Baptist Health College Little Rock


# Baptist Health College Little Rock
# School of Radiography

## FALL 2026 - SPRING 2027

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

# STATEMENTS

## CERTIFICATION STATEMENT

Baptist Health, its schools and 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 school 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 sent to the students in an electronic notification of new or revised policies. Additionally, changes will be made on the website version. Students are expected to remain informed by checking their email and the school's website regularly at www.BHCLR.edu.

## STATEMENT REGARDING STUDENT HANDBOOK

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

## NONDISCRIMINATION STATEMENT

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.

First Printed in 1953, 69th Edition
Baptist Health College Little Rock
11900 Colonel Glenn Road
Little Rock, AR 72210 501-202-6200

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## WELCOME TO STUDENTS

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 their 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

# GENERAL PROGRAM INFORMATION

## 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. The graduating class of 2026-2028 will be the first cohort to be awarded an Associate of Applied Science degree upon program completion.

## 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 comprises 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 their 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.

## 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.
        - Students will develop and demonstrate effective communication skills with other members of the healthcare team.
- **Goal 4. Students will demonstrate professional and ethical conduct.**
        - 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 in 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.

**POLICIES**

The School of Radiography supports all BHCLR policies, and all students must abide by these policies. Failure to comply will result in disciplinary action. Policies are located in the General Section of the BHCLR Catalog on the BHCLR website. All students are responsible for reviewing and abiding by the policies in the BHCLR Catalog located at: **BHCLR CATALOG**

## BHCLR STUDENT HONOR CODE

**Purpose**

The BHCLR Honor Code establishes shared expectations for academic integrity, ethical conduct, and professional accountability. Rooted in Baptist Health values, it ensures that honesty, responsibility, and trust remain central to healthcare education and safe clinical practice. This Code applies to all students, from acceptance to graduation, across all learning environments, including clinical sites, online learning and off-campus activities that impact BHCLR's mission or reputation.

**Honor Pledge**

By enrolling at BHCLR, students affirm the following pledge:

*I commit to honesty, integrity, and ethical conduct in all academic, clinical, and professional activities. I will complete my work truthfully, respect others, use technology responsibly, and uphold the standards of the BHCLR community. I will not engage in or tolerate academic dishonesty or unprofessional conduct.*

**Core Principles of the Honor Code**

| | |
|---|---|
| **Honesty and Academic Integrity** | Students must demonstrate integrity in all academic and clinical work. |
| **Professional Responsibility and Respect** | Students must act as developing healthcare professionals across all academic, clinical, and online settings. Because professional roles depend on integrity, exuding competence and trustworthiness is a constant requirement. |
| **Stewardship of Resources and Information** | Students are entrusted with institutional, clinical, and technological resources and must utilize responsibly and according to BHCLR policy. |
| **Responsibility to the Community** | Students are responsible for maintaining the integrity of the BHCLR community by upholding the Baptist Health values and BHCLR policies. |
| **Performance and Ethical Use of Technology** | Students are expected to pursue excellence without compromising ethical standards. |

**Relationship to Other Policies**

This Honor Code operates in conjunction with, and is supported by, BHCLR policies addressing academic integrity, professionalism, technology, testing standards, appeal procedures, and clinical conduct. Applicable institutional policies govern all procedural matters.

**Commitment**
The BHCLR Honor Code reflects the ethical expectations of healthcare education and professional practice. Students are expected to internalize these standards and carry them forward into clinical practice and lifelong professional conduct.

**Prohibited Conduct Under the Honor Code**
*Any violations may be examined on an individual basis as deemed appropriate by BHCLR Administration and applicable committees.* Violations of this Honor Code include, but are not limited to:

| Academic Offenses | Non-Academic Offenses |
|---|---|
| ● Collaborating on course work, simulations, or clinical documentation without explicit permission.<br>● Unauthorized use of artificial intelligence, electronic devices, and digital resources for the fabrication or falsification of data, records, clinical documentation, or academic work.<br>● Cheating, plagiarizing, impersonating, or misrepresenting work; including not accurately citing and crediting the work, ideas, and intellectual property of others.<br>● Attempts to gain unauthorized assistance on academic or clinical evaluations, or create an unfair academic or professional advantage.<br>● Impersonating others, allowing others to complete one's coursework.<br>● Recording, reproducing, or distributing instructional, clinical, or assessment materials in an unauthorized manner. | ● Bullying, harassment, intimidation, discrimination, retaliation, or disruptive conduct of any kind. *This is a zero-tolerance policy.*<br>● Assisting, encouraging, or concealing violations of the Honor Code.<br>● Not treating clients, peers, faculty, staff, preceptors, or community members with dignity and respect.<br>● Representing an unprofessional standard of communication, appearance, punctuality, preparedness, and accountability in all settings (including online and social media, and on and off campus).<br>● Misuse of confidential academic records, institutional data, client information, instructional technology, clinical systems, and equipment.<br>● Displaying conduct in an educational setting that shows a lack of interest or participation, a disregard for other's time, or interferes with academic or clinical experience or performance. |

