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INTRODUCTION

Students enrolled in the Central Ohio Technical College Radiologic Science Technology Program will be responsible for observing college rules and regulations as stated in the current college Code of Student Conduct. This can be found on the COTC website:


All radiologic science students are required to become familiar with the following Radiologic Science Program policies, procedures, and requirements. Failure to do so will not exempt or excuse the student from full compliance. Failure to comply with policies will affect student evaluations and may result in dismissal from the Radiologic Science technology program if the student shows no improvement or makes no attempt to correct errors after counseling with the radiologic faculty. Questions relative to the content should be directed to the program faculty.
Clinical Practice Policies
CLINICAL COURSE SEQUENCE GOALS

Radiologic Technology is an applied science and one component of the curriculum is clinical education. Students will be assigned to a clinical affiliate during the Autumn Semester of their first year. The intent of clinical education is to:

1.0 Acquire proficiency in a wide variety of diagnostic radiologic processes by applying classroom theory to the actual practice of technical skills on specified levels of competency.

2.0 Develop and practice professional work habits and appropriate interpersonal relationships with patients and other members of the health care team.
CLINICAL AFFILIATIONS

Students enrolled in the Central Ohio Technical College Radiologic Science Technology Program will be scheduled for rotations through the various clinical affiliations by the program faculty in consultation and agreement with the clinical affiliate.

C.O.T.C. contracts with several area hospitals to provide clinical education opportunities for students. Students enrolled in the program shall comply with all policies and procedures of each affiliate. Students are responsible for familiarizing themselves with the appropriate information which will be provided by the Clinical Instructor.

C.O.T.C. maintains the following major affiliations:

Licking Memorial Hospital........................................ Newark

Grant Medical Center................................................. Columbus

Mount Carmel Medical Center...................................... Columbus

Mount Carmel East Hospital........................................ Columbus

Fairfield Medical Center.......................................... Lancaster

Knox Community Hospital......................................... Mt. Vernon

Coshocton Regional Medical Center ...................... Coshocton

St. Ann’s Hospital..................................................... Westerville

Assignment durations will be as follows:

First assignment .................. Semesters 1 & 2

Second assignment .......... Semester 3
The clinical affiliates are independent agencies concerned primarily with patient care and therefore have the right to deny access to any student who they deem unfit to represent them to the public. This may be due to such things as the students' actions, skills, attitude or poor professional appearance and can occur at any time during a semester. It is the student's responsibility to display conduct in a manner appropriate to the professional environment. In the event a student is denied clinical assignment due to their actions in each available affiliate and cannot be placed in a major affiliate, an unsatisfactory grade will be given and the student will not be able to continue in the program. This policy is strictly adhered to. There are NO exceptions for any reasons.
CLINICAL AFFILIATIONS

Licking Memorial Hospital
1320 W. Main Street
Newark, Ohio 43055
Radiology Manager: Debbie Briggs R.T.T
Clinical Instructor: Devin Fazakas, RT (R)
Phone: 220-564-4710

Grant Medical Center
111 S. Grant Avenue
Columbus, Ohio 43215
Radiology Manager: Susan Felty
Clinical Instructor: Barbara Stewart, R.T.(R)
Michi Fletcher, RT (R)
Phone: (614) 566-9519

Mount Carmel Medical Center
793 W. State Street
Columbus, Ohio 43222
Clinical Instructor: Brad George, R.T.(R)
Rhonda Montrose, R.T.(R)
Phone: (614) 234-5100

Mount Carmel East Hospital
6001 E. Broad Street
Columbus, Ohio 43213
Operations Manager: Mark Aiken R. T. (R) Clinical Instructor: Mark Aitken
Phone: (614) 234-6770

Fairfield Medical Center
401 N. Ewing Street
Lancaster, Ohio 43130
Radiology Manager: Cheryl Stillberger
Clinical Instructor: Gene Klinger, RT (R)
Phone: (740) 687-8130

Knox Community Hospital
1330 Coshocton Road
Mt. Vernon, Ohio 43050
Brad Sharp, R.T.(R)
Phone: (740) 393-9040

Coshocton Regional Medical Center
1460 Orange Street
P.O. 330
Coshocton, Ohio 43812
Radiology Manager: Larry Tharp RT (R) (MR)
Clinical Instructor: Holly Kirker, R.T.(R)
Phone (740) 623-4185 (Larry) (740) 623-4133 (Holly)

St. Ann’s Hospital
500 South Cleveland Ave.
Westerville, OH 43081-8998
Radiology Supervisor: Andrea Nyhart
Clinical Instructors: Ann Baughman, B.S.R.T.(R) A Matt McNally
Phone: (614) 898-4025
Each clinical affiliate has at least one designated Clinical Instructor. This technologist is responsible for students during their clinical assignments. Students should discuss any problems or ask questions relative to program/hospital procedures and policies with these radiographers. The following persons are clinical instructors:

**GRANT MEDICAL CENTER**

Barbara Stewart, R.T.(R)

Michi Fletcher, R.T.(R)

**LICKING MEMORIAL HOSPITAL**

Devin Fazakas, R.T.(R)

**MOUNT CARMEL EAST HOSPITAL**

Mark Aitken R.T (R)

**MOUNT CARMEL MEDICAL CENTER**

Brad George R.T.(R)

Rhonda Montrose R.T.(R)

**FAIRFIELD MEDICAL CENTER**

Gene Klinger, R.T.(R)

**KNOX COMMUNITY HOSPITAL**

Sean Allen R.T(R) (MR)

Brad Sharp, R.T. (R)
In addition, the program may provide the students with opportunities to observe in several local health care facilities.
TRAVEL EXPENSES

Travel to the clinical location is the responsibility of each student. Every attempt will be made to schedule students car-pooling to the same affiliate for at least one rotation if possible. However, clinical assignments are not prioritized by geographical needs as much as educational needs. The program strives to assign you to a facility that best meets your learning styles and professional growth as a radiographer. Access to a personal mode of transportation is your responsibility.
ATTENDANCE

Radiography is an applied science and clinical education provides an opportunity to become proficient. You cannot perfect your skills if you are not in the clinical environment.

If unavoidable circumstances will result in tardiness or absence, students are required to notify the clinical supervisor/instructor by 7:30 AM or as specified by the clinical instructor at the individual site. All affiliate phone numbers are listed in the previous section and under "Clinical Affiliate." The fact that the call is long distance does not excuse the student from personally notifying the clinical instructor. Do not ask your classmates to “pass on “the information, you must personally call. Clinical points will be given to the student for each tardy and/or absence according to the clinical grade policy. If a student must leave a clinical assignment early, points calculated on a pro-rata basis may be assigned depending on the reason for leaving. Habitual tardiness and/or absenteeism may result in dismissal from the program. Absences of three or more consecutive days for reasons of illness will require a physician's statement regarding student capability to resume clinical assignments.
LUNCHES/BREAKS

Students may purchase meals in the hospital cafeteria. Some facilities extend the employee discount to students. To receive this benefit, uniforms with appropriate name tags must be worn. Coffee breaks, lunch, or dinner schedules will be assigned at the discretion of the clinical supervisor/faculty member. Students will receive one 15 minute break during every 4 hour block they are scheduled in the clinical. If the assignment includes the lunch or dinner hour, students will be given a one-half hour meal break. Since clinical hours are calculated from arrival in the department to departure and include all breaks, students may not leave the affiliate for meals. If students must leave the premises for any reason, he/she must document this via the time appropriate signatures on the time cards. Points calculated on a pro-rata basis may be assigned depending on the reason for leaving. **If the student fails to take the lunch break, he/she cannot deduct this from the scheduled assigned time.**
CLINICAL ATTENDANCE DOCUMENTATION

Each student will be provided with a time card for daily documentation of clinical attendance. The student is responsible for maintaining an accurate record. Students are to return these to the instructor during the campus meeting of the clinical course. Failure to submit these on the scheduled day is an assessable violation, resulting in points (see grading policy).

It is the student's responsibility to maintain accurate records of his/her attendance. Students must have cards signed by the clinical instructor or designated radiographer. Cards must be signed and dated AT THE TIME OF ARRIVAL and AT THE TIME OF DEPARTURE. If a card is not signed, the student will be considered absent for the day, regardless of the circumstances.

Falsification of time cards, such that they do not indicate precise times of attendance or the signature is falsified, is considered unprofessional and unethical. It is an assessable violation and students may also be recommended for academic misconduct and immediate dismissal of the program. (Refer to "Code of Student Conduct" found on College Website)
CLINICAL ROOM ASSIGNMENT

At the clinical facility, each student will be assigned to a room/area for a one or two week period. These assignments are developed by the program faculty with the approval of the clinical instructors. Copies of room assignments for the complete semester will be distributed to each student and are available in each affiliate. If the examinations to be performed in your area are completed for the day, ask the clinical instructor or room technologist if you can be of assistance in another area. Never infringe upon another student's opportunity to learn in his/her scheduled room.

If a student needs to alter a scheduled assignment, he/she must notify the Clinical Coordinator (College Faculty) in writing stating the reason for the change at least one week in advance. It is at the discretion of the Clinical Coordinator to approve the request.

At the beginning of each assignment you should:

1. report to the assigned area on time
2. locate the radiographer assigned to that area
3. Introduce yourself.

The radiographer will then provide direction for the days assignments. If you don't know what to do **ASK!** Do not stand idly by and observe someone else working. There are many small duties associated with every exam and you should begin to anticipate them and work with the radiographer. The technologist is responsible for your work and will determine when you are capable to assume new responsibilities. The radiographer and therefore your immediate supervisor. You must keep them informed of your location.

Failure to do this is an assessable violation.
PERSONAL LATERALITY MARKERS

Students will use their own laterality (right and left) markers to properly identify every radiologic procedure they perform. COTC will provide the first set of markers. All subsequent sets of markers will be paid for by the student. **NO evaluations will be accepted by faculty** without appropriate student identification exposed on the image. Level II competency requires personal markers on a minimum of 50% of the images presented; however every image must have a laterality marker visible. Level III competency requires personal markers on all images presented.
UNIFORMS AND APPEARANCE

The personal appearance and demeanor of radiologic technology students from Central Ohio Technical College reflect both the college and professional standards and are indicative of the students' interest and pride in their profession.

While on clinical assignments, the uniforms will be cleaned and pressed. Surgery uniforms will be worn only during the performance of the surgery assignments.

Any students reporting to the clinical assignment in an improper uniform or attire, or in a soiled or untidy uniform, may be sent home by the Clinical Instructor. If the student does not have transportation home, he or she will be removed from the floor and not be allowed to perform in a student capacity. The student will be considered absent for these hours and clinical points will be assigned accordingly. (Clinical Grade Policy).

When in the clinical areas, all students shall observe the following uniform guidelines:

1. Wear the appropriate navy blue scrub uniforms as designated by the College. Students may wear either a short or long sleeve white tee-shirt under the scrub shirt. Short sleeve tee-shirt sleeves must be shorter than the scrub sleeves.

2. All white leather gym or professional shoes must be worn. They must be maintained in a manner that would reflect a professional appearance.

3. All students will wear the official COTC student ID badge.

4. All students will wear a COTC patch affixed to the uniform. This should be in the upper left bodice slightly above the pocket area. These can be purchased at the bookstore.
5. Hair will be neat at all times. Students with long hair shall tie it back and keep it off the face. Facial hair must be neatly groomed and reflect a professional appearance.

6. Make-up shall be used discreetly.

7. Perfumes and aftershave lotions will be used in moderation, but preferably not worn.

8. Students are permitted to wear wedding and engagement ring ONLY. Small earrings may be worn. No costume or oversized jewelry will be worn. The College and/or clinical affiliates are not liable for any lost jewelry.

