SOUTH FLORIDA State College

RADIOGRAPHY STUDENT HANDBOOK

2024-2025

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APPENDICIES

MISSION STATEMENT

The mission of the Radiography Program is to provide quality education to students who seek to become competent and compassionate entry-level radiographers in the health care community.

Goal #1 (Program Level Outcome)
Students will be clinically competent.

- Students will be able to apply Positioning Skills.
- Students will be able to select appropriate Technical Factors.
- Students will be able to practice Radiation Protection.

Goal #2 (Program-Level Outcome)
Students will demonstrate communication skills.

- Students will be able to demonstrate oral communication skills in the clinical education setting.
- Students will be able to correctly assess the patient's cognitive skill.

Goal #3 (Program-Level Outcome)
Students will use critical thinking and problem-solving skills.

- Students will be able to calculate missing exposure factors.
- Students will be able to correctly assess the patient's cognitive and psychomotor skills.
- Students will be able to critically evaluate radiographic images.

Goal #4 (Program-Level Outcome)
Students will model professionalism.

- Students will be able to demonstrate dependability in the clinical education setting.
- Students will be able to conduct him/herself in a professional manner in the clinical education setting.

PROGRAM ACCREDITATION

The South Florida State College Radiography Program is voluntarily accredited by:

The Joint Review Committee on Education in Radiologic Technology (JRCERT)
20. N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
Phone: 312-704-5300
Fax: 312-704-5304
mail@jrcert.org or jrcert.org

GRADUATION REQUIREMENTS

To be awarded an Associate in Science degree, the student must successfully complete all required courses in the Radiography curriculum and the graduation requirements as listed in the South Florida State College Catalog. In addition, the student must be able to demonstrate clinical competency. Graduation from the program, qualifies the student to take the national certification exam. However, graduation does not *guarantee* national certification or state licensure.

NATIONAL REGISTRY EXAMINATION

Graduates of South Florida State College Radiography Program are eligible to take the American Registry of Radiologic Technologists (ARRT) examination upon completion of the program. The examination is offered through Pearson VUE centers. If you have been convicted of a felony or misdemeanor, it is highly recommended you contact the ARRT at this number, 651-687-0048, to gain clearance to sit for the exam.

https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/fb96dad4-d911-47b8-bd4c-2b06135bdb9b/arrt-primary-handbook.pdf

FLORIDA STATE LICENSE

The Department of Health Office of Radiation Control must license all persons who practice radiography in the state of Florida. After successfully completing the program, a student may apply for a General Radiographer state license. The state may issue a temporary license number, which will remain in effect until the graduate and state receive notice of the graduate successfully completing the ARRT exam. After successfully completing the exam, the temporary number will be converted to a permanent number. A graduate who fails the examination will lose their temporary license, and will not be allowed to work until the examination has been successfully completed. The Department of Health Office of Radiation Control contact information is as follows:

Department of Health Office of Radiation Control/MQA
Radiologic Technologists Certification
4052 Bald Cypress Way
Bin # C 85
Tallahassee, FL 32399-1741
Telephone number: 850-245-4910
(doh.state.fl.us/environment/radiation)

https://www.floridahealth.gov/licensing-and-regulation/radiologic-technology/licensing/index.html

PROFESSIONAL ORGANIZATIONS

Radiography students are encouraged to become members of professional organizations, such as the American Society of Radiologic Technologists (ASRT). This is the national organization that helps set the educational guidelines for our profession and keeps us updated with the latest information available on the profession. Publications include the "Radiologic Technology" as well as the "ASRT Scanner."

ACADEMIC REGULATIONS

Students enrolled in the South Florida State College Radiography Program will be responsible for observing rules and regulations as stated in the South Florida State College Catalog and Student Handbook, Radiography Program Student Handbook, and the American Registry of Radiologic Technologists Rules and Regulations (see Appendix B). In addition, the clinical affiliates used by the program each have their own rules and regulations that the student is expected to follow. Clinical affiliates, while located away from the College campus, are considered an integral part of the program for student clinical assignments. Each student will rotate through some of these affiliates during their matriculation through the program.

The policies and procedures stated in the Student Handbook represent a contractual agreement between South Florida State College Radiography Program and the student. Failure to comply with the policies and procedures in the Student Handbook may result in dismissal from the Radiography Program. Each student will sign an Agreement-to-Terms Form confirming that the handbook has been read and each policy and procedure will be followed during the educational period. If the student refuses to sign the Agreement-to-Terms Form, he/she will be required to withdraw from the program.

Situations of academic (including clinical) probation, suspension, withdrawal, grade appeal, discipline, grievance, and dismissal will be handled according to the policies outlined in the South Florida State College Catalog, page 62, and the Radiography Student Handbook.

ACCOUNTABILITY STANDARDS POLICY

The accountability standards policy aims to assist students in recognizing and rectifying unacceptable behavior, fostering a higher standard of professionalism. Disciplinary measures are implemented to uphold a positive learning atmosphere and ensure safety in the clinical setting.

The Program Director, Clinical Coordinator, and/or faculty member will discuss the occurrence with the student and an interaction form will be completed by the faculty member. The specific infraction will be identified, the degree of the occurrence, and the plan of action needed to be taken by the student to correct the behavior.

The student and the Program Director, Clinical Coordinator, and/or faculty member will sign the interaction form. The student will receive a copy and a copy will be placed in the student's file.

Each written warning or probationary period will incur a **2-point** deduction from the final course grade corresponding to the disciplinary action unless points have been lost due to absences or tardies.

If a student accumulates more than three written occurrences throughout their enrollment in the program, the Program Director reserves the right to dismiss the student from the program, as this behavior demonstrates a blatant disregard for the policies of the Radiography Program.

Non-compliance with SFSC, Radiography Program, and Hospital regulations may lead to one or a combination of the following consequences:

1. **Verbal Warning**- A verbal warning to a student that his/her behavior, performance, and/or actions are unacceptable, and that stronger disciplinary action will result if the behavior is not corrected. All warnings are documented on an interaction form.

Examples: Violating Dress Code; Creating discord or disruption to others while at clinic or in class setting; Parking in any area other than the designated parking at a clinical site; Unsatisfactory academic/clinical behavior or actions; on the 4th tardy in one course in one semester; on the 4th absence in one course in one semester; on the 4th missed clock in or clock out in one semester.

Corrective Action Plan: Includes but not limited to assign student a Faculty mentor, initiate Beacon Early Alert System, refer student to Division Success Coach/TLC, and/or utilize 5G.

2. **Written Warning**- This is a formal behavioral agreement, drawn up between the student and the Program Director, Clinical Coordinator, and/or faculty member. It lists the specific behaviors, performances, and/or actions that are unacceptable and that need to be correct within a designated amount of time. One copy of the written agreement will be provided to the student, while another will be entered into the students file as documentation as warning to the student. All warnings are documented on an interaction form.

Examples include: Reoccurrence of violation in verbal warning; on the 4th absence in one course in one semester (including personal day); Creating or contributing to unsanitary conditions; Violating the No Call-No show policy (didactic or clinical); With the exception of lunch breaks, phone calls or visitors during clinical rotations that aren't of emergent need; Unauthorized absences from the assigned area or class; Use of cell phone on their person while in the clinical setting.

Corrective Action Plan: Includes but not limited to initiate Beacon Early Alert System, utilize 5G, and refer student to Division Success Coach and/or mental health services (BayCare).

3. **Probation**- This action may be taken as a last resort for those students who continue to display inappropriate behavior or who commit an unacceptable action/behavior that is considered to be of a serious nature. Probation is a minimum of a 8-week period of time (unless otherwise specified by the Program Director), excluding college-wide time off. During this time, a student may not incur an infraction of any rule or regulation as stated in the Radiography Program Handbook. Should a violation occur it will automatically result in a recommendation to the Program Director for the students' dismissal from the program should this occur. All probations are documented on an interaction form.

Examples: Reoccurrence of violation in written warning; Failure to observe and practice the radiation safety guidelines; Violation of safety rules or hospital safety practices; Causing harm to a patient, visitor, or fellow worker through negligence or inattention to duties; Violating the Radiography Energized Lab Policy; Insubordination (refusal to respond to the reasonable request by Instructor, Clinical Coordinator, and/or Program Director);

Corrective Action Plan: Includes but not limited to refer student to Division Dean, and/or mental health services (BayCare).

4. **Program Dismissal**- If after the appropriate actions have been carried out and the student still fails to improve the performance or continues repeated occurrences, the student will be dismissed from the program. Dependent on the violation, a student can be subject to immediate dismissal from the Program without prior action being taken, All dismissals are documented on an interaction form.

Examples: Reoccurrence of violation in verbal, written, and/or probation section; Violations of SFSC Student Handbook and/or SFSC College Catalog, Conviction of a felony; Willful falsification of a document, identification, and/or records; Breach of Confidentiality; Unauthorized accessing or sharing of confidential information at the hospital/college; Performing a radiographic exam without a physician's order; Sleeping while in the clinical setting.

Corrective Action Plan: Includes but not limited to refer student to Career Development Center, and/or mental health services (BayCare).

CLASSROOM AND CLINICAL ATTENDANCE POLICY

Regular and punctual class attendance is mandatory of all students in order to obtain full benefits in class and to develop desirable personal traits necessary to succeed in employment. Instructional time missed is a serious deterrent to learning, therefore, students are responsible for fulfilling the requirements of the course by attending and completing course assignments.

Students are permitted one (1) personal day throughout the semester per course. These personal days are NOT cumulative. Excluding the one (1) personal day, two (2) days throughout the semester per course are permitted for **excused** absences. Attendance will account as **5% of the final grade**. Any absence exceeding these three (3) days will result in a reduction of the 5% attendance grade. There will be a **reduction of 6 points** from the **attendance grade** for each additional absence (excused or unexcused) after the third occurrence. An excused or unexcused absence that results in multiple days missed in one single occurrence will be considered a single absence. For example, if a student is sick for 3 days but has a physician's note or other supporting documentation, will be considered as a single absence. If instructional time in class or clinic is missed for excusable reasons, the student will be permitted to make up work to the extent possible. The student will be responsible for getting notes and/or assignments. Because of the nature of some learning experiences, especially, laboratory sessions, it is difficult, if not impossible, to duplicate. Absences or tardiness of an individual is a major disruption to the performance of others in the class and will not be tolerated.

NOTE: Anytime a student misses more than three consecutive days of class and/or clinic due to illness or other reasons, the student must obtain a physician's note or other forms of valid documentation verifying absence before returning to class or clinic unless arrangements were made prior to the absence.

It is the joint responsibility of the student and instructor to discuss attendance patterns that will endanger the success of the student in the course. If it appears that a student will not be able to complete a course successfully, the instructor may advise the student to withdraw no later than the official withdrawal date published in the current Academic Calendar.

Excused Absences:

1. Serious illness, surgery, hospital confinement or valid medical reason. Documentation from a health care provider verifying illness must be presented to the instructor.

2. Death in the immediate family. Documentation must be provided.

3. Statutory governmental responsibilities-jury duty, court subpoena. Documentation must be provided.

4. Other circumstances as determined by the Radiography Education Faculty/Director.

Unexcused Absences:

1. One absence–Conference with instructor. Reduction of six (6) points from the attendance grade of the course.

2. Two absences– Meeting with Radiography Director, Clinical Coordinator, and/or Faculty and formal documentation to student file. Action plan initiated to prevent further occurrences. A reduction of six (6) points from the attendance grade of the course will be applied for the second absence.

3. Three absences– Subject to withdrawal from the program.

4. **Missing more than half of the class, lab, or clinical day is also considered an absence.** Students may not leave the clinical setting for any reason without first requesting permission from the Clinical Instructor and making arrangements of how time will be made up. The Clinical Coordinator will also need to be apprised of this absence upon approval from Clinical Instructor.

6. Tardy is defined as arrive to class **five (5) minutes** after the start of class, leaving class early, and being away from class during class hours. A student will be designated as absent if they arrive 16 minutes or later after the start of class. The instructor will designate the official clock to be used in each setting. Each tardy will result in a **three (3) point reduction** from the attendance grade. If a student is tardy **four (4) or more times in one course in one semester** they will be subject to disciplinary action.

The responsibility of the student:

Students are responsible for all material covered in scheduled classes whether or not they were in attendance. The student must assume the task of obtaining the material they need from classmates or the instructor. If a test is missed, the student is expected to take it on their first day back to classes. Any delay in taking a missed test will result in a 10% grade reduction.

If an absence will result in a missed test, student project, student assignment, or presentation, the instructor must be notified prior to the missed class to determine if the assignment can be made up.

Anytime a student misses more than three consecutive days of class and/or clinic, the student must obtain a doctor's excuse for the missed time before returning to class or clinic. The faculty may develop guidelines for advance notice of absences or make-up.

Attendance at clinical education settings during regularly scheduled hours is **mandatory**. Attendance is critically important since appropriate supervision of the student to accomplish the learning and performance objectives in accordance with guidelines can be completed only when certain supervisory and teaching personnel are present. Also, proper rotation and variety of studies are available primarily during these times. First and second year students are assigned specific clinical rotation days. An absence is considered anything more than half of the assigned clinical time for the day. It is the student's responsibility to notify the Clinical Coordinator and Clinical Instructor

In the event of absence:

1. Contact two of the following personnel in the event of an absence:
    a. Clinical Instructor, if unavailable, the Floor Supervisor.
    b. Clinical Coordinator- if unavailable, leave voicemail and/or text message.
    c. Program Director - if unavailable, leave voicemail and/or text message.

Failure to notify appropriate personnel listed above will result in a written warning.

Clinical time missed due to an **excused or unexcused absence** must be made-up. Clinical absences must be made-up by the end of the term in which the absences occurred. Anytime a student misses more than three consecutive days of clinicals the student must obtain a doctor's note or other valid supporting documentation for the missed time before returning to clinic. All doctor, dental and other appointments should be made outside of scheduled school time. If for some reason this is not possible, the student must submit their name, date, time of appointment and reason to the Program Director/Clinical Coordinator **no later than 1 week before the scheduled appointment**. The student must provide written confirmation that he/she kept the doctor's appointment.

