops from vacuum tubes) should wear gloves. Gloves should be changed and hands washed after completion of specimen processing.
3. Laboratory work surfaces (table tops) should be decontaminated with an appropriate germicide after a spill of blood or body fluids after work activities are completed.

Housekeeping

Environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to patients or health-care workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary. However, cleaning and removal of soil should be done routinely.

Cleaning and Decontaminating Spills of Blood or Other Body Fluids

Chemical germicides that are approved for use as "Hospital Disinfectants" and are tuberculocidal when used at recommended dilutions can be used to decontaminate spills of blood and other body fluids. As you will learn in RAD 304, Patient Care, disinfectants should never be applied on a patient (skin or elsewhere). Antiseptics, on the other hand, may be applied directly on the patient (e.g., alcohol wipes). Many disinfectants can be considered to be chemically hazardous, so be particularly careful in dandling such chemicals in such a way as to protect your eyes from splash and avoid prolonged breathing of rapidly evaporating disinfectants. Always wear gloves when mixing disinfectants which require dilution, and pay close attention to the manufacturer's recommended dilution ratio. If you must use a mop or similar device to clean up a spill, be sure to contact Housekeeping and request a caution sign, if the spill occurs in an area where unsuspecting workers, patients, etc. will be walking.

Laundry

Although soiled linen has been identified as a source of large numbers of certain pathogenic microorganisms, the risk of actual disease transmission is negligible. Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. All soiled linen should be bagged at the location where it was used; it should not be sorted or rinsed in patient-care areas. Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage.

Accidental Needle Stick and Body Fluid Splash Policy

1. If a needle stick or bodily fluid splash occurs, you must notify the Department of Radiologic Sciences immediately after you have taken the necessary initial precautions, such as washing the affected area in large amounts of soap and water (445-9346).
2. If the exposure involves a needle stick, we recommend you request that an additional blood sample be taken from the patient involved for testing purposes.
3. After contacting the Department, you are strongly advised to report to the University Hospital Emergency Room and enter the University's Post Exposure Follow-Up Program (PEP). While enrollment is voluntary, we once again encourage you to enter the program. You will need proper identification, as well as your personal insurance card.
4. Upon arrival at UH – ER, identify yourself to the on-call ID Specialist as a USA Allied Health Student with a training-incurred potential HIV exposure. The on-call UH ID Specialist can order an exposure prophylaxis kit, which provides a 72-hour regimen of antiretroviral drugs. Understand that a delay of more than four hours may increase your chance of incurring an infectious disease.
5. Should an exposure occur after hours, call the UH operator at (251) 471-7000. Identify yourself, your location, and phone number that you can be immediately reached by ID personnel.

6. The above information is also outlined on the POST EXPOSURE PROPHYLAXIS CARD (PEP) given to each student during department orientation. This card should be available at all times when in the clinical setting

4. Radiation Protection, Health, and Safety Policies

It has long been established that exposure to ionizing radiation, such as x-rays, gamma rays, beta and alpha particles, have the potential of producing harmful effects in human beings. Potential harmful effects include life shortening carcinogenic promotion, birth defects, cataracts and skin lesions. The dosage necessary to produce any of these and other effects may vary from one person to the next (threshold dose, i.e., amount of ionizing radiation necessary to yield/produce a biologic change). The absolute need to reduce exposure rates/dosage has led to the development of the following policies, which are intended to reduce the chances of producing harmful effects in patients, and in those who work with and/or administer ionizing radiation. These policies are applicable to the clinical setting and to the energized laboratories where appropriate. The policies and procedures are as follows:

4.1 Radiation Monitoring

All faculty and students are required to wear radiation monitoring devices at all times in the clinical affiliates and in radiographic positioning labs (x-ray energized labs).

The departmental secretary will notify students via email when new monitoring devices arrive. Students are expected to exchange their expired radiation monitoring devices within one week following this notification. Students will initial their radiation monitoring report, acknowledging they have reviewed their recorded dose information.

Radiation monitoring devices are to be attached to the collar.

In cases of declared pregnancy, two radiation monitoring devices must be worn: one attached to the collar area and the other attached at the waistline. Pregnant students should consult the SRM for regulations concerning options regarding pregnancy.