9. Body Piercing: The only visible body piercing allowed is ear piercing. This is limited to 3 piercings/ear. Tongue rings must be “tongue colored” and not noticeable when talking. If the clinical facility objects to any piercing, the rings/jewelry must be removed while in the clinical area.

10. Tattoos must not be visible. They may be covered by clothes or bandage.

11. False fingernails are not permitted at the clinical sites. These have been proven to harbor and transmit bacteria harmful to patients.
PARKING

Free parking is provided for all students while assigned to clinical education.

Licking Memorial Hospital

Students are to park behind building 4.

Grant Medical Center

All students must park in the lot located at the Columbus Commons (level 5). A shuttle bus will take you to the hospital door. The bus runs every 10 - 15. During evening rotations, students may park closer to the facility. See the Clinical Instructor prior to any evening rotations for instructions about those shifts.

Mount Carmel Medical Center

Students must park in one of three Parking Lots. The preferred located on the South East corner of Green Street and Rich Street. This is by the Senior Services Building.

Mount Carmel East Hospital

Students may park in any employee lot.

Fairfield Medical Center (Fee associated)

Students may park in any employee lot.

Knox Community Hospital

Students may park in any employee lot.

Coshocton Regional Medical Center

Students may park in the employee lot.

St. Ann's Hospital

Students may park in the employee lot.
CLINICAL NOTE PAD

Each student must carry a small pocket note pad or commercially available alternative with them for recording techniques/routines at each institution. Information on these can be obtained from the program faculty and ordered by the student. Faculty will periodically ask to see these to assess the quality and accuracy of student entries.
Final Acceptance of Images

Students will not assume the responsibility for final passage or acceptance of patient images. This is the responsibility of the facility employee and technologist supervising the student. All images taken by students must be checked with the technologist prior to passage.
OCCURRENCE REPORTING

An occurrence is a variance in events not consistent with desired operation or care of a patient. All occurrences/incidents that take place while on clinical assignment that result in patient, hospital personnel, or personal injury and/or damage to equipment must be reported immediately to the Clinical Instructor and/or Program Director. In addition, a hospital occurrence/incident report must be filed with program and hospital officials. Students are responsible for complying with all safety procedure. Incidents will be reviewed and appropriate action will be determined by program faculty.
GENERAL POLICIES

1. You may bring textbooks to clinical; however, they must remain in the lounge area. Remember, you may use these for reference or study during slow periods, but do not sit and study when examinations are scheduled in your assigned area. You cannot gain the practice and experience needed unless you are an active participant in the examination process.

2. Never congregate in another person's work area or in view of patients. This makes it very difficult for staff members to perform their work and appears unprofessional to patients.

3. Be interested in keeping the department clean and efficient by reporting any deterioration, breakages, malfunction of equipment, or depletion of supplies that come to your notice. This will facilitate prompt repair and re-stocking.

4. Whenever situations arise you are unable to handle or have questions/concerns, seek advice before proceeding further.

5. The technologist assigned to your room will assist and direct you with procedures, positioning, techniques, etc. This provides you with an excellent one-on-one learning experience. If you need guidance or assistance—ASK! This is your opportunity to become proficient and learn to produce quality radiographs. Do not be afraid to attempt exams. All personnel recognize that you are learning and no one expects you to be perfect the first time. But you must be assertive. It is not the radiographer’s position to convince you to learn to try an examination -- they are there to guide and help you. Take advantage.
CELL PHONE USE

The use of cell phones is prohibited in patient care/technologist work areas. Cell phones may be used during student scheduled breaks and lunches. If the student is expecting an emergency notification, they should use the department direct line and the technologist in charge will notify the student. Repeated occurrences will lead to disciplinary action.
PATIENT IDENTIFICATION

Patient identification must be checked using 2 or more different identifiers as required by Joint Commission. Always check identification bands on all house and emergency patients to assure proper identification. This should be done at the following times:

a) when transporting a patient from their room to the department

b) when bringing a patient into the radiographic room

c) before the first exposure is made.

When summoning an outpatient from a waiting or dressing area, ask them to state their name. Do not say, "Are you Mrs. Smith?" Too often patients will answer yes, thinking they will get finished faster or misunderstand. Always correlate both first and last names of individuals with the examination order. A second identifier must be used, which can include confirming the date of birth, or other specific information.
PATIENT CONFIDENTIALITY

All hospital and patient records are confidential in nature. Do not discuss a patient, his/her illness, or his/her private affairs with anyone, publicly or privately. Students are expected to maintain confidentiality in a professional manner. Breech of this confidentiality will subject the student to dismissal from the program and possible legal action by the patient (HIPAA-Health Insurance Portability and Accountability Act). No information may leave the clinical site with any patient identifier on it. This includes any patient images. Failure to comply with may result in dismissal from the program and legal recourse.
PATIENT'S MODESTY

The modesty of the patient must be respected at all times. Patients should receive ample gowns, robes, and blankets to cover their body. Assistance should be offered if a patient's private area is uncovered or exposed.
Use of Social Networking Sites
The program recognizes that social networking websites and applications or individual blogs are important means of communication. The use of technology can be a valuable research tool when used appropriately. Unfortunately, the use of technology has been shown to create potential liability for the student and the college. Posting certain information is illegal and violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability. The following actions are **strictly forbidden**:

- You can not post or communicate any patient related information or information that may potentially identify a particular patient. Removal of the patient’s name does not solve this problem- inclusion of gender, age, race diagnosis, etc may still allow the reader to recognize the individual. Violation of this requirement **may result in dismissal** from the program.
- You may not post or communicate private academic information about another student, including but not limited to grades, evaluations or any adverse academic actions.

In addition to the absolute prohibitions listed above, the following actions are strongly **discouraged**. Violations of these guidelines are considered unprofessional and may be the basis for disciplinary action:

- Display of vulgar language
- Display of language or visuals that imply disrespect for any individual or groups because of age, gender, ethnicity, religion, or sexual orientation
- Posting of potentially inflammatory or unflattering material regarding a fellow student, college faculty or administration.

Any student or faculty member who is aware of the use of social networking sites with any of the above prohibitions is required to report. Failure to report is a violation of the college’s *Code of Student Conduct*, item O and may result in disciplinary action to and including dismissal from the program.

Faculty are discouraged from “friending” students while the student is actively enrolled in the program.
Clinical Supervision and Evaluations
EVALUATION AND GRADING

The student **must** maintain a passing grade (Satisfactory) in the clinical area to continue in the program. Failure to achieve an S for the clinical education course is grounds for dismissal from the Radiologic Technology Program **regardless of the any other grades or the students GPA**.

You will receive a syllabus for each clinical course detailing the requirements and objectives which must be met to pass. Some general reasons for failure in these courses include but are not limited to:

1. **Accumulation of more than 21 points** as outlined on the point sheet titled Clinical Grade (pg.47 & 48).

2. Failure to complete the minimum number of category competencies for a given semester.

3. Failure to maintain and submit the weekly journals assignments as designated at the beginning of the semester.

4. Receive more than two negative anecdotal notes relating to the same type of conduct and/or personal appearance for a given semester.

5. Failure to adhere to published college and/or program policies.

6. **Display unprofessional conduct** as identified in Section II.

7. **Display practices which are unsafe to patients, personnel, and other students or self.**

   These habits must be documented by program faculty and facility radiographers.

   When this professional judgment is made, the student involved will be removed from the patient contact area and counseled relative to future options.
Students are reminded that in order to advance within the Central Ohio Technical College Radiologic Technology Program, a grade of "C" or better must be maintained in all Radiologic Technology Program and Human Anatomy and Physiology courses.
SEMESTER EVALUATIONS

Each semester you will meet with your clinical instructor to assess your progress. Using the semester evaluation form, areas of strengths and weaknesses will be discussed. Suggestions for improvement or individual guidance will be given as needed. This information will be submitted to the program faculty for guidance and counseling.
**Bi-WEEKLY EVALUATIONS**

Students may be evaluated bi-weekly by the supervising technologist. The technologist will submit these evaluations to the Clinical Instructor who will utilize them to determine the overall needs of the students. Information will be incorporated into the end-semester evaluation and shared with the student at that time.
STUDENT ____________________________

Please rate the student's technical performance in the following categories using the following guidelines.

1. Indicates that the performance level standards are **NOT** met and the student is **NOT** competent in that area (please comment)
2. Indicates the performance level standards are inconsistently met, indicating below average competency (please comment)
3. Indicates the performance level standards are generally met, indicating average competency
4. Indicates the performance level standards are substantially surpassed, student is reasonably capable.
5. Indicates the performance level standards are substantially surpassed, student is very competent.

*Performance level standard: Please consider the student's level of education and experience and evaluate him/her relative to the expectations at that level. Please evaluate these students based upon entry level technologists expectations.*

### Technical Skills

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<td>Ability to perform the procedure commensurate with experience, include positioning and control panel setting or technique selection skills.</td>
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### Interpersonal Skills

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<td>ability to work with staff harmoniously</td>
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### Non-Technical Skills

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<tr>
<td>room prep, care of equipment, room clean-up, etc.</td>
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</tbody>
</table>
Patient Safety

1 2 3 4 5

Radiation protection, physical safety, protection of patient, staff and others

Professional Conduct

1 2 3 4 5

work ethic, appearance, attendance

Customer Service Skills

1 2 3 4 5

Friendliness, approach to patients

The student’s strong areas are:

Potential areas for improvement:
General Comments (either about the student or the experience in general). Are there any suggestions for improvement?

Clinical Instructor signature/ date______________________________

Clinical Facility/Modality_____________________________________

Student Signature/date_______________________________________
Central Ohio Technical College
Radiologic Science Technology Program

STUDENT MID-SEMESTER EVALUATION

Student________________________ Received by Clinical Instructor__________

Due Date ________________

Directions: Please answer the following as they pertain to the above student. Please be honest and objective. This process is intended to be formative and will be utilized to help the student improve his/her clinical skills. Please consider the student’s level of experience and knowledge and evaluate him/her relative to the expectations at that level.

The students’ strongest ability or characteristic in the following areas:

a) technical ability

b) interpersonal skills

c) Professional conduct
Potential areas for improvement:

a) Technical ability

b) Interpersonal skills

c) Professional conduct

General Comments:

Clinical Instructor signature/date______________________________

Student signature/date______________________________
Please evaluate the performance of __________________________ as you have observed within the past week. Remember the students level of knowledge and familiarity with the hospital. Students are still in school because they are still learning. Do not compare them to registered technologists. **When completed give the form to the clinical instructor. Do not give back to the student.** This information will be used to complete the students end semester evaluations.

5 = performance level surpassed. Student very competent in areas observed
4 = performance level consistently met. Student skill level commiserate with experience
3 = performance level inconsistent. Occasionally met, Student minimally competent
2, 1 = performance level not met. Student skill below level of experience/ knowledge

**Positioning skills**

<table>
<thead>
<tr>
<th>Routine radiography</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>N/O</th>
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<tbody>
<tr>
<td>Contrast studies</td>
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<td>mobile/surgical</td>
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**Patient care**

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<td><strong>Professional conduct/attitude</strong></td>
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<td><strong>Interpersonal skills</strong></td>
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<td><strong>Documentation</strong></td>
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<td><strong>Equipment manipulation</strong></td>
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<tr>
<td><strong>Radiation protection</strong></td>
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Comments:

Technologist signature_________________________ Date ____________
ANEC DOTAL RECORD

The college faculty or clinical supervisors will complete anecdotal records when they deem
necessary. This is a record of an event involving a student. Comments may be positive or
negative. The objective is to provide the faculty and student with insight into a student's
clinical habits. The student will then receive help or counseling if indicated.
CENTRAL OHIO TECHNICAL COLLEGE

ANECDOΤAL RECORD OF

VERBAL COUNSELING/COMMENDATION

Student Name________________________ Current Date________________

Instructor_________________________ Affiliate_________________
Date of Counseling/Commendation

Instructors Description of Event:

Topics Addressed with Student:

Plan of Action (if applicable):
Student's Response as Described by Instructor:

Instructor's Signature_______________________________ Date ______

I have read the above report and discussed the event with my instructor.