An exception to this policy is an extended illness which requires appropriate documentation (physician's orders, stating illness and release to return to school) for which make-up arrangements will be made on an individual basis. "Extended illness" is any illness that keeps one from attending school for three or more consecutive days.

Extended illness circumstances are traumatic, uncontrollable events such as having surgery (other than elective surgery); maternal/paternal leave; prolonged hospitalization; or death of a spouse, child, or parent/guardian that prevent the student from attending clinic for an extended period of time.

STUDENTS DO NOT ACCUMULATE OR BANK HOURS TO BE USED FOR ABSENCES.

CLINICAL MAKE-UP TIME

During make-up week, the student is responsible for scheduling any time missed during the semester with the Clinical Instructor. If the student fails to fulfill the scheduled make-up time without prior notification, it will be counted as additional missed clinical day and will incur a deduction in the attendance grade.

SCHEDULED TIME OFF POLICY

In the event that there is an important circumstance (wedding, family reunion, etc.) that conflicts with your school schedule, you may request time off. Days missed will be considered a part of the two (2) excused absences and a student may opt to use their "personal day" for this time off. A student will not be granted approval if these days are exhausted for that semester for that course. Approval or denial of the request will be decided by the *program director* and be dependent on the following criteria:

A. Request must be made in writing to Program Director at least one (1) month in advance
B. Clinic and classroom performance must be at a "B" average. All current assignments must be completed.
C. Student must have previously demonstrated consistent adherence to program policies.
D. Student must have no make-up time pending.
E. Only one request for time off permitted per school year and no longer than one week in length. EX: Monday to Monday.

Upon approval of the request, arrangements to make-up requested time off will be made in advance. It may not be possible to approve all requests due to inability to schedule alternative clinic make-up time, or for any of the reasons listed above.

VOLUNTARY CLINIC TIME POLICY

Voluntary clinical time is at the discretion of the student and is not a requirement. Voluntary clinical time must be scheduled and approved by the program faculty. Voluntary time cannot be used as make up time. If for any reason a student finds they are unable to be present for the scheduled voluntary time they must give a twenty-four hour notice. Any abuse of this policy will result in the student losing this privilege. For reasons of accountability, liability, and responsibility we need to know when you are going to be in clinical areas.

SUBSTANCE ABUSE POLICY

A student who is unable to perform clinical and or laboratory activities as assigned with reasonable skill and safety to patients by reason of illness, or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition, shall be required to submit to mental or physical examination. The physician and health care practitioner must possess expertise to diagnose the impairment. Cost of the examination will be the responsibility of the student. Failure to submit to such an examination within 48 hours of requirement may result in dismissal from the program.

DUE PROCESS POLICY

If a student, faculty, or community of interest feels that the program is not in compliance with the JRCERT Educational Standards, they are requested to notify the program director in writing of any allegations or complaints.

The program director will investigate the complaint and will answer the student, faculty or community of interest within 10 days from the date of receipt of the written complaint.

If the student, faculty or community of interest is not satisfied with the response, they should notify the Dean of Health Sciences. The Dean of Health Sciences will investigate and respond to the student, faculty or community of interest within 10 school days.

If the student, faculty or community of interest is not satisfied with the response, they should notify the Vice President for Academic Affairs and Student Services. The Vice President for Academic Affairs and Student Services will investigate and respond to the student, faculty or community of interest within 10 school days.

If the student, faculty or community of interest is not satisfied with this response, they should notify the:
The Joint Review Committee on Education in Radiologic Technology (JRCERT)
20. N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
Phone: 312-704-5300, Fax: 312-704-5304, email@jrcert.org or jrcert.org

HEALTH AND SAFETY POLICY

The Radiography Program strives to afford a safe learning environment that is free of accidents and disease transmission to all students, faculty, and staff. Unfortunately, accidents and sickness do occur without notice or warning. Enrolled radiography students are required to notify program officials if they believe they may have been exposed to any communicable/contagious disease. Please refer to the Radiography Handbook's *Communicable Disease Policy* for proper compliance. Reporting of any injury/accident that occurred which negatively impacts the student's attendance or meeting the physical requirements of the program is required for both the clinical and didactic setting. The *Accident and/or Injury Policy in the Clinical Setting* will provide the appropriate guidance at the clinical site. In the event an accident and/or injury occurred off-campus and a student cannot meet the physical requirements, a *Radiography Technical Skills and Abilities Form* must be completed by a licensed medical provider prior to their return. Any absences will be made up in accordance to rules governing absence regarding this event. If a student is pregnant and complications arise, program officials are to be notified immediately of the change in status. A student is approved to return once a *Radiography Technical skills and Abilities Form* is completed by a licensed medical physician and submitted to the Program Director and Clinical Coordinator. If physical requirements of the program cannot be met, the student must refer to the Radiography Handbook's *Pregnancy Policy* in order to decide how they wish to proceed. The Director and Clinical Coordinator must be apprised of the student's decision in writing. The goal of the *Health and Safety Policy* is to provide guidance in the event unforeseen events occur. It is the student's responsibility to familiarize themselves with the policies to ensure the reporting is completed in a safe and timely manner.

ACCIDENTS AND/OR INJURY IN THE CLINICAL SETTING - HEALTH OCCUPATIONS DIVISION GUIDELINES

Department of Education
The State of Florida

1. Students who are injured in the clinical education setting should immediately notify a Clinical Instructor.
2. An Incident Report form must be completed by the Clinical Supervisor and submitted to Risk Management within 24 hours of occurrence.
3. All clinical facilities by contractual agreement must provide access to acute emergency care in the event of accident or injury to a student.
4. A student is responsible for all expenses charged by the clinical facility in rendering medical care. Students are covered by an accident policy through South Florida State College. Submit claims to the program director. The clinical facility is not responsible for any claims for expenses that result from an action of a student in the clinical setting.
5. Students in Health Occupations Programs are strongly urged to carry a personal health insurance policy.
6. A *Radiography Physical and Technical Abilities Form* must be completed by a licensed medical provider if hospitalization occurred or maximum performance level was impacted negatively. The student may then return to the program upon completion of this document. Any absences will be made up in accordance to rules governing absence.

COMMUNICABLE DISEASE POLICY

During the two-year program, a student may contract a communicable disease from a patient or the general public. In order to protect patients, faculty, staff, and other students, the following rules must be adhered to:

1. A student must notify the Clinical Coordinator and Program Director immediately upon the start of symptoms relating to the illness and/or being diagnosed with a communicable disease.
2. The student must submit written documentation from the diagnosing physician indicating how their contact with patients, faculty, staff and students should be limited.
3. The faculty will remove the student from the clinical rotation and classroom instruction and the student may return in accordance with the recommendation of the diagnosing physician.
4. Classroom and clinical absences will be handled according to the previously described attendance policies.
5. A *Radiography Physical and Technical Abilities Form* must be completed by a licensed medical provider for a student's return to the program in the event a disease or illness requires hospitalization. Any absences due to hospitalization will be made up in accordance to rules governing absence.

In recognition of the possibility of coming into contact with patients who carry a communicable disease capable of being spread by blood or bodily fluids, Radiography students at South Florida State College should follow these guidelines:

1. Hands should be properly washed before and after each patient contact.
2. Gloves:
    a. Should be worn when the possibility of exposure to blood, mucous membrane, body fluids, or secretions exists.
    b. Should also be worn when handling items soiled with blood or equipment.
    c. Should be changed if there is a break in the glove either by needle stick or tear.
    d. Must be changed between patients.
3. Needles:
    a. Considered as potentially infective and handled with extraordinary care to prevent accidental injuries.
    b. Should be disposed of in biohazard, puncture resistant containers located in designated areas at each clinical affiliate.
    c. Should NOT be re-capped, bent, broken, and/or removed from disposable syringes, or otherwise manipulated by hand.
4. When performing procedures involving any contact with blood or body fluids, gloves, gowns, masks, and goggles should in accordance with affiliate procedure.
5. To minimize the need for emergency mouth-to-mouth resuscitation, mouth-to-mouth masks should be used in accordance with affiliate procedure.
6. All students will be required to obtain Hepatitis B vaccine

PREGNANCY POLICY

Students are advised that pregnancy may interfere with meeting the objectives of the program, and may delay completion of the program. It is the student's choice to remain in the program with or without modification or discontinue the program should she become pregnant. A student who is pregnant or suspects she is pregnant may or may not inform the

program officials. If she chooses to inform the program officials of her pregnancy, it must be in writing and indicate the expected date of delivery. The pregnant student also has the right to revoke her declaration at any time; however, the withdrawal of declaration must be in writing.

The pregnant student will receive counseling according to Nuclear Regulatory Commission (NRC) Regulation 10 CFR Part 20.1208 "Dose to an Embryo/Fetus" and National Council on Radiation Protection and Measurements (NCRP) Report No. 116, "Protection of the Embryo-Fetus." She must then choose one of the following options:

1. Continue in the program without modification. With the understanding, that any absences will be made up in accordance to rules governing absence.

2. Continue in the program with the exception of clinical education courses - A student who withdraws from the clinical education courses will be provided the opportunity to complete the courses on a space available basis. She will be required to resume the clinical education courses during the term immediately following medical approval by her personal physician to return to normal activities, not to exceed one year post-partum. Withdrawal from clinical education courses requires the student confer with the program director to develop a revised program of study.

3. Withdraw from the program – Re-admission will be based on the student's performance records at the time of withdrawal and available clinical space at the time of re-entry.

RADIATION SAFETY POLICIES

All students must wear a radiation personnel monitoring device near their neck. **The device must be worn at all times during clinical rotations and in the college's energized laboratory**. Prior to the start of the program, the student will attend orientation whereby the proper wear, use and storage of the radiation badges will be covered. Radiation badges will be given to students the first day of class in the Fall semester of their first year. Failure to report to assigned clinical site or the energized lab with their badge will be sent home to retrieve the badge. Attendance Policy will be applied accordingly as a result of this event. The student will be required to make-up any missed time as a result of incompliance with this policy. The students are required to complete a *Radiation Safety/Protection Guidelines and Acknowledgement Form* the first day of class. Additionally, the badges will be kept on site at the college in the Fall term until the day prior to the first day of clinic in the Spring term. Radiation personnel monitoring devices are changed quarterly. Students are required to ensure that their radiation personnel monitoring devices are up-to-date. All students have the right to be informed of their quarterly radiation readings and must initial the radiation dosimetry report. Personnel radiation monitoring devices are not to be worn when a student is receiving radiation for personal medical or dental examinations/procedures.

All students must exercise safe radiation protection practices at all times and at no time may a student participate in a procedure using unsafe radiation protection practices. Unsafe radiation protection practices are grounds for dismissal from the radiography program. These unsafe practices include, but are not limited to:

1. Students must never be exposed to the primary X-ray beam. Therefore, no student should hold image receptors during any radiographic procedure(s) or a patient when an immobilization method is appropriate for the standard care.
2. Intentionally or unintentionally exposing another student while the student is not safely behind the secondary barrier in the clinical education settings or the college's energized laboratory.
3. Attempting any procedures under indirect supervision until competency has been achieved.
4. Repeating radiographic images without the direct supervision of a radiographer.

College Energized X-ray Unit

1. Before making a radiographic exposure, be sure the door to the energized laboratory is closed tightly and the control panel is set.
2. Be sure to turn the appropriate positioning locks on/off on the tube housing before attempting to move unit. This will help prolong the life of the equipment.
3. Do not, under any circumstances, radiograph another classmate using this unit.
4. Obey safety rules when working with any equipment. Report all defects in the operation of equipment to program faculty. NEVER play with the equipment.
5. Do not eat or drink in the college's energized laboratory X-ray room.
6. While positioning the phantom or a fellow classmate can be fun, do not lose sight of the fact that you are working with heavy electrical equipment and injuries can occur (i.e. hitting head on tube stand). Therefore, good conduct is required when operating the unit. Should injury occur, please report it to the instructor immediately.

ALL EXPOSURES ON HUMAN BEINGS ARE TO BE TAKEN FOR MEDICALLY VALID REASONS ONLY.

RADIATION DOSE LIMIT POLICY

All students enrolled in the Radiography Program must comply with keeping their radiation exposure as low as reasonably achievable (ALARA) according to the Nuclear Regulatory Commission (NRC). Students are expected to wear their personnel monitoring device as instructed by program faculty and loss or mishandling of the personnel monitoring device must be reported to faculty as soon as possible.

Doses must NOT exceed NCRP requirements. Should a monitor report indicate an exposure of 125 mRem per quarter or 500 mRem per year or higher for a student, the following steps will be taken:

1. Notification of student of excessive dose.
2. A conference between the student, program director and/or clinical coordinator will be held.
3. An action plan will be determined to reduce future excessive exposure.

MAGNETIC IMAGING SAFETY POLICY

The program requires every enrolled radiography student to view a "Basic MRI Safety Training (Level 1 MR Personnel)," video and to print a "Statement of Participation" certificate once completed. In the first semester of the program prior to entering the

clinical setting, and again in the fourth semester, annually, the students are required to complete the MRI Safety Screening Student Information which is reviewed and cleared by an approved registered Magnetic Resonance Imaging clinical personnel. The document will be placed in the student's file and is kept in the Program Director's office. **The student is required to notify the Program Director should their status change.**

This video provides basic information regarding MRI technology, describes common hazards and unique dangers associated with the MRI environment, and presents guidelines and recommendations to prevent accidents and injuries. This video is appropriate for medical and other personnel who may occasionally or periodically encounter MRI facilities as part of their employment and emphasizes the potential hazards of the MRI environment and the necessary safety precautions that particularly impact such groups.

This video also reviews fundamental MRI safety protocols and meets training recommendations set by the American College of Radiology and the requirements of the Joint Commission. The video may be access at the following:

https://www.youtube.com/watch?v=VzdSqYkMlRw

RADIOGRAPHIC CLINICAL EDUCATION ASSIGNMENT AND ROTATION POLICY

Diagnostic Imaging involves a wide variety of elements; therefore, learning the art and science of the profession requires significant demonstration, discussion, and more supervised clinical experience than any other Allied Health Technology. To obtain ample and varied experience in diagnostic procedures, students rotate through at least three of the five clinical education settings, including two of the larger clinical education settings. To allow a student to omit three or more of the five clinical education settings would be detrimental to the clinical education experience and it would place the sponsor in the position of allowing students to receive unequal clinical education and decrease future employment options. The five clinical education settings are DeSoto Memorial Hospital, AdventHealth Wauchula, AdventHealth Lake Placid, AdventHealth Sebring, and HCA Florida Highlands Hospital. Rotation through more than three clinical education settings may at times be difficult due to geographic location and after school employment; however the necessary experiences gained through site diversity outweighs the inconvenience to the student. Transportation to clinical education settings is the student's responsibility.

