# TABLE OF CONTENTS

Mission Statement....................................................................................................... 4

Department Goals ....................................................................................................... 4

Introduction ................................................................................................................. 5

Technical Standards ................................................................................................... 6

Philosophy ................................................................................................................... 8

Academic Guidelines ................................................................................................ 10

Clinical Education ...................................................................................................... 11

Temporary Disability ................................................................................................ 13

Communicable Disease Guidelines and Procedures ................................................ 14

TB Exposure Guidelines and Procedures ................................................................. 14

Pregnancy Guidelines and Procedures ..................................................................... 15

Readmission Guidelines and Procedures ................................................................. 16-18
  - Criteria for Consideration for Readmission into the Rad Tech Program
  - Final Decisions for Readmission
  - Transfer Placement for Transfer Students
  - Advanced Placement

Professional Decorum ............................................................................................... 18

Announcements ........................................................................................................ 20

Lockers ...................................................................................................................... 20

Smoking .................................................................................................................... 20

Dress Code (Jewelry, Hair, Tattoos, Badges) ........................................................... 21
Employment Guidelines and Procedures ................................................................. 22
Guidelines and Procedures for Students Repeating Unsatisfactory Radiographs .... 23
Guidelines and Procedures for Student Supervision ................................................. 23-24
Grading System for Clinical Education .................................................................... 25-32
  Attendance (Absences policies & Holidays)
  Instructor Evaluations
  Competency Evaluations
  Equipment Check-offs
  Competency Re-checks
  Semester Objectives

Absence Policies ........................................................................................................ 26

Conferences ................................................................................................................ 33

Clinical Probation ....................................................................................................... 35

Criteria for Dismissal ................................................................................................. 36

Radiation Exposure Monitoring .................................................................................. 36

Radiation Protection Regulations ............................................................................... 37

Complaint Resolution Procedure ............................................................................... 39

Student Grievance Procedure .................................................................................... 40

**APPENDICES**

Clinical Education Centers ..................................................................................... Appendix 1
Master List of Clinical Competencies ......................................................................... Appendix 2
Directions and phone numbers Clinical Ed. sites .................................................... Appendix 3
Master Equipment Check offs .................................................................................. Appendix 4
ARRT and ASRT Code of Ethics ................................................................................. Appendix 5
Clinical Master Plan of Education ............................................................................. Appendix 6
York Technical College
Radiologic Technology Program
Mission Statement and Goals

Mission Statement: The Radiologic Technology Program at York Technical College is an accredited, associate degree program which provides accessible relevant and high quality education. Through various delivery methods, the Program prepares qualified students to apply radiation to humans in a healthcare setting in order to produce diagnostic images using radiographic equipment and imaging systems under the direction of a physician. By providing a comprehensive program of competency-based instruction in Radiologic Technology, the Program promotes an atmosphere of life-long learning for the purpose of graduating competent radiographers able to function as radiologic science professionals in the healthcare community.

Goals:
1. The graduate will be able to display ethical behavior and sound professional judgment in clinical practice.
2. The graduate will be able to practice effective written and oral communication skills in the clinical setting.
3. The graduate will demonstrate problem-solving and critical thinking skills in the clinical setting.
4. The graduate will participate in professional activities which promote professional development and lifelong learning.
5. The graduate demonstrates competence as an entry-level radiographer who produces radiographic images of diagnostic quality and meets the needs of the healthcare community.
6. The program will graduate competent, employable, entry-level radiographers who meet the needs of the healthcare community.

Student Learning Outcomes

- Students/Graduates will display ethical decision making skills.
- Students will exhibit sound professional judgment in the clinical setting.
- The student will demonstrate effective written language skills.
- The student will demonstrate effective oral communication skills in didactic and clinical performance.
- The student will demonstrate ability to critically think in image critic and analysis.
- The student will utilize critical thinking and problem solving as it relates to the execution of trauma procedures.
- The student will apply problem-solving/critical thinking skills in clinical setting.
- The student will participate in at least one professional society meeting/seminar prior to graduating program.
- The graduate will show evidence of valuing support and participation in professional development.
- Graduate will exhibit comprehensive knowledge required by entry level radiographer.
- Student will demonstrate full scope of comprehensive clinical skills required of an entry level radiographer.
**Introduction**

York Technical College, its clinical affiliates, your instructors, technologists, radiologists and fellow students welcome you to the Radiologic Technology Program. We hope that your time spent here will be pleasant and meaningful. We are interested in you and your education in Radiologic Technology, and in preparing you for useful service to mankind in your chosen profession. You will find your instructors willing and anxious to help you. Your success will be in direct proportion to the effort YOU put forth.

This manual has been prepared to inform you of guidelines and procedures affecting you as a radiography student at York Technical College, Piedmont Medical Center, York Imaging Center, Springs Memorial Hospital (Lancaster), the Imaging Center (Lancaster), Carolina Orthopedic Clinics-Rock Hill and Fort Mill, Riverview Medical Center, Chester Regional Medical Center, Lancaster Sports Medicine and Ortho Carolina-Ballantyne & Pineville and Rock Hill Medical Plaza-Shiland Family Med. This manual is to be used in conjunction with the **York Technical College Catalog**. The guidelines and procedures stated in this manual are intended to supplement those that are stated in the Catalog relating to College policies. Keep this manual and the College Catalog to refer to as necessary. Any changes in established guidelines and procedures will be given to you as **written memos** and you may add them to this manual.
ESSENTIAL FUNCTIONS OF A RADIOGRAPHER:

1. Perform Radiologic examinations including:
   A. Obtain and document patient history
   B. Explain procedure to patient and address patient concerns
   C. Position patient properly using immobilization or support devices as necessary
   D. Assess patient condition
   E. Produce film/image using accepted technique.
   F. Report any unusual occurrences or changes in patient condition to appropriate staff
2. Clean and maintain equipment and room
3. Assist in maintenance of room supplies
4. Prepare and administer contrast agents and other chemical mixtures
5. Implement emergency procedures and administer first aid including CPR.

MINIMUM QUALIFICATIONS NECESSARY TO PERFORM ESSENTIAL FUNCTIONS OF A STUDENT IN THE RADIOLOGIC TECHNOLOGY ASSOCIATE DEGREE PROGRAM

Physical Requirements: The position of Radiologic Technologist has been given a strength rating of Light Work by the US Dictionary of Occupational Titles (exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force to move objects in activities or conditions existing two-thirds of the work shift.) Included in the physical requirements are the positioning and moving of patients manually and by stretcher or wheelchair. When performing these functions with large patients, strength necessary may exceed the DOT rating. Position also includes intermittent sitting, standing, walking, frequent reaching, occasional twisting and bending, occupational exposure to radiation and exposure to fumes. Both hands are used for power grip, speed and precision work. Use of both feet is required.

Data Conception: Requires the ability to gather, collate or classify information about data, people or things. Reporting and/or carrying out a prescribed action in relation to the information are frequently involved.

Color Discrimination: Requires the ability to differentiate colors and shades of color.

Manual Dexterity/Motor Coordination: Requires the ability to use body members to start, stop, control and adjust the progress of machines or equipment. Operating machines involves setting up and adjusting the machine or material as the work progresses. Controlling involves observing gauges, dials, etc. and turning switches and other devices. Must have good eye/hand/foot coordination.

MINIMUM QUALIFICATIONS NECESSARY TO PERFORM ESSENTIAL FUNCTIONS OF A STUDENT IN THE RADIOLOGIC TECHNOLOGY ASSOCIATE DEGREE PROGRAM (Continued)

Interpersonal Communication: Requires the ability to apply principles of logical or scientific thinking to define problems, collect data, establish facts, and draw valid conclusions. Interpret an extensive
variety of technical instructions in mathematical or diagrammatic form. Deal with several abstract and
concrete variables. Work as part of a team.

**Physical Communication:** Requires the ability to speak and/or hear (express self by spoken words and
perceive sounds by ear.)

**Reasoning Development:** Requires the ability to apply principles of logical or scientific thinking to
define problems, collect data, establish facts, and draw valid conclusions. Interpret an extensive
variety of technical instructions in mathematical or diagrammatic form. Deal with several abstract and
concrete variables.

**Language Development:** Requires the ability to read and understand complex information from
scientific and/or technical journals, papers, etc. Requires the ability to communicate the same types
of complex information and data through speech and in writing using proper format, punctuation,
spelling, grammar and using all parts of speech.

**Numerical Ability:** Requires the ability to determine time, weight and to perform practical
applications of fractions, percentages, ratio and proportion as well as basic addition, subtraction,
multiplication, and division operations.

**Form/Spatial Ability:** Requires the ability to inspect dimensions of items and to visually read
information and data.

**Personal Temperament:** Requires the ability to deal effectively with stress produced by work and
guest interaction situations that may be of critical or emergency situation.

Any student who feels s/he may need an accommodation based on the impact of a disability should
contact the Special Resources Office (SRO) at 803-327-8007, located in the Student Services Building
within the Counseling and Support Services Area. The SRO coordinates reasonable accommodations
for students who self-identify their documented disability.

__________________________________________________________________________  ____________
Student Signature                                              Date

Revised 10/2013
PHILOSOPHY

Our role as educators in Radiologic Technology is to prepare students to serve the total needs of the patient during clinical practice. To meet the patient's needs, the total person is educated; therefore, we strive to enrich the student's mind, body, and spirit. This is necessary for him/her to reach professional maturity, since a professional life is an extension of one's personal life.

We feel the cognitive objectives are achieved best through a strong academic background; good affective behavior is effectively learned by integrating classroom instruction with the exemplary attitudes and ethical behavior of the clinical staff and instructors. The psychomotor skills, which are the most distinguishing characteristics of a skilled radiologic technologist, are best learned through varied and sufficient clinical application and practice. This natural learning experience incorporates every aspect of technology needed to develop expertise. It is the only technical learning experience involving the patient. We also feel that clinical practice by students should not be used as a substitute for qualified technologists performing examinations. Clinical practice, properly used as a learning experience, requires professional staff to supervise the student through the following phases:

(1) Explanation
(2) Demonstration
(3) Participation and
(4) Evaluation.

We are committed to providing the highest level of radiologic technology education. We are willing to give our best efforts for the patient's and the student's benefit. In return, we expect all students to perform at their peak efficiency.

We believe the clinical facilities and the Radiologic Technology Program must be smoothly blended in order to provide the optimum laboratory environment for learning radiologic technology. The clinical staff must feel a responsibility for teaching students, for it is from the radiographic room that a skilled technologist emerges. When the Program and the clinical facilities work together to reach high goals, both may reach and maintain them.

We are committed to instill rigid discipline as professionals. We are flexible when it proves progressive, but rigidly retain proven principles and practices, which produce highly skilled professional technologists.
Our graduate technologists serve as the best gauge of the worth of our philosophy. It is never easy for us to maintain our philosophy through changing social and educational changes. Neither is it easy for students to fulfill the role they play in our philosophy; however, their positive attitude and their successful practice as professional technologists are proof that our thoughts and beliefs are good, though demanding. We offer an education in living as well as learning.
**ACADEMIC GUIDELINES**

Due to the discipline of studies in Radiologic Technology, some of the academic guidelines are stricter than any other programs offered at York Technical College. Please be advised of the following guidelines:

1. Classes are not to be missed without prior notification and/or approval of the instructor. This includes all RAD TECH classes as well as your clinical assignments. It is the student’s responsibility to call the instructor prior to the expected time for reporting to class or clinical assignment in the event of an absence.

2. If a test is missed, it must be made up within 1 week after the originally scheduled testing day. Make-up tests must be scheduled through the instructor. The student must communicate with the instructor to request the appointment prior to so that the test materials are available in the Assessment Center prior to the scheduled appointment. Being allowed to make up a scheduled test is a privilege which may be withdrawn if the privilege is abused. The student is limited to 2 make-up tests per class per semester without extenuating circumstances. Finals can not be made-up.

3. Tests will always be announced; however pop quizzes may be unannounced. Any student missing an unannounced quiz may not be allowed to make it up and will receive a grade of 0. Unannounced quizzes are normally averaged together in a semester to count as 1 test grade.

