Policies and Guidelines for the Radiography Program

A Student Handbook

Laramie County Community College

HEALTH SCIENCES & WELLNESS

lccc.wy.edu

LARAMIE COUNTY COMMUNITY COLLEGE

Cheyenne | Laramie | Online

RADIOGRAPHY PROGRAM

HANDBOOK

2025 Rev. 5/30/2025

LARAMIE COUNTY COMMUNITY COLLEGE

RADIOGRAPHY PROGRAM HANDBOOK
TABLE OF CONTENTS

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
WELCOME!

Congratulations on your acceptance into the Radiography Program at Laramie County Community College (LCCC)! By choosing a career as a radiologic technologist, you are stepping into a field filled with both great responsibility and exciting opportunities. As healthcare professionals, we are held to high standards, and the journey you are beginning reflects your commitment to those values. The faculty at LCCC is excited and ready to support you in achieving your educational and professional goals.

The Radiography Program Handbook serves as a supplement to the LCCC Catalog and Student Handbook. The policies outlined here apply specifically to students enrolled in the Radiography Program. For additional information on college-wide policies, procedures, and services, please refer to the LCCC Catalog and Student Handbook, and the Health Sciences & Wellness (HSW) School Policies.

The handbook includes policies and procedures related to the Radiography Program, Associate of Applied Science (AAS) Degree in Radiography and clinical education. It is designed to provide a framework that supports a respectful and productive learning environment for both students and faculty. You are expected to thoroughly review the handbook and apply its guidelines throughout your time in the program.

Please note that the provisions in this handbook do not constitute a contract, express or implied, between any applicant, student, or graduate and the faculty or the College.

<u>Helpful Contacts: Laramie County Community College</u>

Campus Operator	307.778.5222
Health Sciences & Wellness School	307.778.1140
Admissions/Enrollment Services	307.778.1212
Out of state	800.522.2993
Financial Aid	307.778.1215
Office of Student Accommodations (OSA)	307.778.1359
TTY Number	307.778.1266
Veterans Affairs Office	307.778.4396
Campus Safety	307.630.0645 / 307.630.0866
Bookstore	307.778.1114
Library	307.778.1205
Student Success Center (HUB)	307.778.4315

Helpful Contacts: School of Health Sciences & Wellness

Vice President of Academic Affairs
Kari Brown-Herbst, EdD
Office: EEC 219
Phone:307.778.1103
Email: kherbst@lccc.wy.edu

Dean Health Sciences & Wellness
Karen Bowen, PhD, RN
Office: HS 336
Phone: 307.778.1111
Email: kbowen@lccc.wy.edu

Program Director/Instructor
Ashleigh Ralls, M.A., R.T.(R)(CT)
Office: SC 119D
Phone: 307.778.1292
Email: aralls@lccc.wy.edu

Clinical Coordinator/Instructor
Kacee Hansen, B.S., R.T.(R)
Office: SC 119A
Phone: 307.778.1391
Email: khansen@lccc.wy.edu

Campus Security
Jesse Blair
Office: PF 112
Phone: 307.778.4317
Email: jblair@lccc.wy.edu

Health Sciences & Wellness Admin Assistant
Holly Stevenson
Office: HS 330
Phone: 307.778.1140
Email: hstevenson@lccc.wy.edu

Laramie County Community College is committed to providing a safe and nondiscriminatory educational and employment environment. The college does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, pregnancy, sexual orientation, gender identity, or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The college does not discriminate on the basis of sex in its educational, extracurricular, athletic or other programs or in the context of employment.

The college has a designated person to monitor compliance and to answer any questions regarding the college's nondiscrimination policies. Please contact: Title IX and ADA Coordinator, Suite 205, Clay Pathfinder Building,1400 E College Drive, Cheyenne, WY 82007, 307.778.1144, NDS@lccc.wy.edu. Contact information for the regional Office for Civil Rights is: Office for Civil Rights, Denver Office, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, 303.844.5695, OCR.Denver@ed.gov

In compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, Laramie County Community College does not discriminate against students with disabilities. Efforts are made to arrange effective, reasonable accommodation for any qualified individual. The Office of Student Accommodations (OSA) at LCCC provides comprehensive, confidential services for LCCC students with documented disabilities. Services and adaptive equipment to reduce mobility, sensory, and perceptual concerns are available through the OSA, and all services are provided free of charge to LCCC students.