**Reporting, Review, and Due Process**
- Alleged Honor Code violations are reviewed through established BHCLR academic integrity and conduct policies and processes.
- Reports may be submitted by faculty, staff, preceptors, students, or administrators.
- Reviews and hearings are conducted using the preponderance of the evidence standard.
- Students are entitled to notice of allegations, an opportunity to respond, and access to appeal processes as defined by policy.
- Students may be accompanied by an assigned advisor in formal proceedings, consistent with institutional policy.

**Sanctions**
Violations of the Honor Code may result in academic and/or disciplinary action. Sanctions are intended to be educational, corrective, and protective of client safety and institutional integrity. Possible outcomes include grade modification, educational requirements, probation, suspension, or dismissal, as outlined in applicable policies. Suspected violations should be reported through established institutional channels.

## 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.

## ACCREDITATION, APPROVALS, CERTIFICATIONS, AND MEMBERSHIPS

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:

| Accrediting Bureau of Health Education Schools (ABHES) | Arkansas Division of Higher Education (ADHE) | Joint Review Committee on Education in Radiologic Technology (JRCERT) |
|---|---|---|
| **Address:** 6116 Executive Blvd., Suite 730, North Bethesda, MD 20852<br>**Phone:** (301) 291-7550<br>**Email:** info@abhes.org | **Address:** #2 Capitol Mall Little Rock, Arkansas 72201<br>**Phone:** (501) 371-2000<br>**Website:** http://www.adhe.edu | **Address:** 20 North Wacker Drive Suite 2850 Chicago, IL 60606<br>**Phone:** (312)704-5300<br>**Fax:** (312) 704-5304<br>**Email:** mail@jrcert.org<br>**Website:** www.jrcertorg |

# ADMINISTRATION

### BAPTIST HEALTH ADMINISTRATION

Troy Wells - CEO & President, Baptist Health
Greg Crain, MHSA, FACHE - President, Baptist Health Central Arkansas Region
Mike Perkins, MS, MHSA - President, BHMC-LR

### BHCLR & PROGRAM ADMINISTRATION

Karen James, Ph.D., OTR/L, CAPS - Interim President/Dean of Allied Health, BHCLR
Jamie Clark, Ed. D, MBA - Dean of Business Affairs and College Operations
Matt McCrary, MD - Chief of Radiology Department and Medical Advisor, School of Radiography
Suzanne Bullard, MHA, RT(R) ARRT, ASRT - Associate Dean/Program Director, BHCLR
Tracy White MBA, RT(R), ARRT - Director of Radiology, BHMC-LR

### FACULTY

**Suzanne Bullard, MHA, RT(R), ARRT, ASRT**
Associate Dean/Program Director, BHCLR - 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, ASRT**
Assistant Professor/Clinical Coordinator, BHCLR - 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, ASRT**
Assistant Professor/Faculty, BHCLR - 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)
Hope Coleman, Ph.D. Chaplain and Counselor
Daniel Guffey, MBA, R.T.(N)(CT), CNMT
Suzanna Haskin, MBA, R.T.(R)
William Morgan, BS, R.T.(R)
Heather Cain, BS, R.T.(R)(M)
Melody Etherton, BS, R.T.(N), CNMT
Jessica Mathisen, MSN, RN
Michael Daugherity, BS, R.T.(R)(CI)
Jordan Moody, BS, R.T. (R)

