

Baptist Health College Little Rock

SCHOOL OF RADIOGRAPHY

PROGRAMMATIC

STUDENT HANDBOOK

Fall 2020 – Spring 2021

Owned and Sponsored by: Baptist Health, Little Rock, Arkansas
Operated by: Baptist Health Medical Center – Little Rock

CERTIFICATION STATEMENT

BAPTIST HEALTH, its programs and their administrators reserve the right to restrict, or limit enrollment in any course and make changes in the provisions (organization, fees, program offerings, curricula, courses, requirements and so forth) in this *handbook* when such action is deemed to be in the best interest of the student or a particular program. The provisions herein do not represent, in any way, a contract between the student, prospective or otherwise, and the administration of a program. This handbook replaces all *handbooks* previously published.

FOREWORD

This *handbook* is provided to the student to serve as an overall guide to the Baptist Health College Little Rock – School of Radiography. **Policies contained herein are current at the time of printing; however, policies, procedures and information contained within require continual evaluation, review, and approval.** Therefore, the faculty and administration of the program reserve the right to change the policies, procedures, and general information at any time without prior notice, according to policy; **all new and revised policies are posted on appropriate and designated student bulletin boards, for a defined period of time or students receive electronic notification of new or revised policies. Additionally, changes will be made on the website version. Students are expected to remain informed by checking the college website regularly at www.BHCLR.edu.**

STATEMENT REGARDING STUDENT HANDBOOK

Students enrolled in the Baptist Health College Little Rock are responsible for information contained in the current Student Handbook and current Catalog. Students enrolled in a program of study are expected to comply with all policies: a) Baptist Health College Little Rock, b) all institutions with which the programs are affiliated, and c) the respective program of enrollment. Additional details of policies that specifically pertain to a student's specific program of enrollment are applicable and are located herein in the programs respective programmatic section.

First Printed in 1953

62nd Edition
Baptist Health College Little Rock
11900 Colonel Glenn Road
Little Rock, AR 72210
501-202-6200

**Baptist Health College Little Rock-
School of Radiography**

Programmatic Student Handbook Section

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**Baptist Health College Little Rock
School of Radiography**

New Student Welcome

The Baptist Health College Little Rock (BHCLR) – School of Radiography and the Baptist Health Medical Center Radiology Department welcome you as a student. Your purpose in coming here is to learn about the interesting career which you have chosen and the important place this profession plays in helping humanity.

The BHCLR-School of Radiography is approved and accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Its purpose is to educate the technologist to give competent assistance to the Radiologists. The Professional Radiographer often supplies the information upon which the physician bases his judgment in the diagnosis and treatment of a disease or condition.

As you progress, the knowledge gained in the didactic components of the program, combined with the practical clinical experiences obtained, will provide you with the knowledge needed to serve in the best interest of humanity.

My hope is that you will find fulfillment in your chosen field and acquire all the knowledge, skills, and abilities needed to lead you in becoming a successful healthcare professional.

All My Best,

Suzy Bullard, M. H. A., R. T. (R), ARRT, ASRT
Program Director
Baptist Health College Little Rock – School of Radiography

INTRODUCTION

HISTORY

The Baptist Health College Little Rock - School of Radiography was established in 1953. The program is certified through the Arkansas Department of Higher Education (ADHE) and accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) along with the Accrediting Bureau of Health Education Schools (ABHES) and articulated with the University of Central Arkansas and Henderson State University. The articulation culminates in a baccalaureate degree from that university.

PROGRAM OVERVIEW

The Chancellor and Assistant Vice-President of Education for BHCLR has overall administrative authority and responsibility for all programs and employee development within the department. The Program Director has overall operational responsibility with specified administrative authority.

BHCLR-School of Radiography is comprised of faculty, students, administrative support staff and a Program of Studies that reflects a curriculum model for a student to achieve the educational goal of a Radiographer.

Faculty are responsible for planning, implementing and evaluating the total Program of Studies in accordance with the Joint Review Committee for Education in Radiologic Technology.

The program is committed to providing the highest standards of education, training, and continuous development opportunities to the students' and, attracts highly qualified applicants because of its reputation for excellence.

The program exemplifies the philosophy and Values of Baptist Health by emphasizing the values of Respect, Service, Honesty, Stewardship, and Performance, and a commitment to providing quality patient care.

Christian beliefs, attitudes, spiritual perspectives as they apply in providing care for the ill are emphasized, as well as personal and professional conduct.

A competent Radiographer in the healthcare field of today must prove to be proficient in the profession and also possess an appreciation of his or her role within the healthcare field and demonstrate an understanding of the organizational culture within the setting of practice.

The faculty is committed to providing entry level, job competent graduates to the healthcare community by promoting high standards of education and to promote the professional development of students.

MISSION STATEMENT

The Baptist Health tradition of excellence includes the BHCLR- School of Radiography. The program shares the philosophy and mission of Baptist Health and through continuous quality improvement is committed to employers, students, and patient satisfaction.

BHCLR-School of Radiography Mission Statement: To prepare competent graduates who possess skills, knowledge and professional values to begin a career as an entry level, certified radiographer.

These dedicated radiographers, as employees, with their talent and willingness to serve, will provide the highest quality care for patients in any institution. They exemplify the Baptist Health Values of Service, Honesty, Performance, Respect and Stewardship and enthusiastically fulfill the program's mission in the profession on a local, state and national level.

VALUES

The BHCLR- School of Radiography supports the Values and Code of Ethical Conduct of Baptist Health. These Christian values of Service, Honesty, Respect, Stewardship and Performance provide the framework for all operations within the program.

PHILOSOPHY

The BHCLR-School of Radiography exists to bring people into a saving relationship with God through faith in Jesus Christ by means of direct personal witness as occasion permits, and by a positive Christian interpretation of the experiences of disease, disability, and death.

Functions as an instrument of God's grace in enriching and prolonging human life within the scope of Divine Providence.

Enlists and teaches those called to the healing arts, encourages their maximum development in talent and skill and provides the setting within which these may be performed as ministries of the highest order.

Makes available the full resources of the hospital to all people, including those least able to pay, in such ways as to preserve human dignity and worth.

Recognizes the responsibility of the hospital to the public to operate in the most efficient and economical manner possible.

BELIEF

The BHCLR-School of Radiography shares the values of Baptist Health. Baptist Health is more than a business; it is a healing ministry. Our healing ministry is based on the revelation of God through creation, the Bible and Jesus Christ. At Baptist Health, care of the whole person, body, mind and spirit, is an expression of Christian faith. We are instruments of God's restorative power and are responsible for giving compassionate care.

PROGRAM GOALS

Fulfillment of the program's mission is assessed by the degree to which the program achieves the following goals:

- Goal 1. Students will possess the knowledge and clinical skills needed for entry-level radiographer.**
Student Learning Outcomes:
- Students will show evidence and understand the importance of radiation protection for the patient and self.
 - Students will be able to provide competent patient care.
 - Students will demonstrate proper patient positioning, central ray, tube angulation, and body rotation.
- Goal 2. Students will be prepared to critically think and problem solve effectively.**
Student Learning Outcomes:
- Students will formulate proper patient exposure factors.
 - Students will be able to adapt positioning for varying patient conditions, i.e. trauma, fracture, patient abilities, etc.

- Goal 3. Students will be able to communicate.**
 Student Learning Outcomes:
- Students will formulate effective skills to professionally communicate with patients, i.e. explanation of exams and obtaining patient histories.
 - Students will be able to communicate effectively with age-specific patients.
- Goal 4. Students/Graduates will be able to value life-long learning and professional development.**
 Student Learning Outcomes:
- Students will understand importance of professional organizations.
 - Students will develop and demonstrate proper ethical conduct with patients and peers.

STANDARDS

CODE OF ETHICAL CONDUCT

The BHCLR- School of Radiography has high expectations of professional behavior for its students. As a member of the Baptist Health family, it is the student’s personal duty and responsibility to comply with all regulatory requirements, standards, policies and procedures. “Ethical Conduct” means doing the right thing. It is very important to remember that members of the Baptist Health family are expected to follow the rules because our values tell us it is the right thing to do, not simply because it is required. Students in health professions are held to higher standards of integrity due to their unique relationships with society. Radiography students are guided by the ethical principles and standards adopted by the American Society of Radiologic Technologists and the American Registry of Radiologic Technologists. Conforming to the policies and procedures will assist the student in obtaining the necessary affective behaviors needed to perform the professional duties and responsibilities of a radiographer.

Violation of these standards include but are not limited to lying, cheating, plagiarism, fraud or other act(s) of ethical misconduct. The program has developed consequences for the violation of established professional standards which can result in point deductions, probation, suspension, and/or dismissal. Ethical misconduct can result in sanctions by the American Registry of Radiologic Technologists, www.ARRT.org.

BHCLR-School of Radiography Advisory Board Committee endorses and supports the enforcement of the violation of the programs Code of Ethical Conduct in order to instill professional behaviors, honesty, and integrity of its students.

STUDENT PROFESSIONAL DEVELOPMENT

While in the program, the student is encouraged to attend the annual state conference and to be active in their society. When the student graduates, they are a member of the American Society of Radiologic Technologists (ASRT) and the Arkansas Society of Radiologic Technologists (ArSRT). Involvement in these organizations creates a networking system for students and graduates to develop friendships and camaraderie within the state, enhancing their professional development and growth.

PLAN OF ACTION

1. To nurture the student with the Baptist Health philosophy, values, mission, and Code of Ethical Conduct.
2. Maintain the excellent relationship with BHMC-LR radiology department and radiologists, along with other clinical sites, in an effort to insure a high quality clinical education which is a basis for clinically qualified radiographers.
3. Recruit, attract, and select the most qualified applicants to enroll into the program.
4. Ensure and promote the best academic education available to the BHCLR-School of Radiography.

ADMINISTRATIVE INFORMATION

ACCREDITATION, APPROVAL, LICENSURE AND MEMBERSHIP

The BHCLR- School of Radiography is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and the Accrediting Bureau of Health Education Schools (ABHES) and is certified by the Arkansas Division of Higher Education (ADHE). Additional information about the program and the JCERT standards, as well as educational requirements published in the STUDENT HANDBOOK, may be obtained by contacting the accrediting agency:

Arkansas Division of Higher Education
423 Main Street
Little Rock, Arkansas 72001
Phone 501-371-2000
www.adhe.edu

Joint Review Committee on Education in Radiologic Technology
20 N. Upper Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone 312-704-5300
Fax 312-704-5304
Web Address: www.jrcert.org

Accrediting Bureau of Health Education Schools (ABHES)
7777 Leesburg Pike, Suite 314
N. Falls Church, Virginia 22043
Phone 703-917-9503
Fax 703-917-4109
E- Mail info@abhes.org

ACADEMIC AFFILIATIONS Resulting in Bachelor of Science Degree

University of Central Arkansas
Conway, Arkansas

Henderson State University
Arkadelphia, Arkansas

CLINICAL SITES

1. BHMC-LR
2. BHMC-NLR
3. Arkansas Children's Hospital
4. OrthoArkansas
5. Radiology Consultants
6. Autumn Road Family Clinic
7. BH Imaging Center- Kanis
8. BH Family Clinic- Lakewood
9. CARTI Cancer Center

ADMINISTRATION

Troy Wells President & CEO, Baptist Health

Duane Erwin Sr. Vice President, Hospital Operations

Greg Crain, MHSA, FACHE Vice President and Administrator, BHMC-LR

Judy Pile, Ed. D Chancellor and Assistant Vice President,
Baptist Health College Little Rock

Karen James, Ph.D., OTR/L, CAPS Program Director, Baptist Health College Little Rock-
School of Occupational Therapy Assistant, &
Coordinator, Schools of Allied Health

Greg Baden, M. D..... Chief of Baptist Health Medical Center – LR Radiology
Department and Medical Advisor, School of Radiography

Suzanne Bullard, M.H.A., R.T.(R)(ARRT) Program Director, Baptist Health College Little Rock-
School of Radiography

Suzanna Haskin, B.S., R.T.(R)(ARRT) Clinical Coordinator, Baptist Health
College Little Rock- School of Radiography

Tracy Hawkins MBA, R.T(R)(ARRT) Director of Radiology, BHMC-LR

ACADEMIC FACULTY

Suzanne Bullard, M.H.A., R.T.(R)(ARRT)	Suzanna Haskin, B.S., R.T.(R)(ARRT)
Daniel Guffey, M.B.A, R.T. (NM), CNMT	Shana Raymond, A.S., R.T.(R),RDMS
Kim Moix, B.S., R.T.(R)(CT)(MR)	Heidi Niswander, DNP
Audrey Rodgers, B.S., R.T.(R)	Vicki Harsh, R.T.(R)(M)
Hope Coleman, Ph.D. Chaplain and Counselor	Melody Etherton, B.S., R.T.(NM)
Cheyenne Guffy, B.S., Librarian	

CLINICAL INSTRUCTORS

Judy May, R.T.(R)	Jennifer Thornburgh, R.T.(R)
Janet Jackson, B.S., R.T.(R)	Dale Webb, R.T.(R)
Mary Jane Webb, R.T.(R)	Blain Workman, B.S., R.T.(R)
Jay Moffett, B. S., R.T.(R)	Jenny Nichols, B.S., R.T.(R)
Linsey Brahler, A.S., R.T.(R)	Cori Teel A.S., R.T (R)
Kim Ramer, R. T. (R)	Paula McElhanon, A.S., R.T.(R)
Chris Files, R.T.(R)	James Cox, B.S., R.T.(R)(VI)
Shana Raymond, A.S., R.T.(R)RDMS	Kim Moix, B.S., R.T.(R)(CT)(MR)

ACADEMIC CALENDAR

Fall Semester	2020-2021	2021-2022 Proposed
Independence Day; No Classes	July 4	July 4
BHCLR Classes Begin	July 6	July 6
Labor Day; No Classes	Sept. 7	Sept. 6
Fall Break	Sept. 20-26	Sept. 19-25
Thanksgiving; No Classes	Nov. 26 & 27	Nov. 24 & 25
BHCLR Classes End	Dec. 11	Dec. 10
Spring Semester		
New Year's Day; No Classes	January 1	January 1
BHCLR Classes Begin	January 4	January 3
Spring Break	March 22-26	TBD
Memorial Day; No Classes	May 31	May 30
BHCLR Classes End	June 11	June 10
Commencement	June 14	June 13

HOLIDAYS

1. The School recognizes seven (7) holidays per school year: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and the Friday after Thanksgiving, and Christmas Day.

