



Baptist Health College Little Rock



Baptist Health College Little Rock School of Radiography

JULY 1, 2025 – JUNE 30, 2026

11900 Colonel Glenn Road
Little Rock, AR 72210
Phone: 501-202-6200
www.bhclr.edu

CERTIFICATION STATEMENT

Baptist Health, its schools 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 school. The provisions herein do not represent, in any way, a contract between the student, prospective or otherwise, and the administration of a school. 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.

STATEMENT REGARDING DISCRIMINATION

Baptist Health does not exclude or discriminate on the basis of race, color, creed, religion, gender, national origin, age, disability, genetic information, or veteran status in accordance with applicable federal, state and local laws. Student recruitment and admission is non-discriminatory and in accordance with existing government regulations and those of the sponsor.

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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**

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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), and its purpose is to promote academic excellence, patient safety, and quality healthcare. The program is also accredited by the Accrediting Bureau of Health Education Schools (ABHES), whose purpose is to enhance the quality of education and training and promotes institutional and programmatic accountability through systematic and consistent program evaluation. Our focus 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/her 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.

The purpose of the *Student Handbook* is to acquaint you with the policies and procedures of the BHCLR- School of Radiography, familiarize you with the objectives of the academic and clinical laboratory portions of the program, and to review the evaluation processes which will determine your progress in the program. Please feel free to address questions or concerns you may have with the program faculty. As a student, you will be held accountable for all information related to you in this *Student Handbook*, so please pay close attention as we review it together.

My hope is that you will find fulfillment in this profession and acquire all the knowledge and skills needed to lead you in becoming a successful healthcare professional.

Best,

Suzy Bullard

Suzy Bullard, MHA, RT(R), ARRT, ASRT
Associate Dean/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 Division 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 President of BHCLR has overall administrative authority and responsibility for all programs and employee development within the department. The Associate Dean/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 Standards for an Accredited Educational Program in Radiography published and adopted by the Joint Review Committee for Education in Radiologic Technology (JRCERT).

The program is committed to providing the highest standards of education, clinical training, and continuous development opportunities for 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 Service, Honesty, Respect, 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, 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 the professional development of students.

MISSION STATEMENT

The School supports the following Baptist Health mission statement: "Baptist Health exists to provide quality patient centered services; promote and protect the voluntary not-for-profit healthcare system; provide quality health education and respond to the changing health needs of the citizens of Arkansas with Christian compassion and personal concern consistent with our charitable purpose".

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 at the local, state, and national levels.

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 school.

Service – Students are expected to have a desire and commitment to serve others.

Honesty – Students are expected to adhere to the moral values of fairness, integrity and honor in all relationships.

Respect – Students are expected to treat all individuals with courtesy, thoughtfulness, dignity, compassion and concern.

Stewardship – Students are expected to use talents and resources in an effective and efficient manner.

Performance – Students are expected to perform at the highest possible level but never at the expense of the values of the organization. This includes initiative, dedication, talent and knowledge tempered by common sense. Innovation and progress should prevail over complacency and mediocrity.

PHILOSOPHY

The Baptist Health College Little Rock - School of Radiography exists to enlist and teach those called to the healing arts, encouraging their maximum development in talent and skill and providing the setting within which these may be performed as ministries of the highest order. Through these interactions the school strives 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.

The School utilizes a didactic and competency based program of clinical education designed to prepare a student to achieve the proficiency required of a professional 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. Faculty and Staff are committed to providing competent, entry-level job

graduates to Baptist Health and the healthcare community through its high standards of professional education.

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 an entry-level radiographer.

Student Learning Outcomes:

- Students will show evidence and understand the importance of radiation protection for the patient and self.
- 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 utilize proper exposure factors to achieve optimal image quality.
- Students will be able to adapt positioning for varying patient conditions, i.e. trauma, fractures, patient abilities, etc.

Goal 3. Students will be able to communicate appropriately in a healthcare setting.

Student Learning Outcomes:

- Students will develop and demonstrate effective communication skills with patients and peers.
- Students will demonstrate professional and ethical conduct.

PLAN OF ACTION

In order to achieve its mission, goals and student learning outcomes, the program and its faculty will strive to:

1. 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 ensure a high quality clinical education, which

is a basis for clinically qualified radiographers, including clinical sites that utilize current and emerging technologies.

3. Recruit, attract and select the most qualified applicants to enroll into the program.
4. Offer a comprehensive and up-to-date radiography curriculum as suggested by the field's recognized professional organizations.
5. Ensure that students understand the importance of being a member of and maintaining membership in professional societies by being a student member of both the ASRT and ArSRT.
6. Create interpersonal relationships between students and faculty to maximize open and clear lines of communication, which encourage student success and personal growth and an eagerness for lifelong learning.
7. On a regular and consistent basis, review and evaluate student competency examinations for proper positioning, exposure factors, evidence of radiation protection, patient care, and other affective and cognitive domain objectives for the program.

The educational process for this program strives to provide a balance between the didactic and clinical experiences for the students, allowing the student to apply knowledge and skills attained in the didactic portion to aid in the development of cognitive, psychomotor, ethical, and professional skills in the clinical portion in a progressive manner.

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 (ASRT) and the American Registry of Radiologic Technologists (ARRT). 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.

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 JRCERT Standards, as well as educational requirements published in the *Student Handbook*, may be obtained by contacting the accrediting agency:

Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 North Wacker Drive, Suite 2850

Chicago, IL 60606-3182

Phone 312-704-5300

Fax 312-704-5304

E-Mail: mail@jrcert.org

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

Arkansas Division of Higher Education (ADHE)

423 Main Street

Little Rock, Arkansas 72001

Phone 501-371-2000

Web Address: www.adhe.edu

ACADEMIC AFFILIATIONS Resulting in Bachelor of Science Degree

University of Central Arkansas

Conway, Arkansas

Henderson State University

Arkadelphia, Arkansas

CLINICAL AFFILIATIONS

1. Arkansas Children's Hospital
2. Arkansas Urology
3. BHMC - LR
4. BHMC -NLR
5. BHMC - Conway
6. BH Orthopedic Clinic
7. BH Imaging Center - Kanis
8. Bowen Hefley Orthopedics, P.A.
9. CARTI Cancer Center
10. GME Family Residency Clinic - NLR
11. OrthoArkansas - Conway
12. OrthoArkansas - Midtown

ADMINISTRATION

Troy WellsCEO & President, Baptist Health

Greg Crain, MHSA, FACHEPresident, Baptist Health Central Arkansas Region

Mike Perkins, MS, MHSAPresident, BHMC-LR

Karen James, Ph.D., OTR/L, CAPS Interim President/Dean of Allied Health, Baptist Health College Little Rock

Jamie Clark, Ed. D, MBA Dean of Business Affairs and College Operations

Matt McCrary, MDChief of Radiology Department and Medical Advisor, School of Radiography

Suzanne Bullard, MHA, RT(R) ARRT, ASRTAssociate Dean/Program Director, Baptist Health College Little Rock - School of Radiography

Tracy Hawkins MBA, RT(R), ARRTDirector of Radiology, BHMC-LR

FACULTY

Suzanne Bullard, MHA, RT(R), ARRT, ASRTAssociate Dean/Program Director, Baptist Health College Little Rock - School of Radiography, B.S., University of Central Arkansas, 1995, Certificate in Radiography from BHCLR, 1995, MHA, Webster University, 2013; served as Clinical Coordinator from 2001- 2018, current position since 2018.

Suzanna Haskin, MBA, RT(R), ARRT, ASRTAssistant Professor/Clinical Coordinator, Baptist Health College Little Rock - School of Radiography, B.S. in Radiologic Technology, University of Arkansas for Medical Sciences, 1999, MBA, Columbia Southern University, 2022, position date 2018.

Heather Cain, BS, RT (R)(M), ARRT, ASRTAssistant Professor/Faculty, Baptist Health College Little Rock - School of Radiography, B.S., University of Central Arkansas, 2019, Certificate in Radiography from BHCLR, 2019, position year 2021.

ACADEMIC FACULTY

Suzanne Bullard, MHA, R.T.(R)
Daniel Guffey, MBA, R.T.(N)(CT), CNMT
Christina Olascuaga, R.T.(R) (CT), RDMS
William Morgan, BS, R.T.(R)
Michael Daugherity, BS, R.T.(R)(CI)
Melody Etherton, BS, R.T.(N), CNMT

Suzanna Haskin, MBA, R.T.(R)
Heather Cain, BS, R.T.(R)(M)
Jordan Moody, B.S., R.T. (R)
Taylor McElhaney, BS, R.T.(R)
Hope Coleman, Ph.D. Chaplain and Counselor
Heather Hartness, MSN, RN

CLINICAL INSTRUCTORS

Judy May, R.T.(R)
Janet Jackson, BS, R.T.(R)
Kirsten Langston, BS, R.T.(R)(M)
Judy Shook, AS, R.T. (R)
Josh White, BS, R.T. (R)
Hannah Brannan, BS, R.T.(MR)
Shana Raymond, AS, R.T.(R), RDMS

Jessica Douthit, BS, R.T.(R)
William Morgan, BS, R.T.(R)
Jenny Nichols, BS, R.T.(R)
Kim Ramer, R.T.(R)
Rhonda Kelsey, R.T. (R)(CT)
Jennifer Gainer, BS, R.T.(R)
Karlie Graves, BS, R.T.(R)

ACADEMIC COMPONENT

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 radiographs 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 necessary in the career of the radiographer.

FUNDAMENTAL ESSENTIAL FUNCTIONS:

Essential functions are the physical, intellectual, and communication 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. Observation
2. Speech/Hearing
3. Physical Abilities/Fine Motor Touch
4. Intellectual/Conceptual/Cognitive
5. Communication/Behavior
6. Metallic Implants/Safety

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

1. Observation:

Student is able to see and read printed materials including but not limited to clinical documents, course materials, computer screens, syringes, medicine vials, etc. This includes the ability to see and work in dimly lit rooms when performing fluoroscopic/radiographic procedures.

2. Speech/Hearing:

Student is able to speak clearly and be understood. Student is able to hear and interpret voices as well as loud, soft, or muffled sounds.