_________________________________________(Student signature)

A signature does not ensure that the student agrees with the report.
CLINICAL SUPERVISION OF STUDENTS

Direct Supervision

Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographers. The parameters of direct supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student’s achievement.

2. A qualified radiographer evaluates the condition of the patient in relation to the student’s knowledge.

3. A qualified radiographer is present during the performance of the examination.

4. A qualified radiographer reviews and approves all images.

In support of professional responsibility for provision of quality patient care and radiation protection, unsatisfactory images shall be repeated only in the presence of a qualified radiographer, regardless of the student’s level of competency.

Indirect Supervision

After demonstrating competency, (level II evaluation) students may perform procedures with indirect supervision.

Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.
Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiologic procedure is being performed. This availability applies to all areas where ionizing radiation is in use.
CLINICAL POINT SYSTEM

The grade you earn in the clinical courses will reflect your knowledge and skill. However, numerous repeated policy violations will result in failure of clinical. Your conduct in the clinical component will be calculated into your assigned course grade. If all the clinical policies are abided by and the competencies are met, your grade in this course will be Satisfactory (S). However, when your clinical performance is not in accordance with the handbook, you will receive points for each violation. When more than 21 points are accumulated, the student will be counseled by program faculty, which may result in dismissal from the program. The students are reminded to familiarize themselves with all program policies and to check with the faculty to ascertain the number of points accumulated to date.

The following points will be assigned in the instances described:

- 2 points ....................... journals turned in late
- 2 points ....................... time cards turned in late
- 2 points ....................... incomplete time card

**• Points/absenteeism:**

Semesters with clinical 2 days/week = 8 points/ day or 1 point per hour missed. Semesters with clinical 3 days/week = 5.28 points / day or .66 points per hour missed.

1 point ....................... late for clinical (1/2 hour or less)

---points ....................... late for clinical (more than 1/2 hour): points awarded per hour for missed time + 1 point additional for being late

* special arrangements made with CI and faculty prior to date of clinical are exempt.

4 points ....................... unreadable time card

4 points ....................... failure to notify clinical instructor of absence as outlined in clinical handbook

1-3 points ....................... unprepared for competency evaluations or non-pass (any level)
2 points ..................... dress code violation

2 points ..................... missed Clinical Evaluation Lab Level I; Clinical Level II & III appts. (points assigned per appointment)

5 points ..................... documented violation of radiology department policy i.e., smoking, parking etc.

5 points ..................... documented violation of radiology student handbook policy

2 points ..................... studying for critiques when assigned to radiographic area.

2 points ..................... leaving assigned area without notification to CI or technologist

4 points ..................... refusing to accept assignments by the clinical instructor or supervisor commensurate with student capabilities

22 points ..................... receiving competency evaluation while working as an employee

22 points ..................... falsification of attendance records. This includes anything that would lead the faculty to believe you were in your assigned area (or alternative assignment as directed by the clinical instructor) when you were not. At any time the technologist assigned to your area or the clinical instructor should know your location. It is your responsibility to keep them informed.

22 points ..................... possessing drugs, liquor or engaging in their use or being under any remaining effects of such during clinical education. The student is referred to the policy on substance abuse for further details.

22 points ..................... breaching patient confidentiality

22 points ..................... theft of any article while in the clinical affiliate

22 points ..................... scheduling employment clinical concurrent with student clinical experience

22 points ..................... failure to turn in time card by last day of scheduled class
*Students must complete 90% of the scheduled clinical education days to receive a passing grade.

*These hours must be completed prior to the end of the scheduled semester for grade submission.

*If a student misses more than the hours allowed (16 hours in the autumn/spring semesters or 24 hours in the summer semester), they may elect to make the time up.

*Due to the limited time available for these clinical experiences in accordance with the clinical affiliate contracts and JRCERT requirements, only 2 make up days will be allowed. The make-up days will occur during finals week of the semester.

*Make up time will be scheduled for the same clinical hours and clinical rotations originally missed.

*Maximum # of hours allowed to be made up / semester is 16.

*Each assignment made up will erase the original number of points assigned for clinical absence (16 maximum) ALL other points will remain.

* Final exams will NOT be re-arranged to accommodate make-up time.

* Scheduling of make-up time will be done with the Clinical Coordinator and the Clinical Instructors

Long- term medical problems (i.e. pregnancy, surgery) will be addressed on an individual basis. Students may elect to take a medical leave for a set period of time in the event of long term medical problems. Students should discuss this with the Clinical Coordinator.
Central Ohio Technical College reserves the right to make changes without notice in the radiologic curriculum, scheduling, and policies in order to preserve the high standards for approval and accreditation of the Radiologic Technology Program.
General policies
PROFESSIONAL LIABILITY INSURANCE

Due to direct patient contact, the College provides professional liability insurance which provides coverage only while you are assigned to the clinical site in a student capacity. If you wish to carry an individual policy it should be in the category of Student Radiologic Technologist.

HEALTH INSURANCE

Neither Central Ohio Technical College nor the clinical affiliates assumes responsibility for medical expenses that may be charged to you for incidents occurring during your clinical experience. Therefore, you are urged to purchase personal health insurance. If you already have a policy, check the details of the coverage. If an injury occurs while the student is participating in clinical education, the emergency room facilities will be made available to him/her. However, the student will be billed for services rendered.
STUDENT HEALTH: GENERAL REQUIREMENTS
COTC is contractually obligated to affiliated healthcare agencies regarding assured healthcare status of students. Each student is responsible for verifying his/her healthcare status as required by the Radiologic Science Technology (RT) program and our affiliated clinical agencies. The student should be aware that a clinical agency may request copies of health information, such as vaccine records, to verify compliance.
Each student is responsible for any needed emergency care, medical supervision of chronic conditions, and costs involved. When questions or symptoms exist, the faculty may request that a student obtain written verification of his/her health status from their healthcare provider. If a student has experienced a health alteration which has the potential to negatively impact the student’s clinical performance, the faculty may request a medical release from the student’s physician verifying they may perform without limitations.
Students admitted into the RT program must comply with immunization and other health requirements before the first day of clinical. Students are expected to remain in compliance as long as they are actively enrolled in RT courses.

The student must inform the Program Director of any disability, change in health status and/or therapy which may affect ability to safely perform the role of an RT student. The student may be required to provide a written release from their physician, verifying that they may perform without limitations.

- The physical exam and immunization form must be completed by a physician or nurse practitioner designee. A physical exam must be completed within the last 12 months. All documentation must be complete BEFORE the first day of clinical.
- All required immunizations should be current. See Immunization Policy.
- The Program Director or Clinical Coordinator will collect and review the documentation for the student health folder.
- Students must keep a set of all personal health information. The clinical coordinator retains student health files for one term after graduation. After that date, all health files are destroyed.

- Students who are identified as having possible latex allergy must be medically evaluated about potential risk, and are strongly urged to consider another field since latex is prevalent in the healthcare environment. Students with confirmed latex allergy continue in the program at their own risk. The College assumes no responsibility for exposures and possible resulting student health problems.

Important notice: Students are not permitted to go to their clinical experience until all required health information is provided and all required immunization and other health requirements are complete. Failure to comply will result in an unexcused absence. (see attendance policy)

OAG Review Nov. 2009 Approved: 08/12
STUDENT HEALTH: IMMUNIZATIONS
COTC is contractually obligated to comply with the policies of our partner clinical affiliates. Therefore, to protect students, patients, and colleagues, students are required to provide evidence of adequate immunity to the following diseases. This list is subject to change – students will be promptly notified of any changes. Failure to comply with this policy will result in the student not being able to attend the required clinical or practicum portion of their program.

TB: this test is required by the State of Ohio (3701-17-07)
• If the student has never received a TB skin test, or it has been longer than 12 months since the last test, a 2-step Mantoux test is required.
• If the student has participated in annual TB testing, the most recent results must be within 12 months of admission – otherwise, a 2-step Mantoux is required.
• The student will comply with annual TB testing during the time they are enrolled in RT courses. The test shall be repeated annually within thirty days of the anniversary date of the last testing. CLARIFICATION: RT students are expected to complete annual Tb testing prior to their anniversary date. Failure to comply will result in disciplinary action.
• Written evidence must be provided. Negative results should be written in mm (e.g. 0mm)
• If there is a history of a positive TB skin test (conversion), a chest x-ray report showing no evidence of active disease is required. This student will also complete a TB screening questionnaire upon admission, and annually during the time they are enrolled in RT courses. The student is to report promptly any symptoms suggesting tuberculosis.

Tetanus:
• A tetanus/diphtheria (Td) booster is required if 10 years have elapsed since the last booster.
• The CDC Advisory Committee on Immunization Practices recommends that all healthcare personnel (HCP), regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose. Tdap is required for the COTC RT Program. Reference: ACIP Provisional Recommendations for Health Care Personnel on use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) and use of Postexposure Antimicrobial Prophylaxis, posted April 4. 2011 http://www.cdc.gov/vaccines/recs/provisional/downloads/use-of-Tdap-in-hcp.pdf

Measles, Mumps and Rubella:
• Student must provide written evidence of the required two vaccines; OR
• Provide written documentation of titer results (verbal history of disease is not reliable).
• NOTE: students should review Recommended Adult Immunization Schedule – United States, 2009.

Varicella:
• Student must provide self-report of history of varicella disease (chickenpox); OR
• If unknown or no history of disease, student must provide results of varicella titer; OR
• Provide written documentation of two (2) varicella vaccines given no less than one month apart.

Hepatitis B:
• Provide written evidence from the healthcare provider indicating the three dates you have received the vaccine series; OR
• Provide evidence the student has started the series and has had at least the first injection in the 39 series by the first day of clinical; OR
• Provide written documentation of titer results
• NOTE: students who are admitted to the RT program with only the first of the series of three injections are expected to complete the series as required and are accountable for providing evidence to the clinical coordinator.
Flu:
• Student must provide written evidence of having received the seasonal flu vaccine within the past 12 months, AND
• Student will maintain compliance with annual seasonal flu vaccine requirement during the time they are enrolled in RT courses.
• Student must provide written evidence of having received the flu vaccine once it becomes available.
• Effective Autumn semester 2015, students who report an egg allergy are expected to receive FluBlok, which does not use the influenza virus or chicken eggs in its manufacturing process. (See CDC Media Advisory, released 6/20/13)

Waivers:
A student may receive a waiver on health grounds if he or she presents a written statement from a licensed physician indicating that immunization against any or all of the diseases for which immunization is required is medically contraindicated, detrimental to, or not in the best interest of the student. Specific reasons should be noted, such as allergy to components of the vaccine. The physician’s statement shall document whether the contraindication is permanent or temporary, and if temporary, provide assurance that the student will receive immunization(s) at the first reasonable opportunity. (For example, rubella vaccine should not be given to pregnant women.) If the student fails to complete the immunizations and provide evidence of same, the student will not be permitted to enter or remain in the program. If the student objects to any immunization due to religious beliefs, he or she must submit a signed written statement stating that they have chosen not to be immunized because he or she is an adherent to a religion the teachings of which are opposed to such immunizations. A signed statement from the student’s religious leader should be provided to support the student’s legitimate objection. Students who are unwilling or unable to comply with the immunization policy must understand that some clinical agencies prohibit the presence of unvaccinated students at their facility. While COTC will make reasonable efforts to find appropriate alternate clinical rotations for these students, there is always the risk the student will not be permitted to complete clinical or practicum rotations which are a required part of the curriculum.
OAG reviewed 11/09 Approved 8/12
Students will be learning in the clinical environment and radiographing patients who are in critical condition or have sustained life-threatening injuries. Knowledge of resuscitation techniques is imperative. Therefore, Central Ohio Technical College requires that all students be certified at the HealthCare Professional level of CPR (adult, infant and child by the American Heart Association) before beginning clinical education.

