



RADIOLOGIC TECHNOLOGY PROGRAM

STUDENT HANDBOOK

2025-2026

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Welcome from the Program Director and Clinical Coordinator

Welcome to the Radiologic Technology Program at Meridian Community College, and congratulations on your acceptance. We are excited to guide you as you begin this important step toward a rewarding career in medical imaging. We understand that much of what you will learn will be new to you, and our goal is to help you master the knowledge and skills necessary to succeed in this profession.

Over the next two years, you will be challenged, supported, and encouraged as you gain the knowledge, skills, and professional values needed to succeed in one of the most trusted professions in healthcare. You will learn in the classroom and laboratory, then apply those lessons in the clinical setting where real growth happens. Along the way, you will have the support of your instructors, clinical coordinators, and preceptors, who are committed to helping you succeed.

Professionalism will be the foundation of your success. Integrity, dependability, teamwork, respect for others, and effective communication are essential qualities in this field. We ask that you follow the Golden Rule: *Treat others as you would like to be treated* in every interaction with classmates, instructors, clinical staff, and patients. Professional conduct is expected at all times and reflects not only on you as an individual but also on the program and the profession.

This handbook is your guide to the program's curriculum, policies, and procedures. You are responsible for reading and understanding the information provided. Your clinical education will be one of the most valuable parts of your training, and we encourage you to treat each clinical rotation as a potential job interview. Managers and staff pay attention to professionalism, work ethic, and the ability to work as part of a team.

We look forward to working with you and watching you grow into a skilled, confident, and compassionate Radiologic Technologist. Please reach out to us at any time with questions or concerns.

Welcome to the program and to our profession!

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DISCLAIMER / INTRODUCTION

This student handbook is specific to the Radiologic Technology Program at Meridian Community College and outlines the program's current policies and guidelines.

The policies and procedures in this handbook represent an agreement between Meridian Community College Radiologic Technology Program and the student for the duration of enrollment in the Radiologic Technology Program. Failure to comply with these policies may affect a student's evaluations and can result in dismissal from the program if improvement is not shown after counseling.

Program faculty reserve the right to adjust course content, evaluation methods, and program policies or guidelines as needed. If a policy or guideline is revised, students will receive adequate notification and a copy of the updated information.

PROGRAM DESCRIPTION

Radiographers perform imaging examinations at the request of physicians or other qualified healthcare providers. They operate equipment that emits ionizing radiation to produce diagnostic images for use in the detection and treatment of medical conditions.

Radiographers are responsible for providing patient care, ensuring radiation safety, and producing high-quality images for interpretation.

Graduates of the two-year program earn an Associate of Applied Science degree in Radiologic Technology and are eligible to apply for the American Registry of Radiologic Technologists (ARRT) certification examination in Radiography. Industry standards for graduate competencies are based on the ARRT Content Specifications for the Examination in Radiography, available at <https://www.arrt.org/content-specifications>.

PROGRAM ACCREDITATION

The Meridian Community College Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

- JRCERT: 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182 | Phone: (312) 704-5300 | Fax: (312) 704-5304 | Website: www.jrcert.org/contact

The JRCERT promotes excellence in education and works to improve the quality and safety of patient care through the accreditation of educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. It is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) for accrediting both traditional and distance delivery programs in these disciplines.

COLLEGE ACCREDITATION

Meridian Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees.

- SACSCOC: 1866 Southern Lane, Decatur, GA 30033-4097 | Phone: (404) 679-4500 | Website: www.sacscoc.org

American Registry of Radiologic Technologists (ARRT)

Standards of Ethics - Code of Ethics

The following Code of Ethics is part of the American Registry of Radiologic Technologists Standards of Ethics and serves as a guide for evaluating professional conduct. These principles are aspirational in nature but represent the high standard of behavior expected from all students and practitioners in the profession.

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

***Violation of any part of the Code may result in disciplinary action, up to and including dismissal from the program.**

For the full *American Registry of Radiologic Technologists Standards of Ethics*, including the Code of Ethics and Rules of Ethics, visit: <https://www.arrt.org/arrt-reference/standards-of-ethics>.

MISSION STATEMENT

The mission of the Meridian Community College Radiologic Technology Program is to serve patients and employers by graduating competent, entry-level radiographers able to function both independently and as team members within the healthcare community.

PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

Goal 1: The program will graduate students who are clinically competent.

- **SLO 1.1:** Students will demonstrate proper positioning skills.
- **SLO 1.2:** Students will utilize proper radiation safety practices

Goal 2: The program will produce students who demonstrate proper communication skills.

- **SLO 2.1:** Students will demonstrate effective communication with patients.
- **SLO 2.2:** Students will demonstrate effective professional communication.

Goal 3: The program will produce students who will demonstrate critical thinking and problem-solving skills.

- **SLO 3.1:** Students will adapt standard procedures for non-routine patients (trauma).
- **SLO 3.2:** Students will demonstrate an understanding of modifying standard procedures and technical factors.

General Program Policies

ATTENDANCE / PUNCTUALITY

Rad Tech students are expected to attend all scheduled classes, laboratories, and clinical assignments. Instructors are required to keep accurate attendance records. Regular attendance in both the classroom and clinical setting are essential for acquiring the knowledge, skills, and professional habits necessary to become a competent radiologic technologist.

State and national curriculum requirements mandate specific academic and clinical hours for graduation; these hours must be met without exception.

It is the responsibility of the student to notify MCC faculty and the clinical site preceptor (if applicable) prior to or on the day of any absence, following the procedures in this handbook. The student is also responsible for all material covered during any absence, regardless of the reason. The instructor will determine whether missed work may be made up and how credit will be assigned.

CLASSROOM ATTENDANCE / PUNCTUALITY

- Students may accrue a maximum of two classroom absences per semester (missing more than two may result in dismissal from the program).
- The Rad Tech Program operates on a block schedule; missing one day may be equivalent to missing two class periods.
- Absence is defined as not being present for the scheduled class or leaving early without instructor approval.
- Students should arrive at least 10 minutes before the scheduled start time to be seated and prepared when class begins. Plan accordingly for traffic or other possible delays.
- The classroom door will be closed and locked at the scheduled start time. Late students must wait until the next scheduled break to enter.
- Tardy is defined as arriving after the scheduled start time. Missing more than 30 minutes of any scheduled session is recorded as an absence, not a tardy.
- Leaving during class, lab, or clinical without approval is recorded as a tardy or absence, depending on the time missed.
- Tardiness on a test day will result in a grade of zero for that test. The final exam grade will be used to replace the zero at the end of the semester.

MAKE-UP WORK / EXAMS

- Any make-up work, labs, or clinical competencies missed due to absence or tardiness will be made up at the instructor's discretion.
- Daily quizzes or exams missed due to an absence will receive a grade of zero, unless prior arrangements have been made or the absence is due to an MCC-approved activity or documented religious observance.

CLINICAL ATTENDANCE

- Requirements for clinical attendance are outlined in the **Clinical Section** of this handbook.

RGH HONOR CODE STATEMENT

MCC Radiologic Technology students achieve all academic coursework with integrity. They conduct themselves in a professional, respectful, and honorable manner, and are sincere in all areas of their professional education in order to encourage and create an atmosphere of pride and trust.

HONOR CODE VIOLATIONS:

Violations of the Honor Code, such as cheating, falsifying, or plagiarism, will not be tolerated. The student will receive a zero grade for the related assignment, test, or competency and may be dismissed from the program at the discretion of the instructor and/or program faculty. Possible violations include, but are not limited to, the following:

1. Giving and/or receiving unauthorized aid on an assignment, report, paper, exercise, problem, test or examination, tape, film, or computer program submitted by a student to meet course requirements. Such aid includes the use of unauthorized aids which may include crib sheets, answer keys, discarded computer programs, the aid of another person on a take-home exam, opening or visiting additional websites while testing, etc.; copying from another student's work; unauthorized use of books, notes, or other outside materials during "closed book" exams; soliciting, giving, and/or receiving unauthorized aid orally or in writing; or any other similar action that is contrary to the principles of academic honesty.
2. Plagiarism on an assigned paper, theme, report, or other material submitted to meet course requirements. Plagiarism is defined as incorporating into one's own work the work or ideas of another without properly indicating that source.
3. Failure to report a known or suspected violation of the Code.
4. Any action designed to deceive a member of the faculty, a staff member, or a fellow student regarding principles contained in the Honor Code, such as securing an answer to a problem for one course from a faculty member in another course when such assistance has not been authorized.
5. Any falsification of class records or other materials submitted to demonstrate compliance with course requirements or to obtain class credit, including falsifying records of class attendance, attendance at required events or events for which credit is given, or attendance or hours spent at internships or other work service.
6. Submission of work prepared for another course without specific prior authorization of the instructors in both courses.
7. Use of texts, papers, computer programs, or other class work prepared by commercial or noncommercial agents and submitted as a student's own work.
8. Falsification of results of study and research.
9. Altering a previously graded examination or test for a regrade.

Note: Examinations and the questions therein, as well as lectures, teaching notes, scholarly writings, course handouts, assignments, and other course materials, are the property of the individual faculty member. Copying or distributing such materials without the faculty member's permission may result in a referral to the Dean of Academic Affairs for corrective action.

**Violation of the MCC Radiologic Technology Honor Code or the ARRT Code of Ethics may result in disciplinary action, up to and including dismissal from the program.*

COURSE REQUIREMENTS

Instructors are responsible for providing and explaining written information regarding course requirements to all students enrolled in their courses. Students are responsible for reading, understanding, and following the stated requirements of each course in which they are enrolled. Both students and instructors are expected to comply with these written requirements.

The textbook bundle for the Radiologic Technology Program is required to be purchased through the MCC Bookstore in order to participate in the program. The bundle includes all textbooks and resources needed for the duration of the five-semester program and cannot be broken down or purchased in parts. Materials are bundled to provide the best possible pricing and convenience. The bundle must be purchased and in the student's possession by the second-class meeting at the latest. Failure to do so will result in the student forfeiting their slot in the program.

Students are notified of this requirement during the information session and also in the welcome email prior to the start of the semester.

WITHDRAWING FROM COURSES:

The faculty of the Meridian Community College Radiologic Technology Program reserves the right to request, at any time, the voluntary withdrawal of a student or to initiate dismissal from the program if the student's health, conduct, personal qualities, clinical performance, patient care skills, or scholastic record indicate that it is not in the best interest of the student, patients, or the program for the student to continue.

This action may be taken when, in the professional judgment of the faculty, the student's continued participation poses a risk to patient safety, disrupts the learning environment, or demonstrates that the standards required for program completion cannot reasonably be met.

Any student considering withdrawal from the program is strongly encouraged to meet with program faculty, their program advisor, and/or the Health-Ed Navigator. Students who choose to reapply at a later date must follow the procedures outlined in the Readmission Policy.

The student receives a grade of "W" for a course if a withdrawal form is submitted to program faculty following requirements posted in the Meridian Community College Catalog. Students should consult the advisor's office for withdrawal dates during special sessions. Students receive a failing grade (F) if they have not met minimum course requirements for a passing grade and have not submitted a withdrawal form or been withdrawn from a course by the above deadlines.

A grade of "I" (incomplete) can be assigned as necessary for incomplete work. Students must complete missing course work prior to the start of the next semester or the "I" will convert to a grade of "F". Extenuating circumstances may be considered on an individual basis.

It is the student's responsibility to officially withdraw from any and all courses. Refunds of fees are computed according to the instructor's recorded last date of class attendance.

Attendance in an on-line course is measured by active participation in the course (i.e., submission of weekly assignment). Any claims disputing actual class attendance and requests for exceptions because of extenuating circumstances must be submitted in writing to the business office within 90 days after the end of the semester of withdrawal. Any exception to this policy must be approved by an administrative committee. The college will not refund fees originally paid by check until the check has successfully cleared the student's bank.

Students receiving any type of financial aid, including grants, loans, scholarships or veteran's benefits, must consult with a financial aid office staff member before dropping any course.

https://meridiancc.edu/about_mcc/policies_and_procedures/refund_policy/index.html

WITHDRAWAL PROCEDURE

It is the student's responsibility to officially withdraw from any and all courses. The student should contact the instructor (in person, by phone or via email) to discuss the decision to withdraw. A student can request to be withdrawn from courses by completing the following steps:

1. Log on to EagleNet and click on the "My Student Services" tab
2. Select the "Registration" tab
3. Select the "Request to be Dropped from a Class" link
4. Select the course or courses to be dropped
5. Click the button "Update Drop Request".

The request must be submitted by the withdrawal deadline. Refer to the Academic Calendar in the on-line catalog at www.meridiancc.edu for withdrawal deadlines. The student should review the attendance policy for each course; each class attendance policy still applies. Refunds of fees are computed according to the instructor's recorded last date of class attendance.

Meridian Community College

Tuition/Fee Refund Policy

Prior to the first-class day, a 100% refund will be given.

CLASS LENGTH IN WEEKS	REFUND At the end of 1st Week	REFUND At the end of 2nd Week	REFUND At the end of 3rd Week
4 weeks or less	No refund	No refund	No refund
5 to 10 weeks	100%	50%	No refund
11 to 17 weeks	100%	75%	50%

READMISSION POLICY

The MCC Radiologic Technology Program does not guarantee readmission. First-time applicants who meet all program eligibility requirements will be admitted before any readmission applicant is considered. Meeting eligibility requirements does not ensure readmission; acceptance depends on program capacity, past performance, and faculty approval.

First-Year Students (1st-3rd Semesters)

Students who exit the program due to withdrawal or failure of a Radiologic Technology curriculum course must reapply to the next cohort through the standard admission process.

Second-Year Students (4th-5th Semesters)

Students may be considered for reinstatement if:

1. They have not previously requested to return.
2. All current program admission requirements are met (including CPR certification, health insurance, criminal background check, and a cumulative GPA of at least 2.0).
3. A justification letter is submitted to the Program Director one semester prior to the requested return, outlining past performance and an action plan for success.
4. The time away from the program does not exceed 12 months. Students who have been away longer must reapply and may be required to restart the curriculum.

Review Process for Second-Year Students

1. The Radiologic Technology faculty will meet to review the student's written request.
2. Past performance, including clinical evaluations, academic record, patient safety, integrity, clinical competence, and communication skills, will be considered.
3. The student must successfully complete a faculty-developed written exam covering program content.
4. The student must demonstrate proficiency in all previously covered procedures in the MCC energized lab and show competency in image analysis.
5. The Program Director will notify the student in writing of the decision.
6. The faculty reserve the right to require a student to reapply to the program through the standard admission process and complete the full curriculum sequence.

*Readmission is contingent upon space availability and program approval.

TRANSFER STUDENT POLICY

MCC does not accept transfer students from other radiologic technology programs

ADVANCED PLACEMENT POLICY

MCC does not offer advanced placement.

TRANSPORTATION

Students are responsible for arranging and maintaining their own transportation. They are expected to arrive at all classes and assigned clinical sites on time, as scheduled. Students may be assigned to an out-of-town clinical site, meaning a location outside of Meridian, for one or more semesters and **ARE REQUIRED** to travel to the assigned site.