3. Physical Abilities/Fine Motor Touch:

Student is able to walk, lift in excess of 50 lbs, use both hands simultaneously, push, pull, reach, sit and stand for long periods of time when necessary.

Student is able to move heavy objects by bending, stooping, reaching or moving side to side.

Student is able to use fingers for fine motor dexterity and manipulating small objects.

Student is able to gather information (ex: temperature/pulse) by using the sense of touch.

Student is physically able to work on or with equipment following proper training.

Student has the physical use of the following: fingers, hands, arms, feet, legs, back and neck.

4. Intellectual/Conceptual/Cognitive:

Student is able to do basic mathematical calculations (add, subtract, multiply, divide).

Student is able to recognize emergency situations and take appropriate actions as taught.

Student is able to comprehend and process verbal and written information.

Student is able to organize and prioritize job tasks.

5. Communication/Behavior:

Student is able to read and write legibly, and type information in an efficient manner.

Student is able to verbally communicate in the English language.

Student is able to legibly communicate in writing using the English language.

Student is able to assess or interpret nonverbal communication such as facial expressions, hand signals for help, etc.

Student is able to demonstrate and maintain psychological and emotional stability.

Student is willing and able to behave in a professional and respectful manner, and willing to project a professional appearance.

Student is willing and able to comply with the Baptist Health Values: Service, Honesty, Respect, Stewardship, and Performance.

Student is willing and able to follow all expectations, policies and procedures outlined by the college, and take responsibility for their own actions.

Student is able to follow organizational policies which maintain safety for patient(s), self, and others.

6. Metallic Implants/Safety

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

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: Spring 2024/SB
Reviewed 05/25 SB
Revised: 2/2013 (BHSR Faculty)

ACADEMIC GRADING SCALE:

| GRADE | RANGE % | VALUE |
|-------|---------------------------|-------|
| A | 90 - 100% | 4 |
| B | 80 - 89% | 3 |
| C | 77 - 79% | 2 |
| D | 70 - 76% | 1 |
| F | 0 - 69% | 0 |
| I | Incomplete | 0 |
| W | Withdrawal | 0 |
| WX | Administrative Withdrawal | 0 |

A student must achieve a "C" (77%) in order to progress to the next scheduled course in the curriculum

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 BHCLR *Catalog* for Satisfactory Academic Progress and Re-Entry Standards.

ACADEMIC DISHONESTY

Academic dishonesty is in direct opposition to the Baptist Health Code of Ethical Conduct and the Baptist Health Values. Academic dishonesty of any type is unacceptable and will result in corrective action, up to and including dismissal. Academic dishonesty may include, but is not limited to, cheating, plagiarism, fabrication, and unauthorized collaboration to gain an academic advantage. All college assignments must reflect a student's own work and avoid improperly using another individual's intellectual property and/or Artificial Intelligence (AI), such as, but not limited to, ChatGPT.

Plagiarism is the practice of taking or submitting the work of another as one's own without proper acknowledgment; therefore, a student who fails to give appropriate credit for ideas or material taken from another, whether fellow student, other or resource writers, is guilty of plagiarism.

Cheating is dishonesty of any kind on examinations and written assignments such as: unauthorized possession of course examinations, possessing notes or other cuing such as information from AI or electronic devices during an examination, obtaining information during an examination from another student (includes but not limited to looking at/on answer sheet of another student, text messaging and so forth), or assisting others to cheat. Complete honesty is required in the presentation of all course work. This applies to examinations, written and computerized work, reports, papers and any other course activities.

ARTIFICIAL INTELLIGENCE

AI refers to an artificial intelligence technology that synthesizes new versions of text, audio, or visual imagery from large bodies of data in response to user prompts. AI models can be used in stand-alone applications, such as ChatGPT or Bard.

Personal electronic devices (PEDs) are portable, battery-powered devices used for communication, data processing, and entertainment.

BHCLR administration and faculty have authority to establish guidelines for the use of AI and personal electronic devices within all BHCLR facilities. This authority extends to any location on the BHCLR campus, all Baptist Health (BH) or affiliated clinical facilities, and any location utilized for BHCLR learning or meeting purposes.

1. Use of AI in the classroom setting:
 - a. Use of AI, including but not limited to smart glasses, in the classroom setting is prohibited. Students wishing to audio record a lecture must receive prior approval from the faculty and must utilize a standard recording device that does not have AI features.
 - b. If faculty wish to use AI during selective learning experiences, such use will be defined by the faculty and will apply only to that defined experience. Faculty have the authority to define acceptable use of AI as well as the authority to require students to discontinue use of AI at any time.
 - c. Use of AI during quizzes and exams is strictly prohibited.
2. Use of AI in the skills lab setting
 - a. Because the skills lab setting is preparing students for the clinical setting, the use of AI is prohibited while in the skills lab and during skills lab learning experiences.
3. Use of AI in the clinical setting:
 - a. Use of any AI in the clinical setting, including simulation settings, is prohibited.
 - b. The clinical setting is defined as anywhere on the premises of the clinical site, including but not limited to patient care areas, visiting areas, cafeteria, break rooms, nurses stations, etc.
 - c. Students are prohibited from using AI to generate or complete any clinical documentation including history and physicals and any other patient records. Student clinical documentation must be directly authored by the student.
4. Use of AI for coursework:
 - a. AI may be used for assignments at the discretion of the faculty and must follow guidelines as set forth by the faculty including
 1. Acknowledged use of AI to complete the assignment and
 2. Citation of AI sources used for the assignment.
 - b. Students are solely responsible for reliability, accuracy and quality of any information obtained from AI.

5. Students are required to adhere to the guidelines outlined in this policy as well as any other form of instruction provided by faculty or BHCLR academic leaders. Failure to do so can result in disciplinary action.

ACADEMIC PROGRESS AND PROMOTION

Didactic lecture periods are held at specific intervals during the school week. In general, lecture hours will be on alternating days. **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 given an absence 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. **There is no remediation offered should a student fail the clinical portion of the program.** 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 BHCLR Catalog 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 determine the final evaluation of the student’s progress and assign 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: 89.45 will be raised to a 90, and 89.2 will remain a 89.

Value points are used in the calculation in determining Grade Point Average (GPA). Student academic and clinical achievement is measured periodically by written, oral and practical examinations.

HONORS

Student recognition for academic excellence is announced during the commencement ceremony. Honors recognition is awarded as follows: **Honors: 3.50 - 3.74 and High Honors: 3.75 - 4.00.**

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. Test taking and,
5. Limited tutoring. If extensive tutoring is needed, the Academic and Spiritual Counselor should be contacted for a reference.

ACADEMIC PROBATION

The status of academic probation indicates that the student's continued enrollment in the school is at risk. Conditions are specified that must be fulfilled before the status is changed.

1. A student is placed on probation for academics, behavior, or clinical reasons by the program director or designee.

2. Probationary terms are determined on an individual basis by the program director or designee.
3. Failure to meet designated probationary terms may result in academic suspension or administrative withdrawal.
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.

MAKE-UP COURSE WORK

Incomplete Grades and Course Make-Up Work

The opportunity to clear incomplete “I” grades and make-up missed work, including examinations, may be available to the student. Faculty has the sole discretion in permitting students to make-up missed course work, including a course examination. The student’s follow-through with policy regarding attendance and the student’s previous attendance records and academic progress will be considered when making this decision. A student may be charged a make-up fee to offset the school’s expenses associated with make-up grading, clinical time, examination preparation, proctoring, and recording.

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 one of the clinical sites 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

Clinical hours (8-hours per day) are devoted to the student acquiring the practical aspect of the progression in clinical education. This learning occurs under the direction of radiologists, radiologist assistants, and radiographers at the assigned clinical site. 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 radiologic technologists at the assigned clinical sites are the clinical supervisors or preceptors of the School of Radiography.

The radiographers serving as clinical preceptors and supervisors are responsible for providing the students' clinical instructions and for ensuring that the students learn the following:

A. THE EQUIPMENT WITHIN THE PRECEPTOR'S AREA:

The student is to learn the operation of each piece of equipment within your area, to include the control panel, the table 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 within this area.

B. THE PROCEDURES AND EXAMINATIONS 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 as well as the manual setting. As they progress in their training, the students should be required to use manual settings 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 with 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 positioned for the instructor is located on the student board.

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 that the requirements of the entire department are achieved. 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 preceptor/supervisor) is responsible for completing evaluations and grading the knowledge acquired and progress made by the students in all of the above listed areas while in your specified area utilizing Trajecsys. As a reminder to the preceptor, 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 select 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). The staff will utilize Trajecsys to complete the weekly evaluation. By Friday, the evaluation should be completed, and counseling with the student should have taken place 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 patient's 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:

- 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

- 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/detector 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; if available,
- 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, preceptors, 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 clean and wrinkle free scrubs,
- i. Wear clean, white leather 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 70

3rd six months' minimum average of 75

4th six months' minimum average of 77

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. It provides us and the student with their strengths and weaknesses and can be used to determine whether there has been improvement.