VACATION/BREAKS (Refer to Academic Calendar for dates)

1. Fall Break, the last full week of September.
2. Three (3) week Christmas Break.
3. Spring Break (in March)
4. Three (3) week summer break.

ACADEMICS

PROGRAM EDUCATIONAL OBJECTIVES

1. Enable the student to grasp clearly and skillfully the technical and theoretical knowledge and practice necessary for competency as a graduate Radiographer **WHO WILL PRODUCE THE BEST DIAGNOSTIC QUALITY RADIOGRAPH WITH AS LITTLE RADIATION DOSAGE AS POSSIBLE, AS QUICKLY AND GENTLY AS POSSIBLE.**
2. Aid the student in understanding and appreciating the Radiographer's responsibility entailed as a member of the medical team.
3. Teach ethical principles related to Radiography.
4. Encourage an interest in, and a desire for, further professional growth.
5. Teach Baptist Health Values and Code of Ethical Conduct, which the student will apply in the radiography service for the patient.
6. Teach personal and professional conduct.
7. Teach teamwork.
8. Facilitate the development of a well-rounded, professional personality, which is so necessary in the career of the Radiographer

ESSENTIAL FUNCTIONS:

Essential functions are the physical and academic standards required to practice radiography.

The essential functions for the Baptist Health College Little Rock-School of Radiography are established criteria that all applicants must meet in order to be admitted to the program. These standards are the minimum requirements to achieve the graduate competencies necessary to practice the art and science of radiography.

The standards addressed in this document are:

1. Physical Standards
2. Academic Standards
3. Personal Standards
4. Safety Standards

Applicants who do not meet these standards will be considered ineligible for admission into this educational program.

1. Physical Standards

A. Visual Abilities

A minimum vision of 20/20 or corrected to 20/25 in at least one eye. Rationale: Radiographers must be able to see well enough to work with patients, to read requests, to read syringes, medicine vials, and other necessary items. They must be able to see well enough to perform all fluoroscopic/radiographic procedures and work in low lighted rooms or radiographic darkrooms.

B. Communication Skills

1. Speak English fluently:

Radiographers must communicate with all patients, giving instructions and explaining all procedures. Tone and volume must be sufficient for close proximity face-to-face communication as well as for distant communication (example: patient is on table and radiographer is in control booth i.e. patient is not facing radiographer).

C. Hearing:

Hear normal conversational speech at 10 feet. Rationale: Radiographers must be able to hear and understand patients above equipment noise. Patients have differing tones, volumes and clarity of speech. Patients may be close by or some distance away. Radiographers must also be able to hear sounds through a stethoscope.

D. Writing:

Radiographers must be able to write both legibly and quickly, and type information in an efficient manner. Rationale: Documentation on charts and requests is a must for adequate patient care.

E. Reading:

Radiographers must be able to communicate via reading. They must be able to read physician orders, Departmental policies, and hospital policies. They must be able to read instruction related to drug administration and equipment operation. (Example: "operation of this equipment may be hazardous to operator and patient.")

F. Motor Skills

Use both hands simultaneously, lift 50 pounds, and possess physical stamina for an eight (8) hour day. Rationale: push and maneuver mobile radiographic equipment as well as patients in wheelchairs or on stretchers with IV poles; load and unload cassette and film bins and reach and operate an x-ray tube placed 48" above the table, be of sufficient build and stature to be capable of standing for eight (8) hours per day, be capable of assisting and supporting patients, have sufficient motor skills to allow for the positioning of any size of patient for all procedures.

2. Academic standards

A. Scholastic Skill

All applicants must have a basic background in Math and Science; must have graduated from an accredited High School with a preferred minimum GPA of 2.5 or higher. A General Equivalency Diploma (GED) may be substituted in lieu of an official high school transcript. All applicants must take the American College Test (ACT) and preferably make a composite score of 19 with a sub-score of 17 or above in math and science. Applicants must have completed all pre-requisite courses required by the affiliate university, or possess at least an associate degree with the required twenty-four (24) hours of pre-requisite courses.

3. **Personal Standards**

A. Behavioral and Social Skills

The applicant must be neat and clean in appearance, have an outgoing pleasing personality, and positive attitude about themselves; must have a past record showing completion of assigned tasks, responsibility for one's own actions, initiative and willingness to accept rules and regulations along with change; must be motivated and have a genuine interest in working with and around people.

4. **Safety**

The applicant must adhere to organizational policies to maintain safety in the environment for the patient, self, and others.

Please note:

Metallic implants- All students have clinical rotations in Magnetic Resonance Imaging (MRI). Certain metallic implants could prevent a student from participating in this clinical rotation. Radiographers must be able to assist patients while around a strong magnetic field. You must inform the Program Director if you have any metallic implants.

MRI staff will complete an MRI Safety screening form on each student prior to rotations to determine the safety of this rotation for the student. If determined unsafe, a student will be assigned to another clinical area.

These standards address not only the image that the program wishes to project, but the reputation that it wishes to protect.

Revised: 03/19 SB/SH
Reviewed 4/20 SB
Revised: 2- 2013 (BHSR Faculty)
Initiated: 1995

BOOKLIST

Listed below are the required textbooks needed for the two year period. Books may be purchased through Textbook Brokers at 1924 S. University Avenue, Little Rock, AR 72204, phone: 501-660-4300, or by going to www.textbookbrokers.com.

1. Merrill's Atlas of Radiographic Positions and Radiologic Procedures,
14th edition, Long, Rollins & Smith, Elsevier publisher (3 volume set)
2. Merrill's Atlas of Radiographic Positions and Radiologic Procedures,
14th edition, Workbook, Long, Rollins & Smith, Elsevier publisher
3. Merrill's Pocket Guide to Radiography
14th edition, Long, Rollins & Smith, Elsevier publisher
3. Radiation Protection in Medical Radiography,
8th edition, Sherer, Visconti, Ritenour, & Haynes; Elsevier publisher
4. Radiography in the Digital Age
3rd edition, Quinn B. Carroll, Thomas publisher
5. Patient Care in Imaging Technology,
9th edition, Dutton and Ryan; Wolters Kluwer publisher
6. Radiographic Pathology for Technologists,
7th edition, Kowalczyk, Elsevier publisher
7. Medical Terminology, A Systems Approach
8th edition, Gylys & Wedding, F. A. Davis publisher
8. Principles of Radiographic Imaging,
6th Edition, Carlton, Adler, Delmar publisher
9. Quality Management in the Imaging Sciences,
6th edition, Papp, Elsevier publisher
10. Radiographic Imaging and Exposure,
5th Edition, Fauber, Elsevier publisher
11. Mosby's Comprehensive Review of Radiography,
7th edition, Callaway

Additional resources, not required, but suggested:

Digital Radiography and PACS,
3rd edition, Carter and Veale, Elsevier publisher

Registry review books are recommended, but not required. Copies can be ordered through Textbook Brokers:

Lange Radiography Examination Review Book by D.A. Saia

ACADEMIC GRADING SCALE:

<u>Grade</u>	<u>% Range</u>	<u>Value</u>
A	94 – 100	4
B	86 – 93	3
C	77 – 85	2
D	70 – 76	1
F	0 – 69	0
I	Incomplete	0
W	Withdrawal	0
WX	Administrative Withdrawal	0
CR	Credit	0
NC	No Credit	0

Final course grades are calculated by using scores from written tests and clinical evaluations. Incomplete ‘I’ grades are made up at the discretion of the program director. If the incomplete course work is not made-up according to directions and within the established time-frame, the ‘I’ becomes a final grade of “F”.

The student progresses and promotes through the program of study by completing each required course with at least a minimum final grade of “C” (77%) in the theory component of the course. See the General Section of the Student Handbook, pages 27-28, Satisfactory Academic Progress and Re-Entry Standards.

ACADEMIC PROGRESS AND PROMOTION

Didactic lecture periods are held at specific intervals during the school week. In general, lecture hours are scheduled in the afternoons. **Textbooks are required for didactic lecture periods. Failure to have a textbook in class will result in a three (3) point deduction from that course grade for each occurrence. The student will also be sent home and an absence given for the day.**

A student is required to maintain a minimum cumulative GPA of 2.00, and a minimum of 77% (C) in all educational components. A final grade of 76% or less in a course will result in failure of the course and the student cannot progress.

REMEDIATION

A student will be offered one chance at remediation in theory only, during the two year period. This is at the discretion of the Program Director. The conditions of remediation are as follows:

- 1. The remediation assignment must be completed before the student can progress in clinical.**
- 2. The student who opts to take the remediation exam must earn high enough on the exam to make a 77% for the course. For example, a student who scores a 90% on the remediation exam will receive a 77% for the course. The maximum final course score that can be earned through remediation is a 77%. (C).**
- 3. Failure to do so will result in Administrative Withdrawal.**

Students who choose **not** to take the exam will be Academically Withdrawn from the program due to the fact that they will have earned less than a “C” for the course. Students who choose to initiate the grievance process **forfeit** the opportunity to remediate and must abide by the decision of the Grievance Panel. Students choosing to remediate **forfeit** the right to go before the Grievance Panel. Refer to the General Section of the Student Handbook for the Student Grievance Process.

GRADING SYSTEM PROCESS

It is the primary responsibility of a student to learn the maximum. It is the primary responsibility of the faculty to evaluate the extent of that learning. Credentialed faculty, with records of long standing experiences in the teaching and evaluation of student learning, judge the quality of student learning and progressive development toward a minimum competency level required for patient safety and public protection. It is the professional faculty who determines the final evaluation of the student's progress and assigns the final corresponding grades.

Faculty have discretion, both subjective and objective, in the evaluation and judgment of a student's performance in all areas of learning. Students and graduates, in turn, provide information and data to the college and faculty related to their level of satisfaction regarding the program of studies, teaching and learning environment and the culture within.

The grading system adopted by the faculty and the college is for the purpose of grade determination and ultimately the progression, promotion and graduation of students.

The college utilizes a grading system to signify student progression and the quality of learning as the student progresses through the Program of Study. A final letter grade is determined and assigned based upon criteria outlined in the course syllabi. Decimal point values of five (5) or greater to the nearest hundredths are raised to the next whole number to determine the final grade. Example: 93.45 will be raised to a 94. A 93.2 will remain a 93.

Value points are used in the calculation in determining Grade Point Average (GPA). The grade point average is the academic standard that serves many purposes, two (2) examples being:

1. Honors recognition at the Commencement Ceremony, *(3.75-3.89 Honors) (3.90-4.0 High Honors)
2. Baptist Health Auxiliary Scholarship Awards.

Student academic and clinical achievement is measured periodically by written, oral and practical examinations.

ACADEMIC ADVISING

Faculty serve as academic advisors to students. A student is notified of advisor assignments at the beginning of each course. A student is expected to contact the assigned advisor for an initial conference. Additional conferences are initiated through advisor-advisee arrangements.

Advising is available to a student in the following areas:

1. Adjustment to student role.
2. Adjustment to clinical area.
3. Study habits.
4. Tutoring.
5. Test taking.

ACADEMIC PROBATION

1. A student is placed on probation for academics or clinical reasons by the Director of the program or designee.
2. Probationary terms are determined on an individual basis by the Director of the program or designee.

3. Failure to meet probationary terms may result in academic suspension or being administratively withdrawn from the program.
4. Each time a student who is on Academic Probation fails to pass an exam or receives a low clinical grade, they are encouraged to see the Program Director, Clinical Coordinator, or course instructor.
5. A student not demonstrating the necessary progressive development shall not be allowed a second probationary period.

GRADUATE COMPETENCIES

Upon completion of all didactic and clinical competencies, a student must be able to demonstrate proficiency and meet the specific behavioral objectives in the following areas:

1. Patient Care and Management competency:
 - 1.1 The graduate anticipates and provides basic patient care and comfort.
 - 1.2 The graduate provides appropriate patient education.
 - 1.3 Curriculum Content:
 - 1.31 introduction to radiography,
 - 1.32 medical ethics and law,
 - 1.33 medical terminology,
 - 1.34 human structure and function,
 - 1.35 patient care in the radiological sciences,
 - 1.36 radiographic procedures,
 - 1.37 digital/film image acquisition and display,
 - 1.38 principles of radiation protection,
 - 1.39 principles of radiation biology,
 - 1.310 radiographic pathology, and
 - 1.311 clinical education assignments.
2. Radiation Protection Competency
 - 2.1 Practices radiation protection.
 - 2.2 Curriculum Content:
 - 2.21 introduction to radiography,
 - 2.22 patient care in the radiological sciences,
 - 2.23 human structure and function,
 - 2.24 radiographic procedures,
 - 2.25 digital/film image acquisition and display,
 - 2.26 imaging equipment,
 - 2.27 image analysis,
 - 2.28 radiation protection and characteristics,
 - 2.29 principles of radiation protection,
 - 2.210 principles of radiation biology,
 - 2.211 radiographic pathology,
 - 2.212 introduction to quality assurance, and
 - 2.213 clinical education assignments.