While assigned to the clinical education settings, students follow a clinic area rotation schedule that includes routine diagnostic radiography, bedside radiography, and operating room procedures. A second year student who has completed and documented successful completion of all Clinical Competencies, and all ten Patient Care Competencies and is interested in being assigned to one or more advanced imaging modalities (i.e., bone densitometry, angiographic/interventional procedures, mammography, etc.) to further enhance his/her learning experience may do so in writing. The request must be in writing to ensure availability, instruction, supervision and evaluation. The advanced imaging modalities rotation will have the same learning objectives as in routine musculoskeletal procedures in "Radiographic Procedures I and II including geriatric patient (physically or cognitively impaired as a result of aging), fluoroscopic, pediatric and traumatic procedures in "Radiographic Procedures III," computed tomography, magnetic resonance imaging in "Introduction to Sectional Anatomy and Computed Tomography, RTE 2763." Assignment to advanced imaging modalities will be considered during "Radiographic Clinical Education V.

The method by which clinical education settings are initially assigned to beginning students is as follows:

The Clinical Coordinator/Director create the Student Clinical Rotations Schedule. Students will be assigned to the clinical sites based on their clinical competency needs, availability of exams, staff, and equipment. Rotations at clinical sites can range from 1 to 2 continuous semesters in length. Every effort is made to accommodate student needs while providing for an equitable clinical education experience.

MAMMOGRAPHY AND OTHER GENDER SPECIFIC CLINICAL ROTATION

The program will make every effort to place a male student in mammography and other gender specific procedures, e.g., hysterosalpingography. If clinical rotation is requested, the program will not attempt to override clinical educational settings' policies that restrict mammography and other gender specific procedures to female students.

Male students should be advised that placement in mammography and other gender specific procedures is not guaranteed and, in fact, would be very unlikely.
To deny mammography and other gender specific educational experience to female students would place those students at a disadvantage in the workforce where there is a demand for appropriately educated professionals to address the needs of patients.

It should be noted that the same clinical education settings' policies that are in place during mammography and other gender specific procedures are most likely applicable upon employment, thus, limiting access for males to pursue careers in mammography and other gender specific procedures.

DISMISSAL FROM A CLINICAL EDUCATION SETTING

If a student is dismissed from a clinical education setting for academic or disciplinary reasons, the student may appeal the decision via written documentation and submit the written document to South Florida State College's Radiography Program Director. The Program Director will investigate on the student's behalf and attempt to resolve the matter. However, the clinical education setting shall have priority to determine if a student is permitted to return to the clinical education portion of the program at that clinical education setting. The Program Director will make every effort to re-assign the student to another clinical education setting if he/she is unable reassign the student to the clinical education setting in question.

READMISSION POLICY

Students who request readmission to the program must reapply by the deadline of the application process. Readmission is not guaranteed. Students applying for readmission must be aware they are required to start and complete the program in its entirety. If accepted, students will begin in the fall semester as a first-year student. A radiography course may only be repeated once. A student will be eligible for readmission to the program one time only and must adhere to the following:

- Complete the admission procedure again.
- Meet with the Program Director/Coordinator to determine why student was not successful in passing a course.

In consultation with the Program Director/Coordinator, develop a letter asking for readmission that identifies why the student had to leave the program and steps to be taken to ensure that the obstacles encountered will be removed/resolved. This letter will be reviewed by the Admission Committee and the Committee will decide by a majority vote if the student's application will progress and points calculated.

Items that will be considered for readmission by the Program Director/Coordinator are the student's:

- Past disciplinary record
- Grade record and clinical performance
- Record of absenteeism and tardiness

TRANSFER POLICY

General education credits may be transferred if they are equivalent to those required by the SFSC Radiography Program. SFSC transcript evaluators should be consulted first to determine transferability of courses; final conferral of transfer is done by the SFSC Registrar. Radiography course credits earned at other regionally or JRCERT accredited institutions may be transferable. Official transcript and course descriptions review is required, with analysis to match/align with 75% of the previously obtained course content with the SFSC radiography program content. Transfer of credits may be accepted only for coursework passed with a "B" or above and must be obtained within the last 2 years. This analysis will be done by the SFSC radiography department/faculty. If approved, the student may transfer only if adequate clinical site placement and resources are available.

STUDENTS WITH DISABILITIES POLICY

South Florida State College seeks to ensure that programs, services, and facilities are accessible to and usable by persons with disabilities. If you are a qualified student with a disability, the college will make every effort to provide reasonable accommodations.

The following college staff members have been assigned to assist in ensuring that you have access to the college's programs, services and facilities. Please contact these individuals if you require assistance.

Dean of Student Services
ADA Student Coordinator
863-784-7107

Mr. Donald L. Kesterson, Director, Human Resources
ADA Employee Coordinator
863-784-7132

LIABILITY AND ACCIDENT INSURANCE

Students should maintain their own health insurance since it is not provided through the college. The college also does not provide Workmen's Compensation for students.

APPROXIMATE PROGRAM COSTS

Resident Tuition	$7,097.00
Laboratory Fees	$781.00
Graduation Fee	$15.00
FDLE/Drug Screen	$132.00
Textbooks	$1,600.00
The American Registry of Radiologic Technologists Examination	$225.00

PINNING CEREMONY POLICY:

Pinning Ceremony occurs at the completion of all didactic and clinical work as required for the Associates of Science in Radiologic Technology degree. All second year students are **strongly encouraged** to participate in the rehearsal and the pinning service. Allfirst year students are encouraged to assist with the organization (set up/clean up) and attend the pinning reception. Pinning ceremonies are held the last Thursday before the summer term ends.

CLASSROOM DRESS CODE POLICY

1. Maintain a neat, clean, well-groomed professional appearance.

2. Tops: Must be long enough to cover the beltline at all times. Pajamas, strapless, off the shoulder, cold shoulder, peek-a-boo, low-cut/deep scoop neck, see-through, mesh, tank-tops, spaghetti strap, tight fitting, slitted sides, cropped and distressed shirts are not permitted.

3. Bottoms: Will be worn at the natural waist. Shorts must be finger-tip in length. Must not be more than one size larger than normal size. Distressed, holes, rips (including "fake rips"), see-through, or tights are not permitted.

4. Head Coverings: Religious exemptions per student. Hats, caps, hoods, head-coverings (including bandannas) are not appropriate.

5. Outerwear: Jackets, sweaters, sweatshirts, and coats may be worn as required for comfort due to weather conditions. Trench coat or duster style jackets are not permitted. Hoods must be removed indoors.

6. Footwear: Shoes must be worn at all times. Athletic, boots, dress, & sandal types of shoes are allowed. Bedroom slippers, Bluetooth speaker, roller-skate shoes not appropriate attire on campus. Close-toed shoes are required when using the energized lab or performing patient care activities. The instructor will send notice of when close-toed shoes are required.

7. Perfume, scented lotion, scented aftershave, or other scented toiletries are not permitted in the classroom and/or lab.

8. There are times when the polo top is required for on-campus activities. Black or khaki bottoms are required. Bottoms cannot have holes or tears in them. Shoes are to be close-toed. Hair is to be pulled back and off the collar.

CLINICAL DRESS CODE POLICY

Students are required to appear professionally dressed and groomed whenever they are in attendance at all clinical sites. **The designated uniform, name badge, lead markers, and radiation dosimeter must be worn at all times.** Failure to have these items will result in student being sent home and will negatively impact their grade as this is considered an unexcused absence.
General Requirements:

Students will be identified by wearing:

1. South Florida State College identification/emblem embroidered above the left upper pocket.
2. Student uniforms shall be "teal" in color. No substitute material or street clothing is acceptable.
3. Uniforms must be clean and neat (no wrinkles).
4. Appropriate undergarments must be worn and must not be visible through the uniform.
5. Solid white or black nursing-type shoes or athletic (leather or vinyl) shoes must be worn.
6. Solid white socks with white shoes or black socks with black shoes must be worn with. Women may wear white hosiery with uniforms.
7. Shoes must be clean and polished at all times.
8. When needed, a **black** long-sleeved shirt may be worn under the "teal" scrub.
9. A teal lab jacket is permitted when needed. School badge must be worn on the outside of the jacket.
10. No badges, pins, buttons or stickers may be worn unless issued and approved by the hospital or college.
11. Jewelry is limited to a wedding band, a watch of professional appearance, and one pair of earrings (stud only). Necklaces or hoop earrings are prohibited.
12. Any body piercing, other than ear lobes, exposed to the patient (i.e. nose, lip, eyelid, etc.) must be removed or replaced with a clear (translucent) or nude piercing while in clinic.
13. No hats or caps may be worn unless specified as approved dress code in a clinical area.
14. Women's Hair that is long enough to be pulled back must be off shoulders and secured up to prevent any contact with patient while on duty. Acceptable hair accessories include barrettes, combs, and/or headbands which match the hair color, or in black, gold, silver, tortoise shell, without ornamentation. **Hair must be a natural color.**
15. Men's Hair should be neat, **a natural hair color**, and a clean shave are essential. The hair is to be neatly groomed so that it does not extend beyond the top half of the ear. Hair must not hang out over the shirt collar.
    ♦ Sideburns, mustaches, and beards should be neatly trimmed, extending no more than 1/2" from the skin.

♦ Additional restrictions may be made due to health and safety precautions. For instance, for persons providing patient care, facial hair that interferes with the seal of the N95 respirator is prohibited.

16. Fingernails must be kept short, clean and well groomed **(no longer than fingertips)**. Acrylic or artificial fingernails or tips are **not** permitted. Clear polish can be worn. No polish of color is allowed
17. Strong perfumes and colognes are not permitted.
18. Body cleanliness is mandatory, so that no offensive body odors are perceived by others including but not limited to cigarette smoke.
19. Students may wear O.R. scrubs during O.R. rotations ONLY.

Under no circumstances shall O.R. scrubs be worn outside the hospital or taken home.

NON-COMPLIANCE WITH THE DRESS CODE WILL RESULT IN DISCIPLINARY ACTION. IF YOU ARE NOT DRESSED APPROPRIATELY, YOU WILL BE SENT HOME AND REQUIRED TO MAKE UP THE TIME MISSED. BEING SENT HOME IS CONSIDERED AN UNEXCUSED ABSENCE AND WILL IMPACT THE FINAL GRADE FOR THAT COURSE.

LEAD MARKERS POLICY

Lead initial markers are used in clinic and lab. They must contain three letters (for example, AFS) "S" to identify student. Students should take care not to lose their lead markers and should always have both lead positional markers with them when in the clinical/lab setting. The first set of markers are purchased in the first semester of the program and will be dispersed to the student at the end of the first semester. It is the student's responsibility to replace lost markers within a timeframe of one (1) week when they are lost. Students are responsible for the purchase of any lost/additional markers. The new set of markers must be identical to the originals and may contact the Program Director regarding questions on the purchase of the additional lead markers. Students are required to notify the Radiography Program Director and Clinical Coordinator when lead markers are lost.

GRADING POLICIES

Radiography students must meet or exceed the following requirements to be retained and promoted:

1. Each student must adhere to the Academic Ethics Policy as outlined in the South Florida State College Catalog. The student will be subjected to administrative and/or disciplinary penalties in acts of dishonesty, cheating, plagiarism, or failure to fulfill responsibilities in the clinical education settings and/or lab areas.

2. Each student is required to achieve and maintain an overall Grade Point Average of 2.75 or higher in all general education courses with no grade below a "C." These courses will be graded and evaluated according to the policy of the individual instructor.
3. The following grading scale will be used for <u>all</u> courses pre-fixed with the letters RTE and HSC 1230 C:

A	=	100 – 90
B	=	89 – 80
C	=	79 – 75
F	=	74 and below

The instructor will provide a supplemental sheet with the dates of the lecture schedules, and all written examinations and/or reports during the first class at the beginning of each term. The final grade will be computed according to the supplemental sheet provided by the instructor. Each student is required to achieve and maintain a **grade of 80%** as a first and second-year student in all courses pre-fixed with the letters RTE and HSC 1230 C. Didactic and clinical grades are computed separately. If a student fails to obtain the grade as described above in any radiology course (didactic or clinical), he/she must withdraw from the radiography program.

EXAM POLICY

This policy aims to maintain fairness and accountability while accommodating legitimate reasons for a missed exam.

1. Documentation for Absence: Students are permitted to miss one (1) exam per semester, per course, provided they submit proper documentation supporting their absence. Acceptable documentation includes medical documents, family emergency notices related to immediate family only, and/or proof of automobile issues. It is the responsibility of the student to communicate any absence upon immediate knowledge exam will be missed. The student may text the instructor of the initial absence but must follow up with an email showing supportive documentation no later than 48 hours from the time the absence occurred.

2. Consequences of a missed exam without supporting documentation: Failure to provide proper documentation for a missed exam will result in a 5-point reduction from the final grade for that exam.

3. Reschedule exam: Exams must be taken within 3 days upon their return from the absence. It is the student's responsibility to schedule the makeup exam with the testing center. The instructor reserves the right to administer a written exam as a replacement for the original exam. The written exam will cover the same material missed.

4. Additional Missed Exams: Only under specific circumstances will a student be permitted to miss a second exam. Each student's situation is different and supporting documentation must be presented to the instructor if a second exam is missed. The instructor will then review the documentation and decide what's the best way to proceed based off what's in the best interest of the student situation.

LATE WORK POLICY

Students who miss an assignment deadline must submit their work within one week of the original due date. Late submissions will incur a penalty of 10% per day late, up to a maximum of 50%. After one-week, late submissions may not be accepted unless extenuating circumstances apply.