CLINICAL GRADE GUIDELINES

Clinical Evaluation Record: 50 Points Possible

The weekly Clinical Evaluations are averaged per clinical semester. The Clinical Grading Scale (for the Clinical Evaluations ONLY) per clinical semester is as follows:

First Semester: Clinical I (July - December)

| | |
|---------|-----------|
| 76 & ↑ | 50 points |
| 75 – 70 | 40 points |
| 69 – 65 | 30 points |
| 64 – ↓ | 0 points |

Second Semester: Clinical II (January - June)

| | |
|---------|-----------|
| 80 & ↑ | 50 points |
| 79 - 75 | 40 points |
| 74 - 70 | 30 points |
| 69 - ↓ | 0 points |

Third Semester: Clinical III (July - December)

| | |
|---------|-----------|
| 86 & ↑ | 50 points |
| 85 – 80 | 40 points |
| 79 – 75 | 30 points |
| 74 – ↓ | 0 points |

Fourth Semester: Clinical IV (January - June)

| | |
|---------|-----------|
| 90 & ↑ | 50 points |
| 89 - 80 | 40 points |
| 79 - 77 | 30 points |
| 76 & ↓ | 0 points |

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 | 5 points | Leaving clinical early | 10 points |
| Not in assigned area | 5 points | Shoes not in good repair/not clean | 3 points |
| Wearing sweatshirts/jacket | 5 points | Clocking in/out from unapproved location | 3 points/each |
| Gum chewing/drinks/food | 3 points | Failure to clock in/out on Trajecsys | 1 point/each |

ARRT Mandatory and Elective Competencies: 30 Points Possible

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

First Semester: Clinical I (July – December)

| | | |
|---------|-----------|-----------|
| 18 & ↑ | completed | 30 points |
| 17 – 15 | completed | 25 points |
| 14 – 12 | completed | 20 points |
| 11 & ↓ | completed | 0 points |

Second Semester: **Clinical II (January – June)**

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

Third Semester: **Clinical III (July – December)**

40 & ↑ completed 30 points
39 – 37 completed 25 points
36 – 34 completed 20 points
33 & ↓ completed 0 points

Fourth Semester: **Clinical IV (January – June)**

51 completed 30 points
50 & ↓ 0 points

Experience Record: **30 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 30 points
399 – 375 numbers 25 points
374 – 349 numbers 20 points
348 & ↓ numbers 0 points

Second Semester: **Clinical II (January – June)**

1000 & ↑ numbers 30 points
999 – 949 numbers 25 points
948 – 899 numbers 20 points
898 & ↓ numbers 0 points

Third Semester: **Clinical III (July – December)**

1500 & ↑ numbers 30 points
1499 – 1399 numbers 25 points
1398 – 1298 numbers 20 points
1297 & ↓ numbers 0 points

Fourth Semester: Clinical V (January – June)

2000 & ↑ numbers 30 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: 89.45 will be raised to a 90, and 89.2 will remain a 89.)

Course Grading Scale:

100 – 90 A

89 – 80 B

79 – 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 required, counseling and assistance is given either by the clinical supervisor, clinical preceptor, program director, clinical coordinator, and/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, and can also 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 school will utilize closely coordinated didactic and clinical education by providing qualified classroom instructors and one radiographer (ARRT) per student to serve as the clinical supervisor or preceptor. The clinical supervisor or preceptor 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.

FIRST YEAR

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 SEMESTER

- 1.1 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, emergency trauma of these areas and routine procedures using contrast media which include: ESO, UGI, BE, and IVUs. These rotations should be closely coordinated with didactic classes in routine contrast media procedures, radiographic procedures/positioning, anatomy review, exposure technique, patient care, and radiation production and characteristics. 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 students shall have direct supervision. **All repeat images will be done by a qualified (ARRT) registered radiographer with the student present.**
- 1.2 Assignments for rotations are coordinated with classes in radiographic procedures, medical terminology, and medical ethics and law. These 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**.

One clinical evaluation is completed weekly of all rotations by the supervising radiographer (clinical preceptor). The student must achieve a minimum of 76% for the semester's weekly clinical evaluations in order to receive maximum points and have completed and logged a variety of examinations. The student must successfully complete categories I, II, III, and IV with a minimum score of 77% while working on their ARRT mandatory and elective competencies. Final grades must be 77% or higher in all theory courses.

SECOND SEMESTER

- 2.1 Assignments to clinical rotations provide an opportunity to acquire basic knowledge of routine radiographic equipment; the opportunity of learning positioning, technique, patient care, and protection for routine procedures such as: hip, pelvis, entire vertebral column, skull, facial bones, sinuses, mandible, and emergency trauma of these procedures. Assignments should be provided to learn pediatric radiography and nuclear medicine procedures.
- 2.2 Assignments to clinical rotations present a variety of radiographic equipment and provide an opportunity for the student to achieve a greater proficiency in basic procedures learned in the first semester. The student's rotations should be closely coordinated with classes in radiographic procedures/positioning, anatomy review, technique, radiation production and characteristics, 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/her level of knowledge and clinical competency) and they shall have **direct supervision**. **All unsatisfactory images shall be repeated by a qualified radiographer (ARRT) with the student present.**

One clinical evaluation is completed weekly of all rotations by the supervising radiographer (clinical instructor). The student must achieve a minimum average of 80% for the semester's weekly clinical evaluations in order to receive maximum points and have completed a wide variety of examinations. The student must successfully complete categories V, VI, and VII with a minimum score of 77% and be pursuing completion of category VIII, while working on their ARRT mandatory and elective competencies. Final grades must be 77% or above in all theory courses.

SECOND YEAR

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, vascular procedures, cardiac procedures, computed tomography (CT) scanning and surgical procedures; acquires a working knowledge of image quality; has familiarity with the equipment and procedures of mammography, magnetic resonance imaging (MRI), sonography, and radiation therapy; 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 SEMESTER

- 3.1 Assignments to clinical rotations provide the necessary equipment for the opportunity to become familiar with sonography, magnetic resonance imaging, radiation therapy, and mammography. These rotations may not promote a high degree of proficiency, but must provide enough activity for the student to observe, assist and have 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 students to achieve a high degree of proficiency. These rotations shall have **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.
- 3.2 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, arthrography, and operating room procedures. Assignments to clinical rotations that will provide the necessary equipment to enable the student to achieve and retain a high degree of proficiency in all routine procedures will also be utilized. The clinical rotations are coordinated with classes in radiation therapy, vascular procedures, cardiac procedures, CT

scanning, magnetic resonance imaging, radiographic procedures V, digital image acquisition and display, and radiographic pathology.

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 (clinical instructor). The semester's weekly clinical evaluations shall reach a minimum of 86% to receive maximum points. The student must have completed a wide variety of examinations successfully.

The student must have successfully completed categories VIII and IX with a minimum score of 77% and continue to pursue completion of examinations in all categories, while working on completing all required ARRT mandatory and elective competencies. Final grades should be 77% or higher in all theory courses.

FOURTH SEMESTER

- 4.1 A continuation of assignments in routines, fluoroscopy and in selected clinical areas started in the third semester.
- 4.2 These 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, radiobiology, radiation protection, and review should assist the student in achieving a higher proficiency level. During the last three (3) months, should a student be interested in a particular modality, or have signed a work contract in a specific department or recognized clinical site, they may opt to participate in the Advanced Modality Clinical Rotation Opportunity (AMCRO). The clinical spaces available are on a first come, first serve basis, with those students having signed contracts given first choice. The Program will attempt to accommodate all students if possible. **The supervision during this rotation may be either direct (for all AMCRO rotations) or indirect (diagnostic radiology, not to include mobile, OR, or ED) in the last three (3) months. During this semester, the students may repeat images with direct supervision.**

The clinical evaluation of each rotation is completed weekly by the supervising radiographer (clinical instructor). These weekly evaluations shall reach a minimum average of 90% to receive maximum points, 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 prior to starting AMCRO. Final grades shall be a minimum of 77% or higher in all theory courses.

MAGNETIC RESONANCE IMAGING CLINICAL ROTATION

All students have clinical rotations in magnetic resonance imaging (MRI). Before access to the MRI suite, all students will receive instructions on MRI safety guidelines and must be screened during orientation to detect any pre-existing contraindications. Students with pre-existing contraindications will be assigned to another clinical setting. Students will also be screened prior to beginning their

MRI rotations in the third semester. **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 (BBC), will offer all 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** for a portion of the week, as this is when the quality assurance testing is performed.

LEVEL OF SUPERVISION

The JRCERT defines the following according to Standard 5 of *the Standards for an Accredited Educational Program in Radiography*:

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.

Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

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. This may only occur during the last three (3) months of the second year.

Students are only assigned to ARRT registered Radiographers.

Students are not to hold image receptors during any radiographic procedure.

Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

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, 2021.

Clinical Requirements:

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

Ten (10) mandatory general patient care procedures;

- Thirty-six (36) mandatory imaging procedures;
- Fifteen (15) elective imaging procedures selected from a list of 35 procedures;
- One (1) of the 15 elective imaging procedure must be selected from the head section; and
- Two (2) of the elective imaging procedures must be selected from the fluoroscopy studies section.

General Patient Care

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

1. CPR/BLS 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. Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)
10. Care of Patient Medical Equipment (e.g., oxygen tank, IV tubing)

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

Imaging Procedures

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

- Patient identity verification;
- Examination order verification;
- Patient assessment;
- Room preparation;
- Patient management;
- Equipment operation;
- Technique selection;
- Patient positioning;
- Radiation safety;
- Image processing; and Image evaluation.

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) |
| C-Arm (Orthopedic) | C-Arm (Surgical) | Abdomen Upright |
| Portable Chest | Portable Abdomen | Portable upper or lower ext. |
| Pediatric Chest | Geriatric Chest Routine | Geriatric upper or lower ext. |

ELECTIVE RADIOLOGICAL PROCEDURES

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

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. (Those with an asterisk (*) are mandatory radiological procedures.).

CATEGORIES FOR CLINICAL COMPETENCY

Category I

Chest (PA and Lat)
Decub CXR
Abdomen (KUB)
Decub ABD

Category II

Fingers/Thumbs
Hand and Wrist
Forearm
Elbow
Humerus
Shoulder/Scapula
AC Joints

Category III

Toes
Foot
Heel
Ankle
Knee
Patella/Notch
Femur

Category IV

Small Bowel
IVU
Esophagus
Upper GI
Barium Enema
BE with Air

Category V

Pelvis
Hip
Frog-Leg Lat
XTL Hip
Sacrum/Coccyx
Sacro-Iliac Joints

Category VI

Lumbar Spine
Thoracic Spine
Sternum
SC Joints
Cervical Spine

Category VII

Skull
Facial Bones
Mandible
Sinuses
Nasal Bones
Orbits

Category VIII

Myelogram
Mammography
Arthrogram
Surgical Procedures

Category IX

Radiation Therapy
MRI
Heart Cath Procedures
Sonography
NM Procedures
Vascular Lab Procedures
CT Scanning

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 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 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 image acquisition and display,
 - 3.46 imaging equipment,
 - 3.47 digital 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 image acquisition and display,
 - 4.34 imaging equipment,
 - 4.35 digital 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 digital 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 image 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 digital 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 image 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 image acquisition and display,
 - 7.28 imaging equipment,
 - 7.29 image analysis,
 - 7.210 radiation production and characteristics,
 - 7.211 principles of radiation protection,
 - 7.212 radiographic pathology
 - 7.213 introduction to quality assurance, and
 - 7.214 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 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.