3. Imaging Procedures Competency:
 - 3.1 Operates medical imaging equipment and accessory devices.
 - 3.2 Positions the patient and medical imaging systems to perform examinations and procedures.
 - 3.3 Exercises independent judgment and discretion in the technical performances of medical imaging procedures.
 - 3.4 Demonstrates knowledge of human structure, function and pathology
 - 3.41 medical terminology,
 - 3.42 patient care in the radiological sciences,
 - 3.43 human structure and function,
 - 3.44 radiographic procedures laboratory practice assignments,
 - 3.45 digital/film image acquisition and display,
 - 3.46 imaging equipment,
 - 3.47 image processing,
 - 3.48 image analysis,
 - 3.49 principles of radiation protection,
 - 3.410 principles of radiation biology,
 - 3.411 radiographic pathology,
 - 3.412 introduction to quality assurance, and
 - 3.413 clinical education assignments.

4. Quality Assurance Competency:
 - 4.1 Demonstrates knowledge and skills relating to quality assurance activities.
 - 4.2 Evaluates the performances of medical imaging systems.
 - 4.3 Evaluates medical images for technical quality.
 - 4.31 human structure and function,
 - 4.32 radiographic procedures,
 - 4.33 digital/film acquisition and display,
 - 4.34 imaging equipment,
 - 4.35 image processing,
 - 4.36 image analysis,
 - 4.37 radiation production and characteristics,
 - 4.38 principles of radiation protection,
 - 4.39 principles of radiation biology,
 - 4.310 radiographic pathology,
 - 4.311 introduction to quality assurance, and
 - 4.312 clinical education assignments.

5. Recording Media Processing Competency:
 - 5.1 Demonstrate knowledge and skills relating to medical image processing.
 - 5.2 Curriculum Content:
 - 5.21 imaging equipment,
 - 5.22 image processing,
 - 5.23 image analysis,

- 5.24 radiation production and characteristics,
- 5.25 introduction to quality assurance,
- 5.26 clinical education assignments, and
- 5.27 digital/film acquisition and display.

6. Equipment Maintenance Competency:

- 6.1 Understands the safe limits of equipment operation.
- 6.2 Recognizes equipment malfunctions and reports it to the proper authority.
 - 6.21 radiographic procedures,
 - 6.22 radiation production and characteristics,
 - 6.23 imaging equipment,
 - 6.24 image processing,
 - 6.25 image analysis,
 - 6.26 principles of radiation protection,
 - 6.27 introduction to quality assurance,
 - 6.28 clinical education assignments, and
 - 6.29 digital/film acquisition and display.

7. Interpersonal Communication Competency:

- 7.1 Demonstrate knowledge and skills relating to verbal, nonverbal and written medical communication in patient care intervention and professional relationship.
- 7.2 Curriculum Content:
 - 7.21 introduction to radiography,
 - 7.22 medical ethics and law,
 - 7.23 medical terminology,
 - 7.24 patient care in the radiological sciences,
 - 7.25 human structure and function,
 - 7.26 radiographic procedures,
 - 7.27 digital/film image acquisition and display,
 - 7.28 imaging equipment,
 - 7.29 image processing,
 - 7.210 image analysis,
 - 7.211 radiation production and characteristics,
 - 7.212 principles of radiation protection,
 - 7.213 radiographic pathology
 - 7.214 introduction to quality assurance, and
 - 7.215 clinical education assignments.

8. Professional Responsibility Competency:

- 8.1 Upholds the profession's code of ethics and scope of practice.
- 8.2 Curriculum Content:
 - 8.21 introduction to radiography,
 - 8.22 medical ethics and law,
 - 8.23 patient care in the radiological sciences,
 - 8.24 radiographic procedures,
 - 8.25 digital/film image acquisition and display,
 - 8.26 imaging equipment,

- 8.27 image analysis,
- 8.28 principles of radiation protection,
- 8.29 introduction to quality assurance, and
- 8.210 clinical education assignments.

9. Clinical Education Competency:

- 9.1 Performs competently a full range of radiologic procedures in children and adults in the following categories:
 - 9.11 head/neck,
 - 9.12 abdominal/gastrointestinal/genitourinary,
 - 9.13 musculoskeletal,
 - 9.14 chest and breast,
 - 9.15 trauma,
 - 9.16 bedside/surgical, and
 - 9.17 CT/MRI/Vascular procedures.

CLINICAL EDUCATION COMPONENT

BHCLR- School of Radiography utilizes a competency based system of clinical education designed to allow a student to achieve proficiency in the performance of the clinical duties of a radiographer in an orderly and progressive manner. The system allows the student to progress at a rate which is consistent to the student's ability and skills.

To enhance understanding of the system, clarification is needed regarding the difference between two words commonly associated with this type of clinical education: competency and proficiency. In the program, faculty expect students to become "competent" in a procedure first, with "proficiency" in the procedure being the desired goal. Therefore, competency is defined as having adequate ability or qualities to function or progress in a particular way. This is the goal: a student must become competent in the performance of a procedure(s).

Once a student is deemed competent, the competency must be maintained while continuing to develop and polish those skills. This leads to proficiency, our primary goal in clinical education. Proficiency is defined as having the knowledge and experience needed for success in the profession.

Assignment is made to the various areas in the Diagnostic Imaging Department on a rotational schedule which allows the student to achieve competency and proficiency in an orderly progression. Throughout the clinical education, progress is monitored and evaluated closely. Clinical evaluations reflect the student's ability to relate the information received in the classroom to the actual performance in the clinical setting. The evaluations also reflect progress in cognitive and psychomotor skills, and the affective domain with emphasis on professional and personal behavior.

As a student progresses through the different levels of achievement in clinical competencies, each successive level attained moves that student toward the goal of proficiency in the terminal competencies.

CLINICAL SUPERVISOR/INSTRUCTOR RESPONSIBILITIES AND EVALUATION POLICIES

Morning hours are devoted to the student acquiring the practical aspect of the progression in clinical education. This learning occurs under the direction of Radiologists and Radiographers in the Radiology Department. Each professional radiographer takes an active interest in the student's professional development and does everything possible to promote the student's maximum learning and clinical performance.

The staff radiographers of Baptist Health are the clinical supervisors or clinical instructors for the School of Radiography.

When a Radiographer is employed at Baptist Health, it is understood that part of their job is to teach student Radiographers. These responsibilities are specifically noted in the job description and are used when the Radiographer is evaluated on the Baptist Health standards of performance systems.

It is our belief that the records of the graduates of the Baptist Health College Little Rock-School of Radiography in relation to the didactic and clinical performance attest to the excellence of using staff radiographers as clinical instructors and supervisors. It has been evident in other Radiology Departments where clinical instructors have been identified, separate from the Radiology Department that the technical staff take the position of “they are your students, you teach them”. This type of atmosphere limits the students and is not deemed conducive to learning.

It is felt that the student will gain more in creativity and independent judgment from the experience of observing, assisting and performing with Radiographers of different background and education than with being with just one clinical instructor. The unique situation here at this institution is that the Radiographers, Radiologists, Cardiologists and others allow our students to participate fully in the procedures done in this department. The staff Radiographers serving as Clinical Instructors and supervisors, are responsible for providing the students clinical instructions and to ensure that the students learn the following:

A. THE EQUIPMENT WITHIN THE INSTRUCTOR’S AREA:

The student is to learn the operation of each piece of equipment within your area, to include the control panel, the table mobility, and tube mobility, the identification system, scanners, and any other equipment that is brought in the area to perform a procedure. The student is to learn and keep in order the necessary supplies kept within this area.

B. THE PROCEDURES AND EXAMINATIONS THAT ARE PERFORMED WITHIN THIS AREA:

The student is to learn the proper positions, proper radiation protection measures, correct receptor size and placement, and correct technical factors for each examination. Due to our use of automatic exposure devices, students should be taught this method and also the manual setting. As they progress in their training, the students should be required to use manual timing for the purpose of experience in this method.

Coordinated with didactic education, students should be shown how to do each examination (perhaps several times). Then they should be allowed to perform the examination under direct supervision until the student can do the examinations without benefit of changes being made by the Radiographers and only about 20% repeats. When this level of proficiency has been reached, the student should progress to performing the examination under variable supervision with the radiographer nearby to assist on difficult patients or examinations. Daily critiques and counseling should be used to assist the student in learning and the students who have persistent problems should be given added attention. The list of examinations that the student has been taught and has positioned for the instructor is located on the student board just outside of the quality control area.

C. THE PATIENT CARE IN THIS AREA:

The student should learn the necessary explanations for the different examinations. They should learn how to communicate with the patient and provide appropriate patient education so as to provide enough knowledge to enlighten the patient which will in turn make the procedure easier. The student should learn the necessities of safety and how to provide it for the patient. The student should learn how to provide comfort during the examination and provide for the patient’s modesty. The student should learn a professional manner that is necessary to provide not only good public relations, but the best of patient care.

D. A STANDARD OF PERSONAL BEHAVIOR THAT IS CONSISTENT BOTH WITH THE RADIOLOGY DEPARTMENT AND THE BAPTIST HEALTH MEDICAL CENTER’S POLICY:

The student should have or acquire the cooperation and attitude that is necessary to become a good member of the medical team. The student should have or acquire the initiative and responsibility to accomplish the objectives and obtain results in regard to technical knowledge and to see the requirements of the entire department are done.

The student should acquire a personal appearance that will meet the standards of the program, the Radiology Department and the Institution.

The staff Radiographer (clinical instructor/supervisor) is responsible for the evaluations and grading of the knowledge acquired and progress made by the students in all of the above listed areas while in your specified area. As a reminder to the instructor, this evaluation is an important aspect of the student's permanent record. It is used not only as a method for grading, but also as a tool to assist the student during their entire rotation in your area and to evaluate for the record how the student has responded to these instructions.

In areas where the student is deficient, the staff radiographer should circle the appropriate number and make comments using constructive feedback, which will help to improve student performance. On qualities numbered 6 and 7, a senior student should be evaluated from the standpoint that an awareness already exists of what has to be done and whether they are accepting this responsibility. (i.e., A senior student should be asking for the next examination to be done, instead of you having to tell them things to do that they already know). This evaluation should be given to the staff on Thursday by the student. By Friday, the evaluation should be filled out and counseling with the student should have taken place. The completed evaluation must be placed in the evaluation box as soon as possible by the technologist. If the evaluations are not in by Friday of that next week, the supervisor will be notified.

A clinical evaluation is filled out weekly by the clinical instructor who rotates with the student according to our policies and criteria. At that time, the clinical instructor will discuss, evaluate and counsel with the student, then turn the evaluation in to the evaluation box of the college for review, recorded, and then filed. Further counseling may be provided if needed.

The criteria listed below may be used as a guide for evaluation of the cognitive, psychomotor and affective aspects of the program.

1. **EVALUATION OF EXAM ORDER (COGNITIVE DOMAIN)**

The student is able to:

- a. Identify procedures to be done,
- b. Give patients age and name,
- c. Identify mode of travel,
- d. Call the patient's name.

2. **ROOM AND EQUIPMENT PREPARATION (PSYCHOMOTOR DOMAIN)**

The student is able to (when necessary):

- a. Keep table clean and cabinets orderly,
- b. Have appropriate size and type image receptor available,
- c. Have emesis basins, bedpans, IV poles ready,
- d. Know location of crash cart,
- e. Apply suction and O₂,
- f. Have syringes and needles ready for injection using aseptic technique,
- g. Have machine turned "on" and warmed up, ready for exposures,
- h. Have tube and table in position and ready for exam,
- i. Restock linen when necessary.

