

School Specific Section

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BAPTIST HEALTH

SCHOOLS- Little Rock

SCHOOL OF

RADIOGRAPHY

SCHOOL SPECIFIC SECTION

STUDENT HANDBOOK

2009-2011

BAPTIST HEALTH SCHOOL OF RADIOGRAPHY
NEW STUDENT WELCOME

The BAPTIST HEALTH School of Radiography and the BAPTIST HEALTH Medical Center Radiology Department welcomes you as a student. Your purpose in coming here is to learn about the interesting career which you have chosen and about the important place this profession plays in helping humanity.

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

As the months pass, you are expected to acquire skills through theoretical and practical clinical experience and to apply that knowledge to the interest of humanity. Great satisfaction can be obtained and will be in direct proportion to the way you use these learning opportunities.

May you find happiness in this profession and acquire not only the scientific skills, but also those which will lead to your cultural and intellectual advancement.

Sincerely,

Brenda Simmons, M.A., R.T.(R), ARRT, ASRT
Program Director
BAPTIST HEALTH School of Radiography

ADMINISTRATIVE

HISTORY

The BAPTIST HEALTH School of Radiography was established in 1953. The school is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and articulated with University of Central Arkansas.

MISSION

The BAPTIST HEALTH tradition of excellence includes the BAPTIST HEALTH School of Radiography. The School shares the philosophy and mission of BAPTIST HEALTH and through continuous quality improvement is committed to employer, student, and patient satisfaction.

BAPTIST HEALTH School of Radiography Mission Statement: To graduate students who possess skills, knowledge and professional values to begin a career as an entry level, certified radiographer.

These dedicated radiographers, as employees, with their talent and willingness to serve, will provide the highest quality care for patients in any institution. They exemplify the BAPTIST HEALTH Values of Service, Honesty, Performance, Respect, and Stewardship and enthusiastically fulfill the school's mission in the profession at the local, state and national levels.

PROGRAM GOALS:

The schools' mission will be fulfilled by the following goals:

- Goal 1. Students will possess the knowledge and clinical skills needed for an entry-level radiographer.
- Goal 2. Students will be prepared to communicate, critically think and problem solve effectively.
- Goal 3. Prepare students to value life-long learning and professional development.
- Goal 4. Graduates will be prepared to enter the Healthcare Field as evidenced through program effectiveness.

BAPTIST HEALTH PHILOSOPHY:

EXISTS to bring men into a saving relationship with God through faith in Jesus Christ by means of direct personal witness as occasion permits, and by a positive Christian interpretation of the experiences of disease, disability, and death.

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

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

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

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

PROGRAM OVERVIEW:

The Assistant Vice-President of Education for BAPTIST HEALTH Schools Little Rock has overall administrative authority and responsibility for all schools and employee development within the department. The Program Director of the School has overall operational responsibility with specified administrative authority.

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

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

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

The School exemplifies the philosophy and Values of BAPTIST HEALTH by emphasizing the values of Respect, Service, Honesty, Stewardship, and Performance, and commitment to providing quality patient care.

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

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

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

PLAN OF ACTION

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

ACCREDITATION, APPROVAL AND MEMBERSHIP

The following information reflects the numerous state approvals, professional accreditations and institutional memberships held by BAPTIST HEALTH and its schools.

1. BAPTIST HEALTH Hospitals approved by the Arkansas Department of Health:
 - 1.1 BAPTIST HEALTH Medical Center-Arkadelphia (A)
 - 1.2 BAPTIST HEALTH Medical Center-Heber Springs (HS)
 - 1.3 BAPTIST HEALTH Rehabilitation Institute-Little Rock (LR)
 - 1.4 BAPTIST HEALTH Medical Center-Little Rock (LR)
 - 1.5 BAPTIST HEALTH Medical Center-North Little Rock (NLR)
2. BAPTIST HEALTH Hospitals Accredited by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO):
 - 2.1 BAPTIST HEALTH Medical Center-Arkadelphia (A)
 - 2.2 BAPTIST HEALTH Medical Center-Heber Springs (HS)
 - 2.3 BAPTIST HEALTH Rehabilitation Institute-Little Rock (LR)
 - 2.4 BAPTIST HEALTH Medical Center-Little Rock (LR)
 - 2.5 BAPTIST HEALTH Medical Center-North Little Rock (NLR)
3. BAPTIST HEALTH Hospitals Memberships:
 - 3.1 American College of Surgeons
 - 3.2 American Hospital Association
 - 3.3 American Medical Association
 - 3.4 Arkansas Hospital Association
4. BAPTIST HEALTH Schools approved by Arkansas State Board of Nursing:
 - 4.1 School of Nursing
 - 4.2 School of Practical Nursing
5. BAPTIST HEALTH Schools approved (licensed) by Arkansas State Board of Private

Career Education:

- 5.1 School of Histotechnology
- 5.2 School of Medical Technology
- 5.3 School of Nuclear Medicine Technology
- 5.4 School of Radiography
- 5.5 School of Sleep Technology
- 5.6 School of Surgical Technology
- 5.7 School of Occupational Therapy Assistant

6. BAPTIST HEALTH Schools Accredited by National Professional Organizations:

- 6.1 The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS):
 - 6.11 School of Histotechnology
 - 6.12 School of Medical Technology
- 6.2 The Joint Review Committee on Education Programs in Nuclear Medicine Technology (JRCNMT):
 - 6.21 School of Nuclear Medicine Technology
- 6.3 The National League for Nursing Accrediting Commission (NLNAC):
 - 6.31 School of Practical Nursing
 - 6.32 School of Registered Nursing
- 6.4 The Review Committee on Education in Radiologic Technology (JRCERT):
 - 6.41 School of Radiography
- 6.5 The Commission on Accreditation of Allied Health Programs (CAAHP): Joint Review Committee for Education Review of Program in Surgical Technology.
 - 6.51 School of Surgical Technology*
- 6.6 Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA)
 - 6.61 School of Occupational Therapy Assistant

7. BAPTIST HEALTH Schools Memberships:

- 7.1 Arkansas Hospital Association:
 - 7.11 School of Histotechnology
 - 7.12 School of Medical Technology
 - 7.13 School of Nuclear Medicine Technology
 - 7.14 School of Practical Nursing
 - 7.15 School of Radiography
 - 7.16 School of Registered Nursing
 - 7.17 School of Sleep Technology
 - 7.18 School of Surgical Technology
 - 7.19 School of Occupational Therapy Assistant

- 7.2 Arkansas State Board of Nursing: Nurse Administrators of Nursing Education Programs (NANEP):
 - 7.21 School of Nursing
 - 7.22 School of Practical Nursing

- 7.3 National League for Nursing:
 - 7.31 School of Nursing
 - 7.32 School of Practical Nursing

- 7.4 Association of Surgical Technologist School of Surgical Technology
 - 7.41 School of Surgical Technology

STUDENT PROFESSIONAL DEVELOPMENT

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

ADMINISTRATION

Russell D. Harrington, FACHE President, BAPTIST HEALTH

Doug Weeks, FACHESr. Vice President, BAPTIST HEALTH/ BHRI

Dr. Judy Pile, Ed.D.. Assistant Vice President BAPTIST HEALTH Schools-
Little Rock

Steven Nokes, M.D.....Chief of BAPTIST HEALTH Medical Center-LR Radiology
Department and Medical Advisor,
School of Radiography

Brenda Simmons, M. A., R.T. (R)..... Program Director, BAPTIST HEALTH
School of Radiography

Suzanne Woodward, B.S.,R.T.(R) Clinical Coordinator, BHSLR

Gordon Ward B.S., RNBAPTIST HEALTH SCHOOLS

David Fox, MBA, CNMT.....Director of Radiology, BHMC-LR

ACADEMIC FACULTY

Brenda Simmons, M. A., R.T. (R)	Joani Culpepper, R.T.(R)
Suzy Woodward B.S.,R.T. (R)	Torri Brady, R.T. (R), DMS, R.T. (R)
Matt McArthur, R.T.(R)(MR)	Mary Ellen Stockdale, M. S. N.
Diane Powell, BSN RN	Janet Jackson, B.S.,R.T.(R) (CT)
Donald Kuonen, PhD.	Tom Bennett, M.S., R.T. (R)
Beth Nelson, School Counselor	Gregg Brock, R.T.(R)(CV)
Sharon Ward, CNMT	Jennie Kyle, MPH MT(ASCP)
Monty Self, (Chaplain)	

CLINICAL INSTRUCTORS

Judy May, R.T.(R)	Karen Griffith, R.T.(R)
Janet Jackson , B.S.,R.T.(R) (CT)	Pat Busick, B.S., R.T. (R)
Dale Webb, R.T. (R)	Shirley Harris, R.T.(R)
Mary Jane Webb, R.T. (R)	Torri Brady, R.T. (R), DMS
Tracy Hawkins, MBA.,R.T.(R)	Suzanna Haskin, R.T.(R)
Larry Eckhart, B.S.,R.T.(R)(CT)	Matt McArthur, R.T. (R)(MR)
Jenny Nichols, B.S.,R.T.(R))	Kay Hoke, R.T.(R)
Kim Ramer, R.T.(R)	Phillis St. Columbia-Gore, B.S.,R.T. (R) (CV)
Sherry Stephens, R.T.(R)	Sara Venable, R.T. (R)

SUPPORT STAFF

Jamie Hall, Bookkeeper
Anne Barnard, School Secretary
Lisa Cromer, Schools of Allied Health Secretary

**BAPTIST HEALTH SCHOOL OF RADIOLOGY
CODE OF ETHICAL CONDUCT**

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

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

BAPTIST HEALTH School of Radiography advisory board committee endorses and supports the enforcement of the violation of the programs Code of Ethical Conduct in order to instill professional behaviors, honesty, and integrity of its students

ACADEMIC

ESSENTIAL FUNCTIONS

ESSENTIAL FUNCTIONS: The physical and academic standards required to practice radiography.

The Essential Functions for the BAPTIST HEALTH School of Radiography are established criteria that all applicants must meet in order to be admitted to the School. These standards are the minimum requirements to achieve the graduate competencies necessary to practice the art and science of Radiography.

The standards addressed in this document are:

1. Observation Skills
2. Communication Skills
3. Motor Skills
4. Scholastic Skills
5. Behavioral and Social Skills

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

Physical Standards

1. Essential Visual Abilities

A minimum vision of 20/20 or corrected to 20/25 in at least one eye. Rationale: Radiographers must be able to see well enough to work with patients, to read requests, to read syringes, medicine vials, and other necessary items.

They must be able to see well enough to perform all fluoroscopic/ radiographic procedures and work in low lighted rooms or radiographic darkrooms.

2. Essential Communication Skills

A. Speak English fluently:

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

B. Hearing:

A minimum hearing ability of 20 decibels at ten feet. Rationale: Radiographers must be able to hear and understand patients with many differing tones, volumes and clarity of speech. Patients may be close by or some distance away, thus they must be able to hear sounds through a stethoscope.