It is the student's responsibility to keep certification current for the duration of their education. CPR classes are available through the American Heart Association. If there is difficulty locating a CPR class, contact the faculty of the Radiologic Technology Program for assistance. Upon completion of the CPR course, present your card to the faculty so it may be entered in your record.

The following guidelines have been adopted by Central Ohio Technical College relative to instituting CPR:

Whenever possible, the agency staff should make the decision to begin Cardiopulmonary Resuscitation (CPR) on a patient. In the event of a cardiac and/or respiratory arrest, the student will be responsible for:

1. calling for help
2. placing the patient in a supine position (lowering side rails if in bed)
3. opening the airway.
4. If help does not arrive within one minute, the student will call again for assistance. CPR may be initiated based upon the student's current knowledge of this patient.
5. Students may participate in CPR at any time under the direction of appropriate facility personnel.
COMMUNICABLE DISEASES

Radiology is a health care field and occasional contact with patients having a communicable disease is likely. As stated in the ASRT Code of Ethics, "Radiologic Technologists deliver care unrestricted by concerns for ... nature of disease or illness." Students are expected to become knowledgeable of infection control procedures and take appropriate precautions and follow all recommended steps. Students may at any time, and for any procedure or duty, elect to wear disposable gloves. This is especially recommended if the student has exudative lesions or weeping dermatitis. Gloves must be changed between each patient and hands washed.

Students exposed to a known case of HIV infections through direct contact of infective serum or plasma by: needle stick, cuts or abrasions, mucous membrane exposure, should be evaluated serologically as soon as possible (HIV serology test). Students are expected to contact their personal physician. Neither the college nor the clinical affiliates assume responsibility for the cost of the testing procedures. In the event the student is exposed to any other communicable disease, the protocol of the affiliate institution will be adopted and explained to the student. A record of this consultation will be kept in the program director's office and the clinical affiliate.
1. All students have the privilege to obtain any type of employment while enrolled in the Radiologic Technology Program. It is recommended that students accepting employment allocate adequate time for academic responsibilities.

2. Students who accept employment at an affiliated clinical site cannot be scheduled as an employee during the same time as normally scheduled clinical assignments. It is the responsibility of the student to avoid conflicts in scheduling. A student may NOT be paid or viewed as employee while scheduled in the clinical area as a student. The student is responsible for assuring that this does not happen. If this occurs, the student may be immediately dismissed from the program.

3. A student who is working as an employee is NOT eligible for competencies evaluations. In the event that this occurs, the student may be immediately dismissed from the program.

4. A student who is working as an employee may NOT utilize the Central Ohio Technical College radiation badge. This is to be worn when assigned to the clinical area as a student only.
DUE PROCESS

Failure to adhere to all college policies, rules, and regulations and all clinical affiliation policies, rules, and regulations may constitute academic misconduct.

See www.newarkcampus.org/studentservices/studentlife for further information.
NONDISCRIMINATION POLICY

It is the established policy of Central Ohio Technical College not to discriminate against any individual or group of individuals for reasons of race, color, religion, ancestry, national origin, sexual orientation, age, sex, disability or veteran status. The College is fully committed to providing equal opportunities in all employment-related activities education programs and other activities of the College. Central Ohio Technical College will fully comply with all federal, state and local laws and regulations to guarantee equal opportunities. The Vice President of Human Resources is responsible for the prompt investigation of matters concerning discrimination.
CRIMINAL RECORDS CHECK

Part of the responsibilities of radiographers includes working with the pediatric population. Because of this, all students will be fingerprinted and their criminal records checked.

Students must have a current criminal background check (current is defined as completed within the previous 12 months) prior to beginning the program. Students having criminal records for anything other than speeding/parking violations might not be eligible to take the national registry exams, be placed in health care facilities. Depending upon the status of the record, the student would be advised to submit an early evaluation from the ARRT to determine their eligibility to set for the ARRT registry. See the Professional Conduct Section of the Handbook for further details.
TECHNICAL STANDARDS

All students must be physically, emotionally and mentally able to perform the duties of a radiographer. Students will be questioned relative to performance of actual radiographer duties. The student must be able to practice safely, and attend to the needs of the patient, in order to be successful in the field. If the student is unable to meet these standards, possible reasonable accommodations can be investigated. However, the safety of the patient is the foremost responsibility of the professional radiographer. This cannot be jeopardized.
MAXIMUM TIME COMMITMENT PER WEEK

Students enrolled in Central Ohio Technical College Radiologic Technology Program will not be required to be in the classroom and clinical for more than 40 hours per week. This refers to actual scheduled commitments and does not include homework or outside assignments.
POLICY ON COMPLAINTS OF NON-COMPLIANCE

Central Ohio Technical College Radiologic Technology program maintains accreditation by the Joint Review Committee on Education in Radiologic Technology. It makes every attempt to be in total compliance with the Standards established by that organization. A copy of the Standards can be found on the bulletin board in the Radiologic Technology lab and on the JRCERT website www.jrcert.org. Should an individual believe that COTC is in violation of the Standards, students should follow COTC’s policy and time lines for due process found on the College’s website. This includes the following order of actions:

1. Contact program faculty and discuss the concern
2. Contact the COTC Ombudsperson
3. Contact the COTC Dean of Health and Human Services or the Vice President for Enrollment Management and Student Life.
4. Contact the Joint Review Committee on Education in Radiologic Technology directly at:
   JRCERT
   20 N. Wacker Dr Suite 2850
   Chicago, IL 60606-3182
   (312) 704-5300
   (312) 704-5304 (fax)
   email: www.jrcert.org
ALCOHOL & DRUG DEPENDENCY/ABUSE POLICY

Central Ohio Technical College, Radiography program policy prohibits all students from unlawful manufacture, distribution, dispensing, possession, or use of alcohol or controlled substance while on the grounds of the clinical affiliates or the college campus. This policy is in conjunction with an effort of the affiliates and the college to provide a safe and healthy work environment. The abuse of drugs or alcohol is unsafe for both patients and radiation workers.

The student is required to complete drug screening testing at a facility designated by the College. All test results, positive or negative, will be sent to the appropriate college administrator. In the event of a positive test result, students will not be permitted into clinical settings unless:

1. The student wishes to refute the test results and:
   a. provides the appropriate college administrator verification of prescribed medications that would result in a positive screen and:
   b. retests at their own expense, and
   c. provides the results of the second test, whether positive or negative to the appropriate college administrator and
   d. the second test is negative.

2. Students testing positive on the second test:
   a. should meet with the Newark Campus Counselor, and
   b. will not be permitted into the clinical setting unless both of the following conditions are met:
      i. the student reapplies for admission as would a new student to the program and is accepted and
      ii. provides the appropriate administrator with documentation from a certified drug and alcohol counselor indicating readiness to reapply
to the particular educational program and prognosis for a full recovery.

If any student demonstrates an impaired ability to perform job duties, is suspected of alcohol or drug abuse, or is suspected of violating this policy, they will be removed from the patient areas. The student will be immediately required to submit to a medical evaluation and/or a drug or alcohol screening. If any detectable level of alcohol/drugs not accountable for by prescription, is discovered the student will be required to submit to complete a treatment program for rehabilitation to remain in the program. If the student refuses to obtain treatment, they may either withdraw or fail the course. The medical examination may be requested by either program faculty or the affiliate clinical instructor or designated representative.

The student is reminded that they are responsible for knowledge about the Newark Campus Policy for Drug Free Schools published on the COTC website.
Central Ohio Technical College
Radiologic Science Technology

**WINTER WEATHER POLICY**

1. In the event the Newark Campus is **officially closed**, there will be no classes and no clinical education. This time will not be rescheduled or made up.

2. In the event the Newark Campus is **not closed**, but severe weather prohibits students from attending clinical, students have options:
   
   a. Be assessed the points assigned to an absence. Each day missed will be the full number of points.
   
   b. Make the time up (arranged with the Clinical Coordinator) and no points will be assigned.

   If the student selects option b, they must contact the Clinical Coordinator personally or by phone for approval. The make-up time will be scheduled by the Clinical Coordinator with regard to affiliate availability. This time should be made up completely within 2 weeks of the snow day, if possible. Failure to follow these guidelines will negate this option.

   c. In the event the weather is bad (snowy, icy) the student may decide to come in late to allow time for the roads to clear. The student has 2 options available:

      1. take the points for being late
      2. stay the complete number of hours scheduled for clinical. (i.e. if the student is scheduled from 7:30 - 3:30 and arrives at 9:00, they may elect to stay until 5:00 to complete the clinical assignment)

   **Students are reminded that they MUST call the Clinical Instructor if they are going to be absent or significantly late. Failure to do this will result in assignment of points.**

3. If the student arrives at the clinical site and subsequently the College cancels classes, the student may:

   1. elect to leave- inform CI appropriately
   2. stay the full day and take professional time off at a later date

   This policy only applies to **Winter related weather** problems, usually encountered in Spring semester. It cannot be utilized in any other circumstances.

   The Clinical Coordinator will make the determination if the student is abusing this policy and may deny its use.
READMISSION TO THE RADIOLOGIC SCIENCE TECHNOLOGY PROGRAM

Readmission into the Radiologic Science Technology program will be determined by the Radiologic Technology Readmission Committee.

Readmission is not automatic. Students wishing to request readmission must apply in writing before the first day of the fourth week of the semester prior to the one in which the student wishes to enroll. No requests will be taken more than two semesters before the anticipated enrollment.

● The student must submit a letter to the committee addressing the reason for the previous failure or withdrawal. It is the student's responsibility to prove that the reasons(s) for the previous withdrawal/failure has been altered and that the student has a strong probability of successfully completing the program at this time.

● The Student must submit two clinical recommendations. One of these must be from the Clinical Instructor of the assigned clinical facility. The second recommendation must be from a Registered Technologist at the clinical site. These letters must address the students clinical abilities demonstrated while the student was assigned.

● The student must have a cumulative GPA at COTC of 2.00 or above to request readmission.

● The student who has been out for more than one semester must successfully demonstrate proficiency in the clinical skills necessary to meet the prerequisite criteria. This will be done by simulations. Program faculty will be serving as evaluators. All competencies must be completed with an 85% to be acceptable. Examinations will include affective, psychomotor, and cognitive skills and include film/image evaluation. Admission into the program is contingent upon demonstrating all prerequisites and skills for the clinical sequence. All evaluations must be completed prior to the first day of the semester of re-admittance.

● The committee may, at their discretion, request a personal interview with the readmission candidate for clarification.

● If the student has been away from the program for more than 3 semesters, the Committee may recommend retaking previously passed courses for current information.

● Students may apply for one re-admittance only, regardless of the reason. i.e. failure or withdrawal.
● Students will be considered for readmission based on space available, previous demonstrated cognitive, psychomotor, and affective skills. Both didactic and clinical performance will be considered. Unacceptable conduct in any one area may be sufficient to deny re-admittance.