4. Except in exceptional circumstances, days missed in excess of 10% of the number of didactic class meetings will result in withdrawal from the course, which will result in dismissal from the program. If it is necessary to miss a day of class, it is the student’s responsibility to get the notes and material missed from your classmates.

5. A syllabus with course outline, objectives, and instructor lecture notes for each course will be available for purchase at the YTC Bookstore. Instructor lecture notes can also be accessed by using D2L course delivery portal.

6. All homework and reading assignments are listed in the course syllabus. It is the student’s responsibility to refer to these syllabi for his/her assignments.

7. If "extra help" is needed with a RAD course, the student should approach the instructor prior to the day of a test. Waiting until the night before a test to study is not a good idea. Each instructor has her office hours posted on the office door. Students can refer to the schedule to determine the availability of the instructor during designated office hours.

8. The following grading scale will be the one used for didactic and clinical performance:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>93 - 100</td>
<td>A</td>
</tr>
<tr>
<td>86 - 92</td>
<td>B</td>
</tr>
<tr>
<td>80 - 85</td>
<td>C</td>
</tr>
<tr>
<td>70 - 79</td>
<td>D</td>
</tr>
<tr>
<td>below 70</td>
<td>F</td>
</tr>
</tbody>
</table>

A student MUST maintain a MINIMUM of an 80 average in all RAD courses in order to remain in the program. A minimum of 80 is required in all clinical courses. Below 80 is considered unacceptable clinical performance. In other words, any grade below a "C"/80 in any RAD course will result in
withdrawal from the program, since all sequential courses are prerequisite to the courses in the following term. In some cases, arrangements may be made to "stop out" and re-enter the program the following year at the point at which the student stopped, contingent upon the status of the student capacity at the time of intended re-entry. (See Re-instatement Guidelines and Procedures.) A student may re-enter the program only once. Any single test grade below 80% in RAD 130 or RAD 136, will require retesting until 80% or greater is achieved to be eligible for competency attempts in the clinical setting on exams in that unit. The original grade stands.

9. A G.P.R. of 2.0 MUST be maintained to remain in the program, this GPA includes any general education coursework completed while in the program that is part of the degree.

10. Acceptance and continuation in this program are contingent upon acceptance by the clinical facilities for practicum training. If a student does not appear to be in good physical and mental health, as evidenced by his or her performance or behavior in the clinical practicum, a physical examination and a written report from a physician can be requested by faculty or the student may be asked to not return. Contracts with our clinical affiliates outline behavioral standards as do the policies of the York Technical College Radiology program handbook. Random drug testing also applies by clinical affiliates.

**CLINICAL EDUCATION**

The process of becoming a radiographer is a complex one involving a combination of mastery of patient care and technical skills and the development of professional decorum and attitudes. To facilitate this adjustment, the student radiographer must develop an awareness of the expectations of the educational program. This section of the STUDENT MANUAL is dedicated towards the goal of providing guidelines and standards for accepted behavior and providing incentive for the student radiographer to develop into a mature, responsible radiographer.

Upon completion of the Radiologic Technology Program, the graduate will be able to:

1. The graduate will be able to display ethical behavior and sound professional judgment in clinical practice.

2. The graduate will be able to practice effective written and oral communication skills.

3. The graduate will demonstrate problem-solving and critical thinking skills in the clinical setting.

4. The graduate will participate in professional activities which promote professional development and life long learning.
5. The graduate demonstrates competence as an entry-level radiographer who produces radiographic images of diagnostic quality and meets the needs of the healthcare community.

6. The program will graduate competent, employable, entry-level radiographers who meet the needs of the healthcare community.

The hospital Radiology Departments of Piedmont Medical Center (Rock Hill), Springs Memorial Hospital (Lancaster), and Chester Regional Medical Center (Chester) offer the necessary clinical education. The following offices and specialty clinics are also used as clinical education centers for the program: Carolina Orthopedic Clinic (Rock Hill, & Fort Mill locations), OrthoCarolina – Ballantyne and Pineville offices, Riverview Medical Center, Lancaster Ortho and Sports Medicine Center and Lancaster Imaging Center, Rock Hill Medical Plaza and York Imaging Center. During the two years of training, the program provides approximately 1500 hours of clinical education. It is planned to include routine and emergency radiographic procedures and is scheduled during weekdays on first and evening shifts during both years. The student will, on a regular schedule, rotate through all diagnostic and clerical areas of the departments. Students of the program are responsible for their own transportation to all sites. Students’ personal convenience cannot be accommodated. In addition, during the second year of the program, the student will have the opportunity to observe in Ultrasound, Nuclear Medicine, MR Imaging, Cardiac Catheterization Laboratory and Radiation Therapy departments. As required by the JRCERT, the classroom work at York Technical College along with the clinical education comprise approximately no more than 40 hours each week.

All hospital & clinical facilities require a passing drug screen and criminal background screens before allowing students to participate in clinical rotations. Students participating in clinical site training can be required to have a drug screen at any time during their rotation. Clinical affiliates alone determine the acceptable criteria for any criminal background results prior to accepting students for their practicum. If any student is found to be unacceptable to any clinical site, the student is not eligible to continue in the clinical element of the program. This fact will prevent the completion of the requirements to be eligible for the ARRT board exam as a result and the inability to complete the requirements of the Radiography program.

Graduates of the Associate in Applied Science degree in radiologic technology are eligible to take the national certification examination administered by the American Registry of Radiologic Technologists (ARRT). Application will be submitted during the last semester of the program will
begin a 90 day window to complete the exam that starts upon graduation date. Graduates have 3 years in which to sit for the ARRT exam or lose eligibility. Graduates who successfully pass the ARRT examination may use the initials RT(R) (ARRT) behind his/her name and are eligible for employment in all but a few states without additional licensing examination requirements.

There are also legal limitations for national certification with the American Registry of Radiologic Technologists (ARRT) for graduates with prior convictions or disciplinary action. Applicants for examination for the ARRT certification examination must declare any felony or misdemeanor convictions. Individuals with convictions or charges resulting in any of the following must also be reported and may prevent the applicant from being able to pursue certification in the field:

- plea of guilty
- plea of nolo contendere
- withheld adjudication
- suspended sentence
- military court-martial

Misdemeanor speeding convictions are not required to be reported unless they are related to alcohol or drug use. Students are recommended to utilize the pre-application process under ethics on the ARRT.org website to ensure eligibility prior to entry if these charges apply.

**TEMPORARY DISABILITY**

If a student incurs a temporary disability preventing their normal participation in the program as outlined due to a medical issue, the student must immediately report the disability to the Program Director. Temporary disability is defined as pregnancy, broken bones, back injuries, major surgery (with or without complications), communicable diseases or any other injury or condition that could prevent the student from safely continuing the training schedule or could endanger the patients or other members of the program for a period of 2-weeks or less. For pregnancy guidelines see Pregnancy Policy later in this manual.

Written verification of the condition by a physician is required and to be provided to the Program Director. Communication between the Program Director and the student's physician may be necessary in the case of a temporary disability. The student will be asked to authorize his or her physician to release information to the Program Director.

If a student incurs a temporary disability, the Program Director will make every reasonable effort to accommodate the student. **For disabilities of short duration (2 weeks) the Program**
Director and the student may attempt to reschedule the training missed if no hardship is imposed upon other students and/or make-up time can occur between breaks. For disabilities of longer duration, the accommodation efforts may include but are not limited to, the following:

1. Re-arranging the course schedule where possible, thus allowing the student the opportunity for a less physically demanding schedule. The missed courses are scheduled in a later semester if possible. (Ex. Not attend clinical course that semester).

2. Withdrawing from the program, when rearranging the course schedule is not possible. This would allow the student to resume training in the next possible semester at the point where the temporary disability occurred. Because RAD courses are only offered once a year and during the same semester every year, this may mean the student must "stop out" for a full year in order to complete the program.

COMMUNICABLE DISEASE GUIDELINES AND PROCEDURES

In the event of performing an exam or participating in a procedure on a patient with a history of an infectious disease, the student should observe the appropriate measures of infection control as they relate to the specific disease. (See Isolation Procedures Manual for that clinical site.) This may include, but not be limited to gowns, gloves and masks. The clinical instructor, as well as the Isolation Procedures or Manual of the clinical site, should guide the student as to the specifics for any given case.

If a patient's communicable disease had not been diagnosed at the time of the student's contact, the Infection Control Officer of the hospital will be responsible for notifying the Director of the Radiology Department who will then notify the Program Director regarding the personnel/students who were exposed and the measures that must be taken.

If a radiography student becomes infected with a communicable disease, the rules of the Temporary Disability Guidelines and Procedures apply. The student will be required to provide a physician's documentation that the student is no longer contagious before s/he may return to scheduled assignments.

TB EXPOSURE GUIDELINES AND PROCEDURES

The student is responsible for monitoring the bulletin boards or appropriate method at the clinical sites where information is reported regarding employees/students exposed to patients diagnosed with TB. Sites email or post the staff/students' names who have been identified as coming in contact with patients diagnosed as having TB. If the student identifies him/herself as
having been exposed, the following procedure should be followed upon notification of exposure to a patient diagnosed with tuberculosis:

1. Request a York Tech Incident Report from Program Director.
2. Complete the form with the information regarding the exposure and submit to Program Director. A copy of this form is then submitted to the office of the Vice President or Dean of Student Affairs.
3. A Mantoux TB or QuantiFERON test must be done as soon as possible after the exposure. This can be done either at the Health Department or the student's physician's office.
4. The results of the test must be submitted to the program director.
5. If the PPD skin test is negative, a repeat PPD skin test shall be administered 12 weeks after the exposure.
6. The results of the second test also must be submitted to the program director.
7. If a test is considered positive, the student shall be treated as a converter and must be placed under a physician's care.
8. Exposed students with a previously known positive PPD skin test reaction do not require a repeat skin test or a chest x-ray unless they have symptoms suggestive of tuberculosis.

**PREGNANCY GUIDELINES AND PROCEDURES**

Due to the number and variety of courses in the radiography curriculum and the necessary clinical assignments required of students in meeting the clinical educational objectives for each clinical course, students enrolled in the radiography program are encouraged not to become pregnant during the educational program. In the event, however, that a student becomes pregnant, she has the option to declare or not declare her pregnancy.

Exposure to any level of radiation is assumed to carry with it a certain amount of risk. As a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of the effects increases as the dose increases. At the occupational dose limit for the whole body of 5rem (50mSv) per year, which applies to occupationally exposed individuals, the risk is believed to be very low.

The Nuclear Regulatory Commission (NRC) has reviewed the relevant scientific literature and has concluded that an exposure of 0.5 rem (5mSv) provides an adequate margin of protection for the embryo/fetus. (Reference Nuclear Regulatory Commission (NRC) Regulatory Guide 8.13)

Through proper instruction, strict adherence to safety precautions and through personnel monitoring, it is possible to limit occupational exposure to under 0.5 rem during the period of gestation.

**Voluntary Declaration of pregnancy is at the discretion of the student.**
- To take advantage of the lower exposure limit (0.5 rem or 5mSv) and additional dose
monitoring provisions, the pregnant student must declare her pregnancy in writing to the Program Director.

- If the pregnant student elects not to declare her pregnancy, normal occupational exposure limits will continue to apply and no additional monitoring will be provided. The student is not recognized as pregnant in the eyes of the program. No accommodations are made.

Whether or not pregnancy is declared, the pregnant student is advised to consult with her physician and may select one of the 4 following options:

1. **Continued full-time status:** The student must be able to meet the academic requirements and clinical objectives to continue in the program. Class time missed due to pregnancy/maternity leave will be treated as any sick time (See Attendance guidelines and procedures in this Manual and attendance policy in the YTC catalog). Clinical time missed due to pregnancy/maternity leave will be treated as any clinical sick time. (See clinical attendance guidelines and procedures in this Manual). Due to College policy, if an incomplete grade is given due to illness, temporary disability or any other reason, the student is given six weeks into the next semester in which to complete assignments or the “incomplete” will convert to an “F”.