C. Writing:

Radiographers must be able to write both legibly and quickly. Rationale: Documentation on charts and requests is a must for adequate patient care.

D. Reading:

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

3. Motor Skills

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

PROGRAM EDUCATIONAL OBJECTIVES

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

PROGRAM LENGTH

Program length is twenty -four (24) calendar months divided into four (4) semesters. Clinical and academic involvement totals forty (40) hours per week. The student receives over 800 contact hours of scheduled classroom time and approximately 1,760 contact hours clinical experience during the two year program.

CURRICULUM

<i>Juniors</i>		Credit	Contact
		Hours	Hours
RADG - 3001	Introduction to Radiography	1	23
RADG - 3101	Medical Terminology	1	22
RADG - 3005	Clinical Education I	<u>4</u>	<u>220</u>
Summer Juniors Total		6	265
* SP 0001	Spiritual Perspectives in Healthcare	1	18
RADG - 3002	Image Processing	2	30
RADG - 3102	Radiographic Procedures I (cont. media)	2	40
RADG - 3201	Medical Ethics and Law	1	15
RADG - 3202	Human Structure and Function I	2	40
RADG - 3301	Image Analysis I	1	15
RADG - 3501	Image Analysis II	1	15
RADG - 3003	Radiographic Procedures II (Routine)	3	45
RADG - 3401	Radiation Production and Characteristics I	1	25
RADG - 3105	Clinical Education II	<u>4</u>	<u>220</u>
Fall Juniors Total		18	463
RADG - 2402	Radiation Production and Characteristics II	2	30
RADG - 3303	Radiographic Procedures III (Routine and Pediatrics)	3	50
RADG - 3203	Human Structure and Function II	3	50
RADG - 3004	Clinical Education III	10	200
RADG - 3801	Image Analysis III	1	22
RADG - 3103	Patient Care in the Radiological Sciences	3	50
RADG - 3701	Imaging Equipment - CT, Ultrasound, Nuclear Medicine and MRI	1	16
RADG - 3601	Radiographic Procedures IV (Special Procedures)	<u>1</u>	<u>20</u>
Spring Juniors Total		24	438
Summer Junior		Credit	Contact
		Hours	Hours
RADG - 3011	Clinical Education IV	<u>10</u>	<u>460</u>
Total Junior Summer		10	460

Seniors

RADG - 4201	Image Analysis IV	1	15
RADG - 3302	Digital/Film Image Acquisition and Display I	2	40
RADG - 4003	Digital/Film Acquisition and Display II	3	50
RADG - 4401	Introduction to Quality Assurance	1	16
RADG - 4102	Radiographic Pathology	2	40
RADG - 4103	Radiographic Procedures (Positioning B)	3	57
RADG - 4005	Clinical Education V	<u>4</u>	<u>220</u>

Fall Seniors Total **16** **438**

RADG - 4203	Senior Seminars (Review)	3	57
RADG - 4001	Principles of Radiation Biology	1	20
RADG - 4002	Principles of Radiation Protection	2	30
RADG - 4301	Image Analysis V		1 22
RADG - 4010	Clinical Education VI	<u>9</u>	<u>440</u>

Spring Senior Totals **16** **539**

* SP 0001 Spiritual Perspectives in Healthcare non-transferable credit

TOTALS: Courses - 33 Credit Hours - 84 Contact Hours - 2,630

COURSE DESCRIPTIONS

RADG - 3001 Introduction to Radiography 1 Credit Hour

The student is oriented to the structure, policies and procedures of the School, Radiology Department and Hospital. A brief history of medicine and Radiology is reviewed. The student is acquainted with professional organizations, licensure and career opportunities. The basic principles radiation protection are introduced.

*SP 001 Spiritual Perspectives is a required course. 1 Credit Hour

A study of the concept of spiritual perspectives of the whole person and the relationship of this to health care practice. An examination of the major religions as avenues of spiritual expression is also discussed. The impact of spiritualness on illness and healing is also explored.

RADG - 3101 Medical Terminology 1 Credit Hour

To work effectively in Radiology, it is necessary to understand the language of medicine. The student learns the word-building system of medical terminology; prefixes, suffixes and root or stem words relating to the body and its systems. Terms, abbreviations and symbols especially pertinent to Medical Imaging are studied with emphasis on understanding the meaning of such words and their proper usage in medicine

RADG - 3002 Image Processing 2 Credit Hours

Provides the student with a thorough knowledge of processing chemistry, the various systems of automatic processors, and the radiographic image characteristics. The design and structure of the processing room and appropriate accessories are discussed. The causes of, elimination of, and artifacts on film/images are learned, as well as means of silver reclamation.

RADG - 3102	Radiographic Procedures I (Contrast Media)	2 Credit Hours
	<p>This course is the first in a sequence of courses that instructs the student in the radiographic positioning of the anatomic structures and organs of the body, correlated with Human Structure and Function. In addition to the basic radiographic positions and procedures, special or supplementary radiographic views, studies using contrast media, are also discussed.</p>	
RADG- 3201	Medical Ethics, Spirituality and Law	1 Credit Hour
	<p>Content is designed to provide a fundamental background in ethics. The historical and philosophical base of ethics, as well as the elements of ethical behavior, are discussed. The student will examine a variety of ethical issues and dilemmas found in clinical practice, an introduction to legal terminology, concepts and principles will also be presented. Topics include misconduct, malpractice, legal and professional standards and the ASRT scope of practice. The importance of proper documentation and informed consent is emphasized.</p>	
RADG - 3202	Human Structure and Function I	2 Credit Hours
	<p>Provides the student with a thorough knowledge of human anatomy; its framework, structure, organs, systems, and the specific functions of each. The relationship of the various organs and structures to surface landmarks is studied. Emphasis is placed on the identity of anatomical structures via the use of radiographs/images, correlated with Radiographic Positioning and Procedures.</p>	
RADG - 3104	Clinical Education I	4 Credit Hours
	<p>There are a total of six (6) categories or practicums in this clinical education program. All clinical experiences correlate with the student's academic education. Clinical practice experiences and competencies are evaluated in this course. It is designed to allow the student to sequentially develop, apply, critically analyze, integrate, synthesize and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency -based clinical assignments, concepts of team practice, patient-centered clinical practice and professional development are discussed, examined and evaluated.</p> <p>Clinical practice experience is designed to give the student the ability to provide excellent patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient preparatory to, during and following the radiologic procedure.</p>	
RADG - 3103	Patient Care in the Radiological Sciences	3 Credit Hours
	<p>A study of the concepts of care of the patient in Radiology, including both physical and psychological conditions. General nursing procedures, patient preparation for radiographic procedures, the basic forms of contrast media and the precautions for administering such, and emergency care are discussed. The student prepares to deal with patients in a manner that does not add further discomfort or injury, nor hinder recovery. Basic concepts of IV Therapy, and vital signs are obtained in this course.</p> <p>The newly enrolled student radiographer is required to document they have completed the "Healthcare Provider CPR Course" at American Heart Associations Standards, before school starts. This requirement is to be completed <u>at the student's expense.</u> The student must re-certify prior to graduation at their own expense to be job ready.</p>	
RADG - 3301	Images Analysis I	1 Credit Hour

There are a series of five Image Analysis courses designed to correlate with clinical and academics. Content is designed to provide a basis for analyzing radiographic images. Included are the importance of minimum standards, discussion of a problem-solving technique for image evaluation and the factors that can affect image quality. Actual images will be included for analysis.

RADG - 3203	Human Structure and Function II	3 Credit Hours
	A continuation of course RADG - 3202 with emphasis on the systems of the human body to include digestive, respiratory, urinary, reproductive, circulatory, etc.	
RADG - 3302	Digital/Film Image Acquisition and Display I	2 Credit Hours
	Content is designed to impart an understanding of the components, principles and operation of digital and film based imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Guidelines for selecting exposure factors and evaluating images within a digital system assist students to bridge between film-based and digital imaging systems. Principles of digital system quality assurance and maintenance are presented.	
RADG - 3003	Radiographic Procedures II	3 Credit Hours
	A continuation of course RADG 3102 with an emphasis on basic radiographic positioning of the lower and upper anatomic structures, correlated with Human Structure and Function.	
RADG - 3204	Clinical Education II	4 Credit Hours
	This is a continuation of course RADG 3104. Clinical practice experiences and competencies are evaluated in this course. It is designed to allow the student to sequentially develop, apply, critically analyze, integrate, synthesize and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency -based clinical assignments, concepts of team practice, patient-centered clinical practice and professional development are discussed, examined and evaluated.	
	All Clinical practice experience is designed to give the student the ability to provide excellent patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient preparatory to, during and following the radiologic procedure.	
RADG - 3501	Image Analysis II	1 Credit Hours
	A continuation of course RADG – 3301. Content is designed to provide a basis for analyzing radiographic images. Included are the importance of minimum imaging standards, discussion of a problem-solving technique for image evaluation and the factors that can affect image quality. Actual images will be included for analysis.	
RADG - 4003	Digital/Film Image Acquisition and Display II	3 Credit Hours
	A continuation of course RADG 3302. Content is designed to impart an understanding of the components, principles and operation of digital and film based imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Guidelines for selecting exposure factors and evaluating images within a digital system assist students to bridge between film-based and digital imaging systems. Principles of digital system quality assurance and maintenance are presented.	
RADG - 3303	Radiographic Procedures III (Pediatrics/Routine)	3 Credit Hours

A continuation of course RADG - 3003 (Routine and Pediatrics) to include the positioning of bones of the spine and skull. A study of special problems in radiography of children is emphasized and routine positioning for radiography of children is taught.