LARAMIE COUNTY COMMUNITY COLLEGE
MISSION, VISION AND VALUES

The mission of Laramie County Community College is to transform our students' lives through the power of inspired learning.

The campus community of Laramie County Community College (LCCC) is bound by a basic understanding that our students, regardless of how they arrive at LCCC, yearn for a better life by engaging in the process of higher education. We are compelled to aid this transformation by offering diverse educational experiences designed to be inspirational for all those involved in the learning process. While we recognize our work is diverse, the entirety of the work we do is grounded in the four foundational elements of the comprehensive community college mission:

1. To prepare people to succeed academically in college-level learning (academic preparation)
2. To engage our students in learning activities that will prepare and advance them through the pursuit of a baccalaureate degree (transfer preparation)
3. To develop individuals to enter or advance in productive, life-fulfilling occupations and professions (workforce development)
4. To enrich the communities we serve through activities that stimulate and sustain a healthy society and economy (community development)

Vision
The Big Goal
We aspire toward outstanding achievement in teaching and learning, degree completion, transfer success, workforce success, equity for all student populations, leadership and institutional culture. Our big goal is to be recognized for these levels of excellence as a finalist for the Aspen Prize for Community College Excellence on or before 2030.

Vision Statement
In the future we are no longer the best kept secret in the Rocky Mountain West. Our frontier mentality will not allow us to be encumbered by habits of old constructs. Rather, we are engineered to be nimble, driven towards innovation, striving to make the impossible, possible. Students and partners seek us because of what we do and what we offer. Our enrollment will reach record levels as a result of deeper engagement, an identifiably different student experience, and the value proposition of our programs and services. We will achieve equitable outcomes for all students, leading to good jobs and/or transfer with advance standing at our university partners. In turn, our region's economy will be diversified in large part because of LCCC's leadership. We intentionally catalyze change.

Values
Core Values – At LCCC, we believe our core values are inherent in the cultural fabric of the College and could not be extracted in any way. They define who we are and how we behave as a community.

- **Authenticity:** With purpose and without pretense, we are steadfast in our dedication to deliver on a promise, product, or service meeting the needs of individuals we serve.
- **Desire to Make a Difference:** We engage in and pursue our goals for the opportunity to create better lives, better communities, and a better world for those who are here today and the generations that follow.
- **Passion:** Our institution is wholly dedicated to engaging in our work, sharing our beliefs, and debating the merits of any course of action as we strive to transform our students' lives through inspired learning.
- **Openness:** We are committed to transparency through shared governance, where our best work fosters a culture of trust and respect as a college of choice.

Aspirational Values – We readily admit to a mismatch between our desire for these VALUES and their existence at the College. However, our strong aspiration for these values will shape the actions we take to ensure their universal presence at LCCC into the future.

- **Commitment to Quality:** We are committed to promoting a culture of evidence that compels us to continuously strive for greater competence, productivity, and excellence in serving our students and community.
- **Inclusion:** Leveraging the diversity of our talents, we engage in the practice of wide-ranging, open-minded discourse with civility and respect. Our work is objectively grounded in what is best for our community and the provision of equitable opportunity for all.
- **Innovative Agility:** We embrace the notion of adaptability, where our curiosity leads to forward-looking and unique actions. We are unencumbered by convention, endeavoring to discover improved ways of serving our students and community. We strive to make the impossible possible.

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
MISSION, VALUES AND GOALS

The mission of the Radiography Program at Laramie County Community College is to transform students' lives by providing a high-quality education in medical radiography. The program is committed to preparing professional and competent registered radiologic technologists positioned to advance and lead into the future.