● The decision of the committee will be final. Candidates will be notified by the ninth week of the semester prior to admission.

● If the students fails/withdraws during the first semester in the program, they must reapply for admission through the Admissions Office.
FINAL NOTE

Central Ohio Technical College reserves the right to make changes without notice in the radiologic curriculum, scheduling, and policies in order to preserve the high standards for approval and accreditation of the Radiologic Technology Program.
Radiation Safety
RADIATION MONITORS

Students will always wear the radiation monitoring device (provided by the college) while in the clinical area. The objective is to record the accumulated radiation dose received from the students' educational/clinical assignments. In addition, it allows determination of the student’s radiation safety habits by program faculty. Badges should be worn at the collar level and on the outside of the lead apron when in fluoroscopy. When not worn, badges should be stored in a safe place, away from heat, wetness, or radiation sources. The student is responsible for changing their badge on the 25th of each month during the on campus clinical class. Individual radiation reports are available in the program director’s office for review and will be posted in the Radiology lab identified only by badge number.

NOTE: Radiation badges should not be worn when not performing in a student capacity.
REPEAT IMAGING

It is assumed that students will make mistakes in the learning process. However, because of the nature of radiation and the potential hazards, repeat imaging must be kept to an absolute minimum. Therefore, all repeat radiographs must be performed in the presence of a registered radiographer. This will protect the patient and provide instruction to the student relative to their errors. This is a mandatory policy and violation may result in dismissal from the program.
Policy on Holding During Exposure

It is the policy for COTC students that they should NEVER hold a patient or IR during an exposure. Failure to comply with this policy will result in disciplinary action. Repeat occurrences may lead to dismissal from the program.
**Policy on Excess Radiation Exposure**

Central Ohio Technical College provides radiation monitors for each student. These are to be returned to the program faculty monthly. It is the student’s responsibility to return the badge in a timely manner so it can be appropriately read by the dosimetry company. If the student fails to turn in the badge, or turns it in late it may result in a less than accurate reading.

COTC strives to maintain all student exposures at or below **120 mrem per year**. Badge readings of over **60 mrem** per month will be considered excessive. Students will be interviewed and possible reasons for the reading will be documented. Care of the radiation monitor and radiation protection habits of the students will be discussed and documented. If there is a subsequent excessive exposure, the Clinical Instructor will be consulted also. After thorough investigation, if no reason for the high exposure can be found, the following steps may be initiated:

- students may be assigned to a technologist 100% of the clinical time
- the student’s radiation monitor may be left at the clinical site in a secure place, and the student will check it in and out for clinical assignments.

All parties will sign the documentation acknowledging the discussion.
PREGNANCY POLICY

Student radiographers may elect to continue in the Radiologic Technology program during pregnancy. It is the student’s responsibility to utilize procedures listed in this policy for protection of the fetus and self.

1. Any student who suspects she may be pregnant or who knows that she is pregnant has the option of informing program officials of this condition.

2. If the student chooses to voluntarily inform program officials, this must be in writing and indicate date of notification and date of expected delivery. If the program does not have this written notification, the student will not be considered pregnant, regardless of verbal communications or physical appearance. Additionally, a student may revoke her declaration in writing at any time.

3. The student who voluntarily discloses pregnancy will have the option of continuing in the program without modification or interruption unless State statutes relative to fetal dose limits are violated or close to being violated. Should the student choose to withdraw from the program, she must re-apply following the admission requirements for readmittance as outlined in the Student Handbook.

4. Pregnant students continuing in the program will meet with program personnel to review the effects of irradiation in utero, inclusive of acceptable radiation protection practices as stated in NRC Regulatory Guide 8.13. The session will provide the student and opportunity for questions and answers. The student will acknowledge by completing and signing the Declaration of Pregnancy form.

5. Upon request, the student may be assigned to areas of low exposure.

6. A second personnel monitoring device will be provided to be worn at the waist level and will be identified as exposure to the fetus. Monthly radiation badge readings will be available for the students review.

7. Students returning to the clinical area after delivery, must provide a release to work statement from their physician.

8. In accordance with Ohio Administrative Code (3701:1-38-12) the College must ensure that the fetal dose does not exceed 0.5 rem or 5 millisievert. In the event this exposure limit is close to being exceeded, the College has a legal obligation to make appropriate changes and modifications. This will be done collaboratively between the Program Faculty and the student and with the least impact on student learning opportunities.
PREGNANCY POLICY

Declaration of Pregnancy policy

1. By completing this form I am declaring myself to be a pregnant monitored worker and subject to the exposure restrictions of no more than 500 millirem during gestation. I have read and agree with the statements given below.

2. I understand that I have the option of requesting an alteration of my clinical assignments to ensure that my exposure to radiation is kept as low as is reasonably achievable. In all circumstances, no more than 500 millirem (fetal exposure) may be received during the course of my pregnancy.

3. I understand that Ohio Administrative Code (OAC 3701:1-38-12) requires the College to ensure that the fetal dose does not exceed 0.5 rem dose equivalent. If the radiation monitor readings demonstrate that the fetal dose may reach that limit, the College has a legal obligation to take action and this may require modifications.

4. During the period of my pregnancy I understand that my radiation exposure will be monitored monthly and I am aware of my rights to be informed of my exposure history.

5. I have received instruction on ways to minimize my exposure during pregnancy. (If you feel concerns about continued radiation exposure during your pregnancy, you should discuss those concerns with your physician to determine if any additional restrictions may be needed.)

6. I understand that I may revoke this declaration of pregnancy in writing at any time. If I choose to revoke this declaration of pregnancy, I understand that the program is obligated to return me to standard exposure monitoring.

7. To my knowledge I have not received any radiation doses from radioactive materials ingested or inhaled.

Signature on this form acknowledges that
a) the U.S. NRC Regulatory Guide 8.13 (Rev. 2, 1987)
   Prenatal Radiation Exposure
   both oral and written form.

B) The program faculty provided a question and answer period following the above discussion, during which my questions, were satisfactorily answered.

C) I understand the information and guidelines contained in the Regulatory Guide.

Name:______________________________ Date:__________

Signature:__________________________

My estimated conception date is___________(Month/Year)
MRI SCREENING POLICY

All students will comply with specific hospital policies relating to MRI screening and safety. Students will complete hospital required educational protocols in regards to MRI safety prior to or on the first day of their scheduled MRI special modality rotation. Students are responsible for submitting completed documentation with satisfactory compliance to the clinical coordinator within the first week of their modality rotation.

Upon program admission and prior to their first day of clinical, the student will be given the MRI Screening Form. They will complete the form, self-identifying any conditions that could interfere or be hazardous upon entering the magnetic field. The program faculty will review and sign the form with appropriate counselling prior to the student attending clinical.
SECTION II

PROFESSIONAL CONDUCT
The year was 1922. The Lincoln Memorial was dedicated on May 30. A first-class postage stamp cost two cents. Insulin was the revolutionary new treatment for diabetes.

And Sister M. Beatrice Merrigan took her Radiography Exam on Nov. 17. The test included 20 essay questions and a prescribed set of radiographs. She was notified of her certification the day after Christmas, when she earned the distinction of becoming the country’s first Registered Technologist.

We were the Registry—founded earlier that year by the Radiological Society of North America, with the support of the American Roentgen Ray Society and the American Society of X-Ray Technicians.

The Registry was incorporated in 1936 as the American Registry of X-Ray Technicians. Its board was appointed by the Radiological Society of North America and the American Society of X-Ray Technicians. By the end of the decade, there would be more than 2,400 Registered Technologists.

In 1944, the American College of Radiology assumed the responsibility of appointing board members along with the American Society of Radiologic Technologists.

Forty years after its founding, the Registry expanded its program of examination and certification by adding exams in Nuclear Medicine Technology and Radiation Therapy. At that time, the organization’s name changed to The American Registry of Radiologic Technologists, a name more inclusive of all three disciplines of certification. By the end of the 1960s, ARRT would boast a total of 56,000 certificates—some 700 in Nuclear Medicine Technology and nearly 300 in Radiation Therapy.

The decade of the '90s saw a sweeping expansion of ARRT’s offerings. The new postprimary pathway was launched with certification in Cardiovascular-Interventional Technology and Mammography. New disciplines were added as technology emerged. As the millennium ended, ARRT had converted all of its exams from paper-and-pencil to computer-based testing.

Nine decades after its founding, more than 330,000 Registered Technologists, known as R.T.s, attest to the success and strength of ARRT.

The Registry is currently examining and certifying radiologic technologists in primary disciplines: radiography, radiation therapy, nuclear medicine technology, magnetic resonance imaging and sonography. "Radiologic Technology" is a generic term.
In addition, the Registry is examining and certifying technologist in post primary advanced specialties of Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Mammography (M), Bone densitometry (BD), Cardiac-Interventional (CI), Vascular Interventional (VI), Sonography (S), Vascular Sonography (VS), and Breast Sonography.

Radiologic technologists make up the third-largest group of health care professionals—surpassed in number only by physicians and nurses. A primary responsibility of many technologists is to create images of patients’ bodies using medical equipment. This helps doctors diagnose and treat diseases and injuries. Depending on your specialty, you might use X-ray, MRI, computed tomography (CT), fluoroscopy, or sonography equipment.

In some cases, you may prepare and inject radiopharmaceutical agents into patients before creating the images.

You could also help physicians perform procedures—such as angioplasty or stent insertion—to treat heart and blood vessel diseases without surgery. Or you might administer therapeutic doses of radiation to treat diseases such as cancer.

With advanced education, you can also pursue a career as a radiologist assistant. In this role, you’ll ultimately learn to perform many procedures that a radiologist would otherwise do.
A. GENERAL

The ARRT currently offers examinations in multiple primary disciplines, which can be found at www.arrt.org For the convenience of examinees, the ARRT has established test centers at across the nation at specified testing centers. The test may be taken at any scheduled time, 52 weeks per year, 6 days per week.

The examination consists of multiple-choice questions designed to measure knowledge, understanding and application of radiologic technology practices and principles. The test is taken at a computer station.

A list of the ARRT test centers appears in the ARRT Examinee Handbook and is available on the website at www.arrt.org.

B. THE STATEMENT OF PURPOSE OF THE ARRT EXAMINATION

The purpose is to assess the knowledge and cognitive skills underlying performance of the major tasks typically required of an entry-level staff technologist. Although aimed primarily at the knowledge required to perform these tasks, portions of the examination require the demonstration of a basic level of understanding of the principles underlying the procedures involved.

Note that the examination is not intended to test on everything contained in the educational curriculum. It is not possible for such an examination to test everything covered in an educational program lasting several months. Nor is it necessary or even desirable for a certification examination to do so. Certain aspects of the curriculum must be viewed as enrichment activities (e.g. history of the field) which although important to one’s overall education, are not an
essential element to practice as an entry level staff technologist. The examination, then is intended to assess only those knowledge areas regarded as being directly tied to job tasks.

This statement of Purpose for the examinations is certainly not meant to affect what an educational program teaches. Any program which taught only with the test in mind would certainly provide a very impoverished educational experience. The Statement of Purpose merely reflects a clarification of the intended use of the examination. That is, the identification of those candidates having mastered at least the knowledge necessary to function at the level of the typical entry level staff technologist.

C. TEST CONTENT SPECIFICATIONS

The ARRT TEST CONTENT SPECIFICATIONS outline the content areas to be covered on the examination as well as the weighting reflecting their relative importance. The ARRT TEST CONTENT SPECIFICATIONS were developed by determining what the entry level staff technologist is required to do on the job and then determine what knowledge were necessary to perform these tasks. A description of the ARRT Job Analysis Project is available from the ARRT office.