2. **Withdrawal from clinical rotations with continued participation in didactic instruction:** A student may choose to continue in the didactic courses, but to withdraw from the clinical courses. In this instance, the student must be able to meet the academic requirements to continue in the program. Class time missed due to pregnancy/maternity leave will be treated as any sick time (See Attendance guidelines and procedures in this Manual and attendance policy in the YTC catalog). Due to College policy, if an incomplete grade is given due to illness, temporary disability or other reasons, the student is given six weeks into the next semester in which to complete assignments or the “incomplete” will convert to an “F”. After delivery, the student’s continuation of the clinical component of the program will be at the Program Director’s discretion based on which clinical semesters that were missed, and the availability of space in the clinical schedule (ie. Student capacity).

3. **Leave of Absence (“Stopping Out”):** Upon learning that she is pregnant, a student may opt to “stop out” of both the didactic and clinical components of the program until after she has delivered. Because radiography courses are only taught once a year and during the same semester every year, this may mean that the student must sit out for an entire year before the student may re-enter the program and re-enroll in the semester’s courses at the point where she withdrew if space is available (See Readmission Guidelines and Procedures in this Manual). The student must have completed the first summer semester successfully to return as an advanced placement student.

*Any student who elects not to declare her pregnancy will be considered to be in continued full-time status. 4) *Written withdrawal of pregnancy declaration may occur at anytime the student determines they wish to retract.

**READMISSION GUIDELINES AND PROCEDURES**

**CRITERIA FOR CONSIDERATION FOR READMISSION INTO THE RAD TECH PROGRAM**
Students who have been accepted and enrolled in the Rad. Tech Program at York Technical College within the past year and who wish to be considered for readmission into the Rad. Tech Program must:

A. Submit the Health and Human Services Application for Readmission form to the Counseling and Academic Support Services (CASS) office and RAD Tech Department.

B. Meet all admissions requirements for entry into the Rad Tech Program for the academic year in which they request reinstatement. (Number of repeat courses limited to 2, only repeat once etc).

C. Meet the following additional requirements prior to the first day of classes:
   1. Submit evidence of a satisfactory physical examination taken within the 3 months preceding the requested term of re-entry, this will require updated PPD testing.
   2. Submit documentation of current CPR certification.
   3. Complete recertification of Infection Control (in Assessment Center)
   4. Complete re-orientation procedures for all clinical education sites as they may require.

**FINAL DECISIONS FOR READMISSION INTO THE RAD TECH PROGRAM**

The decision to grant readmission into the Rad Tech Program will depend upon:

A. There being space available in the requested re-entry Rad Tech courses.

B. The completion by the student of all criteria for readmission into the Rad Tech Program.

C. A cumulative technology GPR of 2.00 is required. Students will be readmitted on a first come, first served basis according to the date all criteria for readmission are met.

D. A student who receives a "W" or an unsatisfactory grade (below a "C") in any required Rad Tech course may repeat that course one time only. A maximum of two Rad Tech courses may be repeated.

All students who meet the criteria for consideration for readmission into the Rad Tech program will be notified of the status of their request as soon as space becomes available (students who re-enter must re-enter all of the co-requisite courses during the term of re-entry).

E. Any student requesting readmission must have reached the second term of the freshmen year (completed first summer semester successfully) to be considered and is solely admitted ONLY if clinical space is available.

Students who are not granted readmission in a specific term and who wish to continue to be considered for readmission must reapply and meet all criteria for consideration for readmission into the Rad Tech program. Students who are readmitted must register for all of the co-requisite
courses during the term of re-entry in addition to the course(s) to be repeated. Co-requisite courses for which passing grades have previously been received may be monitored on an audit basis. Students who audit RAD tech courses must meet all of the course requirements as outlined in each of the course syllabi. Failure to do so will result in the student's withdrawal from the program. The following additional criteria will apply to students auditing a clinical course during the term of re-entry:

1. All competency examinations that had been attained in the previous year will be carried over into the new academic term.
2. A clinical instructor or faculty member will recheck any competencies logged on the student's Master List of Competencies at any time during the semester of re-entry in order to monitor student progress.
3. If the student fails to pass the recheck competency examination, it will be removed from the student's Master List of competencies. The student must complete two additional practices before attempting to challenge the competency exam. When the student successfully passes the competency exam, it will be reinstated on the student's Master List.

TRANSFER GUIDELINES AND PROCEDURES FOR TRANSFER STUDENTS

Students who wish to transfer from another JRCERT accredited Radiologic Technology Program to York Technical College must submit the following for consideration by the Program Director:

1. Contact Program Director by telephone or in writing to discuss the possibility of a transfer.
2. Submit transcripts, course descriptions, documentation of completed competencies, completed clinical time, letters of recommendation and any other information requested by the Program Director that would be helpful in determining the feasibility of a transfer between the two programs.
3. Complete York Technical College application for admission to the college and meet all program and clinical requirements.
4. Meet with the Program Director to discuss the details of such a transfer.
5. Transfer students are only accepted from JRCERT accredited Radiologic Technology Programs. Determination of the feasibility of such a transfer is at the discretion of the Program Director based on available space in the class and the qualifications of the applicant.
**PROFESSIONAL DECORUM**

The manner in which the student expresses him/herself is very important. An improper tone and or mannerisms could easily project a negative attitude. REMEMBER, a student's behavior represents him/herself, his/her profession, school, department and the training facility! Your conduct now and after you graduate reflects upon you, the clinical affiliates, the program, York Technical College and the profession!

When communicating with patients:
1. Introduce yourself first to your patient and explain what you are going to do, privately.
2. Loose conversations with personnel or students in front of patients, physicians or other healthcare personnel or within their hearing distance is not permitted. Sound carries within the department and what you say may be misinterpreted with serious results. Foul language while in the clinical setting is NOT tolerated and will result in disciplinary action up to and including dismissal.
3. Speak in a moderate tone of voice to patients and fellow workers. Professional personnel are trained to talk quietly and conduct themselves gracefully.
4. Giggling or loud outbursts of laughter should not be displayed anywhere near patient care areas. Outbursts of this nature could be interpreted as laughing at patients and is irresponsible.

When communicating on the telephone:
1. Identify the department, and yourself when answering the telephone. Example: "Radiology, Miss Smith/Jane Smith".
2. **Personal phone calls and cell phone use are not permitted during clinical hours.** Use of cell phones on the clinical floor will result in written probation first, **dismissal for 2nd offense**. In the event you have a potential emergency, provide your contacts with clinical site's number and notify your supervising technologist of your situation. Use of cell phones is reserved for your lunch break.
3. If you are not readily available, or if you are with a patient, the receptionist will take the message relating to incoming telephone calls.
4. Always practice good telephone courtesy by:
   A- Answer promptly (by the third ring) with a "smile" in your voice. Delayed answering irritates your caller.
   B- Promptly identify yourself on incoming and outgoing calls.
   C- Avoid unnecessary screening and never say, "Who's calling?" If you must screen ask, "Shall I say who's calling, please?"
   D- Be prepared, write it down -- it guarantees accuracy and eliminates callbacks.
   E- Take messages accurately -- keep paper and pencil by the phone. After writing down the message, read it back to the caller.
F- Transfer properly, understand your telephone equipment and transfer the call to the right person or office the first time.

G- Explain delays. Waiting seconds seems like an eternity.

H- Analyze your terminology--eliminate slang. Never say, "he's on a break", instead say, "he's away from the department right now, may I tell him who called?"

I- Terminate your call with a polite "Goodbye"--hang up gently.

J- Remember, there is no unimportant telephone call. You are the voice of the hospital's/ business.

ANNOUNCEMENTS/NEWS ITEMS

Messages of interest and schedules are posted on the bulletin boards in the radiology departments, through D2L online communications for the college, and in the classroom. Please refer to these daily for messages concerning you. Student clinical schedules are posted on the department bulletin boards and should not be removed for any reason. Online messages through D2L should be checked regularly for updates and deadline notifications. It is the student's responsibility to check for updates. Failure to check messages which result in missed work, time, or procedural errors will result in an impact upon the student grade as a result.

LOCKERS

Lockers are not available at most clinical sites. If a temporary locker is used, you are required to supply a lock for your locker. Do not leave valuables in an unlocked locker. Clinical education facilities and YTC will not be responsible for lost or missing articles.

SMOKING

All clinical affiliates are "Smoke-Free" institutions; smoking is not permitted on their grounds.

PERFUME/COLOGNE

Students should refrain from wearing perfumes/colognes while in the clinical setting. Students should also be aware of offensive odors such as smoke on clothing. Patients who are not feeling well may be sickened by odors such as perfume or smoke. Good hygiene is required.
DRESS CODE

I. DRESS

Uniforms for male and female students are ordered/purchased from LJS Uniforms in Rock Hill and the RAD patches in the York Technical College Bookstore by each student prior to the designated deadline date. The listing of approved styles is sent with the informational packet to each student. These include: (1) Royal Blue pants, (2) Rad Tech Logo iron on patches (3) Royal Blue lab jacket (4) Solid white socks, white, non-textured stockings, knee hi’s, or solid white socks may be worn, (5) White soft-soled shoes or white leather athletic style shoes are permitted (there shall be no colored emblems or sections on the athletic shoes). Male scrub tops, none fitted, MUST BE TUCKED IN AT ALL TIMES. Name tags must be worn at all times and are available for purchase at the York Tech Bookstore.

Each student should have at least three (3) full uniforms to begin with. Additional uniforms may be purchased for the second year when clinical rotations will include three full days and two half days per week.

Every student must be attired in full uniform in order to enter the clinical area - NO EXCEPTIONS. If improperly attired, a student will be sent home for the day or allowed to change outfits and return. If the student is sent home for the day, it will be documented as an absence in the clinical assignment and 3 points deducted from that month’s clinical grade.

Shoes must be all white in nature and may be athletic or healthcare in style. Shoes must be polished and buffed regularly if leather or vinyl. Strings should be washed each time the shoes are polished. White shoes must be kept white. No open toes or open heeled shoes permitted. Failure to adhere to the dress code policy will result in a reduction of the clinical grade +/or disciplinary action.

Depending on the clinical site, surgical scrub suits are required when assigned to the operating room and are normally furnished by the hospital. These uniforms are not to be taken from the hospital and are to be worn only when scheduled to work in the operating room.

II. JEWELRY

A. Ear Rings: None. No jewelry other than wedding/engagement rings, and watches are allowed visible. Facial piercings are not permitted (ie: nose piercings, eyebrow piercing, tongue piercings, ear gauges)
B. Necklace: None
C. Bracelet: None
D. Rings: Wedding or engagement rings only.
E. Watches: A wristwatch is permitted with a second hand is recommended, NO SMART Watches.

III. GROOMING
A. Nail polish is NOT permitted. Nails must be short to moderate in length. NO ACRYLIC Or GELS NAILS ARE PERMITTED DUE TO HOSPITAL INFECTION POLICIES. Nails must be trimmed to no longer than the finger tip.

B. Wear make-up in moderation.

C. No perfume. Good body hygiene is a must! Shower and deodorant, fresh breath.

D. Severe hairstyles, colors, ornamental clips, ribbons, or bows in your hair are not acceptable. If clips or hair bands are worn they must be neutral in color, style, and design. No feathers. Hair long enough to be pulled back, must be pulled back and secured.

E. Facial hair should be neat & trimmed short.

F. No visible tattoos. If you have visible tattoos, they must be fully covered at all times.

G. No gum

IV. ID BADGES

The student’s hospital and YTC ID badges will be worn at all times while on duty. Badges will be worn within 10” of the shoulder with the picture clearly visible if this applies.

V. RADIATION BADGES

Radiation monitoring badges will be worn at collar level. Badges worn to monitor pregnancy will be worn at waist level under the lead apron (if worn). Badges MUST be worn to all clinical rotation. Failure to have your badge will result in the student being dismissed for the day. This will count as an absence against the 5% allowed and a 3 pt deduction for each absence. Lost badges must be reported to the Program Director immediately in order to request a replacement. All time missed until the badge is available is counted as absence for the student’s semester clinical course. Absences over 40 hours within one semester will result in a grade of “F” and dismissal from the program.