South Florida State College
Radiography Program
2023-2024 Radiography Curriculum

Prerequisite		Course	Lecture	Lab	Clinic	Credit
BSC	1085C	Anatomy and Physiology I	0	0	0	4
MAC	1105	College Algebra or equivalent	0	0	0	3
ENC	1101	Freshman Composition I	0	0	0	3
		Total:	**0**	**0**	**0**	**10**

Fall	1st	Course	Lecture	Lab	Clinic	Credit
MCB	2010C	Microbiology	3	1	0	4
HSC	1230C	Methods of Patient Care	2	1	0	3
RTE	1503C	Radiographic Procedures I	2	4	0	4
RTE	1418C	Principles of Radiography I	2	0	0	2
		Total:	**10**	**6**	**0**	**13**

Spring	2nd	Course	Lecture	Lab	Clinic	Credit
BSC	1086C	Anatomy & Physiology II	3	1	0	4
RTE	1458C	Principles of Radiography II	3	1	0	2
RTE	1513C	Radiographic Procedures II	2	4	0	4
RTE	1814L	Radiographic Clinical Education I	0	0	240	2
		Total:	**8**	**6**	**240**	**12**

Summer	3rd	Course	Lecture	Lab	Clinic	Credit
RTE	2563	Principles of Radiography III	3	0	0	3
RTE	1523C	Radiographic Procedures III	2	4	0	4
RTE	1824L	Radiographic Clinical Education II	0	0	240	2
AMH POS	1020 or 1041	Introductory Survey Since 1877 or American Government	3	0	0	3
		Total:	**8**	**5**	**240**	**12**

Fall	4th	Course	Lecture	Lab	Clinic	Credit
RTE	2609C	Principles of Radiography IV	3	0	0	2
RTE	2834L	Radiographic Clinical Education III	0	0	360	3
PSY	2012	Introduction to Psychology	3	0	0	3
RTE	2763	Intro to Sectional Anatomy & Computed Tomography	2	1	0	4
		Total:	**8**	**1**	**360**	**12**

Spring	5th	Course	Lecture	Lab	Clinic	Credit
RTE	2782	Radiographic Pathology	3	0	0	3
RTE	2385	Radiation Biology & Protection	3	0	0	3
RTE	2844L	Radiographic Clinical Education IV	0	0	360	3
HUM		Humanities Elective	3	0	0	3
		Total:	**9**	**0**	**360**	**12**

Summer	6th	Course	Lecture	Lab	Clinic	Credit
RTE	2061	Radiographic Seminar	3	0	0	3
RTE	2854L	Radiographic Clinical Education V	0	0	360	3
		Total:	**3**	**0**	**360**	**5**
		TOTAL CREDIT HRS:				**77**

RADIOGRAPHY COURSE DESCRIPTIONS

Course	Credits	Lecture	Laboratory
HSC 1230 C Methods OF PATIENT CARE This course provides the concepts of optimal patient care, including consideration for the physical and psychological needs of the patient and family. Routine and emergency patient care procedures are described, as well as infection control procedures using standard precautions. The role of the radiographer in patient education is identified.	3	3	1
RTE 1418 C PRINCIPLES OF RADIOGRAPHY I This course provides the radiography students with a basic knowledge of atomic structure and terminology. Also presented are the nature and characteristics of radiation, X-ray production and the fundamentals of photon interactions with matter.	2	2	0
RTE 1458 C PRINCIPLES OF RADIOGRAPHY II This course establishes a knowledge base in technical factors that govern the image production process.	2	3	1
RTE 2563 PRINCIPLES OF RADIOGRAPHY III This course provides you with an understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Principles of digital system quality assurance and maintenance are presented.	3	3	1
RTE 2609 C PRINCIPLES OF RADIOGRAPHY IV This course provides you with a knowledge base in radiographic, fluoroscopic and mobile equipment requirements and design. The content also provides a basic knowledge of quality control.	2	3	1
RTE 1503 C RADIOGRAPHIC PROCEDURES I This course provides you with the standard terminology and theoretical foundations necessary to develop the psychomotor skills that are essential to perform standard radiographic imaging procedures of the chest, abdomen, and upper extremities. Energized laboratory demonstrations will be used to complement the lecture portion of this course.	4	2	4
RTE 1513 C RADIOGRAPHIC PROCEDURES II This course provides you with the standard terminology and theoretical foundations necessary to develop the psychomotor skills that are essential to perform standard radiographic imaging procedures of the humerus, shoulder girdle, lower extremity, pelvic girdle, cervical and thoracic vertebra. Energized laboratory demonstrations will be used to complement the lecture portion of this course.	4	2	4

RADIOGRAPHY COURSE DESCRIPTIONS (CONTINUED)

Course	Credits	Lecture	Laboratory
RTE 1523 C RADIOGRAPHIC PROCEDURES III This course provides you with the standard terminology and theoretical foundations necessary to develop the psychomotor skills that are essential to perform standard radiographic imaging procedures of the lumbar vertebrae, sacrum, coccyx, sacroiliac articulations, scoliosis survey, and bony thorax. Energized laboratory demonstrations will be used to complement the lecture portion of this course.	4	2	4
RTE 2763 INTRODUCTION TO SECTIONAL ANATOMY AND COMPUTED TOMOGRAPHY This course provides you with an introduction to and principles related to computed tomography (CT) imaging to produce computer-generated sectional images of anatomical structures within the head, neck, chest, abdomen, and pelvis in multiple dimensions. This course also provides you with the standard terminology and theoretical foundations necessary to develop the psychomotor skills that are essential to perform radiographic imaging procedures of the cranium, and special studies such as arthrography, and myelography	4	2	4
RTE 2385 RADIATION BIOLOGY AND PROTECTION This course presents an overview of the principles of radiation protection, including the responsibilities of the radiographer for patients, personnel and the public. Radiation health and safety requirements of federal and State regulatory agencies, accreditation agencies and health care organizations are incorporated. Course also provides an overview of the principles of the interaction of radiation with living systems, effects on molecules, cells, tissues and the body as a whole and presents an overview of the acute and chronic effects of radiation.	3	2	
RTE 2782 RADIOGRAPHIC PATHOLOGY Course content will provide you with an introduction to the concept of disease. Pathology and disease as they relate to various radiographic procedures will be discussed. Assignments include oral case presentations. Course content will provide you with an introduction to the origins of medical terminology, and introduce you to concepts related to disease and etiology with an emphasis on radiographic appearance of disease and its impact on exposure factor selection.	3	3	0
RTE 2061 RADIOLOGIC SEMINAR This course is designed to provide a forum for student research and review of all aspects of radiography.	2	3	0

RADIOGRAPHY COURSE DESCRIPTIONS (CONTINUED)

Course	Credits	Lecture	Laboratory
RTE 1814 RADIOGRAPHIC CLINICAL EDUCATION I Radiography Clinical Education I is a supervised clinical experience and competency evaluation of professional interaction and performance of routine radiographic procedures with emphasis on radiation protection, patient care, equipment orientation, radiographic technique, image processing procedures and image quality evaluation.	2	0	16
RTE 1824 RADIOGRAPHIC CLINICAL EDUCATION II Supervised clinical experience and competency evaluation of professional interaction and performance of routine radiographic procedures with emphasis on radiation protection, patient care, equipment orientation, radiographic technique, image processing procedures and image quality evaluation.	2	0	16
RTE 2834 RADIOGRAPHIC CLINICAL EDUCATION III Course offers supervised clinical experience and competency evaluation of professional interaction and performance of routine radiographic procedures with emphasis on radiation protection, patient care, equipment orientation, radiographic technique, image processing procedures and image quality evaluation.	3	0	24
RTE 2844 RADIOGRAPHIC CLINICAL EDUCATION IV Course offers supervised clinical experience and competency evaluation of professional interaction and performance of routine radiographic procedures with emphasis on radiation protection, patient care, equipment orientation, radiographic technique, image processing procedures and image quality evaluation.	3	0	24
RTE 2854 RADIOGRAPHIC CLINICAL EDUCATION V Course offers supervised clinical experience and competency evaluation of professional interaction and performance of routine radiographic procedures with emphasis on radiation protection, patient care, equipment orientation, radiographic technique, image processing procedures and image quality evaluation.	3	0	24

SOUTH FLORIDA STATE COLLEGE

RADIOGRAPHY PROGRAM

Clinical Education Requirements

CLINICAL EDUCATION POLICY

South Florida State College Radiography Program's Competency Based Clinical Education procedure, if followed, complies with the American Registry of Radiologic Technologists (ARRT) Radiography Clinical Competency Requirements.

The purpose of the clinical competency requirements is to verify that individuals certified and registered by the ARRT have demonstrated competency performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the radiography examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements. Students may wish to use these pages, or their equivalent, to record completion of the requirements

The coordination of classroom and clinical instruction is an important element of the program. In recognition of this, the Competency Based Clinical Education at South Florida State College uses a progressive approach to the clinical development of students. Students begin this process by observing a procedure or groups of procedures. After didactic and laboratory instruction and documented laboratory proficiency in a procedure, the student then proceeds to the participation stage of the Competency Based Clinical Education. In the participation stage, the student may now assume a more active role in his/her clinical responsibilities. Student shall perform these procedures under direct supervision.

The final stage in this Competency Based Clinical Education is based on the ability of a student to perform radiographic procedures under indirect supervision. Before the student can achieve this level of supervision, he/she must demonstrate competency through Clinical Competency Evaluations. Demonstration of clinical competence should include variations in patient characteristics such as age, gender, and medical condition and cannot be completed under simulated conditions.

South Florida State College Radiography Program's standard includes the following two levels of Clinical Competency Evaluations: (1) **Clinical Competency Evaluations,** and (2) **Terminal Clinical Competency Evaluations**. The Clinical Competency Evaluations are usually common procedures that are performed on ambulatory, non-traumatic patients and as the student is evaluated on Terminal Clinical Competency Evaluations, characteristics such as age, and medical conditions become progressively more difficult.

PREREQUISITE FOR CLINICAL COMPETENCY EVALUATIONS:

1. Clinical Competency Evaluations:

Prior to a **Clinical Competency Evaluation**, a student shall complete the following:

a. Documented didactic proficiency at the College
b. Documented laboratory proficiency at the College

2. Terminal Competency Evaluations:

Terminal Clinical Competency Evaluations must be performed on a progressive level of patient or procedure difficulty. Prior to graduation, the student must demonstrate Terminal Competency in clinical education. This is accomplished by Terminal Clinical Competency Evaluations. Before advancing to this level of competency, students must:

a. Be within the last 3 semesters of their anticipated date of program completion and
b. Have achieved 60% of the mandatory procedures within that category of procedures in which the Terminal Clinical Competency Evaluations are to be attempted.

Terminal Clinical Competency Evaluations must be performed on a progressive level of patient or procedure difficulty.

Please refer to the chart below for determining the categories where Terminal Clinical Competency Evaluations are permitted as well as the number required for each category.

Category	**Terminal Competency**
Chest and Thorax	1
Abdomen	1
Upper Extremity	2
Lower Extremity	2
Spine and Pelvis	1
Mobile Radiographic Studies	1
Geriatric Patient	1
Pediatric Patient	1
Total	**10**

REQUIREMENTS FOR ALL CLINICAL COMPETENCY EVALUATIONS:

1. Students must be assigned to an approved clinical education setting.

2. All Clinical Competency Evaluations must be performed on patients. A competency evaluation that is not performed on a patient cannot be counted as a Clinical Competency Evaluation but can be counted as a simulated competency provided that the evaluation include all criteria listed for Simulated Competency Evaluations and Clinical Competency Evaluations.

3. The clinical instructor shall approve the patients for all Clinical Competency Evaluations. Patient selection shall include a wide variety of patient types. (e.g., geriatric, physically or cognitively impaired as a result of aging, pediatric, trauma, geriatric, ambulatory, etc.)

4. The clinical instructor shall determine the minimum number of times that a procedure will need to be completely and satisfactorily performed by a student while under direct supervision prior to performing a Clinical Competency Evaluation.

5. The clinical instructor shall develop suggested time frames for completion of all Clinical Competency Evaluations.

6. Clinical Competency Evaluations shall include all projections for each procedure, as identified by the hospital's protocol or by the ARRT (e.g., cross-table lateral cervical spine).

7. Clinical Competency Evaluations shall include all tasks associated with the radiographic procedure. This includes but is not limited to patient assessment and positioning; applying radiation protection principles; setting technique factors; and making the x-ray exposure.

8. The program director shall be responsible for the development and implementation of the clinical competency grading system, affective domain evaluation forms (Professional Development Evaluation Forms), performance objectives, and record maintenance of all Clinical Competency Evaluations.

9. The program director shall determine and publish the required number of Terminal Clinical Competency Evaluations.

10. Clinical Competency Evaluations and Terminal Clinical Competency Evaluations should be performed on a progressive level of patient and procedure difficulty.

11. Clinical Competency Evaluations are to be completed by a Licensed and Registered Radiology technologist who is **graduated for a minimum of 6 months** from a JRCERT approved Radiography program.

REQUIREMENTS FOR SIMULATED PERFORMANCE

South Florida State College Radiography Program and the ARRT requirements specify that certain clinical procedures may be simulated as designated in the specific requirements below. Simulations must meet the following criteria:

The student must simulate the procedure on another person with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. Examples of acceptable simulation include positioning another person for a projection without actually activating the x-ray beam and performing venipuncture by demonstrating aseptic technique while inserting the needle into an artificial forearm or suitable device.

The program director must be confident that the skills required to competently perform the simulated procedure will transfer to the clinical education setting and, if applicable, the student must evaluate related images.

All simulated competency evaluations and clinical competency evaluations must include the following minimum evaluation criteria:

- patient identity verification
- examination order verification
- patient assessment
- room preparation
- patient management
- equipment operation
- technique selection
- patient positioning
- radiation safety
- imaging processing
- image evaluation

REQUIREMENTS FOR REPEAT RADIOGRAPH:

All unsatisfactory radiographs shall be repeated only under the direction and in the physical presence of a licensed and registered radiologic technologist, regardless of the student's level of competency.