STUDENT HEALTH AND INSURANCE REQUIREMENTS

Health insurance is a mandatory requirement for participation in the MCC Radiologic Technology Program. Students must provide proof of active health insurance prior to beginning clinical rotations and maintain coverage for the duration of the program. All costs associated with premiums, deductibles, and medical expenses are the student's responsibility.

Supplemental accident insurance is automatically added to school charges when the student registers for clinical education classes. This coverage applies only to minor incidents occurring during MCC class, lab, or clinical schedules. Major medical expenses remain the responsibility of the student. Neither the College nor the clinical sites provide workers' compensation coverage for students during classroom, laboratory, or clinical activities.

GRADING

Radiography is a profession in which inadequate performance can directly impact patient safety and well-being. For this reason, the Radiologic Technology Program maintains high academic and clinical performance standards to ensure the competence of its graduates.

A **minimum grade of 80%** must be maintained in all required Radiologic Technology (RGT) courses.

The grading components for each radiology course including clinical education will be outlined in the respective course syllabus / First Day Handout.

All RGT courses will use the program's official grading scale as shown below:

RGT Program Grading Scale:

A (93 - 100)

B (85 - 92)

C (80 - 84)

D (74 - 79) Does not progress

F (73 and below) Does not progress

Failure to progress in any RGT course will eliminate the student's ability to enroll in the following semester. All courses in the Radiologic Technology curriculum must be passed with a grade of "C" (minimum 80%) or higher, in accordance with the MCC Radiologic Technology Program grading policy. Non-RGT courses may be repeated while the student is enrolled in the program. A student cannot graduate until all academic and clinical requirements have been successfully completed.

REMEDIATION POLICY

Remediation may be required for any didactic test grade of 82% or below. The purpose of remediation is to help students strengthen their understanding of course material and improve academic performance.

Remediation sessions will be determined by the course instructor and may include review assignments, tutoring, additional coursework, or other instructional methods. Scheduled remediation times may vary by cohort and course and will be outlined in your first-day handouts/course syllabi.

While participation in remediation may not be mandatory, if a student chooses not to participate, a signed acknowledgment will be required to document that the opportunity was declined. This documentation will be kept in the student's file.

GRADUATION REQUIREMENTS

To graduate from the Radiologic Technology program, students must:

- Earn a grade of "C" or higher in all prerequisite, Radiologic Technology (RGT), and required academic courses.
- Maintain a minimum cumulative GPA of 2.0.
- Complete all required clinical hours and ARRT-mandated clinical competencies, including any final program competency evaluations.
- Meet all institutional graduation requirements outlined in the MCC Catalog, including submission of required documentation and clearance of financial obligations.

COURSE EVALUATIONS

Each semester, students are encouraged to complete a course evaluation for every course in which they are enrolled. These evaluations are an important part of the program's ongoing quality improvement process and may also be used to meet accreditation requirements. Students are encouraged to provide constructive, professional feedback that highlights both the strengths of the course and areas where improvement is needed. Faculty do not have access to individual student responses; instead, they receive a compiled summary of results and average course ratings.

ADVISORY COMMITTEE

The Advisory Committee serves in an advisory capacity to program administrators, providing input to support the effectiveness and relevance of the Radiologic Technology Program. Committee recommendations may address:

- Maintaining an educational environment that prepares graduates to be proficient in all aspects of radiologic technology.
- Strengthening relationships with local and state radiologic technology societies and clinical affiliates.
- Identifying program strengths and areas for improvement, and developing strategies to address those needs.
- Proactively initiating changes to enhance the program.
- Staying informed of and responsive to state and national trends in the profession.

The committee is made up of a Medical Director, chief technologist and/or clinical faculty from each hospital affiliate, the Associate Vice President of Nursing and Healthcare Education at Meridian Community College, the Chairperson of Health Education, the Program Director of the Radiologic Technology Program, and the Clinical Coordinator.

CLASSROOM/LABORATORY ETIQUETTE

The Radiologic Technology Program promotes a professional learning environment where students can succeed academically and clinically. To maintain this standard, students are expected to:

- Attend all scheduled classes and labs, arrive on time, and remain for the entire session.
- Be attentive and participate fully in learning activities.
- Refrain from talking while the instructor is lecturing; ask questions at appropriate times.
- Use cell phones, headphones, earbuds, or other electronic devices only with instructor approval.
- Do not bring guests, including children, to class or lab.
- Wear MCC ID, program dosimeter, and personal markers during laboratory sessions.
- Follow dress guidelines so clothing is professional, non-revealing, and allows for safe mobility during lab activities.

Students who fail to follow these expectations may be asked to leave the classroom or laboratory. Any make-up work or lab time will be at the discretion of the instructor.

LABORATORY PERFORMANCE

Lab performance is directly supervised by program faculty who hold ARRT certification and is evaluated using the final competency expectations required in the clinical setting, including patient care, proper positioning, proper technique, and image analysis.

Scheduled labs must be successfully completed before the related clinical competency can be earned. Lab practicals occur at least twice, with specific labs scheduled for each course and outlined in the first-day handout. Successful lab completion allows final competencies to be earned in the clinical setting, as mandated by the ARRT for program completion.

If a lab practical is not passed on the first attempt, it must be repeated within seven days, at the instructor's discretion, and cannot be repeated on the same day as the failed attempt. Students cannot earn competencies on that covered content until the lab practical is passed.

Failure on the second attempt within the seven-day window will result in probation. Any subsequent lab failure may result in dismissal from the program. Competencies can only be earned for procedures that have been covered in lab or classroom testing.

COMMUNICATION AND RESPONSE POLICY

Students should check their Eaglenet (MCC) e-mail at least twice each week for messages from instructors. The preferred method of contact is Eaglenet e-mail, but students may also call the instructor's office phone. Instructor contact information is listed in the syllabus for each course in Canvas.

Instructors will respond to messages within 24 hours or by the next business day. Messages received after 4:00 p.m. Monday-Thursday or after 12:00 noon on Friday will be addressed the next business day. Weekends, holidays, and other college closures (such as Spring Break) are not considered business days.

This policy ensures that instructors respond during business hours when they have access to the information needed to provide a complete and accurate answer.

STUDENT COMPLAINT PROCEDURE

Meridian Community College provides procedures for students to resolve complaints or grievances with the College. For purposes of this policy, a complaint or a grievance are synonymous terms and are herein referred to as a "complaint." A student should communicate his/her complaint as soon as possible to ensure the timely resolution of the complaint. [MCC Student Complaint Procedure](#)

➤ **NON-ACADEMIC MATTERS**

For non-academic concerns, students should follow the official MCC Student Complaint Procedure. The process and required form are available at:

- [Student Non-Academic Complaint Form](#)

➤ **ACADEMIC MATTERS**

For grade-related concerns, see the "Grade Review Policy" in Section Three of the MCC Catalog.

For other academic concerns, follow the official MCC Academic Complaint Procedure at:

- [Student Academic Complaint Form](#)

The College recognizes and accepts Mississippi Commission on College Accreditation (MCCA) oversight in resolving complaints from students taking distance education under the auspices of the State Authorization Reciprocity Agreement (SARA). In addition, The Mississippi Commission on College Accreditation has a published student complaint policy found at <http://www.mississippi.edu/mcca/sara.asp>.

To file a complaint, a student should complete the complaint form available on the website. MCCA is located at 3825 Ridgewood Road, Jackson, MS 39211 and can be reached by telephone 601.432.6647.

CHAIN OF COMMAND

Most situations can be resolved at the first level of contact. If the matter is not resolved after speaking with the first person in the chain, the student may proceed to the next level.

Clinical

1. Immediate technologist involved

2. Clinical Preceptor
3. Clinical Coordinator
4. Program Director

Classroom

1. Course Instructor
2. Program Director

Laboratory

1. Laboratory Instructor
2. Program Director

If not resolved at the Program Director level:

1. Division Chair
2. Dean of Students
3. Follow the Student Complaint Procedure – see links above

JRCERT ALLEGATIONS PROCESS

The Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The JRCERT Standards for an Accredited Educational Program in Radiologic Sciences are available at <https://www.jrcert.org>.

Before submitting allegations to JRCERT, students must first attempt to resolve the concern through the program's internal complaint process, as outlined in this handbook under *Student Complaint Procedure* and *Chain of Command*.

If the concern cannot be resolved internally, students may submit allegations of non-compliance directly to JRCERT using the Allegations Reporting Form available on the JRCERT website. The completed form, with all required supporting documentation and signature, should be submitted to:

Chief Executive Officer

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Fax: (312) 704-5304 Email: mail@jrcert.org

Incomplete forms or submissions without the required supporting material will not be considered. The JRCERT investigates allegations that an accredited program has acted contrary to its Standards or that conditions at the program jeopardize the quality of instruction or student welfare.

IMMUNIZATION POLICY

In compliance with Mississippi State Department of Health (MSDH) recommendations and clinical affiliate requirements, students must provide documentation of the following:

- Two doses of MMR (measles, mumps, rubella) or positive MMR titer
- Two doses of varicella (chickenpox) or positive varicella titer
- Hepatitis B series or signed waiver acknowledging receipt of disease information and refusal of vaccination
- Annual influenza vaccine prior to the start of each flu season

Faculty and students are required to comply with all health and immunization policies of MCC's clinical affiliates. Documentation must be submitted after admission and before clinical placement. Students who do not meet these requirements will be ineligible for clinical participation, which will result in dismissal from the program.

COMMUNICABLE DISEASE POLICY

To protect the health and safety of students, patients, and clinical staff, students must comply with all clinical affiliate requirements related to communicable diseases.

A TB skin test (or approved equivalent) is required annually while enrolled in the program. Testing is at the student's expense and must be completed prior to clinical placement each year.

Students who are diagnosed with a communicable disease must notify the Program Director immediately and may not attend class or clinical until cleared by a licensed healthcare provider. A written release is required before returning. Examples of communicable diseases include COVID-19, hepatitis B or C, tuberculosis (TB), measles, mumps, rubella, varicella (chickenpox or shingles), meningitis, influenza, MRSA, and other physician-identified infectious conditions.

Students may not attend class or clinical with a temperature of 99°F or higher. Depending on the illness, students may be required to make up missed time or may be withdrawn from clinical courses.

Withholding information about a communicable disease or returning without clearance may result in dismissal from the program. All medical information is kept confidential and shared only when required by law or clinical policy.

DRUG AND ALCOHOL ABUSE POLICY FOR NURSING AND HEALTH EDUCATION PROGRAMS

To ensure a safe and drug-free environment, all students enrolled in nursing and health education programs are required to undergo drug screening prior to clinical placement. Students in two-year programs will be screened at least once more during the program.

Students are assessed a fee for drug screening. Positive results, refusal to submit, or tampering with the screening process may result in dismissal from the program.

All Nursing and Health Education will have drug screen(s) done as required by MCC policy. Be aware that:

- Any student who presents positive test results (other than for a legally obtained prescription drug) will be dismissed from the Nursing or Health education program.
- A legal prescription is one that is written and filled within a six-month time period. Use of the medication after the six-month time frame is considered inappropriate and results in a positive drug screen result.
- The student should be aware that providing clinical care will not be allowed even with use of a legally prescribed medication if, in the professional judgment of the instructor, a student is impaired and cannot safely deliver the required care. Impairment will result in "Reasonable Suspicion" testing (see next bullet) and may lead to program dismissal.
- Reasonable suspicion testing will occur if a student exhibits behavior that, in the opinion of the instructor, is considered to be consistent with the use of drugs and/or alcohol. The student will be required to submit to a urine, blood, breath, or hair follicle analysis test. Refusal by the student to submit to testing will be grounds for dismissal from the program. All testing for reasonable suspicion will be done at the college's expense. The

student will be dismissed from class or clinical lab and the Program Director will arrange immediate transportation for the student to the testing laboratory following the MCC Student Transportation Protocol.

- Any Meridian Community College student who presents positive test results—through routine drug screening or reasonable suspicion drug screening (other than for a prescription drug) will not be allowed to continue in the program or clinical practicum. The student will be notified in writing and may apply for readmission into another class at a later date. Readmission, however, will not be considered until the completed “Agreement of Readmission” with attached documentation of evaluation, treatment, and counseling has been received;
- If the student questions the validity of the results, the student may submit a written appeal to the Dean, Nursing, Division Chair, Health Education, or appropriate administrator within 24 hours of being notified of a positive drug screen. In the appeal, the student must agree to hair follicle analysis and/or other screening. The student will have one working day to schedule the hair follicle sample to be collected at a facility determined by the College. The student will be allowed to return to class pending the results of the hair follicle analysis. The student will not be allowed to participate in clinical experiences until the hair follicle analysis is determined to be negative. If the hair follicle analysis is negative, the College will be responsible for the cost. If the hair follicle analysis is positive, the student will be responsible for the cost.

HANDLING OF TEST RESULTS

The Associate Dean of Student Services will maintain all student test results under lock and key. All test results will be destroyed when the student graduates.

CRIMINAL BACKGROUND CHECK

Mississippi Law now requires healthcare professionals or occupational education students enrolled in programs whose primary purpose is to prepare professionals to render patient care services submit to criminal background checks and fingerprinting prior to beginning any clinical rotation in a licensed healthcare entity. If such fingerprinting or criminal background checks of the student discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-31-3 (l), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault or felonious abuse and/or battery of a vulnerable adult which has not been reversed on appeal or for which a pardon has not been granted, the student shall not be eligible to be admitted to such health program of study or will not be eligible to participate in clinical training in a licensed entity. The student's eligibility to participate in the clinical training phase of their healthcare program shall be voided if the student receives a disqualifying criminal record check.

In addition to the disqualifying events listed in Section 37-29-232 of the Mississippi Code of 1972 annotated, clinical affiliates may, at their discretion, refuse to provide clinical experiences to any student whom the clinical affiliate feels are not suitable for employment or for the clinical experience setting.

Any drug conviction, bodily harm, neglect or abuse, or felony DUI conviction within a year of starting date of class is cause for denial of the clinical experience setting. Any convictions more than a year beyond the starting date of class will be examined by the “Review Standards Committee” with a decision rendered if the student is allowed to participate in the clinical experience setting. Any charges pending a resolution will require documentation of disposition from the student. [Student Background Check policy](#)

RGT PROGRAM SPECIFIC: The American Registry of Radiologic Technologists (ARRT) Ethics Review Pre-Application (available at www.arrt.org) provides an early ethics review of violation(s) that may delay registration or deny eligibility for the ARRT licensing examination upon completion of the program. Students whose background check reveals possible restricting events must complete the Ethics Review Pre-Application at a cost to the student of \$100 after admittance to the program, but prior to third semester enrollment (freshman spring semester).