VI. PURCHASE OF RADIATION BADGE

Radiation badges will be purchased each semester along with purchasing the clinical syllabus in the bookstore. Students are responsible for changing the radiation badge the first week of each new month with the Program Director who serves as the Radiation Safety Officer. Failure to exchange badges monthly in the first week (7 days) will result in a decrease in that month’s clinical grade of 3 points for each day they are late.

EMPLOYMENT GUIDELINES AND PROCEDURES
In the event that a radiography student is placed on the payroll to perform related work in the Radiology Department at any of the clinical education centers, the following guidelines shall apply:

1. Employment of radiography students by the clinical education centers shall be left to the student's discretion and remains independent of the radiography program and its requirements.
2. A student's employment shall not interfere with class or clinical schedules or the quality of performance in the educational program. Absences occurring as a result are counted per program attendance policy.
3. Students shall not be used to substitute regular staff while participating in the clinical education component of the program.
4. Students participating in the clinical education component of the program ARE NOT to be supervised by other students employed in the department.
5. Students shall **not** wear the program/York Tech shoulder patch or student name tag while on duty as a facility/hospital employee. Students shall adhere to the appropriate hospital dress code as determined by that facility.
6. Students shall not wear the radiation badge provided by York Technical College while on duty as a facility/hospital employee. Students will be provided with a separate radiation badge provided by the employer. The student will be responsible for wearing the correct film badge according to their respective role(s).
7. Time for hospital in-service/ orientation required of the employee must not conflict with clinical education assignments. In other words, time missed counts as clinical absence and time exceeding allowed sick time must be made up during the semester break.
8. Students attempting to meet requirements of limited general radiography certification by the State for the purpose of becoming employed as a limited general radiography during the second year of the program, is not the responsibility of the Program and must be accomplished on the student's own time.

**SUPERVISION AND GUIDELINES AND PROCEDURES FOR STUDENTS REPEATING UNSATISFACTORY RADIOGRAPHS**

The determination of a radiograph as acceptable or unacceptable is made **ONLY** by RT (R), technologists. Students **DO NOT** pass images, regardless of competency status. Unsatisfactory radiographs shall be repeated by students **ONLY** in the direct presence of a radiographer if it is determined a repeat is necessary. This includes both freshman and senior students **ALWAYS.**
Failure of a student to follow this procedure will result in disciplinary action up to and including dismissal.

**GUIDELINES AND PROCEDURES FOR STUDENT SUPERVISION-(direct and indirect).**

Students are at ALL times identified as learners and at no time to take the place of affiliate clinical staff. Students are to remain in their program assigned clinical rotations and changes to their assignment is under the direction of program faculty. The structure of the Radiography clinical curriculum is to gradual apply the theory of didactic learning to transferable skills in the clinical setting through first, observation, then practice, then gradual independence. Supervision of students by a qualified practitioner must still apply in either direct or indirect methods throughout the entire two-years of training to ensure patient safety, student support and adherence to JRCERT policies and affiliate security.

Students are permitted to perform procedures under indirect supervision ONLY after demonstrating satisfactory competency in a specific procedure and after an RT has evaluated the patient exam request and condition. Students may challenge for competency evaluation ONLY after being checked off on a performance test under simulated conditions in the lab AND completion of testing in didactic course work covering the procedural material, as well as, providing proof of 2 completed practices for the given exam to the supervising RT prior to evaluation attempt. Students must score an 80% or better on the didactic unit test or will be required to repeat the test to reach a minimum score of 80% before they are eligible to try for competency in that area. The original test score is not removed. The re-test is only to ensure competency in understanding the material prior to application in the clinical setting. Remediation with instructor will be required after third failed test attempt.

**DEFINITIONS and REQUIREMENTS FOR SUPERVISION**

**Direct supervision** is required at all times before a student proves competence in a particular exam. Direct supervision is defined as the supervising RT being physically in the room with the student while the student performs the radiographic procedure.

**Indirect supervision** is defined as the supervising RT being readily available in an adjacent area to the location where the student is performing the radiographic procedure (earshot). Availability
by phone, beeper or relay is not acceptable. Only allowed after student has successfully completed competency on that given procedure. Images must still be evaluated by technologist.

ALL students must have the technologist that has approved the radiograph sign the requisition form/document in computer. The technologist must place their OWN initials on the request/system before the image(s) can be passed. **Failure to comply may result in dismissal from the program.**

**VERIFICATION OF ORDER AND REQUISITION PRIOR TO IMAGING**

* NOTE: **ALL students must have the supervising technologist evaluate the order and the request as well as the patient's condition before attempting to radiograph the patient.** The student is never to attempt an examination without the supervising technologist’s knowledge. It is the technologist’s responsibility to verbalize with the student what the order protocol is prior to imaging and the student’s requirement to ensure this is verified for EVERY exam, comped or not.

Once a competency has been completed on exams, the student can perform the examinations with indirect supervision; however, the supervising technologist must verify the order first and be aware of the patient’s status. The technologist is responsible for evaluating the ability of the student and the difficulty of the examination.

**EVALUATION AND PASSING OF IMAGES**

Only a supervising RT (R), may assess, for diagnostic accuracy, and “pass” images performed by student technologists in the clinical setting. All students must review any images taken under indirect supervision with a registered technologist and document the technologist’s initials in the appropriate place for the clinical site.

The process of **image manipulation** for digital display radiography is considered to be part of the image critique and quality assessment for passage of any image as diagnostically acceptable. This process, as outlined in the student manual of the York Technical College, Radiologic Technology program as it relates to student radiographs, is **only to be completed by a Registered Radiologic Technologist in the clinical setting**. As a result, no student is to permanently modify, crop, zoom, close, send or manipulate in any way, any image that would eliminate or alter the original image directly. A student may participate with technologists in this process with direct supervision only. Final acceptance and sending of images is to be determined and documented by a technologist only.

Any student that fails to comply with the rules stated previously will be subject to disciplinary action up to and including program dismissal.

**GRADING SYSTEM FOR CLINICAL EDUCATION**
Mastering the patient care and technical skills employed by radiographers requires repeated practice of the steps involved in the performance of radiographic examinations. Neither patient care skills nor technical skills can be learned by simply reading or studying; they must be applied until they become a natural response to a given set of stimuli. These skills must be practiced over time under decreasing supervision in a clinical facility that can provide a wide variety of patients and procedures, and competence must be assured before the student radiographer can be allowed to perform these newly acquired skills independently. After orientation to the clinical setting and after formal classroom instruction and lab demonstration in radiographic examinations and procedures, the student must become actively involved in performance of these examinations and procedures so as to progress to a level of greater independence and competence.

During the later phase of training, the student must be allowed to perform examinations independently in a wide variety of situations in order to become a productive radiographer.

A student's grade for each clinical course is calculated from performance evaluations in 6 areas that include:

A. Attendance (10%)
B. Instructor Evaluations (20%)
C. Competency Evaluations (Procedure/Image, rechecks) (20%)
D. Equipment Competency (5%)
E. Semester Objectives (20%)
   (includes: special assignments, journals, exam logs)
F. Final Exam (25%)

The following provides the student with information about each of these areas.

**A. ATTENDANCE GUIDELINES AND PROCEDURES**

Although it is understandable that occasionally a student must be absent from the clinical assignment, a stringent attendance policy must be enforced in order for students to gain the necessary experience and to attain the required program competencies. The **maximum absence** allowed from a clinical course is **5% of the contact hours per semester/term** for each clinical course. This is outlined by each clinical course as follows:

<table>
<thead>
<tr>
<th>CLINICAL COURSE</th>
<th>MAXIMUM ALLOWED ABSENCE/SEMESTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Summer RAD 152</td>
<td>3 HRS.</td>
</tr>
<tr>
<td>1 Fall RAD 165</td>
<td>12 HRS.</td>
</tr>
<tr>
<td>1 Spring RAD 175</td>
<td>12 HRS.</td>
</tr>
<tr>
<td>2 Summer RAD 256</td>
<td>14 HRS.</td>
</tr>
</tbody>
</table>
A 3 point reduction in that month's clinical grade will apply per occurrence of clinical time missed. Any clinical absences that exceed maximum allowable hours for each course **up to 40 hours**, as stated above, will be documented, and the time must be made up during the break between semesters (NO EXCEPTIONS). Students cannot miss time and make it up during the semester by working extra or over, nor on holidays or any other shifts. The following rules apply to students making up time for clinical absences:

1. Due to student clinical supervision requirements, ONLY the program faculty will schedule the make-up time.
2. Students with the LEAST number of absences will be scheduled FIRST.
3. Students must make up time in the assignments that were missed during the semester.
4. The student will receive a grade of "I" (Incomplete) for the clinical course in which the absences exceeded the maximum allowed. If the time is not made up with a documented timesheet submission during the semester break, the "I" will automatically convert to an "F."
5. If the TOTAL absent hours in one clinical course equals or exceeds 40 hours, the grade will be recorded as an "F" and the student will not be eligible to continue in the program. Based upon other successful course completion, the student could be eligible for re-entry in the same semester the following year given the availability of clinical space.
6. An unsatisfactory grade (below a C) in any RAD course will result in withdrawal from the program.

**EXCUSED ABSENCES**

Jury duty and funeral leave are the only excused absences. Funeral leave is only excused for members of the immediate family. Immediate family is considered: spouse, children, mother, father, brother, sister, grandparents, in-laws (mother/father), and is up to 3 days maximum unless there are extenuating circumstances that must be approved by the Program Director prior to granting extended excused leave. Documentation must be provided for either type of leave for those days to be excused. Unexcused absences, in excess of the maximum allowed absences, per semester will result in a point reduction and possibly an unsatisfactory grade in the clinical course.
An unsatisfactory grade (below a C) in the freshmen year will result in your withdrawal from the program. An unsatisfactory grade in any RAD course in the senior year may result in withdrawal from the program or necessitate repeating the course and delayed graduation at the discretion of the faculty. Waivers of the attendance guidelines and procedures may be granted at the discretion of the Program Director. Requests for waivers must be submitted in writing. In the case of extended illness, the Temporary Disability Guidelines and Procedures apply.

Students will be provided with time sheets to document clinical attendance at all facilities each month. **Only technologists may write time and initial these forms.** Students do not enter their times nor sign a technologist’s initials. This is grounds for falsification of documents and immediate dismissal from the program.

**TARDIES**

A “Tardy” is reporting late to your clinical assignment, even by 1 minute. Three tardies in one semester will count as an absence (class and clinical) for that semester and be included in evaluating the make-up time or absent hours a student has accumulated. A TARDY will also affect your monthly clinical grade by a 3 point deduction for each instance. **A 4th TARDY IN ONE SEMESTER WILL RESULT IN A GRADE OF “F” for the course and necessitate removal from the program.** Readmission guidelines would apply for the following year if space is available. One minute late is late, only technologists sign you in with their initials and time. Students do not write the time and bring to a technologist. Timesheets are due at the end of each monthly rotation as outlined by the schedule provided by the Clinical Coordinator. Late timesheets will reduce your monthly clinical grade by 3 points per day they are late. **Only original timesheet (no copies) are accepted.**

**PROCEDURE FOR REPORTING ABSENCE**

If a student must be absent, she/he **must personally notify both the program faculty and clinical personnel,** of the appropriate clinical site, **1 hour prior to the assigned time of arrival for the day of the absence.** Acceptable methods of notification are: phone calls or emails to faculty and phone calls to clinical sites only. **FAILURE TO NOTIFY BOTH CLINICAL FACILITY AND PROGRAM FACULTY OF A CLINICAL ABSENCE IS CONSIDERED AN UNEXCUSED ABSENCE AND WILL AUTOMATICALLY REQUIRE MAKE-UP TIME REGARDLESS OF WHETHER ALLOWED SICK HOURS ARE EXCEEDED.** Document who you speak to at a site and the time.