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 and the professional curriculum; which includes satisfactory attendance and the required number of credits and contact hours achieved.
2. Demonstrate proficiency in graduate competencies.
3. **Completion of three (3) hours of community service per semester, for a total of twelve (12) hours prior to commencement. Please get prior approval before signing up for hours.**
4. Settle all financial obligations.
5. Completion of student/graduate clearance form and process.
6. Participation in commencement ceremony in the dress code required.

The School's certificate of completion, pin, and transcript are not released until all of the above are fulfilled.

* 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.

CERTIFICATION AND LICENSURE

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 (RT), having demonstrated competency, a commitment to maximal, quality performance in the profession. The new professional signs the credentials RT and has the privileges of the profession as a whole.

The American Registry of Radiologic Technologists (ARRT) is the only examining and certifying body for radiologic technologists in the United States. To become a Registered Technologist in Radiography, RT(R)(ARRT), students will have to successfully complete the ARRT examination.

One issue addressed for certification eligibility is conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. All potential violations must be investigated by the ARRT in order to determine eligibility. Individuals may file a pre-application with the ARRT in order to obtain a ruling of the impact of their eligibility for the examination. This pre-application may be submitted at any time either before or after entry into an accredited program. For pre-application contact the ARRT at www.arrt.org.

ARRT

1225 Northland Dr.

St. Paul, MN 55120-1150

651-687-0048

LICENSURE

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

Per the ARRT, more than 75% of states have licensing laws covering the practice of radiologic technology. In those states, you must obtain a state license before you can work as a radiologic technologist. In addition, many states use ARRT exam scores and/or credentials when making licensing decisions. In other words, some-but not all-states require you to be certified and registered through ARRT before you can obtain a state license. Keep in mind that earning an ARRT credential doesn't necessarily mean that you're eligible to work in a particular state. Some states may also require additional examinations, applications and be able to meet regulatory standards. Please visit the following link for a list of licensure requirements by state:

<https://www.asrt.org/main/standards-and-regulations/legislation-regulations-and-advocacy/states-that-regulate>

STUDENT ACCOUNTABILITY

Guidelines related to student conduct are fundamental to patient and student safety and necessary for a high level of care and overall learning. 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. Upon 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 test over the Student Handbook and submit it for a grade.

Clinical schedules are shared with students through Google and are sent to clinical site supervisors. 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.

POLICY CHANGE NOTIFICATION

Should a change occur in any policy, it is shared with the student, documentation is made by the student via signature, and a copy is retained in the Clinical Coordinator's office. The change will be made effective within a reasonable amount of time.

PROFESSIONAL CONDUCT IN THE CLASSROOM

Students are expected to perform on an adult level. Each student must take the responsibility for their own actions, successes and failures. Questions should be asked in a non-challenging manner, and students should seek information in order to learn and understand, not to challenge the instructor's authority.

Anyone caught cheating or falsifying information, whether it be on a test, assignment, or clinical documentation, will receive a zero for the grade and will consequently receive administrative action by the program faculty.

Students are expected to come to class and/or clinical rotation prepared and ready to learn. Being prepared includes reading the assigned material, preparing assignments on time, bringing the required textbooks to class or skills lab, etc.

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, stewardship, and performance are demonstrated through good attendance.

Continued absences and/or tardiness is a symptom of negligence or irresponsibility, is not in keeping with the Baptist Health values, and is not useful in the profession of Radiologic Technology. Excessive absences and/or tardiness will result in progressive disciplinary action. Attendance and punctuality are two of your most important responsibilities as a student radiographer.

An Attendance Record of tardies and absences is maintained on each student. A record of repeated absenteeism and/or tardiness will lead to disciplinary action.

ABSENCE

All students are expected to report for class in dress code and be seated by the assigned start time. On clinical days, the student must arrive at least five (5) minutes prior to scheduled start time in

dress code, clock into Trajecsys, allowing location, phone then stored away, and be ready to begin their clinical assignment. Absences from class and clinical are strongly discouraged. Faculty understand that a student may be absent because of situations over which the student has no control. However, it is also understood that an absent student is not gaining the benefit of the school offerings, and it is **expected that absences should be utilized for illness or family emergencies only**. (Elective surgery should be scheduled during program scheduled breaks).

Students are allowed one excused absence per semester that does not require make-up time, nor will it count for disciplinary purposes. This excused absence **cannot** be split into multiple days and is good for one day only per semester.

All other absences are required to be made up prior to the end of the semester. This make-up time will be scheduled in an available clinical site at the Assistant Professor/Clinical Coordinator's discretion.

1. An absence is defined as failure to be present for more than 30 (thirty) minutes of a scheduled day (clinical or didactic component). 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. An unexcused absence is treated as an "unreported" absence.
3. Clinical assignments may not be completed by another student. Clinical assignments cannot be changed or altered for any reason.
4. **A written warning will be given to the student once they have acquired three (3) absences per academic year.**
5. 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 to the faculty of the program a written clearance from the physician prior to resuming study.
6. **An absence of three (3) consecutive days without notification to the faculty of the program may result in administrative withdrawal from the program.**
7. All **unreported absences** or failure to speak with faculty and designated clinical instructor (for clinical days) will result in corrective action by the program as follows per the entirety of the 2-year program:
 - a. 1st unreported absence = written warning
 - b. 2nd unreported absence = probation status
 - c. 3rd unreported absence = administrative withdrawal may result

Unless extenuating circumstances are determined by the program faculty, absences will be treated in the following manner per academic year:

1. First absence = signed documentation
2. Second absence = verbal warning with documentation
3. Third absence = written warning
4. Fourth absence = probation status
5. Fifth absence = administrative withdrawal

Absences will require eight (8) hours of make-up time that must be completed in the clinical setting. Students are not allowed to exceed 10 hours/day and 40 hours/week in combined clinical and classroom hours, therefore, all make-up time must be scheduled with the assistant professor/clinical coordinator during short weeks and breaks to ensure this limit is not reached.

Students are responsible for all information covered during learning experiences, and it is the responsibility of the student to obtain notes, assignments, and materials missed as a result of the absence. The student must initiate the conference with the instructor to discuss any make-up assignments. The faculty will not initiate these conferences. All make-up work and tests are due the day the student returns to class. Ten points will be deducted each day the make-up work is late. Course examinations missed because of absence may be made-up at the discretion of the program director, and a fee may be charged.

Students must call each day of absence or tardy and must contact the associate dean/program director at 501.681.3351, the assistant professor/clinical coordinator at 501.231.2933, or the assistant professor/faculty at 501.499.1944. Notification should be made at least 15 minutes prior to the scheduled start time.

For clinical absences, the student must also contact the clinical site at which they are assigned. A list of clinical site phone numbers is given to each student. Leaving messages on voicemail or texting are not acceptable. Sending a message with another student or friend does not meet this requirement either.

Each occurrence will be documented in the student's file. Review of attendance records will be a part of the program's periodic evaluations. **Failure to notify a program official and/or clinical site of absence will be considered an unreported absence and will result in disciplinary action.**

TARDINESS

For all radiography classroom courses, each tardy will be treated as an unexcused absence unless the instructor has been notified prior to the scheduled class time. A tardy in the classroom is defined as arriving past the scheduled start time for class. A tardy at the clinical site is considered to be arrival time after the assigned clinical start time. **All tardies will require 30 minutes of make-up time to be completed at the end of the assigned clinical hours, regardless of how many minutes late the student was. Class time that is missed will be made up during the following clinical day. A tardy beyond thirty (30) minutes is considered an absence for the day, which will require 8 hours of make-up time.**

Three (3) recorded tardies per semester will be counted as one absence and will accrue disciplinary action according to the absence policy.

EXCEPTIONS TO THE ATTENDANCE POLICY

1. Exceptions to the Attendance Policy may be granted at the discretion of the Program Director for periods of extended absence due to bereavement for immediate family (mother, father, child, husband, wife, brother, sister, father-in-law, mother-in-law, grandparent, or grandchild), or other catastrophic event.
2. Winter Storm or Hazardous Weather Days attendance (Refer to Inclement Weather Policy in the Catalog).
 - a. 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 semester at the discretion of the Program Director. Students shall not make-up time/days on weekends or holidays.

MAKE-UP TIME

All make-up time should be arranged through the clinical coordinator and is expected to be completed prior to the end of each semester. Clinical time cannot be made up when the college is closed, on holidays, or on weekends. Failure to attend a scheduled clinical make-up time session without notifying the appropriate program personnel will result in an unreported absence.

Students not completing required make-up time will receive an incomplete “I” grade for the course until all time is made up.

ADVANCED MAKE-UP TIME

As a general rule, students may NOT accumulate clinical hours in advance for future time off. The only exceptions to this policy will be:

1. **Pregnancy:** a student may accumulate hours prior to delivery (see pregnancy policy for additional information on pregnancy)
2. **Surgery:** if a necessary, non-elective surgery is scheduled and the student can accumulate hours prior to their surgery.
3. **Other special circumstances:** these will be evaluated on a case-by-case basis by the program director.

If a student qualifies for advanced make-up time, arrangements will be made collaboratively with the student, clinical coordinator, and clinical preceptor.

DOCTOR'S APPOINTMENTS

Time missed due to doctor's appointments will be made up during the week that time is missed. **A maximum of two (2) hours is allowed per doctor's appointment.** Program faculty and scheduled clinical site preceptor should be notified of an impending doctor's appointment at least **one day prior** to the appointment. Anything over two (2) hours is considered an absence. A doctor's statement must be obtained for each visit and given to the program director or clinical coordinator. The student will be required to clock in/out via Trajecsyst when making up clinical hours. Any time that is not properly documented will not be accepted.

Please try to make doctor's appointments for your regularly scheduled day off, after class/clinical hours, during evening clinical rotations, or during scheduled vacation weeks.