In order to reduce the risk to students and patient care, adherence to the supervision policy will be the student's responsibility. If a student is observed doing any of the following, the student will be dismissed from the program:

- Performing a repeat without **direct** supervision
- Performing a procedure that has not been competency tested without direct supervision
- Performing a fluoroscopic, portable/mobile or C-Arm procedure without direct supervision

REQUIRED LEVELS OF CLINICAL SUPERVISION:

Prior to didactic and laboratory instruction and documented laboratory proficiency in a procedure, the student is only permitted to observe a licensed diagnostic radiologic technologist perform that procedure.

1. After didactic and laboratory instruction and documented laboratory proficiency in a procedure but prior to a clinical competency evaluation or simulated clinical competency evaluation:

The student continues to observe these procedures and gradually progresses to the point where the student can now participate and assist the licensed diagnostic radiologic technologist while under direct supervision. The following parameters constitute **direct supervision.** The licensed diagnostic radiologic technologist shall:

a. Review the request for examination in relation to the student's achievement.
b. Evaluate the condition of the patient in relation to the student's knowledge.
c. Be present during the conduct of the procedure.
d. Review and approve the radiographs.

2. After a Clinical Competency Evaluations or simulated competency evaluation:

   After a student has demonstrated competency on a Clinical Competency Evaluation or simulated competency evaluation in a given procedure, the student may perform that procedure under the indirect supervision of a licensed diagnostic radiologic technologist.

3. The following parameters constitute **indirect supervision:**

   Supervision provided by a licensed diagnostic radiologic technologist who is immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the presence of a licensed diagnostic radiologic technologist adjacent to the room or location where a radiographic or fluoroscopic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use. (Based on these parameters, a student cannot be assigned to a surgical or mobile rotation or assigned to a room that is not adjacent to another radiographic or fluoroscopic room (i.e., ED) unless a licensed diagnostic radiologic technologist is present in that room or in the adjacent room.)

4. A licensed and registered radiologic technologist must review and approve all radiographic images.

REMEDIATION:

Remediation shall be an essential part of the Competency Based Clinical Education process. The following are the minimum remediation requirements for the 4 types of clinical education failures:

1. Failure to demonstrate didactic or laboratory proficiency.

   The program shall: (a) discuss the area(s) of failure with the student; (b) develop and implement a valid remediation plan; (c) reevaluate after remediation has been completed.

2. Failure of a simulated competency evaluation:

   The program shall: (a) discuss the area(s) of failure with the student; (b) develop and implement a valid remediation plan; (c) require application of reinforced skills; and

(d) reevaluate for either a clinical competency or simulated competency in that radiographic procedure.

3. Failure of a clinical competency evaluation:

   The program shall: (a) discuss the area(s) of failure with the student; (b) develop and implement a valid remediation plan; (c) require clinical application of reinforced skills; and (d) reevaluate for either a clinical competency or simulated competency in that radiographic procedure. If reevaluation is performed as a simulated competency, the competency cannot be counted as a clinical competency evaluation.

4. Failure of a terminal clinical competency evaluation:

   The program shall require remediation and reevaluation for either a terminal clinical competency or simulated competency in that radiographic procedure. If reevaluation is performed as a simulated competency, the competency cannot be counted as a terminal clinical competency evaluation. An additional terminal clinical competency evaluation would then be required prior to graduation eligibility.

VOIDING A PREVIOUSLY COMPLETED CLINICAL COMPETENCY:

Voiding a previously completed clinical competency may only be done through the following procedure:
The clinical instructor, in writing, declares that the student has performed the prior documented successfully completed clinical competency in an unsatisfactory manner two (2) times during the same term. This declaration is to be completed for each of the two (2) unsatisfactory performances of the clinical competency in question, and must include the following:

a. be in writing, including the date the examination was performed and patient number
b. include specific reasons why the examination was declared unsatisfactory
c. be signed by the ***clinical instructor*** completing the clinical competency review

ASSIGNMENT TO ADVANCED IMAGING MODALITIES:

Each student must demonstrate and document a minimum of 36 Mandatory, 15 Elective (one of the 15 electives imaging procedures must be selected from the head section; and 2 of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.) The student must demonstrate and document 10 Terminal Clinical Competencies as well as demonstrate competence in all 10 patient care competencies. A second year student who has completed and documented successful completion of all competencies, and is interested in being assigned to one or more advanced imaging modalities (i.e., computed tomography, magnetic resonance, angiography, etc.) to further enhance his/her learning experience may do so in writing. The request must be in writing to ensure availability, instruction, supervision and evaluation. The advanced imaging modalities rotation will have the same learning objectives as routine musculoskeletal procedures in "Radiographic Procedures I and II including geriatric patient (physically or cognitively impaired as a result of aging), fluoroscopic, pediatric and traumatic procedures in "Radiographic Procedures III," computed tomography, magnetic resonance imaging, bone densitometry and angiographic/interventional procedures in "Introduction to Sectional Anatomy and

Computed Tomography." Assignment to advanced imaging modalities will be considered during "Radiographic Clinical Education V.

CLINICAL INSTRUCTORS' DUTIES AND RESPONSIBILITIES:

All South Florida State College students must have adequate and proper supervision during all clinical assignments as specified by accreditation standards. The following policies and procedures apply to South Florida State College clinical assignments for students, and evaluators:

1. Evaluate the student required clinical competencies and professional development evaluations in the clinical education setting.
2. Supervise students assigned to various imaging modalities.
3. Evaluate student's critiques of radiographic images and determine the necessity of repeat procedures.
4. Provide documentation of any unusual, positive, and/or negative incidents involving the student's performance of clinical competencies that occurred during the assigned clinical rotation to the clinical coordinator or program director.
5. Provide direct supervision and assistance for all repeat procedures.
6. Complete appropriate Clinical Competency Evaluation forms and return the original forms to the program director/Clinical Coordinator.
7. Intervene when a critical error appears imminent and offer corrective instruction or demonstration before proceeding with the procedure.

CLINICAL EDUCATION CENTER RULES AND REGULATIONS:

In order to maintain high standards of patient care, the Radiography Program has established the following rules of conduct in conjunction with the general hospital rules and regulations:

1. STUDENTS ARE SUBJECT TO ALL RULES AND REGULATIONS OF THE CLINICAL EDUCATION CENTER.

2. Students MUST NOT inject contrast medium or medication.

3. All patients with whom the student comes in contact will be treated with respect, dignity, and with careful attention given to patient modesty. Treat every patient as if you were the one being radiographed. All hospital records and patient records are confidential in nature. Students are expected to maintain confidentiality in a professional manner.

4. Unless otherwise instructed, any student who begins or helps in a radiographic procedure must complete the procedure before leaving the clinical facility.

5. Each student is to perform non-technical duties (patient transporting, front office duties, etc.) as scheduled by the clinical instructor. Each student is required to assist in maintaining a clean department by helping to keep the radiographic room to which he/she is assigned orderly and properly supplied.

6. A student should never leave a patient unattended. Please note hospital policy for safe practices in patient supervision.

7. Clinical differences - It is the intent and objective of the Radiography Program (college and affiliate hospitals) to be as uniform as possible with regard to student activities for all students. However, all clinical sites are individual and unique institutions and for this reason, there will be different policies and responsibilities at each clinical education setting. Any questions that may arise concerning these differences will be gladly answered/addressed by the college faculty.

8. Problems - Recognizing that the college and clinical education settings conduct a joint effort in the education of students, any problem which may arise within the hospital area, should first be discussed with hospital officials (clinical instructor) before involving the College faculty (clinical coordinator, program director) in the discussion.

9. Report any accident or incident to your clinical instructor immediately and complete the necessary paperwork.

10. Students will present themselves as professionals in the clinical education centers.

11. Students are to be in the clinical area only when they are scheduled to be there.

12. There will be no food, drinks, or smoking allowed in the clinical area except in designated areas.

13. Students are assigned lunch periods and breaks by the clinical instructor.

14. Students are not permitted to leave hospital grounds or assigned clinical areas without the permission of the clinical instructor, except during lunch periods.

15. Students may not bring guests into the department without the permission of the clinical instructor.

16. Students cannot sit in wheelchairs, on stretchers or any other equipment designed for patient use.

17. Do not use the clinical site telephone for personal use.

18. Report to clinical assignments in an alert condition.

19. Willful destruction or theft of clinical site property will result in dismissal.

20. Possession of firearms or explosives, possession or consumption of alcoholic beverages, marijuana or un-prescribed narcotics on clinical site property will result in dismissal.

21. Fighting on clinical site property will result in dismissal.

22. Insubordination to any superior could result in dismissal.

23. Conviction of a felony will result in dismissal.

24. Gum chewing while on clinical assignment is forbidden.

25. Do not sleep on clinical assignment.

26. Do not engage in immoral conduct while on clinical assignment.

27. Do not accept any type of gratuity or "tip" from a patient or patient's family.
28. Do not use language or manners unbecoming a professional.

CLINICAL EDUCATION PLAN:

South Florida State College Radiography Program Clinical Education Plan is designed to define and document required clinical competencies and to establish eligibility for certification with the American Registry of Radiologic Technologists.

As part of the educational program, each student must demonstrate competence in the clinical activities mentioned below:

- 10 mandatory general patient care activities;
- 36 Mandatory imaging procedures;
- 15 Elective imaging procedures selected from a list of 34 procedures;
- One of the 15 elective procedures must be selected from the head section; and
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.
- 10 Terminal Competencies

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both.)

The clinical activities mentioned above are listed in Appendix G. Institutional protocol will determine the positions and projections used for each procedure.

SUGGESTED NUMBER OF CLINICAL COMPETENCIES TO BE COMPLETED PER TERM

Methods of Patient Care	10 General Patient Care Procedures
RTE 1814 Radiographic Clinical Education I	Minimum of 8 Competencies, must include a minimum of ONE exam from the Upper **and** Lower Extremity.
RTE 1824 Radiographic Clinical Education II	Minimum of 10 additional Competencies
RTE 2834 Radiographic Clinical Education III	Minimum of 10 additional Competencies
RTE 2844 Radiographic Clinical Education IV	Minimum of 10 Competencies
RTE 2854 Radiographic Clinical Education V	Minimum of 10 Competencies

APPENDIX A

South Florida State College
Radiography Associate in Science Degree
Program Effectiveness Data

The following is the most current program effectiveness data. Our programmatic accreditation agency, the Joint Review Committee on Education in Radiologic Technology (JRCERT), defines and publishes this information. The information can be found directly on the JRCERT webpage.

Credentialing Examination: The number of students who pass, on the first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation. The five-year average benchmark established by the JRCERT is 75%.

Credentialing Examination Rate	number passed on first attempt divided by number attempted within six months of graduation
Year	Results
Year 1 – 2018	8 of 11 – 73%
Year 2 – 2019	10 of 12 – 83%
Year 3 – 2020	9 of 12 – 75%
Year 4 – 2021	7 of 9 – 78%
Year 5 – 2022	7 of 9 – 78%
Program Five-Year Average	41 of 53 – 77%

Job Placement: The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences within 12 months of graduating. The five-year average benchmark established by JRCERT is 75%.

Job Placement Rate	number employed divided by number actively seeking employment within 12 months of graduation
Year	Results
Year 1 – 2018	8 of 8 – 100%
Year 2 – 2019	11 of 11 – 100%
Year 3 – 2020	8 of 8 – 100%
Year 4 – 2021	4 of 4 – 100%
Year 5 – 2022	7 of 7 – 100%

Program Five-Year Average	38 of 38 – 100%

Program Completion: The number of students who complete the program within the stated program length. The annual benchmark established by JRCERT is 75%.

Program Completion Rate	number graduated divided by number started the program
Year	Results
Year 1 – 2022	**9 of 11**
Annual Completion Rate	82%

The Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 N. Wacker Drive, Suite 2850