### CLINICAL INSTRUCTORS

Amanda Allen, BS, R.T. (R)
Jessica Douthit, BS, R.T.(R)
Karlie Graves, BS, R.T.(R)
Rhonda Kelsey, R.T. (R)(CT)
Judy May, R.T.(R)
Jordan Moody, BS, R.T.(R)
Jenny Nichols, BS, R.T.(R)
Shana Raymond, AS, R.T.(R), RDMS
Josh White, BS, R.T. (R)
Hannah Brannan, BS, R.T.(MR)
Jennifer Gainer, BS, R.T.(R)
Nina Holloway, R.T. (R)(CT)
Kirsten Langston, BS, R.T.(R)(M)
Madelyn Miller, BS, R.T. (R)
William Morgan, BS, R.T.(R)
Kim Ramer, R.T.(R)
Judy Shook, AS, R.T. (R)
Felicia Dyal, AS, R.T. (R)

## SCHOOL CALENDAR

The BHCLR Academic calendar can be found in the BHCLR Catalog. All students are responsible for reviewing and abiding by the dates published in the BHCLR Catalog located at: **BHCLR CATALOG**

## ACADEMIC

### 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.*

### 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. Additionally, the Disabilities Services Specialist can be reached at (501) 202-7881.*

### RESOURCES

1. **BHCLR has a full-time counselor/Chaplain.** The Chaplain can be reached at (501) 202-7721.
   a. **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.
2. Students 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. The **Learning Resource Center** is available to students from 0800-1700, Monday through Friday.
3. The **Food for Thought Pantry** is available to any student in need of this resource. The food pantry can be reached by emailing foodforthought@bhclr.edu.

4. **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

## 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
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Fax: (501) 202-7712
Email: Suzy.bullard@baptist-health.org

**Assistant Professor/Clinical Coordinator**
Suzanna Haskin, MBA, RT(R), ARRT
Office Phone: (501) 202-7463
Cell Phone: (501) 231-2933
Fax: (501) 202-7712
Email: Suzanna.haskin@baptist-health.org

**Assistant Professor/Faculty**
Heather Cain, BS, RT(R)(M), ARRT
Office Phone (501) 202-7462
Cell Phone: (501) 499-1944
Fax: (501) 202-7712
Email: Heather.cain@baptist-health.org

**Allied Health Enrollment Services Advisors**
Alida Gutierrez, or Radiography Admission Counselor
Office Phone: (501) 202-6700
Fax: (501) 202-7712

## REMEDIATION

A student will be offered **one** chance at remediation in **theory only** during the two-year period. **There is no remediation offered should a student fail the clinical portion of the program. Remediation is at the discretion of the Associate Dean/Program Director.** The conditions of remediation are as follows:

1. The remediation assignment must be completed before the student can progress in clinical.
2. The student who opts to take the remediation exam must earn high enough on the exam

to make a 77% for the course. For example, a student who scores a 90% on the remediation exam will receive a 77% for the course. The maximum final course score that can be earned through remediation is a 77% (C).

3. Failure to do so will result in Administrative Withdrawal.

Students who choose **not** to take the exam will be Academically Withdrawn from the program since they will have earned less than a "C" for the course. Students who choose to initiate the appeal process **forfeit** the opportunity to remediate and must abide by the decision of the Appeal Panel. Students choosing to remediate **forfeit** the right to go before the Appeal Panel. ***Refer to the BHCLR Catalog for the Student Appeal Process.***

### STUDENT GRIEVANCE

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. The grievance policy for radiography students is governed by The Joint Review Committee on Education in Radiologic Technology (JRCERT). Students may file a grievance with the JRCERT concerning allegations of non-compliance of the Standards at www.jrcert.org, only **after** the student has exhausted all measures at the college level.

## ACADEMIC & CLINICAL AFFILIATIONS

### ACADEMIC AFFILIATIONS Resulting in Bachelor of Science Degree

University of Central Arkansas Conway, Arkansas
Henderson State University Arkadelphia, Arkansas

### CLINICAL AFFILIATIONS & CONTRACT INFORMATION

| Clinical Site | Phone Number |
|---|---|
| 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 |

*Reviewed: 06/2026 SB*

## ACADEMIC STANDARDS

### 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.

The following Essential Functions are required of students throughout enrollment in the program:

**OBSERVATION:**

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|---|
| I am 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. |
| I am able to visually observe patients and the patient's environment. |
| I have good vision. |

**SPEECH / HEARING:**

| |
|---|
| I am able to speak clearly and be understood. |
| I am able to hear and interpret voices as well as loud, soft, or muffled sounds. |