TRAJECYSYS CLINICAL HOURS TRACKING SYSTEM

The Program utilizes the Trajecsyst system to keep track of all completed clinical hours. Students are responsible for the following:

1. **Clocking in and out** at the assigned clinical site. Failure to do so will result in a 1-point deduction each occurrence from the "Clinical Policies Followed Points" available.
2. Clocking in and/or out from an approved electronic device in the assigned clinical site, such as a classroom desktop computer, laptop computer, or other device is required. Failure to do so will result in a 3-point deduction each occurrence from the "Clinical Policies Followed Points" available.
3. If a student is absent, they must make a notation of this in Trajecsyst.
4. All make-up time must be documented in Trajecsyst.

SCHEDULED STUDENT HOURS

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.

Clinical Rotation Schedules include:

- 0630 - 1500
- 0700 - 1530
- 0730 - 1600
- 0800 - 1630
- 1200 - 2030 (evening rotation)

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.

ACADEMIC CALENDAR

| Fall Semester | 2025 - 2026 |
|--|---------------|
| Independence Day; Campus Closed | July 4 |
| BHCLR Classes Begin | July 7 |
| Labor Day; No Classes/Campus Closed | Sept. 1 |
| Fall Break | Sept. 22 - 26 |
| Thanksgiving; No Classes | Nov. 27 - 28 |
| BHCLR Classes End | Dec. 12 |
| Spring Semester | |
| New Year's Day; Campus Closed | January 1 |
| BHCLR Classes Begin | January 5 |
| MLK, Jr Day; No Classes/Campus Closed | January 19 |
| Spring Break | March 23 - 27 |
| Memorial Day; No Classes/Campus Closed | May 25 |
| BHCLR Classes End | June 12 |
| Commencement | June 13 |

HOLIDAYS

The School recognizes eight (8) holidays per school year: New Year's Day, Martin Luther King Jr. 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.

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 *Student Handbook*.

Students must be punctual, attentive, and cooperative in helping the radiology department accomplish its prime objective: providing optimal patient care. Students that have poor attendance, or who are chronically tardy, may be considered to have a poor work ethic and be irresponsible, which is not useful in the profession of Radiography. Therefore, students should set and maintain a schedule, and to utilize absences for illnesses only.

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. Meal breaks are for 30 minutes. **Patients are not to be left unattended while examinations are in progress.** Students also receive two -15 minute breaks, one in the morning and one in the afternoon. A student must ask permission before going to lunch or on break.
2. **Books, backpacks, cell phones/electronic devices, and personal articles are stored in lockers located in the Radiology Department or in the classroom located on the Mezzanine (please bring a lock), or in your vehicle. Clinical is not the time for studying.**
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. These markers are considered to be "part of your uniform".
4. **Students must report to the clinical affiliate in a professional manner. This means; on time, correctly dressed, meeting personal appearance standards, and ready to work.** Arriving past the scheduled time is tardy.
5. **A professional attitude shall be displayed toward the patient, fellow students, physicians, technologists, and faculty.** Students are required to abide by the Code of Ethics of Baptist Health and the American Registry of Radiologic Technologists. All clinical sites are non-discriminatory in nature with regard to color, race, creed, age, sex, religious affiliation, or national origin; however, each clinical affiliate reserves the right to refuse to allow any radiography student in the department who does not practice ethical and professional behavior or who does not consider the patient to be the most important person in each department. No immoral conduct will be tolerated.
6. Permission **must** be obtained from the 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.
7. Food/beverages and gum chewing are not permitted in the clinical department except in the employee lounge.
8. The clinical preceptor (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.

9. Visitors and use of telephones for personal use should be avoided. **Cell phones are not allowed in the clinical setting. Smart watches and other electronic devices (i.e. tablets, laptops, smartglasses) may not be worn and/or used during clinical time.**
10. 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.
11. **Any student who reports to the clinical affiliate with improper uniform or without their name badge, personal dosimeter, or markers, will be sent home to retrieve them, a tardy will be given and the missed time will be made up.**
12. Students are to report to their assigned Radiographer or clinical rotation when returning from lunch/break.
13. When the student is in a clinical rotation requiring sterile techniques, the student must wear a lab jacket when leaving the area.
14. Students are not permitted to be on the Internet during the clinical rotation.
15. Students are to be in their assigned area at all times unless instructed otherwise from the assigned preceptor, department supervisor, or clinical coordinator.
16. Students are not permitted to sit on counters in the control area or assigned areas.
17. Negative attitudes towards preceptors, staff, patients, and fellow classmates are not allowed.
18. Falsifying clinical information such as patient exams, patient case numbers, etc. Immediate progressive corrective action.
19. Insubordination to a staff or instructor. Immediate progressive corrective action.
20. Creating an exclusive environment, i.e. “cliques”. Immediate progressive corrective action.
21. Disruptive behavior in clinical or class. Point deduction and/or progressive corrective action.
22. Jeopardizing patient care in any instance. Point deduction and/or progressive corrective action.
23. Students must honor patient confidentiality at all times. All information regarding hospital procedures and patient records are confidential in nature. Any student revealing confidential information will be subject to disciplinary action and/or dismissal from the program. Immediate progressive corrective action.

CLINICAL ETIQUETTE

BHCLR- School of Radiography students are responsible for their own behavior, and are expected to conduct themselves in a professional manner. Excessive conversation, noise, gossip, jokes, loitering

about, and unprofessional behavior should always be avoided. Do not discuss personal issues/problems with patients or staff. Do not seek medical advice for yourself or family members while in clinical.

Remain busy! There is always something to do, so take the initiative to find out! Cleaning and stocking, sweeping, dusting, and putting away supplies are helpful jobs that can always be done.

Maintain a cooperative and uncomplaining attitude.

Treat your two (2) years of clinical rotations as a job interview. A student who is preparing to be a healthcare professional is expected to conform to standards of the program they are attending.

Professional conduct that should be demonstrated by radiography students includes, but is not limited to the following:

1. Demonstrate **responsibility** and **accountability** for decisions and actions.
2. Apply **knowledge of legal and ethical aspects** of patient care.
3. Be **responsive to constructive feedback** and use it to better oneself.
4. Demonstrate **preparedness** and **punctuality** for both classroom and clinical education.
5. Recognize the **patient's rights** to privacy, confidentiality, and dignity.
6. Demonstrate a **positive attitude** (verbally and nonverbally) in the clinical and academic setting.
7. Demonstrate self-direction and professional growth through exploration and utilization of available resources.
8. Demonstrate **preparedness** to perform procedures that you are capable of doing without being asked (under direct supervision) and **never turn down an opportunity to perform a procedure.**
9. Demonstrate preservation of health, welfare, and safety of patients, hospital staff, instructors, fellow students, and/or self.

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.

Students will not be required to perform, unassisted, any radiologic examination that exceeds their educational or clinical experience. However, it is understood that a student should watch, listen, and learn how a procedure is done, in an attempt to prepare themselves for upcoming coursework.

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 Associate Dean/Program Director or Assistant Professor/Clinical 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. Please be advised, once a student receives disciplinary action for any reason; an additional offense of any nature is grounds for further disciplinary action up to and including dismissal.

RADIATION SAFETY/PROTECTION AND PERSONAL RADIATION MONITORING

The BHCLR – School of Radiography promotes the following radiation safety procedures:

1. Students **must** wear their personal dosimeter when in the clinical laboratory (no exceptions). It is to be worn at the collar and outside of the lead apron if one is worn. The dosimeter is considered to be “part of the uniform”.
2. Should a student forget their dosimeter at home, they must go retrieve it before they will be permitted in the clinical setting. They will receive a tardy and missed time will be made up.
3. If a student should lose their dosimeter and it cannot be found, they must immediately get a replacement dosimeter from the program director, and will not be permitted into the clinical setting until they are issued a new one.
4. Students must never expose a human for demonstration purposes.
 - a. Students must never fluoroscope patients (or anyone else).
 - b. Never make an exposure unless all persons in the area are properly protected.
5. **Students must not hold patients or image receptors during any radiography procedures when an immobilization method is the appropriate standard of care. This is in accordance with JRCERT standards. As students’ progress they must become increasingly proficient in the application of radiation safety practices.**
 - a. Under normal conditions, no one should be allowed in the room with the patient during an x-ray examination. If other personnel are needed for the examination, they must be wearing a dosimeter and/or protective devices. They must follow safe radiation procedures and shall stay out of the direct beam. When possible, use a mechanical or other holding devices when a patient or an image receptor must be held during an exposure.

If a person must be used to hold, select someone who is not pregnant or potentially pregnant, over the age of 18, has seldom held a person during x-ray examinations. Students must not hold image receptors during any radiographic procedure.
 - b. All persons holding the patient and/or image receptor, or those in the range of the scattered beam area must wear a lead apron and gloves having .5 and .25 mm Pb equivalent respectively.
6. When not assisting the Radiologist during fluoroscopy, stand behind the control panel, the Radiologist, or as far away as possible. Keep hands behind the apron whenever possible.
7. Minimize time in the vicinity of the radiation source, i.e. avoid being in the room during fluoroscopic or radiographic procedures.

8. Utilize shielding to reduce radiation exposure. Wear proper lead apparel in areas of ionizing radiation. When performing mobile radiography, the student shall take a lead apron to wear during the exposure.
9. Students **must** wear a lead apron and thyroid shield during all fluoroscopic procedures.
10. If you suspect there has been an excessive exposure or radiation incident, immediately contact your clinical instructor. This individual should immediately contact the RSO.
11. **ALARA:** The students should always try to keep their radiation exposure as low as you can. Always be aware of where you are standing and how long you stay in a radiation area. Do not enter or remain in a radiation area unless it is absolutely necessary. Never turn your back to the fluoroscope.
12. Stay in the control booth or other designated “safe” area during each exposure.
13. Restrict the x-ray beam to the area of interest. The beam size should never be larger than the image receptor.
14. The doors to all radiographic imaging rooms must be closed before an exposure is made.
15. All persons, especially children or adults of child-bearing age, should be gonadally shielded unless it would overlay the anatomy of interest.
16. Current monitor reports will be available to the student within **thirty (30) days** of receipt by initialing the report.
17. 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 or above, and are counseled about; (1) why dosage was received, (2) recommendations for improvements, and (3) understanding of protection policies.
18. Monthly dosimetry reports are maintained by the RSO and Program Director. All written counselings are maintained in the student’s file and by the RSO. The final report of the student cumulative radiation dosage is placed in the student’s permanent college file.