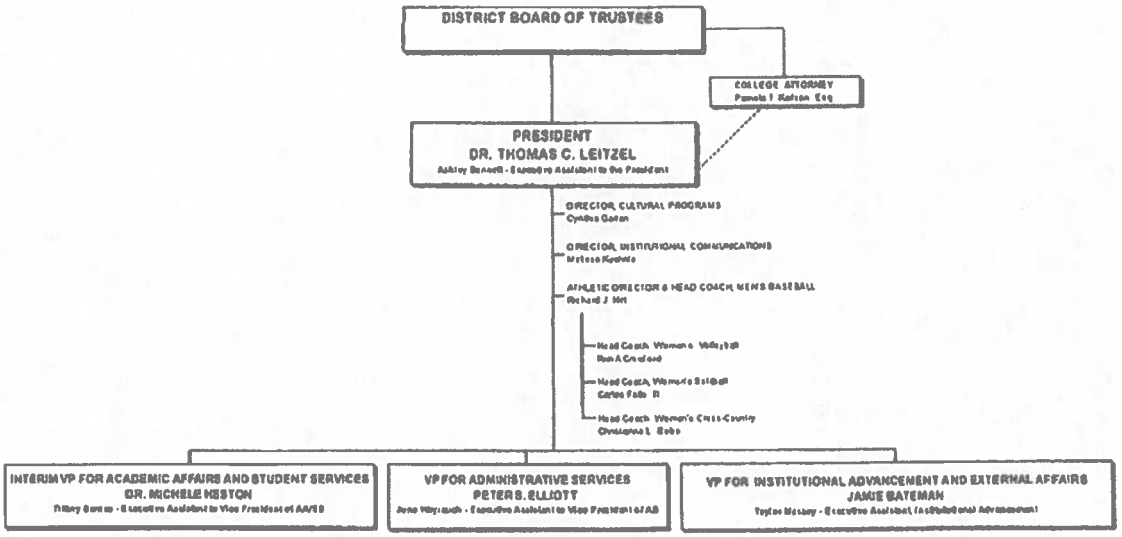
Chicago, IL 60606-3182

Phone: 312-704-5300

Fax: 312-704-5304

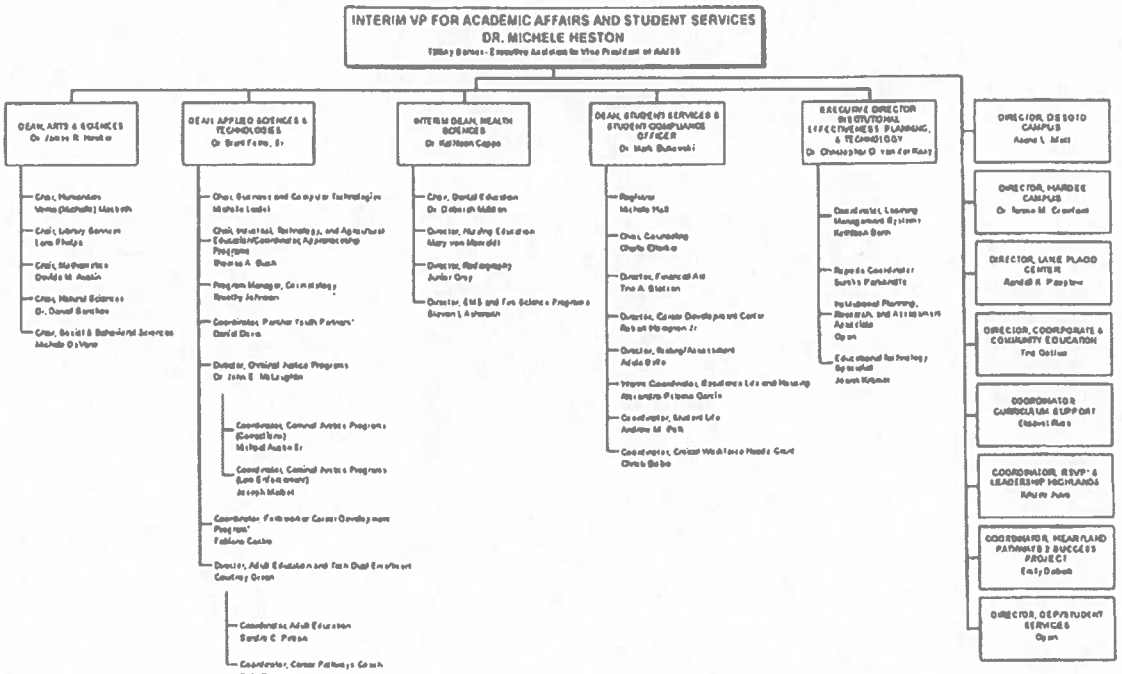
APPENDIX B

SOUTH FLORIDA STATE COLLEGE
2022-2023 ORGANIZATIONAL CHART



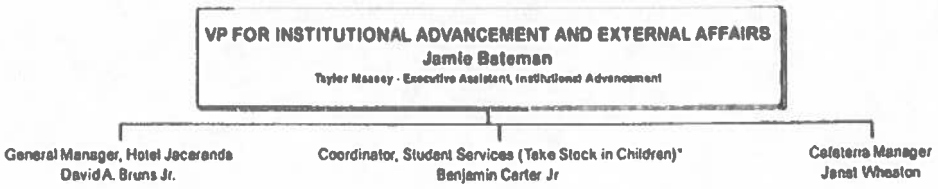
*Grant funded

December 9, 2022



*Grant Funded

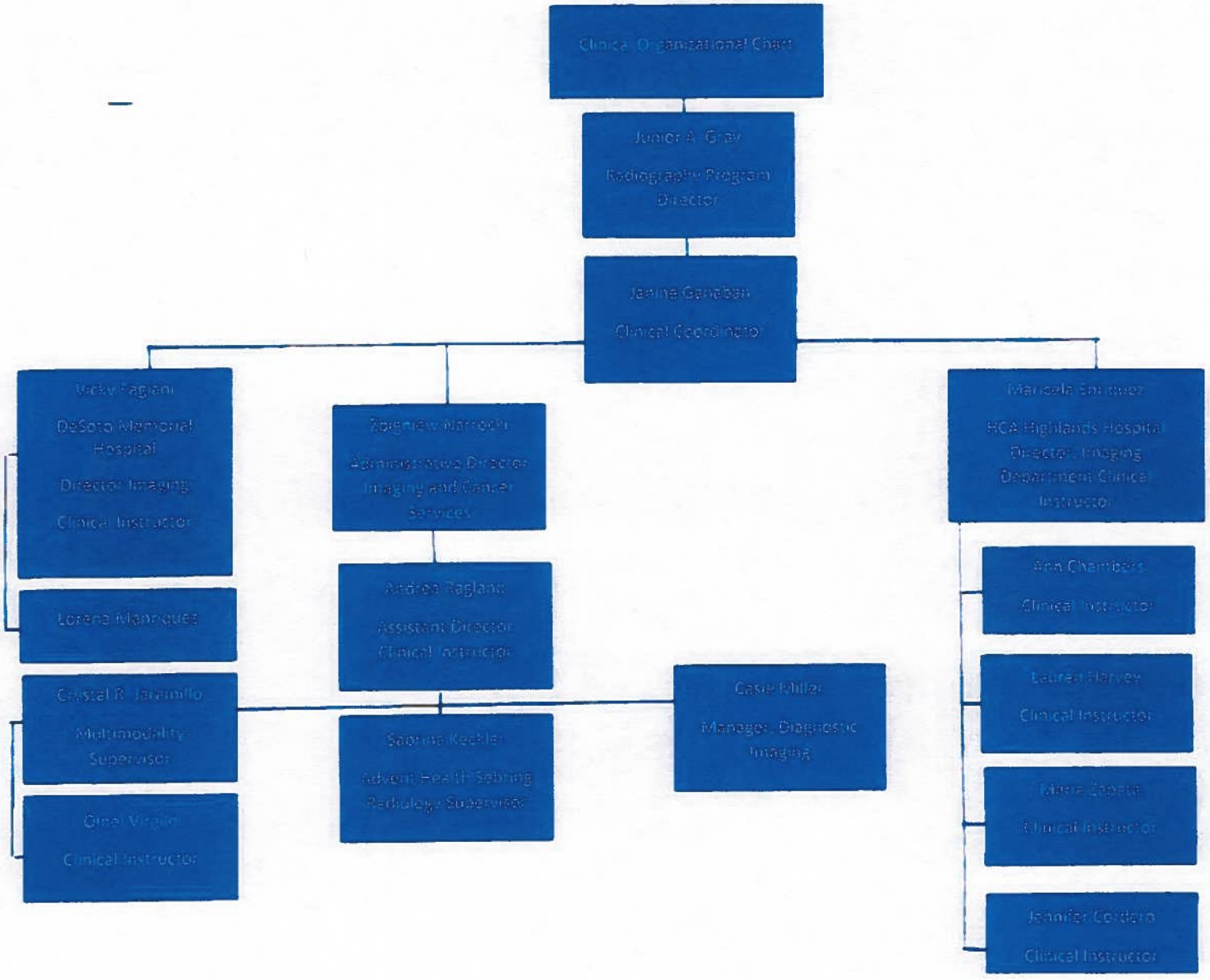
December 6, 2022



* Grant funded

December 8, 2022

APPENDIX C


Clinical Organizational Chart
Junior A. Gray
Radiography Program Director
Janine Ganeban
Clinical Coordinator
Vicky Fagan
DeSoto Memorial Hospital
Director Imaging
Clinical Instructor
Lorena Marques
Cristal R. Jaramillo
Multimodality Supervisor
Gina Virgilio
Clinical Instructor
Zbigniew Narloch
Administrative Director Imaging and Cancer Services
Andrea Ragland
Assistant Director
Clinical Instructor
Saorsa Keeble
Advent Health Sebring
Radiology Supervisor
Case Miller
Manager, Diagnostic Imaging
Marcela Serrano
HCA Highlands Hospital
Director, Imaging Department Clinical Instructor
Ann Chambers
Clinical Instructor
Lauren Harvey
Clinical Instructor
Maria Cuesta
Clinical Instructor
Jennifer Cordero
Clinical Instructor

APPENDIX D

Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020

JRCERT

Standards for an Accredited Educational Program in Radiography

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APPENDIX E

ARRT® STANDARDS OF ETHICS

Last Revised: September 1, 2022
Published: September 1, 2022

PREAMBLE

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT, and to persons applying for certification and registration by ARRT (including persons who submit an Ethics Review Preapplication) in order to become Candidates. Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The *Standards of Ethics* are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the *Standards of Ethics* is evidence of the possible lack of appropriate professional values.

The *Standards of Ethics* provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

A. CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Registered Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The Registered Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The Registered Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Registered Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

i. disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or

ii. soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or

iii. copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or

iv. using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or

v. selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or

vi. removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or

vii. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or

viii. disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR SSA of ARRT; and/or

ix. communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate's or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computers and/or tablets during administration of the examination or CQR SSA; and/or

x. impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one's own behalf; and/or

xi. using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

Education Requirements Subversion

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's *Education Requirements for Obtaining and Maintaining Certification and Registration* ("Education Requirements"), including but not limited to, continuing education (CE), clinical experience and competency requirements, structured education activities, and/or Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's Education Requirements or CQR Requirements includes, but is not limited to:

   i. providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or

   ii. assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or

   iii. conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or

   iv. conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

Improper Management of Patient Records

False or Deceptive Entries

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

Failure to Protect Confidential Patient Information

16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

Knowingly Providing False Information

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

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law

18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

Regulatory Authority or Certification Board Rule

19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

Criminal Proceedings

20. Convictions, criminal proceedings, or military courts-martial as described below:
    i. conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor; and/or
    ii. criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or
    iii. military courts-martial related to any offense identified in these Rules of Ethics; and/or
    iv. required sex offender registration.

Duty to Report

Failure to Report Violation

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

Failure to Report Error

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

Technologist or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in an amount to be determined by ARRT. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of ARRT.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Registered Technologist or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing. A Registered Technologist or Candidate who requests a hearing may elect to appear in person, via teleconference, videoconference, or by a written submission which shall be verified or acknowledged under oath.

A Registered Technologist or Candidate may waive the 30 day timeframe to request a hearing. To request a waiver of the 30 day timeframe, the Registered Technologist or Candidate must complete a Hearing Waiver form that is available on the ARRT website at www.arrt.org. The Hearing Waiver form must be signed by the Registered Technologist or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the hearing waiver is processed.

Failure to appear at the hearing in person or via teleconference, videoconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Chief Executive Officer. The Registered Technologist or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing. The hearing is conducted by Ethics Committee members other than any members of the Ethics Committee who believe for any reason that they would be unable to render an objective and unbiased decision. In the event of such disqualification, the President may appoint Trustees to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Registered Technologist or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Registered Technologist or Candidate in question, by legal counsel or other representative (at the sole expense of the Registered Technologist or Candidate in question), shall have up to 30 minutes to present testimony, and be heard in the Registered Technologist's or Candidate's own defense; to call witnesses; hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee will be afforded 15 minutes in addition to any unused time remaining from the Registered Technologist's or Candidate's time allotment, to ask questions and shall not be bound by any state or federal rules of evidence. The Registered Technologist or Candidate in question shall have the right to make a closing statement before the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person, teleconference, and videoconference hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Registered Technologist or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.

In the case of alleged violations of the Rules of Ethics by a Registered Technologist or Candidate, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Certificate Holder or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.

Potential actions available to the Ethics Committee are set forth in Section 4 (Range of Actions). Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Registered Technologist or Candidate in question.

(f) Suspensions

Suspension is the temporary removal of an individual's certification and registration in all categories for up to one year.

(g) Summary Suspensions

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Registered Technologist, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well-being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Registered Technologist and without a prior hearing, summarily suspend the certification and registration of the individual pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of an individual in accordance with this provision, the Ethics Committee shall, by expedited delivery or certified mail, return receipt requested, give to the individual written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the individual to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the individual. If the individual requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than two members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the individual's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected individual, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

(h) Ineligible

An individual may be determined ineligible to obtain or renew certification and registration or ineligible for reinstatement of certification and registration. The time frame may be time limited or permanent.

(i) Revocation

Revocation removes the individual's certification and registration in all categories. The time frame may be time limited or permanent.

(j) Alternative Dispositions

An Alternative Disposition ("AD") is a contract between an individual and the ARRT (as represented by the Ethics Committee) that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements, including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Registered Technologist or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(k) Deny Removal of a Sanction

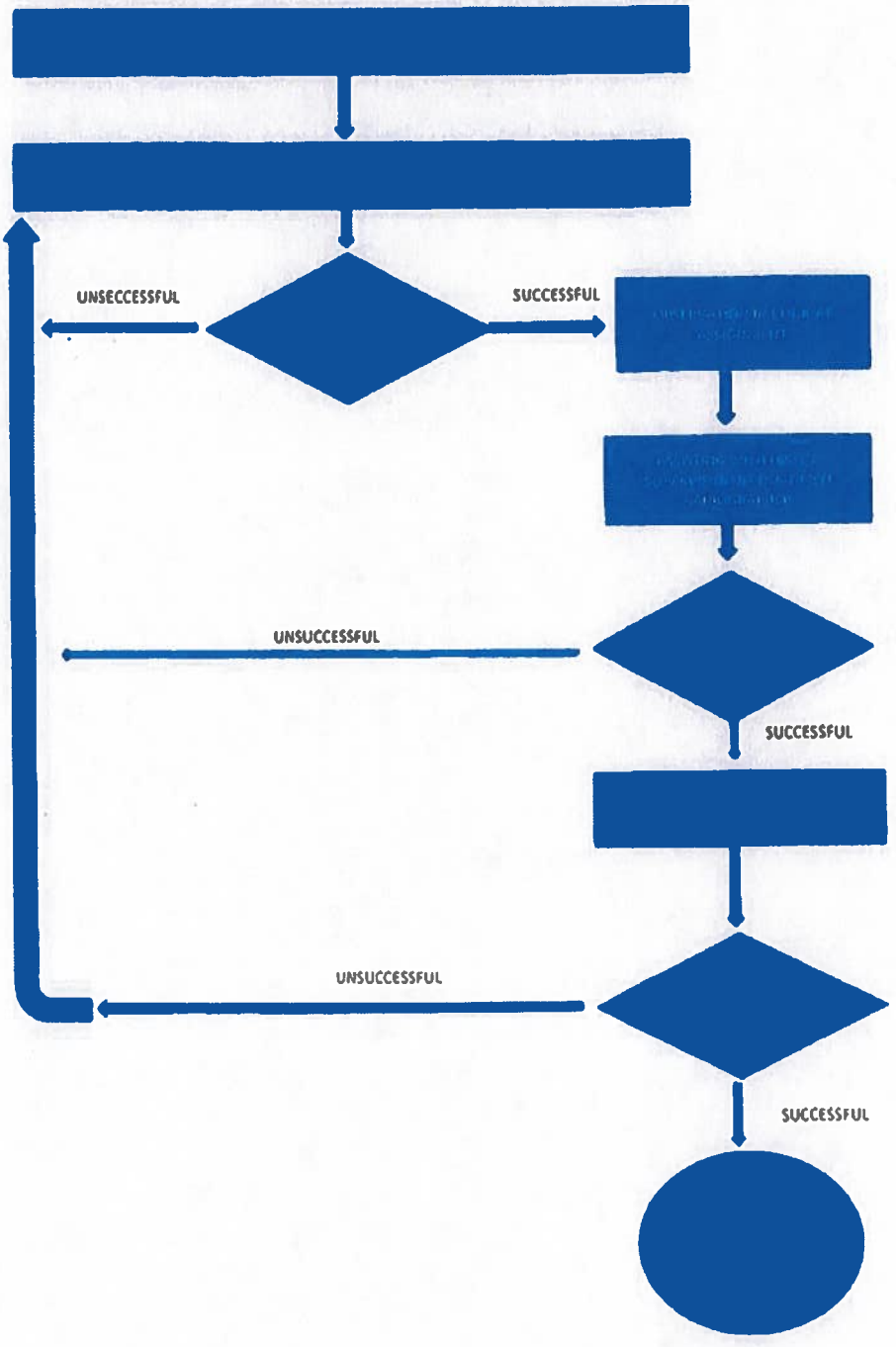
After a predetermined time, an individual may request removal of a sanction that had been previously imposed by the Committee. Sufficient compelling evidence must be provided to convince the Committee the sanction should be removed or modified. If evidence is not provided, the Committee may deny removal of the sanction. Situations that may result in denial of a sanction removal request include: additional violations of the Rules of Ethics after the sanction was imposed, failure to demonstrate that there has been adequate rehabilitation, and/or continued denial of responsibility.