Values Statement
As an integral part of the Laramie County Community College and the local medical community, those who teach, advise, and learn in the Radiography Program are committed to the following values which guide and judge our behaviors.

1. **Academic and Clinical Excellence** - We believe that the program must maintain a climate which promotes and sustains student academic and clinical achievement by providing safe and up-to-date learning environments with a variety of challenging objectives and competencies. We support all students and faculty as they aspire to achieve the highest performance levels possible.
2. **Integrity and Honesty** - All individuals associated with, or who come in contact with anyone associated with the program, are entitled to fair and honest communication, professional and ethical behavior. This includes maintaining appropriate professional relationships, respecting the confidentiality of patients and students, and following the American Registry of Radiologic Technologists (ARRT) Code of Ethics.
3. **Respect for Diversity** - We expect and strive for the mutual respect of diverse cultures, opinions, and viewpoints, recognizing that all patients, peers, faculty, and staff have the right to be heard and treated with an open and caring attitude.

Goals/Outcomes
Graduates will be able to:

1. Practice as a clinically competent entry-level radiologic technologist.
    Outcomes: Students will:
        A. Produce diagnostic quality radiographs.
        B. Provide effective patient care.
        C. Demonstrate expertise in principles of radiation protection and safety.
2. Demonstrate critical thinking skills to implement appropriate solutions.
    Outcomes: Students will:
        A. Modify imaging parameters for all patient situations.
        B. Utilize a structured imaging analysis process to improve diagnostic quality
        C. Troubleshoot common issues related to image acquisition, processing, and transmission to PACS.
3. Employ effective communication skills as a healthcare professional.
    Outcomes: Students will:
        A. Apply professional written communication skills.
        B. Utilize effective communication skills appropriate for an intended audience.
4. Model professional behavior consistent with the ARRT Code of Ethics.
    Outcomes: Students will:
        A. Conduct themselves in a professional manner within recognized ethical standards.
        B. Interact appropriately within a healthcare setting regardless of personal attributes or condition.

(5/2025)

Strategies

To achieve its mission and outcomes, the program and its personnel will strive to:

1. Conduct continuing assessment of student and employer needs in the field of radiography.
2. Maintain and enhance partnerships with pertinent health care institutions, including institutions offering specialized and/or advanced training in the imaging sciences.
3. Prepare students for a technologically changing workplace by providing instruction, equipment, and clinical experiences utilizing current and future technologies.
4. Appoint and retain high-quality faculty and clinical supervisors.
5. Offer a comprehensive and up-to-date radiography curriculum as suggested by the fields recognized professional organizations including, but not limited to: the ASRT, ARRT, and the JRCERT.
6. Regularly and consistently, evaluate student's competencies in proper positioning techniques, technical factor selection, radiation protection, patient care and safety, in addition to the various specific cognitive and affective domain objectives in the program.
7. Maintain a safe instructional environment that encourages personal growth, recognizes academic achievement and provides adequate support mechanisms to further foster student success.
8. Provide opportunities for students to attend and participate in local and regional professional meetings and educational seminars while in the program.
9. Address short-term and long-term continuing education needs of current and future imaging science practitioners in the community.

INTRODUCTION

All students in the Radiography Program at Laramie County Community College will assume the responsibility for observing the college rules and regulations as stated in the current college catalog and the student handbook for the program. Each clinical affiliate has rules and regulations that must be observed while the student is assigned to a particular affiliate.

Failure to comply with these rules and regulations will adversely affect student evaluations. Dismissal from the Radiography Program may result if, after counseling, the student fails to correct the errors.

When accepted as a student in the Radiography Program, the student has also accepted a commitment to this five consecutive semester program to become eligible to sit for the national certification examination.

All affiliate personnel, having a direct role in the education and training of the students, are required to observe the policy guidelines contained in this handbook. Each hospital and clinic radiology department will provide a Clinical Supervisor who will have primary responsibility for student supervision during clinical rotations.

All Clinical Supervisors work in conjunction with, and should maintain constant communication with, the Clinical Coordinator.