During fluoroscopy procedures, lead aprons must be worn, and the radiation monitoring device attached to the collar must be worn outside the apron. When pregnant and performing fluoroscopy, the radiation monitoring device worn at the waistline shall remain behind/inside the PB apron.

4.2 Guidelines for Students employed and Students Not Employed in a Department of Radiology

Guidelines for Students Employed in a Department of Radiology:

- Students employed in a radiography department will wear the radiation monitoring device supplied by the Department of Radiologic Sciences during scheduled clinical days, but are not allowed to wear the same badge while working as a student radiographer. Instead, these students must wear a different radiation monitoring device supplied by the institution in which they are employed.
- Students employed as part-time student-radiographers will exchange the radiation monitoring devices supplied by the Department of Radiologic Sciences every month.

Guidelines for Students NOT employed in a Department of Radiology:

- Students not employed by a radiology department will exchange their radiation monitoring devices on a quarterly basis.

4.3 Radiation Exposure Reports

All radiation exposure reports are held in the Secretary's office for review. They are anonymized according to a specific radiation monitoring device number assigned to the student. The individual monitoring number is located on

the back of the film located in the plastic film badge holder. No one has access to this number except the student, radiation safety officer and faculty. The departmental secretary will notify students via email when new dosimeters and radiation exposure reports are received. Students will initial their radiation monitoring report, acknowledging they have reviewed their recorded dose information.

1. Permanent radiation exposure reports are maintained in the office of the University Radiation Safety Officer.
2. The University Radiation Safety Officer is responsible for monitoring and maintaining appropriate radiation safety practices and standards in accordance with applicable State and Federal regulatory agencies, e.g., Alabama Department of Health, Division of Radiological Health, and the Federal Nuclear Regulatory Commission.
3. Should an individual receive an overexposure on a monthly/quarterly report, the individual in question and the Department of Radiologic Sciences will be notified by the office of the University Radiation Safety Officer. Determinations regarding the cause(s) of the overexposure will be jointly made by the aforementioned parties. The department follows the guidelines below as recommended by the USA Radiation Safety Officer relative to monitoring radiation safety practices for students and employees:
    a. The ALARA Level 1 trigger limit is 125 mrem per quarter. While this reading calls our attention to a given student/employee, we watch the individual's dose like everyone else. Other than an informal discussion with the student/employee by faculty, no formal action is taken.
    b. The ALARA Level 2 trigger is 375 mrem per quarter. This reading requires a formal investigation, and a written report (including a statement from the participant). Among other procedures, a major part of the formal investigation addresses the cause, individual radiation protection practices, and continued close monitoring. The application of appropriate radiation practices is expected from all students and employees.
4. To transfer records of radiation exposure to another institution, one should contact the office of the University Radiation Safety Officer.
5. Concerns regarding radiation safety and associated health practices should be directed to the University Radiation Safety Officer (campus phone number: 460-7063) or to program faculty.

4.4 Fluoroscopy and Radiographic Procedures

When performing x-ray procedures, and particularly fluoroscopy, one should be conscious of the now age-old practice of observing Time, Distance and Shielding. With this thought in mind, one should:

1. Reduce the amount of time they are physically in the radiographic room, i.e., stand behind the Pb shielded booth.
2. If you must remain in the room, step back from the table as often as possible and if possible, stand behind the radiologist and/or a portion of the machine hardware. One must wear a Pb apron at all times when involved in fluoroscopic procedures.
3. Wear Pb gloves whenever necessary.
4. Students are not allowed to hold patients for image receptors during procedures.
5. Always attempt to remain outside/away from the primary beam, i.e., at right angles to the primary beam.
6. Always remember to afford yourself and the patient the same protection as you would a loaded image receptor.
7. When formulating exposure factors, be constantly mindful of the ALARA concept. Establish exposure factors based on the patient’s measurement (size), tissue consistency, SID considerations, patient age, pathology, area to be radiographed and all of the factors that affect contrast, density, detail, distortion and magnification.

4.5 Portable/Bedside Radiography

1. Always wear Pb aprons. Pb gloves should also be worn where appropriate.
2. Stand behind the portable unit where possible.
3. Always use the six-foot exposure cord to its maximum length (Distance).