**PHYSICAL ABILITIES / FINE MOTOR TOUCH:**

| |
|---|
| I am 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. |
| I am able to move heavy objects by bending, stooping, reaching or moving side to side. |
| I am able to use my fingers for fine motor dexterity and manipulating small objects, etc. |
| I am able to gather information (ex: temperature) by using the sense of touch. |
| I am physically able to work on or with equipment following proper training. |
| I have physical use of all of the following: fingers, hands, arms, feet, legs, back and neck. |

**INTELLECTUAL / CONCEPTUAL / COGNITIVE:**

| |
|---|
| I am able to do basic mathematical calculations (add, subtract, multiply, divide). |

| |
|---|
| I am able to recognize emergency situations and take appropriate actions as taught. |
| I am able to comprehend and process verbal and written information. |
| I am able to organize and prioritize job tasks. |

**COMMUNICATION / BEHAVIOR:**

| |
|---|
| I am able to read and write legibly, and type information in an efficient manner. |
| I am able to verbally communicate in the English language. |
| I am able to legibly communicate in writing using the English language. |
| I am able to assess or interpret nonverbal communication such as facial expressions, hand signals for help, etc. |
| I am able to demonstrate and maintain psychological and emotional stability. |
| I am willing and able to behave in a professional and respectful manner. I am willing to project a professional appearance. |
| I am willing and able to comply with the Baptist Health Values: Service, Honesty, Respect, Stewardship and Performance. |
| I am willing and able to follow all expectations, policies and procedures outlined by the college, and take responsibility for my own actions. |
| I am able to follow organizational policies which maintain safety for patient(s), self, and others. |

**METALLIC IMPLANTS:**

| |
|---|
| Students must notify program faculty if you have any metallic implants. MRI staff will complete an MRI Safety 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. *Note:* Should this status change while in the program, the student must notify program faculty. |

**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.

## COST OF THE PROGRAM

### 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. Radiography in the Digital Age
   4th edition, Quinn B. Carroll, Thomas publisher
   ISBN-13: 978-039809408
5. Introduction to Radiologic & Imaging Sciences & Patient Care,
   8th edition, Arlene Adler and Richard Carlton, Elsevier publisher
   ISBN-13: 978-0323872201
6. Radiographic Pathology for Technologists,
   9th edition,Shelton, Elsevier publisher
   ISBN-13: 978-044322430-0
7. Medical Terminology, A Systems Approach
   9th edition, Gylys & Wedding, F. A. Davis publisher
   ISBN-13: 978-1719651059
8. Radiologic Science for Technologists: Physics, Biology, and Protection
   12th Edition, Bushong, Elsevier publisher
   ISBN-13: 978-0323661348
9. Radiographic Imaging and Exposure,
   7th Edition, Fauber, Elsevier publisher
   ISBN-13: 978-0443114502
10. 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

### 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.

## ACADEMIC POLICIES

### PERSONAL ELECTRONIC DEVICES

Use of any personal electronic device with the exception of personal laptop is not permitted during examinations, quizzes, or examination reviews. These devices are not allowed in the classroom during the testing or review situation (please see course syllabi for testing procedure). If such devices are heard or observed, faculty have the authority to hold devices until testing activity is concluded.

Use of electronic devices (including sending or receiving texts or calls, use of any type of ear piece) is limited to break and mealtimes.

Use of a personal laptop or iPad while in the classroom/skills laboratory or computer laboratory is limited to activities associated with the learning experience. Surfing the internet, participating in social networking sites, playing games or participation in other activities not relevant to class are not allowed. Faculty has the authority to require a student to discontinue its use. Students are not to leave during class to use their cell phones.

Use of auditory recording devices for recording of lectures must be pre-approved by the respective faculty. Video recording of any classroom learning activities is strictly prohibited.

Regardless of the practice of employees at a clinical site, the use of cellular devices in the clinical setting is prohibited. **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 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.

## 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 labs, 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 and jackets 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. A small, conservative necklace may be worn. However, long chains and other dangling jewelry are 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 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 oftentimes offensive to ill patients, their families, fellow students, employees, and employers. 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 and/or antiperspirant. The student's body must be clean and free from odor.

The program faculty and clinical preceptors are 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 faculty.

**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.*

## GRADING

### ACADEMIC GRADING SCALE

| GRADE RANGE | VALUE |
|---|---|
| A | 90 - 100% |
| B | 80 - 89% |
| C | 77 - 79% |
| D | 70 - 76% |
| F | 0 - 69% |
| 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.

### 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: 89.5 will be raised to a 90, and 89.49 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.