(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.

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/416 mrem/4.16 mSv | 1.250 rem/1250 mrem/12.5 mSv 5.0 rem/5000 mrem/50 mSv |

Reviewed and Revised 05/2024 SB with information taken from BH Policy RS-1 Radiation Safety

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 in greatest smaller population numbers. The following guidelines are strongly urged for maximum protection and the 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/beam restriction 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. Student's 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 exams 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) | |

STUDENT PREGNANCY

All students enrolled in the BHCLR – School of Radiography are instructed on proper radiation safety precautions and the purpose of personnel monitoring prior to participating in any clinical assignments within the radiology department where ionizing radiation is being utilized. Students must adhere to all radiation safety protocols. The ALARA concept and Cardinal Rules of time, distance and shielding are stressed. **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.**

The purpose of the Student 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.

1. 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**, at any point, for any reason, without explanation. **This must be in writing.**
3. Student, Program Director, and Radiation Safety Officer have the free scope of responsibility for the policy.
4. 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.
5. Following the voluntary written disclosure of pregnancy, one of the following options must be chosen and taken:
 - 5.1 Submit a statement from her physician verifying pregnancy and expected due date. The student will then decide to either:
 - 5.1a. Withdraw and re-enter as determined appropriate by the Program Director. Reentry and withdrawal policies may be found in the Baptist Health College Little Rock *Catalog*.
 - 5.1b. Continue through the planned clinical rotations with full knowledge of information presented below.
 1. **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.
 2. If the student elects to withdraw, no further action is needed except a written statement of withdrawal from the student.

3. If the student elects to continue through the clinical rotations, the following are required:
 - a. 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).
 - b. The student will **wear two (2) dosimeters**; one placed at the collar and one placed at the waist for fetal monitoring.
 - c. 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.
6. The student must understand that all attendance, absence, and make-up policies will still be enforced.
7. 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.

Reviewed: 05/2024 SB with information taken from BH Policy RS-1 Radiation Safety
Reviewed: 06/2025 SB/SH
Reviewed and Revised: 03/19 SB/SH

PERSONAL APPEARANCE

The 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

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

All students must wear the school designated scrubs including brand, color, and style. While on campus attending lectures or skills lab, students will be able to wear any official and approved BHCLR top with scrub pants of the appropriate color.

- SCRUBS: Clean and wrinkle free (pressed). A scrub jacket must also be purchased and worn while in sterile areas, i.e. OR, IVR, CVL. A white t-shirt may be worn under the scrub top. A long-sleeve t-shirt is permissible; however, if the t-shirt is short sleeved, then the sleeves are not to extend below the scrub top sleeves. Any top worn underneath the scrub top cannot extend below the bottom of the scrub top. **Sweatshirts and t-shirts are not allowed in clinical settings, only approved scrub tops may be worn.**
- SHOES: Solid (fully enclosed), white leather shoes with white shoelaces, polished, clean, and in good repair are to be worn.
- SOCKS: Socks should be solid white. Exception- **“Fun Sock Friday”**: the student may choose to wear a fun and appropriate pair of socks instead of white ones on Fridays only.
- JEWELRY: Jewelry is limited to the following:
- A. A **“non-smart”** watch with a second hand.
 - B. Small, conservative earrings, maximum of two per ear – (No larger than a pencil eraser). Visible piercings on other body parts, i.e., tongue, eyebrow, nose and upper ear are not allowed.
 - C. Small, conservative necklace may be worn. However, long chains and other dangling jewelry is not allowed.
 - D. Rings are limited to a wedding band and/or engagement ring, one ring per hand.
- TATTOOS: Tattoos shall not be visible above the collar/neck area in the clinical setting.
- DENIM: Denim is not allowed in any academic or clinical setting.
- HAIR: Hair must be neat, clean, and well groomed. No extreme hair colors or styles allowed. Long hair must be pulled up or tied back neatly so that it does not cover the eyes or fall in the student’s face while in class or clinical setting (not on top of head in “messy bun”).
- FACIAL HAIR: 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 facepiece 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.
- FINGERNAILS: Nails are kept trimmed close and clean. **No nail polish, artificial nails or nail art may be worn.**

- ID BADGE: **Student identification badge is worn at all times when in uniform.**
- A. It is to be visible at all times, on the left shoulder area with the picture facing out, along with the dosimeter. No decorative stickers or pins are to be worn on the ID badge.
 - B. Students who report to the campus without a student ID badge will be required to obtain a temporary badge.
 - C. If reporting to a clinical site without an ID badge, the student must return home to retrieve it, receive a tardy, and make-up time missed. If the badge is lost or broken, immediately contact the BHCLR Business Office for replacement and payment of fee.
 - D. Employee (NRT) ID badge and dosimeter are not to be worn while in clinical.
- COSMETICS: Cosmetics must be used conservatively and attractively applied. Students should strive to look professional and career oriented.
- PERFUME/
COLOGNE: In the clinical setting, the use of perfume, cologne, highly fragrant hand lotion and perfumed bath soaps and powders are often times offensive to ill patients, their families, fellow students, employees, and employers.
- A. Fragrances should be light and used sparingly.
- PERSONAL
HYGIENE: **Daily personal hygiene is required.** This includes oral hygiene, daily bathing, and use of an effective deodorant or antiperspirant. The student's body must be clean and free from odor.

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. Violations of the dress code may and can result in point deductions from the clinical grade and are at the discretion of the program director and clinical coordinator. **Each occurrence will result in a 5 point clinical policy deduction. Should a student have all clinical policy points deducted, a written warning will be received for any future policy infractions.**

PERSONAL ELECTRONIC DEVICES

Regardless of the practice of employees at a clinical site, the use of cellular devices in the classroom or clinical setting is prohibited. All students are required to keep any cell phone or electronic device put away while in the clinical setting. If these are brought to the classroom they must be set on a non- audible/vibrate setting. Active use (texting or verbal) of a cell phone or other electronic device, such as a Smart Watch, in class, lab, or clinical will result in disciplinary action. Students are not to leave during class to use their cell phones. **Bluetooth devices, smart watches, and smartglasses, are not to be worn or brought into the clinical setting or classroom during any examination or examination review.**

1. Personal electronic devices may never be used to capture, store or transmit protected health information. Students who violate this policy are subject to corrective action up to and including immediate dismissal.
2. The utilization of personal electronic devices to exhibit or transmit to fellow students, faculty, or staff of BHCLR materials deemed obscene, offensive, or sexually suggestive, including text messages, photographs, or videos, is strictly forbidden. Any student found to be in violation of this policy will be subject to corrective action up to and including immediate dismissal.
3. Any BHCLR or BH employee has the authority and discretion to refuse to be audio or video recorded or in situations where audio or video recording is in progress to require that it be discontinued. This authority extends to any location on the BHCLR campus, all Baptist Health (BH) or affiliated clinical facilities, and any location utilized for BHCLR learning or meeting purposes.
4. Students are not permitted to use personal electronic devices to capture photos or video/audio recordings of other individuals, including BHCLR employees and students, without their consent.

Discipline Associated with Misuse

Misuse of AI tools or personal electronic devices may result in corrective action up to and including immediate dismissal.

If a student needs to communicate with someone outside of class and it is urgent, or may be an emergency situation, please inform the program faculty so that accommodations to this policy can be made.

Students neither make nor receive personal telephone calls during scheduled classroom or clinical time, and never from a patient'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. If you need to be contacted in case of an emergency, the main phone number to the college is 501.202.6200. Violations of the cell phone policy/smartwatch policy will be reviewed by the Clinical Coordinator and Program Director and appropriate disciplinary action will be imposed.

SOCIAL NETWORKING POLICY

In order to maintain a professional student/educator relationship, students should not interact with their clinical colleagues on any type of social media. This type of casual interaction can interfere with the educational aspect of the program and cause a conflict of interest for all parties involved.

CLASS REPRESENTATIVE

Each class elects a Class Representative(s) during the fall semester of the program of study. The representative is elected by fellow classmates and is someone who considers it an honor and privilege to serve as a leader and representative of his/her class in school related matters.

STUDENT PROFESSIONAL DEVELOPMENT

While in the program, the student is encouraged to attend the Arkansas Radiography Educators Quiz Bowl competition in order to review content learned while in the program and as an ARRT registry review for the graduating class. The second year cohort (Seniors) will become student members of the American Society of Radiologic Technologists in order to utilize the benefits afforded them, like the “Student Exam Assessment Library” (SEAL tests) and other review materials. Upon graduation, the senior’s student membership will be changed over to an RT “bridge” membership with the ASRT, and they will also be a member of the state chapter, 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, and promotes advocacy within the profession.

STUDENT EMPLOYMENT

1. Although Program Student Policies and Baptist Health Employee 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 jeopardize the student’s standing within the program. This behavior may also jeopardize the Program’s ability to place the student in that particular clinical site rotation.
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 paperwork, 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 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 and unethical 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 may 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.

STUDENT HEALTH

1. Mandatory immunizations and Tuberculin (TB) skin testing documents must be turned in prior to the first day of class. Results of TB skin test may not be more than 30 (thirty) days old on the first day of class. Please see the Student Conduct and Behavior Expectations Section of the *Catalog* for a comprehensive list of required immunizations.
2. Influenza immunization is required annually for all enrolled students. Proof of receipt must be submitted.
3. Tuberculin (TB) skin test must also 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 the Student Conduct and Behavior Expectations section of the *Catalog*.

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 Services For Enrolled and Prospective Students section of the *Catalog* for more information concerning the grievance process or www.bhclr.edu.

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 Student Conduct and Behavior Expectations section of the *Catalog* for more information. Student Incident or Injury Report forms are kept in each clinical area and must be completed.

FINANCIAL AID

A Financial Aid Office is available on campus for students and can be contacted at 501.202.7986 for questions concerning scholarships, financial, etc. Information can also be found in the Student Financial Aid and Scholarships section of the *Catalog*.