3. **PATIENT CARE AND PROFESSIONAL RELATIONSHIPS (AFFECTIVE DOMAIN)**

The student is able to (when necessary):

- a. Select the correct patient,
- b. Assist safely, the patient to the radiographic room and the radiographic table,
- c. Explain the examination to the patient,
- d. Give proper instructions for moving and breathing,
- e. Talk with the patient in a gentle manner and be aware of their rights,
- f. Have patient gowned properly,

- g. Keep patient covered for privacy,
 - h. Practice good medical asepsis,
 - i. Show courtesy to the patient, patient's family, physicians and technologist,
 - j. Exhibit an ethical and professional demeanor,
 - k. Follow proper procedure for isolation procedures of patients.
4. **POSITIONING SKILLS (PSYCHOMOTOR DOMAIN)**
The student is able to:
- a. Select proper image receptor size,
 - b. Correctly mark the image receptor with lead markers. (Right, Left, Erect, Lat. Decubitus, etc.)
 - c. Provide patient identification on image,
 - d. Angle the tube correctly, if necessary,
 - e. Position the patient correctly on table (head at the right end, prone, supine, erect, lateral or correct obliquity, if necessary),
 - f. Align center of part to be demonstrated to either the center of image receptor or table,
 - g. Center image receptor (Bucky tray) to body part longitudinally,
 - h. Remove unnecessary anatomical parts or material from the radiographic area.
5. **EQUIPMENT MANIPULATION AND TECHNICAL FACTORS (PSYCHOMOTOR DOMAIN)**
The student is able to:
- a. Turn the tube from horizontal to vertical (and vice versa),
 - b. Correctly identify and utilize tube locks,
 - c. Move the cassette tray and utilize locks,
 - d. Insert and remove CR cassettes from Bucky tray,
 - e. Utilize CDs (when required),
 - f. Operate scanners for computed radiography,
 - g. Operate computers for receiving and sending images,
 - h. Measure the patient correctly,
 - i. Use technique chart,
 - j. Select the correct factors at the control panel (mAs, kVp, automatic timing, when necessary),
 - k. List the necessary items on the exam order,
 - l. Adapt technical changes due to (SID, Pathology, Grids, Collimation, Motion), etc.,
 - m. Communicate correct breathing procedures to patient,
 - n. Operate computer correctly/look – up table (LUT), recognize proper histogram for part being examined.
 - o. Assist the physician with surgical procedures.
6. **EVIDENCE OF RADIATION PROTECTION (PSYCHOMOTOR DOMAIN)**
The student is able to:
- a. Select accurate receptor size and collimation for part,
 - b. Use gonad shielding, if possible,
 - c. Wear lead apron and gloves when appropriate,
 - d. Provide protection for other personnel in area (lead apron, gloves, distance, notification),
 - e. Complete pregnancy forms,
 - f. Wear personal dosimeter as directed,
 - g. Select technical factors and position accurately to facilitate few, if any repeats.
7. **PROFESSIONAL PERSONAL APPEARANCE AND ATTITUDES (AFFECTIVE DOMAIN)**
The student is able to:
- a. Support program policies,
 - b. Show interest in the assignment and duties,
 - c. Adapt to the situation cheerfully,
 - d. Cooperate with other students, technologists, physicians, and hospital personnel,

- e. Be responsible for own actions,
- f. Look for things to do and do them,
- g. Have an “overall” working knowledge of the function of the entire department,
- h. Wear a clean and pressed regulation uniform,
- i. Wear clean and polished regulation shoes, laces and other items,
- j. Have hair clean and groomed as written in standards,
- k. Use cosmetics and grooming aids (perfume, cologne, deodorant, after shave, make-up, etc.) in a professional manner to conform to the standards,
- l. Conform to the dress code with regard to jewelry, fingernails and polish, hand lotion, chewing gum and candy.

8. **IMAGE AND PROCEDURE ANALYSIS (COGNITIVE DOMAIN)**

The student is able to:

- a. State the routine projections and positions for the procedure,
- b. Determine necessity for any variation in the position,
- c. State the routine technical factors for the position,
- d. Determine any compensation necessary to provide correct image quality,
- e. Identify anatomical structures,
- f. State the evaluation criteria necessary for an acceptable image,
- g. Recognize any visible pathological condition.

These evaluations are set up for a possible score of 100 points. The weekly evaluation score is entered into the computer so that we can maintain an average running score of the student’s proficiency in the various rotations. Every six months, all evaluations for that student are averaged to determine a numerical measure of their clinical competency for that semester and those rotations to which the student has been assigned.

The program has arrived at what we feel is an acceptable minimum numerical average for clinical ability for each semester by using the mean average score of all students for the past 12 years. We will continue to add each semester’s data to this average, which should assist us in arriving at a more accurate minimum numerical average.

These minimum averages for clinical evaluation are:

1st six months minimum average of 65

2nd six months minimum average of 75

3rd six months minimum average of 80

4th six months minimum average of 85

The student’s grades, number and variety of radiographic procedures and the average of the evaluation are transferred to the Semester Evaluation sheet which is then used as a guide in the semester evaluation and counseling of the student. We can determine the students rank in classroom and clinical education. It provides us and the student with their strength and weakness and can be used to determine whether there has been improvement.

**Baptist Health College Little Rock
Student Clinical Evaluation
Diagnostic Radiography
Morning Rotation**

Student: _____ Clinical Rotation: _____

Begin Date: _____ End Date: _____

Evaluator: _____

Directions to Evaluator:

Be honest and objective in judging the qualities and performance of the student.

Base your judgment on the entire period covered and not upon isolated incidents; however record them if you feel they are pertinent to your analysis.

Your ratings are a measure of your judgment.

Remember your opinions are also a measure of your clinical judgment.

You are their instructor for this student's clinical work.

Please coach the student during the rotation and counsel with the student prior to turning in your evaluation to the Program Director or Clinical Coordinator.

Select the number that best reflects the student's performance ability from the rating scale for each behavioral objective and record your rating in the Likert Scale box below. *You should take into account the amount of clinical exposure the student has had since a 4th semester student will perform at a higher level than a 1st or 2nd semester student.*

Please remember that all grades are confidential.

Standard	Score (Likert Scale 1-10)
Patient Positioning	_____
Technical Factors	_____
Radiation Protection	_____
Room and Equipment Preparation	_____
Quantity of Work	_____
Cooperation and Attitude	_____
Initiative and Critical Thinking	_____
Equipment Manipulation	_____
Patient Care	_____
Personal Appearance	_____
	Total Scaled Score _____
	Grade % _____

Student Radiographer's Signature _____ Evaluator's Signature _____

Student Radiographer: Please initial that you were under **DIRECT** supervision at all times. _____

Revised: 04/2020 SB/SH
Reviewed: 03/19 SB/SH

**Baptist Health College Little Rock
School of Radiography
Student Clinical Evaluation**

The Clinical Practicum rotation is the period during which the student develops skills and techniques that are crucial to the profession of Radiography. Students will also apply the didactic knowledge acquired in the classroom to the real world of patient testing and evaluating.

Clinical evaluation of the student=s performance is framed within program **Values** and those of Baptist Health: **Service, Honesty, Respect, Stewardship, and Performance.**

The clinical performance is evaluated by the clinical staff and supervisors who have observed the student=s progress during a specific rotation. The performance is evaluated in regards to technical and professional standards that exemplify the program **Values**. Evaluation format includes:

<u>Standard of Performance</u>	<u>Domain</u>	<u>Corresponding Program Value</u>
1. Patient Positioning	Cognitive	Performance/Service/Stewardship/Respect
2. Technical Factors	Psychomotor	Performance/Service
3. Patient Protection	Affective/Psychomotor	Performance/Stewardship/Service
4. Room and Equipment Preparation	Psychomotor	Performance/Stewardship/Service
5. Quantity of Work	Affective	Service/Performance/Stewardship
6. Cooperation and Attitude	Affective	Honesty/Service/Respect
7. Initiative and Critical Thinking	Affective	Service/Performance
8. Equipment Manipulation	Cognitive	Performance/Service/Stewardship
9. Patient Care	Affective	Service/Respect/Honesty/Performance
10. Personal Appearance	Affective	Service/Respect/Performance

RATING SCALE: The student is scored on a Likert Scale of 1 through 10, one being the lowest and ten the highest.

GRADING SCALE: The student is graded on the following scale to indicate clinical progress.

<u>Semester I:</u> Clinical I/JR (July -December)		<u>Semester II:</u> Clinical II/JR (January- June)		<u>Semester III</u> Clinical III/SR (July - December)		<u>Semester IV</u> Clinical IV/SR (January - June)	
76% - Above	A	86% - Above	A	90%-Above	A	94%- Above	A
75 - 71%	B	85 - 81%	B	89 - 85%	B	93 – 90%	B
70 - 65%	C	80 - 75%	C	84 - 81%	C	89 – 85%	C
64 & below	D	74% & below	D	80 - 76%	D	84 – 80%	D

These evaluations are set up for a possible score of 100 points. The weekly evaluation score is entered into the computer so that we can maintain a running score of the student’s proficiency in the various rotations. Every six (6) months, all evaluations for that student are averaged to determine a numerical measure of their clinical competency for that semester and those rotations to which the student has been assigned.

1. PATIENT POSITIONING

- A. Checks armband for correct patient identification.
- B. Verify the ordered exam.
- C. Assessment of patient’s physical abilities.
- D. Proper CR cassette size selected and/or DR detector.
- E. Positioning true; and completed according to protocol.
- F. Properly centered.
- G. Angulation of body and tube correct.

What percentage of the time did the student perform the above?

0% to 20%		30% to 50%			60% to 80%			90% to 100%	
1	2	3	4	5	6	7	8	9	10

Comments: _____

2. TECHNICAL FACTORS

- A. Exposure factors within reason, SID, MAS, KVP, etc.
- B. No technical errors, undesired motion controlled, no pre-exposure or double exposure, no grid lines, etc.
- C. Proper exposure index achieved.
- D. Chooses correct exposure technique for patient body habitus, pathology, and contrast agents.
- E. Select appropriate exposure factors when grids are in use.

What percentage of the time did the student perform the above?

0% to 20%		30% to 50%			60% to 80%			90% to 100%	
1	2	3	4	5	6	7	8	9	10

Comments: _____

3. RADIATION PROTECTION

- A. Uses patient shielding when appropriate.
- B. Understands the importance of collimating in to specific anatomy.
- C. Protection of other personnel and self in the area.
- D. Completes pregnancy forms.

What percentage of the time did the student perform the above?

0% to 20%		30% to 50%			60% to 80%			90% to 100%	
1	2	3	4	5	6	7	8	9	10

Comments: _____

4. ROOM AND EQUIPMENT PREPARATION

- A. Cleans tables after each patient.
- B. Checks linen supply and stocks when necessary.
- C. Has emesis basins, bedpans, and contrast ready.
- D. Turns machine “on” and have tube and table ready for the exam.
- E. Have appropriate size and type of cassette available. (if applicable)
- F. Room equipped with supplies for age-specific examinations.
- G. Proper utilization of CR cassette scanner. (if applicable)
- H. Proper utilization of PACS.

What percentage of the time did the student perform the above?

0% to 20%		30% to 50%			60% to 80%			90% to 100%	
1	2	3	4	5	6	7	8	9	10

Comments: _____

5. QUANTITY OF WORK

- Consider volume of work produced, disregard errors.
- A. Difficulty of examinations or patients
 - B. Lack of training
 - C. Poor organization
 - D. Lack of confidence
 - E. Moves slowly

Very slow. Does not turn out work on time.		Produces enough to get by. Needs speed.			Good volume, even on difficult exams.			Rapid worker, even on difficult exams. Does more than expected.	
1	2	3	4	5	6	7	8	9	10

Comments: _____

6. COOPERATION AND ATTITUDE

Consider attitude toward work, hospital, patients, fellow workers, instructors and supervisors; also ability to work with others and willingness to accept instruction and suggestions. Able to work as a team with other departments.

Complains frequently. Does not accept suggestions.		Usually a good team player. Sometimes clashes with others.			Never complains. Good team player. Shows genuine interest in job.			Goes out of way to cooperate. Thoughtful of others.	
1	2	3	4	5	6	7	8	9	10

Comments: _____

7. INITIATIVE AND CRITICAL THINKING

Consider extent to which student is a self-starter in obtaining objectives. Consider his/her abilities to accomplish results under adverse conditions. Student able to assess patient’s condition and modify exams as needed. Was the student in assigned area on time?

Avoids responsibility. Shows no initiative. Stands around.		Accepts responsibility reluctantly. Little initiative. Very little hustle.			Shows initiative adequate for requirement of work.			Self-starter. Seeks responsibility.	
1	2	3	4	5	6	7	8	9	10

Comments: _____

8. EQUIPMENT MANIPULATION

- A. Manipulates tube, tube stand and locking devices.
- B. Can operate control console with minimal supervision.
- C. Can identify various anatomical structures utilizing images.
- D. Operates mobile unit properly as to controls, drive, collimation and locks.
- E. Operate CR, DR, and PACS equipment efficiently.
- F. Utilizes proper look up table (LUT) and recognizes proper histogram for part being examined.

Is lacking in two or more of the above.		Is lacking in one or two areas above.			Only occasional assistance is required.			Can operate the equipment efficiently.	
1	2	3	4	5	6	7	8	9	10

Comments: _____

9. PATIENT CARE

- A. Identified all patients by verifying name on armband with name on request.
- B. Provided for patient’s comfort and modesty before, during and after the procedure.
- C. Explanation of exam to patient, according to age-specific guidelines.
- D. Communicated with patient in a courteous and professional manner.
- E. Followed policy for patient confidentiality.
- F. Exhibited the BAPTIST HEALTH Values.
- G. Able to assess patient’s condition before, during and after procedure.
- H. Obtains appropriate patient history when required.

Shows unconcern toward patients.		Is lacking in one or two of the above.			Puts forth minimum effort.			Goes further toward patient care than above.	
1	2	3	4	5	6	7	8	9	10

Comments: _____

10. PERSONAL APPEARANCE

- A. Clean and pressed uniforms.
- B. Shoes and laces cleaned and polished.
- C. Hair clean and groomed
- D. Name and film badge worn. Right and Left markers available.
- E. Makeup and accessories worn per policy.

What percentage of the time did the student perform the above?

0% to 20%		30% to 50%			60% to 80%			90% to 100%	
1	2	3	4	5	6	7	8	9	10

Comments: _____

CLINICAL GRADE GUIDELINES

Clinical Evaluation Record: 50 Points Possible

The weekly Clinical Evaluations are averaged per clinical semester. The Clinical Grading Scale per clinical semester is as follows:

First Semester: Clinical I (July – December)

76 & ↑	A	50 points
75 – 71	B	40 points
70 – 65	C	30 points
64 – 60	D	20 points
59 & ↓	F	0 points

Second Semester: Clinical II (January – June)

86 & ↑	A	50 points
85 – 81	B	40 points
80 – 75	C	30 points
74 – 70	D	20 points
69 & ↓	F	0 points

Third Semester: Clinical III (July – December)

90 & ↑	A	50 points
89 – 85	B	40 points
84 – 80	C	30 points
79 – 75	D	20 points
74 & ↓	F	0 points

Fourth Semester: Clinical IV (January – June)

94 & ↑	A	50 points
93 – 90	B	40 points
89 – 85	C	30 points
84 – 80	D	20 points
79 & ↓	F	0 points

Clinical Policies: 15 Points Possible

All clinical laboratory policies as printed in the Student Handbook are to be followed by the students at all times. Failure to follow these policies will result in deduction of points, which may affect the clinical grade. Examples of possible deductions are listed below. Other possible deductions are listed in the Student Handbook under Clinical Policies and Dress Code. This is not a comprehensive list, as it is impossible to list every scenario. Point deductions are at the discretion of the program director and clinical coordinator.