## 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 cueing 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.

## PROGRESSION AND PROMOTION

### 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.**

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 76.49% or less in a course will result in failure of the course, and the student cannot progress.

### 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.**

## GRADUATION REQUIREMENTS

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

1. Successfully complete 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. Complete 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. Complete student/graduate clearance form and process.
6. Participate in the commencement ceremony in the required dress code

The School's Associates Degree, 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

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 that is 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. The following link provides details for licensure in the state of Arkansas: www.healthy.arkansas.gov

Graduates seeking employment in a different state should check with that state concerning state licensure. 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 the ability 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.

### ACADEMIC/CONDUCT PROBATION

The status of academic or conduct 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.

# STUDENT POLICIES

### 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 first and second 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 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.** Students enrolled in the program are instructed in proper safety precautions and personnel monitoring prior to being admitted to any ionizing radiation areas. Students are 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:

**5.1.1.** 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*.

**5.1.2.** Continue through the planned clinical rotations with full knowledge of information presented below.

**5.1.2.1.** **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.

**5.1.2.2.** If the student elects to withdraw, no further action is needed except a written statement of withdrawal from the student.

**5.1.2.3.** If the student elects to continue through the clinical rotations, the

following are required:

**5.1.2.3.1.** 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).

**5.1.2.3.2.** The student will **wear two (2) dosimeters**; one placed at the collar and one placed at the waist for fetal monitoring.

**5.1.2.3.3.** 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 and Revised: 03/19 SB/SH*
*Reviewed: 05/2024 SB with information taken from BH Policy RS-1 Radiation Safety*
*Reviewed: 06/2026 SB/SH*

## 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.

## 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 transport patients, complete paperwork, or run errands, and so forth, to other students in the area for program directed clinical assignments.
4. First year 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. Students at “work” are required to exemplify the Baptist Health Values and Code of Ethical Conduct, as is expected from 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.

## 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 and/or irresponsibility, is not aligned 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 should 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 from class or clinical 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 and may occur on scheduled break times.

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. Clinical assignments may not be completed by another student. Clinical assignments cannot be changed or altered for any reason.
3. **A written warning will be given to the student once they have acquired three (3)**

**unexcused absences per academic year.**

4. 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.
5. **An absence of three (3) consecutive days without notification to the faculty of the program may result in administrative withdrawal from the program.**
6. 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. 1 st 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 (classroom or clinical) will require eight (8) hours of make-up time that must be completed in the clinical setting, no matter the length of the class time.** 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. 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 assistant professor/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 Trajecsys 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.**

**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
Christmas Day

**VACATION/BREAKS (Refer to Academic Calendar for dates)**
1. Fall Break (in October)
2. Five (5) week Christmas Break,
3. Spring Break (in March),
4. Summer breaks before and after the summer semester.

## 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. More than two (2)days missed due to inclement weather will be made up at the discretion of the faculty.

**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 access to both the internet and a computer in order to complete coursework (See Technology Requirements for Enrolled Students in the Catalog) Should classes need to be held virtually, they will be held via Google Meet, and students will be required to attend on camera at the scheduled time/synchronously. Clinical rotations will continue as scheduled if permitted. Additional instructions will be given as needed.

## MAKEUP COURSEWORK

**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.

## 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 Assistant Professor/Clinical Coordinator's office. The change will be made effective within a reasonable amount of time.

## SCHEDULED HOURS

### TRAJECSYS CLINICAL HOURS TRACKING SYSTEM

The Program utilizes the Trajecsys 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 clock in or out will result in a 1-point deduction each occurrence from the “Clinical Policies Followed Points” available. The student must enter a time exception for all missed entries.
2. Clocking in and out from the appropriate clinical site location while allowing their geographical location, e.g., not while still driving or from home. Clocking in or out from an unapproved location will result in a 3-point deduction each occurrence from the “Clinical Policies Followed Points” available.
3. If a student is absent they must enter a time exception in Trajecsys for the day and select absent.
4. All make-up time must be documented in Trajecsys by clocking in with a time exception and typing in “make-up time” in the explanation box. They will clock out for lunch and at the end of shift normally.

### 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:**

1. 0630 - 1500
2. 0700 - 1530
3. 0730 - 1600
4. 0800 - 1630
5. 1200 - 2030 (evening rotation)

Students will receive over 500 contact hours of scheduled classroom studies, approximately 28 contact hours in the skills lab and approximately 1,224 contact hours of clinical experience during the two (2) year program for a required program total of 1,752 contact hours.