(l) Civil or Criminal Penalties

Conduct that violates ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the *Standards of Ethics*, ARRT may, without giving prior notice, pursue civil and/or criminal penalties.

APPENDIX F

CLINICAL EDUCATION FLOW CHART WITH RECHECK



APPENDIX G

4.2.1 General Patient Care Procedures

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

General Patient Care Procedures	Date Completed	Competence Verified By
CPR/BLS Certified		
Vital Signs – Blood Pressure		
Vital Signs – Temperature		
Vital Signs – Pulse		
Vital Signs – Respiration		
Vital Signs – Pulse Oximetry		
Sterile and Medical Aseptic Technique		
Venipuncture*		
Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)		
Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)		

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

4.2.2 Imaging Procedures

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

- patient identity verification;
- examination order verification;
- patient assessment;
- room preparation;
- patient management;
- equipment operation;
- technique selection;
- patient positioning;
- radiation safety;
- image processing; and
- image evaluation.

4.2.2 Imaging Procedures (continued)

Imaging Procedures	Mandatory or Elective		Eligible for Simulation	Date Completed	Competence Verified By
	Mandatory	Elective			
Head – Candidates must select at least one elective procedure from this section.					
Skull		✓	✓		
Facial Bones		✓	✓		
Mandible		✓	✓		
Temporomandibular Joints		✓	✓		
Nasal Bones		✓	✓		
Orbits		✓	✓		
Paranasal Sinuses		✓	✓		
Spine and Pelvis					
Cervical Spine	✓				
Thoracic Spine	✓		✓		
Lumbar Spine	✓				
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	✓		✓		
Pelvis	✓				
Hip	✓				
Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	✓		✓		
Sacrum and/or Coccyx		✓	✓		
Scoliosis Series		✓	✓		
Sacroiliac Joints		✓	✓		
Abdomen					
Abdomen Supine	✓				
Abdomen Upright	✓		✓		
Abdomen Decubitus		✓	✓		
Intravenous Urography		✓			

APPENDIX H

AGREEMENT TO TERMS

READ THE FOLLOWING STATEMENT BEFORE SIGNING

I have received a copy of the South Florida State College Radiography Program Student Handbook and it has been explained to me.

I agree to reread the handbook and affirm that I will be responsible for all the information therein.

I am aware of its content and have an understanding of all that is required of me. I agree to abide by all of the rules, policies and procedures of the program.

I am aware that in order to continue in the Radiography Program, I must maintain satisfactory progress and maintain a 2.75 grade point average in each Radiography course.

I am also aware that this handbook is intended as a guide and that policy and procedures described herein may be changed during my participation in the program.

After reading and studying this handbook, remove this page, sign it, and turn it in to one of the Radiography Program faculty.

SIGNATURE OF STUDENT	SIGNATURE OF WITNESS
PRINT NAME	PRINT NAME
DATE	DATE

APPENDIX I

SOUTH FLORIDA State College

RADIOGRAPHY PROGRAM

LAB CLINICAL COMPETENCY EVALUATION FORM

Student: _____ **Date:** _____

Evaluator: _____ **Exam/Procedure:** _____

Initial Competency ( ) **Recheck ( )** **Pass ( )** **Fail ( )**

	Yes	No	N/A
Evaluation of Requisition:			
1. Identified the patient's name and age.			
2. Identified procedure(s) to be performed.			
3. Acknowledged any pathological conditions.			
4. Acquired appropriate clinical patient history.			
Patient Care and Management:			
1. Identified the correct patient.			
2. Introduced himself/herself to the patient, briefly explained current procedure and responded to patient's inquiries.			
3. Verified if patient was properly prepared for the examination.			
4. Provided appropriate assistance to radiographic table/upright bucky based on patient's condition.			
5. Communicated with patient in a concerned, professional manner.			
Equipment Operation:			
1. Maneuvered the x-ray tube and bucky utilizing appropriate controls and locks.			
2. Selected appropriate SID (FFD).			
3. Selection of Technical Factors.			
4. Used appropriate anatomical marker.			
Positioning Skills:			
1. Properly positioned the patient.			
2. Aligned center of part to be demonstrated to the center of the image receptor.			
3. Aligned x-ray tube to the center of anatomy.			
4. Aligned x-ray tube to image receptor.			
5. Set the correct tube angle.			
Radiation Protection:			
1. Evidence of collimation.			
2. Used gonadal shields, if appropriate.			
3. Adjusted exposure factors for motion, pathology or patient size when appropriate.			
4. Verified no repeats.			
Image Acquisition and Technical Evaluation:			
1. Anatomic alignment and radiographic quality.			
2. Accessory markers visible, if required (minute, hour, and directional).			
3. Patient and examination data displayed. (Legal considerations).			

APPENDIX J

SOUTH FLORIDA State College

RADIOGRAPHY PROGRAM
CLINICAL COMPETENCY EVALUATION FORM

Student's Name:			
Evaluator's Name:			
Patient ID Number:	**Date:**		
Examination:	**Trauma:**	**Yes: O**	**No: O**
Terminal Competency: Yes: O No: O	**Pediatric Examination** (6 year old or younger):	**Yes: O**	**No: O**
Geriatric Patient (Physically or cognitively impaired as a result of Aging:		**Yes: O**	**No: O**

Patient Care	Unsatisfactory (0)	Acceptable (1)	Good (2)	Outstanding (3)	Score
1. Check patient for correct ID.	Called patient's name but did not verify ID.	Asked patient to spell their name but did not check ID band.		Used all appropriate methods of patient ID.	
2. Communicates with patient in a professional manner.	Refer to patient as "Sweetie" or other unacceptable name.	Initially addressed patient correctly but did not refer to the patient through the remainder of the procedure.	Refer to patient in a professional manner most of the time	Appropriately referred to patient throughout procedure.	
3. Carefully explains procedure to patient.	Does not or inaccurately explains procedure.	Most information was correct.	Information was correct.	Information correct and made certain the patient understood explanation and responded to patient's questions.	
4. Exhibits patience and empathy in working with patient.	Appears impatient for patient to comply with direction. Is focused on getting procedure completed; does not appear to be empathetic to patient discomfort and/or pain.	Need to focus more on patient comfort and less on equipment set-up.	Showed empathy for patient's discomfort. Gave patient sufficient time to comply with directions.	Anticipated and met patient's psychological and physical needs while efficiently obtaining quality images.	
5. Responds to patient changing condition.	Does not observe patient appropriately and is not prepared to respond when condition changes.	Appears to observe patient's needs but is slow and lacks confidence.	Observe and reacts to patient's needs in a timely and confident manner.	Anticipates the patient's needs. Is prepared to respond immediately and appropriately with confidence.	
Radiation Protection	**Unsatisfactory (0)**	**Acceptable (1)**	**Good (2)**	**Outstanding (3)**	**Score**
6. Pregnancy determination.	Did not ask pregnancy question.			Asked patient if potentially pregnant. **NOTE**: if male patient give	

				Outstanding mark, 3.	
7. Shielding.	Forgot to shield or felt unnecessary to use shielding.	Used improperly or obscured vital anatomy.	Used proper shielding but no evidence on images.	Shielding visible on images. Did not obscure vital anatomy.	
8. Collimation.	Did not collimate.			Collimation visible on all images.	
Positioning Skills	**Unsatisfactory (0)**	**Acceptable (1)**	**Good (2)**	**Outstanding (3)**	**Score**
9. Correctly positioned patient recumbent/erect.	Did not consider the patient's condition when positioning the patient.	Structure centered but rotated or tube inappropriately aligned..	Structure properly positioned and CR aligned.	Structure properly positioned and centered to IR and CR properly aligned.	
Image Evaluation Skills	**Unsatisfactory (0)**	**Acceptable (1)**	**Good (2)**	**Outstanding (3)**	**Score**
10. Identify structures shown.	Could not ID anatomical structures shown or determine if CR and part were appropriately angled.	Identified anatomy and structures best shown.	Identified anatomy and structures best shown. Identified pathology.	Identified structures best shown, pathology and able to determine part rotation and alignment of CR.	
11. Technical factor.	Not able to determine if appropriate technical factors were used.	Able to determine appropriate technical factors, but could not determine how to improve a less than optimal image.	Able to determine appropriate technical factors, and how to improve a less than optimal image.	Appropriate density, contrast and no motion. Well demonstrated anatomical structures.	
12. Used appropriate ID and anatomical L/R markers.	Image inappropriately identified and/or marked.			Used both appropriate patient identification and markers on all images.	

Comments: _____

_____

_____

_____

Student's signature: _____

Evaluator's signature: _____

GRADING

26 – 36 = Outstanding 16 – 25 = Good 9 – 15 = Acceptable Below 9 = Unacceptable.

Any "0" score results in a failed competency.

Failed competencies may only be retaken after remediation.

2023

APPENDIX K

SOUTH FLORIDA State College

Student's name: _____

RADIOGRAPHY PROGRAM

DAILY LOG

Date	Pt. Identification	Examination	Technologist

APPENDIX L

SOUTH FLORIDA State College

Student's name:

RADIOGRAPHY PROGRAM

REPEAT LOG

Date	Pt Identification	Examination	Technologist

APPENDIX M

Radiography Program

Professional Development Evaluation Form

Note: Please read additional attachment, "Grading Guides," before completing this evaluation.

A radiographer's conduct in the clinical setting is a major indicator in which the general public uses to judge a department's professional level. Appropriate conduct is a broad category encompassing a number of considerations. Evaluate the students on their abilities and consider length of time in the program. Please select the most appropriate level of competency achieved by the student which corresponds to a numerical score. Once scores are totaled, the highest numerical value reached will be 50.

☐ **Mid-Term**
☐ **End-term**

Student's Name:

☐ **First Year**
☐ **Second Year**

1. **Student's Comprehension of Examinations:**

Understanding of information, responsibilities, procedures, materials, equipment, and techniques required to do the job.

The student demonstrates exceptional comprehensive knowledge of the basic concepts to produce quality radiographs. **(5 pts)**

The student demonstrates above average knowledge of the basic concepts applicable to the production of radiographs. **(4 pts)**

The student demonstrates average knowledge of the basic concepts to produce quality radiographs. **(3 pts)**

The student lacks the knowledge of some phases of the basic concepts related to the production of quality radiographs. **(2 pts)**

The student has inadequate knowledge of the basic concepts related to the production of quality radiographs. **(1 pt)**

2. **Quality of Work:**

The images produced are accurate, thorough and neat:

Produces optimal quality of work in regards to accuracy and thoroughness; infrequently makes errors, demonstrates comprehensive knowledge of corrective action needed. **(5 pts)**

Quality of work is consistently well done; recognizes mistakes if made, seldom makes errors; and demonstrates the knowledge necessary to produce corrective action. **(4 pts)**

Quality of work meets the standards of satisfactory work; makes errors periodically, and demonstrates knowledge on corrective action needed with minimal technologist assistance. **(3 pts)**

Quality of work needs improvement; mistakes made regularly; possesses some understanding in the corrective action needed to improve exam but often requires technologist assistance. **(2 pts)**

Poor quality of work; makes recurrent mistakes, and does not demonstrate the ability to correct errors. **(1 pt)**

3. **Organization of Work/Judgement:**

The ability to use time constructively and productively.

Consistently plans procedures using sound reasoning to make decisions in situations; needs no instruction to proceed; highly productive. **(5 pts)**

Plans procedures using reasons and judgments that are of satisfactory manner, needs minimal instructions to proceed; consistently productive. **(4 pts)**

Occasionally has challenges organizing procedures; requires slight instructions to proceed; productivity is satisfactory. **(3 pts)**

Has difficulty organizing procedures; often needs to be prompted to proceed; meets minimal expectations of productivity. **(2 pts)**

Lacks the knowledge and skills necessary to perform procedures; does not display appropriate reasoning and judgment; does not meet expectations of productivity. **(1 pt)**

4. **Initiative/Quantity of Work:**

The volume of work accomplished with the energy and motivation displayed in starting and completing tasks.

Completes more work than expected; seeks additional responsibility. **(5 pts)**

Assumes expected responsibilities and completes examinations; assumes responsibility when given. **(4 pts)**

Completes appropriate amount of work; assumes responsibility and performs satisfactory amount of tasks. **(3 pts)**

Completes minimal workload; does only what is required. **(2 pts)**

Does not complete expected workload; needs constant encouragement to start and complete tasks. **(1 pt)**

5. **Performance Under Pressure:**

The ability to handle pressure and remain calm in busy or crisis situations.