TUITION REFUND POLICY

See the Student Expenses section of the *Catalog*.

INCLEMENT WEATHER POLICY

Classroom learning may be delayed or canceled due to inclement weather. The following statuses may be utilized during inclement weather and other emergencies. All statuses are communicated via email, text and the institutional website. All efforts will be made to announce an Inclement Weather Watch by 10:00 p.m. the evening before forecasted inclement weather and announce all other statuses by 6:00 a.m. Excessive, more than two (2), days missed due to inclement weather will be made up at the discretion of the Program Director and Clinical Coordinator.

Inclement Weather Watch:

Inclement Weather Watches are declared the evening before forecasted inclement weather. No scheduled classes, skills laboratory or clinical learning experiences will begin before 8:00 a.m. the following day. This status allows time for BHCLR to make an informed decision regarding traveling conditions. All efforts will be made to announce the status of the campus by 6:00 a.m. the following day.

Delayed Opening:

Classes, skills laboratory and clinical learning experiences are delayed until 10:00 a.m. or later. Face-to-face experiences are expected but are delayed. Students must check their portal for additional details.

Alternate Method of Instruction (AMI) Day/Campus Open:

Face-to-face instruction will transition to virtual/online instruction. Students must check their portal for additional details. The BHCLR campus is open for on-ground business.

Alternate Method of Instruction (AMI) Day/Campus Closed:

Face-to-face instruction will transition to virtual/online instruction. Students must check their portal for additional details. The BHCLR campus is not open for on-ground business.

All Instruction is Canceled/Campus Closed:

In the event that all instruction is canceled, students will not be counted absent and make-up activities will be scheduled at the discretion of faculty. No make-up fees are incurred by students. The BHCLR campus is not open for on-ground business.

BHCLR encourages students to exercise judgment during emergency situations and take personal safety into consideration. Students will be notified of BHCLR closings via their BHCLR email account and the BHCLR emergency text system. In the event of BHCLR campus closing, all students, including those on clinical assignments will be notified by program faculty.

CONTINGENCY PLAN

In the event of a catastrophic event or pandemic occurring and disrupting the normal learning process, all face-to-face learning activities may be taught online and/or in a hybrid environment in order to keep students, faculty, and staff safe and healthy. Students will be notified via an email and/or text message within 48 hours if possible.

In light of possible changes, students will need to have reliable access to both the internet and a computer in order to complete coursework. Should a student not have the needed equipment to

complete online assignments, they should notify their instructor or BHCLR IT department for assistance.

Should classes need to be held virtually, they will be held via Google Meet, and students will be required to attend at the scheduled time/synchronously. Clinical rotations will continue as scheduled if permitted. Additional instructions will be given as needed.

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 clinical performance evaluations, graduate/employer satisfaction surveys, and examination questions. 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.**

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

FACULTY AND COURSE EVALUATIONS

Students evaluate the course, each course instructor, clinical site, clinical instructors, program 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 President 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, evaluations are provided to the students via Survey Monkey. The evaluations should be completed in a timely manner and returned via email. Once completed, they are tabulated and then forwarded to the program director for review.

RESOURCES

1. **BHCLR has a full-time counselor/Chaplain.** The Chaplain can be reached at 501.202.7721.
2. **Disability Services:**

Reasonable accommodations for applicants and students with documented disabilities are made, pursuant to federal and state laws. Any applicant or student with a disability who needs accommodations must provide the necessary official records and documentation to Disability Services in a timely manner or as soon as the need for an accommodation is evident. The appropriate school official shall make the determination regarding reasonable accommodations. Please refer to [Disability Services](#) on our website. The Disabilities Services Specialist can be reached at 501.202.7881.

3. 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.
4. The **Learning Resource Center** is available to students from 0800-1700, Monday through Friday.
5. There is a **Food for Thought Pantry** available to any student in need of this resource. The food pantry can be reached by emailing foodforthought@bhclr.edu.
6. **Baptist Health Urgent Care:** Students must access the BHCLR Portal and click on the Student Resources tab to complete a health history questionnaire. Once this is completed, the student may go to the Baptist Health Urgent Care clinic located at 11402 W. Markham Street, Little Rock, 72211, between the hours of 8:00 a.m. and 8:00 p.m., Monday – Friday, 8:00 a.m. – 4:00 p.m. on Saturday, or 1:00 p.m. – 6:00 p.m. on Sunday.

WHAT THE PROGRAM EXPECTS FROM STUDENTS

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

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. **COMPASSION:** Treat others with empathy, concern, and understanding as a display of Christian compassion. 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. **COMMUNICATION:** Share information and ideas with a sense of purpose. Listen for understanding.
4. **TEAMWORK:** Acknowledge and welcome collaboration to achieve excellence in all we do. 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. **PROFESSIONALISM:** Demonstrate pride in the work performed while striving for excellence. A student should be responsible, reliable, and trustworthy, and exhibit a positive image in their speech, actions, and appearance. Serve as a role model for other students and live out the Baptist Health values.
6. **RESPONSIBILITY:** Take responsibility for your own work. Attempt to work on your own; however, ask if you are not sure of something.
7. **ACCOUNTABLE:** Do the right thing always. Be fair, truthful, and honest. Ensure safety and confidentiality, and uphold the organization policies and procedures. A student should strive to meet the academic and clinical requirements; and fulfill the program requirements for graduation.
8. **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.
9. **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.
10. **PROGRESSION:** Exemplify personal and professional growth as well as academic and clinical achievement and growth.

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. **Clinical Coordinator** – correlates and coordinates clinical education with didactic education and serves as an instructor of an Allied Health Program.
7. **Absence** – not present on a Baptist Health Campus or affiliate clinical site at the appropriately scheduled time for clinical assignments.
8. **Tardy** – not present up to 30 minutes of a scheduled class/clinical day.
9. **Excessive Absence** – more than five (5) absences per year.
10. **Clinical Laboratory** – the Radiology Department of any affiliating clinical facility of the School of Radiography.
11. **Clinical Preceptors** – staff members of the Radiology Department that meet certain requirements for clinical instruction of student learning.
12. **Competency** – having adequate ability to function or progress in a particular way.
13. **Proficiency** – having the knowledge and skills needed for success in the Profession.
14. **Clinical Supervisors** – staff members of the Radiology Department that meet certain requirements for supervision of students.
15. **Curriculum** – an organized placement and outline of required course(s) descriptions and associated college courses.
16. **Radiation Protection** – the act or practice of protecting patient, co-workers, and self from the harmful effects of ionizing radiation.
17. **Class Year** – begins with entry month and ends with the month prior the following year.
18. **School Year** – for the Radiography Program, the school year is from July to June.
19. **Contact Hour** – equal to one (1) hour engaged in learning activity.

20. **Commencement** – day of ceremony.
21. **Graduation** – the completion of all required academic and clinical requirements, and completion of exit.
22. **Plagiarism**- the “wrongful appropriation” and purloining and publication of another author’s language, thoughts, ideas or expressions. It is considered academic dishonesty.

IMPORTANT CONTACT INFORMATION

Baptist Health College Little Rock
School of Radiography
11900 Colonel Glenn Road
Little Rock, AR 72210 501.202.6200
www.bhclr.edu

Associate Dean/Program Director
Suzy Bullard, MHA, RT(R), ARRT
Office Phone 501.202.7468, cell 501.681.3351
Fax 501.202.7712
Suzy.bullard@baptist-health.org

Assistant Professor/Clinical Coordinator
Suzanna Haskin, MBA, RT(R), ARRT
Office Phone 501.202.7463, cell 501-231-2933
Fax 501.202.7712
Suzanna.haskin@baptist-health.org

Assistant Professor/Faculty
Heather Cain, BS, RT(R)(M), ARRT
Office Phone 501.202.7462, cell 501.499.1944
Fax 501.202.7712
Heather.cain@baptist-health.org

Allied Health Enrollment Services Advisors
Alida Gutierrez, or Jessica Westerman
Office Phone 501.202 6700
Fax 501.202.7712

Clinical Site Contact Information:

Arkansas Children's Hospital 501.364.3876

Arkansas Urology 501.219.8900

BHMC-LR Radiology Department 501.202.2772 or 2773

BHMC-NLR Radiology Department 501.202.3867

BHMC-Conway Radiology Department 501.585.2000

Baptist Health Family Medicine Residency Clinic 501.753.4132

BH Imaging Center- Kanis 501.202.4020

Baptist Health Orthopedics 501.217.3533

Bowen Hefley Orthopedics 501.663.6455

CARTI Cancer Center 501.906.3000

OrthoArkansas - Midtown 501.500.3500

OrthoArkansas - Conway 501.205.0425

Revised: 06/2025 SB

APPENDIX A
(REQUIRED TEXTBOOKS)

REQUIRED TEXTBOOKS

1. Merrill's Atlas of Radiographic Positions and Radiologic Procedures,
16th edition, Rollins and Curtis, Elsevier publisher (3 volume set)
ISBN-13: 978-0443119132
 2. Merrill's Atlas of Radiographic Positions and Radiologic Procedures,
16th edition, Workbook, Rollins and Curtis, Elsevier publisher
ISBN-13: 978-0443118654
 3. Merrill's Pocket Guide to Radiography
16th edition, Rollins and Curtis, Elsevier publisher
ISBN-13: 978-0443116933
 4. Radiation Protection in Medical Radiography,
9th edition, Sherer, Visconti, Ritenour, & Haynes; Elsevier publisher
ISBN-13: 978-0323825030
 5. Radiography in the Digital Age
4th edition, Quinn B. Carroll, Thomas publisher
ISBN-13: 978-039809408
 6. Introduction to Radiologic & Imaging Sciences & Patient Care,
8th edition, Arlene Adler and Richard Carlton, Elsevier publisher
ISBN-13: 978-0323872201
 7. Radiographic Pathology for Technologists,
9th edition, Shelton, Elsevier publisher
ISBN-13: 978-044322430-0
 8. Medical Terminology. A Systems Approach
8th edition, Gyls & Wedding, F. A. Davis publisher
ISBN-13: 978-0803658677
 9. Radiologic Science for Technologists: Physics, Biology, and Protection
12th Edition, Bushong, Elsevier publisher
ISBN-13: 978-0323661348
 10. Quality Management in the Imaging Sciences,
6th edition, Papp, Elsevier publisher
ISBN-13: 978-0323512374
 11. Radiographic Imaging and Exposure,
7th Edition, Fauber, Elsevier publisher
ISBN-13: 978-0443114502
 12. Mosby's Comprehensive Review of Radiography,
8th edition, Callaway, Elsevier publisher
ISBN-13: 978-0323694889
- Recommended: Lange Radiography Examination Review Book, 12th edition by D.A. Saia, ISBN -13: 978-1260460445

APPENDIX B
(CLINICAL EVALUATION)

General Diagnostic X- Ray Evaluation

Rating Scale:

1-2 = 0% to 20%

3-5 = 30% to 50%

6-8 = 60% to 80%

9-10 = 90% to 100%

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. ***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.***

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 theoretical knowledge acquired in the classroom to the real world of patient testing and evaluating.