## CLASS AND CLINICAL ROTATIONS EXPECTATIONS

### 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 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 clinical rotations 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.

Talking: Side conversations (talking) are disruptive to the classroom learning experience. A student may respectfully contribute to the class discussion and ask questions by raising their hand to be recognized. The student is expected to treat everyone in class and on campus with respect.

Conversations that are not relevant to classroom discussion should be conducted outside the learning environment.

Dominating classroom discussion, interrupting or belittling other students, challenging faculty authority, arguing, and making offensive remarks or other inappropriate means of communicating is not allowed. Faculty has the authority to remove the student from the learning experience as necessary.

Overt inattentiveness: Activities that demonstrate overt inattentiveness are disruptive to the classroom learning experience and should be avoided. These activities include, but are not limited to:

Sleeping during class,
Reading material that is not relevant to learning activity,
Conducting other activities during class (texting, games),
Staying too long for breaks and returning late, and
Making disruptive noises.

Students should conduct themselves in an “onstage” professional manner when using cell phones or having conversations outside the classroom and refrain from loud talking in the halls.

## 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 the class in school related matters. The class representative is someone who should be excellent with communication, as this is one of their primary responsibilities.

## 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.” 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.

**CLINICAL SUPERVISOR/INSTRUCTOR RESPONSIBILITIES AND EVALUATION POLICIES**
The purpose of clinical hours (8-hours per day) is to provide devoted time for the student to acquire practical skills for clinical experience and progression. 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 the assigned area, to include the control panel, the table and tube, 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 placement, and correct technical factors for each examination. Due to our use of automatic exposure devices and anatomically programmed radiography, students should be taught these methods as well as the manual technique settings.

Coordinated with didactic education, students should be allowed to perform the examinations learned under direct supervision through the first 4 semesters. Only during the last semester are the students allowed to perform procedures learned under indirect supervision. 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 schedule of when the students have learned and simulated procedures will be shared with each clinical site.

**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 second-year 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 second-year 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. <u>POSITIONING SKILLS (PSYCHOMOTOR DOMAIN)</u>**

The student is able to:

A. Select proper image receptor size,
B. Correctly mark the image receptor with lead/aluminum markers.
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. <u>EQUIPMENT MANIPULATION AND TECHNICAL FACTORS (PSYCHOMOTOR DOMAIN)</u>**

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. <u>EVIDENCE OF RADIATION PROTECTION (PSYCHOMOTOR DOMAIN)</u>**

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. <u>PROFESSIONAL PERSONAL APPEARANCE AND ATTITUDES (AFFECTIVE DOMAIN)</u>**

The student is able to:

A. Support program policies,
B. Show interest in the assignment and duties,
C. Adapt to the situation with a positive attitude,
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. <u>IMAGE AND PROCEDURE ANALYSIS (COGNITIVE DOMAIN)</u>**

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. At the end of each semester, 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.

These minimum averages for clinical evaluation are:

1st semester minimum average of 65
2nd semester minimum average of 72
3rd semester minimum average of 75
4th semester minimum average of 77
5th semester minimum average of 77

The student's grades, and the average of the evaluations 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 (August - December)** | |
| | 76 & ↑ | 50 points |
| | 75 – 71 | 40 points |
| | 70 – 65 | 30 points |
| | 64 – 60 | 20 points |
| **Second Semester:** | **Clinical II (January - May)** | |
| | 82 & ↑ | 50 points |
| | 81 - 77 | 40 points |
| | 76 - 72 | 30 points |
| | 71 - 67 | 20 points |
| | 66 & ↓ | 0 points |
| **Third Semester:** | **Clinical III (June - July)** | |
| | 86 & ↑ | 50 points |
| | 85 – 80 | 40 points |
| | 79 – 75 | 30 points |
| | 74 – 70 | 20 points |
| | 69 & ↓ | 0 points |
| **Fourth Semester:** | **Clinical IV (August - December)** | |
| | 90 & ↑ | 50 points |
| | 89 - 80 | 40 points |
| | 79 - 77 | 30 points |
| | 76 & ↓ | 0 points |
| **Fifth Semester:** | **Clinical V (January - May)** | |
| | 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 faculty.**