HOLIDAYS AND BREAKS

Students are scheduled off on semester breaks and all YORK TECH observed holidays. In the event of hazardous weather, students are not report to the clinical site if York Tech classes are cancelled. Students are not covered by the college's insurance when classes are canceled due to inclement weather or when the college is closed. You will be notified via D2L by the Program Director if the College is closed as early as the decision is made. No make-up time on holidays.

B. PROGRESS AND CUMULATIVE CLINICAL EVALUATIONS

1) A portion of the student's clinical grade for courses RAD 165, 175, 256, 268, and 278 is determined by the monthly evaluations that are completed by the program faculty. Weekly progress evaluations are completed by the clinical supervisors documenting the student’s performance in order to determine how well the student has met the specific objectives set forth for each clinical assignment. The progress evaluations are then compiled and used by the faculty to complete the clinical evaluation. As part of the weekly rotations and experiences, students are to complete exam tally log sheets for each weekly rotation. Exam log sheets must include documentation related to any repeat image and your role in each exam.

Log sheets are submitted with timesheets at the end of the month per schedule outlined by the Clinical Coordinator. Failure to submit weekly exam tallies at the end of the month, will be a 3 pt. deduction per day for each week missing.

2) The areas that the student radiographer will be evaluated on in clinical education include: RELIABILITY, COOPERATION, SAFETY, INITIATIVE, ACCOUNTABILITY, PATIENT CARE, COMMUNICATION, PERSEVERANCE, PROFESSIONALISM, TEAMWORK and TECHNICAL KNOWLEDGE/SKILLS.

3) For each weekly rotation in clinical education:
   - Each student must receive a progress evaluation from his or her clinical supervisor.

   Students are to use the Tech Signature Form in each clinical syllabus to document that the evaluation was given to the technologist. Upon receipt of the pink YTC Clinical experience history sheet from the student, the technologist will initial the signature form in the appropriate area. The Tech Signature Form is required to be submitted to program faculty each month with your time sheet. It is the responsibility of the student to obtain the proper documentation. If a student fails to receive a signature and the technologist does not submit a progress evaluation, then the student will receive a grade of "0" for that clinical rotation. In other words, the student will receive a check mark in every “NO” category on the clinical evaluation that corresponds to the
rotation in which he/she was assigned for an overall reduction in grade by 25% for each evaluation missing for that month. (The evaluation/rotation represents 25% of that month’s clinical exposure). Failure to submit the progress evaluation record will result in a 3 pt deduction for the monthly clinical grade. **Any technologist supervising a student during their rotation may also provide evaluation.** Receiving a pink history form is not a requirement to provide feedback, it is a reminder for the technologist of your experiences with them.

- Progress evaluations will be submitted electronically daily/weekly. The progress evaluation will be reviewed by faculty and, if needed, with the student to assist in clarifying weaknesses and strengths at the end of the weekly rotation. The progress evaluations received from the supervising R.T.’s will be utilized by the faculty along with personal technologist interviews, and faculty direct observations to complete a cumulative monthly evaluation for each student. Students will be provided copies of all the technologists’ evaluation material submitted on them each month. The cumulative evaluation will be reviewed with the student to assist in clarifying weaknesses and strengths at the end of the four-week grading period and the form will be signed at this time acknowledging your receipt.

- The faculty calculates the grade for each evaluation by deducting three (3) points for each area determined to be of substandard performance (any “NO” that is marked on the cumulative evaluation form). Any questions that a student might have regarding a specific evaluation should be discussed directly with the program faculty. A minimum passing grade in the clinical course area is 80%. Goals, strengths, weaknesses and attendance and competency status for each student will be part of the monthly evaluations they receive.

### C. COMPETENCY EVALUATIONS (PROCEDURE/IMAGE)

Competencies are required to be completed each semester in order to receive a clinical grade. Failure to complete all required procedure/image and equipment competency examinations may result in an unsatisfactory grade for the semester, which may result in withdrawal from the program.

1. **PROCEDURES AND IMAGES**

   A Practice Log booklet **must** be purchased at the York Technical College Bookstore in the summer semester of the freshman year. This booklet contains a master list of required clinical
competencies with the specific performance criteria that must be met, and a place to document the required 2 patient practices for each examination. Students must demonstrate competence in examinations in the booklet as indicated with a MINIMUM competency score of 100% on the performance/image evaluation. Prior to competency evaluation testing, a student must, (1) be checked off on the exam under simulated conditions in the laboratory and satisfactory (80%) testing of didactic material, (2) complete 2 documented practice exams on actual patients. A 1st practice is defined as at LEAST 50% or more of exam requirements student completed independently (without technologist directing you). A 2nd practice requires a student complete at LEAST 75% of exam requirements independently.

**PROCEDURE FOR A COMPETENCY EXAM**

When a patient is available for the desired competency exam, the student must seek out a CI to act as evaluator and present his/her booklet showing proof of 2 practice dates along with the appropriate clinical competency form **before beginning the exam**. The CI documents practice dates on the competency form as proof of their verification. **Student and CI sign and date the form and submit to program faculty, PASS or FAIL!**

The completed competency form and the Image evaluation forms for that exam must be turned in to the program faculty (PD or CC) no more than 7 days from date of competency testing. Failure to turn competency exam forms in within 7 days will result in the loss of that competency.

Grades from each competency exam will be averaged together to contribute to the final clinical grade, however the total number required for each semester must be completed. A student is required to complete 57 competencies (43 mandatory and 14 elective) over the 2-year period. The following specified MINIMUM number of competencies for each semester includes: Fall - 7, Spring - 12, Summer - 9, Fall - 14, Spring - 15.

Any **student that does not complete the required number** of competency examinations during the specified semester will be **placed on clinical probation and given an “I” incomplete** for the clinical course. The **student must complete the required competency examinations they lacked from the previous semester within the first six-weeks of the new semester along with half of the competency requirements** for the currently enrolled semester in order to convert the “I” to a grade and remain in the program. If a student fails to complete the required number of competencies then an unsatisfactory grade will result. An unsatisfactory grade (below a "C") in any RAD course will result in withdrawal from the program. See Appendix for master list of competencies.
All students have the option to complete more than the required number of competencies per semester. These will be carried over into the new semester and count toward that new semester’s competency requirements. The order of final clinical scheduling or final test out dates in the Spring semester of your senior year is determined by who has the most competencies first, then in descending order.

Test-out is a day of “terminal competencies” or essentially, a final review of your overall clinical skills by the faculty of the program. This is required of all students who have received a grade of 80% or below on any singular or multiple monthly clinical evaluation in the fall or spring semester of the senior year (RAD 268 & RAD 278 respectively) OR who has been placed on clinical probation at anytime during the second-year of the program. Any student who has not received below an 80% on any monthly clinical evaluation of RAD 268 or RAD 278 or fall into one of the other two categories will be considered exempt from the test-out procedure.

During test-out, specific recheck exams (up to 5) determined by faculty and patient flow are required upon completion of RAD 278 to complete clinical rotations. During test-out, an overall grade of 3 or higher on a four-point scale must be achieved on each exam to pass. Students are only given 2 attempts to pass without receiving a failure for RAD 278. If the student fails test-out, they must repeat RAD 278 in the summer semester for remediation. Once you have exempted or passed test-out AND all required competencies (57), rotations in CT and elective areas, and clinical final exam have been completed, you are considered to have completed your clinical requirements.

Obtaining and maintaining competency is vital to making progress. Students whom, after the first fall semester clinical course (RAD 165), fail to maintain their competencies through the routine recheck process (see below) or exhibits poor performance by failing to achieve them at the initial attempt at a level of 20% or more of their total eligible competency listing will result in a grade of “F” for that clinical course and result in withdrawal from the program.

2. EQUIPMENT CHECK-OFFS

Equipment checklists specific for each clinical site will be included in the clinical course syllabus each semester (RAD 165, 175, 256, 268, 278). Each semester’s objectives will refer to the specific equipment on which the student must get checked off as part of their orientation to the equipment. The successful completion of the equipment check-offs are also included as part of the grade in clinical course.

D. COMPETENCY RE-CHECKS
Periodically throughout the semester, a clinical instructor or faculty member may re-check a student on any exam/procedure for which they hold a competency. The exam, patient, and room assignment are at the discretion of the clinical instructor faculty member. Competency re-checks are evaluated using the same criteria and forms as the initial competency evaluations. Students are notified about the re-check before performing the examination. These are done to assure that students maintain competence in each procedure/exam after the initial performance test. If the student fails to show continued competence on a re-check, the original competency is removed and 2 new practices must be obtained before attempting to challenge the exam again.

**All second-year students will be required to submit a recheck competency exam form for specific exams once they are found initially competent during the second-year of the program.** A minimum of **nine specific exam rechecks must be** successfully completed prior to graduation. The exams are as follows: 1) Two of any of the following: a Myelogram, a BE, an UGI or small bowel with images, a VCUG or Arthrogram 2) One of the following: Trauma C-spine, Trauma Extremity OR Trauma Hip, 3) a pediatric exam and 4) a Mobile exam 5) 4 additional standard extremities of your choosing. These can be completed and submitted as early as the second-year summer course RAD 256 if primary competency exam has been completed.

Failure to complete and submit the rechecks for the above exams listed prior to RAD 278 completion will result in the student receiving a grade of F in the final clinical course, RAD 278 and removal from the program. **ONLY IF** there is room available in the clinical slots for the following summer can the student be offered the ability to return to complete RAD 278 along with the recheck requirements listed above.

E. **SEASON OBJECTIVES**

**SPECIAL ASSIGNMENTS** may be required during a given semester in addition to requirements outlined in this manual. These are outlined in clinical course syllabi and consist of but not limited to:

- **CCA PROJECTS (Comprehensive Clinical Assessment)**

- **WEEKLY JOURNALS**
  
  *(Freshman year and in any elective rotations during the senior year.)*

  During the first year of clinical affiliation, the student is required to maintain a log of activities in which he/she records the various experiences encountered and **provide analysis and reflections**
on those experiences. Through this process the student will be able to chart his/her own development as a clinician and preserve important observations that will be useful in improving the nature and process of clinical education. During the second year of clinical affiliation, the student is required to maintain a log of experiences during rotations through Special procedures, Ultrasound, Nuc. Med., Radiation Therapy, and Cardiac Cath lab, and MRI.

**Directions:** Use the guidelines below to record your clinical experiences and your analysis and reflections about these experiences. THIS IS NOT A “GRADED” TASK, ALTHOUGH EVIDENCE OF CONSISTENT AND TIMELY ENTRIES WILL ACCOUNT FOR A PORTION OF YOUR CLINICAL GRADE DURING THE FRESHMAN YEAR. YOUR COMMENTS WILL BE KEPT CONFIDENTIAL. FAILURE TO SUBMIT ON TIME WILL RESULT IN A GRADE OF “0”.

**CHRONOLOGY OF EVENTS**

Please record the date, site, weekday and time of your entry. Describe the event in terms of: the task; experience; observation; patient interaction; staff interaction and/or instructor interaction. If you are recording a patient care event, provide a brief description of the patient's status. Be thorough and complete. Each patient and the exams and procedures performed must be documented.

**ANALYSIS & REFLECTION**

In this column describe your feelings about the experience. Expand on such aspects as your own evaluation of your Performance, you didactic and clinical preparation to participate in the experience, feedback received, opportunities for learning that were made or missed, amount of supervision/coaching, etc. Two questions and answers you receive during your rotation are to be included with each journal.

F. Final Exam (written and comprehensive) at the end of each clinical semester.

**CONFERENCES**

Faculty may require students to meet at any time during the semester in order to discuss the student's progress in any area of his/her training. When a student is called in to meet with a faculty member for a conference, the meeting is documented. This document is used to summarize the conference and specify any actions that should result from the conference on either the student's or the faculty member's part. If any disciplinary action is taken, a copy of the report is provided to the student and a copy is placed in the student's RAD TECH folder. Depending on the reason for the conference, a copy may be sent to the DEAN of Student Affairs/Engagement.