The Radiography Program has been developed following the guidelines set forth by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The college is proud of the high standards of the program. The responsibility for maintaining these standards lies with the students, Clinical Supervisors, Administrative Technologists, Clinical Coordinator, and ultimately the Program Director and the administration of LCCC.

The Program Director reserves the right to revise or amend program policies at any time.

STUDENT RIGHTS AND RESPONSIBILITIES

Institutional Guidelines

Laramie County Community College will establish standards and regulations, which will be designed to ensure unimpeded college functions and activities and to maximize the learning environment on campus.

Each student enrolling in the college assumes an obligation to conduct himself or herself in a manner compatible with the college's function as an educational institution. Conduct which is not compatible is specified in this policy and the student may be subject to disciplinary proceedings, most of which will be conducted as *administrative* proceedings, will be to help a student avoid further inappropriate behavior and become a responsible member of the college community. All deadlines outlined in the college's general student handbook are included to ensure fair and equitable treatment for both the student and the college and be waived by the Vice President of Student Services.

LCCC Radiography Program

The Radiography Program has established standards to ensure that all of its students graduate with a high level of competency and the ability to elevate the public image of the profession.

Each student accepted into the program assumes an obligation to conduct himself or herself in a manner compatible with this goal. Conduct which is found to not be compatible with program goals and policies may be subject to disciplinary action.

A. Clinical and Academic Rights: A student will have a right to:
    1. Be informed of the policies and procedures of the program and its clinical affiliates.
    2. Be informed of specific Radiography course requirements.
    3. Be evaluated objectively on the basis of his/her academic and/or clinical performance and as outlined on the syllabus for a given course.
    4. Experience competent instruction, in both the academic and clinical settings.
    5. Expect protection against an instructor's or clinical supervisor's improper disclosure of a student's views, beliefs, or other information which may be confidential in nature.
    6. Expect protection, through established procedures, against prejudiced or capricious evaluation.
B. Student Academic and Clinical Responsibilities: A student will have the responsibility to:
    1. Further inquire about program policies if he/she does not understand them or is in doubt about them.
    2. Adhere to the standard of academic and clinical performance as outlined in the Radiography Student Handbook.
    3. Diligently adhere to the program and policies and procedure as outlined in the Radiography Student Handbook.
    4. Adhere to the policies and procedures of each clinical rotation he/she may be assigned to.
    5. Pursue the proper due process (grievance) procedure as outlined in both the Radiography Student Handbook and LCCC's Student Handbook if he/she believes his/her academic or clinical rights have been violated.
    6. Complete all program course work and clinical assignments in the specific semester allotted, subject to time and facility constraints, and as outlined in the Radiography Student Handbook, clinical calendars, and individual course syllabi.
C. Rules of Ethics

    Students must comply with the "Rules of Ethics" contained in the ARRT Standards of Ethics. The Rules and Ethics are standards of minimally acceptable professional conduct for all Registered Technologists and applicants. The rules of Ethics are intended to promote the protection, safety, and comfort of patients. Registered Technologists and applicants engaging in any of the conduct or activities noted in the Rules of Ethics, or who permit the occurrence of said conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described. One issue addressed by the Rules of Ethics is the conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations. All alcohol- and/or drug-related violations must be reported. Conviction as used in this provision

includes either a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is withheld or not entered or a criminal proceeding where the individual enters a plea of guilt or no contest. All potential violations must be investigated by the American Registry of Radiologic Technologists (ARRT) in order to determine eligibility.

Registered technologists and applicants who violate the Rules of Ethics must provide the ARRT with a written explanation, including court documentation of the charges, with the application for examination. The court documentation must verify the nature of the conviction, the nature of the sentence imposed by the courts, and the current status of the sentence. If an applicant is convicted between the time of application and the exam administration date, it is the applicant's responsibility to inform the ARRT immediately and begin the review process. Additional information may be found in the ARRT Rules and Regulations and in the ARRT Standards of Ethics (See the Appendix section of this handbook.) These can also be obtained from the ARRT at www.arrt.org.