Possible deductions:	Cell phone in clinical	10 points
	Leaving clinical early	10 points
	Not in assigned area	5 points
	Sitting on counter	5 points
	Wearing sweatshirts/jacket	5 points
	Gum chewing	3 points
	Shoes not polished	3 points
	Uniforms not pressed	3 points

Tardies: 15 Points Possible

The student should be early or on time for all learning experiences. Tardies are accumulated each clinical semester. Two (2) or more tardies each semester will result in point deductions from the clinical grade. A tardy is defined as failure to be present up to one (1) hour of a scheduled day.

0 – 2	Times tardy	15 points
3 – 4	Times tardy	12 points
5 – 6	Times tardy	5 points
7 or ↑	Times tardy	0 points

Absences: 20 Points Possible

Absent time should be utilized for illness only. An absence is defined as not being present for over one (1) hour of a scheduled day. Absences are accrued each clinical semester. Excessive absences (more than ten (10) in a two (2) year period will be made up in the clinical area prior to graduation.

Example: Two (2) absences accrued in a clinical term will result in a 5 point deduction from the clinical grade. Two (2) absences in the next term will also result in a 5 point deduction from the clinical grade.

0 – 1	Times absent	20 points
2 – 4	Times absent	15 points
5 & ↑	Times absent	0 points

ARRT Mandatory and Elective Competencies: 25 Points Possible

The American Registry of Radiologic Technologists (ARRT) require that all students achieve competency in 51 various procedures prior to graduation. Students that have not completed all ARRT competencies at the completion of the two (2) year program may commence, but will not graduate until all competencies are completed.

First Semester: Clinical I (July – December)

18 & ↑	completed	25 points
17 – 15	completed	20 points
14 – 12	completed	15 points
11 & ↓	completed	0 points

Second Semester: Clinical II (January – June)

30 & ↑	completed	25 points
29 – 27	completed	20 points
26 – 24	completed	15 points
23 – ↓	completed	0 points

Third Semester: Clinical III (July – December)

40 & ↑	completed	25 points
39 – 37	completed	20 points
36 – 34	completed	15 points
33 & ↓	completed	0 points

Fourth Semester: Clinical IV (January – June)

51	completed	25 points
50 & ↓		0 points

Experience Record: 25 Points Possible

The student's Experience Record is a vital part of the clinical component of the program. Students should obtain 2000 procedure/examination numbers while in the two (2) year program. Number of procedures recorded per semester:
Please use the patient's accession number.

First Semester: Clinical I (July – December)

400 & ↑ numbers 25 points
399 – 375 numbers 20 points
374 – 349 numbers 15 points
348 & ↓ numbers 0 points

Second Semester: Clinical II (January – June)

1000 & ↑ numbers 25 points
999 – 949 numbers 20 points
948 – 899 numbers 15 points
898 & ↓ numbers 0 points

Third Semester: Clinical III (July – December)

1500 & ↑ numbers 25 points
1499 – 1399 numbers 20 points
1398 – 1298 numbers 15 points
1297 & ↓ numbers 0 points

Fourth Semester: Clinical V (January – June)

2000 & ↑ numbers 25 points
1999 & ↓ numbers 0 points

Total Points Possible: 150

The total points possible are 150. Total points achieved by the student will be divided by total points possible to derive a percentage grade. (Example: 140 points achieved divided by 150 points possible = $140/150 = 93\%$) The percentage grade will then be given a letter grade from the Course Grading Scale. Decimal point values of five (5) or greater to the nearest hundredths are raised to the next whole number to determine the final grade. Example: 93.45 will be raised to a 94. A 93.2 will remain a 93.

Course Grading Scale:	100 – 94	A
	93 – 86	B
	85 – 77	C
	76 – 70	D
	69 & ↓	F

A given minimum of “C” or greater in clinical education is required. If the weekly evaluation is lower than the required, counseling and assistance is given either by the clinical instructor, staff radiographer, program director, clinical coordinator, or college counselor. Counseling sessions are documented and placed in the Student's Record. Progression of the student is required and students that do not progress after assistance and counseling will be placed on probation for a specified period. During probation, evaluations are closely monitored and a plan for improvement is implemented.

A student not demonstrating the necessary progressive development in classroom and clinical education shall not be allowed a second probationary period. A student not fulfilling academic requirements is counseled by the program director and may be asked to resign.

GENERAL CLINICAL AND DIDACTIC EDUCATION PLAN

The student, after completion of the two (2) school years of education in Radiography, may possess and demonstrate knowledge and competency in, but not limited to, anatomical positioning, patient care, principles of radiological exposure, quality assurance, radiation protection, radiological and specialized techniques, also can safely manipulate and utilize equipment and supplies necessary to demonstrate portions of the human body on an imaging device. The student may, after completion, also be able to instruct and supervise. To attain these results the program will utilize closely coordinated didactic and clinical education by providing qualified classroom instructors and one radiographer (American Registry of Radiologic Technologist (ARRT) or registry eligible) per student, to serve as the clinical supervisor or instructor. The clinical supervisor or instructor will, according to the level of knowledge of the student, provide the opportunity for the student to observe, assist and perform each procedure in the assigned room.

After completion of the first year of education, a student is familiar with the routine radiographic equipment within the radiology department; will have attained a minimum of 77% in theory classes; and will have achieved a minimum of 77% proficiency in basic routine radiography. To accomplish this objective, the following theory and clinical educational plans will be utilized.

FIRST SIX MONTHS

Assignments to clinical rotations provide an opportunity to acquire basic knowledge of routine radiographic equipment; and provide the necessary equipment for the opportunity of learning positioning, technique, patient care and protection for routine procedures such as: chest, abdomen, upper extremity, lower extremity, pelvic girdle, bony thoracic spine, lumbar spine, including emergency trauma of these areas and routine procedures using contrast media which include: GB, GI, BE, and IVP's. These rotations are closely coordinated with theory classes in anatomy, routine contrast media procedures, positioning, technique and physics. These rotations give the student the opportunity to observe, assist and to perform the examination (according to his or her level of knowledge and clinical competency). The student shall have **direct** supervision. All unsatisfactory images shall be repeated by a qualified radiographer (ARRT) with the student present.

1.1 Assignments for rotations in ancillary areas are necessary to provide the basic knowledge of the overall structure of the Radiology Department such as patient information and communication areas. The rotations are coordinated with classes in medical terminology and medical ethics and law. The rotations provide the student the opportunity to observe, assist and to perform (according to his or her level of knowledge and clinical competency) under direct supervision. It is expected that a one (1) week rotation in each is sufficient to provide the preferred knowledge base.

One clinical evaluation is completed weekly of all rotations by the supervising radiographer (instructor). The student must achieve a minimum of 65 for the semester's weekly clinical evaluations, and have completed a variety of examinations. The student successfully completed categories I, II and III with a minimum score of 77% and be pursuing completion of categories IV, V and VI, while working on their ARRT mandatory and elective competencies. Final grades must be 77% or higher in all theory courses.

SECOND SIX MONTHS

2.1 Assignments to clinical rotations provide an opportunity to acquire basic knowledge of routine radiographic equipment; and provides the necessary equipment for the routine procedures, facial bones, sinuses, mandibles, mastoids, including emergency trauma of these areas. Rotations are provided to learn pediatric radiography and nuclear medicine procedures. These rotations are closely coordinated with classes in anatomy, positioning, technique, physics, patient care, pediatrics and nuclear medicine. These rotations should give the student the opportunity to observe, assist and to perform the examination (according to his or her level of knowledge and clinical competency). The student shall be under **direct** supervision.

- 2.2 Assignments to clinical rotations present a variety of radiographic equipment and provide an opportunity for the student to achieve a greater degree of proficiency in basic procedures learned in the first semester. These rotations provide the opportunity for assisting and performing the examination (according to his or her level of knowledge and clinical competency). The student shall be under **direct** supervision. All unsatisfactory images shall be repeated by a qualified radiographer (ARRT) with the student present.

One clinical evaluation is done weekly by the supervising radiographer. The student must achieve a minimum average of 77% for the semester's weekly clinical evaluations, and have completed a wide variety of examinations. The student must successfully complete categories I, II, III, IV, V and VI with a minimum score of 77% and be pursuing completion of category VII, while working on their ARRT mandatory and elective competencies. Final grades must be 77% or above in all theory courses.

After completion of the second school year, the student is familiar with all equipment within the Radiology Department; has achieved a high degree of proficiency in the more complex procedures and equipment, such as myelography, arthrography, tomography, vascular procedures, cardiac procedures, CT scanning and surgical procedures; acquires a working knowledge of image quality; has familiarity with the equipment and procedures of mammography, magnetic resonance imaging, sonography, therapy and nuclear medicine examinations; gains leadership capabilities, forms organizational habits, reaches a high degree of responsibility, performs independently, analyzes problems and should have some ability to teach others; and is able to make career choices within the Radiology Department. To achieve these objectives, the following theory and clinical educational plans are utilized.

THIRD SIX MONTHS

- 3.1 Assignments to clinical rotations provide the necessary equipment for the opportunity to become familiar with sonography, mammography, MRI, and radiation therapy. These rotations may not promote a high degree of proficiency, but must provide enough activity for the student to observe, assist and have a limited performance; to enable the student the opportunity to select any of those areas to continue his or her education. Rotations in CT Scanning, vascular and cardiovascular procedures need to be sufficient in frequency for the student to achieve a high degree of proficiency. The students shall be under **direct** supervision.

- 3.1.1 The Baptist Health College Little Rock-School of Radiography in agreement with the Baptist Breast Center, will offer both male and female radiography students the opportunity to complete a one (1) week mammography clinical rotation. This rotation is done to learn the quality assurance measures that take place in mammography. Observation and performance of procedures depends upon patient permission, and is on a case by case basis.

Assignments to those clinical rotations provide the necessary facilities for the student to acquire a high degree of proficiency in more complex procedures such as myelography, arthroscopy, operating room procedures and image quality; assignments to those clinical areas provide the necessary equipment to enable the student to achieve and retain a high degree of proficiency in all routine procedures. The clinical rotations are coordinated with classes in Therapy, Vascular Lab, CT Scanning and Radiographic Procedures V. The students shall be under **direct** supervision. All unsatisfactory images shall be repeated by a qualified radiographer (ARRT) with the student present.

One clinical evaluation is completed weekly by the supervising radiographer/instructor. The semester's weekly clinical evaluations shall reach a minimum of 77%. The student must have completed a wide variety of examinations successfully.

The student must have successfully completed categories I, II, III, IV, V, VI and VII with a minimum score of 77% and be pursuing completion of categories VIII and IX, while working on completing all required ARRT mandatory and elective competencies. Final grades should be 77% or higher in all theory courses.

FOURTH SIX MONTHS

- 4.1 A continuation of assignments in routines and fluoroscopy and in selected clinical areas started in the third semester. Also, an elective rotation in that area in which they are most interested.
- 4.2 A continuation of assignments in those clinical areas enables the student to regain and maintain the high proficiency in all routine procedures (that are necessary for employment). The assignments may be utilized with less radiographer/instructor supervision to enable the student to achieve a degree of responsibility and leadership. Classes during this semester are not necessarily coordinated. Classes in Senior Seminars, Radiation Biology, Protection, and Review should assist the student in achieving a higher proficiency level. The supervision during this rotation may be either **direct or indirect in the last three (3) months**. The students may repeat images with **direct** supervision at this time.

The clinical evaluation of each rotation is completed weekly by the supervising radiographer/instructor. These weekly evaluations shall reach a minimum average of 77% and the student must have completed a wide variety of examinations, encompassing all the categories. All ARRT mandatory and elective competencies must be completed during this semester. Final grades shall be a minimum of 77% or higher in all subjects.

LEVEL OF SUPERVISION

1. **Direct supervision:** Student supervision by a qualified practitioner who reviews the procedures in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the procedure, and reviews and approves the procedure.
 - a. instruct and demonstrate as the student observes;
 - b. provide step by step instruction (if necessary when the student assists or performs);
 - c. observe closely, the student's performance of the exam.
2. **Indirect supervision:** For radiography, that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner 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.

Unsatisfactory images shall be repeated by a qualified radiographer (ARRT) with the student present. During the last six (6) months of clinical education, repeats may be performed by the student with a qualified radiographer (ARRT) present.

ARRT RADIOGRAPHY CLINICAL COMPETENCY REQUIREMENTS

There are core clinical competencies that all individuals must demonstrate to establish eligibility for ARRT certification. This document describes the competency requirements for Radiography that became effective January, 1, 2017.

Clinical Requirements:

As part of their educational program, candidates must demonstrate competence in the clinical activities identified in this document. Demonstration of clinical competence means that the program director or designee has observed the candidate performing the procedure, and that the candidate performed the procedure independently, consistently, and effectively. Candidates must demonstrate competence in the areas listed below.