DISQUALIFICATION

If an applicant to Nursing, Health Education, or EMS-Paramedic programs is prohibited from participating in clinical experiences by a clinical affiliate of Meridian Community College (e.g., a disqualifying event as defined in a Criminal Background Check or other identified exclusions, etc.), then the applicant will be ineligible for admission. If a student currently enrolled in Nursing, Health Education, I. V. Therapy, Phlebotomy or EMS-Paramedic programs is prohibited from participating in clinical experiences by any clinical affiliate of Meridian Community College (e.g., positive drug screen, egregious behavior, violation of patient safety, non-compliance with the college's "Student Behavior Code", etc.), then the student will be dismissed from the program of study.* The student is not eligible for program readmission unless the clinical restriction is removed. It is the student's responsibility to self-disclose clinical prohibition prior to admission or immediately upon occurrence. In addition, the student is responsible to have the clinical site communicate with the program division chair/coordinator when the clinical prohibition is removed.

NON-DISCRIMINATION POLICY

Meridian Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in admission or access to, or treatment or employment in its programs and activities. Compliance with Section 504 is coordinated by The Office of Student Affairs, 910 Highway 19 North, Meridian, MS 39307.

Email: 504Compliance@meridiancc.edu. Compliance with Title IX is coordinated by Mr. Derek Mosley, Social Science Instructor, 910 Highway 19 North, Meridian, MS 39307.

Email: Derek.Mosley@meridiancc.edu.

STUDENT RECORDS AND FERPA

MCC is in compliance with the policies on privacy of student records as described in the Family Educational Rights and Privacy Act of 1974 (FERPA). Under FERPA, students enrolled in any post-secondary educational institution receiving federal funds are given certain rights concerning review of their education records. Student records may not be released to third parties without the student's written consent, unless permitted by law.

INFORMATION RETENTION EXAM

Students will complete a comprehensive examination during the summer (third) semester. The exam covers material presented throughout the first year of the program and is intended to assess knowledge retention.

A minimum score of 70% is required. Students who do not meet the benchmark will participate in remediation activities under faculty guidance and may retest as scheduled.

FUNDRAISING

Fundraising activities may be conducted to help cover costs such as professional development meetings, registry review or examination fees, and the framed class portrait.

Students who choose to participate must commit to the event and meet minimum requirements to share in the proceeds. A student who participates but later cannot attend the funded event will forfeit their share of the funds. Students who do not participate in fundraising activities are not eligible to receive any portion of the proceeds.

If fundraising events are held, all money will be collected by Meridian Community College faculty and deposited into an on-campus account. Funds may be distributed to students at the time of the event or used by MCC faculty to make lump sum payments for expenses such as registration or hotel fees. Funds are used conservatively, and any balance remaining at graduation will be transferred to the next class.

CLINICAL COMPLIANCE DOCUMENTATION

MCC Health Education programs utilize a system called **CastleBranch** to manage compliance documentation, background checks, and drug screening. Students are required to upload their documentation through CastleBranch for verification. Required items include immunization records, CPR certification, and other clinical compliance documents. All documentation must be submitted and verified by CastleBranch prior to clinical placement.

**CPR certification, TB testing, and flu shots may be made available through the college. Students are responsible for the cost of each.*

CLINICAL PLACEMENT

Meridian Community College Radiologic Technology students are assigned to a variety of clinical affiliates, both in the Meridian area and at out-of-town locations. Clinical placements, including minor affiliates used for special rotations, are determined solely by program faculty to ensure equitable learning opportunities for all students.

Students are expected to adhere to the professional standards and protocols of each clinical site. Clinical affiliates reserve the right to remove students who fail to meet these expectations. If a clinical site deems a student unacceptable for return due to professionalism or conduct, the student will be dismissed from the program.

Clinical affiliates may also refuse placement based on disqualifying factors outlined in Mississippi Code Section 37-29-232 or based on the site's own employment or clinical standards. Because clinical placement is required for program completion, students must remain in good standing with all assigned affiliates.

CONCLUSION

The Meridian Community College Radiologic Technology Program reserves the right to modify policies, procedures, curriculum, fees, calendar, and other student-related requirements as needed. Any changes will be made in consultation with program faculty and MCC administration. Updates will be provided to students in writing at the time the change occurs. These changes may apply to both current and future students and may take effect as determined by the appropriate college authorities.

RADIOLOGIC TECHNOLOGY CLINICAL SITES

Baptist Anderson Regional Medical Center **601-553-6185**

2124 14th Street

Meridian, MS

Clinical Preceptor: Jamie Dean, R.T. (R) ARRT

Department Director: David Howell, RT (R) (CV) ARRT

Baptist Medical Group - Meridian Medical Associates **601-481-2863**

2024 15th Street

Meridian, MS

Clinical Preceptor: Crystal Gunn, BSRS, R.T. (R) ARRT

Neshoba General Hospital **601-781-2280**

1101 Holland Ave

Philadelphia, MS 39350

Clinical Preceptor: Tayde Easley, R.T. (R) ARRT

Department Director: Jason Holland, R.T. (R)(CT) ARRT

Neshoba Medical Pavilion (Medical Associates) **601-663-1210**

213 E Hospital Road E

Philadelphia, MS 39360

Clinical Preceptor: Sommer Warren, R.T. (R) (CT) ARRT

Department Director: Jason Holland, R.T. (R)(CT) ARRT

Ochsner Children's Health Center **601-483-5353**

1500 Hwy 19 N

Meridian, MS 39307

Clinical Preceptor: Mark Suttles, R.T. (R) ARRT

Department Manager: Lamar Branning, RT (R)

Ochsner Choctaw General **205-459-9142**

401 Vanity Fair Avenue

Butler, AL 36904

Clinical Preceptor: Jason Davidson, BSRS R.T. (R) ARRT

Ochsner Health Center - Philadelphia (Laird Imaging) **601-389-2198**

1106 Central Drive

Philadelphia, MS 39350

Clinical Preceptor: Lindsey Edmondson, R.T (R) ARRT

Department Manager: Krista Crawford, R.T. (R)(VS) ARRT

Ochsner Rush Hospital **601-703-9520**

1314 19th Avenue

Meridian, MS 39301

Clinical Preceptors: Sara Ray, R.T. (R) ARRT & Ashley Dove, R.T. (R) ARRT

Radiology Manager: Kerry Clark R.T. (R)(CT) ARRT

Ochsner Rush Emergency Department **601-703-4053**

1314 19th Avenue

Meridian, MS 39301

Clinical Preceptor: Lacey White, R.T. (R) ARRT

Ochsner Rush Imaging Center **601-703-9544**

1800 12th Street

Meridian, MS 39301

Clinical Preceptor: Sammi Jo Ross, R.T. (R) (BD) ARRT

SECTION II
CLINICAL INFORMATION

CLINICAL INFORMATION

INTRODUCTION

The following clinical course policies have been developed to assist Radiologic Technology students in understanding the rules and regulations that apply during their clinical education assignments. Students are required to adjust their personal and work schedules and attitudes in order to comply with program standards and schedules. Clinical hours are not adjusted for outside work schedules. This two-year period is very busy and demanding, but very rewarding. Success is expected.

Students must make the program aware of family members employed in any position of influence at a MCC Radiologic Technology clinical site and understand that a student may or may not be assigned to the same clinical site. Family members shall not participate in the evaluation process.

Students are welcome guests at each of our clinical affiliates and should behave as such. Proper behavior includes following facility policies and procedures, being prepared to assist in any task and demonstrating teamwork. Any questions should be addressed to the clinical preceptor or clinical coordinator – students should not engage in naysaying and gossip as this is unprofessional behavior and penalties will be assessed (demerits) that will lower the clinical grade.

CONFIDENTIALITY AND PATIENT PRIVACY

Students enrolled in the Radiologic Technology Program are required to maintain strict confidentiality regarding patient information and records. Respecting the patient's right to privacy is both a legal and ethical responsibility.

- Patient information must not be discussed in public areas or with individuals not directly involved in the patient's care.
- Students must comply with all provisions of the Health Insurance Portability and Accountability Act (HIPAA).
- Patient conditions, problems, and imaging results are to be shared only with healthcare personnel who require such information to provide care.
- Access to patient electronic records is permitted only on a "need-to-know" basis and must be limited to medical necessity, physician orders, or program-approved assignments.
- Requests for patient information must be referred to the clinical preceptor or supervising healthcare provider.
- The use of confidential information for personal gain or defamation purposes is strictly prohibited.

Any breach of patient confidentiality or HIPAA regulations will result in disciplinary action, up to and including dismissal from the program.

CLINICAL EDUCATION HOURS

Clinical education in the Radiologic Technology Program is competency-based and progresses with each semester of enrollment. Clinical courses correspond with didactic instruction and laboratory practice, beginning with demonstrations in the lab and advancing to supervised performance in the clinical setting.

- Students may not be scheduled for more than ten (10) hours of combined didactic and clinical education per day, or more than forty (40) hours per week, in compliance with JRCERT standards.

- Clinical education hours are assigned as follows:
 - *Freshmen*: 180 clock hours (two days per week) during fall and spring semesters.
 - *Sophomores*: 315 clock hours (as assigned by the Clinical Coordinator) during summer semester.
 - 315 clock hours (three days per week) during fall and spring semesters.

ASSIGNMENTS, ROTATIONS, AND TRAVEL

- Clinical assignments are determined by program faculty.
- Students may not choose their clinical site or schedule.
- Clinical sites may not request specific students.
- Travel to and from clinical sites is the responsibility of the student
- Students are required to follow the posted clinical schedule each semester.
- Clinical rotation times are set by program faculty and clinical preceptors.

CLINICAL ATTENDANCE POLICY

Consistent attendance is a critical component of clinical education and professional development. State and national curriculum mandate clinical hours necessary for degree completion. Radiologic technologists must demonstrate reliability and accountability and those expectations begin now as a student.

Students are permitted up to two clinical absences per semester for illness or injury. All missed clinical time must be made up within the semester in which it occurs. Absences beyond the allowed two, without documented extenuating circumstances, may result in dismissal from the program. Missing more than two and a half hours of a clinical shift is considered a full absence.

Tardiness includes arriving late or leaving early from a clinical shift. Three tardies are equivalent to one clinical absence. After three tardies, the student will receive a verbal warning and a demerit on their clinical education grade. Each additional set of three tardies will result in another recorded absence. Accumulating seven tardies in a single semester will result in the student being placed on a behavior contract and may result in dismissal from the program.

If a clinical absence occurs, the student is responsible for notifying both the clinical site and the Radiologic Technology Program faculty. The clinical preceptor must be contacted within 30 minutes of the scheduled start time. Rad Tech faculty must also be contacted within that same 30-minute window by phone or email. Communication must be made personally by the student. Text messages, messages relayed by others, or failure to notify both parties are not acceptable and will be considered a violation of policy.

Failure to properly notify both the clinical preceptor and Rad Tech program faculty within the required timeframe is considered a no call, no show and will result in the following consequences:

- First offense will result in a 10-point deduction from the clinical grade for that grading period and a required counseling session with the Clinical Preceptor and Clinical Coordinator.
- Second offense will result in a 10-point deduction of the clinical grade for that semester, which could result in clinical failure and remove the student from the program and a required counseling session with Rad Tech Program faculty.
- Third offense will result in dismissal from the program.

All make-up time must be scheduled in advance and approved by the Clinical Coordinator and the Clinical Preceptor. Make-up time must be completed in full shift blocks and within the same semester as the absence. If a student misses a scheduled make-up day, the time must be rescheduled immediately. Students must follow the program dress code when completing make-up time.

Students are expected to remain on site for the full duration of their assigned shift, except during approved lunch periods as allowed by the clinical site. Early departures are only permitted in cases such as accreditation site visits or when proper supervision is not available (i.e., no ARRT-licensed professional is present). Leaving early without approval may result in a tardy or absence, depending on the time missed.

Failure to complete required clinical hours will receive a grade of "I" (Incomplete) for Clinical Education. This may affect financial aid eligibility and prevent progression in the program. Students are expected to treat clinical education with the same level of responsibility and professionalism that will be expected in the workplace.

CLINICAL CLOCK-IN/CLOCK-OUT PROCEDURES

The MCC Radiologic Technology Program utilizes Trajecsyst, an online clinical management system, for centralized clinical record keeping. Students are expected to follow proper procedures for clocking in at the beginning of each clinical shift and clocking out upon departure. This process should be treated with the same level of professionalism expected in a workplace setting.

Students must log in through Trajecsyst using the designated desktop computer at their assigned clinical site. Attendance records are reviewed weekly by the Clinical Instructor and/or Clinical Coordinator. Failure to clock in or out will result in the student being marked absent for the day.

Falsifying clinical time records, including clocking in or out using a personal cell phone or electronic device without prior approval, is considered a serious violation and may result in dismissal from the program. This includes disabling GPS on personal devices. Program faculty view accurate timekeeping as a reflection of professionalism and integrity.

- Students must clock in and out using the designated desktop computer at their assigned clinical site. If there is an issue with location verification or IP address, the student should notify the Clinical Coordinator immediately. Failure to do so may result in the student being marked absent and required to make up the missed time.
- Failure to clock in or out using Trajecsyst will result in a verbal warning and a required time exception on the first offense. A second offense will place the student on a behavior contract, with an additional time exception required. A third offense will be considered defiance of program policy and may result in dismissal from the program.
- If a student is found recording in or out for another student by any means, both students will be written up and may face dismissal from the program.
- After clocking in, the student must report directly to their assigned rotation area. Stopping to eat breakfast after clocking in is not permitted and will result in disciplinary action, as outlined in Disciplinary Action Form item #22.
- If a student records in out at the wrong site, he/she must notify program faculty immediately.
- In rare instances where a student must clock in or out using a cell phone, GPS must be enabled, and the student must email the program faculty immediately. Failure to

complete both steps may be considered falsification of clinical records and could result in dismissal from the program.

RELEASE AFTER AN EXTENDED ILLNESS OR TRAUMA

Program continuance following an extended illness or trauma is considered on a case-by-case basis.

If a student experiences an illness, injury, or other medical condition that requires treatment by a healthcare provider, the student must provide program faculty with a written release from the physician prior to returning to the clinical setting. If the student is absent from clinical for one (1) clinical week or longer, the physician's statement must specifically address the student's capability to perform the essential functions of a radiography student. Any contagious disease, illness, injury, or medical condition requires a physician's release before the student may return to clinical education. A student who cannot provide the required medical release will be required to withdraw from the program and may be eligible to re-enter in the same semester the following year, consistent with program re-entry policies.

Students who anticipate the need for accommodations related to illness, injury, or medical condition must contact the MCC Accessibility Services Coordinator ([MCC Support Services / Accessibility Services](#)) to discuss reasonable accommodations. Any approved accommodations will be communicated to program faculty and implemented in accordance with institutional policy and federal regulations.

INCLEMENT WEATHER

Students scheduled for clinical education during inclement weather conditions are not expected to report to the clinical site if Meridian Community College has officially announced campus closure due to hazardous travel. In such cases, the public announcement of MCC's closure serves as notification to the clinical affiliate and preceptor that students will not attend clinic. If MCC remains open and a student personally determines that travel is unsafe, the student must notify both the clinical site and RGT faculty as early as possible. These situations will be evaluated on a case-by-case basis.