RADG - 3401	Radiation Production and Characteristics I	1 Credit Hour
	A study of the general theories of physics at atomic and subatomic levels, electrostatics and electronics related to radiographic practice, x-ray tubes and transformers, circuits and equipment. The production of x-radiation, its properties, measurements and interaction with matter are studied.	
RADG - 3004	Clinical Education III	4 Credit Hours
	This is a continuation of RADG 3204. Clinical practice experiences and competencies are evaluated in this course. It is designed to allow the student to sequentially develop, apply, critically analyze, integrate, synthesize and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency -based clinical assignments, concepts of team practice, patient-centered clinical practice and professional development are discussed, examined and evaluated.	
	All Clinical practice experience is designed to give the student the ability to provide excellent patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient preparatory to, during and following the radiologic procedure	
RADG - 4001	Principles of Radiation Biology	1 Credit Hour
	A study of the effects of ionizing radiations on living tissues. Included are discussions on relative sensitivity and resistance of organ systems, cellular and systematic response to radiation, and in-utero response to radiation. The acute and late effects of radiation are discussed.	
RADG - 4002	Principles of Radiation Protection	2 Credit Hours
	A study of the interactions of radiation with matter, its biological effects, and the need for protection. Methods for minimizing exposure to patients, maximum permissible dose equivalents, personnel monitoring, shielding, and methods of measuring ionizing radiation are discussed.	
RADG - 3801	Image Analysis III	1 Credit Hour
	A continuation of course RADG -3501. Content is designed to provide a basis for analyzing radiographic images. Included are the importance of minimum imaging standards, discussion of a problem-solving technique for image evaluation and the factors that can affect image quality. Actual images will be included for analysis.	
RADG - 2402	Radiation Production and Characteristics II	2 Credit Hours
	A continuation of course RADG 3401 with an emphasis on x-ray tubes, transformers, rectifiers, circuits and equipment types.	
RADG - 3601	Radiographic Procedures IV (Special Procedures)	1 Credit Hour
	A continuation of course RADG 3303 introducing the student to specialized procedures.	
RADG - 3410	Clinical Education IV	10 Credit Hours

This is a continuation of course RADG 3004. Clinical practice experiences and competencies are evaluated in this course. It is designed to allow the student to sequentially develop, apply, critically analyze, integrate, synthesize and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency -based clinical assignments, concepts of team practice, patient-centered clinical practice and professional development are discussed, examined and evaluated.

All Clinical practice experience is designed to give the student the ability to provide excellent patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient preparatory to, during and following the radiologic procedure.

RADG -4201 Image Analysis IV 1 Credit Hour

A continuation of course RADG - 3801. Content is designed to provide a basis for analyzing radiographic images. Included are the importance of minimum imaging standards, discussion of a problem-solving technique for image evaluation and the factors that can affect image quality. Actual images will be included for analysis.

RADG - 4103 Radiographic Procedures V 3 Credit Hours

A continuation of course RADG 3144. Content is designed to emphasize certain special views used to demonstrate specific anatomical parts which are difficult to see in routine positioning. This course also provides a review of routine positioning. Students will review body rotations, central ray locations, tube tilts, anatomy and structures shown.

RADG - 3701 Imaging Equipment (CT, Ultrasound, Nuclear Medicine, MRI) 1 Credit Hour

Introduces the student to various methods of recording images, fundamentals of maintenance and relates principles of diagnostic imaging to the process of image production and the specific equipment it requires. The student is acquainted with advanced imaging techniques, including CT, CT physics, cross-sectional anatomy, Ultrasound, Nuclear Medicine, and Magnetic Resonance Imaging.

RADG - 4504 Clinical Education V 4 Credit Hours

This is a continuation of course RADG 3410. Clinical practice experiences and competencies are evaluated in this course. It is designed to allow the student to sequentially develop, apply, critically analyze, integrate, synthesize and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency -based clinical assignments, concepts of team practice, patient-centered clinical practice and professional development are discussed, examined and evaluated.

All Clinical practice experience is designed to give the student the ability to provide excellent patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient preparatory to, during and following the radiologic procedure.

RADG - 4203 Senior Seminars (Review) 3 Credit Hour

Review sessions in those courses deemed critical for the Registry examination. Students are also given simulated Registry examinations to aid in preparation and familiarization with conditions under which the Registry is given. Scheduled computer review is also scheduled during this time.

RADG - 4102	Radiographic Pathology	2 Credit Hour
	An introduction to the concepts of disease. Trauma/physical injury, the systemic classification of disease, and repair and replacement of tissue are discussed.	
RADG - 4301	Image Analysis V	1 Credit Hour
	A continuation of course RADG – 4201. Content is designed to provide a basis for analyzing radiographic images. Included are the importance of minimum imaging standards, discussion of a problem-solving technique for image evaluation and the factors that can affect image quality. Actual images will be included for analysis	
RADG - 4401	Introduction to Quality Assurance	1 Credit Hour
	A study of the evaluation of radiographic systems to assure consistency in the production of quality images. The regulations governing quality assurance and the techniques, equipment and procedures for attaining it are discussed.	
RADG - 4609	Clinical Education VI	9 Credit Hours
	This is a continuation of course RADG 4504. Clinical practice experiences and competencies are evaluated in this course. It is designed to allow the student to sequentially develop, apply, critically analyze, integrate, synthesize and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency -based clinical assignments, concepts of team practice, patient-centered clinical practice and professional development are discussed, examined and evaluated.	
	All Clinical practice experience is designed to give the student the ability to provide excellent patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient preparatory to, during and following the radiologic procedure.	

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**BAPTIST HEALTH SCHOOL OF RADIOGRAPHY
GRADING SCALE**

Grade	% Range	Value
A	100-94	4
B	93-86	3
C	85-77	2
D	76-70	1
F	69- 0	0
I	Incomplete	0
W	Withdrawal	0
WP	Withdrawal Passing	0

WF	Withdrawal Failing	0
AW	Administrative Withdrawal	0

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

Students must maintain a 77% in all educational components to progress in the program.

ACADEMIC PROGRESS AND PROMOTION

Theoretical lecture periods are given at specific intervals during the school week. In general, lecture hours are scheduled in the afternoons. Morning hours are devoted to the student acquiring the practical aspect of the progression in clinical education. This learning occurs under the direction of Radiologists and Radiographers in the Radiology Department. Each professional Radiographer takes an active interest in the school's program of study and does everything possible to promote the student's maximum learning.

A student is required to maintain minimum cumulative GPA of 2.00, and a minimum of 77% in all educational components. Failure to do so may result in Academic Dismissal. In addition, the student is expected to acquire clinical competency in the various Radiographic Categories taught throughout the two (2) year program.

A given minimum clinical grade of 'C' or higher in clinical education is required. Clinical evaluations are given weekly. If the evaluation is lower than the required, counseling and assistance is given either by the clinical instructor, staff radiographer, program director, or school counselor. Counseling sessions are documented and placed in the Student's Record.

Evaluations outcomes are calculated at semester and shared with the student. Students not meeting the necessary clinical achievement for the period in time may be placed on probation for a specified period. During probation, student evaluations are closely monitored, clinical deficiencies are discussed and a plan for improvement is implemented and documented. Students are counseled, given assistance (extra practice, and so forth) and other additional support.

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

GRADING SYSTEM PROCESS

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

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

The grading system adopted by the faculty and the school is for the purposes of grade determination and ultimately the progression, promotion and graduation of students. The grading system offered by affiliating colleges and universities are reflected in their respective course syllabi and publications.

The school utilizes a grading system to signify student progression and the quality of learning as the student moves through the Program of Studies. A final letter grade is determined and assigned based upon criteria outlined in the course syllabi. Decimal point values of five (5) or greater to the nearest hundredths are raised to the next whole

number to determine the final grade. Example: 93.45 will be raised to a 94. A 93.2 will remain a 93.

Value points are used in the calculation in determining Grade Point Average (GPA). The grade point average is the academic standard that serves many purposes, three (3) examples being:

1. Honors recognition at the Commencement Ceremony, *(3.75-3.89 Honors) (3.90- 4.00 High Honors)
2. BAPTIST HEALTH Auxiliary Scholarship Awards.
3. Approval of BAPTIST HEALTH Student loan Program.

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

* These GPA'S will be used for the 2009-2011 graduating class.

ACADEMIC ADVISING

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

Advising is available to a student in the following areas:

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

ACADEMIC PROBATION

1. A student is placed on probation for academics or clinical reasons by the Director of the School or designee.
2. Probationary terms are determined on an individual basis by the Director of the School or designee.
3. Failure to meet designated probationary terms may result in academic suspension or academic dismissal.
4. Each time a student who is on Academic Probation fails to pass an exam or receives a low clinical grade they are to see the Program Director or Clinical Coordinator.

CLINICAL EDUCATION COMPONENT

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

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

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

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

As a student progresses through the different levels of achievement in clinical competencies, each successive level attained moves that student toward the goal of proficiency in the terminal competencies. Upon completion of all didactic and clinical competencies, a student must be able to demonstrate proficiency and meet the specific behavioral objectives in the following areas:

GRADUATE COMPETENCIES

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

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

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

5. Recording Media Processing Competency:
 - 5.1 Demonstrate knowledge and skills relating to medical image processing.
 - 5.2 Curriculum Content:
 - 5.21 imaging equipment,
 - 5.22 image processing,
 - 5.23 image analysis,
 - 5.24 radiation production and characteristics,
 - 5.25 introduction to quality assurance, and
 - 5.26 clinical education assignments.

6. Equipment Maintenance Competency

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

7. Interpersonal Communication Competency:

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

8. Professional Responsibility Competency:

- 8.1 Upholds the profession's code of ethics and scope of practice.
- 8.2 Curriculum Content:
 - 8.21 introduction to radiography,
 - 8.22 medical ethics and law,
 - 8.23 patient care in the radiological sciences
 - 8.24 radiographic procedures,
 - 8.25 digital/film image acquisition and display,
 - 8.26 imaging equipment,
 - 8.27 image analysis,
 - 8.28 principles of radiation protection,
 - 8.29 introduction to quality assurance, and
 - 8.210 clinical education assignment

9. Clinical Education Competency:

9.1 Performs competently a full range of radiologic procedures in children and adults in the following categories:

- 9.12 head/neck
- 9.13 abdominal/gastrointestinal/genitourinary,
- 9.14 musculoskeletal,
- 9.15 chest and breast,
- 9.16 trauma,
- 9.17 bedside/surgical, and
- 9.18 CT/MRI/Vascular procedures.

CLINICAL SUPERVISOR/INSTRUCTOR RESPONSIBILITIES AND EVALUATION POLICIES

The staff Radiographers of the BAPTIST HEALTH Medical Center are the clinical supervisors or clinical instructors for the School of Radiography.

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

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

It is felt that the student will gain more in creativity and independent judgment from the experience of observing, assisting and performing with Radiographers of different background and education than with being with just one clinical instructor. The unique situation here at this institution is that Radiographer, Radiologists, Cardiologists and others allow our students to participate fully in the procedures done in this department. Further, it is our strong belief that to designate individual clinical instructors separate from the present BAPTIST HEALTH Medical Center Radiology Department would reduce the camaraderie and spirit of cooperation within the department. The end result would be a less effective and efficient operation. The staff Radiographer serving as Clinical instructors and supervisors, are responsible for providing the student clinical instructions and to ensure that the students learn the following:

A. THE EQUIPMENT WITHIN THE INSTRUCTORS AREA:

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

B. THE PROCEDURE AND EXAMINATION THAT ARE PERFORMED WITHIN THIS AREA:

The student is to learn the proper positions, proper radiation protection measures, correct receptor size and placement, and correct technical factors for each examination. Due to our use of automatic exposure

devices, students should be taught this method and also the manual setting. As they progress in their training the students should be required to use manual timing for the purpose of experience in this method.