4. Never leave the portable unit in a patient's room if it poses potential harm to the patient. Also, never leave the tube arm suspended above the patient when you leave the room.
5. Never place exposed or unexposed image receptors on the floor (potential spread of microorganisms) and employ plastic image receptor coverings in isolation cases.
6. Always make sure that you are not subjected to an excessive amount of routine assignments to portable radiography. Students should consult with clinical instructors and check the portable assignments developed by clinical instructors.
7. Always ask patient visitors to leave the patient's room.
8. If radiographs are to be taken in a large area such as SICU, announce to all personnel in the room that you are preparing to make an exposure. Be prepared to offer shielding to those that must remain.
9. If a patient has received recent radiographs, check the patient's folder or elsewhere for previous exposure factors. If none are present, record your exposure factors where they will be available to the next radiographer/student.
10. Students are not allowed to hold patients or image receptors during procedures.

4.6 Additional Guidelines for Equipment and Accessory Utilization, Exposure Factor Considerations and Other Safety Precautions

Proper utilization of radiographic equipment and accessory equipment along with proper exposure factor considerations often fulfill two important objectives. First, it promotes longevity of expensive equipment while reducing maintenance costs and, second, it plays an important role in reducing radiation exposure to both the patient and radiographer. The following guidelines are intended to be observed and practiced by faculty, Teaching Technologists and students to fulfill these objectives. Note: Students will be evaluated on most, if not all of the guidelines listed below during Bi-Semester Clinical Evaluations, Radiographic Competencies, Clinical Application Tests and on written/laboratory tests in didactic courses.

- Collimation, patient shielding, use of grids, use of calipers, and use of proper technical factors for patients of all ages
- Be mindful of the necessity of demonstrating air-fluid levels when aligning the central ray.
- Appropriate use of tube movement and tube locks.
- Stock and prepare the radiographic room before patient entry, as well as changing linens and keeping department clean and orderly.
- Maintain patient dignity, privacy, and demonstrate respect
- Know the location and expected content of the crash cart.
- Employ appropriate body mechanics when lifting or moving patients.
- Assure correct dosage, type, concentration and temperature of all contrast media.
- Maintain universal precautions to prevent spread of pathogens.
- Use AEC devices correctly, paying particular attention to correct centering of anatomical parts over ion chambers, and use density controls (-1, -2, 0, +1, +2) to control density. Do not adjust kVp to control density when using an AEC device, unless effective kVp is called into question.
- Report actual and suspected equipment malfunctions.
- Inquire regarding the pregnancy status of all female patients verbally or through written consent forms.
- Assess the patient's ability and/or willingness to: cooperate, hold breath, remain motionless, follow instructions (hearing and seeing), walk, assume and hold body positions.
- Maintain professional rapport and demeanor by using effective and professional communication skills.
- Maintain exposures as low as reasonably achievable (ALARA) and limit the length of exposure time.
- Use correct image markers.
- Check patient armbands and/or be careful in identifying outpatients.

4.7 Energized Labs

1. For instructional and testing purposes, the energized labs will be utilized in two modes. In one mode, the energized labs will employ radiation to yield actual images of phantom patients and other test devices. This is referred to as the exposure mode. The labs will also be used in a different mode referred to as the simulation mode. The simulation mode simply means x-rays will not be employed, and images will not be produced. The simulation mode represents a major part of the time used in the energized labs during positioning courses. Regardless of the mode employed, students will not be admitted to the energized lab without their dosimeters. Students are not allowed to use energized labs without the presence of faculty or a registered radiographer.
2. When the exposure mode is employed, all of the previously listed policies and procedures that one may typically associate with Clinical Education, which involves actual patient procedures are observed.
3. Measuring, accurate placement of lead blocking, collimation, etc. should be practiced during the simulation mode as these and other radiation safety practices will be observed and graded during laboratory practicals.
4. Use the labs to practice positioning. Reading assignments and studying in general should be reserved for times one is not in the energized labs.
5. During simulation and exposure modes, actively participate. Energized labs are intended for hands-on experience.
6. Students are encouraged to attend all supplementary lab meetings.
7. Students are reminded that radiographic equipment, phantoms, and other testing devices have a degree of fragility, and are expensive to acquire and repair. Students are expected to use the energized labs and accessories with the same degree of respect and carefulness as they do in the clinical setting. Mistreatment of equipment is dealt with in the same manner as in the clinical setting.
8. Students are expected to conduct themselves in a professional manner. Inappropriate behavioral-related problems will not be tolerated.
9. Food and drink are not permitted in the x-ray rooms.
10. Prior to leaving the lab, return all rooms to their previous states of arrangement and turn the x-ray unit off.
11. Be in attendance and practice, practice, practice.