Exceptional ability to handle pressure; always calm and efficient when busy and in crisis situations. **(5 pts)**

Handles busy or high pressure situations calmly; seldom appears nervous or loses control. **(4 pts)**

Displays moderate amount of control when busy or in crisis situations. **(3 pts)**

Presents as easily irritated when found in busy situations or in times of crisis; occasionally loses temper. **(2 pts)**

Demonstrates an inability to handle busy situations or times of crisis; makes situations difficult with elevated levels of tension. **(1 pt)**

6. **Patient Rapport:**

The ability to interact with patients.

Effectively instills confidence in patient through communication and concern; anticipates and strives to exceed patient needs; considerate. **(5 pts)**

Consistently communicates with patient; aware and attentive of patient needs; establishes good rapport. **(4 pts)**

Communication established with patient; meets patient needs. **(3 pts)**

Minimal communication with patient; responds to request only. **(2 pts)**

Lacks effective communication with patient; avoids patient interaction. **(1 pt)**

7. **Interpersonal Relationships:**

The ability to communicate, interact, and deal effectively with supervisors, peers, patients, and other employees.

Highly thought of by others; demonstrates an exemplary amount of tact and diplomacy. **(5 pts)**

Pleasant to work with; demonstrates expected amount of tact and diplomacy. **(4 pts)**

Works appropriately with others; demonstrates satisfactory amount of tact and diplomacy. **(3 pts)**

Often curt with supervisors, peers, patients, and other employees; demonstrates minimal amount of tact and diplomacy. **(2 pts)**

Interacts poorly with supervisors, peers, patients, and other employees; do not display ability to show tact or diplomacy. **(1 pt)**

8. **Personal Appearance:**

Grooming, cleanliness, and appropriateness of dress.

Consistently presents a professional image, well-groomed; and careful about appearance. **(5 pts)**

Promotes a professional image; well-groomed. **(4 pts)**

Satisfactory personal appearance, clean, neat, and compliant with dress code. **(3 pts)**

Less than satisfactory personal appearance; needs reminding of dress code. **(2 pts)**

Carless about personal appearance; does not comply with dress code. **(1 pt)**

9. **Attendance Policy:**

The overall attendance and record of promptness of the student.

Excellent attendance record; always present and on time. **(5 pts)**

Rarely absent or late to clinical site. **(4 pts)**

Attendance and punctuality is satisfactory for assigned clinical setting. **(3 pts)**

Occasionally misses a scheduled clinical day, shows up tardy to clinical site and/or is absent from the assigned clinical site. **(2 pts)**

Problematically misses scheduled clinical day, tardy and/or absent from the assigned clinical site. **(1 pt)**

10. <u>Professional Ethics:</u>

Integrity, loyalty, and impression the student makes on professional judgment.

Conducts self in an exemplary manner at all times; models professional standards of conduct. **(5 pts)**

Consistently conducts self in an appropriate manner conforming to profession standards of conduct. **(4 pts)**

Adheres to professional standards of conduct in an acceptable manner. **(3 pts)**

Often does not comply with professional standards of conduct when interacting with patients, clinical technologists, and employees. **(2 pts)**

Lacks the ability to model professional standards of conduct; consistently rude and negative to patients and other professionals. **(1 pt)**

Grading:

This evaluation tool will be completed mid-term and at the end of each term. The mid-term evaluation accounts for 40% of the total grade while the end-term evaluation accounts for 60% of the final Clinical grade.

Total Points Possible: 50

Total Number of Points: / 50

Clinical Instructor Comments:

Student Comments:

Student's Signature: _____ **Date:** _____

Instructor's Signature: _____ **Date:** _____

APPENDIX N

Radiography Program
GRADING GUIDELINES
PROFESSIONAL DEVELOPMENT EVALUATION FORM (AFFECTIVE SKILLS).

5/4-points) - May be given if in your opinion the following applies to this student.
When working as a Radiography intern, the student:

a. Excellent, it is difficult to find suggestions for improvement.
b. always handles professional relationships with patients in a self-confident and appropriate manner.
c. never complains in an unreasonable and inappropriate manner.
d. always takes personal responsibility for own failure.
e. always is a positive influence in the maintenance of a pleasant productive atmosphere with peers and others.

(3 points) - May be given if in your opinion the following applies to this student.
When working as a Radiography intern, the student:

a. Good, however suggestions for improvement can be found
b. usually but not always handles professional relationships with patients in a self-confident and appropriate manner
c. usually does not complain in an unreasonable and inappropriate manner.
d. usually takes personal responsibility for own failure.
e. usually but not always is a positive influence in the maintenance of a pleasant productive atmosphere with peers and others.

(2-point) - May be given if in your opinion the following applies to this student.
When working as a Radiography intern, the student:

a. Satisfactory, meets minimum standards, easy to find suggestions for improvement.
b. often handles professional relationships with patients in an appropriate manner, however self-confidence is often lacking.
c. sometimes complains in an unreasonable and inappropriate manner.
d. sometimes blames others for own failure.
e. sometimes is a positive influence in the maintenance of a pleasant productive atmosphere with peers and others and sometimes is a negative influence.

(0-point) - May be given if in your opinion the following applies to this student.
When working as a Radiography intern, the student:

a. Unsatisfactory, does not meet minimum standards:
b. handles professional relationships with patients in a manner that does not meet minimum standards.
c. often complains in an unreasonable and inappropriate manner.
d. usually blames others for own failure.
e. usually is a negative influence in the maintenance of a pleasant productive atmosphere with peers and others .

APPENDIX O

Radiography Physical and Technical Abilities Form

In compliance with the American with Disabilities Act, students must be with or without reasonable accommodations, physically and mentally capable of performing the essential technical standards of the program. If a student believes that he or cannot meet one or more of the standards without accommodation or modifications, the radiography program will determine on an individual basis whether or not the necessary accommodations or modifications can reasonably be made. The following Physical and Technical Standards identify essential eligibility requirements for participation in the Radiography program at SFSC:

Work

1. Able to work multiple 80hour days per week at the hospital sites but not more than 10 hours per day.

Work Environment

1. Exposure to hazardous material and blood borne pathogens requiring safety equipment, such as masks, head coverings, glasses, rubber and latex gloves, etc.
2. Must be able to meet hospital and college performance standards
3. Must travel to and from training sites
4. Work in areas that are closed and at times crowded
5. Adapt to vary work volumes
6. Be able to tolerate risks and discomforts in the clinical setting that require special safety precautions such as with sharps, chemicals, and infectious diseases.

Cognitive Demands

1. Understand and work from written and verbal orders
2. Possess effective verbal and written communication skills
3. Understand and be ablet to implement related regulations and hospital policies and procedures
4. Possess technical competency in patient care and related areas
5. Speak to individuals and small groups using verbal
6. Communicate in a clear and concise manner with people in various departments
7. Understand and apply clinical instructions given from department personnel.
8.

Physical demands

1. Standing and/or walking continuously during all phases of patient care of continuous periods of time (4 hours or more).
2. Bending, crouching, or stooping several times per hour (e.g., positioning of wheelchair foot supports)
3. Reach up to six (6) feet off the floor.
4. Lifting frequently with weight lifted ranging from 100-300 pounds (approximately), rarely 300+ pounds. Lifting should always be done with help.
5. Reaching frequently overhead, above the shoulder at 90 degrees (e.g., manipulating x-ray tube, obtaining supplies, transferring patient into or out of bed, etc.)
6. Twisting frequently (e.g., transferring patient from wheelchair to bed/x-ray tabletop)
7. Pulling patients, objections and equipment, frequent up to 45 pounds effort (e.g., positioning patients in bed, during transfer to and from gurneys, wheelchairs, etc.)
8. Utilizing eyesight to observe patients, manipulate equipment and accessories and/or evaluated radiographs for technical quality.
9. Visually monitor patients in dimmed light.
10. Hearing to communicate with the patient and health care team as well as various equipment and background sounds during equipment operations.
11. Utilizing sufficient verbal and written skills to effectively and promptly communicate with the patient and healthcare team
12. Utilize keyboard and input the clinical data into imaging console and computers and other medical equipment. Demonstrating fine and gross motor abilities sufficient to provide safe and effective care.
13. Manipulating radiographic/medical equipment and accessories including but not limited to switches, knobs, buttons, and keyboards, utilizing fine and gross motor skills
14. Ensure patient safety when maneuvering hospital equipment when in contact with a patient.

Upon admission, a candidate who discloses a disability and requests accommodations will be asked to provide documentation of his or her disability for the purpose of determining appropriate accommodations including modification to the program. The College will provide reasonable accommodations, but it is not required to make modifications that would substantially alter the nature or requirement of the program or provide auxiliary aids that present an undue burden to the College. To matriculate or continue in the curriculum the candidate must be able to perform all the essential functions outline in the Physical and Technical Standards either with or without accommodation.

Student Signature

_____

Date

_____

(This section to be completed by Licensed Clinical Provider)

_____ able/not able to perform all the skills listed above

Print Name (Student Name)

Restrictions: _____Yes _____ No

Provider Name (printed)

_____

Provider License #

_____

Provider Address

_____

Provider Phone Number

_____

Provider Signature

_____

Date

_____

APPENDIX P

RADIOGRAPHY PROGRAM
RADIATION SAFETY/PROTECTION
GUIDELINES AND ACKNOWLEDGEMENT FORM

Radiography students are required to be aware of radiation safety standards and guidelines when working in the x-ray lab on campus or at any of the clinical affiliates. This form is evidence that all radiography students enrolled in South Florida State College Radiography Program are aware of protective measures for themselves, patients, family members and any other medical staff that may be in the vicinity of the x-ray equipment during an exposure. The guidelines are as follows:

1. Before making an exposure, make sure appropriate doors are closed (if applicable)
2. Before making an exposure, make sure student(s) technologists are behind a protective barrier
3. All patient must be shielded prior to making exposure
4. Any staff, faculty, adjunct faculty and/or family members must be shielded if they must remain in the room during an exposure.
5. Ensure that the control panel is set correctly.
6. Do not, under any circumstances, radiograph another human being using the energized x-ray lab on campus.
7. Never use x-ray equipment without the supervision of a qualified technologist.
8. Immediately notify faculty, clinical instructor and or manager if there are any problems with any x-ray equipment.
9. Always use ALARA (As low As Reasonably Achievable) standards when performing x-rays.
10. Always wear designated personnel dosimeter during clinical hours and during x-ray lab sessions on campus.
11. Review and initial dosimeter reports with the Program Director and you may request to see the report any time.
12. Always have qualified technologist ***directly supervise*** any repeat radiographic procedure.
13. Do not make more than one (1) repeat of any given projection. A qualified technologist MUST perform the x-ray if another repeat of the same projection is warranted.
14. Ensure that the student is a minimum of six feet from the portable unit prior to making an exposure.
15. Ensure that "x-ray" is called out prior to making an exposure with the portable unit.
16. Move adjacent patients and or family members away from exposure area during portable x-rays whenever feasible.
17. Remove family members, prison guards, nurses, sitters patient aids, doctors, etc. from area where exposures are made whenever possible. If not possible, provide protective shields prior to any exposures being made.

I have read the Radiation Safety guidelines. I understand its content and agree to abide by the guidelines set forth during my two-year period

Signed _____ Date _____

2023

APPENDIX Q

APPENDIX
R

MRI SAFETY SCREENING STUDENT FORM

Students that are rotating clinical or planning to pursue a future career in MRI must be fully aware of the magnetic fields that are used and understand the consequences of not following safety guidelines. MRI Safety Screening must be reviewed and students/patients must remain safe when working around or entering an MRI environment.

In MRI, the magnetic field is **ALWAYS** on. The student must comply with each clinical site's policies and procedures pertaining to metallic objects being introduced into the MRI scanning suite. Carrying ferromagnetic articles or introducing them to the MRI scanning area is **STRICTLY PROHIBITED**. These objects can act as projectiles within the scanning room causing **SERIOUS** injury, death, or equipment failure.

Students and or patients must not enter the MRI scanning area if the body contains any metallic fragments such as a bullet or shrapnel. There is potential risk the fragment could change position, possibly causing injury or death. The magnetic field can also damage an external hearing aid or cause a heart pacemaker to malfunction.

If you answer "yes" to any of the screening questions listed below, consult your CI or MRI tech for clearance before entering the MRI environment, including transporting patients or lifting/moving help.

MRI SAFETY SCREENING STUDENT CHECKLIST	Yes	No
Do you have any kind of implants in or on your body?		
Pacemaker or Pacemaker wires		
Aneurysm clips		
Implantable cardioverter defibrillator (ICD)		
Neurostimulator system		
Metallic implant or implanted drug infusion device or insulin pump		
Foreign metallic objects such as bullets or shrapnel, staples, BB, tissue expanders, or prosthetic device, especially objects near the eye or eye implant		
Permanent cosmetics or tattoos or body piercings (if being scanned)		
Dentures or teeth with magnetic keepers or implants involving magnets		
Medication patches with metal foil (i.e. Nitroglycerine, Nicotine, Fentanyl, or any type of transdermal patch)		
History of welding or metal worker		
Any type of shunts		

Items that need to be removed before entering the restricted MRI scanning area include, but are not limited to:

REMOVE any of the following items before entering the MRI scanning area	Yes	No
Purse, wallet, money clip, credit cards or cards with magnetic strips		
Electronic devices such as cell phones or pagers		
Hearing aids, safety pins, hairpins, hair piece, wig, or barrettes		
Metallic jewelry or watch		
Cigarette lighters, pens, belt buckle, paper clips, keys, coins, or pocket knife		
Any clothing with a metallic zipper, snaps, hooks, or underwire		

I attest that the information on this form is correct to the best of my knowledge. I have watched the MRI safety video (MRI safety video) and have had the opportunity to ask questions regarding the information on this form.

Student Signature: _____ Date: _____

Reviewed by_____Date: _____

The students are aware that at any time, while enrolled in the Radiologic Technology Program should there be any change (i.e. medical issues, health concerns, etc.) related to items on the MRI Safety Screening Student Form, notification about this to the Program's Director is MANDATORY!