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

C. **THE PATIENT CARE IN THIS AREA:**

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

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

The student should have or acquire the cooperation and attitude that is necessary to become a good member of the medical team. The student should have or acquire the initiative and responsibility to accomplish the objectives and obtain results in regard to technical knowledge and to see the requirements of the entire department are done. The student should acquire a personal appearance that will meet the standards of the School, the Radiology Department and the Institution.

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

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

A clinical evaluation is filled out weekly by the clinical instructor who rotates with the student according to our policies and criteria. At that time the clinical instructor will discuss, evaluate and counsel with the student, then turn the evaluation into the director of the school for review, counseling if needed, and then filed.

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

1. **EVALUATION OF REQUISITION (COGNITIVE DOMAIN)**

The student is able to:

- a. Identify procedures to be done
- b. Give patients age and name
- c. Identify mode of travel

- d. Call the patient's name

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

The student is able to (when necessary):

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

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

The student is able to (when necessary):

- a. Select the correct patient.
- b. Assist safely the patient to the radiographic room and the radiographic table.
- c. Explain the examination to the patient.
- d. Give proper instructions for moving and breathing.
- e. Talk with the patient in a gentle manner and be aware of their rights.
- f. Have patient gowned properly.
- g. Keep patient covered for privacy.
- h. Practice good medical asepsis.
- i. Show courtesy to the patient, patient's family, physicians and technologist.
- j. Exhibit an ethical and professional demeanor.
- k. Follow proper procedure for isolation procedures of patient.

4. **POSITIONING SKILLS (PSYCHOMOTOR DOMAIN)**

The student is able to:

- a. Select proper image receptor size.
- b. Locate correctly, identification on film. (Right, Left, Erect, lat decubitus, etc.)
- c. Provide patient identification on image.
- d. Angle the tube correctly, if necessary.
- e. Position the patient correctly on table (head at the right end, prone, supine, erect, lateral or correct obliquity if necessary).
- f. Align center of part to be demonstrated to either the center of image receptor or table.
- g. Center image receptor (bucky tray) to body part longitudinally.
- h. Remove unnecessary anatomical parts or material from the radiographic area.

5. **EQUIPMENT MANIPULATION AND TECHNICAL FACTORS (PSYCHOMOTOR DOMAIN)**

The student is able to:

- a. Turn tube from horizontal to vertical (and visa versa)
- b. Correctly identify and utilize tube locks.
- c. Move the cassette tray and utilize locks.
- d. Insert and remove CR cassettes or film cassettes from Bucky tray and spot film devices.
- e. Utilize video tape and CD's (when required).
- f. Operate scanners for computed radiography.
- g. Operate computers for receiving and sending images.

- h. Measure the patient correctly.
- i. Use technique chart.
- j. Select the correct factors at control panel, (MAS, KVP, automatic timing when necessary).
- j. List the necessary items on the request.
- k. Adapt technical changes due to (SID Pathology, Grids, Collimation Motion) etc.
- l. Communicate correct breathing procedures to patient.
- m. Operate computer correctly/ look up table (LUT), recognize proper histogram for part being examined.
- n. Assist the physician with surgical procedures.

6. **EVIDENCE OF RADIATION PROTECTION (PSYCHOMOTOR DOMAIN)**

The student is able to:

- a. Select accurate receptor size and collimation for part.
- b. Use gonad shielding, if possible.
- c. Wear lead apron and gloves when appropriate.
- d. Provide protection for other personnel in area (lead apron, gloves, distance, notification).
- e. Complete pregnancy forms.
- f. Wear film badge as directed.
- g. Select technical factors and position accurately to facilitate few if any repeats.

7. **PROFESSIONAL PERSONAL APPEARANCE AND ATTITUDES (AFFECTIVE DOMAIN)**

The student is able to:

- a. Support school policies.
- b. Show interest in the assignment and duties.
- c. Adapt to the situation cheerfully.
- d. Co-operate with other students, Technologist, Physicians and hospital personnel.
- e. Be responsible for own actions.
- f. Look for things to do and do them.
- g. Have an "overall" working knowledge of the function of the entire department.
- h. Wear a clean and pressed regulation uniform.
- i. Wear clean and polished regulation shoes, laces and other items.
- j. Have hair clean and groomed as written in standards
- k. Use cosmetics and grooming aids (perfume, cologne, deodorant, after shave, make-up in a professional manner to conform to the standards).
- l. Conform to the dress code with regard to jewelry, fingernails and polish, hand lotion, chewing gum and candy.

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

The student is able to:

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

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

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

1st six months minimum average of 65

2nd six months minimum average of 75

3rd six months minimum average of 80

4th six months minimum average of 85

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

CLINICAL GUIDELINES

Guidelines for specific clinical rotational components are provided in each course Syllabus. As the specific experience approaches in the student's individual schedule, the student is strongly encouraged to contact the clinical instructor for clarification and additional information.

BAPTIST HEALTH SCHOOL OF RADIOGRAPHY STUDENT CLINICAL EVALUATION GENERAL RADIOGRAPHY MORNING ROTATION

Student: _____ Clinical Rotation: _____

Begin Date: _____ End Date: _____

Evaluator: _____

Directions to Evaluator:

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

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

Your ratings are a measure of your judgment.

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

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

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

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

Please remember that all grades are confidential.

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

Student Radiographer _____

Instructor _____

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

**BAPTIST HEALTH
SCHOOL OF RADIOGRAPHY
STUDENT CLINICAL EVALUATION**

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

Clinical evaluation of the student's performance is framed within School **Values** and those of BAPTIST HEALTH: **Service, Honesty, Respect, Stewardship, and Performance.**

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

<u>Standard of Performance</u>	<u>Domain</u>	<u>Corresponding School Value</u>
1. Patient Positioning	Cognitive	Performance/Service/Stewardship/Respect
2. Technical Factors	Psychomotor	Performance/Service

3. Patient Protection	Affective/Psychomotor	Performance/Stewardship/Service
4. Room and Equipment Preparation	Psychomotor	Performance/Stewardship/Service
5. Quantity of Work	Affective	Service/Performance/Stewardship
6. Cooperation and Attitude	Affective	Honesty/Service/Respect
7. Initiative and Critical Thinking	Affective	Service/Performance
8. Equipment Manipulation	Cognitive	Performance/Service/Stewardship
9. Patient Care	Affective	Service/Respect/Honesty/Performance
10. Personal Appearance	Affective	Service/Respect/Performance

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

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

First Semester/JR (July - December)	Second Semester/JR (January-June)	Third Semester/SR (July - December)	Fourth Semester/SR (January - June)
76% - Above A	86% - Above A	90% - Above A	94% - Above A
71% - 75% B	81% - 85% B	85% - 89% B	90% - 93% B
65% - 70% C	75% - 80% C	80% - 84% C	85% - 89% C
64% & below D	74% & below D	79% & below D	84% & below D

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

1. PATIENT POSITIONING

- A. Checks armband for correct patient identification.
- B. Proper utilization of patients' chart to verify the ordered exam.
- C. Evaluation of requisition.
- D. Proper CR cassette size selected.
- E. Positioning true; and completed according to protocol.
- F. Properly centered.
- G. Angulation of body and tube correct.

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

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

Comments: _____

2. TECHNICAL FACTORS

- A. Exposure factors within reason, SID, MAS, KVP, etc.
- B. No technical errors, undesired motion controlled, no pre-exposure or double exposure, no grid lines, etc.
- C. Proper exposure index achieved.

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

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

Comments: _____

3. RADIATION PROTECTION

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

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

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

Comments: _____

4. ROOM AND EQUIPMENT PREPARATION

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

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

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

Comments: _____

5. QUANTITY OF WORK

Consider volume of work produced, disregard errors.

- A. Difficulty of examinations or patients.
- B. Lack of training.
- C. Poor organization.
- D. Lack of confidence.
- E. Moves slowly.

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

Comments: _____

6. COOPERATION AND ATTITUDE

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

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

Comments: _____

7. INITIATIVE AND CRITICAL THINKING

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

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

Comments: _____

8. EQUIPMENT MANIPULATION

- A. Manipulates tube, tube stand and locking devices.
- B. Can operate control console with minimal supervision.

- C. Can identify various anatomical structures utilizing images.
- D. Operates mobile unit properly as to controls, drive, collimation and locks.
- E. Operate CR, DR, and PACS equipment efficiently.
- F. Utilizes proper look up table (LUT) and recognizes proper histogram for part being examined.

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

Comments: _____

9. PATIENT CARE

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

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

Comments: _____

10. PERSONAL APPEARANCE

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

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

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

Comments: _____

Revised 07/2004
BS/SW BHSR
Revised 04/09

Clinical Grade Guidelines

CLINICAL EVALUATION RECORD: 50 POINTS POSSIBLE

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

FIRST SEMESTER:

Clinical I (July - Sept)

66 & ↑ A 50 points
65 - 61 B 40 points
60 - 55 C 30 points
54 - 50 D 20 points
49 & ↓ F 0 points

Clinical II (Oct. - Dec.)

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

SECOND SEMESTER:

Clinical III (Jan. - March)

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

THIRD SEMESTER:

Clinical IV (March - Oct.)

90 - ↑ A 50 points
89 - 85 B 40 points

84 - 80	C	30 points
79 - 75	D	20 points
74 & ↓	F	0 points

FOURTH SEMESTER:

Clinical V (Oct. - Dec)

90 & ↑	A	50 points
89 - 85	B	40 points
84 - 81	C	30 points
80 - 76	D	20 points
74 & ↓	F	0 points

Clinical VI (Jan. - June)

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

CLINICAL POLICIES: 30 POINTS POSSIBLE

All clinical laboratory policies as printed in the Student Handbook, are to be followed by the students at all times. Failure to follow these policies will result in deduction of points, which may affect the clinical grade. Examples of possible deductions are listed below, all deductions are listed in the Student Handbook under clinical policies and dress code.

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

TARDIES: 10 POINTS POSSIBLE

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

0 - 1	Times tardy	10 points
2 - 3	Times tardy	5 points
4 - 5	Times tardy	0 points

ABSENCES: 10 POINTS POSSIBLE

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

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

0 - 1	Times absent	10 points
2 - 3	Times absent	5 points
3 - ↑	Times absent	0 points

ARRT MANDATORY AND ELECTIVE COMPETENCIES: 25 POINTS POSSIBLE

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

FIRST SEMESTER:

Clinical I (July - Sept.)

6 & ↑ completed	25 points
5 - 3 completed	20 points
2 & ↓ completed	0 points

Clinical II (Oct. - Dec.)