- Ten (10) mandatory general patient care activities.
- Thirty-seven (37) mandatory imaging procedures.
- Fifteen (15) elective imaging procedures to be selected from a list of 34 procedures.
- One (1) of the 15 elective imaging procedure from the head section.
- Two (2) elective imaging procedures from the fluoroscopy studies section, one of which must be either and Upper GI or a contrast enema.

General Patient Care

Requirement: Candidates must be CPR certified and demonstrate competence in the remaining nine patient care activities listed below. The activities should be performed on patients whenever possible, but simulation is acceptable.

1. CPR certified
2. Vital Signs –Blood Pressure
3. Vital Signs – Temperature
4. Vital Signs – Pulse
5. Vital Signs – Respiration
6. Vital Signs – Pulse Oximetry
7. Sterile and Medical Aseptic Technique
8. Venipuncture
9. Transfer of Patient
10. Care of Patient Medical Equipment (e.g., oxygen tank, IV tubing)

Imaging Procedures

Requirement: Candidates must demonstrate competence in all 37 procedures identified as mandatory (M). Procedures should be performed on patients. A maximum of eight mandatory procedures may be simulated if demonstration on patients is not feasible.

Candidates must demonstrate competence in 15 of the 34 elective (E) procedures. Candidates must select one elective procedure from the head section. Candidates must select either Upper GI or Contrast Enema plus one other elective from the fluoroscopy section. Elective procedures should be performed on patients whenever possible. If demonstration on patients is not feasible, electives may be simulated.

Institutional protocol will determine the positions or projections used for each procedure.

Demonstration of competence includes: 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.

MANDATORY RADIOLOGICAL PROCEDURES

Chest Routine	Chest AP (Str/WC)	Ribs
Thumb/Finger	Hand	Wrist
Forearm	Elbow	Humerus
Shoulder (non-trauma)	Trauma Shoulder	Clavicle
Trauma upper extremity	Foot	Ankle
Knee	Tibia/Fibula	Femur
Trauma lower extremity	Cervical Spine	Thoracic Spine
Lumbar Spine	XTL Spine	Pelvis
Hip (AP & Frog)	Cross Table Lateral Hip	Abdomen (KUB)
Abdomen Upright	C-Arm (Orthopedic)	C-Arm (Surgical)
Portable Chest	Portable Abdomen	Portable Orthopedic
Pediatric Chest	Geriatric Chest Routine	Geriatric upper extremity
Geriatric lower extremity		

ELECTIVE RADIOLOGICAL PROCEDURES

Chest Lateral Decubitus	Sternum	Soft-Tissue Neck
Scapula	AC Joints	Toes
Patella	Calcaneus	Skull
Paranasal Sinuses	Facial Bones	Orbits
Zygomatic Arches	Nasal Bones	Mandible
TM Joints	Sacrum/Coccyx	Scoliosis Series
Sacro-iliac Joints	Abdomen Decubitus	Intravenous Urography
Upper GI	Contrast Enema	Small Bowel Series
Esophagus	Cystography	ERCP
Myelography	Arthrography	Hysterosalpingography
Pediatric upper extremity	Pediatric lower extremity	Pediatric Abdomen
Pediatric Mobile Study		

The list of examinations that the student has been taught, and that the student has positioned for the instructor, is on the student board located just outside the image quality area. Note: The BHCLR-School of Radiography may also require more mandatory competencies than those listed above.

CATEGORIES FOR CLINICAL COMPETENCY

<p>Category I</p> <p>Chest Abdomen Small Bowel IVU</p>	<p>Category II</p> <p>Esophagus Upper GI Barium Enema BE with Air</p>	<p>Category III</p> <p>Fingers/Thumbs Hand and Wrist Forearm Elbow Humerus</p>
<p>Category IV</p> <p>Toes Foot Heel Ankle Knee Patella and Notch* Femur</p>	<p>Category V</p> <p>Shoulder Scapula Hip Frog Leg Lat Transtabular Lat Pelvis</p>	<p>Category VI</p> <p>Ribs Cervical Spine Thoracic Spine Lumbar Spine Sternum Sacrum/Coccyx Sacro-Iliac Joints</p>
<p>Category VII</p> <p>Skull Facial Bones Mandible Sinuses Nasal Bones</p>	<p>Category VIII</p> <p>Bronchoscopy & related studies Myelogram Mammography Arthrogram Surgical Procedures</p>	<p>Category IX</p> <p>Radiation Oncology MRI Heart Cath Procedures Sonography NM Procedures Vascular Lab Procedures CT Scanning</p>

CLINICAL LABORATORY PROGRAM POLICIES

Policies related to student conduct in the clinical laboratory are fundamental to patient or student safety and necessary for a high quality of service and overall operations within the Radiology Department. The following policies are in effect beginning with the first scheduled clinical day. The student shall follow all policies listed, failure to do so may result in one, or a combination of the following: counseling, point deductions from the clinical grade, and progressive corrective action as detailed in the General Section of the Student Handbook.

1. Meal breaks are for one (1) clock hour (60 minutes). The day shift meal break is from 1200 until 1300. A student may, on occasion, be asked to stay a short time past 1200 to complete a case or assist in cases of emergencies. The evening shift meal break is at approximately 1700 and is for one-half clock hour (30 minutes).
2. **Books, backpacks, cell phones and personal articles are stored in lockers located in the Radiology Department or in the classroom located on the Mezzanine.**
3. Individual "Right and Left Markers" with personal initials embossed are issued to each student. The markers are to be used on the examinations they position. If lost, the student must immediately order a new set at their own expense immediately, and they must resemble the program issued set.
4. In the event that inclement weather makes traveling hazardous and the college is not closed, the student is expected to be honest, and make a sincere effort to get to their assigned area on time. If the student cannot get to class or clinical, the Program Director or Clinical Coordinator must be contacted.

5. Students are to be in their assigned clinical area before or at their scheduled time. Arriving past the scheduled time is a tardy. Students assigned to BHMC-LR morning rotations will meet at the time clock no later than 0755 to be in their assigned clinical area at 0800 ready to work, i.e. hair pulled up, badge on, etc.
6. Students must not hold image receptors or patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
7. Personal dosimeter **MUST** be worn during clinical laboratory rotation experience. **NO EXCEPTIONS!** Students will be instructed to retrieve personal dosimeter, be given a tardy and make up missed clinical time.

The following policies must be followed or point deductions from the clinical grade will occur along with progressive action at the Program Director or Clinical Coordinator's discretion.

1. Permission must be obtained from assigned Staff Clinical Radiographer before leaving the clinical laboratory for class or any patient care issue. Permission must be obtained from the Program Director or Clinical Coordinator before leaving early from a class or clinical site. Failure to do so shall result in progressive corrective action by the program; counseling or dismissal (10 points).
2. Food or beverages are not permitted in the clinical department except in the employee lounge (2 points).
3. During class lecture, cell phones must be turned "off" and placed in the basket prior to the start of class. Smart phones and smart watches are prohibited in class and clinical (5 points), continued abuse of this policy shall result in progressive corrective action and/or dismissal.
4. The clinical instructor (radiographer) is responsible for the clinical education and conduct of his or her assigned student. Directions from the assigned radiographer must be followed in order to maintain safety and continuity of patient care: failure to abide by this policy, shall result in progressive corrective action by the program; counseling and/or dismissal (10 points).
5. Permission must be obtained from the assigned Radiographer before going to break: two (2) breaks (one (1) in the morning and one (1) in the afternoon) if on a full day allowed; each break time is fifteen (15) minutes in length (3 points).
6. Gum chewing is not permitted in either classroom or clinical laboratory (3 points).
7. Personal visitors are not allowed for a student while in the clinical laboratory (3 points).
8. Student is expected to report immediately, any accident or error to the assigned clinical instructor of the area, regardless of how minor it might seem to be (Lack of discretion and judgment) (10 points).
9. During clinical laboratory, the student is under Direct Supervision of a (ARRT) Registered Radiographer. The student (he or she) is responsible for informing the Program Director or Clinical Coordinator if direct supervision does not occur. Students are informed of the levels of supervision before clinical rotations begin and sign off sheets are kept in their Student Record. Failure to abide by this policy, shall result in progressive corrective action by the program; dismissal or 10 points.
10. All repeat images will be done according to program policy (10 points).
11. When the radiology department is not busy, the student is expected to check with the clinical radiographer or supervisor in charge for other clinical assignments or learning experiences. During rotations in ancillary areas, when not busy, the student may be dismissed early. In this case, the student is to return to the diagnostic area and ask the supervisor for other learning experiences (5 points).
12. Student is responsible for accurately filling out his or her portion of the Clinical Evaluation Form and provide his or her Staff Clinical Radiographer the form during the week of clinical rotation by Thursday (2 points).

13. Students are to report to their assigned Radiographer or clinical rotation when returning from class or other learning experience (2 points).
14. When the student is in a clinical rotation requiring sterile techniques, the student must wear a lab coat when leaving the area (3 points).
15. Students are not permitted to be on the Internet during the clinical rotation (5 points).
16. Students are to be in their assigned area at all times unless instructed otherwise from assigned staff radiographer, department supervisor, or clinical coordinator (5 points).
17. Students are not permitted to sit on counters in the control area or assigned areas (5 points).
18. Negative attitudes towards instructors, staff, patients, and fellow classmates (10 points)
19. Falsifying clinical information such as patient exams, patient case numbers, etc. Immediate progressive corrective action.
20. Insubordination to a staff or instructor. Immediate progressive corrective action.
21. Creating an exclusive environment, i.e. “cliques”. Immediate progressive corrective action.
22. Disruptive behavior in clinical or class. Point deduction and/or progressive corrective action.
23. Jeopardizing patient care in any instance. Point deduction and/or progressive corrective action.
24. Students shall not reveal patient information on social networking sites. Immediate progressive corrective action.

BHCLR- School of Radiography students are responsible for their own behavior. Any student that may have information that another student is violating the program’s CODE OF CONDUCT is to report the violation(s) to their instructors or Program Director.

RADIATION PROTECTION

(Students eighteen (18) years of age or older are required to comply with RH-1200 in the following regulations.

Radiation Regulations as Found In The:

Rules and Regulations for Control of Sources of Ionizing Radiation Published by the Arkansas State Board of Health

RH-1200 Occupational Dose Limits for Adults

- a. The licensee or registrant shall control the occupational dose to individual adults, except for planned special exposures under RH-1205, to the following dose limits.
 1. An annual limit, which is the more limiting of:
 - i. The total effective dose equivalent being equal to 5 rem (0.05 Sv), or
 - ii. The sum of the deep-dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 50 rem (0.5 Sv)
 2. The annual limits to the lens of the eye, to the skin, and to the extremities which are:
 - i. An eye dose equivalent of 15 rem (0.15 Sv), and
 - ii. A shallow-dose equivalent of 50 rem (0.50 Sv) to the skin or to each of the extremities.

Reviewed: 05/18 SB/SH

Revised: According to Arkansas State Board of Health, April 2002 by OC/SW

Initiated: 1975

1. Compilation of the above regulations allows the use of the following maximum prospective dose equivalent.

AGE	MONTH	CALENDAR QUARTER	YEARLY
18 years/older	.416 rem	1.250 rem	5.0 rem

2. To be in compliance with the above stated regulations, radiation protection used within the institution should present high assurance that minimum dosages are maintained to the best of our ability. It is felt that the protection measures listed below if practiced are very adequate, yet it is acknowledged that there might be reasonable exceptions to be handled individually.
 - 2.1 Students **must wear their personal dosimeter** when in clinical laboratory (no exceptions). Badge is worn at the collar and outside the apron.
 - 2.2 Never expose a human for demonstration purposes.
 - 2.21 Students must **NEVER** fluoroscope patients (or anyone else).
 - 2.3 Never make an exposure unless all persons in the area are properly protected.

- 2.4 Students **must** not hold patients or imaging receptors during any radiographic procedure when an immobilization method is the appropriate standard of care. As student's progress they must become increasingly proficient in the application of radiation safety practices.
 - 2.5 All persons holding a patient (family, nurse, etc.) or in the range of the scattered beam area must wear a lead apron and gloves having .5 and .25mm Pb equivalent respectively.
 - 2.6 Check lead apron and gloves periodically for cracks.
 - 2.7 When not assisting Radiologist during fluoroscopy, stand behind control panel, the Radiologist, or as far away as possible. Keep hands behind apron whenever possible.
 - 2.8 Avoid being in the remote rooms during fluoroscopy or radiography.
3. Students are made aware of dosimetry readings within thirty (30) days of receipt by initialing the report.
 4. To promote the policy of less than the maximum dosage: monthly evaluations shall be done with reference to dosage and rotations. Students are notified in writing by the Radiation Safety Officer when they receive a reading of 50 mrem.
 5. When a student receives a reading of 100 mrem, the student is counseled about; (1) why dosage was received, (2) recommendations for improvements, and (3) understanding of protection policies.
 6. Anyone exceeding the annual dose limit, a report must be made to the Arkansas Department of Health (ADH).
 7. Monthly dosimetry reports are maintained by the RSO and program director. All written counseling's are maintained in the students file and by the RSO. The final record of the student radiation dosage is placed in the student's permanent college file.