Students are strongly encouraged to register for **Eagle Alerts**, MCC's emergency notification system, which provides text alerts for weather-related closures and other campus emergencies.

HOLIDAYS AND VACATIONS

Students do not attend clinical on holidays recognized by Meridian Community College. These include Labor Day, Thanksgiving, Christmas, Martin Luther King Jr. Day, Spring Break, Easter, Memorial Day, Juneteenth, and Independence Day. These dates follow the official MCC Academic Calendar.

In addition to college-recognized holidays, students typically have two scheduled two-week breaks. One occurs between the spring and summer semesters, and the other occurs between the summer and fall semesters. Students are expected to schedule personal vacations to align with these designated breaks. Specific dates for holidays and vacation periods can be found in the most current MCC Academic Calendar, [MCC Academic Calendar 2025-2026](#)

ROTATION TO SPECIALTY AREAS (SOPHOMORE YEAR)

During the sophomore year, students may request clinical rotations in additional imaging modalities such as CT, Ultrasound, MRI, Nuclear Medicine, Radiation Therapy, Mammography, Interventional Radiology, and the Cardiac Catheterization Lab, provided all required competencies have been met. Rotations are assigned based on clinical availability.

Male and female students will be offered the opportunity to participate in mammography rotations. The program will make every effort to accommodate a male student's request for placement in mammography; however, clinical site policies may limit participation to female students only. The program cannot override clinical site policies. Male students are advised that placement in a mammography rotation is not guaranteed and is dependent on availability and site-specific restrictions. Female students will not be denied mammography rotations due to lack of availability for male students.

This policy aligns with the JRCERT's Position Statement on Breast Imaging Clinical Rotations (April 2016; revised August 2020), which affirms that equitable does not necessarily mean equal and recognizes that breast imaging access for male students is limited primarily due to clinical site policies, patient preference, and liability concerns.

Students must wear approved uniforms and MCC name badges during all specialty rotations and are expected to maintain the same professional conduct required in general clinical education. Rotation preferences should be submitted in writing to the Clinical Coordinator by the end of the fall semester of the sophomore year. Any questions or concerns should be directed to the Program Director.

CLINICAL DRESS CODE

Students are expected to present a clean, professional appearance that reflects well on the radiology department and builds patient trust. First impressions matter, and patients often form opinions about their care based on what they observe from healthcare personnel. Proper dress and hygiene not only support patient confidence but also help ensure a safe and respectful clinical environment for everyone.

The appearance and hygiene guidelines below are based on the expectations of MCC's clinical affiliates. Students must report to their clinical education sites clean, well-groomed, and in the approved program uniform. Any student who reports out of uniform will be dismissed from the clinical site for the day, marked absent, and must notify program faculty. Repeated non-compliance within a single semester may result in dismissal from the program.

The uniform consists of:

1. **Dark gray/charcoal-colored scrub set:** Scrubs must be clean, neatly pressed, and properly hemmed. Scrubs that are wrinkled, dirty, the wrong color, or poorly fitted will result in dismissal from clinical for the day and the student being marked absent.
2. **Plain undershirt (optional):** A plain white, black, or matching scrub-colored t-shirt (short or long sleeve) may be worn under the scrub top. No printed designs, writing on sleeves, or oversized sleeves are permitted.
3. **Neutral-colored tennis shoes or sneakers:** Shoes must be clean, in good condition, and have a closed toe and closed back. Crocs or similar footwear **are not permitted**.
4. **Lab coat:** A white or matching scrub-colored lab coat may be worn in clinical areas. Fleece, jackets, coats, or sweaters from outside the facility are not permitted.
5. **MCC name badge and dosimeter:** Both must be worn at all times while in clinic. The name badge must be visible and worn in a way that allows patients and staff to clearly identify the student.

6. **Clinical tools:** Personal lead markers, a technique book, and a competency notebook are required during all clinical shifts. Student-owned markers must be used on all images.
7. **Hair and grooming:** Hair, mustache, beard, and sideburns must be clean, neatly groomed, and of natural color. Hair must be secured if long enough to fall forward during patient care. Hair accessories such as rollers, scarves, or bright ribbons are not allowed. Do not report to clinic appearing as if you just rolled out of bed – brush and groom your hair.
8. **Personal hygiene:** Students must arrive clean and free from objectionable odors. This includes daily bathing, brushing teeth, washing hair, using deodorant, and practicing proper hand hygiene.
9. **Nails:** Fingernails must be clean and neatly trimmed. Only clear nail polish is allowed. Artificial nails, overlays, gel polish, shellac, and dipped nails are not permitted per OSHA standards. Natural nails must be kept shorter than ¼ inch.
10. **Makeup:** Makeup must be conservative. Excessive makeup and false eyelashes are not allowed.
11. **Fragrance:** Perfume or cologne should not be worn while in uniform, as it may cause nausea or discomfort to patients.
12. **Jewelry:** Wedding rings, engagement rings, and traditional watches may be worn. Smart watches are not allowed. One pair of small stud earrings may be worn in the earlobes only – no hoops, dangles, or cartilage piercings (including auricle or tragus). Body, facial, and tongue piercings are not allowed. Necklaces must be worn inside the uniform top for safety.

IDENTIFICATION DISPLAY

Students must wear a Meridian Community College-Radiologic Technology Student identification name badge during clinical assignments. Students are not allowed to enter the clinical area without proper identification. Badges are provided by MCC and must be worn visibly at all times. Failure to wear the name badge is a violation of the dress code and may result in the student being dismissed from clinic for the day.

RADIOGRAPHIC MARKERS

Students are required to use their own initialed right and left lead markers to identify all radiographic procedures they perform. A second backup set is strongly recommended in case one or both are lost. Students without their own markers are considered out of dress code and may be sent home with an absence recorded. Use of another student's or technologist's markers is not permitted.

ACCIDENT OR INJURY TO THE PATIENT - PATIENT CARE INCIDENT REPORTS

Should any patient care incident occur involving a student the clinical preceptor, the assigned supervisor, clinical coordinator or the department chair must be notified. The standard risk management (incident) report must be made and submitted to the clinical instructor and/or supervisor immediately. An incident report must be made and submitted to the clinical coordinator and department chair for review. Reports must be made in accordance with the policies of the affiliating clinical site. Existing clinical affiliate policy may be complied with regarding terminations (if the incident would normally lead to employee termination, it is possible that the clinical site would request that the student involved not return to that facility for clinical education assignments). If a clinical facility asks that a student be removed from that site, the program may try to place that student at another facility if possible and only if deemed appropriate. Being barred from a clinical site can be grounds for dismissal. Being barred from a clinical site for patient safety issues or poor ethics OR being barred from a second clinical site for any reason results in dismissal from the program.

ACTING AS A WITNESS

A student is not to sign his/her name as a witness on a will or a consent form for a patient.

ACCIDENT OR INJURY TO THE STUDENT

If the student is injured while at the clinical affiliate, the clinical preceptor and/or assigned supervisor as well as MCC faculty **MUST** be notified immediately. Supplemental accident insurance is automatically added to school charges when the student registers for clinical education classes. Primary coverage remains the responsibility of the student. The student must file a copy of the accident report with MCC's business office for the claim to be processed. Students who have accidents away from clinical that result in the student being unable to complete/perform clinical assignments (including moving patients) are required to drop from the program and reapply the following year.

LIABILITY INSURANCE

Professional liability insurance is automatically added to school charges when the student registers for clinical education classes. This insurance covers only clinical incidents occurring at clinical settings; the student must be scheduled by Meridian Community College for a clinical assignment for the insurance to be effective.

TECHNOLOGY, DEVICE USE, and SOCIAL MEDIA POLICY

Use of Technology in the Classroom and Clinical Setting

Students may use school or hospital computers for curriculum-related purposes only. In the clinical setting, hospital computers are to be used for radiology-specific functions, such as image review or Trajecsyst access. Personal email, internet use, and non-clinical browsing are not allowed during clinical hours.

In the classroom, students may use laptops or tablets for academic purposes, including accessing e-books or taking notes. Use of electronic devices for personal communication, social media, or unrelated websites during class time is not permitted.

Cell Phone and Personal Device Use in Clinic

Students are not permitted to carry personal cell phones, smartwatches, earbuds, or similar devices on their person during clinical hours. These devices must remain silenced and stored away. Personal phone calls may only be made during the student's scheduled 30-minute lunch break using their own device. Emergency calls must be routed through the clinical site or program faculty.

Use of personal laptops or electronic devices for studying or school-related activities may be allowed **if approved by the clinical site** and only when the student is not actively engaged in patient care or clinical responsibilities. Device use for non-academic purposes during clinical hours is strictly prohibited.

Violation of this policy will result in immediate suspension from clinical for the remainder of the day and the student being marked absent, regardless of the time already completed. MCC faculty must be notified by the clinical instructor. Cell phones may be confiscated. The student will be placed on a behavior contract. A second violation will result in dismissal from the program.

Social Media Policy & Photography

Students are strictly prohibited from posting, emailing, blogging, or otherwise sharing any content related to the MCC Radiologic Technology Program, its faculty, clinical sites, patients,

or fellow students on social media or personal communication platforms. This includes, but is not limited to, Facebook, Instagram, Twitter, Snapchat, TikTok, YouTube, and personal blogs.

Taking photographs within any clinical area or of any patient or patient information is strictly prohibited. Any violation of this policy is considered a serious breach of confidentiality and professional ethics and may result in dismissal from the program.

Recording Devices

Audio recording of lectures is permitted only with prior written permission from the instructor. Video recording is not allowed under any circumstances.

RADIATION SAFETY: DOSIMETRY DEVICE

The program uses Optically Stimulated Luminescence Dosimeters (OSLDs) to monitor student radiation exposure. Students must always wear the dosimeter badge and MCC name tag while in the clinical or laboratory setting. Failure to comply is a violation of the dress code.

Students are required to wear the current dosimeter at all times during clinical education and while on campus in the energized lab. If the badge is expired, missing, or damaged, the student will be removed from the clinical site and may not return until the correct badge is obtained. Replacement badges are shipped next day and cost **\$54** (\$4 replacement fee + \$50 shipping). The student must pay in full before receiving the replacement badge and returning to clinic.

Badge Exchange and Records

Students must exchange the previous month's badge and initial the dosimetry report by the second-class day when the new dosimeters are received. Failure to do so, whether due to loss, forgetfulness, or other reason, will result in a one-letter grade reduction in the clinical education course at the end of the semester. A "C" grade will not be reduced to an "F," but the penalty will be carried forward to the next semester. Three incidences of lost OSLDs will result in dismissal from the program.

If a badge is lost or damaged, the student must provide a written explanation to the Program Director, which will be kept in the student's file. The grade reduction applies to both personal and fetal badges. Submission of an incorrect dosimeter will result in a demerit.

Investigational Levels and Report Review

In accordance with Mississippi State Department of Health regulations, which enforce the standards of the National Council on Radiation Protection and Measurements (NCRP), the following investigational dose levels have been established. Exceeding these levels will initiate a review or investigation by the Program Director/Clinical Coordinator:

	Level I mrem quarter / month	Level II mrem quarter / month
Whole body / gonads	125 / 40	375 / 125
Skin of whole body	750 / 250	2250 / 750

The Program Director/Clinical Coordinator receives and reviews radiation monitoring reports monthly. If a student's exposure exceeds established investigational levels (40 mrem for Level I or 125 mrem for Level II), the student will be counseled to determine the possible cause and

recommendations for corrective action will be made. Reports are available electronically, and printed copies are kept on file in the Program Director/Clinical Coordinator's office as part of the student's permanent record.

Carelessness with regard to radiation safety is not tolerated.

Misuse of OSLDs

Tampering with, altering, or wearing another person's dosimeter is grounds for immediate dismissal from the program. Students are responsible for ensuring proper use and return of their assigned badge each month. The MCC-issued dosimeter is not to be worn during outside employment; employers are required by law to provide separate monitoring devices.

ALARA Practices for Patient Protection

MCC Radiologic Technology Program students must practice ALARA concepts *for the patient* through:

1. effective communication – provide clear, concise instructions
2. proper immobilization
3. protective shielding
4. proper collimation ALWAYS
5. use of smallest possible IR size, when applicable
6. proper technique (keep and follow technique book for each site)
7. avoiding repeat examinations

ALARA Practices for Occupational Protection

MCC Radiologic Technology Program students must practice ALARA concepts *for occupational exposure* through:

1. NEVER holding a patient or image receptor during any radiographic procedure
2. avoiding repeat examinations
3. proper collimation
4. proper use of technical factors: time, distance and shielding
 - a. adherence to the rotation schedule limiting time in high exposure area
 - b. stand at least 2m (6 feet) from the patient, tube and useful beam during mobile imaging while wearing protective apparel
 - c. proper use of protective lead aprons and barriers
5. observing fluoroscopic examinations through the leaded glass window in the control booth or behind the radiologist when possible and moving closer to the patient only when assistance is required wearing at least 0.5mm lead equivalent lead apron.
6. wearing a 0.5mm lead equivalent thyroid shield if standing in close proximity to the patient being examined.

Procedure for Overexposure

If a student's dose report indicates exposure above investigational levels, the student will be immediately counseled regarding possible causes (e.g., leaving a dosimeter in a fluoroscopy or surgery room, excessive fluoroscopy time, or unsafe practice). The incident will be documented with signatures from the student, faculty, and clinical instructor, and placed in the student's file. If necessary, the student will be temporarily reassigned away from high-exposure areas such as surgery, fluoroscopy, or portables until the next dosimetry report is received. The student may also be required to complete a written assignment on radiation safety practices.

MRI SAFETY POLICIES

During program orientation and at the beginning of each semester, all students complete an MRI Safety Screening Form to identify the presence of implants, prior injuries, or other conditions that may pose a risk in the magnetic field. This repeated screening ensures that any changes in a student's health status or medical history are documented and evaluated prior to entering areas where MRI is performed.

The screening form also ensures students understand the potential dangers of the MRI environment, including the hazards of ferromagnetic objects. Students with implanted devices such as pacemakers, artificial heart valves, surgical clips, or metal fragments are considered at particularly high risk for injury in a high magnetic field environment. For this reason, the form must be completed fully and accurately at orientation and at the start of each semester.

Students receive instruction on MRI safety, including magnetic field warning zones and precautions related to assisting MRI patients. Because students may be present in MRI areas during clinical education, this training is required for all students.

Any questions or concerns regarding MRI safety must be discussed with the Program Director, Clinical Coordinator, Clinical Instructor/Preceptor, or an MRI technologist prior to entering an MRI area. **No student may enter an MRI suite without a current, completed MRI Safety Screening Form on file.**

SUPERVISION OF STUDENTS*

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

If a student finds him/herself supervised by a person who is not registered, without a registered technologist available, the student should discretely call the clinical coordinator or program director immediately.

A qualified radiographer is defined: A radiographer possessing American Registry of Radiologic Technologists certification and active registration in the pertinent discipline with practice responsibilities in areas such as patient care, quality assurance or administration. Such practice responsibilities take place primarily in clinical education settings.