**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 (August - December)** | |
| | 8 & ↑ completed | 30 points |
| | 7 – 6 completed | 25 points |
| | 5 – 4 completed | 20 points |
| | 3 & ↓ completed | 0 points |
| **Second Semester:** | **Clinical II (January - May)** | |
| | 16 & ↑ completed | 30 points |
| | 15 – 14 completed | 25 points |
| | 13 – 12 completed | 20 points |
| | 11 & ↓ completed | 0 points |
| **Third Semester:** | **Clinical III (June - July)** | |
| | 26 & ↑ completed | 30 points |
| | 25 – 24 completed | 25 points |
| | 23 – 22 completed | 20 points |
| | 21 & ↓ completed | 0 points |
| **Fourth Semester:** | **Clinical IV (August - December)** | |
| | 41 & ↑ completed | 30 points |
| | 40 – 38 completed | 25 points |
| | 37 – 35 completed | 20 points |
| | 34 & ↓ completed | 0 points |
| **Fifth Semester:** | **Clinical V (January - May)** | |
| | 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 (August - December)** | |
| | 250 & ↑ numbers | 30 points |
| | 224 – 249 numbers | 25 points |
| | 198 – 223 numbers | 20 points |
| | 197 & ↓ numbers | 0 points |

**Second Semester:** **Clinical II (January - May)**

650 & ↑ numbers 30 points
600 – 649 numbers 25 points
548 – 599 numbers 20 points
498 & ↓ numbers 0 points

**Third Semester:** **Clinical III (June - July)**

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

**Fourth Semester:** **Clinical IV (August - December)**

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

**Fifth Semester:** **Clinical V (January - May)**

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: 89.5 will be raised to a 90, and 89.49 will remain 89.)

**Course Grading Scale:**
100 – 90 A
89 – 80 B
79 – 77 C
76 – 70 D
69 & ↓ F

A 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 are counseled by the program director and may be dismissed from the program.

## 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, emergency department, and operating room, 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 (FALL I)

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, shoulder girdle, and lower extremity. These rotations should be closely coordinated with didactic classes in radiographic procedures/positioning/anatomy review, radiation physics, medical terminology, and introduction to radiography to include medical ethics and patient care. These rotations give the student the opportunity to observe, assist, and perform the examination (according to their 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.**

One clinical evaluation is completed weekly of all rotations by the supervising radiographer (clinical preceptor). In order to receive the maximum available points, the student must achieve a minimum of 76% for the semester's weekly clinical evaluations, completed and logged 250 examinations, and earned 8 ARRT mandatory and elective competencies. Final grades must be 77% or higher in all theory courses.

### SECOND SEMESTER (SPRING I)

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, and the entire vertebral column. 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, image production, and pediatrics. These rotations should give the student the opportunity to observe, assist, and perform the examination

(according to their  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 preceptor). In order to receive the maximum available points, the student must achieve a minimum of 82% for the semester's weekly clinical evaluations, completed and logged 650 examinations, and earned 16 ARRT mandatory and elective competencies Final grades must be 77% or higher in all theory courses.

**THIRD SEMESTER (SUMMER I & II)**
Assignments to clinical rotations provide the necessary equipment for the opportunity to become more familiar with previously learned routine procedures and acquire the skills and knowledge to perform procedures utilizing contrast media and fluoroscopy.

These rotations should be closely coordinated with didactic classes in routine contrast media procedures and fluoroscopic procedures/positioning/anatomy. A detailed review of the image intensifier and dynamic flat panel detector will be completed. In-services for advanced modalities will be presented in the didactic component of the program to prepare students for their second-year clinical rotations. These will include IVR, CVL, MRI, Radiation Therapy, and CT.

These rotations should give the student the opportunity to observe, assist, and to perform the examination (according to their  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 preceptor). In order to receive the maximum available points, the student must achieve a minimum of 86% for the semester's weekly clinical evaluations, completed and logged 1000 examinations, and earned 26 ARRT mandatory and elective competencies Final grades must be 77% or higher 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 routine radiography; is competent in the more complex procedures, such as myelography, arthrography, and surgical procedures; acquires a working knowledge of image quality; has familiarity with the equipment and procedures of mammography, magnetic resonance imaging (MRI), interventional radiology (IVR), cardiovascular lab (CVL), computed tomography (CT) 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.

**FOURTH SEMESTER (FALL II)**
Assignments to clinical rotations provide the necessary equipment for the opportunity to acquire basic knowledge of routine positioning of the skull, facial bones, sinuses, trauma and surgical imaging, magnetic resonance imaging, radiation therapy, computed tomography, interventional radiography, cardiovascular lab, and mammography.