SUGGESTED GUIDELINE ON PATIENT RADIATION PROTECTION

1. The prime concern of radiation protection is to reduce the exposure of the gene pool of the population at large. Small doses to a large number of persons can have similar effects to larger doses to smaller population numbers. The following guidelines are strongly urged for maximum protection and the greatest diagnostic information.
2. Elective fluoroscopy and radiography in the first trimester of pregnancy may be a significant hazard. Because pregnancy may be unrecognized, elective studies should only be performed in the first ten days following onset of menses. Efforts must be made to ascertain that the patient could not be pregnant. A Pregnancy Form must be filled out.
3. The area radiographed or fluoroscoped must be collimated to include only the part being examined. Collimate to the size of the image receptor.
4. Use the correct size of image receptor for the examination.
5. When a choice of techniques exists that will give similar diagnostic information, those giving the lower doses should be used, i.e., higher kVp, faster speed image receptors, lower mAs.
6. Use only an x-ray tube that has a total filtration of 2.5mmAl equivalent, except on Mammography.
7. Repeats should be kept to a minimum especially for insignificant artifacts. Diagnostic information must not be sacrificed as this will waste all patient exposure and cause repeats. Students' repeat radiographs will be repeated by a qualified Radiographer with the student present until the last six (6) months of the program. In

the final six (6) months, students may perform repeat exam in the presence of a qualified radiographer (ARRT).

8. The patient shall be properly positioned so as to include the necessary part for the examination to be in the primary beam.
9. Gonadal shielding should be used when its use will not interfere with diagnostic information. Considerable reduction of the gene pool dose may be gained from gonadal shielding in males under forty years of age in selected situations. Females yield less opportunity for shielding.

9.1 Situations when shielding is desirable.

- a. When gonads will be in the primary beam
- b. When the gonads will be within 2 inches of the primary beam. When gonads are greater than 5 inches from the beam, shielding is ineffective.
- c. When the patient is not sterile and is less than 40 years old.
- d. When the information is not compromised by shielding.

9.2 Shielding may be either “homemade” or purchased, such as Gen-x shields.

9.3 Examinations where males may be shielded:

Lumbar Spine	Myelogram
Pelvis	Hip
KUB	Upright Abdomen
IVP	Upper GI series
Barium Enema	Cholecystogram
Femur	

9.4 Examinations where females may be shielded:

Upper GI series	Cholecystogram
IVP (selected images)	

MAGNETIC RESONANCE CLINICAL ROTATION

All students have clinical rotations in MRI. Before access to the MRI suite, the student is given an MRI screening to detect any pre-existing contraindications. Students with pre-existing contraindications will be assigned to another clinical setting. **Students must notify the Program Director or Clinical Coordinator of any changes.**

MAMMOGRAPHY CLINICAL ROTATION

BHCLR-School of Radiography, in agreement with the Baptist Breast Center will offer both male and female students the opportunity to complete a one week mammography clinical rotation. The purpose of this rotation is to observe/and or perform breast imaging along with observing/performing equipment quality assurance testing. This rotation will require a clinical start time of 0700 the entire week, as this is when the quality assurance testing is performed.

WHAT THE PROGRAM EXPECTS FROM STUDENTS

During the next twenty-four (24) months, the program expects the student to demonstrate:

1. **ATTENTION:** Instructors are professional Radiologic Technologists with employment duties to perform, which, under certain circumstances, take priority over teaching responsibilities. Listen carefully and ask questions at appropriate times.
2. **AWARENESS OF THE PATIENT:** The care and interests of the patient take precedence over everything else. Speed, efficiency, attention to detail and the Code of Ethical Behavior are essential to proper patient care.
3. **RESPONSIBILITY:** Take responsibility for own work. Attempt to work on own; however, ask if not sure of something.
4. **TEAMWORK:** The student is a member of the Radiology team. Every task they perform, regardless of how trivial it may seem now, has a direct bearing on the quality and quantity of work produced in the Radiology Department. Voluntarily giving assistance to the radiographers is encouraged when possible.
5. **DESIRE TO LEARN:** Instructors are ready to assist the student with their clinical education in every way possible. It is up to the student to demonstrate the desire, drive and willingness to learn, progress, achieve and succeed.
6. **MATURITY:** The student has embarked on a career that involves personal commitment to the patient, physician and Radiology Department. These two years will be a very short time, not only to learn, but also to develop core skills as a Radiographer.
7. **ACCOUNTABILITY:** To comply with established policies and guidelines; to meet academic and clinical requirements; and to fulfill all program requirements for graduation.
8. **PROGRESSION:** Exemplify personal and professional growth as well as academic and clinical achievement and growth.
9. **EXEMPLIFY:** Baptist Health Values as written in the Code of Ethical Conduct (page 5 of the Student Handbook, Part I)

POLICIES

Prior to and after selection, the student is encouraged to access the Student Handbook which contains detailed information regarding policies and requirements for progression and graduation associated with the program of studies online at www.BHCLR.edu. On entry to the program, the student receives a copy of the Student Handbook which is reviewed in its entirety by the Program Director with the students. The student will complete a take-home test. College policies and clinical policies are endorsed by the college's Advisory Board and will be followed. Failure to abide can result in point deductions from the clinical grade or withdrawal/dismissal from the program. The program may add additional policies as needed.

Academic schedules and clinical schedules are posted **weekly**. It is understood, that upon registration, a student agrees to fulfill the assigned course schedule, fulfill the attendance requirements of all scheduled learning assignments and abide by all program policies.

The following objective and policies provide direction for decision making related to student attendance during classroom and clinical assignments, and are effective immediately. Should a change occur in any policy, it is shared with the student, documentation by the student and a copy is retained in the student's file. The change will be made effective within a reasonable amount of time.

ATTENDANCE POLICY

Employees who report to work promptly, ready to work, and who are rarely absent are sought by employers. BHCLR-School of Radiography believes the values of service, honesty, respect, performance, and stewardship are demonstrated through good attendance.

Continued absences or tardiness is a symptom of negligence or irresponsibility, neither of which is useful in the profession of Radiologic Technology; therefore, excessive absences or tardiness may result in withdrawal from the program.

The Student is required to complete a clinical and didactic regimen that totals no more than forty (40) contact hours per school week with varying clinical rotations. Schedules include 0700 to 1600, 0800 to 1600 and 1300 until 2030. Clinical hours are from either 0700 or 0800 to 1200 and academics are from 1300-1600, Monday through Friday. During the latter part of the first semester, first year students will begin an evening rotation from 1300-2030. Students will be in class from 1300-1600, with clinical following until 2030. Students will receive over 700 contact hours of scheduled classroom studies and approximately 1,630 contact hours of clinical experience during the two (2) year program for a required program total of 2,353 contact hours.

The Student is required to attend all scheduled classroom sessions, and be in their seats prior to the start of class. If delayed by more than five (5) minutes, he or she must report to the Program Director as soon as possible. The class is considered to be dismissed if the instructor does not appear within fifteen (15) minutes. Class schedules are posted weekly on the Classroom Bulletin Board, and throughout the Radiology Department, and each clinical site.

Students report for class or their clinical assignment on or before the EXACT scheduled time. The student must call the Director at 501.681.3351 or the Coordinator at 501.231.2933 the day they are going to be tardy or absent and **peak** to that person. In the absence of the Director or Coordinator, the student must call the Radiology Department at 501.202.2772 and **peak** to the designated Clinical Instructor for further instructions and clinical assignments. Leaving messages on voice-mail is not acceptable. Each occurrence (absence or tardy) will be documented in the student's file. Review of attendance records will be a part of the program's periodic evaluations. **The BHCLR-School of Radiography faculty understands that life happenings occur, however, absences are expected to be utilized for illness only.**

UNREPORTED ABSENCES ARE COUNTED AS UNEXCUSED ABSENCES.

Attendance Policies:

1. **ABSENCE** is failure to be present for more than one (1) hour of a scheduled class day (clinical and/or didactic component). The **ABSENCE** extends for the rest of the scheduled class or clinical day. Should a student be absent for clinical, he/she is absent for theory. Attendance to classroom and clinical assignments are course requirements of the Baptist Health College Little Rock-School of Radiography. Each of these two learning components have equal value in evaluating progress in learning and professional development.
2. Absences from classroom or clinical assignments for personal income purposes are considered **unexcused** absences.
3. Clinical assignments may not be completed by another student. Clinical assignments cannot be changed or altered for any reason.
4. Time missed due to doctor's appointments will be made up at the discretion of the Program Director and Clinical Coordinator. A maximum of **two (2)** hours is allowed per doctor's appointment. Anything over this is considered an absence. A doctor's statement must be obtained for each visit and given to the Program Director or Clinical Coordinator. A clinical make-up time form must be completed by a Radiographer, verifying the exact time the student arrived and left. The form must be turned in to the Program Director or Clinical Coordinator. Any time that is not properly documented will not be accepted. Please try to make doctor appointments for first thing in the morning, after 4 p.m., during the week of your evening rotations, or on scheduled vacation weeks.
5. Attendance at scheduled learning experiences during inclement weather, including winter storms, is expected. Any absence during inclement weather days missed by the student when the campus is **not** closed will be counted as an absence and made up in their entirety. These days are to be made up on vacations (spring/fall/summer/Christmas break) or at the end of the term at the discretion of the Program Director. Students shall not make-up time/days on weekends or holidays.
6. An absence record is maintained on each student for each absence. A record of repeated absenteeism may lead to administrative action. **Absences and tardies are used in determining the clinical grade.** Please refer to the Clinical Grade Guidelines in the Student Handbook. Any student missing more than **ten (10)** days in the two year period will be required to make up the excessive absences prior to graduation. Make-up time is not allowed during holidays and weekends, only during spring/fall and summer breaks. **A written warning will be given to the student once they have acquired five (5) absences.**
7. A student who is absent from classroom or scheduled clinical learning experiences for three (3) or more scheduled days because of health problems, must provide the Program Director or Clinical Coordinator a written clearance from the physician prior to resuming study. Three (3) consecutive absences may require the student to make up time or withdraw from the program.
8. An absence of three (3) consecutive days without notification to the college office may result in administrative withdrawal from the program.
9. For all absences, the student must notify, by telephone, the Program Director or Clinical Coordinator prior to the scheduled class, clinical or activity starting time. All unreported absences or failure to speak with the Program Director, Clinical Coordinator, or designated clinical instructor will result in corrective action by the program, either in point deductions from the clinical grade and/or;
 - a. Written warning: First unreported absent day.
 - b. Probation status: Second unreported absent day.
 - c. Administrative Withdrawal may result after the third unreported absent day.

Course examinations missed because of absence may be made-up at the discretion of the Program Director, and a fee may be charged.

TARDIES

Tardy is failure to be present **up to one (1) hour** of a scheduled class day (clinical and /or didactic). **Tardies and absences are used in determining the clinical grade.** Please refer to Clinical Grade Guidelines in the Student Handbook. All tardy time is made up at the discretion of the Program Director or Clinical Coordinator. Tardiness and absences are counted separately.

MAKE-UP TIME FORMS

On the official make- up time form, the radiographer must verify the exact time that the student arrived in the clinical area and left. This form must be turned in to the Program Director or Clinical Coordinator by the due date listed on the form. Any time not properly documented will not be accepted. Failure to turn in make- up time form by scheduled date, will result in point deduction from the clinical grade (5 points).

CELL PHONES/SMART WATCHES

The use of cellular devices in the classroom or clinical setting is prohibited. If these are brought to the classroom they must be set on a non-audible setting and students are not to leave during class to use their cell phones unless there is an emergency situation. **Absolutely no cell phones/blue tooth devices or smart watches are to be brought into the clinical setting or classroom during any examination or examination review.** Students neither make nor receive personal telephone calls during scheduled classroom or clinical time, and never from a client's room or department control area. These calls may be made during break time or lunch. Students are not to be on their phone while in "on-stage" areas of the hospital when on break.

PERSONAL APPEARANCE

Appearance of students reflects the image of the program, the Radiographic profession, and Baptist Health as a whole. When off campus students are always on stage while in uniform. Therefore, the student uniform is a symbol of the program and is worn with dignity and pride. A student's personal appearance projects a professional image to patients and persons with whom contact is made. It should be pleasing to patients and indicate the high standards the student and the program contribute to the prevention of the spread of infection and diseases. The dress code policies are to be followed; failure to do so shall result in clinical point deductions. Refer to the Clinical Grade Guidelines in the Student Handbook.

DRESS CODE POLICY: COLLEGE CAMPUS

Appearance is a form of non-verbal communication that reflects confidence in ability and judgement, personal behavior and sense of professional image. It is expected that the students will comply with the following dress code policies.

1. Program Uniform:
 - 1.1 Standard program uniform only.
 - 1.2 Must be clean and wrinkle free (pressed).
 - 1.3 Must be kept in good repair and worn while on any Baptist Health campus.
 - 1.4 Solid white leather shoes with white shoestrings, polished, clean, and in good repair are to be worn along with solid white socks.
 - 1.5 Arms must be covered by approved scrub/lab jacket while in sterile areas, i.e. OR, IVR, CVL.
 - 1.6 Only white underclothing may be worn with the uniform as long as the sleeves do not show or are covered by the approved jacket.