Reasons for calling a conference with a student include, but are not limited to the following:

1. Advising/scheduling
2. Academic difficulties
3. Attendance problems
4. Punctuality problems
5. Motivational problems
6. Lack of attention to patient safety
7. Procedural inaccuracy/speed
8. Unethical or unprofessional conduct
9. Incomplete assignments
10. Difficulty in adapting to the clinical environment
11. Problems with interpersonal relationships, (confrontational behavior, lack of cooperation, gossiping, etc).
12. Clinical probation
13. Disciplinary actions
14. Semester conferences & mid semester conferences
15. Dismissal

All disciplinary actions taken with a student are subject to the Student Grievance Procedure as outlined in the York Tech catalog and Grievance Process located at https://www.yorktech.edu/uploadedFiles/Pages/Campus_Life/_content/Student%20Code.pdf.

CLINICAL PROBATION

When a student fails to make satisfactory achievement in the clinical setting as documented in Clinical Evaluations, violation of program policies, Conference documentation and/or Competency Evaluations, s/he may be placed on clinical probation. A student may be placed on clinical probation although s/he may be making academic progress. Reasons that a student may be placed on clinical probation include, but are not limited to the following:

1. Attendance problems
2. Punctuality problems
3. Lack of alertness
4. Lack of motivation
5. Lack of attention to patient safety
6. Procedural inaccuracy/speed
7. Unethical, uncooperative or unprofessional conduct
8. Incomplete assignments (i.e. competencies)
9. Failure to adapt to the clinical/professional environment
10. Program or Clinical affiliate policy violations of less serious natures and 1st incidence, etc.
11. Using cell phone while on the clinical floor, during clinical time.

To remain in the Radiography Program, s/he must show improvement as determined by the clinical/college faculty in the applicable areas. As a result of being placed on clinical probation, the
student will receive a reduction in that month’s clinical grade. Subsequent to the six weeks probationary period, any unsatisfactory achievement, policy violations or lack of improvement with the condition during this time may be grounds for immediate dismissal. Students will receive a copy of all documentation associated with the probation, witnessed by the Program Director and one other faculty member, that identifies the reason, the circumstances, the policy and the outcome for probationary period dates. A copy is also kept in the student’s program file.

**CRITERIA FOR DISMISSAL**

Violations serious enough to justify a review by program officials for dismissal include, **but are not limited to** the following:

<table>
<thead>
<tr>
<th>No.</th>
<th>Violation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Violations of RAD STUDENT MANUAL conduct codes or policies.</td>
</tr>
<tr>
<td>2.</td>
<td>Violations of YORK TECH COLLEGE CATALOG conduct codes.</td>
</tr>
<tr>
<td>3.</td>
<td>Disclosure of patient information to unauthorized persons. (HIPAA)</td>
</tr>
<tr>
<td>4.</td>
<td>Any willful act or conduct detrimental to patient care or to hospital operation.</td>
</tr>
<tr>
<td>5.</td>
<td>Falsifying test results or hospital or program records.</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Three unsatisfactory clinical evals</strong> in one semester or in a row from one semester to another.</td>
</tr>
<tr>
<td>7.</td>
<td>Academic suspension</td>
</tr>
<tr>
<td>8.</td>
<td>Failure of a student to successfully adapt to the clinical settings as determined by clinical/college faculty.</td>
</tr>
<tr>
<td>9.</td>
<td>Disloyalty, insurrection and/or insubordination to staff or faculty.</td>
</tr>
<tr>
<td>10.</td>
<td>An unsatisfactory grade in ANY RAD TECH course.</td>
</tr>
<tr>
<td>11.</td>
<td>Failure to maintain a GPR of 2.0.</td>
</tr>
<tr>
<td>12.</td>
<td>Failure to comply with all supervision policies as outlined and required by JRCERT.</td>
</tr>
<tr>
<td>13.</td>
<td>Repeating radiographs without direct supervision of an R.T.</td>
</tr>
<tr>
<td>14.</td>
<td>Excessive tardiness (4 in one clinical semester) or absenteeism (40 hours or more in one clinical course or repeated semesters of excessive hours missed-make up time).</td>
</tr>
<tr>
<td>15.</td>
<td>Aggressive or disrespectful behavior toward patients, staff, or program faculty (confrontational behavior, shouting, foul or aggressive language, harassing conduct, menacing conduct, this includes emails of this nature as well)</td>
</tr>
</tbody>
</table>
16. Conversations of a destructive, derogatory or personal nature relating to program faculty, clinical staff or fellow peers (including gossip and complaints) while in the clinical setting or didactic setting of the classroom. Inappropriate conversations of the nature described above will be grounds for disciplinary action including clinical probation up to program dismissal. The pervasive and destructive nature of this type of dialogue is insidious, hurtful and harmful and represents the inability of a student in a training program as a healthcare professional to conduct themselves in the manner necessary to focus on the care of their patients and the obtainment of the learning objectives of their program. Discussions held within the clinical setting intentionally or unintentionally heard by other peers, students, staff or faculty fall under this provision of the program policies. If you have a concern, you are to bring it to program faculty directly.

| 17. More than two probationary periods | within the two years of the program for any reason. Or, a repeated violation of the same nature, that required previous clinical probation. |

| 18. Posting confidential or threatening information regarding a patient, clinical site/staff, fellow student or faculty member on Social Media of any kind. |

**RADIATION EXPOSURE MONITORING**

1. Students "occupationally" exposed to radiation are monitored by using an exposure badge.

2. RAD badges are worn:
   a. At all times while on duty or in labs that require exposures—at the collar level.
   b. When wearing a lead apron, the badge is to be worn on the outside at collar level. Supplementary badges are provided to monitor pregnancy upon disclosure, etc.

3. The radiation badges must be changed the first week of each new month and written reports of exposure are kept in the YTC RAD Program Director’s office. Each student must review, initial and date their badge report for that month’s reading. The Program Director will provide them to you within 30 school days of receipt.

4. The following guidelines and procedures will apply to any student receiving an unusually high reading for a student (50 mrem or more in one month’s time) on the radiation badge report.
   a. An investigation into the cause of the high reading will be made by the Radiologic Technology Program Director who serves as the Radiation Safety Officer. This is to determine if the potential reasons for the high reading and if
factors contributed to a “false” reading (such as mishandling) or actually a higher radiation exposure than normal has most likely occurred.

b. The individual having the high reading will be questioned regarding his/her techniques used in performing radiological examinations and remedial instructions will be given to correct poor techniques if necessary. This meeting will be documented in the student’s permanent file. The student will be monitored closely to ensure proper safety measures are being upheld and badge readings fall back into the average range exhibited by students of the program.

**RADIATION PROTECTION & SAFETY REGULATIONS**

1. No student will perform radiologic procedures without the consent of a physician.

2. **No student will ever be exposed to DIRECT radiation of the beam. Students are not to ever hold an image receptor nor a patient during a radiographic exam, no exceptions.**

3. **Lead aprons must be worn during fluoroscopic or portable assignment** or any time it is necessary for a staff member to remain in a room during an exposure. (i.e.: portables, surgery). Failure to comply will result in clinical probation, followed by dismissal if a second occurrence is discovered.

4. **Lead gloves** will be worn by the students if their **hands** have the potential to be exposed to the primary beam (ex. Infant fluoro). **Thyroid shields** and **lead glasses** should also be worn whenever possible while working in fluoroscopy areas.

5. **RAD monitoring badges will be worn at all times while assigned to the clinical area and on campus while in the energized lab making exposures.**

6. Non-technical staff (other healthcare workers, patient’s family etc), assisting the patient during the radiographic exposure should be supplied with an apron and gloves at all times.

7. The Director of the Radiology Clinical Departments or designee will inspect lead aprons and gloves for radiation leaks every three months or as required by their appropriate regulatory agency.

8. All radiation reports will be available monthly for your review and must be initialed and dated. MRI screening forms will be completed upon entry and in PD office.

9. Any student meeting or exceeding 50% of the quarterly dose limit will be counseled and the possible causes of the high readings will be documented.
10. All walls, floors, and ceilings in the radiographic rooms comply with Federal, State and local laws regarding radiation exposure.

11. Radiation Physics reports on the evaluation of rooms and equipment will be filed with other information regarding that room.

12. No student will make a radiographic exposure using portable equipment unless wearing a lead apron and maintaining at least six foot distance from the x-ray tube whenever possible. Even stepping around the corner of a door, a lead apron is required.

Violation of these radiation safety practices are grounds for immediate dismissal.

RADIOLOGIC TECHNOLOGY PROGRAM
COMPLAINT RESOLUTION PROCEDURE

The Joint Review Committee on Education in Radiologic Technology accredits the York Technical College Radiologic Technology Program. This accreditation is important because it indicates that the program is committed to academic excellence, health care quality and patient and professional safety. JRCERT accreditation demonstrates that a program adheres to the national educational standards that have been accepted by the profession. The Standards for an Accredited Educational Program in Radiologic Sciences (STANDARDS) are available upon request in the Program Director’s office and posted on the bulletin board within the classroom A154. Students who have concerns regarding the program’s compliance with the STANDARDS should follow the procedures outlined in the College and Program’s Grievance Procedure. If the student does not feel that the program and the College have satisfactorily addressed the complaint, the student may contact the JRCERT with the concern.

www.jrcert.org
JRCERT
20 N. Wacker Dr
Suite 2850
Chicago, Il 60606-3182
312-704-5300
It is the responsibility of the Radiologic Technology Program faculty to encourage and require students to be responsible and accountable for their own behavior. In the event that a student does not meet expectations of professional behavior or performance of duties, the student may be subject to disciplinary action. In the event that a student has been subject to disciplinary action by program faculty, and the student disagrees with the decision, she/he may activate the program grievance procedure. The Radiologic Technology Program prefers to solve problems by internal procedures within the department if at all possible before the College Student Grievance Procedure is activated.

The purpose of the student grievance procedure is to provide a system to channel student complaints against faculty or staff for alleged discrimination on the basis of age, gender, race, disability or veteran status, excluding sexual harassment complaints. Because of the sensitive nature of this type of complaint, a conference with the Dean for Students may replace the first step of the grievance procedure. Academic matters may also be addressed, excluding individual grades, except when discrimination or harassment is alleged.

**First Step** - The student must go to the instructor or staff member where the alleged problem originated. An attempt will be made to resolve the matter equitably and informally at this level. The conference must take place within ten instructional weekdays of the incident that generated the complaint. If the issue is not resolved with the instructor or staff member, the student may see the direct supervisor of the instructor or staff member to seek an informal resolution.

**Second Step** - If the student is not satisfied with the outcome of the informal conference, the student may file a written grievance. The Dean for Students will make a grievance form available to the student and explain the grievance process to the student. The completed grievance form must be presented to the Dean for Students within ten instructional weekdays after satisfying the first step in the grievance process. No retaliation or adverse action will be taken against the student for filing a complaint. The Dean for Students will then refer the grievance to the immediate supervisor involved. The supervisor shall respond in writing to the student within ten instructional weekdays of receipt of the grievance. As a part of the effort to resolve the issue, the supervisor will consult with the accused and the appropriate chain of command of the division involved.

**Third Step** - If the supervisor’s written response does not resolve the matter, the student may request to appear before the Student Grievance Committee. The student must submit a written request within five instructional weekdays after receiving the supervisor’s written response.

Students should refer to the Student Grievance Procedure on the College’s website for additional information:

[https://www.yorktech.edu/uploadedFiles/Pages/Campus_Life/_content/Student%20Code.pdf](https://www.yorktech.edu/uploadedFiles/Pages/Campus_Life/_content/Student%20Code.pdf)
I give my permission for York Technical College to survey current or former employers on issues relating to my training and/or job performance in the field of Radiologic Technology or other diagnostic imaging modalities as they apply.

Signature ____________________________ Date ____________________________
I have read this manual for the RAD Tech Program and its’ policies thoroughly and understand its contents. I agree to abide by these policies.