12 & ↑ completed	25 points
11 - 9 completed	20 points
8 - 6 completed	15 points
5 & ↓ completed	0 points

SECOND SEMESTER:

Clinical III (Jan. - March)

18 & ↑ completed	25 points
------------------	-----------

17 - 15 completed 20 points
14 - 13 completed 15 points
12 & ↓ completed 0 points

THIRD SEMESTER: **Clinical IV (March - Sept.)**

30 & ↑ completed 25 points
29 - 25 completed 20 points
22 - 20 completed 15 points
19 & ↓ completed 0 points

FOURTH SEMESTER: **Clinical V (Oct. - Dec)**

35 & ↑ completed 25 points
34 - 30 completed 20 points
29 - 25 completed 15 points
24 - 20 completed 0 points

Clinical VI (Jan. - June)

51 completed 25 points
50 & ↓ 0 points

EXPERIENCE RECORD: **25 POINTS POSSIBLE**

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

FIRST SEMESTER: **Clinical I (July - Sept.)**

200 & ↑ numbers 25 points
199 - 175 numbers 20 points
174 - 149 numbers 15 points
148 & ↓ numbers 0 points

Clinical II (Oct. - Dec)

500 & ↑ numbers 25 points
499 - 475 numbers 20 points
474 - 449 numbers 15 points
448 & ↓ numbers 0 points

SECOND SEMESTER: **Clinical III (Jan. - March)**

750 & ↑ numbers 25 points
749 - 700 numbers 20 points
699 - 650 numbers 15 points
649 & ↓ numbers 0 points

THIRD SEMESTER: **Clinical IV (March - Sept.)**

1250 & ↑ numbers 25 points
1249 - 1225 numbers 20 points
1224 - 1199 numbers 15 points
1198 & ↓ numbers 0 points

FOURTH SEMESTER: **Clinical V (Oct. - Dec)**

1500 & ↑ numbers 25 points
1499 - 1475 numbers 20 points
1474 - 1449 numbers 15 points
1448 & ↓ numbers 0 points

Clinical VI (Jan. - June)

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

TOTAL POINTS POSSIBLE: 150

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

Course Grading Scale: 100 - 94 A
 93 - 86 B

85 - 77 C
76 - 70 D
69 & ↓ F

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

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

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Revised 4/09 SW
Initiated: 10/05 BS/SW

FINANCE

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

TUITION REFUND

Payment in full is expected for all expenses associated with tuition, fees, books and course related cost at time of registration. A non-refundable enrollment deposit is due upon notification of selection. The deposit is applied to tuition at first registration. Expenses associated with fees, fines, books, course materials, uniforms, activities and ceremonies are not refunded. A student officially withdrawing from a school may be eligible for a refund of tuition. Refunds are made after all outstanding balances to the school and supporting institutions are paid.

All Administrative Fees in excess of \$100 will be refunded at any time during the semester.

The refund of tuition * policy applies to the time period beginning with the published first class date according to the following schedule:

1.	Before the beginning of the first class date	100% Refund
2.	Weeks 1 through 8 of instruction	75% Refund
3.	Weeks 9 through 12 of instruction	50% Refund
4.	Weeks 13 through 18 of instruction	25% Refund
5.	After the beginning of week 19 of instruction	0% Refund

Tuition refunds by BAPTIST HEALTH Schools and affiliating colleges and universities are made upon withdrawal in accordance with, the respective policies of each entry. BAPTIST HEALTH School of Radiography refund policy is applied after financial settlement of student's account and official clearance, during the semester term for which the refund is being requested (see Withdrawal).

* Includes classroom lectures, field trips, skills laboratory, clinical laboratory of any scheduled learning experience. Refunds of tuition are made after all outstanding balances to the respective school are paid. Expenses associated with fees, fines, books, equipment, supplies and uniforms are not refunded.

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revised 2-09bs

GENERAL CLINICAL AND DIDACTIC EDUCATIONAL PLAN

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

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

1. FIRST SIX MONTHS

- 1.1 Assignments to clinical rotations provide an opportunity to acquire basic knowledge of routine radiographic equipment; and provide the necessary equipment for the opportunity of learning positioning, technique, patient care and protection for routine procedures such as: chest abdomen, upper extremity, lower extremity, pelvic girdle, bony thoracic spine, lumbar spine, including emergency trauma of these area and routine procedures using contrast media which include GB, GI, BE, and IVP's. These rotations are closely coordinated with didactic classes in anatomy, routine contrast media procedures, positioning, technique, and physics. These rotations give the student the opportunity to observe, assist and to perform the examination (according to his or her level of knowledge and clinical competency) and shall have **direct** supervision.
- 1.2 Assignments for rotations in ancillary area are necessary to provide a basic knowledge of the overall structure of the Radiology Department such as patient films and records, information and communication areas. The rotations are coordinated with classes in film processing, office procedures, medical terminology and ethics. The rotations provide the student an opportunity to observe, assist and to perform (according to his or her level of knowledge and clinical competency) under **direct** supervision. It is expected that a one (1) week rotation in each is sufficient to provide the preferred knowledge base.

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

2. SECOND SIX MONTHS

- 2.1 Assignments to clinical rotation provide an opportunity to acquire basic knowledge of routine radiographic equipment - and provides the necessary equipment for the routine procedures, facial bones, sinuses, mandibles, mastoids, including emergency trauma of these areas. Rotations are provided to learn pediatric radiography and nuclear medicine procedures. These rotations are closely coordinated with classes in anatomy, positioning, technique, physics, patient care, pediatrics and nuclear medicine. These rotations should

give the student the opportunity to observe, assist and to perform the examination (according to his or her level of knowledge and clinical competency) and shall be under **direct** supervision.

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

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

After completion of the second school year, the student is familiar with all equipment within the Radiology Department; has achieved a high degree of proficiency in the more complex procedures and equipment, such as a myelography, arthrography, tomography, vascular procedures, cardiac procedures, CT scanning and surgical procedures; acquire a working knowledge of film quality; have familiarity with the equipment and procedures of mammography, Magnetic Resonance Imaging, Sonography, Therapy and Nuclear Medicine examinations; gain leadership capabilities, form organizational habits, reach a high degree of responsibility, perform independently, analyze problems and should have some ability to teach others; and be able to make career choices within the Radiology Department. To achieve these objectives, the following didactic and clinical educational plans are utilized.

3. THIRD SIX MONTHS

- 3.1 Assignments to clinical rotations provide the necessary equipment for the opportunity to become familiar with Sonography, mammography, MRI therapy, Nuclear Medicine procedures. These rotations may not promote a high degree of proficiency, but must provide enough activity for the student to observe, assist and have a limited performance; to enable the student the opportunity to select any of those areas to continue his or her education. Rotations in CT Scanning, vascular and cardiovascular procedures need to be sufficient in frequency for the student to achieve a high degree of proficiency. These rotations shall be under **direct** supervision.
- 3.2 Assignments to those clinical rotations provide the necessary facilities for the student to acquire a high degree of proficiency in more complex procedures such as myelography, arthroscopy, tomography, operating room procedures and film quality; assignments to those clinical areas provide the necessary equipment to enable the student to achieve and retain a high degree of proficiency in all routine procedures. The clinical rotations, are coordinated with classes in Nuclear Medicine, Therapy, Special Procedures, CT Scanning and Positioning "B." In the clinical rotations, where a student has reached an average degree of proficiency such as chest, extremities and spines, skull, etc., supervision may be varied from direct (skull work) to having a radiographer nearby, according to difficulty of examinations or patient or the student's level of knowledge. Other areas, where a student has less knowledge such as a new clinical rotation, shall have **direct** supervision.

One clinical evaluation is completed weekly by the supervising radiographer/instructor and the semester's

weekly clinical evaluations shall reach a minimum average of 77% and the student must have completed successfully a wide variety of examinations.

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

4. FOURTH SIX MONTHS

- 4.1 A continuation of the assignments may occur in selected clinical areas with the necessary equipment for the procedures started in the third semester; a clinical rotation in sonography; and to provide an elective rotation in that area in which they are most interested.
- 4.2 A continuation of assignment in those clinical areas enables the student to regain and maintain the high proficiency in all routine procedures (that are necessary for employment). The assignments may be utilized with junior students and with less radiographer/instructor supervision to enable the student to achieve a degree of responsibility, leadership and to develop some ability to instruct students. Classes during semester are not necessarily coordinated. Classes in Technique "B," Radiation Biology, Protection, Equipment Maintenance and review should assist the student in achieving a higher proficiency level. The supervision during this rotation maybe either **direct or indirect in the last three months.**

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

LEVEL OF SUPERVISION

1. **Direct Supervision:** A Radiographer in the room during the procedure; to review the request, examine the patient, access the capability of the student and if necessary assist the student according to the students level of knowledge.
 - a. instruct and demonstrate as the student observes;
 - b. provide step by step instruction (if necessary when the student assists or performs.)
 - c. observe closely the student's performance of the exam.
2. **Indirect Supervision:** A radiographer near-by and available to assist on difficult patients or examinations or for students that require it.

UNSATISFACTORY RADIOGRAPHS SHALL BE REPEATED BY A QUALIFIED RADIOGRAPHER (ARRT) WITH THE STUDENT PRESENT. DURING THE LAST SIX MONTHS OF CLINICAL EDUCATION, REPEATS MAY BE PERFORMED BY THE STUDENT WITH A QUALIFIED RADIOGRAPHER (ARRT) PRESENT.

CATEGORIES FOR CLINICAL COMPETENCY

Category I	Category II	Category III
Chest	Esophagus	Fingers/Thumbs
Abdomen	Upper GI	Hand and Wrist
Small Bowel	Barium Enema	Forearm
Gall Bladder	BE with Air	Elbow
		Humerus
Category IV	Category V	Category VI
Toes	Shoulder	Ribs
Foot	Scapula	Cervical Spine
Heel	Hip	Thoracic Spine
Ankle	Frog leg lat	Lumbar Spine
Knee	Transtabular lat	Sternum*
Patella and Notch*	Pelvis	Sacrum/Coccyx
Femur		Sacro-Iliac Joints*
Category VII	Category VIII	Category IX
Skull	Bronchoscopy & related studies	Radiation oncology
Facial Bones	Myelogram	Heart cath procedures
Mandible	Mammography	Sonography
Sinuses	Tomography	NM procedures
Optic Foremen	Arthrogram	Vascular procedures
Nose	Surgical procedures	CT Scanning
Mastoids*		
Temporo-Mandibular Joint*		

THE LIST OF EXAMINATIONS, THAT THE STUDENT HAS BEEN TAUGHT, AND THAT THE STUDENT HAS POSITIONED FOR THE INSTRUCTOR, IS IN THE FILM QUALITY AREA.

* Simulated only

There are core clinical competencies that all individuals must demonstrate to establish eligibility for ARRT certification. This document describes the competency requirements for Radiography that become effective January 1, 2005. These requirements are in addition to graduation from an educational program accredited by a mechanism acceptable to ARRT. The requirements listed are the minimum core clinical competencies necessary to establish eligibility for participation in the ARRT Radiography Examination. ARRT encourages individuals to obtain education and experience beyond these core requirements. This document will be periodically updated to reflect changes in the requirements of professional practice.