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

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

****a qualified radiographer is present during student performance of any repeat of any unsatisfactory radiograph****

***Indirect supervision is defined:** Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is

being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

**STANDARDS FOR AN ACCREDITED EDUCATION PROGRAM IN RADIOLOGIC SCIENCES. January 2021, JRCERT.*

COMPETENCY OF STUDENTS

Radiography Education is a cooperative process involving teachers and learners actively pursuing and sharing knowledge. The faculty believes that radiography education is best achieved in an organized setting that encourages self-directed acquisition of knowledge progressing from simple to complex. Instruction is accomplished by methods of perception, example, and recounting experience. State-of-the-art instructional strategies and technologies incorporated into the program enhance a quality radiography education.

Critical thinking skills are used daily to develop and mature the skills required of a professional radiographer. Critical thinking skills are challenged by didactic problem solving of radiographic procedures and technical manipulation in the laboratory setting. Our objective is to produce competent radiographers who through critical thinking and clinical competency can render effective patient care while meeting their personal objectives of professional development and growth to meet their professional goals.

1. Students begin clinical participation by first *observing* a registered radiographer in the execution of duties by assisting with patient care activities and manipulation of the equipment.
2. This participation moves quickly from the passive mode of observation to the more active mode of assisting the technologist in radiographic examinations. The rate of progress should be dependent upon the student's ability to comprehend and perform the various tasks assigned, but students should be *independently performing covered procedures* under proper supervision at the end of the first grading period, typically six weeks for first clinical semester students and sooner for subsequent semesters. Students are not allowed to perform any procedure without direct supervision unless they have proper documentation - completed final competency form signed by program faculty and supervising clinical preceptor.
3. Prior to or upon receipt of the competency documentation verifying completion of a unit in the Lab (i.e., Faculty signed competency form) students should verify the protocol of the clinical education center and assist with positioning for the procedure indicated in the competency book and obtain at least two practice clinical competencies BEFORE requesting a final clinical competency procedure. STUDENTS ARE NOT TO ATTEMPT A FINAL COMPETENCY UNTIL AFTER THEY HAVE PASSED ALL SECTIONS OF THE LAB, EVEN IF THE STUDENT HAS PERFORMED THE PROCEDURE UNDER DIRECT SUPERVISION IN CLINICALS PREVIOUSLY.
4. After documented successful directly supervised independent completion of the individual procedure in clinic and passing lab practical, the student should present to the clinical preceptor (or his (her) designee) the patient request and obtain permission to perform a final competency. **Students must perform the procedure under the direct supervision of the clinical preceptor or his/her designee who verifies competency by marking appropriate category responses on the competency form.**

For a student to earn a final competency, the examination must be done 100% by the student with 90% accuracy. The resulting images must be diagnostic and within the clinical setting's standards including exposure index values. *If a **single repeat film** is required for a **multiple view (more than three) procedure** in which the student independently identifies the mistake and independently makes corrections, the clinical*

preceptor may use his/her judgment as to whether the student is competent in that examination. Final competency procedures should not routinely contain repeat images. Repeat images must be indicated on the final competency form with the supervising technologist's signature indicating the directly supervised repeat. MCC program faculty may rescind any awarded competency. If the procedure is performed at any less than 90 percent, the final competency must be performed again with patient selection at the discretion of the clinical preceptor or MCC Rad Tech Program Faculty. If the final competency is earned, the student may perform the procedure in the future under indirect supervision-*student's personal marker MUST be on all final competency film/images.* A STUDENT ATTEMPTING A FINAL COMPETENCY MUST ANNOUNCE INTENTION BEFORE ATTEMPTING THE PROCEDURE

5. More than one competency may be attempted on a patient, providing there is no overlapping of radiographs for the different procedures. Examples: a. If foot and ankle radiographs are requested and the routine views are required [AP foot, oblique foot, lateral foot, AP ankle, oblique ankle, lateral ankle] then, **both procedures could be credited for a competency.** If foot and ankle radiographs are requested and the routine views requested are: AP foot, oblique foot, AP ankle, oblique ankle, lateral including both foot and ankle, then **only one procedure could be credited for a competency based on the centering for the lateral including both body parts**
6. Two (2) students may NOT receive a final competency on the same patient. If documentation is submitted for a final competency on the same patient, neither student receives the credit and the incident is noted in the student record – a second incident results in disciplinary action
7. The end of the **fall semester of the sophomore year**, students must review their competency book to ensure that all procedures they have submitted are accurately recorded and match the required list of competencies. This self-check gives students enough time during the spring semester to complete any missing or invalid competency forms.

The **completed competency book** is due to the Program Director **the week after spring break.** All final competencies must be documented on the **ARRT Didactic and Clinical Competency Requirements Checklist.**

RADIOGRAPHIC ROOM OBJECTIVES

During your diagnostic room rotations, report to the registered technologist/s that is/are assigned to these rooms.

All students will be assigned to the diagnostic rooms throughout the length of the program. The successful completion of the objectives listed below is dependent on the student's level of progression throughout the length of the Program. The student's ability to successfully complete the objectives below will be evaluated on the Competency Evaluation Form that is used for each examination performed by the student on a patient. The evaluation of objectives for the diagnostic room rotations will be based upon the ability to:

1. Report to the registered technologist/s on time and be accountable
2. Properly prepare the room for the examination prior to the patient entering the room
3. Correctly verify the identity of the patient, verify the correct examination is being performed, introduce yourself to the patient obtain patient history that is pertinent to the examination being performed and explain the examination to the patient in terms they can understand
4. Accurately align the x-ray tube, the patient and the image receptor for the projection/s being performed. Correct use of lead markers, correct breathing technique used.

5. Review the quality of the radiograph for accurate positioning of the patient and the proper required anatomy. If a radiograph is required to be repeated, the student is able to determine how it should be corrected.
6. When appropriate, properly assess the patient in non-routine situations and adjust the examination in order to obtain the necessary radiographs.
7. Use correct radiation protection practices for both the patient and self. This includes questioning the female patient of the date of her last menstrual cycle, shielding of the patient when it will not interfere with the anatomy of interest and the use of collimation when appropriate.
8. Proper selection of exposure techniques for the projection/s being performed while providing the image receptor with enough exposure but at the same time not violating ALARA (Exposure index)

During your rotations in the radiographic rooms use these objectives as a guide to learning the operation of the equipment. Not every room is the exact same, but they all have similar characteristics. Look for these items in the rooms and be prepared to demonstrate the ability to:

Operators Panel

1. Energize the x-ray unit
2. Set warm up exposures and warm up the tube
3. Select large or small focal spots
4. Select the upright bucky
5. Select the table bucky
6. Select table top exposures
7. Operate the kVp and mAs selectors
8. Select the AEC chamber for the table, C-Arm & upright board
9. Select an AEC chamber by part
10. Control AEC density
11. Select a pre-programmed technique
12. Alter pre-programmed technique by body habitus
13. Alter the pre-programmed kVp or mAs manually
14. Set manual technique independent of programming
15. Set the AEC independent of programming
16. Control the exposure time (shortest possible, average longest possible)

Table

1. Operate the table tile (if applicable)
2. Operate the moving tabletop
3. Orient the patient on the table correctly
4. Operate the bucky tray
5. Raise and lower the table top from all locations

Tube

1. Manipulate the x-ray tube:
 - Vertically
 - Longitudinally
 - Transversely
 - Angle the CR
 - Set up for a horizontal beam projection
 - Rotate the collimator
 - Rotate the tube
2. Collimate manually and automatically

3. Center the tube to the table bucky and upright bucky using the detent
4. Identify the methods for measuring the source image distance (SID). There are various piece of equipment, which you will need for certain examinations. Investigate the following items to determine where they might be found, what they are used for and how to use them.
 - Rolling shields
 - Calipers
 - Weights
 - Positioning sponges
 - IV poles
 - Restraining straps
 - Lead aprons
 - Pigg-o-stat
 - Oxygen
 - Suction supplies
 - Sphygmomanometer
 - Stethoscope
 - Emesis basins
 - Lead gloves
 - linen

FLUOROSCOPIC ROOM OBJECTIVES

During fluoroscopic room rotations, report to the registered technologist that is assigned to this room. All students will be assigned to the fluoroscopic room throughout the length of the program. The successful completion of the objectives listed below is dependent on the student's level of progression through the length of the Program The student's ability to successfully complete the objective below will be evaluated on this Competency Evaluation form.

The evaluation of objective for the fluoroscopic room rotations will be based on the ability to:

1. Report to the registered technologist/s on time and be accountable
2. Properly prepare the room for the examination prior to the patient entering the room. This includes making sure all necessary supplies for the examinations are available and prepared. This also includes the fluoroscopic equipment is properly set up and functional.
3. Correctly verify the identity of the patient, verify the correct examination is being performed, introduce yourself to the patient, obtain patient history that is pertinent to the examination being performed and explain the examination to the patient in terms they can understand.
4. Using correct practices when sterile instruments and fields (when appropriate)
5. Assists the radiologist with the performance of the examination. This includes the relaying of pertinent patient history to the radiologist prior to the start of the examination.
6. Provides any assistance required by the patient prior, during and after the examination.
7. Accurately aligns the x-ray tube, the patient and the image receptor for the radiographs that are required after the fluoroscopic part of the examination performed by the radiologist
8. Review the quality of the post fluoroscopic radiographs for accurate positioning of the patient and the proper required anatomy
9. Use correct radiation protection practices for both the patient and sel. This includes questioning the female patient of the chance of pregnancy, shielding of the patient when it will not interfere with the anatomy of interest and the use of collimation when appropriate. In regards to the student technologist, this includes properly positioning their body between their personal protective lead apron and the fluoroscopic equipment along with maintaining an acceptable distance from the patient and fluoroscopic equipment if their assistance is not immediately required
10. Proper selection of exposure techniques for the post fluoroscopic radiographs being performed
11. The performing of required post examination responsibilities.

DIGITAL FLUOROSCOPIC ROOM OBJECTIVES

Following clinical instruction in the use of the R/F equipment, students must demonstrate their ability to

1. Energize and warm up the x-ray tube
2. Operate the power table top
3. Operate the table tile
4. Install the footboard
5. Enter patient information into the computer
6. Position the bucky tray for fluoroscopy
7. Reset the fluoro timer
8. Locate the emergency stop button
9. Engage the horizontal stop on the table
10. Select fluoroscopic magnification
11. Change the video polarity (image reverse)
12. Park the fluoro tower
13. Utilize the various tower locks
14. Select a fluoroscopic technique on the operator's console
15. Operate the image intensifier in the fluoroscopic mode
16. Select the fluoroscopy mode or printing the film
17. Identify the number of used or unused spot film exposures
18. Utilize the compression device
19. Make a spot film exposure
20. Operate the fluoroscopic cones

OPERATORS CONSOLE

1. Switch from radiographic to fluoroscopic control
2. select kVp and mA for fluoroscopic spot filming
3. select a radiographic technique for GB, UGI, BE, and plain films of the abdomen
4. explain the function of the small and large focal spots
5. reset the fluoro timer
6. demonstrate, if applicable, the post processing by printing an exam

Equipment varies from room to room. This checklist is a guide for identifying common functions; it is not applicable for every room

TOMOGRAPHIC (IVU) ROOM OBJECTIVES

Following clinical instruction in the operation of the tomographic equipment, students should be prepared to demonstrate their ability to:

1. Energize the x-ray generator
2. Select a radiographic/tomographic technique for an IVU exam
3. Raise the x-ray tube to the correct SID
4. Select the radiographic mode of filming
5. Select the tomographic mode of filming
6. Select a designated tomographic cut level
7. Select a designated tomographic cut thickness
8. Identify the thinnest and thickest tomographic cut angle
9. Operate a floating table top
10. Operate the bucky tray

VENIPUNCTURE/MEDICATION ADMINISTRATION POLICY

Venipuncture is considered to be within the Scope of Practice for Radiologic Technologists. In addition, competency in venipuncture is required by the American Registry of Radiologic Technologists (ARRT) in order for candidates to be eligible to sit for the certification examination in radiography. In order to ensure they are prepared to perform this function as a registered technologist, radiologic technology students must be provided with education and experience in venipuncture prior to completion of the program. This competency is particularly important if the graduate is to be practicing in a department or an environment where there is no radiology nurse available.

All venipuncture performed by students will be under the direct supervision of a registered nurse or registered radiologic technologist. The only type of medication students will be allowed to administer is contrast media. The administration of contrast is allowed only under direct supervision. All other types of medication will be administered only by a Registered Nurse or an appropriately credentialed registered radiologic technologist performing within their scope of practice. Students that perform venipuncture or the administration of contrast agents on patients without direct supervision of a Registered Nurse or an appropriately credentialed registered radiologic technologist will be subject to disciplinary measures up to and including dismissal from the program.

CONTRAST STUDY EXAMINATION OBJECTIVES

Students are only allowed to administer any contrast agents under the direct supervision of a registered radiologic technologist.

PATIENT EXAMINATIONS FOR DIGESTIVE SYSTEM

With the use of digital fluoroscopic units, radiologists now require few or no overhead radiographs at the completion of an exam. Students are responsible for communicating with the radiologist before the procedure begins to explain their need for completing required fluoroscopic competencies. The student may request that a few overhead radiographs be obtained for this purpose. Overhead radiographs must be included for the examination to count as a competency.

The following paragraph explains the role of the technologist or instructor during a fluoroscopic exam if you wish to perform it for a competency.

The observer may help in the capacity of assisting the radiologist or running barium. It will be the student's responsibility to set up the room, greet the patient, explain the exam, answer the patient's questions, relay messages to the radiologist, take the overheads, and be certain the patient and computer entry is taken care of after the exam. In other words, the student is in charge. Should things not go well and the technologist must take over, this not a problem, the student will simply do another procedure.

PORTABLE ROTATION OBJECTIVES

During your portable rotations, you will report to the registered technologist who is responsible for the performing of these exams. The successful completion of the objectives listed below is dependent on the student's level of progression throughout the length of the Program.