___________________________________
Student's Signature     Date
Clinical Education Centers
2017
York Technical College

Piedmont Medical Center
Imaging Services
Suzanne Young-Director

Radiologists
Dr. Leonard
Dr. Snyder
Dr. McKinney
Dr. Salman
Dr. Soderstrom
Dr. Gilleland
Dr. Stangas
Dr. Reuter
Dr. Matthews
Dr. Jones

Clinical Instructors
Kim Guffey, RT[R]
Ginny Allmon, RT [R](Point CI & Student Liaison)

Anne Graham RT (R)
Holley Fasick RT (R)*
Patricia Balance RT (R)*
Ashley Terlinde RT (R)*
Lisa Hall RT (R)*
Jessica Seitzer RT (R)*
Jennifer Humphries RT (R)*
Carrie Walker RT (R)*
Sharitha Grant RT (R)*
Beth Wallace RT (R)*
Gabe Swabey RT (R)*
JoAnna Crow RT (R)*
Michael Doehling RT (R)*
Danielle Holt Book RT (R)*
Amanda Hardin RT (R)*

Lancaster Imaging Diagnostic Center
Clinical Instructors
Donald McClain RT (R)
Michelle McManus RT (R)*
Karen Faile RT (R)
Evie Christopher RT (R)

Chester Regional Medical Center
Radiologists
Dr. S. Regan

Clinical Instructors
Wendy Blackburn, RT(R)
Carolyn Logan RT (R)*
Deidre Schell RT (R)*
Kelly Taylor RT (R)
Christine Hydrick RT (R)*
Marsha Blakeley RT (R)

Carolina Orthopaedic Clinic/Rock Hill
Lancaster/Fort Mill
Clinical Instructors
Ann Thomas, RT (R )
Amy Hopkins, RT ( R )
Jenna Dye RT (R)
Rene Taylor, RT(R)
Suzette Love RT (R)*

OrthoCarolina-Ballantyne
Chris Hamlett RT (R)
Brooke Wade RT (R)*
Pattie Giftos RT (R)*
Jennifer Allen RT (R)*
Joe Lanuto RT (R)*

OrthoCarolina-Pineville
Christine Hunter RT (R)
Tina Grosvenor RT (R)

Shiland FM-Rock Hill Medical Plaza
Tammi Hafner RT (R)
Kelly Copenhagen RT (R)
Kisha Rawlinson RT (R)

Springs Memorial Hospital
Kay Byrd, RT( R ), Imaging Director

Radiologists
Dr. Webster
Dr. Weaver
Dr. Fox

Clinical Instructors
Donald McClain, RT(R)
Jo Tucker, RT(R)
Kay Byrd, RT(R)
Carla Ghent Coye RT (R)
Amy Hatcher RT (R)*

Lancaster Ortho & Sports Med.
Katherine Hunnicutt RT (R)

1/17 updated
*Indicates Non-JRCERT CI
<table>
<thead>
<tr>
<th>Examination</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Comp Date</th>
<th>Recheck</th>
<th>Examination</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Comp Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THORAX</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>SPINE/PELVIS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest PA/Lat</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>C spine w/ obl</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Decub</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Trauma/Horz Beam</td>
<td>C Spine-X-table.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest W/C</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>T spine</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Stretcher</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>L spine (3 view)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ribs</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>L spine (obliques)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest obl/lord</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Pelvis</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternum</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Hip</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft-tissue upper airway</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Cross-table Hip</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EXTREMITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sacrum/coccyx</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Scoliosis series</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Must have 2 fluoros</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tibia/Fibula</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>ABD/FLUORO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Barium Swallow</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Femur</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Flat KUB</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finger/thumb</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Upright Abd.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Decub Abdomen</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Upper GI</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forearm</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Small Bowel</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow (2 view)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>BE/Contrast Enema Reg or Air</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow (obliques)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>ERCP</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humerus</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>OTHER:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>IV/P/IVU</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Shoulder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Scapular Y, axial or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scapular Y, axial or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transthoracic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transthoracic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Toes</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toes</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Arthrogram</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcaneus</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>HSG</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patella</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>VCUG/Cystogram</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee notch</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>CT Head, Thor, or</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scapula</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Abdomen (1 only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clavicle</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>MOBILE/SURG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AC Joints</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Port Chest</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Survey</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Port Abdomen</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee Obliques</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Port Ortho</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Upper Ext.</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Retrograde</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Lower Ext.</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>C-Arm (Surgical field)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>C-Arm. (2 field proj ortho)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEAD AND NECK</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mandatory that 1 elective must be from this group-not including Soft tissue neck*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skull</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>GERIATRIC PT.** Age 75 or &gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial Bones</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Chest Routine</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandible(no Panorex)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Upper Extremity</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal bones</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Lower Extremity</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sinuses</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zygomatic Arches</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>PEDIATRIC PT.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMJs</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Chest under 6</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Upper Ext</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last updated 8-2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower Ext</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Abdomen</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mobile Study</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Trauma is considered a serious injury or shock to the body. Modifications must include variations (in positioning, tube alignment) with minimal movement of body part, etc.

** Patient is physically or cognitively impaired as a result of aging.

43 Mandatories, 14 electives required
Directions to Clinical Education Centers

Piedmont Medical Center, Herlong Ave. Rock Hill, SC
803-329-6820

Springs Memorial Hospital 800 W. Meeting St. Lancaster SC
Hwy 5 and Hwy 521 Route:
From Rock Hill take Hwy 21 until you see the Lancaster exit ramp. You are now on Hwy 5.
You will continue on Hwy 5 until it intersects with Hwy 521 (four lanes).
Take Hwy 521 into Lancaster, you will pass the Burger King on the left.
Go through the first stop light and then turn right at the second stop light.
Go straight and you will see another stop light. Go through this stop light.
You will see another stop light in the distance (turn into the last driveway on the left before you get to this light). You are now at SMH.

OR

Hwy 21 and Hwy 9 Route:
From Rock Hill take Hwy 21 until you reach Fort Lawn.
Follow the signs that show the direction to Lancaster.
You are now on Hwy 9.
Go through the first stop light.
Go straight until you see a road that exits to the right off of Hwy 9 (there will be a store down in a valley and a big billboard where this road is).
Go straight, after crossing the second bridge (there will be an abandoned restaurant on the right); you will go through a stop light.
At the second stop light, turn left.
Then turn into the first driveway on the right. You are at SMH.
Phone- 803-286-1591 or 803-2861419

Lancaster Imaging Center 137 W. Meeting St. Lancaster SC:
If following the Hwy 5 and 521 routes listed above, at the last step, instead of turning left into the hospital you will need to go to the light and then turn right. You will travel just a short distance up the road and then you will see some doctor’s offices on the left. The Crown Cinema is located in this parking lot and the Imaging Center is behind the cinema.

OR
If following the Hwy 9 route, turn right (at the light) after passing the abandoned restaurant. You will see the Imaging Center on the left.
Phone- 803-313-3180

Lancaster Orthopedics and Sports Medicine Lancaster, SC
1025 W. Meeting St. Suite 101 Lancaster, SC 29720
Follow directions to Lancaster Imaging Center above. They share the same parking lot.
PHONE - (803) 285-3700  Ext 31

OrthoCarolina Ballantyne, 15825 Ballantyne Medical Place #100. Charlotte, NC 28277.
From Rock Hill: Off of route 77 north, take exit for 160 through Fort Mill to reach Lancaster Highway/521. Turn Left onto 521 and drive to Ballantyne Commons Parkway. Turn left.
OR
From Lancaster area, take Lancaster Highway/521 into the Ballantyne area. Turn left onto Ballantyne Commons Parkway.

Medical Place drive is off of the right hand side of Ballantyne Commons Parkway at the first traffic light after you turn onto the parkway. The big white building with 100 on it is on the right. Park out front and enter the lobby. The clinic is straight ahead. Phone 704-323-3414.

OrthoCarolina Pineville, 10650 Park Rd, Pineville, NC
From Rock Hill, you can head up 77 North, take 485 exit to Pineville, take the 3rd exit, Pineville Matthews rd, towards Matthews, get immediately over to the left hand lane then stay straight to the 2nd light onto Park rd. The Professional office building sites facing Pineville Matthews rd, on a diagonal on the left-hand side of the CMC Pineville if you are facing it. Follow the signs for OC to the parking garage adjacent to their building. They are on the ground floor of the building. Park on the 2nd floor or higher in the garage.
OR
From Lancaster, Fort Mill or Indian Land area, go straight up Lancaster Highway, (Johnston Rd, 521, all the same road). Past Ballantyne area and continue past 51/Pineville Matthews rd; the 2nd light after that will be Park Rd on your left. Turn left and you will see the hospital on your right, CMC Pineville. Continue just past the first driveway of the hospital to the next drive on the right, turn into the parking lot. There you will see the building to the left of the hospital and signs for OrthoCarolina. You will drive around in front of it to get to the garage.
Phone-704-323-3348 direct line; Voicemail 704-323-3200

Carolina Orthopaedic Rock Hill 134 Professional Park Drive Rock Hill SC:
From Ebenezer Road, head toward York.
You will go past Hannaford on the right. Turn at the first road on the left (this is Dr. Frank P. Gaston Blvd). The Ortho office is on the right. OR
From Hwy 5, take the first road on the left that is beside Rock Hill Radiation Therapy. This road will take you behind the hospital and directly in front of the Ortho office on the left. OR
Go past PMC and through the first stop light. At the second light, turn to the left. Then turn at the first road on the left (this is Dr. Frank P. Gaston Blvd). The Ortho office is on the right.
Phone- 803-329-3130 extension 234

Carolina Orthopaedic-Fort Mill Office 1690 Highway 160 West Fort Mill SC
Follow I77 north from Rock Hill and take exit 85, you will turn left off the exit and will then pass a BP station and a Burger King on your right, directly after passing the Burger King take next driveway on the right into the office parking lot.
Phone-803-548-2425

Chester Hospital 1 Medical Park Dr Chester SC:
From Lancaster: travel down Hwy 9 toward Chester. Once you enter near Chester, you will see a Rescue Squad building and a CVS Pharmacy on the left. Turn left at this light. Turn left at the McDonald’s. At the stop sign, turn left. The hospital will be on the left.
OR
From Rock Hill: travel down Hwy 72 toward Chester. Once you enter near Chester, you will see a stop light and an IGA food store will be directly across the road. Turn left at
this light. Cross over Hwy 9 and then turn left at the McDonald’s. At the stop sign, turn left. The hospital will be on the left.
Phone- 803-581-9413

Riverview Medical Center 1393 Celanese Rd., Rock Hill, SC
On Cherry Road traveling toward Fort Mill take rights at Celanese Rd. and cross under Interstate 77 and it will be approximately 3/10s of mile on the left side of the road.
Phone-803.329-3103

Shiland Family Medicine in the Rock Hill Medical Plaza, 1656 Riverchase Parkway, Rock Hill, SC 29732
From 77 North, take Celanese rd exit toward Rock Hill. Turn right onto Riverchase Blvd, just past the Outback Steak house, follow until you see the driveway and the building on your right.
OR
From Rock Hill or York, take Celanese heading toward I 77 to Riverchase Blvd, runs next to Outback Steakhouse. Follow until you see short drive/street on your right and the building.
Stop at the desk in the lobby your first time there so they can buzz you back and know who you are.
Phone 704-667-4055

Please inform site and program faculty if you are absent, late, or leaving early from assigned site. If tardy three times it will be considered an absence. If site or faculty named below do not receive a call on day of absence it will be considered an automatic makeup day.
Michele Wells 803-981-7036
Jacque Walters 803-981-7011
EQUIPMENT IDENTIFICATION
CLINICAL COMPETENCY

FRESHMAN YEAR: FALL SEMESTER-PMC UNLESS OTHERWISE IDENTIFIED

I. Controls:
   All Radiographic/Fluoro/General including 4 & ER
   All Radiographic (including 7)

II. Tables and Wall Units:
    All Radiographic/Fluoro/General (Except RM 6)
    All Radiographic (including 7)

III. Tubes and Collimators:
     All Radiographic/Fluoro/General (Except Rm 6)
     All Radiographic (including 7)

IV. Radiographic Accessories:
    All radiographic accessories (i.e.: foot rests, cassette holders, sandbags and sponges, Pigg-O-Stat)

V. Portable Equipment:
   OR, ER AMX digital portable X3
   Other Portable equipment

VI. Processors:
    PACS
    FUJI CR Console, Procedures and CR PSP Cassettes

VII. Telephone Etiquette

VIII. Springs Memorial Hospital Orientation & RM 4

FRESHMAN YEAR: SPRING SEMESTER RAD 175

I. Fluoroscopy (1&3)
   Tower Controls
   Safety Features/Accessory items
   Digital
   Spot film device
Image intensifier
TV monitors

II. Emergency Equipment

Drug boxes
Oxygen
Suction
Stethoscope/Blood Pressure

III. Control/TubeCollimator/Table/Wall:
RM 6
Shimadzu RM 6 and Carestream portable/DRX

VI. OR & Cysto:
OEC C-ARM/3-D Siemens Orbic C-arm
Digital Cysto Suite

EQUIPMENT IDENTIFICATION
CLINICAL COMPETENCY

SENIOR YEAR: SUMMER SEMESTER RAD 256

I. CT Equipment
ARRT Rules of Ethics

A. ARRT RULES OF ETHICS
The Rules of Ethics form the second part of the Standards of Ethics. They are mandatory standards of minimally acceptable professional conduct for all present Registered Technologists, Registered Radiologist Assistants, and Candidates. Certification is a method of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Registered Technologists and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients. The Rules of Ethics are enforceable. Registered Technologists, Registered Radiologist Assistants, and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain: reinstatement of certification or registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by the ARRT or any state or federal agency, or by indicating in writing certification or registration with the ARRT when that is not the case.