Students must demonstrate competency in all 36 of the **mandatory Radiological Procedures**. At least 28 of the 36 **mandatory Radiological Procedure** competencies must be demonstrated on patients (not phantoms or simulated). Up to 8 mandatory procedures may be simulated if demonstration on patients is not feasible. Students must demonstrate competency in at least 15 of the 30 **elective Radiological Procedures**. **Electives** may be demonstrated on patients or phantoms or as simulations.

In addition to the *Radiological Procedure* competencies, the six *General Patient Care* competencies are mandatory. These competencies may be simulated.

ARRT recommends that educational programs include a mechanism of continuing and terminal competency evaluation to assure students maintain proficiency during the course of the program. Competency demonstration should incorporate patient-specific variations such as age and pathology.

The checklist should be used to record completion of competencies. The checklist should NOT be sent to ARRT. The Program Director's signature (and the authorized faculty member's signature if applicable) in the Verification Section of the *Application for Examination* attesting to completion of these requirements is needed.

MANDATORY RADIOLOGICAL PROCEDURES

Chest, routine	Portable Orthopedic	Wrist
Ribs	Finger/Thumb	Forearm
Foot	Ankle	Tibia/Fibula
Knee	Trauma lower ext.	Femur
Trauma upper ext.	Trauma shoulder (Y)	Paranasal Sinuses
Cervical Spine	Trauma Cervical Spine (XTL)	Thoracic Spine
Lumbosacral Spine	Pelvis	Hip
Trauma XTL Hip Elbow		Humerus
Abdomen, decubitus	Upper GI Series	Barium Enema
Skull	Abdomen (supine/erect)	Portable Chest
Portable Abdomen	Chest AP, wheelchair	C-arm Procedure (surgical)
Chest, 6 years or younger	Hand	Shoulder
CT-Head, Thorax, Abdomen		

GENERAL PATIENT CARE MANDATORY COMPETENCIES

CPR
 Vital Signs (blood pressure, pulse, respiration, temperature)
 Venipuncture
 Sterile and Aseptic Technique
 Transfer of Patient
 Care of Patient Medical Equipment (oxygen tank/IV tubing)

ELECTIVE RADIOLOGICAL PROCEDURES

Chest, decubitus
Sternum
Scapula
Clavicle
Acromioclavicular Joints
Toes
Patella
Os Calcis
Nasal Bones
Facial Bones
Orbits
Zygomatic Arch
ERCP
Esophagus

Pediatrics (age 6 or younger)

Upper Extremity
Lower Extremity
Abdomen
Mobile Study

Mandible
Upper airway (soft tissue neck)
Scoliosis Series
Sacrum and/or Coccyx
Sacroiliac Joints
Myelography
Arthrography
Cystography or Cystourethrography
Digital Fluoroscopy
Digital Radiography
Operative Cholangiography
Retrograde Pyelography
Intravenous Urography
Small Bowel Series

**BAPTIST HEALTH SCHOOL OF RADIOGRAPHY
RADIATION PROTECTION**

(Students eighteen (18) years of age or older are required to comply with RH-1200 in the following regulations. Students seventeen (17) years of age are required to comply with RH-1206.)

Radiation Regulations As Found In The:

**RULES AND REGULATIONS FOR CONTROL OF SOURCES OF IONIZING RADIATION
PUBLISHED BY THE ARKANSAS STATE BOARD OF HEALTH**

RH-1200 Occupational Dose Limits for Adults

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

RH-1206 Occupational Dose Limits for Minors

The annual occupational dose limits for minors are 10 percent of the annual dose limits specified for adult workers in RH-1200.

Revised: According to Arkansas State Board of Health, April 2002 by OC/SW
Initiated: 1975
Found in Student Handbook

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

AGE	MONTH	CALENDAR QUARTER	YEARLY
17 years	.041 rems	.125 rems	.500 rems

18 years/older

.416 rems

1.250 rems

5.0 rems

2. To be in compliance with the above stated regulations, radiation protection used within the institution should present high assurance that minimum dosages are maintained to the best of our ability. It is felt that the protection measures listed below if practiced are very adequate, yet it is acknowledged that there might be reasonable exceptions to be handled individually.
 - 2.1 Students **must wear their film badge** when in clinical laboratory (no exceptions). Badge is worn at the collar and outside of the apron.
 - 2.2 Never expose a human for demonstration purposes.
 - 2.21 Students must **NEVER** fluoroscope patients (or anyone else).
 - 2.3 Never make an exposure unless all persons in the area are properly protected.
 - 2.4 Never hold a patient until other immobilization devices have failed. (A 17 year old student is never to hold a patient.)
 - 2.5 All persons holding a patient, or in the range of the scattered beam area must wear a lead apron and gloves having .5 and .25mm Pb equivalent respectively.
 - 2.6 Check lead apron and gloves periodically for cracks; using Screens and 100 KVP, 10 MAS and 40 inches.
 - 2.7 When not assisting Radiologist during fluoroscopy, stand behind control panel, the Radiologist, or as far away as possible. Keep hands behind apron whenever possible.
 - 2.8 Avoid being in the remote rooms during fluoroscopy or radiography. (17 year olds are to adhere to this rule.)
3. To measure the effectiveness of the above, monthly evaluations shall be done with reference to dosage, rotations, and age.
4. To promote the policy of less than the maximum dosage, when a 17 year old receives .030 rems and an 18 year old receives .100 rems per month, the student is counseled about; (1) why dosage was received, (2) recommendations for improvements, and (3) understanding of protection policies.
5. When an overexposure occurs, a report must be made to the Arkansas Department of Health (ADH) pursuant to RH-150 OP.
6. The final record of the student radiation dosage is placed in the student's permanent School file.

SUGGESTED GUIDELINES ON PATIENT RADIATION PROTECTION

1. The prime concern of radiation protection is to reduce the exposure of the gene pool of the population at large. Small doses to a large number of persons can have similar effects to larger doses to smaller population numbers. The following guidelines are strongly urged for maximum protection and the greatest diagnostic information.
2. Elective fluoroscopy and radiography in the first trimester of pregnancy may be a significant hazard. Because pregnancy may be unrecognized, elective studies should only be performed in the first ten days following the onset of menses. Efforts must be made to ascertain that the patient could not be

pregnant. A Pregnancy Form must be filled out.

3. The area radiographed or fluoroscoped must be collimated to include only the part being examined. Collimate to the size of the image receptor.
4. Use the correct size of image receptor for the examination.
5. When a choice of techniques exists that will give similar diagnostic information, those giving the lower doses should be used, i.e., higher KVP, faster speed image receptors, lower MAS.
6. Use only an x-ray that has a total filtration of 2.5 mm Al. equivalent, except on Mammography.
7. Make a quality control test of the x-ray equipment monthly or sooner if density is erratic.
8. If either machine is out of calibration, get it repaired.
9. Repeats should be kept to a minimum especially for insignificant artifacts. Diagnostic information must not be sacrificed as this will waste all patient exposure and cause repeats. Students repeat radiographs will be repeated by a qualified Radiographer with the student present.
10. The patient shall be properly positioned so as to include the necessary part for the examination to be in the primary beam.
11. Gonadal shielding should be used when its use will not interfere with diagnostic information. Considerable reduction of the gene pool dose may be gained from gonadal shielding in males under forty years of age in selected situations. Females yielded less opportunity for shielding.
 - 11.1 Situations when shielding is desirable.
 - a. When gonads will be in the primary beam.
 - b. When the gonads will be within 2 inches of the primary beam. When gonads are greater than 5 inches from the beam, shielding is ineffective.
 - c. When the patient is not sterile and is less than 40 years old.
 - d. When the information is not compromised by shielding.
 - 11.2 Shielding may be either "home made" or purchased such as Gen-x shields.
 - 11.3 Examinations where males may be shielded:

Lumbar Spine	Myelogram
Pelvis	Hip
KUB	Abdomen
IVP	Upper GI series
Barium Enema	Cholecystogram
Femur	
 - 11.4 Examinations where females may be shielded:

Upper GI series	Cholecystogram
IVP (selected films)	

GRADUATION REQUIREMENTS

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

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

PROGRAM EFFECTIVENESS

It is essential that the School maintain an ongoing program effectiveness evaluation process. Several factors comprise the process, primary being Student and Graduate outcomes assessment; faculty teaching effectiveness; curriculum evaluations; school policies; employer satisfaction with graduates and approval and accrediting outcomes. Thus, students and graduates have an important role in the measurement of program effectiveness.

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

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

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

BOOKLIST

Listed below are the required books needed for the two year period. Books may be purchased on-line through E-Follett by going to the BAPTIST HEALTH website and clicking on the icon for imaging schools and then the icon for E-Follett. The student chooses the school from the drop down list.

1. Taber's Cyclopedic Medical Dictionary, edited by Thomas latest edition: F.A. publisher
2. Protection Radiation in Medical Radiography, Statkiewiez; Mosby Publisher
3. The Human Body in Health and Disease Thibodeau, Patton; Mosby publisher
4. The Human Body in Health and Disease Swisher; (Study Guide) Mosby publisher
5. Fuchs Principles of Radiographic Exposure and Processing Carroll; Thomas publisher
6. Principles of Radiographic Imaging 4th edition Carlton; Thompson, Delmar Learning
7. Basic Medical Techniques and Patient Care Lillian Torres; Lippincott publisher
8. Merrill's Atlas of Radiographic Positions and Radiologic Procedures Ballenger; Mosby publisher (3 volume set)
9. Radiographic Image Production and Manipulation Shepard; McGraw-Hill publisher
10. Radiographic Pathology for Technologists Mace; Mosby publisher
11. Medical Terminology, A Systems Approach Gylys; F.A. Davis publisher
12. Digital Radiography and Pacs Carter; Mosby, Elsevier

Registry review books are not required, although recommended copies can be ordered through E-Follett.

STUDENT

WHAT THE SCHOOL EXPECTS FROM STUDENTS

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

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

POLICIES

On entry to the School, a student receives a copy of the Student Handbook which contains detailed

information regarding policies and requirements for progression and graduation associated with the program of studies. School policies and clinical policies are endorsed by the school's advisory board and will be followed, failure to do so can result in dismissal from the program. The school may add additional policies as needed.

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

The following objective and policies provide direction for decision making related to student attendance during classroom and clinical assignments and are effective immediately.

OBJECTIVE: Student attends all planned learning experiences.

ATTENDANCE POLICY

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

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

The Student is required to complete a clinical and didactic regimen that totals no more than 40 contact hours per school week with varying clinical rotations. Schedules include 0800 until 1600 and 1300 until 2100. Clinical hours are 8-12 and academics are from 1-4pm Monday through Friday. During the second semester, first year students will have an evening rotation from 1pm-9pm. Students will be in class from 1-4pm with clinical following. Students will receive over 800 contact hours of scheduled classroom studies and approximately 1,760 contact hours of clinical experience during the two (2) year program for a required program total of 2,630 contact hours.