The ARRT TEST CONTENT SPECIFICATIONS for the examinations in radiography include the following major subjects:

Radiography:

Patient Care

Safety

Image Production

Procedures
D. THREE ATTEMPT, THREE YEAR LIMIT

Applicants found eligible for examination will be allowed 3 attempts to pass. The examinee must complete the three attempts within a 3 year period of time. When either 3 unsuccessful attempts have been made OR 3 years have expired, the individual is no longer considered eligible. Those failing the final attempt or waiting longer than one year may only become eligible by re-entering and graduating from an accredited educational program.

E. THREE YEAR RULE

Initial application for examination must be made within THREE years of graduation to be considered eligible. If an application is ruled ineligible, individuals must seek re-enrollment in an education program, possibly with advanced standing, in order to regain eligibility to take the examination.

F. CONTINUING QUALIFICATION REQUIREMENTS

ARRT certifications awarded January 1, 2011, and thereafter will be time-limited to 10 years. Prior to the end of the 10-year period, the individual will be required to demonstrate continued qualifications in order to continue to hold the certification. www.arrt.org/CQR

G. CERTIFICATION PROGRAM

The ARRT participates directly in the certification of radiologic technologists and indirectly in the licensing of technologists through its arrangements with licensing states. The Registry’s certification program contains two components. The first component includes the general and educational criteria. The second component consists of the testing program. Only those persons meeting the general and educational requirements and successfully passing the test are certified by the ARRT.

Those persons certified by the ARRT are required to renew their registration each year to remain in good standing. Information on their employment status (active or inactive), place of employment, and employment activities (areas of practice, supervisory duties, etc.) are collected
at this time to maintain current records. All such records are maintained on the ARRT’s in house computer system. Technologists are required to maintain either 24 continuing education credits acceptable to the ARRT or pass an examination in an additional discipline in each 24 month period.

Applicants for registration shall agree to perform the duties of a radiologic technologist only as directed by a duly qualified physician and under no circumstances to give out oral or written diagnosis or work independently, whether in a private office or institutional department.

“Duly qualified physician” refers to a physician who has demonstrated education and training in the use and effect of radiation.

Applicants for certification and Registered Technologists are required by the By-Laws of the American Registry of Radiologic Technologists to be of good moral character. A conviction of, or a plea of guilty to, or a plea of nolo contendre to a crime which is either a felony or is a crime of moral turpitude must be investigated by the ARRT in order to determine eligibility. Individuals who have been convicted of or plead guilty to, or plead nolo contendre to a crime may file a preapplication with the ARRT in order to obtain a ruling on the impact on their eligibility for examination. This may be submitted after the first day of attendance in the professional phase of the educational program.

The Board of Trustees may, after an appropriate hearing has been held, reject or deny an application for examination, refuse the renewal of, or revoke registration of any applicant who does not continue to meet the qualifications for registration and the RULES AND REGULATIONS of the Registry. The Board of Trustees may also censure registrants or suspend a registrants certificate for such period of time as it deems appropriate.

The Board may revoke certificates if it determines that the registrants in question have:

a) ceased to be of good moral character

b) been guilty of, or advocated, directly or indirectly, unethical practices according to stands prescribed by the Board of Trustees and the profession of radiologic technologists.

c) conduct themselves in the practice of their profession or in any other manner so as to bring discredit to the profession
d) have violated any of the terms of the Agreement signed at the time of the application for registration, or any of such other rules and regulations as the Board of Trustees may from time to time adopt

e) in any other manner ceased to meet the qualifications for registration
ACCREDITATION OF EDUCATIONAL PROGRAMS

The ARRT, as an examining and certifying agency, has no role in the accreditation of educational programs.

The United States Department of Education recognizes the Joint Review Committee on Education in Radiologic Technology as the agency which accredits and reaccredits educational radiologic technology programs.

The JRCERT has broad responsibilities of consultation and guidance to educational programs in radiography and radiation therapy technology and administration of the voluntary, peer review accreditation process in radiography and radiation therapy technology. The JRCERT processes the applications for accreditation, coordinates pre-accreditation site visitations and recommends accreditation to the Board.

The standards for accreditation of educational programs in radiologic technology are contained in a published document called "Standards for an Accredited Educational Program in the Radiologic Sciences". Copies of these "Standards" are available from the

Joint Review Committee on Education in Radiologic Technology
20 N Wacker Dr.
Suite 2850
Chicago, IL 60606-3821
(312) 704-5300  www.jrcert.org
(312) 704-5308  FAX

One copy is posted on the bulletin board in the Radiologic Lab.
STATE OF OHIO
OHIO DEPARTMENT OF HEALTH

Statutory Requirement

Ref: Ohio Revised Code (R.C.) 4773.02

No person shall practice or hold himself/herself out in the state of Ohio as a general x-ray machine operator, radiographer, radiation therapy technologist, or nuclear medicine technologist without a valid radiologic license. Individuals excepted are:

1. Physicians, podiatrists, mechanotherapist, chiropractors

2. Individuals licensed under Chapter 4715 of the Ohio Revised Code to practice as a dental hygienist, or as a dental x-ray machine operator

3. Personnel employed by the federal government or serving in a branch of the United States Armed Forces

4. Student technologists engaging in activities which are an integral part of a program of study leading to a receipt of a license under this law

OAC Rule 3701-72-01 (N)

Radiographer means an individual who performs a comprehensive scope of diagnostic radiologic procedures employing equipment that emits ionizing radiation, exposes radiographs, and performs other procedures that contribute significantly to determining the site or dosage of ionizing radiation to which a patient is exposed

Standard, diagnostic, radiologic procedures means procedures which are limited to plain film radiographs within the scope of practice of the licensed practitioner employing the general x-ray machine operator, and do not include procedures or any part of special imaging procedures such as mammography, computed tomography, tomography, fluoroscopy, cinefluorography, or the use of contrast media.
**General X-ray Machine Operator** means an individual who performs standard, diagnostic radiologic procedures: whose performance of radiologic procedures is limited to specific body sites: and who does not, to any significant degree, determine the site or dosage or radiation to which a patient is exposed.

Professional Organizations exist at several levels for Radiologic Technologists. All actively work for the advancement of the profession and for continued recognition of quality patient care and radiation protection. Students are encouraged to become active members in all professional societies. Applications can be found in the program directors office.

NATIONAL

American Society of Radiologic Technologists (A.S.R.T.)

www.asrt.org

Journal published bi-monthly

- Extensive current information
- Articles submitted by technologists
- Technical quizzes
- Continuing Education Directed readings
- Classified employment advertising

A.S.R.T. Scanner Newsletter

Annual meeting held around the country

STATE

The Ohio Society of Radiologic Technologists

www.osrt.org

Annual meeting held every Spring

- 3 days of educational meetings
- Business sessions
Student Quiz Bowl competition

Interactions with other students/technologists from the state

Newsletter Cardinal Rays

Student Scholarships

Numerous other member services
CODE OF ETHICS OF ASRT

This code shall serve as a guide by which Radiologic Technologist may evaluate their professional conduct as it relates to patients, colleagues, other members of the medical team, health care consumers and employers. The Code is intended to assist radiologic technologists in maintaining a high level of ethical conduct.

- The radiologic technologist conducts himself or herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
- The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.
- The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.
- The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
- The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
- The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
- The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
THE PATIENT'S BILL OF RIGHTS

Patients' Bill of Rights

I. Information Disclosure
You have the right to receive accurate and easily understood information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don’t understand something, assistance will be provided so you can make informed health care decisions.

II. Choice of Providers and Plans
You have the right to a choice of health care providers that is sufficient to provide you with access to appropriate high-quality health care.

III. Access to Emergency Services
If you have severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization or financial penalty.

IV. Participation in Treatment Decisions
You have the right to know all your treatment options and to participate in decisions about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions.

V. Respect and Nondiscrimination
You have a right to considerate, respectful and nondiscriminatory care from your doctors, health plan representatives, and other health care providers.

VI. Confidentiality of Health Information
You have the right to talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medical record and request that your physician amend your record if it is not accurate, relevant, or complete.

VII. Complaints and Appeals
You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities.
STUDENT RADIOLOGIC ORGANIZATION
CONSTITUTION

ARTICLE I
Name

The name of the organization shall be: COTC Radiologic Technology

ARTICLE II
Purpose

The purpose of the organization shall be: Social/ Academic

ARTICLE III
Membership

All students enrolled in the Radiologic Technology Program are eligible for membership, and any Newark Campus student interested in the field of Radiology.

ARTICLE IV
Officers
The Officers of this club shall be a President, Vice President, Secretary, and Treasurer, and 2 Social Directors.

ARTICLE V
Meetings and Quorum

Section I: Meetings will be held at least once per semester.

Section II: Special meetings shall be called by the President, or at the request of 66% of the membership.

Section III: Two thirds of the members shall constitute a quorum.

ARTICLE VI
Amendment

This Constitution may be amended at any meeting of the organization by a three-fourths vote, a quorum being present.

BY-LAWS

ARTICLE I
Duties of Officers
Section I: It shall be the duty of the President to preside at all meetings of this club and perform all the duties usually pertaining to his office.

Section II: In the absence or disability of the President, the Vice-President shall perform all the duties of the President.

Section III: The Secretary shall keep the minutes of all proceedings and record the same. He shall give notice of all meetings and perform such other duties as his office may require.

Section IV: The Treasurer shall receive and deposit all funds of the club, pay out the same only on the order of the President or by vote of the membership. He shall make an annual report on receipts and disbursements.

ARTICLE II
Election of Officers

Section I: All officers shall be elected by ballot at meeting and shall assume office at the close of that meeting.

Section II: Should an officer resign during the club year, the President shall appoint some member to assume that office temporarily, and order the Secretary to send notice of a special election at the next regular meeting, when the vacancy can be filled.
Dues

The annual dues shall be $5.00 per semester, payable at the beginning of the semester.

ARTICLE IV

Committees

Section I: The President shall be empowered to appoint such special committees as he deems necessary at any time, or on the majority vote of the members at any meeting, he shall appoint committees as they direct.
ARTICLE V

Parliamentary Authority

Roberts Rules of Order shall be the parliamentary authority on all matters not covered by the Constitution and By-Laws of this Club.

ARTICLE VI

Order of Business

1. Call to order, by the presiding officer
2. Roll call, by the Secretary
3. Reading of the minutes of the previous meeting, by the Secretary
   (Followed by corrections and vote of acceptance by members)
4. Treasurer's report
5. Reports and committees
6. Unfinished business
7. New business
8. Program of the day
9. Adjournment
UNACCEPTABLE CONDUCT

The Code of Student Conduct exists to protect the persons and property of the College community and to foster and enhance the academic mission of the College. The Student is referred to this document located in the College Bulletin. Students are expected to adhere to reasonable standards of conduct to continue in both in the classroom and in the clinical environment. Any conduct that endangers the health and safety of that individual or others, or is so inappropriate that it interferes with others opportunity to participate in the class or program may be reasons for dismissing a student from the program. However, the college will make every reasonable effort to 1) provide reasonable accommodations to allow participation, 2) provide students with notice of standards of conduct (Student Handbook, and Code of Student Conduct) 3) supply students with explanation of how the student fails to meet the standards and 4) offer a reasonable opportunity to modify behavior or participate in counseling so that the student can comply with the reasonable standards of conduct. If the treatment and/or counseling fails to alter the physical or emotional condition within the set time limits, and this condition is likely to jeopardize safe radiologic patient care, the student will be dismissed from the program.

The following are examples of unacceptable conduct.