Clinical evaluation of the student's performance is framed within School **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 School Values.

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.

Begin Date:

End Date:

What percentage of the time did the student perform the following:

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.

1 2 3 4 5 6 7 8 9 10

TECHNICAL FACTORS

- A. Exposure factors within reason, SID, MAS, KVP, etc.
- B. No technical error, 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

1 2 3 4 5 6 7 8 9 10

RADIATION PROTECTION

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

1 2 3 4 5 6 7 8 9 10

ROOM AND EQUIPMENT PREPARATION

- A. Cleans tables after each patient.
- B. Checks linen supply and stocks when necessary.
- C. Has emesis bags, bedpans, and contrast ready.
- D. Turns machine "on" and have tube and table ready for the exam.
- E. Have appropriate size and type of CR 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

1 2 3 4 5 6 7 8 9 10

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

1-2 = Very slow. Does not turn out work on time.

3-5 = Produces enough to get by. Needs speed.

6-8 = Good volume, even on difficult exams.

9-10 = Rapid worker, even on difficult exams. Does more than expected

1 2 3 4 5 6 7 8 9 10

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.

1-2 = Complains frequently. Does not accept suggestions.

3-5 = Usually a good team player. Sometimes clashes with others.

6-8 = Never complains. Good team player. Shows genuine interest in job.

9-10 = Goes out of way to cooperate. Thoughtful of others.

1 2 3 4 5 6 7 8 9 10

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. Was the student in assigned area on time?

1-2 = Avoids responsibility. Shows no initiative. Stands around.

3-5 = Accepts responsibility reluctantly. Little initiative. Very little hustle.

6-8 = Shows initiative adequate for requirement of work.

9-10 = Self-starter. Seeks responsibility.

1 2 3 4 5 6 7 8 9 10

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 histograms for part being examined.

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

1 2 3 4 5 6 7 8 9 10

PATIENT CARE

- A. Identified all patients by verifying name on armband with name on order.
- 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.

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

1 2 3 4 5 6 7 8 9 10

PERSONAL APPEARANCE

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

1 2 3 4 5 6 7 8 9 10

Comments:

Student Signature: Student may add signature and/or comments by attaching a post-submission comment.

Please note if you were under DIRECT supervision at all times.

Semester I: Clinical I/JR

(July - December)

A = 76% - Above

B = 75 - 70%

C = 69 - 65%

D = 64% & below

Semester II: Clinical II/JR

(January - June)

A = 80% - Above

B = 79 - 75%

C = 74 - 70%

D = 69% & below

Semester III: Clinical III/SR

(July - December)

A = 86% - Above

B = 85 - 80%

C = 79 - 75%

D = 74% & below

Semester IV: Clinical IV/SR

(January - June)

A = 90% - Above

B = 89 - 80%

C = 77 - 79%

D = 76% & below

APPENDIX C

(Sample Personal Radiation Monitor Report > 50mrem)



To:

Date:

From: Dr. Kevin Forte, Radiation Safety Officer

Subject: Radiation Dosimeter Report

Monitoring Month:

Month Amount: DDE **mRem**

YTD Amount: DDE **mRem**

This is to document that you have been made aware of your monthly dosimeter reading.

***Supervisors**-Please print this notification and have employee sign. Keep signed copy in employee file. Please send copy of signed form to Melody Etherton.

| Investigational levels for individual occupational dose |
|---|
| ALARA Investigational Levels per Month |
| Level 1: 50-100 mrem |
| Level 2: 101-210 mrem |
| Level 3: >210 mrem |
| Notices to employees will be emailed if they exceed investigational levels. |

APPENDIX D
(Sample Semester Evaluation Form)

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

Name _____ Date _____ Semester _____

Grades: Current: _____ Past: _____ Class Average: _____

Comments: _____

GPA: Semester: _____ Cumulative GPA: _____

Evaluation Record:

Current: _____ Past: _____ Class Average: _____

| Behavioral Objectives | Class Average | Current Average | Comments |
|--------------------------------|---------------|-----------------|----------|
| Patient Positioning | | | |
| Technical Factors | | | |
| Radiation Protection | | | |
| Room & Equipment Preparation | | | |
| Quantity of Work | | | |
| Cooperation & Attitude | | | |
| Initiative & Critical Thinking | | | |
| Equipment Manipulation | | | |
| Patient Care | | | |
| Personal Appearance | | | |

| Grade Calculation: | Points Possible | Points Achieved |
|-------------------------------|-----------------|-------------------------------------|
| Clinical Evaluation Average | 50 | _____ |
| Clinical Policies Followed | 40 | _____ |
| ARRT Competencies | 30 | _____ |
| Experience Record | 30 | _____ |
| Total Points Possible: | 150 | Total Points Achieved: _____ |

Percentage Grade: _____ Final Letter Grade: _____
(Course Grading Scale)

Student Signature _____ Date _____

Program Director/Clinical Coordinator Signature _____

Comments: _____

APPENDIX E

(Catalog and Student Handbook Attestation Form)

Student ID# _____

Baptist Health College Little Rock
School of Radiography

BHCLR Catalog and Student Handbook Attestation

I have been informed that the current *BHCLR Catalog* (Fall 2025 - Spring 2026) and *Student Handbook* which contains the school specific section are available on the college website at www.bhclr.org.

I received a copy of the Baptist Health College Little Rock- School of Radiography *Student Handbook* (2025-2026) which contains the section specific to the program in which I am enrolled. The Student Handbook was covered in its entirety and I was given the opportunity to ask questions and seek clarification pertaining to the *Student Handbook* and *BHCLR Catalog*. The attendance, clinical and dress code policies were discussed, along with the national registry exam for credentialing (ARRT).

My signature below indicates that I understand, and I am responsible for being knowledgeable of the contents of both the *BHCLR Catalog* and *Student Handbook*.

Student Full Name (Printed)

Date

Student Signature

Date

Reviewed: 06/2025 SB

APPENDIX F

(Informed Consent on Direct Supervision Attestation)

Student ID# _____

Baptist Health College Little Rock
School of Radiography

Informed Consent on Direct Supervision Attestation

I have been informed that during my clinical education I will be under the DIRECT SUPERVISION of a Registered Radiographer (ARRT) at all times. Direct Supervision has been fully explained to me, and I agree to comply while enrolled in the BHCLR-School of Radiography.

I have also been informed that all repeat images will be repeated by a Registered Radiographer with the student present. During the last six (6) months of my clinical education, I will be allowed to repeat my images with a Registered Radiographer (ARRT) physically present.

I agree to comply while enrolled in Baptist Health College Little Rock - School of Radiography.

Student Name (Printed)

Date

Student Signature

Date

Student ID# _____

Baptist Health College Little Rock
School of Radiography

Informed Consent on Direct Supervision Attestation

I have been informed that during my clinical education I will be under the DIRECT SUPERVISION of a Registered Radiographer (ARRT) at all times. Direct Supervision has been fully explained to me, and I agree to comply while enrolled in the BHCLR-School of Radiography.

I have also been informed that all repeat images will be repeated by a Registered Radiographer with the student present. During the last six (6) months of my clinical education, I will be allowed to repeat my images with a Registered Radiographer (ARRT) physically present.

I agree to comply while enrolled in Baptist Health College Little Rock - School of Radiography.

Student Name (Printed)

Date

Student Signature

Date

Appendix G

(Student Laboratory Participation Agreement)

Student ID# _____

Baptist Health College Little Rock
School of Radiography

Student Laboratory Participation Agreement

I, _____, agree to participate in the Skills Laboratory as a care provider and as a “patient” learner. I consent for a classmate to practice radiographic positioning on me (without radiographic exposure) and understand that this requires being touched. I will also play the role of radiographer, which will require me to have physical contact with other students as well. I will also be required to practice and perform vital signs on classmates, as well as have them performed on myself. I also understand and consent for a classmate to practice insertion of a peripheral intravenous (PIV) catheter, flushing PIV catheter, and discontinue PIV catheter skills on me. I will hold neither Baptist Health, Baptist Health College Little Rock-School of Radiography, faculty, nor my classmates responsible for any problems which may occur as a result of the Skills Laboratory learning experience.

Signature

Date

(School Copy)

Student ID# _____

Baptist Health College Little Rock
School of Radiography

Student Laboratory Participation Agreement

I, _____, agree to participate in the Skills Laboratory as a care provider and as a “patient” learner. I consent for a classmate to practice radiographic positioning on me (without radiographic exposure) and understand that this requires being touched. I will also play the role of radiographer, which will require me to have physical contact with other students as well. I will also be required to practice and perform vital signs on classmates, as well as have them performed on myself. I also understand and consent for a classmate to practice insertion of a peripheral intravenous (PIV) catheter, flushing PIV catheter, and discontinue PIV catheter skills on me. I will hold neither Baptist Health, Baptist Health College Little Rock-School of Radiography, faculty, nor my classmates responsible for any problems which may occur as a result of the Skills Laboratory learning experience.

Signature

Date

(Student Copy)

Appendix H

See JRCERT.org for Standards
for an Accredited Educational
Program in Radiography