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

Students report for class or their clinical assignment on or before the EXACT scheduled time. The Program Director or Clinical Coordinator must be notified by the student prior to the scheduled clinical rotation or class. The student must page the Director at 297-6904 or the Coordinator at 297-6333 the day they are going to be tardy or absent and **speak** to that person. In the absence of the Director or Coordinator, the student must call the Radiology Department at 202-2772 and **speak** to the designated Clinical Instructor for further instructions and clinical assignments. Leaving messages on voice-mail is not acceptable. Each occurrence (absence or tardy) will be documented in the student's file. Review of attendance records will be a part of the School's periodic evaluations. **Absent time is expected to be utilized for ILLNESS ONLY.**

UNREPORTED ABSENCES ARE COUNTED AS UNEXCUSED ABSENCES.

Attendance Policies:

1. **ABSENCE** is failure to be present for more than 1 hour of a scheduled class day (clinical and/or didactic). The **ABSENCE** extends for the rest of the scheduled class or clinical day. Should a student be absent for clinical he/she is absent for didactics. Attendance to classroom and clinical assignments are course requirements of the BAPTIST HEALTH School of Radiography. Each of these two learning components have equal value in evaluating school progress in learning and professional development.
2. Absences from classroom or clinical assignments for personal income purposes are considered **unexcused** absences from the school.
3. Falsifying attendance will result in corrective action, which may include dismissal from school.
4. Clinical assignments may not be completed by another student. Clinical assignments cannot be changed or altered for any reason.
5. Time missed due to Doctor's appointments will be made up at the discretion of the Program Director. A maximum of **Two (2)** hours is allowed per Doctor's appointment, anything over this is considered an absence. Doctor's statement must be obtained for each visit and given to the Program Director or Clinical Coordinator. A clinical make-up time form must be completed by a Radiographer verifying the exact time the student arrived and left. The form must be turned in to the Program Director or Clinical Coordinator. Any time that is not properly documented will not be accepted.
6. Attendance at scheduled learning experiences during inclement weather, including winter storms, is expected unless otherwise notified by faculty or school official. A student should make an honest effort to attend school. An absence due to inclement weather shall be made up at the Program's Director discretion, which may be vacations, holidays, or at school term end.
7. An absent record is maintained on each student for each absence. A record of repeated absenteeism may lead to administrative action. **Absences are used in determining the clinical grade.** Please refer to Clinical Grade Guidelines in the Student Handbook.
8. A student who is absent from classroom or scheduled clinical learning experiences (3) three or more school days because of health problems, provides the Program Director or Clinical Coordinator a written clearance from the physician prior to resuming study. Three (3) consecutive absences may require the student to make up time or withdraw from school.
9. An absence of three (3) consecutive days without notification to the school office may result in administrative withdrawal from the school.
10. For all absences, the student must notify, by telephone, the student coordinator or program director prior to the scheduled class, clinical or activity starting time. All Unreported absences or failure to speak with the program director, clinical coordinator or designated clinical instructor will result in corrective action by the school either in point deductions from the clinical grade and/or;

1. Written warning: First unreported absent day.

2. Probation status

3. Dismissal may

Course examinations missed because of absence may be made-up at the discretion of the Program Director.

TARDIES

TARDY is failure to be present **up to 1 hour** of a scheduled class day (clinical and /or didactic). **Tardies are used in determining the clinical grade.** Please refer Clinical Grade Guidelines in the Student Handbook.

All tardy time is made up at discretion of Program Director or Clinical Coordinator.

Tardiness and absences are counted separately.

MAKING UP TIME

Inclement weather days missed by the student, when the school was not closed, will be made up on vacations, holidays, or at school term end at the discretion of the Program Director.

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

CLINICAL LABORATORY SCHOOL POLICIES

Policies related to student conduct in the clinical laboratory are fundamental to patient or student safety and necessary for a high quality of service and overall operations within the Radiology Department. The following policies are in effect beginning with the first scheduled clinical day. The student shall follow all policies listed, failure to do so will result in counseling along with point deductions from the clinical grade and or dismissal.

1. Permission must be obtained from assigned Staff Clinical Radiographer before leaving the clinical laboratory for class or any patient care issue. Permission must be obtained from the School Director or Clinical Coordinator before leaving early from a class or clinical. **Failure to do so shall result in corrective action by the school; counseling/or dismissal. 10 points**
2. Film badge **MUST** be worn during clinical laboratory practice: **NO EXCEPTIONS.** Students may be instructed to retrieve film badge and to make up missed clinical time.
3. Food or beverages are not permitted in the clinical department except in the employee lounge. **2 points**
4. During a class lecture and clinical laboratory, cell phones and/or pagers shall be turned “off”. **3 points**
5. The clinical instructor (radiographer) is responsible for the clinical education and conduct of his or her assigned student(s). Directions from the assigned radiographer must be followed in order to maintain safe and continuity of patient care: **failure to abide by this policy, shall result in corrective action by the school; counseling and or dismissal. 10 points**
6. Permission must be obtained from the assigned Radiographer before going to break: two (2) breaks (one (1) in morning and one (1) in afternoon) if on a full day; allowed: each break time is fifteen (15) minutes in length. **3 points**
7. Meal breaks are for one (1) clock hour (60 minutes). The day shift meal break is from 1200 until 1300. A student may, on occasion, be asked to stay a short time past 1200 to complete a case or assist in cases of emergencies. The evening shift meal break is approximately around 1700 p.m. and is for ½ clock hour (30 minutes).

8. **Gum chewing is not permitted in either classroom or clinical laboratory. 3 points**
9. Books and personal articles are stored in lockers located in the Radiology Department.
10. Personal visitors are not allowed for a student while in the clinical laboratory area. **3 points**
11. Student is expected to report immediately any accident or error to the assigned clinical instructor of the area regardless of how minor it might seem to be. (Lack of discretion and judgement). **10 points**
12. During the clinical laboratory, the student is under **Direct Supervision** of a (ARRT) Registered Radiographer. The student he/or she is responsible for informing the program director or clinical coordinator if direct supervision does not occur. Student consent forms are signed by the student before clinical rotations begin and are kept in their Student Record. All repeats images will be followed according to policy. **10 points**
13. When the radiology department is not busy, the student is expected to check with the clinical radiographer or supervisor in charge for other clinical assignments or learning experiences. During rotations in ancillary areas, when not busy, the student may be dismissed early. In this case, the student is to return to the diagnostic area and ask the supervisor for other learning experiences. **5 points**
14. Student is responsible to accurately fill out his or her portion of the Clinical Evaluation Form and provide his or her Staff Clinical Radiographer the form during the week of clinical rotation. These records are kept in the School office in the Student's Record. **2 points**
15. Individual "Right and Left Markers" with personal initials embossed are issued to each student. The markers are to be used on the examinations they position. If lost, the student must immediately order a new set at own expense, through the Clinical Coordinator.
16. In the event that a winter storm makes traveling hazardous and the school is not closed, the student is expected to be honest, and make a sincere effort to get to school on time. If the student cannot get to school or clinical, the Program Director or the Clinical Coordinator must be contacted.
17. Students are to be in their assigned clinical area before or at their scheduled time. Arriving past the scheduled time is a tardy.
18. Students are to report to their assigned Radiographer or clinical rotation when returning from class or other learning experience. **2 points**
19. When the student is in a clinical rotation requiring sterile techniques, the student must wear a lab coat when leaving the area. **3 points**
20. Students are not permitted to be on the Internet during the clinical rotation. **5 points**
21. Students are to be in their assigned area at all times unless instructed otherwise from assigned staff radiographer, department supervisor, or clinical coordinator. **5 points**
22. Students are not permitted to sit on counters in the control area or in assigned areas. **5 points**
23. Negative attitudes towards instructors, staff, patients, and fellow classmates. **10 points**
24. Falsifying clinical information such as patient exams, patient case numbers, ECT. **Immediate dismissal.**

25. Insubordination to a staff or instructor. **Immediate dismissal.**
26. Creating a negative environment (cliques). **10 points.**
27. Disruptive behavior in clinical or class. **Demerits and or dismissal.**
28. Jeopardizing patient care in any instance. **Demerits and or dismissal**

BAPTIST HEALTH Radiography students are responsible for their behavior. Any student which may have information that another student is violating the school's CODE of CONDUCT is to report the violation (s) to their instructors or program director.

HOLIDAYS

1. The School recognizes eight (8) holidays per school year: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and the Friday after Thanksgiving, Christmas Day.

VACATION/BREAKS

1. Fall Break the last full week of September.
2. 3 week Christmas Break
3. Spring Break the last full week of March.
4. 3 week Summer Break

Refer to Academic Calendar.

PERSONAL APPEARANCE

Appearance of students reflect the image of the school, the Radiographic profession, and BAPTIST HEALTH as a whole. Therefore, the student uniform is a symbol of the school and worn with dignity and pride.

A student's personal appearance projects a professional image to patients and persons with whom contact is made. It should be pleasing to those patients and indicate the high standards and the student, the school, and contribute to the prevention of the spread of infection and diseases. The school dress code policies are to be followed, failure to do so shall result in clinical point deductions. Refer to clinical grade guidelines in the Student Handbook.

DRESS CODE: SCHOOL CAMPUS

1. A clean and wrinkle free uniform daily. Uniforms are kept in good repair, and worn while on any BAPTIST HEALTH Campus. 3 points

2. Shoes are polished and shoe strings clean: be in good repair; solid white, leather shoes are worn by students. 3 points
3. Identification Badge is worn at all times when in uniform. If badge is lost or broken, immediately contact the school Learning Resource Specialist for replacement and payment of fee.
4. School Uniform:
 - 4.1 Female: Standard school uniform only. All white, leather shoes are to be worn along with all white socks. Lab coat is optional, but recommended.
 - 4.2 Male: Standard uniform only. All white, leather athletic shoes are to be worn along with all white socks. Only white underclothing is worn with the uniform. Lab coat is optional, but recommended. Underclothing sleeves and hem are not allowed to show.
5. Hair:
 - 5.1 Female:

Hair is neat, clean and well groomed at all times. No extreme hair styles or color are allowed. Long hair is permissible, if kept neat looking, and may be worn in any moderate style until it touches the top of the shoulder. (It should be restricted so that it does not fall in your face while working.) Long hair (top of shoulder and longer) must be worn up or pulled to the back of the neck and held by a barrette or other appropriate restraint. **Hair must be pulled up while in uniform. 2 pts.** Conservative head bands or ribbons may be worn. These should not be wider than one inch. Conservative barrettes may be worn.
 - 5.2 Male:

Hair should be of moderate length and style. No extreme hair styles or colors are allowed. Moderate length means the hair will only be at the top of the collar. Neat, trimmed mustaches confined to the upper lip may be worn: otherwise, clean shaven. Sideburns are limited only to the bottom of the ear-hole. **2 points**
6. Cosmetics and grooming aids - - Male and Female:
 - 6.1 Cosmetics and grooming aids are worn only in MODERATION. Moderation is defined as “natural look with light color.”
 - 6.2 Perfume, cologne or aftershave lotion may be used if fragrance is light and used sparingly. Heavy fragrances are sometimes offensive to ill patients, families, students, employees, and employers.