4.8 Magnetic Resonance Imaging (MRI) Safety Practices Policy:

Although MRI does not employ ionizing radiation, it nonetheless has the potential to cause harm to students, technologists, other staff personnel and visitors who accompany patients. Therefore, there are fundamental safety considerations one must observe when entering the MRI area. MRI safety practices are divided into two parts of instruction. A brief outline of part one is offered in the following:

4.8.1 Entering junior students will review an online module in orientation, and attend a lecture regarding basic MRI safety. An overview of the content of these presentations will address the following areas regarding common MRI safety issues and concerns:

A. Environmental considerations
B. Magnetic field impact
C. Radio frequency (RF field impact)
D. Magnetic field warnings; safety zones
E. Pregnancy: technologist and patient
F. Screening of individuals entering the magnetic field (screening forms)
G. Identification of risk factors: Ferromagnetic devices (wheelchairs, O2 tanks, IV poles, etc.)
H. RF field
I. Effect on biomedical implanted devices, credit cards, electronic devices, etc.
J. Biological effects (SAR)
K. Sedation issues and use of monitoring devices
L. Importance of in-service education of staff/ancillary personnel

4.8.2 Students will be required to complete an MRI screening sheet during MRI safety orientation.

4.8.3 The second part of MRI safety practices is limited to students who select MRI as an advanced imaging modality during their senior year. Specific information regarding safety practices and related policies can be found in the syllabi of the following courses:

a) RAD 468 – MRI (I)
b) RAD 469 – MRI (II)

5. Fit For Duty

The program's expectation is that all students participating in clinical education activities are able to perform the duties required. The program reserves the right, in its sole discretion, to remove students from class and/or clinical education activities if a student has suffered an injury or through a major illness, has recently had surgery, or has exhibited behavior that may make participation in any aspect of the program dangerous to the student, other students, faculty and staff, or patients. The program may also, in its sole discretion, require documentation from an appropriate healthcare provider prior to allowing a student to return to participation in classes and/or clinical education activities.Students may also seek accommodations with the Center for Educational Accessibility and Disability Resources (CEADR). However, accommodations may only be provided if they do not fundamentally alter the requirements of the program, and accommodations are rarely available for clinical education activities provided at off-campus facilities. As such, students in need of accommodations in the clinical setting may experience a delay in their anticipated graduation timeline.

6. Hold Harmless Provision

All University affiliation agreements with clinical sites include a *Hold Harmless and Indemnity* provision. This provision is a standard legal requirement that outlines who is responsible in the event of an accident, injury, or claim that may occur during a student's clinical rotation.

> *To the extent permitted by law, the University will defend, indemnify, and hold the hospital or clinical site, along with its staff and representatives, harmless from claims, losses, or liabilities resulting from the actions of University employees or students—except in cases where the site is solely responsible due to its own negligence or misconduct.*

Definitions

- **Hold Harmless**: A clause in which one party agrees not to hold the other legally responsible for certain damages or legal claims.

- **Indemnify**: A promise to cover or reimburse another party for costs, losses, or legal claims related to specific incidents.

Student Implications

Students participating in clinical education are covered under the University's legal agreements and liability insurance in cases involving accidental injury or negligence during routine clinical duties. For example, if a patient falls or receives improper care due to an honest mistake, the student would generally be protected under these provisions. However, this protection does not apply to illegal, criminal, or intentional acts. Theft, assault, intentional harm, or property damage are examples of actions that fall outside of the Hold Harmless and Indemnity coverage. In such cases, the student is personally responsible, and the University, faculty, and clinical site will not assume liability.

Students are expected to follow all clinical guidelines, perform duties professionally, and uphold ethical standards. Legal protection is provided for unintentional errors made during the normal course of clinical education. However, any criminal or intentional misconduct will result in full personal accountability.

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