1. Possessing drugs or liquor, or engaging in their use while on clinical assignment
2. Sleeping on clinical assignment
3. Engaging in theft of any article from the clinical affiliation
4. Engaging in any immoral conduct while on clinical assignment
5. Habitual or excessive tardiness and/or absenteeism from clinical assignment
6. Smoking on college premises or clinical sites
7. Eating in areas not specifically designated for that purpose.
8. Loitering in the Radiology Department at times not specified for clinical assignment
9. Punching in or out or otherwise filling in the attendance record of another student
10. Falsification of time card/ attendance record. This includes both falsification of time and falsification of signatures
11. Loitering in the Technologists lounge
12. Acceptance of any type of gratuity or "tip" from a patient or a patient's family
SECTION III

EVALUATION SYSTEM
CLINICAL COMPETENCY EVALUATION SYSTEM

PHILOSOPHY

The Radiologic Technology program of Central Ohio Technical College and its affiliates comply with the "Clinical Competency evaluation" developed as required by the American Registry of Radiologic Technologists. The intent of this system is to provide a standardized format for evaluation of clinical performance.

The didactic component provides the student with the necessary information to develop skills for successful performance. The clinical education component requires successful integration of cognitive, psychomotor and affective skills. The student progresses from the role of observer to performer during this process.

To ensure appropriate learning, the student is evaluated at three levels of their education (Level II, II, and III). Successful completion of all three steps indicates attainment of adequate competency.

The evaluation tool utilizes established criteria for affective and psychomotor skills. This portion of the evaluation is to be completed by the registered technologist with whom the student is assigned. The clinical instructor/ or program faculty will evaluate the student radiograph and conduct an in-depth critique to discern the students cognitive skills relative to the examination.

CLASSROOM AND LAB INSTRUCTION

LEVEL I       Initial instruction and Simulation Evaluation

The student will receive instruction in the classroom and laboratory components of the curriculum. The student will perform each exam discussed under simulated conditions in the campus laboratory. At this time he/she will be evaluated by the college faculty. Successful performance by the student permits advancement to Level II.
Concurrent with Level I is the observe and assist phase of the clinical component. The student will be scheduled in a series of planned clinical rotations at affiliate hospitals. He/she will observe each radiologic procedure performed in the assigned area. Whenever possible, the student will assist the practicing radiographer in performing the procedure. Accurate weekly records will be submitted listing each exam observed and assisted.

LEVEL II Participate and Perform Non-simulated patient Evaluation

The student now moves from a passive role to one of active participation in the clinical setting. As the student gains experience in the various procedures, he/she gradually moves into a supervised clinical performance stage. At this point, the student must actually perform each exam in a given category under the direct supervision of the registered radiographer.

The rate at which the student progresses from one stage to the next is dependent upon his/her ability to perform the radiologic procedures and attain the objectives assigned.

Subsequent to performing an exam under direct supervision, the student may request a competency evaluation for the examination.

PASS

Upon successful completion of the competency evaluation the student will be allowed to perform that examination under INDIRECT SUPERVISION. Attainment of a competency evaluation Level II does not excuse the student from performing that examination in the future. The student is expected to remain proficient and skillful by repetition of performance.

NON PASS

If the student is unsuccessful at a competency examination, he/she is instructed to review the appropriate text to correct the deficiency. He/she is then eligible to request another
competency evaluation. If the student fails to pass the required number of level II competencies for a given semester, they will earn an unsatisfactory grade in the clinical course. In the event of repeated failure to obtain a specific competency, faculty will provide counsel.

LEVEL III  Competency Evaluation

Upon successful completion of all required competency evaluations in all categories at Level II, the student shall request a final competency evaluation in each category. To successfully complete a Level III competency evaluation, the student must perform one exam from each category. This exam is representative of the student’s best work and must be as close to the perfect image as possible. During the cognitive phase of the evaluation, the instructor will ask students questions covering all exams found in that category.

PASS

Upon successful completion of the competency evaluation, Level III, the student will have demonstrated adequate attainment of competency of all exams within that category to be considered an entry level technologists

NON PASS

If the student does not successfully complete the competency evaluation, Level III on the a given semester, they will earn an unsatisfactory grade in the clinical course. In the event of repeated failure to obtain a specific competency, faculty will provide counsel.
SCHEDULE OF MINIMUM COMPETENCIES REQUIRED

The following is the minimum number of clinical competency requirements which must be completed each semester to receive a passing grade in the clinical component.

FIRST YEAR

Autumn Semester  2 level II Competencies in Clinical Setting with evaluation by faculty
                 6-8 level I Competencies in College Lab

Spring Semester  15 Level II Competencies in the Clinical Setting with evaluation by faculty
                 Faculty Continuation of Level I Competencies in College Lab

SECOND YEAR

Summer Semester  20 Level II Competencies in Clinical Setting with evaluation by faculty

Autumn Semester  15 Level II Competencies in Clinical Setting with evaluation by faculty

Spring Semester  8 Level III Competencies in clinical setting with evaluation by faculty

*Note, All required Level II Competencies Must be completed this semester.
Students are encouraged to work ahead and not to wait too close to the evaluation deadlines. Faculty cannot be held responsible for those students who wait and then the appropriate exams are not available. Students are permitted to work ahead a maximum of 5 level II competencies per semester.

All required competency evaluations must be completed for a passing grade. In addition, the student must complete 15 optional (asterisk) evaluations of their choosing.
## CLINICAL COMPETENCY REQUIREMENTS

### RADIOLOGIC PROCEDURES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Position/View</th>
<th>Requirement</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simulate</td>
<td>Simulate</td>
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</tbody>
</table>

### THORAX

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Position/View</th>
<th>Requirement</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest, routine</td>
<td>PA and Lateral + ? (Lordotic, Obliques)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Chest, wheelchair or stretcher</td>
<td>AP/PA and Lateral</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Ribs</td>
<td>AP/PA + oblique affected side to include all ribs</td>
<td>No</td>
<td>Spring</td>
</tr>
<tr>
<td>Upper Airway*/Soft Tissue Neck*</td>
<td>AP &amp; Lateral</td>
<td>Yes</td>
<td>Autumn</td>
</tr>
<tr>
<td>Chest, Decubitus*</td>
<td>1 view</td>
<td>Yes</td>
<td>Autumn</td>
</tr>
<tr>
<td>Sternum*</td>
<td>RAO/LPO and Lateral</td>
<td>Yes</td>
<td>Spring</td>
</tr>
<tr>
<td>Sternoclavicular Jts.*</td>
<td>PA, RAO &amp; LAO</td>
<td>Yes</td>
<td>Spring</td>
</tr>
</tbody>
</table>

### UPPER EXTREMITY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Position/View</th>
<th>Requirement</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finger or Thumb</td>
<td>3 views (AP axial thumb)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Hand</td>
<td>3 views (AP ball catchers)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Wrist</td>
<td>3 views + ?s (ulnar deviation, Gaynor Hart, Radial deviation, AP oblique)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Forearm</td>
<td>2 views</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Elbow</td>
<td>2 views + ?s (Obliques, Coyle, Jones,)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Humerus</td>
<td>2 views + ? (trauma)</td>
<td>Yes</td>
<td>Autumn</td>
</tr>
<tr>
<td>Shoulder</td>
<td>Internal and external + ?s (Y, Garth, Grashey, Lawrence, infero-superior axial, neutral)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Trauma Upper (non-shoulder)</td>
<td>2 views minimum</td>
<td>No</td>
<td>Spring</td>
</tr>
</tbody>
</table>

*Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part.*
<table>
<thead>
<tr>
<th>Section</th>
<th>View Details</th>
<th>Required?</th>
<th>Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Shoulder</td>
<td>2 views minimum neutral + Y or transthoracic</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Scapula*</td>
<td>AP and Lateral</td>
<td>Yes</td>
<td>Autumn</td>
</tr>
<tr>
<td>Clavicle</td>
<td>2 views + ? (PA)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Acromioclavicular joint*</td>
<td>AP with and without weights</td>
<td>Yes</td>
<td>Autumn</td>
</tr>
<tr>
<td><strong>LOWER EXTREMITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot</td>
<td>3 views + ? (weight bearing, sesamoid)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Ankle</td>
<td>3 views + ? (AP stress, mortise)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Tibia/ Fibula</td>
<td>2 views + ? (Oblique)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Knee</td>
<td>2 views + ?s (weight bearing, obliques, intercondylar fossa)</td>
<td>No</td>
<td>Autumn</td>
</tr>
<tr>
<td>Femur</td>
<td>2 views (to include hip &amp; knee joints)</td>
<td>Yes</td>
<td>Autumn</td>
</tr>
<tr>
<td>Trauma lower</td>
<td>2 views (Lower extremity with non-routine positions)</td>
<td>No</td>
<td>Spring</td>
</tr>
<tr>
<td>Patella*</td>
<td>PA/AP, LAT &amp; axial (merchant, settegast, Hughston)</td>
<td>Yes</td>
<td>Autumn</td>
</tr>
<tr>
<td>Toes*</td>
<td>3 views</td>
<td>Yes</td>
<td>Autumn</td>
</tr>
<tr>
<td>Os Calcis*</td>
<td>2 views</td>
<td>Yes</td>
<td>Autumn</td>
</tr>
<tr>
<td><strong>HEAD AND NECK</strong></td>
<td>Students must select at least one elective procedure from this section. This cannot be simulated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skull*</td>
<td>AP (PA) + lateral + ?s (Caldwell, Towne, SMV, Haas, trauma)</td>
<td>No</td>
<td>Spring</td>
</tr>
<tr>
<td>Paranasal Sinuses*</td>
<td>Waters, PA (Caldwell), lateral + ?s (SMV, open mouth waters)</td>
<td>No</td>
<td>Spring</td>
</tr>
<tr>
<td>Nasal Bones*</td>
<td>Waters, both laterals + ? (Caldwell)</td>
<td>No</td>
<td>Spring</td>
</tr>
<tr>
<td>Facial Bones*</td>
<td>Waters, PA (or Caldwell), Lateral + ? (mod Caldwell, mod waters)</td>
<td>No</td>
<td>Spring</td>
</tr>
<tr>
<td>Orbits*</td>
<td>Waters, PA, lateral + ?s (Rheese)</td>
<td>No</td>
<td>Spring</td>
</tr>
<tr>
<td>Zygomatic Arches*</td>
<td>SMV + 1 additional view + ? (axial oblique, lateral, Towne, waters)</td>
<td>No</td>
<td>Spring</td>
</tr>
<tr>
<td>Mandible*</td>
<td>Both axiolateral, PA, Towne + ? (SMV, Panorex)</td>
<td>No</td>
<td>Spring</td>
</tr>
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</tr>
</tbody>
</table>

### SPINE AND PELVIS

| Cervical Spine | AP, lateral (must include 1 – 7 OR swimmers view) Odontoid, + ?s (Obliques, Flex, Exten, Fuch/Judd, Pillars, Swimmers) | No | Spring |
| Cervical Spine (cross table lateral)* | Lateral (must include 1 – 7) + ?s (Obliques, Swimmers, AP) | Yes | Spring |
| Thoracic Spine | AP, lateral (must include 1 – 12 on each OR swimmers view) + ?s (Swimmers) | No | Spring |
| Lumbosacral Spine | AP, lateral, spot + ?s (Oblique, AP L5-S1, flex, ext., lateral bending) | No | Spring |
| Pelvis | AP + ?s (Inlet/outlet, Judet) | No | Autumn |
| Hip | AP unilateral (or pelvis) + frog lateral | No | Autumn |
| Trauma Hip (cross table lateral) | AP (or pelvis) + X-table lateral (Clements-Nakayama) | No | Spring |
| Scoliosis Series* | PA/AP (Include C-7 to S-2) | Yes | Spring |
| Sigmoid and/or Coccyx* | AP Sacrum/coccyx & Lateral. (Must include 2 images per exam) | Yes | Spring |
| Sacroiliac joints* | AP axial + both obliques | Yes | Spring |