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 while retaining a high degree of proficiency in all routine procedures. The clinical rotations are coordinated with classes in radiographic procedures, digital image acquisition and display, and radiographic pathology. Rotations in advanced modalities 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 their education.

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 90% to receive maximum points completed and logged 1500 examinations, and earned 41 ARRT mandatory and elective competencies. Final grades must be 77% or higher in all theory courses.

**FIFTH SEMESTER (SPRING II)**
A continuation of clinical practice experiences designed to allow the student to complete assignments in routine radiography, fluoroscopy and in selected clinical areas that began in the fourth semester. Classes in senior seminars, radiobiology, radiation protection, and review should assist the student in achieving a higher proficiency level.

**The supervision during this rotation may be either direct (for all advanced modality 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, for a minimum of 2000 examinations All remaining required ARRT mandatory and elective competencies must be completed during this semester. 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**, 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 on 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** | **Category II** | **Category III** |
|---|---|---|
| Chest (PA and Lat) | Fingers/Thumbs | Toes |
| Decub CXR | Hand and Wrist | Foot |
| Abdomen (KUB) | Forearm | Heel |
| Decub ABD | Elbow | Ankle |
| | Humerus | Knee |
| | Shoulder/Scapula | Patella/Notch |
| | AC Joints | Femur |

| **Category IV** | **Category V** | **Category VI** |
|---|---|---|
| Small Bowel | Pelvis | Lumbar Spine |
| IVU | Hip | Thoracic Spine |
| Esophagus | Frog-Leg Lat | Sternum |
| Upper GI | XTL Hip | SC Joints |
| Barium Enema | Sacrum/Coccyx | Cervical Spine |
| BE with Air | Sacro-Iliac Joints | |

| **Category VII** | **Category VIII** | **Category IX** |
|---|---|---|
| Skull | Myelogram | Radiation Therapy |
| Facial Bones | Mammography | MRI |
| Mandible | Arthrogram | Heart Cath Procedures |
| Sinuses | Surgical Procedures | Sonography |
| Nasal Bones | | NM Procedures |
| Orbits | | Vascular Lab Procedures |
| | | CT Scanning |

**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,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 and family, 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 their 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. Students are expected to report any accident or error immediately , 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 or lay on counters in the control area or assigned areas.
17. Students are not to sleep or look as if they are sleeping while in the clinical setting.
18. Negative attitudes towards preceptors, staff, patients, and fellow classmates are not allowed.
19. Falsifying clinical information such as patient exams, patient case numbers, etc. Immediate progressive corrective action.
20. Insubordination to a staff or instructor. Immediate progressive corrective action.
21. Creating an exclusive environment, i.e. “cliques”. Immediate progressive corrective action.
22. Disruptive behavior in clinical or class. Point deduction and/or progressive corrective action.
23. Jeopardizing patient care in any instance. Point deduction and/or progressive corrective action.
24. Students 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/<br>416 mrem/<br>4.16 mSv | 1.250 rem/<br>1250 mrem/<br>12.5 mSv | 5.0 rem/<br>5000mrem/<br>50 mSv |

*Reviewed 07/2026 SB/SH 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 greater 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) | |

## WHAT THE PROGRAM EXPECTS FROM STUDENTS

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. **ACCOUNTABILITY:** 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.

# PROGRAM EVALUATION

## PROGRAM EFFECTIVENESS/OUTCOMES PLAN

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.**

## JRCERT STANDARDS

Annual program effectiveness data and Standards for an Accredited Educational Program in Radiography can be accessed through www.jrcert.org, or *view the Radiography standards here.*

## 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 their 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 Google Forms.. 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.

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 2026 - Spring 2027) 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 (2026-2027) 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

*Revised: 06/2026 SB*

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 while I am 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

*Reviewed: 06/2026 SB*

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.

_____ _____

Student Signature Date

*Initiated: 07/2020 SB*
*Revised: 07/2025 SB/SH*
*Reviewed: 06/2025 SB*

# Personal Radiation Monitoring Form Sample

Baptist Health

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<br>Level 1: 50-100 mrem<br>Level 2: 101-210 mrem<br>Level 3: >210 mrem<br>Notices to employees will be emailed if they exceed investigational levels. |

_____ _____

Signature Date