- 1.7 Fun sock Friday: the student may choose to wear a fun and appropriate pair of socks instead of white ones on Fridays only.
2. Student identification badge:
 - 2.1 Worn at all times when in uniform.
 - 2.2 Must be worn in the shoulder area with the picture facing out, along with the dosimeter.
 - 2.3 Employee (NRT) badge and dosimeter are not to be worn while in clinical.
 - 2.4 If badge is lost or broken, immediately contact the BHCLR Business Office for replacement and payment of fee.
 - 2.5 If badge is left at home, student must retrieve it, make up time missed, and will receive a tardy.
3. Hair:
 - 3.1 Hair must be neat, clean, and well groomed.
 - 3.2 Only naturally occurring hair colors are allowed. No extreme hairstyles are allowed.
 - 3.3 Long hair must be neatly pulled back (not on top of the head).
 - 3.4 Conservative facial hair may be worn if kept short and neatly trimmed. Facial hair that is unruly and/or interferes with masks fitting properly will not be allowed (OR, IVR, CVL, etc.). **Per the CDC guidelines**, facial hairstyles that will NOT interfere with filtering face piece respirators include: clean shaven, soul patch, trimmed goatee, side whiskers, and many styles of mustaches. Please seek clarification from the Program Director or Clinical Coordinator if needed.
- 4.. Cosmetics and grooming aids:
 - 4.1 Cosmetics and grooming aids are worn only in MODERATION. Moderation is defined as “natural look with light color.”
 - 4.2 Perfume, cologne or aftershave lotion may be used if fragrance is light and used sparingly. Heavy fragrances are sometimes offensive to ill patients, families, students, employees, and employers.
 - 4.3 Personal hygiene is a must: Keep body clean and free of perspiration odor. Daily use of a good antiperspirant and deodorant is expected.
 - 4.4 Nails are kept trimmed close and clean. Only clear nail polish may be used. No artificial nails or nail art may be worn.
5. Jewelry:
 - 5.1 A watch with a second hand may be worn. **Smart watches are not allowed.**
 - 5.2 One ring per hand may be worn.
 - 5.3 One small necklace may be worn under the uniform.
 - 5.4 Earring should be no larger than a pencil eraser and gold, silver, diamond or pearl for pierced ears. One earring per ear. Earrings are to be worn **only** in the lobe of the ear.
 - 5.5 Additional jewelry is not permitted.

6. Tattoos shall not be visible.
7. The Program Director and/or Clinical Coordinator is responsible for enforcing the Student Dress Code policies and shall make individual interpretations regarding particular attire, cosmetics and so forth.

Corrective action procedures may include denial of entry, conduct or academic probation, written counseling, written warnings, suspension, administrative withdrawal, and/or dismissal. Corrective action is initiated when a student does not fulfill established requirements or reflect the BHCLR Christian values and policies. A faculty member or administrative official may initiate a corrective action based on the seriousness of the situation. The Program Director or Coordinator or designee enforces suspension and dismissal corrective policies.

The action may follow a progressive path in some cases, but may be immediate and final in other cases. A typical progressive path usually begins with a verbal coaching or warning followed by a written conference or warning; then progresses through probation and suspension; and ultimately results in administrative dismissal.

PREGNANCY

1. The purpose of the "Pregnancy Policy" is to clearly communicate the position of Baptist Health College Little Rock-School of Radiography in relation to pregnancy concerns and student clinical rotations. The program allows for **voluntary disclosure** of pregnancy status. The student is advised that the policy allows a female student the option of whether or not to inform the Program Director of her pregnancy. If she chooses to voluntarily inform the Program Director or other officials of her pregnancy, it must be in writing. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant.
2. The student also has the option to **voluntarily withdraw her disclosure of pregnancy**. This must be in writing.
3. Student, Program Director, and Radiation Safety Officer have the free scope of responsibility for the policy.
4. It is not possible to predict, with any accuracy, the result that a dose of radiation might have on the human embryo or fetus at any stage of development. The embryonic stage probably represents one of the more radio-responsive stages of pregnancy. "Radiation received during the pre-implantation period can result in spontaneous absorption or resorption of the concepts. Radiation injury during the period of organogenesis (2 to 8 weeks) can result in developmental abnormalities. The type of abnormality will depend on the organ system under development when the radiation is delivered. Radiation to the fetus between 8 and 15 weeks after conception increases the risk of mental retardation (Otake and Schull, 1984) and has more general impact on intelligence and other neurological functions. The risk decreases during the subsequent period of fetal growth and development (NCRP Report No. 116).
5. Student enrolled in the program is instructed in proper safety precautions and personnel monitoring prior to being admitted to any ionizing radiation areas. Student is required to abide by all safety precautions and to remember the importance of keeping exposure as low as practical through a combination of time, distance and shielding. Due to the number and variety of courses in the curriculum, and the importance of maintaining a rotational schedule through the various assignments, no exceptions can be made during pregnancy.
6. The college, Program Director and Clinical Coordinator encourage voluntary disclosure. Should any student suspect pregnancy, she should consider making a declaration of pregnancy to the Program Director. The declaration must be in writing, dated and include the estimated month of conception. The estimated date of conception is necessary to approximate the dose the embryo/fetus may have received prior to the declaration. In order for the facility to ensure that the dose to the embryo/fetus during the entire pregnancy, as a result of occupational exposure, does not exceed 5 mSv (.5rem), the declared pregnant student should not average more than 0.5 mSv (0.05rem) per month (NCRP 116). If the radiation exposure exceeds this amount, then the student might not be able to meet the necessary clinical rotations during the two (2) year program.
7. If a student declares that she is pregnant, one of the following options must be chosen and taken:

- 7.1 Submit a statement from her physician verifying pregnancy and expected due date. The student will then decide to either:
 - 7.11 Withdraw and re-enter as determined appropriate by the Program Director. Re-entry and withdrawal policies may be found in the Baptist Health College general section of the student handbook.
 - 7.12 Continue through the planned clinical rotations with full knowledge of information presented below.
- 7.2 No exceptions in scheduling clinical rotations shall be made due to pregnancy. Therefore, it may be necessary for the student to withdraw and re-enter.
- 7.3 If the student elects to withdraw, no further action is needed except a written statement of withdrawal from the student.
- 7.4 If the student elects to continue through the clinical rotations, the following are required:
 - 7.41 Counsel with the Program Director and Radiation Safety Officer regarding the nature of potential radiation injury associated with in-utero exposure and the required preventative measures to be taken throughout the gestation period (counseling is documented and placed in the Student's Record). The student will also be given a fetal dosimeter to wear at the waist level at all times during pregnancy.
 - 7.42 A written statement granting permission to continue the clinical rotation by the student's physician. The statement is filed as content in the Student's Record.
 - 7.43 The student has the option to withdraw their declaration of pregnancy in writing.
8. If the student elects to withdraw, it shall be understood that upon re-entry, all missed classes and clinical competencies shall be completed and Graduation Criteria met prior to graduation. No diploma shall be issued until all requirements of graduation have been successfully fulfilled. This may necessitate repeating an entire year of study or longer.
9. Reference: National Council on Radiation and Measurements.
Reference: Otake and Schull, 1984, see page 53

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STUDENT GRIEVANCE

The student grievance policy is governed by The Joint Review Committee on Education in Radiologic Technology. Students may file a grievance with the JRCERT concerning allegations of non-compliance of the Standards at www.jrcert.org. BHCLR also offers an internal grievance policy. Refer to the General Section of the Student Handbook for information concerning the grievance process or www.bhclr.edu.

FINANCIAL AID

A financial aid officer is available on the campus for students. The financial aid officer can be contacted at 501-202-7986 for questions concerning scholarships, financial, etc.

TUITION REFUND

See General Section of the Student Handbook.

STUDENT INJURY

Should a student injure themselves during a clinical experience, the Program Director or Clinical Coordinator must be notified. The student must report all injuries, no matter how minor they may be. Please refer to the General Section of the Student Handbook or www.bhclr.edu. Student injury forms are kept in each clinical area.

STUDENT HEALTH

1. Mandatory immunizations must be turned in prior to the first day of clinical.
2. Flu vaccinations are mandatory. Proof of receipt must be submitted.
3. TB skin test must be completed between the junior and senior year. Proof of receipt must be submitted.
4. Payment of all medical expenses incurred shall be the student's responsibility. Please refer to Statement of Responsibility in the General Section of the Student Handbook.

STUDENT EMPLOYMENT

1. Although Program Student Policies and Baptist Health Employees Policies are in fact separate from each other, a student's behavior during a Baptist Health employment period that results in a disciplinary action may in turn result in the same by the program and vice versa.
2. The Program Director and Clinical Coordinator will not participate in the hiring process of students for work purposes.
3. Students on program directed clinical assignments shall not be directed by another student who is working at the same time. Working employee students shall not delegate work, (tasks) such as "process images", complete paper work, or "run errands", and so forth, to other students in the area for program directed clinical assignments.
4. Junior students may be employed as a "Radiology Technologist Assistant" as defined by the Radiology Department policy as vacancies are available.
5. A status of "Good Standing" in the program is required in order to qualify for employment at Baptist Health. "Good Standing" is defined as:
 - 5.1 having the required attendance record, and
 - 5.2 record void of disciplinary action.

6. A student who “works for pay” as described herein, must perform only as required by their employee job description and as associated policies require.
7. The program is not responsible for unprofessional conduct by the student, while on the “job working for pay”. The employer has the full responsibility for that aspect. However, any unprofessional conduct may be reported to the Program Director, and if so, programmatic disciplinary action shall be taken.
8. Student at “work” is required to exemplify the Baptist Health Values and Code of Ethical Conduct, same as all other BH employees.
9. Students shall not wear the program uniform, student ID badge, or student dosimeter when working as an employee. This includes Baptist Health, as well as other places of employment.

INCLEMENT WEATHER

Should inclement weather close the college, students should listen to local television stations for the announcement. Announcements of closings will be posted on KARK Channel 4, KTHV Channel 11, and KATV Channel 7. School closings are also posted on the college website www.bhclr.edu and sent as a text message to all students.

GRADUATION REQUIREMENTS

In order to graduate from the program, the student not only must demonstrate the required academic achievement and clinical competencies, but also fulfill other criteria. To qualify as a candidate for graduation, the senior student must fulfill the following requirements according to established policies and guidelines:

1. Successful academic completion of the program of study, which includes satisfactory attendance and the required number of credits and contact hours
2. Completion of Student/Graduate Clearance Form
3. Participate in Senior Photo Session
4. Personal Exit Interview
5. Demonstrate proficiency in graduate competencies

CERTIFICATION

Successful completion of the Program of Study and fulfillment of graduation requirements assures eligibility to apply for the national certification examination of the American Registry of Radiologic Technologists (ARRT). Successful candidates become Registered Technologists.

Graduates seeking employment in the state of Arkansas must be licensed by the state. Graduates seeking employment in a different state should check with that state concerning state licensure.

* Students having “time” to make-up, will not graduate until verification is provided that all missed time has been made-up and graduation requirements are fulfilled.

PROGRAM EFFECTIVENESS/OUTCOMES ASSESSMENT

It is essential that the college maintain an ongoing program effectiveness evaluation process for the purpose of monitoring student learning and program effectiveness. Student learning outcomes are measured in relation to the following goals: clinical competence, critical thinking, communication and professionalism. Several factors comprise the process, primarily being performance evaluations, quizzes, and presentations. Program effectiveness is measured in relation to a five year average of credentialing examination pass rate at first attempt, job placement, annual program completion rate, and graduate and employer satisfaction. Thus, students and graduates have an important role in the measurement of program effectiveness.

Students evaluate each course instructor, the Program Director, clinical faculty, and course content as they progress through the program. The evaluations are carried out according to BHCLR policy and established processes.

The student is assured of anonymity, thus encouraging his/her participation in the evaluations. If a student is of the opinion that the process should be improved, the director of BHCLR welcomes suggestions for betterment.

The process summarized presents an objective process through which students provide subjective data in the measurement of teaching behaviors and course evaluations. At course end, evaluation forms are emailed to the students through Survey Monkey. The evaluations should be completed in a timely manner and returned via email. All evaluations are kept anonymous.

Annual program effectiveness data can be accessed through www.jrcert.org.

RESOURCES

1. BHCLR has a full-time counselor/Chaplain. The Chaplain can be reached at 501.202.7721.
2. Students also have access to the BHCLR Library and its resources. The library is open from 0730-1630, Monday through Friday. The BHCLR Library can be reached at 501.202.2671.
3. The Learning Resource Center is available to students from 0800-1700, Monday through Friday.
4. Baptist Health Virtual Care App may also be utilized by the student for a fee.

DEFINITIONS PROGRAMMATIC

1. Mission Statement – a statement explaining the reasons for the existence of an institution.
2. Goal – the outcome measurement for program effectiveness.
3. Academic Progression – the act of achieving academics, clinical and professional development progression.
4. Policies – written statements directing processes and conduct of student, faculty and staff.
5. Program Director – the administrator and instructor of an Allied Health Program.
6. Absence – not present on a Baptist Health Campus or affiliate clinical site at the appropriately scheduled time for clinical assignments.
7. Tardy – not present up to one (1) hour of a scheduled class day.
8. Excessive Absence – more than five (5) absences per year.
9. Clinical Laboratory – the Radiology Department of any affiliating clinical facility of the School of Radiography.
10. Clinical Instructors – staff members of the Radiology Department that meet certain requirements for clinical instruction of student learning.
11. Competency – having adequate ability to function or progress in a particular way.
12. Proficiency – having the knowledge and skills needed for success in the Profession.
13. Clinical Supervisors – staff members of the Radiology Department that meet certain requirements for supervision of students.
14. Curriculum – an organized placement and outline of required course(s) descriptions and associated college courses.
15. Radiation Protection – the act or practice of protecting patient, co-workers and self from the harmful effects of ionizing radiation.
16. Class Year – begins with entry month and ends with that same month the following year.
17. School Year – Calendar year.
18. Contact Hour – equal to one (1) hour engaged in learning activity.
19. Commencement – day of ceremony.
20. Graduation – the completion of all required academic and clinical requirements, and completion of exit.
21. Plagiarism- the “wrongful appropriation” and purloining and publication of another author’s language, thoughts, ideas or expressions. It is considered academic dishonesty.

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