- 6.3 Personal hygiene is a must: Keep body clean and free of perspiration odor. Daily use of a good deodorant is expected. Nails are kept trimmed close and clean. Only **Clear** nail polish may be used. Artificial nails are not allowed.
7. Jewelry:
- 7.1 Watch, one ring per hand (male and female). Necklaces may be worn under the uniform where they will not be visible.
- 7.2 Earrings should be small gold, silver, diamond or pearl earring for pierced ears. One earring per ear. Earrings are to be worn only in the lobe of the ear.
- 7.3 Additional jewelry is not permitted (male and female).
8. Tattoos shall not be visible.
9. The Program Director and/or Clinical Coordinator is responsible for enforcing Student Dress Code policies and shall make individual interpretations regarding particular attire, cosmetic and so forth.

PREGNANCY

1. The purpose of the "Pregnancy Policy" is to clearly communicate the position of BAPTIST HEALTH School of Radiography in relation to pregnancy concerns and student clinical rotations. The School allows for **voluntary disclosure** of pregnancy status. The student is advised that the policy allows a female student the option of whether or not to inform the Program Director of her pregnancy. If she chooses to voluntarily inform program director or other officials of her pregnancy, it must be in writing. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant.
2. Student, Program Director, and Radiation Safety Officer have the free scope of responsibility for the policy.
3. It is not possible to predict, with any accuracy, the result that a dose of radiation might have on the human embryo or fetus at any stage of development. The embryonic stage probably represents one of the more radio-responsive stages of pregnancy. "Radiation received during the pre-implantation period can result in spontaneous absorption or resorption of the concepts. Radiation injury during the period of organogenesis (2 to 8 weeks) can result in developmental abnormalities. The type of abnormality will depend on the organ system under development when the radiation is delivered. Radiation to the fetus between 8 and 15 weeks after conception increases the risk of mental retardation (Otake and Schull, 1984) and has more general impact on intelligence and other neurological functions. The risk decreases during the subsequent period of fetal growth and development (NCRP Report No. 116).
4. Student enrolled in the School is instructed in proper safety precautions and personnel monitoring prior to being admitted to any ionizing radiation areas. Student is required to abide by all safety precautions and to remember the importance of keeping exposure as low as practical through a combination of time, distance and shielding. Due to the number and variety of courses in the

curriculum, and the importance of maintaining a rotational schedule through the various assignments, no exceptions can be made during pregnancy.

5. The School or Clinical Coordinator encourages voluntary disclosure. Should any student suspect pregnancy, she should consider making a declaration of pregnancy to the Program Director. The declaration must be in writing, dated and include the estimated month of conception. The estimated date of conception is necessary to approximate the dose, the embryo/fetus may have received prior to the declaration. In order for the facility to ensure that the dose to the embryo/fetus during the entire pregnancy, as a result of occupational exposure, does not exceed 5mSv (.5rem,) the declared pregnant student should not average more than 0.5mSv (0.05rem) per month (NCRP 116). If the radiation exposure exceeds this amount, then the student might not be able to meet the necessary clinical rotations during the two (2) year program.
6. If a student declares that she is pregnant, one of the following options must be chosen and taken:
 - 6.1 Submit a statement from her physician verifying pregnancy and expected due date. The student will then decide either to:
 - 6.11 take an immediate Maternity Leave of Absence (MLOA),or
 - 6.12 continue through the planned clinical rotations with full knowledge of information presented below.
 - 6.2 No exceptions in scheduling clinical rotations shall be made due to pregnancy. Therefore, it may be necessary for the student to take a MLOA.
 - 6.3 If the student elects to take a leave of absence, no further action is needed except a written statement of request from the student.
 - 6.4 If the student elects to continue through the clinical rotations, the following are required:
 - 6.41 Counsel with the Program Director and Radiation Safety Officer regarding the nature of potential radiation injury associated with in-utero exposure and the required preventive measures to be taken throughout the gestation period (counseling is documented and placed in the Student's Record), and
 - 6.42 A written statement granting permission to continue the clinical rotation by the student's physician. The statement is filed as content in the Student's Record.
7. If the student elects to take the MLOA, it shall be understood that upon return, all missed classes, clinical competencies shall be completed and Graduation Criteria met prior to graduation. No diploma shall be issued until all requirements of graduation have been successfully fulfilled. This may necessitate repeating an entire year of study or longer.
8. Reference: National Council on Radiation and Measurements.

STUDENT GRIEVANCE

The school provides a student a process through which he or she may file a grievance. The student grievance procedure represents a formal mechanism whereby any student may obtain a review of a complaint of unfair treatment. The BHSR student grievance procedure shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather it shall be used as a procedure for those who believe that a rule, procedure or policy has been applied in an unfair or inequitable manner or that there has been unfair or improper treatment be a person or persons. The BHSR student grievance policy is governed by The Joint Review Commission on Education in Radiologic Technology.

Refer to the General Section of the Student Handbook for further information or www.bhslr.edu .

COUNSELING/RESOURCES

BHSLR has a full-time counselor along with a Chaplin. The counselor can be reached at 202-7411. The chaplin can be reached at 202-7721. Students also have access to the Gilbreath Library and its database. The library is opened from 8am-5pm Monday through Friday. A computer lab is available to students from 8am-5pm Monday through Friday.

STUDENT HEALTH

1. A chest x-ray free of charge, is made for each student after first enrollment.
2. An ill student must notify the Program Director and/or Clinical Coordinator prior to the scheduled clinical time. Ill time is recorded as absent time.
3. Students are discouraged from going to the emergency room unless absolutely necessary. Payment of all medical expenses incurred shall be the student's responsibility. Students are allowed one free visit to Autumn Road Family Clinic. The Autumn Road Family Clinic is open from 7am to 7pm Monday through Friday and 8:00am to 12:30 on Saturday.

STUDENT INJURY

Should a student injure themselves during a clinical experience, the Program Director or Clinical Coordinator must be notified. For injuries including puncture wounds, the student must fill out a *Student Incident or Injury Report*. For puncture wounds, the student must be taken to AML Work Injury Management at BRI.

STUDENT EMPLOYMENT

1. Although School Student Policies and BAPTIST HEALTH Employees Policies are in fact separate once from the other, a student's behavior during a BAPTIST HEALTH employment period that results in a disciplinary action may in turn result in the same by the school and vice versa.
2. The Program Director or Clinical Coordinator will not participate in the hiring process of students for work purposes.
3. Students on school directed clinical assignments shall not be directed by another student who is working at the same time. Working employee students shall not delegate work, (tasks) such as "run films," completed paper work," "run errands," and so forth, to other students in the area for

school directed clinical assignments.

4. Junior students may be employed as a “Radiology Assistant” as defined by the Radiology Department policy as vacancies are available.
5. A status “Good Standing” in the school is required in order to qualify for employment for BAPTIST HEALTH. “Good Standing” is defined as:
 - 5.1 having the required academic record,
 - 5.2 satisfactory attendance record, and
 - 5.3 record void of disciplinary action.
6. A student who “works for pay” as described herein, must perform only as required by their employee job description and as associated policies require.
7. The school is not responsible for unprofessional conduct by the student, while on the “job working for pay.” The employer has the full responsibility for that aspect. However, any unprofessional conduct may be reported to the Program Director, and if so, school disciplinary action shall be taken.
8. Student at “work” is required to exemplify the BH Values and the Code of Ethical Conduct same as all other BH employees.
9. Students who take advantage of the BAPTIST HEALTH Student Loan Program (BHSLP), may not count time worked as an employee student toward their contractual agreement.
10. Students shall not wear the school uniform when working as a BAPTIST HEALTH employee.

INCLEMENT WEATHER

Should inclement weather close the schools, students should listen to local television stations for the announcement. Announcements of closings will be posted on KARK channel 4, KTHV channel 11 and KATV channel 7. School closings are also posted on the school website www.bhslr.edu.

CERTIFICATION

Completion of the Program of Study assures eligibility to apply for the national certification examination of the American Registry of Radiologic Technologists. Successful candidates become Registered Technologists, having demonstrated a commitment to maximal, equality performance in the field of Radiography.

**SCHOOL OF RADIOGRAPHY CALENDAR
2009-2011**

ACTIVITY	2009	2010	2011
Registration	June 2nd	June 1st	TBA
Classes start	July 6th	July 5th	TBA
Labor Day	September 7th	September 6th	TBA
Fall Break	Sept. 21 - 25	Sept. 20th-24th	TBA
Thanksgiving day and Friday after	November 26th November 27th	November 25th November 26th	TBA
Christmas Break	December 11th - January 4th	December 10th- TBA	TBA
Classes Resume	January 4th	TBA	TBA
Spring Break	March 23 - 27th	March 22-26th	TBA
Memorial Day	May 25th	May 24th	TBA
Commencement	June 11th	June 10th	TBA
Graduation	* as appropriate	* as appropriate	TBA

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

DEFINITIONS SCHOOL SPECIFIC

1. Mission Statement - a statement explaining the reasons for the existence of an institution.
2. Goal - the outcome measurement for program effectiveness.
3. Academic Progression - the act of achieving academic, clinical and professional development progression.
4. Policies - written statements directing processes and conduct of students, faculty and staff.
5. Program Director - the administrator and instructor of an Allied Health Program.
6. Absence - not present on a BAPTIST HEALTH Campus or affiliate clinical site at the appropriately scheduled time for clinical assignments.
7. Tardy - not present up to one (1) hour of a scheduled class day.
8. Excessive Absence - more than five (5) absences per year.
9. Clinical Laboratory - the Radiology Department of any affiliating clinical facility of the School of Radiography.
10. Clinical Instructors - staff members of the Radiology Department that meet certain requirements for clinical instruction of student learning.
11. Competency - having adequate ability to function or progress in a particular way.
12. Proficiency - having the knowledge and skills needed for success in the Profession.
13. Clinical Supervisors - staff members of the Radiology Department that meet certain requirements for supervision of students.
14. Curriculum - an organized placement and outline of required course(s) descriptions and associated college courses.
15. Radiation Protection - the act or practice of protecting patient, co-workers and self from the harmful effects of ionizing radiation.

16. Class Year - begins with entry month and ends with that same month the following year.
17. School Year - Calendar year.
18. Contact Hour - equal to one (1) clock hour engaged in learning activity.
19. Commencement - day of ceremony
20. Graduation - the completion of all required academic and clinical requirements, and completion of exit

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