The evaluation of your objectives for the portable rotations will be based upon your demonstrated ability to:

1. Report on time and be accountable for your presence

2. Become familiar with the layout of the hospital
3. Familiarize yourself with the method of correctly verifying the identity of the patient and that the correct examination is being performed
4. Use of radiation safety practices for the patient and yourself
5. Demonstrate the mobility and initializing electrical current to the equipment
6. Properly demonstrate the placement and operation of ancillary equipment (including oxygen administration devices, IV, chest tubes, operation of patient's bed including movement of bed and proper placement of side rails, etc.) within the patient's room. Return patient and room equipment setup to original position

OBJECTIVES FOR PORTABLE RADIOGRAPHIC EQUIPMENT

1. Turn key switch on/off
2. Identify battery status display messages
 - a. Testing complete
3. Part the telescoping arm for driving the unit
4. Operate the power drive
5. Identify the self-stopping bumper
6. Activate the brake
7. Drive in forward and reverse
8. Release the collimator from the park/transport position
9. Raise the arm on the vertical column
10. Extend the retractable arm
11. Pivot on axis with telescope arm extended
12. Activate the field light and restrict the beam (collimation)
13. Rotate the tube head through its range of motions
14. Measure SID
15. Rotate the collimator head
16. Increase and decrease kVp and mAs
17. Make a radiographic exposure by
 - a. Engaging the hand-switch to prep position
 - b. Engaging the hand-switch to expose position
18. Prepare the unit to recharge the battery
 - a. Key switch position
 - b. Location of unit during charging
19. Use of ACE paddle (if applicable)
 - a. Selection of technique setting for image receptor
 - b. Selection of proper ACE chamber
 - c. Adjustment of density control
 - d. Proper alignment of paddles (CXR & KUB)
 - e. Location of mAs readout

OBJECTIVE FOR MOBILE RADIOGRAPHIC UNITS - CARM

1. Engage and release the foot locking brakes of the base (of unit).
2. Adjust the steering handle for direction (parallel to handle)
 - a. Click stop for transverse movement
3. Lock and unlock the brake release of the C-arm
4. Manipulate the C-arm:
 - a. Raise and lower the C-arm at the column stand (up & down)
 - b. Rotate the vertical plane (side to side)
 - c. Adjust the horizontal travel (back & forth)

- d. Swivel on the column stand (side to side)
 - e. Slide the c-arm in an orbital motion (front to back)
- 5. Lock into transport position
- 6. Sterile drape the c-arm
- 7. Identify the proper connections from the C-arm to the monitor and wall outlet
- 8. Correctly enter the patient ID into the system
- 9. Correctly open and adjust the collimators on the c-arm
- 10. Identify the function of the operating controls and indicators
- 11. Correctly adjust the annotation of the image for proper viewing of the image on the monitor during fluoroscopy
- 12. Print saved images on films/send to PACS for permanent record keeping
- 13. The ability to correctly setup the C-arm for cine runs and DSA image acquisition

ROTATING CLINICAL SITE OBJECTIVES

Students rotate to a new site each semester. The purpose of rotations is for the student to experience and participate in examinations or procedures that they may not have had any exposure to previously. This also includes interacting with technologists, clinical preceptors, radiologists, other physicians, departments, etc.

THE OBJECTIVES FOR THE STUDENT TO COMPLETE WHILE ROTATING THROUGH THE VARIOUS CLINICAL SITES INCLUDE:

- 1. Demonstrate an understanding and ability to complete the various record keeping and procedures performed
- 2. Properly adjust kVp and mAs for the exam being performed
- 3. Request pertinent information from the patient including the possibility of pregnancy
- 4. Accurately explain the examination to the patient
- 5. Accurately position the patient for examination
- 6. Understand and properly use lead shielding for patients and personnel when applicable
- 7. Understand and demonstrate the basic principles of image processing

SURGERY ROTATION OBJECTIVES

Report to the surgery technologist/s who are responsible for the performing of these exams. The student's ability to successfully complete the objectives below will be evaluated on the C-arm Clinical Competency form.

The evaluation of your objectives for the surgery rotations as a sophomore will be based upon your demonstrated ability to;

- 1. Report on time and be accountable for your presence
- 2. Wear proper surgical attire including lead apron
- 3. Familiarize yourself with the sterile environment
- 4. Observe and verify the correct patient verification process & procedure
- 5. Practice radiation safety for patient, surgical staff and self
- 6. Make the necessary connections of the C-arm to the monitor. Verify the correct patient and procedure. Enter correct patient information regarding exam into the imaging equipment. Transfer the images to PACS at the completion of the procedure
- 7. Act independently in regards to the proper positioning, manipulation and placement of the imaging equipment while working in a sterile environment under direct supervision
- 8. Continue to use the correct exposure techniques that are necessary for the types of exams being performed
- 9. Correctly perform post procedure documentation

WEEKDAY AND WEEKEND PM CLINICAL ROTATION OBJECTIVES (Summer)

The purpose of weekday and weekend PM rotations is to give students the experience of working shifts, which require more independence and responsibility. A technologist on duty must always make the final decision on passing radiographs and should always be consulted in new or unusual situations. A technologist must be present when radiographs are being repeated. These shifts are more challenging and the best opportunity to practice basic skills.

Weekday and weekend PM rotations are a big step toward the goal of total independence. Future evaluations will be based on how this responsibility is handled. The technologists on these shifts will participate in evaluations to ensure the objectives are being met.

Objectives for weekday and weekend PM clinical rotations are to:

1. Participate in all imaging exams
2. Students will not be left alone in department to perform examinations on their own
3. Adjust to the change in clinical hours
4. Improve basic clinical skills
5. Practical emergency and trauma radiography
6. Improvise in non-routine situation
7. Organize your actions for more efficiency
8. Perform related administrative tasks with the staff technologists
9. Work independently of direct supervision (staff technologist must be within close proximity)
10. All radiographs must be checked with a staff technologist before releasing patient
11. Gain confidence in clinical abilities
12. Work and communicate as a team member
13. Demonstrate professional attitudes and behaviors

Weekday and weekend PM clinical rotations: The PM rotation may be scheduled for eight hours up to 11:00 pm. Students are responsible for any surgical procedures that are occurring during schedule rotation. A ½ lunch will be granted on this rotation for students. If the student has an outside scheduling conflict with a scheduled PM shift, they may find another student from the same clinical site to trade a similar shift. This trade needs to be approved by the clinical coordinator prior to the scheduled shift change.

Whatever need arises you may:

- Transport patients
- Help in reception area
- Help in filing
- Stock rooms with supplies
- Assist patients to change for exams

EXPLANATION OF COMPUTED TOMOGRAPHY (CT) ROTATIONS

Due to the increased number of exams and procedures that are being performed in the Computed Tomography (CT) Department, it has become a requirement for student radiographers to be educated in the principles related to computed tomography. The purpose of rotating the student radiographer through the CT department is for him/her to acquire the understanding and experience of the capabilities and functions that are pertinent to a CT scanner and also the exams that are performed using this modality.

The student radiographer will rotate through the CT Department a total of 2 weeks during the sophomore fall semester of the program. There are no grades assigned to this unit. The requirement is the completion of the checklist by the technologist in this area. The checklist

validates your exposure to and basic competency of the objectives for the equipment and procedures in this area.

CLINICAL/COMPETENCY NOTEBOOKS

The Clinical/Competency Notebook, which contains competency-eligible procedure lists, forms, and required documentation, should remain with the student at the assigned clinical site and must travel with the student when clinical sites change. It is the student's responsibility to ensure that an up-to-date list of eligible procedures is available to the clinical preceptor at each site. Signed final competency forms must be available to MCC faculty at all times in the clinical setting.

In addition, students are required to log clinical productivity on both program productivity sheets and in **Trajecsys**. Productivity must be entered by **Friday at midnight** each week. Failure to do so will result in a demerit on the clinical education grade for that term; a second occurrence will result in a demerit applied to the final clinical education grade. It is also the student's responsibility to log all completed clinical competencies into Trajecsys.

RESCINDING A COMPETENCY

Students are held accountable for being able to perform an exam for which that student has earned competency. The clinical preceptor or MCC faculty may test the student for cause or at random. The exam must be performed independently in a reasonably accurate manner or the competency may be rescinded [taken-away]. No books or help allowed.

STUDENT PROBATION/BEHAVIOR CONTRACT

If a student is experiencing serious or repeated difficulty with didactic performance (for example, failing lab practicals) or clinical performance, the student may be placed on probation or issued a behavior contract. The student will be counseled weekly during the probationary period to support improvement and encourage successful retention in the program.

If deficiencies remain at the end of the agreed probationary period, the student will be re-evaluated and either graded accordingly or dismissed from the program. The Program Director or Clinical Coordinator may assign a probationary period or behavior contract after consultation with the student's clinical preceptor.

Any student placed on probation or issued a behavior contract three (3) times during the two-year program, regardless of whether each was successfully completed, will be dismissed from the program.

CLINICAL GRADES AND EVALUATION

Students are evaluated in the clinical setting at least twice each semester. These evaluations are designed to provide students with feedback on both strengths and areas needing improvement. A complete set of clinical records is maintained for each student.

If a student fails to show improvement in previously identified areas by the next evaluation period, the student may be placed on probation. Continued failure to correct deficiencies may result in dismissal from the program. Additionally, if a student improves their behavior but later reverts to the same behavior, they may be placed on probation again, with possible dismissal for repeated violations.

Each semester, students are required to successfully complete a prescribed number of final competencies under the direct supervision of the clinical preceptor or designee. All other procedures performed before or after competency (pre- or post-comp) must also be documented on the **Clinical Procedure Check-Off Form** (Productivity sheet) and submitted electronically via **Trajecsys**, using appropriately altered accession numbers to protect patient privacy. Once electronic records are updated, students must turn in the paper productivity sheets to MCC faculty.

Final clinical grades are assigned by MCC Rad Tech Program faculty in collaboration with clinical preceptors. Grades are based on:

- Performance indicated by clinical preceptors and technologists
- Number of final competencies completed
- Timely submission of clinical documentation
- Any documented demerits

Specific grading percentages are outlined in each course's first-day handout. All clinical courses follow the MCC Radiologic Technology Program grading scale.

While assigned to a clinical education site, students are expected to complete the required clinical experiences during their scheduled hours. However, if a student is involved in an imaging procedure near the end of their shift, they should assist in completing the exam unless otherwise instructed by the supervising technologist. Students must always be dismissed by a registered radiographer at the end of their shift. As clinical skills improve, more independent performance is introduced, but students remain under the direct or indirect supervision of a registered radiographer at all times.

DISCUSSING GRADES WITH CLASSMATES

Students are expected to maintain professionalism and respect for the privacy of others at all times. Clinical and lab evaluations are based on individual performance and are considered private information.

Students are strongly discouraged from sharing or comparing clinical or lab grades with classmates. While discussing your own grade is a personal choice, sharing another student's grade or discussing it without their consent is considered unprofessional and may result in disciplinary action.

Repeated or inappropriate discussions of clinical or lab evaluations may lead to a written warning, a reduction in the clinical or lab grade, or additional consequences as determined by program faculty.

PROCEDURE QUANTITY GUIDELINES

Semester	Exams in category
1st Fall	2 COMPETENCIES REQUIRED. RGT 1514 exams: upper limb (finger, hand, wrist, forearm, elbow, humerus), shoulder girdle (shoulder, scapula, clavicle, a/c joints), chest (routine, w/c-stretcher, decubitus), abdomen (KUB, upright, decubitus), digestive system (GI, BE, SB, BS) including trauma/portable of covered procedures <i>If competencies are NOT earned student's weekly submission of productivity will be calculated as the grading component.</i>
1st Spring	12 COMPETENCIES REQUIRED RGT 1514 PLUS RGT 1523 exams: Lower limb (toes, foot, ankle, tib/fib, knee, patella, femur), pelvis, upper femora, vertebral column (cervical, thoracic, lumbar, sacrum coccyx, SI joints), bony thorax (sternum, ribs), urinary (IVU, cystogram) system including trauma/portable of covered procedures
2nd Summer	13 COMPETENCIES REQUIRED RGT 1514 exams & RGT 1523 exams
2nd Fall	12 COMPETENCIES REQUIRED All exams listed above plus skull/facial/sinuses
2nd Spring	12 COMPETENCIES REQUIRED All exams listed above plus myelogram, arthrogram, HSG
Total of 51 procedure competencies at program end.	

- Students are required to submit productivity and final competency documentation on a weekly basis. All productivity must be logged in Trajecsyst and on the program's productivity sheets by Friday at midnight. This information is used for clinical performance evaluations and grade determination.
- Final competencies must be requested prior to the start of the procedure and performed under direct supervision. Students must complete and document at least two practice attempts under direct supervision before a competency can be attempted.
- Competency books are due to the Program Director by Week 14 of the sophomore fall semester for verification of eligibility for special rotations. Students must have a minimum of 40 final competencies completed by this deadline.

TOTAL COMPETENCIES: 51 to graduate (36 mandatory and 15 electives) ARRT Guidelines

1. Each comp must be done by the student alone, no help during comps.
2. Each student must do 2 practices before obtaining a competency.
3. Students can only comp on procedures that have been covered in class and passed the lab practical. This does not mean you cannot observe and assist/learn.
4. All 51 comps must be complete prior to the week of finals during the last semester of the program. It is program policy to allow no more than "5" simulations.
5. You may perform more competencies than required for a specific semester; they will just be saved for a later date
6. As MCC is equipped with two energized labs, a mobile x-ray unit and anatomical phantoms, ALL competencies not earned on patients in clinical rotations must be performed in campus labs.

7. General patient care competencies will be completed by the end of the 1st year spring semester.
8. ***Regardless of completion of competency procedures, students are to be eager participants in all procedures.***

CLINICAL DEMERITS

Demerits serve as a numerical record of unsatisfactory clinical performance or professional behavior. One demerit will result in a minimum **4-point deduction** from the clinical grade for freshmen and a **minimum 8-point deduction** for sophomores, within the grading period in which the infraction occurred. Demerits are assigned by MCC faculty or clinical instructors and are based on the nature and frequency of the violation.

The following list represents examples of possible infractions. Not all infractions carry the same weight, and final point deductions are at the discretion of faculty based on severity and context. All demerits will be documented and reviewed with the student.

1. Improper phone call when absent from or late to clinical. (10-point penalty previously described)
2. Not completing clinical paperwork/productivity weekly (10-point penalty previously described: submission of final competencies and productivity)
3. Leaving clinical without permission or without proper phone call
4. Attending clinical without **required** equipment (OSLD, markers, technique book, comp book)
5. Not using markers
6. Mismarking images
7. Using someone else's marker
8. Not introducing self to the patient
9. Not explaining the exam to the patient
10. Not properly identifying patients
11. Not obtaining a patient history
12. Not assisting the patient on to and off the table into the wheelchair/stretcher
13. Leaving an unstable patient alone with the rails down/on the table alone
14. Not providing a clean sheet on the table prior to the exam
15. Failure to maintain patient modesty (properly gown/cover patient)
16. Failure to process images under correct patient ID
17. Not following department protocol
18. Not finishing exam (including paperwork)
19. Passing images - submitting to the radiologist without RT approval
20. Inconsistent performance in clinicals (inability to perform an exam when documented competent)
21. Unavailable in assigned area
22. Refusal to perform an exam (declination)
23. Not setting technique
24. Not practicing universal precautions
25. Not practicing personal radiation protection
26. Improperly discussing the patient's diagnosis
27. Improperly discarding/capping of needles
28. Not checking contrast/medications for content and expiration date prior to use
29. Not checking oxygen levels/checking for oxygen in tank prior to use
30. Not performing repeats under direct supervision
31. Engaging in negativity, naysaying, gossip at clinical site/about clinical site\

32. Improper disposal of patient information (requisition in pocket)

ADDITIONAL COMMENTS:

Students are responsible for any examination on which their personal markers appear. Do not place your markers on images unless you are directly involved in performing the procedure.