### ABDOMEN

<p>| Supine Abdomen | AP | No | Autumn |
| Decubitus Abdomen* | Any decub | Yes | Autumn |
| Upright Abdomen | AP | No | Autumn |</p>
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Requirements</th>
<th>Simulation</th>
<th>Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVP*</td>
<td>Student must do complete departmental routine + (tomography, obliques, postvoid)</td>
<td>No</td>
<td>Spring</td>
</tr>
<tr>
<td>FLUOROSCOPIC STUDIES</td>
<td>Students must select either Upper GI or Barium enema PLUS one other elective procedure from this section. No exams from this section can be simulated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophagus Study*</td>
<td>1 non-fluoro image required + ?s (AP, RAO/LAO, R lateral) All other fluoro images should be included</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Upper G.I. Series*</td>
<td>1 non-fluoro image required +? (PA/AP, RAO/LPO, R lateral) All other fluoro images should be included</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Small Bowel Series*</td>
<td>Student must do more than ½ of the non-fluoro images starting at beginning (students must complete the prelim/scout image) All other fluoro images should be included</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Barium Enema* (single or double contrast)</td>
<td>AP/PA, 2 obliques, + 1 optional projection + ? (PA/AP, RAO, LAO, PA axial, lat rectum, decubs, post evac) All other fluoro images should be included</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Cystography or Cystourethrography*</td>
<td>(AP, lateral, oblique- cystography (Cystourethrography- male RPO, female AP) All other fluoro images should be included</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>ERCP*</td>
<td>Images per hospital protocol All fluoro images should be included</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Arthrography/Joint Injection*</td>
<td>Images per hospital protocol All fluoro images should be included</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Myelography*</td>
<td>Images per hospital protocol All fluoro images should be included</td>
<td>No</td>
<td>Summer</td>
</tr>
</tbody>
</table>

**MOBILE AND SURGICAL**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Requirements</th>
<th>Simulation</th>
<th>Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Chest</td>
<td>AP</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Mobile Abdomen</td>
<td>AP</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Mobile Orthopedic</td>
<td>2 view minimum</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
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</tr>
<tr>
<td>C-Arm Procedure (Surgical) Abdomen or chest</td>
<td>1 image required - new check off sheet</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>C-Arm – Orthopedic/Neuro</td>
<td>2 View</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Retrograde Urography*</td>
<td>1 view</td>
<td>No</td>
<td>Summer</td>
</tr>
</tbody>
</table>

**GERIATRIC** (at least 65 & physically or cognitively impaired as a result of aging)

<table>
<thead>
<tr>
<th>Routine Chest</th>
<th>PA/AP &amp; Lateral</th>
<th>No</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Extremity</td>
<td>2 view minimum</td>
<td>No</td>
<td>Summer</td>
</tr>
<tr>
<td>Lower Extremity</td>
<td>2 view minimum</td>
<td>No</td>
<td>Summer</td>
</tr>
</tbody>
</table>
**PEDIATRIC Age 6 or Younger** Students must perform a 2-view chest and either an upper or lower 2 view extremity. If a student performs both upper and lower extremity, one would be counted as an elective. This cannot be simulated.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Must Perform</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest – AP/PA &amp; Lateral</td>
<td>No</td>
<td>Autumn 2nd yr</td>
</tr>
<tr>
<td>Upper extremity – 2 view</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Lower extremity – 2 view</td>
<td>No</td>
<td>Autumn 2nd yr</td>
</tr>
<tr>
<td>Abdomen* - 1 view</td>
<td>No</td>
<td>Autumn 2nd yr</td>
</tr>
<tr>
<td>Mobile</td>
<td>No</td>
<td>Autumn 2nd yr</td>
</tr>
</tbody>
</table>

- Each student must demonstrate clinical competency on all 37 mandatory procedures (non-asterisk) at the Level II standard. Plus 1 competency in the head & neck section and 2 fluoroscopic procedures to equal 40. Only 2 may be simulated (humerus and femur.)

- Each student must demonstrate clinical competency in at least 15 of the elective procedures (asterisk) at the Level II standard. These may be either on patients or simulated.

- Each student must demonstrate clinical competency on a procedure from each category at the Level III standard (Except pediatric and geriatric) to equal 8.

- Simulations – to optimize clinical student learning opportunities, evaluation through simulation should be limited. Students are permitted to perform a maximum of 3 simulations not earlier than summer semester. All simulations are to be performed with the designated clinical instructor.
<table>
<thead>
<tr>
<th>THORAX</th>
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<tbody>
<tr>
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<tr>
<td>Ribs</td>
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<tr>
<td>Upper Airway*/Soft Tissue Neck*</td>
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<tr>
<td>Chest, Decubitus*</td>
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<tr>
<td>Sternum*</td>
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<td></td>
</tr>
<tr>
<td>Sternoclavicular Jts.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPPER EXTREMITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finger or Thumb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist</td>
<td></td>
<td></td>
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<tr>
<td>Forearm</td>
<td></td>
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</tr>
<tr>
<td>Elbow</td>
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<td></td>
</tr>
<tr>
<td>Humerus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Upper (non-shoulder)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEAD AND NECK</td>
<td>Students must select at least one elective procedure from this section. This cannot be simulated.</td>
<td></td>
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<tr>
<td>---------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Skull*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paranasal Sinuses*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal Bones*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial Bones*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orbits*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zygomatic Arches*</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LOWER EXTREMITY</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Foot</td>
<td></td>
</tr>
<tr>
<td>Ankle</td>
<td></td>
</tr>
<tr>
<td>Tibia/ Fibula</td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
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<tr>
<td>Femur</td>
<td></td>
</tr>
<tr>
<td>Trauma lower</td>
<td></td>
</tr>
<tr>
<td>Patella*</td>
<td></td>
</tr>
<tr>
<td>Toes*</td>
<td></td>
</tr>
<tr>
<td>Os Calcis*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma Shoulder</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scapula*</td>
<td></td>
</tr>
<tr>
<td>Clavicle</td>
<td></td>
</tr>
<tr>
<td>Acromioclavicular joint*</td>
<td></td>
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<tr>
<td>SPINE AND PELVIS</td>
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<tr>
<td>------------------</td>
<td>---</td>
</tr>
<tr>
<td>Cervical Spine</td>
<td></td>
</tr>
<tr>
<td><strong>Trauma Cervical Spine (cross table lateral)</strong>*</td>
<td></td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td></td>
</tr>
<tr>
<td>Lumbosacral Spine</td>
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<tr>
<td>Pelvis</td>
<td></td>
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<tr>
<td>Hip</td>
<td></td>
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<tr>
<td><strong>Trauma Hip (cross table lateral)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Scoliosis Series</strong>*</td>
<td></td>
</tr>
<tr>
<td><strong>Sacrum and/or Coccyx</strong>*</td>
<td></td>
</tr>
<tr>
<td><strong>Sacroiliac joints</strong>*</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ABDOMEN</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Supine Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Decubitus Abdomen</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upright Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IVP</strong>*</td>
<td></td>
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</tr>
</tbody>
</table>
**FLUOROSCOPY** Students must select either Upper GI or Barium enema PLUS one other elective procedure from this section. No exams from this section can be simulated

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
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<tbody>
<tr>
<td>Esophagus Study*</td>
</tr>
<tr>
<td>Upper G.I. Series*</td>
</tr>
<tr>
<td>Small Bowel Series*</td>
</tr>
<tr>
<td>Barium Enema (single or double contrast)*</td>
</tr>
<tr>
<td>Cystography or Cystourethrography*</td>
</tr>
<tr>
<td>ERCP*</td>
</tr>
<tr>
<td>Arthrography*</td>
</tr>
<tr>
<td>Myelography*</td>
</tr>
</tbody>
</table>

**SURGERY AND MOBILE**

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Chest</td>
</tr>
<tr>
<td>Mobile Abdomen</td>
</tr>
<tr>
<td>Mobile Orthopedic</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>C-Arm Procedure (Surgical)</td>
</tr>
<tr>
<td>Abdomen or chest</td>
</tr>
<tr>
<td>C-Arm – Orthopedic/Neuro</td>
</tr>
<tr>
<td>Retrograde Urography*</td>
</tr>
</tbody>
</table>

**GERIATRIC** (at least 65 & physically or cognitively impaired as a result of aging)

| Routine Chest |
| Upper Extremity |
| Lower Extremity |

**PEDIATRIC Age 6 or younger** Students must perform a 2 view chest and either an upper or lower 2 view extremity. If a student performs both upper and lower extremity, one would be counted as an elective. This cannot be simulated.

| Chest – AP/PA & Lateral |
| Upper extremity- 2 view minimum |
| Lower extremity- 2 view minimum |
| Abdomen* - 1 view |
| Mobile* |

- Each student must demonstrate clinical competency on all 37 mandatory procedures (non-asterisk) at the Level II standard. Plus 1 competency in the head & neck section and 2 fluoroscopic procedures to equal 40. Only 2 may be simulated (humerus and femur.).
- Each student must demonstrate clinical competency in at least 15 of the elective procedures (asterisk) at the Level II standard. These
may be either on patients or simulated.
• Each student must demonstrate clinical competency on a procedure from each category at the Level III standard. (Except pediatric and geriatric)

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
<th>Semester 3</th>
<th>Semester 4</th>
<th>Semester 5</th>
</tr>
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<td>Semester total 2</td>
<td>semester total 15</td>
<td>Semester total 20</td>
<td>Semester total 15</td>
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<tr>
<td>/2</td>
<td>/17</td>
<td>/37</td>
<td>/52</td>
<td>/60</td>
</tr>
</tbody>
</table>
SECTION IV

PROGRAM MISSION AND GOALS
CENTRAL OHIO TECHNICAL COLLEGE
RADIOLOGIC SCIENCE TECHNOLOGY PROGRAM

Mission

The mission of the Radiologic Science Technology Program at Central Ohio Technical College is to prepare qualified imaging technologists who practice ethically, respond to patient needs with competence and compassion and help fulfill the community’s health care needs.
Radiologic Science Technology

Program Goals/ Student Outcomes

To accomplish this mission, the Radiologic Science Technology Program embraces the following goals:

1. Students will demonstrate ability to competently perform entry-level radiographer skills.
   - Students will produce acceptable diagnostic images
   - Students will evaluate image for quality
   - Students will practice radiation protection measures

2. Student will demonstrate the accepted standards of professional practice and professional development within the health care environment.
   - Students will create a professional development plan
   - Students will demonstrate professionalism in the clinical setting

3. Students will demonstrate effective communication skills.
   - Students will demonstrate effective communication within the clinical setting.
   - Students will demonstrate effective oral and written communication skills.
   - Students will use appropriate medical terminology

4. Students will demonstrate effective problem solving and critical thinking skills.
   - Students will utilize problem solving skills to solve technique challenges
   - Students will correct or improve the radiographic image

5. The program will operate effectively
   - Program will appropriately retain students accepted into the program
   - Students will obtain employment within 6 months of graduation
   - Graduates will indicate overall satisfaction with the program
   - Students will pass the ARRT credentialing exam on the first attempt
   - Students will maintain benchmark average scores on the ARRT exam.
Signature Page

I, ____________________________________________ have read the Radiologic Science Program (Name) Student Handbook and have been given the opportunity to ask all questions relating to the enclosed material.

I hereby agree to follow the policies as outlined in this Student Handbook.

____________________________________________________
(Signature) (Date)