2. Subverting or attempting to subvert ARRT’s examination process. Conduct that subverts or attempts to subvert ARRT’s examination process includes, but is not limited to:
   a. Conduct that violates the security of ARRT examination materials, such as removing or attempting to remove examination materials from an examination room, or having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination of ARRT; or disclosing information concerning any portion of a future, current, or previously administered examination of ARRT; or disclosing what purports to be, or under all circumstances is likely to be understood by the recipient as, any portion of or —inside— information concerning any portion of a future, current, or previously administered examination of ARRT.
   b. Conduct that in any way compromises ordinary standards of test administration, such as communicating with another Candidate during administration of the examination, copying another Candidate’s answers, permitting another Candidate to copy one’s answers, or possessing unauthorized materials; OR Impersonating a Candidate or permitting an impersonator to take the examination on one’s own behalf.

3. Convictions, criminal proceedings, or military court-martials as described below:
   a. 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. Offenses that occurred while a juvenile and that are processed through the juvenile court system are not required to be reported to ARRT.
   b. Criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest); [Interim] or where the individual enters into a pre-trial diversion activity.
   c. Military court-martials that involve substance abuse, any sex-related infractions, or patient-related infractions.

4. Failure to report to the ARRT that:
   a. Charges regarding the person’s permit, license, or registration certificate to practice radiologic technology or any other medical or allied health profession are pending or have been resolved adversely to the individual in any state, territory, or country (including, but not limited to, imposed conditions, probation, suspension, or revocation); OR That the individual has been refused a permit, license, or registration certificate to practice radiologic technology or any other medical or allied health profession by another state, territory, or country.

5. Failure or inability to perform radiologic technology with reasonable skill and safety.
6. Engaging in unprofessional conduct, including, but not limited to:
   
a. A departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;
   
b. Any radiologic technology practice that may create unnecessary danger to a patient’s life, health, or safety; **OR** Any practice that is contrary to the ethical conduct appropriate to the profession that results in the termination from employment. Actual injury to a patient or the public need not be established under this clause.

7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient’s life, health, or safety. Actual injury to a patient need not be established under this clause.

8. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

9. Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public, by a court of competent jurisdiction.

10. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

11. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise, that results in the termination of employment. This rule does not apply to preexisting consensual relationships.

12. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law.

13. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

14. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.

15. Knowingly aiding, assisting, advising, or allowing a person without a current and appropriate state permit, license, or registration certificate or a current certificate of registration with ARRT to engage in the practice of radiologic technology, in a jurisdiction which requires a person to have such a current and appropriate state permit, license, or registration certificate or a current and appropriate registration of certification with ARRT in order to practice radiologic technology in such jurisdiction.

16. Violating a rule adopted by any state board with competent jurisdiction, an order of such board, or state or federal law relating to the practice of radiologic technology, or any other medical or allied health professions, or a state or federal narcotics or controlled- substance law.

17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

18. Practicing outside the scope of practice authorized by the individual’s current state permit, license, or registration certificate, or the individual’s current certificate of registration with ARRT.
19. Making a false statement or knowingly providing false information to ARRT or failing to cooperate with any investigation by ARRT or the Ethics Committee.

20. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding the individual’s education, training, credentials, experience, or qualifications, or the status of the individual’s state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

21. Knowing of a violation or a probable violation of any Rule of Ethics by any Registered Technologist, Registered Radiologist Assistant, or Candidate and failing to promptly report in writing the same to the ARRT.

22. Failing to immediately report to his or her supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient’s care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

23. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT’s Continuing Education (CE) Requirements for Renewal of Registration. Conduct that subverts or attempts to subvert ARRT’s Continuing Education Requirements includes, but is not limited to:

   a. providing false, inaccurate, altered, or deceptive information related to CE activities to ARRT or an ARRT recognized CE record keeper.
   b. assisting others to provide false, inaccurate, altered, or deceptive information related to CE activities to ARRT or an ARRT recognized CE record keeper.
   c. conduct that results or could result in a false or deceptive report of CE completion; or (iv) conduct that in any way compromises the integrity of the CE Requirements such as sharing answers to the post-tests of CE self-learning activities, providing or using false certificates of participation, or verifying CE credits that were not earned.

American Registry of Radiologic Technologists®
1255 Northland Drive
St. Paul, MN 55120
(651) 687-0048, ext. 8580
www.arrt.org

ASRT Code of Ethics

B. ASRT CODE OF ETHICS
Preamble
Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care. Adherence to the code of ethics is only one component of each radiologic technologist’s obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities. By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

C. CODE OF ETHICS
1. The radiologic technologist conducts himself or herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.

4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.

5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.

8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

9. The radiologic technologist respects confidences entrusted in the course of professional practice respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.
<table>
<thead>
<tr>
<th>SUMMER SEMESTER (First Year) RAD 152</th>
<th>FALL SEMESTER (First Year) RAD 165</th>
<th>SPRING SEMESTER (First Year) RAD 175</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program, Clinical, and Hospital Orientations on York Technical College Campus</td>
<td>1. R&amp;F 1 (PMC Rms 1, 3)</td>
<td>1. R&amp;F 1 (PMC Rms 1, 3)</td>
</tr>
<tr>
<td>2. R&amp;F 2 (PMC Rms 1, 3)</td>
<td>2. R&amp;F 2 (PMC Rms 1, 3)</td>
<td>2. R&amp;F 2 (PMC Rms 1, 3)</td>
</tr>
<tr>
<td>3. OR (PMC)</td>
<td>3. OR (PMC)</td>
<td>3. OR (PMC)</td>
</tr>
<tr>
<td>4. PORT (PMC)</td>
<td>4. PORT (PMC)</td>
<td>4. PORT (PMC)</td>
</tr>
<tr>
<td>5. Gen’l Rad - Rms ER (PMC)</td>
<td>5. Gen’l Rad - Rms ER (PMC)</td>
<td>5. Gen’l Rad - Rms ER (PMC)</td>
</tr>
<tr>
<td>6. Gen’l Rad/IVP/Misc - Rm 7/5 (PMC)</td>
<td>6. Gen’l Rad/IVP/Misc - Rm 7/5 (PMC)</td>
<td>6. Gen’l Rad/IVP/Misc - Rm 7/5 (PMC)</td>
</tr>
<tr>
<td>7. Gen’l Rad/Trauma 2nd Shift (PMC)</td>
<td>7. Gen’l Rad/Trauma 2nd Shift (PMC)</td>
<td>7. Gen’l Rad/Trauma 2nd Shift (PMC)</td>
</tr>
<tr>
<td>8. Clerical/Front Desk (PMC)</td>
<td>8. Clerical/Front Desk (PMC)</td>
<td>8. Clerical/Front Desk (PMC)</td>
</tr>
<tr>
<td>15 Gen’l/R&amp;F Rad - Diagnostic Ctr./Lancaster</td>
<td>15 Gen’l/R&amp;F Rad - Diagnostic Ctr./Lancaster</td>
<td>15 Gen’l/R&amp;F Rad - Diagnostic Ctr./Lancaster</td>
</tr>
<tr>
<td>16. Gen’l Rad – Chester County Hospital</td>
<td>16. Gen’l Rad – Chester County Hospital</td>
<td>16. Gen’l Rad – Chester County Hospital</td>
</tr>
<tr>
<td>17. R&amp;F – Chester County Hospital</td>
<td>17. R&amp;F – Chester County Hospital</td>
<td>17. R&amp;F – Chester County Hospital</td>
</tr>
<tr>
<td>20. Riverview Medical Center</td>
<td>20. Riverview Medical Center</td>
<td>20. Riverview Medical Center</td>
</tr>
<tr>
<td>Clinical Master Plan Year 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUMMER SEMESTER (Second Year)</td>
<td>FALL SEMESTER (Second Year)</td>
<td>SPRING SEMESTER (Second Year)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>RAD 256</td>
<td>RAD 268</td>
<td>RAD 278</td>
</tr>
<tr>
<td>1. R&amp;F 1 (PMC Rms 1, 3 or 6)</td>
<td>1. R&amp;F 1 (PMC Rms 1, 3 or 6)</td>
<td>1. R&amp;F 1 (PMC Rms 1, 3 or 6)</td>
</tr>
<tr>
<td>2. R&amp;F 2 (PMC Rms 1, 3 or 6)</td>
<td>2. R&amp;F 2 (PMC Rms 1, 3 or 6)</td>
<td>2. R&amp;F 2 (PMC Rms 1, 3 or 6)</td>
</tr>
<tr>
<td>3. OR (PMC)</td>
<td>3. OR (PMC)</td>
<td>3. OR (PMC)</td>
</tr>
<tr>
<td>4. PORT (PMC)</td>
<td>4. PORT (PMC)</td>
<td>4. PORT (PMC)</td>
</tr>
<tr>
<td>5. Gen’l Rad - Rms ER (PMC)</td>
<td>5. Gen’l Rad - Rms ER (PMC)</td>
<td>5. Gen’l Rad - Rms ER (PMC)</td>
</tr>
<tr>
<td>6. Gen’l Rad/IVP/Misc - Rm 7/5 (PMC)</td>
<td>6. Gen’l Rad/IVP/Misc - Rm 7&amp;5 (PMC)</td>
<td>6. Gen’l Rad/IVP/Misc - Rm 5/7 (PMC)</td>
</tr>
<tr>
<td>7. Gen’l Rad/Trauma 2nd Shift (PMC)</td>
<td>7. Gen’l Rad/Trauma 2nd Shift (PMC)</td>
<td>7. Gen’l Rad/Trauma 2nd Shift (PMC)</td>
</tr>
<tr>
<td>16. Gen’l Rad – Chester County Hospital</td>
<td>16. Gen’l Rad – Chester County Hospital</td>
<td>16. Gen’l Rad – Chester County Hospital</td>
</tr>
<tr>
<td>17. R&amp;F – Chester County Hospital</td>
<td>17. R&amp;F – Chester County Hospital</td>
<td>17. R&amp;F – Chester County Hospital</td>
</tr>
<tr>
<td>19. CT-PMC</td>
<td>19. CT-PMC</td>
<td>19. CT-PMC</td>
</tr>
<tr>
<td>20. CT-PMC</td>
<td>20. CT-PMC</td>
<td>20. CT-PMC</td>
</tr>
</tbody>
</table>

Clinical Master Plan Year 2