Under no circumstances should images be deleted or erased without faculty or technologist approval. Deleting unacceptable images is considered a dishonest act and may result in disciplinary action, including possible dismissal from the program.

If a patient is assigned to you or to your assigned room, you are responsible for that patient until the examination is complete and the patient has left the department. If you are reassigned to another patient or area, it is your responsibility to ensure that care of your original patient has been transferred to another staff member or student.

CLINICAL DISMISSAL FOR UNSAFE BEHAVIORS

1. If possible, two people should observe (and verify) a student's unusual behavior*. The observation will be agreed upon by both and documented by stating specific acts of abnormal behavior of the student in question.

*May include listed behaviors: (list is not inclusive of all observations):

- slurred or loud speech
- impaired gait
- repeated poor judgment
- alcohol on breath
- negligent patient care

A behavior which poses a risk to a student, patient or co-workers. *Danger to the patient will be rigidly interpreted*

2. A confidential conference, including a witness, is held to discuss with the student the documented conduct and advise the student that a decision has been made to dismiss the student for the remainder of the day. The conference must be documented.
3. The hours missed are documented as an unexcused absence.
4. Under MCC policy of reasonable cause, the student is subject to a drug screen. Pending its outcome, dismissal may result.

DISMISSAL OFFENSES (Ineligible for Reapplication)

In addition to the items listed in the agreement, YOU WILL BE DROPPED FROM THE PROGRAM WITH A FAILING GRADE IN ANY PRACTICUM AND/OR DIDACTIC CLASS, AND BE INELIGIBLE FOR RE-ENTRY FOR ANY OF THE FOLLOWING REASONS:

1. Breach of patient confidentiality for personal gain or patient defamation purposes;
2. One (1) incidence of gross negligence that could have (or did) result in patient harm;
3. Two (2) incidences of mildly negligent patient care causing harm to the patient;
4. Willful harm to the patient, patient's family, a hospital employee, a fellow student or MCC faculty member;
5. If a clinical site requests you removed from or not return to their site for any of the following reasons:
 - a. Breach of patient care
 - b. Breach of patient confidentiality
 - c. Theft of hospital property or goods
 - d. Abusive or disrespectful behavior towards patients, family members or employees;

6. Non-compliance with attendance and punctuality rules as outlined in the handbook, including:
 - a. Two (2) no-call no-show absences
 - b. Clocking in to work while on clinical time
 - c. Falsifying clinic documents (sign in sheets, final comp forms)
7. Refusal to comply with dress code;
8. Three (3) incidences of lost OSLD (including fetal);
9. One (1) incidence of tampering with an OSLD;
10. Failure to complete the minimum number of competencies in any 2 semesters;
11. Insubordinate and disrespectful behavior and attitude towards clinical instructors, supervisors, hospital staff, patients, fellow students and/or MCC faculty.

All the reasons for dismissal above result in the student being ineligible for reentry.

DISMISSAL OFFENSES (Eligible for Reapplication)

Students may be required to withdraw from the program or receive a failing grade in didactic courses for the following reasons. Reapplication may be considered if space permits.

1. Failure of a laboratory make-up test
2. Failure of any didactic course
3. Extended absence from clinical education due to personal or medical circumstances that prevent the student from meeting program attendance or performance requirements.

Examples may include:

- Recovery from an accident, injury, or other medical condition
- Pregnancy-related restrictions requiring extended leave (as documented by a physician)
- Temporary physical limitations that interfere with safe patient care or essential clinical duties

Note: MCC complies with the Americans with Disabilities Act (ADA) and provides reasonable accommodations to qualified individuals. If a student anticipates needing accommodations, they are encouraged to work with MCC's Office of Disability Support Services.

[MCC Support Services / Accessibility Services](#)

DISCIPLINARY MEASURES

If a student is not performing in a responsible, professional manner or safe manner the following disciplinary measures will be taken for lesser offenses:

1. verbal warning - documented for future reference;
2. written warning with conference;
3. conference with the Program Director or clinical coordinator; at this time, dismissal may result.

DISCIPLINARY ACTION/GROUNDS FOR DISMISSAL

Clinical education is a privilege provided through partnership with MCC's clinical affiliates. These institutions demand professionalism, safety, and ethical behavior at all times. Certain behaviors and actions are not tolerated and may result in disciplinary action or dismissal from the program.

Group I behaviors are those that place patients, staff, or fellow students at risk, or that involve a serious breach of confidentiality or professional conduct. Any Group I incident results in a failing grade and immediate dismissal from the program. Readmission is considered only if all criteria in the student handbook are met and only after all other applicants have been evaluated.

Group II behaviors are violations of MCC program policies or procedures as outlined in this handbook, the Clinical First Day Handout, and/or the Student Counseling Report form.

- A first offense results in a verbal warning with documentation.
- A second offense results in a counseling session with the Program Director and Clinical Coordinator (and other appropriate personnel, such as the Dean of Students) and student probation under a written contract.
- A third offense results in a failing grade and dismissal from the program.

Students are expected to review the Student Counseling Report form carefully and become familiar with the types of behaviors that may result in disciplinary action or dismissal.

STUDENT COUNSELING REPORT

NAME		SITE *		DATE	
* Site is defined as an off-campus clinical affiliate.					
GROUP I		GROUP II			
1.	Obtaining, possessing, selling or using marijuana, narcotics, amphetamines, hallucinogenic substances, or alcohol on site. Reporting to site under the influence of any of these substances.	1.	Engaging in disorderly conduct that could ultimately threaten the physical well-being of any patient, visitor, student, or site employee.	14.	Misuse of site property
2.	Possession of weapons, wielding or threatening to use firearms, knives, etc., on site.	2.	Threatening, intimidating, coercing any student, patient, visitor, or site employee.	15.	Smoking, eating or drinking in restricted areas
3.	Assault on any patient, visitor, student, or site employee.	3.	Inconsiderate treatment of any patient, visitor, student, or site employee.	16.	Unsatisfactory performance in clinical education
4.	Theft, abuse, intentional misuse, or destruction of the property or equipment of any patient, visitor, student, site employee, or the site.	4.	Failure to maintain professional demeanor.	17.	Inappropriate dress or appearance based on program regulations
5.	Immoral, indecent, illegal, or unethical conduct on site premises.	5.	Insubordination and/or refusal to obey assignments.	18.	Inappropriate or abusive language
6.	Retrieving, divulging, or disclosing confidential information about any patient, student, or site employee without proper authorization.	6.	Failure to perform responsibilities or to exercise reasonable care in the performance of responsibilities.	19.	Individual acceptance of gratuities from patients
7.	Misuse or falsification of patient, student, or official site records.	7.	Violation of safety rules and regulations or failure to use equipment safely.	20.	Sleeping during scheduled clinical hours
8.	Removal of patient, student, or official site records without proper authorization.	8.	Creating or contributing to unsafe or unsanitary conditions.	21.	Leaving clinical area without proper authorization
9.	Failure to remove patient identification from documents before leaving site.	9.	Unauthorized use of equipment.	22.	Failure to be ready for site assignment at starting time
10.	Failure to provide for the physical and psychological well-being of the patient.	10.	Unauthorized soliciting, vending, or distribution of written or printed matter.	23.	Failure to follow correct procedures for absence or tardiness
		11.	Obstructing the learning of others.	24.	Violation of direct /indirect supervision procedures
		12.	Plagiarism or cheating.	25.	Violation of repeat radiograph policy
		13.	Misuse of site time		
GROUP I ()		FAILING GRADE - immediate dismissal from the program in accordance with Student Handbook Policy			
GROUP II ()		1 ST OFFENSE - verbal warning with documentation of event. And points penalty			
		2 ND OFFENSE - written contract and counseling session with the student, clinical coordinator, program director and			
		relevant others - probation and points penalty			
		3 ND OFFENSE --FAILING GRADE - immediate dismissal from the program			

SITE INSTRUCTOR signature	DATE	CLINICAL COORDINATOR signature	DATE
() I HAVE READ THIS REPORT			

**A student on contract is subject to the conditions of that contract and is not eligible for handbook provisions for lesser violations.

PREGNANCY POLICY

Before reporting to assigned clinical assignments, students enrolled in MCC's Radiologic Technology program are instructed in proper safety precautions and personnel monitoring. If a student should become pregnant, she has the **option** of informing the program, in writing, of a pregnancy. Declaration of pregnancy by the student is voluntary. It is recommended that written notification of pregnancy be given to the Program Director and/or the Clinical Coordinator immediately upon learning of the pregnancy so that the student may be counseled regarding radiation protection of herself and her fetus.

According to the National Council on Radiation Protection and Measurements (NCRP), the recommended monthly equivalent dose limit to the embryo-fetus is 0.5 mSv (excluding medical and natural background radiation) once pregnancy is known. The total dose to the embryo-fetus must not exceed 5 mSv during the gestational period. The mother must not exceed 1 mSv annual whole-body exposure.

Upon written declaration of pregnancy, the student will:

1. Meet with program faculty to review potential radiation risks, NCRP regulations, and protective measures.
2. Select one of the following options within 24 hours regarding her decision to:
 - Remain in the program with limited rotations to high-exposure areas
 - Remain in the program without modification to clinical training
 - Withdraw from the program with the option to reapply if space allows
3. If maintaining full time, the student must:
 - Adhere strictly to all radiation safety precautions
 - Wear two personnel monitoring devices (collar and abdomen) for fetal monitoring. Readings will be monitored closely by the RSO and faculty. If exposure exceeds safety recommendations, the student may be placed on temporary leave from clinical assignments.

Return to Clinical Education

- A physician's written clearance is required prior to returning from maternity leave.
- Upon return, the student is responsible for completing all competencies and clinical rotations missed during the absence. Program faculty will work with the student to create an individualized make-up plan, taking into account accreditation requirements, clinical site availability, and the student's health needs.
- Students are encouraged to "bank" clinic days early in pregnancy to reduce the likelihood of extended make-up time.

Academic Progress

- Students who anticipate needing academic or clinical accommodations related to pregnancy or childbirth are encouraged to contact MCC's Office of Student Support Services/Disability Support Services. Program faculty will coordinate with that office to ensure reasonable accommodations while maintaining accreditation and program requirements. [MCC Support Services / Accessibility Services](#)
- Depending on the courses in progress, length of time out, and overall academic performance, the student may be required to repeat a course in its entirety if learning outcomes cannot be met.

If the student does not inform the program of her pregnancy in writing, the student is considered to **not** be pregnant regardless of overt signs. These measures are for the benefit of the student and the baby. Additionally, the student has the option to withdraw her written declaration with a written withdrawal of the declaration of pregnancy. All students sign an agreement of understanding concerning pregnancy and radiation protection upon acceptance into the program. The agreement simply explains this policy and the prospective student understands the policy.

I have read and understand the above pregnancy policy and agree to abide MCC policies as well as the policies of the clinical site.

_____ Student signature	_____ date
_____ MCC instructor signature	_____ date

DISMISSAL POLICY

I, the undersigned, a student in the Radiologic Technology Program (RGT) at Meridian Community College, for and in consideration of the training I am to receive from Meridian Community College, its faculty and staff, in consideration of my acceptance into the training program, and for other considerations to be received by me, hereby **promise and agree:**

1. I am currently enrolled at Meridian Community College and have paid my student liability insurance fee as required by Meridian Community College.
2. I have read and understand all portions of the course syllabi and course schedules. **I agree to comply with all rules, regulations and requirements contained in the course syllabi and course schedules, and with any additional rules as communicated to me by the instructors during courses.** I understand that I am responsible for knowing and following the rules of all clinical sites where I may have rotations during courses.
3. I can be dropped from the Program with a grade of F for **unprofessional conduct** or **unsafe practices**. These behaviors include, but are not limited to:
 - a. **failure to follow direct/indirect supervision policies;**
 - b. stealing information or tangible goods;
 - c. breach of confidentiality;
 - d. misrepresenting or lying about any fact;
 - e. being barred from (asked not to return to) any clinical site;
 - f. failing to complete clinical requirements on time;
 - g. **being under the influence or in possession of alcohol or drugs during class or during any clinical rotation assignment—immediate clinical suspension will occur;**
 - h. representing that I hold a level of certification or licensure I do not hold;
 - i. practicing beyond the scope of clinical objectives;
 - j. failure to practice within the Principles of Professional Conduct for Radiologic Technologists or the Patient's Bill of Rights;
 - k. committing a criminal act during clinical rotations;
 - l. failure to maintain current CPR certification;
 - m. failure to pass any of the RGT curriculum courses;
 - n. disruption of classes, making it difficult for other students to acquire the material presented. This can be observed by the faculty or reported by a fellow student;
 - o. willful damage to school, hospital, or private property;
 - p. documented evidence of lack of proper patient care;
 - q. leaving the clinical area without permission from a faculty member;
 - r. failure to comply with dress code;
 - s. failure to follow radiation protection rules and regulations;
 - t. tampering with own or another person's radiation monitoring device;
 - u. noncompliance with attendance policies - see clinical section;
 - v. falsifying sign-in sheets/timecards for self or another student;
 - w. two incidences of being put on probation or suspended;
 - x. cheating, lying, collaborating, plagiarizing or falsifying any documentation verbally or in print;
 - y. use of any form of abusing, disrespectful, arrogant, threatening or harassing language and/or behavior to classmates, instructors, hospital personnel or patients;
 - z. **violating or failing to comply with any provision of the rules, regulations or policies set forth, or any policy stated in the Radiologic Technology Student Handbook.**
4. I understand the following:
 - that I am subject to random urine/blood testing for the presence of certain drugs or controlled substances

- that I may contract a contagious disease, possibly a fatal one, through contact with patients.
- that it is mandatory that I practice infection control techniques that have been explained to me at the beginning of this course.
- that I may become physically injured by improper handling of patients and/or equipment.
- that I will be assigned to more than one Practicum site (possibly out of town) and will manage any added monetary and time costs or burdens that this may create.

Knowing all the above facts and with a thorough understanding of the risks involved in the training I am about to participate in, I hereby declare that I am willing to assume all risks involved with my training and that I do hereby assume all such risks, whatever they may be, and that if I become unwilling to assume all risks involved in my course of study, I must immediately inform my instructor of such unwillingness and immediately withdraw from the course.

With full and complete knowledge and understanding of all statements contained in this document, and having asked for clarification of any parts that I might not have understood, so that I do have a clear and complete understanding of this document and what I am signing and agreeing to, I hereby promise and agree to hold harmless and indemnify, and DO HEREBY HOLD HARMLESS and indemnify Meridian Community College, its faculty, staff, agents and employees, from any and all liability, payments, claims, costs, causes of action, judgments and attorney's fees of whatsoever nature and howsoever arising (1) in any way in connection with my being a student at Meridian Community College and being enrolled in Radiologic Technology Program courses, (2) from clinical site (practicum) experiences in connection with the courses being taken, or (3) in any other way whatsoever.

If I violate or fail to abide and conform in any way to the promises, representations and covenants set forth in this document, I agree that I may be dropped from all courses in the Radiologic Technology Program in which I am enrolled, or that I may be given a failing grade in such courses, subject only to the rules of due process and to the procedures set forth in the Meridian Community College catalog and student handbook. I have read, understand and agree to each provision contained in this agreement, which consists of two (2) pages, including this page.

<div style="background-color: yellow; display: inline-block; padding: 2px 10px;">Student signature</div>	date
Instructor signature	date

**MERIDIAN COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
AGREEMENT**

I, _____, HAVE READ AND UNDERSTAND THE RULES AND
(Print Name)
REGULATIONS AS SET FORTH IN THE "RADIOLOGIC TECHNOLOGY STUDENT HANDBOOK"
GENERAL AND CLINICAL SECTIONS.

I AM AWARE OF THE SUBSTANCE ABUSE POLICY. I AGREE TO ADHERE TO THE RULES,
REGULATIONS AND ETHICAL STANDARDS, AND UNDERSTAND THAT THERE ARE DISCIPLINARY
ACTIONS OR DISMISSAL ACTIONS TAKEN IF I DO NOT COMPLY WITH THESE RULES, REGULATIONS
AND ETHICAL STANDARDS.

**I HAVE RECEIVED A COPY OF THE CURRENT MERIDIAN COMMUNITY COLLEGE CATALOG OR
HAVE ACCESS TO THE ON-LINE VERSION AND THE MERIDIAN COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY HANDBOOK.**

**Incidental: group and individual photos may be taken throughout the course of the Radiologic
Technology Program; I understand that these images may be used in publications to promote
Meridian Community College.**

My local newspaper: _____

THE INFORMATION PROVIDED BELOW IS KEPT IN CONFIDENCE AND MERIDIAN COMMUNITY
COLLEGE ONLY USES THE INFORMATION FOR IMPORTANT OR EMERGENCY REASONS. I AGREE
TO **ALWAYS AND PROMPTLY** INFORM, IN WRITING, THE PROGRAM DIRECTOR AND MY CLINICAL
INSTRUCTOR OF ANY AND ALL CHANGES IN THIS INFORMATION.

DOB: _____

CURRENT ADDRESS: _____

E-MAIL _____

FIRST NUMBER TO CALL WHEN ATTEMPTING TO REACH ME: _____

Person to call in an emergency or when reaching me is important and the above number is
unsuccessful:

Name: _____

(H) _____

(W) _____

(C) _____

Relationship: _____

SIGNATURE: _____ **DATE:** _____

MCC Radiologic Technology Clinical Performance Evaluation

Student Name _____ Date _____

Freshmen students should receive no more than two "unacceptable" categories in any evaluation period. The "unacceptable" categories MUST be improved by the next evaluation period and no more "unacceptable" marks received.

Sophomore students should receive NO unacceptable categories.

Violation of these policies may result in dismissal.

Please rate each student according to his/her individual performance in the categories below:

1. Attendance and punctuality – extent to which the student is present in their clinical rotation without absences / tardiness (ANY absence or tardy prevents earning 'competency' level performance)

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence -Never tardy; No absences; ALWAYS available
-----------------------	-----------------------------	-----------------------	---------------------	--

Comments: _____

2. Team participation and enthusiasm – motivation and enthusiasm are demonstrated by the student's willingness to assist in all technical and non-technical procedures. This includes the student's ability to work effectively with others, to include cooperation, courtesy, acceptance of supervision and consideration for the welfare and interest of co-workers.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence -ALWAYS available and prepared to assist in any way.
-----------------------	-----------------------------	-----------------------	---------------------	---

Comments: _____

3. Attitude – Receptive to suggestions and corrections, exercises self-control and demonstrates interest in assignments.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence ALWAYS positive
-----------------------	-----------------------------	-----------------------	---------------------	----------------------------

Comments: _____

4. Efficiency – Extent in which the student evaluates the criteria necessary for each technical procedure; demonstrates speed and accuracy in performance and related clinical duties.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence ALWAYS efficient
-----------------------	-----------------------------	-----------------------	---------------------	-----------------------------

Comments: _____

5. Professional judgement – Exhibits logical thought processes in making decisions and recommendations; demonstrates respect for confidential patient information.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence ALWAYS professional & respectful
-----------------------	-----------------------------	-----------------------	---------------------	---

Comments: _____

6. Technical ability – The student can satisfactorily critique his/her radiographs and examinations ESPECIALLY COVERED EXAMS AND PROCEDURES. Can determine area(s) of strengths and weaknesses in his/her work. The student strives to improve these areas.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence -NEEDS NO FURTHER DIRECTION, only repetition of skills
-----------------------	-----------------------------	-----------------------	---------------------	---

Comments: _____

7. **Patient relations** - Responsive to the physical and emotional needs of the patient; courteous; able to establish rapport and adapt to various patient conditions

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	Competence NEEDS NO FURTHER DIRECTION, only repetition of skills
-----------------------	-----------------------------	-----------------------	---------------------	--

Comments: _____

8. **Critical Thinking** - Demonstrates ability to position patients properly and to maintain proper radiographic technique and film sequencing ESPECIALLY ON COVERED EXAMS/PROCEDURES. The student is able to adapt accordingly to each patient and perform exams competently. The student demonstrates the clinical skills and knowledge to perform adequately with difficult and challenging radiographic exams

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	Competence NEEDS NO FURTHER DIRECTION, only repetition of skills
-----------------------	-----------------------------	-----------------------	---------------------	--

Comments: _____

9. **Dependability** - Student completes all technical procedures he/she begins and remains in assigned work area within justified by departmental procedures.

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence NEEDS NO FURTHER DIRECTION, only repetition of skills
-----------------------	-----------------------------	-----------------------	---------------------	--

Comments: _____

10. **Protection** - Student properly positions patient so that radiation is limited to the necessary tissue ONLY; proper centering/alignment to avoid repeats; marker placement within the collimated field; outside the anatomy of interest; collimation (minimum 3 of 4 borders); shielding when applicable

unacceptable progress	less than adequate progress	satisfactory progress	proficient progress	competence Needs no further direction, only repetition of skills
-----------------------	-----------------------------	-----------------------	---------------------	--

Comments: _____

SELECT ONE OPTION

***As a licensed radiographer responsible for training future radiologic technologists with input from other imaging professionals, it is the recommendation of this department that this student **DOES NOT** progress to the next semester and is allowed to return to this facility as needed.

Clinical Instructor signature

date

***As a licensed radiographer responsible for training future radiologic technologists with input from other imaging professionals, it is the recommendation of this department that this student **DOES** progress to the next semester and is allowed to return to this facility as needed.

Clinical Instructor signature

date



1. Introduction

Candidates applying for certification and registration under the primary eligibility pathway are required to meet the Professional Education Requirements specified in the *ARRT Rules and Regulations*. *ARRT's Radiography Didactic and Clinical Competency Requirements* are one component of the Professional Education Requirements.

The requirements are periodically updated based upon a [practice analysis](#) which is a systematic process to delineate the job responsibilities typically required of radiographers. The result of this process is a [task inventory](#) which is used to develop the clinical competency requirements (see section 4 below) and the content specifications which serve as the foundation for the didactic competency requirements (see section 3 below) and the examination.

2. Documentation of Compliance

Verification of program completion, including Didactic and Clinical Competency Requirements and all degree-related requirements including conferment of the degree, will be completed on the Program Completion Verification Form on the ARRT Educator Website after the student has completed the Application for Certification and Registration.

3. Didactic Competency Requirements

The purpose of the didactic competency requirements is to verify that individuals had the opportunity to develop fundamental knowledge, integrate theory into practice and hone affective and critical thinking skills required to demonstrate professional competence. Candidates must successfully complete coursework addressing the topics listed in the [ARRT Content Specifications](#) for the Radiography Examination. These topics would typically be covered in a nationally-recognized curriculum such as the ASRT Radiography Curriculum. Educational programs accredited by a mechanism acceptable to ARRT generally offer education and experience beyond the minimum requirements specified in the content specifications and clinical competency documents.

4. Clinical Competency Requirements

The purpose of the clinical competency requirements is to verify that individuals certified by the ARRT have demonstrated competence performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the certification examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements. Candidates may wish to use these pages, or their equivalent, to record completion of the requirements. The pages do NOT need to be sent to the ARRT

4.1 General Performance Considerations

4.1.1 Patient Diversity Demonstration of competence should include variations in patient characteristics such as age, gender, and medical condition.

4.1.2 Elements of Competence

Demonstration of clinical competence requires that the program director or the program director's designee has observed the candidate performing the procedure independently, consistently, and effectively during the course of the candidate's formal educational program.

4.1.3 Simulated Performance

ARRT defines simulation of a clinical procedure routinely performed on a patient as the candidate completing all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient.

ARRT requires that competencies performed as a simulation must meet the same criteria as competencies demonstrated on patients. For example, the competency must be performed under the direct observation of the program director or program director's designee and be performed independently, consistently, and effectively.

Simulated performance must meet the following criteria:

- Simulation of imaging procedures requires the use of proper radiographic equipment without activating the x-ray beam.
- A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted within the chart (see section 4.2.2).
- If applicable, the candidate must evaluate related images.
- Some simulations are acceptable for General Patient Care (see section 4.2.1). These do not count toward the ten imaging procedures that can be simulated.

4.2 Radiography-Specific Requirements

As part of the education program, candidates must demonstrate competence in the clinical procedures identified below. These clinical procedures are listed in more detail in the following sections:

- Ten mandatory general patient care procedures;
- 36 mandatory imaging procedures;
- 15 elective imaging procedures selected from a list of 34 procedures;
- One of the 15 elective imaging procedures must be selected from the head section; and
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both).

4.2.1 General Patient Care Procedures

Candidates must be CPR/BLS certified and have demonstrated competence in the remaining nine patient care procedures listed below. The procedures should be performed on patients whenever possible, but simulation is acceptable if state regulations or institutional practice prohibits candidates from performing the procedures on patients.

General Patient Care Procedures	Date Completed	Competence Verified By
CPR/BLS Certified		
Vital Signs - Blood Pressure		
Vital Signs - Temperature		
Vital Signs - Pulse		
Vital Signs - Respiration		
Vital Signs - Pulse Oximetry		
Sterile and Medical Aseptic Technique		
Venipuncture*		
Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)		
Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)		

*Venipuncture can be simulated by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device.

4.2.2 Imaging Procedures

Institutional protocol will determine the positions and projections used for each procedure. When performing imaging procedures, the candidate must independently demonstrate appropriate:

- patient identity verification;
- examination order verification;
- patient assessment;
- room preparation;
- patient management;
- equipment operation;

- technique selection;
- patient positioning;
- radiation safety;
- image processing; and
- image evaluation.

May be earned	Imaging Procedures	Mandatory or Elective		Eligible for Simulation	Date Completed	Competence Verified By
		Mandatory	Elective			
Chest and Thorax						
First fall	Chest Routine	✓				
First fall	Chest AP (Wheelchair or Stretcher)	✓				
First sp	Ribs	✓		✓		
First fall	Chest Lateral Decubitus		✓	✓		
First sp	Sternum		✓	✓		
First fall	Upper Airway (Soft-Tissue Neck)		✓	✓		
First spring	Sternoclavicular Joints		✓	✓		
Upper Extremity						
First fall	Thumb or Finger	✓		✓		
First fall	Hand	✓				
First fall	Wrist	✓				
First fall	Forearm	✓				
First fall	Elbow	✓				
First fall	Humerus	✓		✓		
First fall	Shoulder	✓				
First fall	Clavicle	✓		✓		
First fall	Scapula		✓	✓		
First fall	AC Joints		✓	✓		
May be earned	Imaging Procedure	Mandatory or Elective		Eligible for Simulation	Date completed	Competence verified by
First fall	Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial) *	✓				
First fall	Trauma: Upper Extremity (Non-Shoulder) *	✓				
Lower Extremity						
First spring	Toes		✓	✓		

First spring	Foot	✓				
First spring	Ankle	✓				
First spring	Knee	✓				
First spring	Tibia-Fibula	✓		✓		
First spring	Femur	✓		✓		
First spring	Patella		✓	✓		
First spring	Calcaneus		✓	✓		
First spring	Trauma: Lower Extremity*	✓				
	*Trauma requires modifications in positioning due to injury with monitoring of the patient's condition					
Head - Candidates must select at least one elective procedure from this section.						
Second fall	Skull		✓	✓		
Second fall	Facial Bones		✓	✓		
Second fall	Mandible		✓	✓		
Second fall	Temporomandibular Joints		✓	✓		
Second fall	Nasal Bones		✓	✓		
Second fall	Orbits		✓	✓		
Second fall	Paranasal Sinuses		✓	✓		
Spine and Pelvis						
May be earned	Imaging Procedure	Mandatory or Elective Mandatory Elective		Eligible for Simulation	Date completed	Competence verified by
First spr	Cervical Spine	✓				
First spring	Thoracic Spine	✓		✓		
First spring	Lumbar Spine	✓				
First spring	Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	✓		✓		

First spring	Pelvis	✓				
First spring	Hip	✓				
First spring	Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	✓		✓		
First spring	Sacrum and/or Coccyx		✓	✓		
First spring	Scoliosis Series		✓	✓		
First spring	Sacroiliac Joints		✓	✓		
Abdomen						
First fall	Abdomen Supine	✓				
First fall	Abdomen Upright	✓		✓		
First fall	Abdomen Decubitus		✓	✓		
First fall	Intravenous Urography		✓			
Fluoroscopy Studies - Candidates must select two procedures from this section and perform per site protocol.						
First fall	Upper GI Series, Single or Double Contrast		✓			
First fall	Contrast Enema, Single or Double		✓			
May be earned	Imaging Procedure	Mandatory or Elective Mandatory Elective		Eligible for Simulation	Date completed	Competence verified by
First fall	Small Bowel Series		✓			
May be earned	Imaging Procedure	Mandatory or Elective Mandatory Elective		Eligible for Simulation	Date completed	Competence verified by
First fall	Esophagus (NOT Swallowing Dysfunction Study)		✓			
First spring	Cystography/Cystourethrography		✓			
Second spring	ERCP		✓			
Second spring	Myelography		✓			
Second spring	Arthrography		✓			

Second spring	Hysterosalping ography		✓			
Mobile C-Arm Studies						
Summer	C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	✓		✓		
Summer	Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	✓		✓		
Mobile Radiographic Studies						
First fall	Chest	✓				
First fall	Abdomen	✓				
Upper first fall Lower first spring	Upper or Lower Extremity	✓				
Pediatric Patient (Age 6 or Younger)						
First fall	Chest Routine	✓		✓		
Upper first fall Lower first sp	Upper or Lower Extremity		✓	✓		
First fall	Abdomen		✓	✓		
First fall (cxr/abd)	Mobile Study		✓	✓		
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)						
First fall	Chest Routine	✓				
First fall	Upper or Lower Extremity	✓				
First fall	Hip or Spine		✓			
	Subtotal					
Total Mandatory exams required		36				
Total Elective exams required			15			
Total number of simulations allowed				10		