Individuals who have violated the Rules of Ethics may request a pre-application review of the violation in order to obtain a ruling of the impact on their eligibility for ARRT examination. The individual may submit a pre-application form at any time either before or after entry into an approved educational program. This review may enable the individual to avoid delays in processing the application for examination that is made at the time of graduation. The pre-application must be requested directly from ARRT. Submission of the pre-application request form does not waive the application for examination, the examination fee, the application deadline or any other application procedures. Individuals who receive a pre-application clearance from the ARRT are responsible for submitting this document with their ARRT exam application at the conclusion of the program.

ESTIMATED EXPENSES/FINANCIAL AID

Tuition and fees can be found in the college catalog.

Additional Fees:

Program Fee (per semester)	$255
Immunizations	$150
Background Check and Drug Screening Costs (approximate)	$217
Books (approximate)	$700
Online Clinical Management System	$150
Uniforms and Shoes	$150
Radiography Student Club Dues and Fees	$60
ARRT Certification Examination Fee	$225
Wyoming Licensure Fee (after graduation)	$225

A financial aid officer in the Student Services area will be willing to discuss assistance in the form of scholarships, grants, employment, and loans. For more Financial Aid information, call (307) 778-1265.

There are also scholarships available through the LCCC Foundation and the Wyoming Society of Radiologic Technologists (WSRT). The radiography faculty at the college can provide some information regarding these special grants.

ADMISSION POLICIES

Radiography Program Admission Policy

The Radiography Program admits a new cohort each fall semester through a competitive selection process open to all academically qualified applicants. Program capacity is limited to 16–18 students, depending on clinical site availability. This limitation ensures compliance with the student-to-preceptor ratio standards set by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Applicants must complete the LCCC Health Sciences & Wellness (HSW) Common Program Application. New applications are available each January for fall program entry and can be found at: Apply to the Radiography Program

Note: *Academically qualified students are those who have completed the prerequisites or are in-progress of completing the necessary prerequisite courses with a grade of "C" or better, have been accepted to LCCC, and have a minimum 2.5 grade point average (GPA) in the overall prerequisites, general education courses, and support courses.*

Radiography Program admission is contingent upon successful completion of any in-progress prerequisites. Failure to successfully complete these courses will result in the voiding of admission. In the event an in-progress, non-prerequisite general education or support course is/are not successfully completed, the points awarded for that course in the applicant's final score will be revoked. This adjustment may result in loss of accepted status.

Program Prerequisites

- ENGL 1010 – English Composition I (3 credits)
- STRT 1000 – Strategies for Success (3 credits)
- ZOO 2015 – Human Anatomy (4 credits)
- HLTK 1600 – Patient Skills (3 credits)
- HLTK 1200 – Medical Terminology (2 credits)
- MATH 1000 – Problem Solving (3 credits)
- ZOO 2025 – Human Physiology (4 credits)

General Education

- COMM 1015 – Foundations of Communication (3 credits)
- Approved U.S./Wyoming Constitution course (3 credits)

Eligible Support Courses

- HLTK 2300 – Healthcare Ethics (3 credits)
- PSYC 1000 – General Psychology (3 credits)
- PHYS 1050 – Concepts of Physics (4 credits)

Notes: ZOO 2015, ZOO 2025, and HLTK 1600 must have been successfully completed within five (5) years prior to entry into the program.

Radiography Program Admission Procedure

For the most current and accurate application information, please refer to the official website (Apply to the Radiography Program). The details provided below are for reference purposes.

1. Apply to Laramie County Community College prior to applying to the Radiography Program.
    a. If you are a current student or have taken courses at LCCC within the last semester, you do not need to reapply to LCCC.
2. Complete prerequisite courses (listed above)
3. Complete the Health Sciences & Wellness Programs Application by the advertised deadline
    a. Applications for the Radiography Program require eight (8) hours of observation in a radiology department prior to the application deadline. A link to the observation form will be available on the program's webpage and must be completed and received by the Program Director by the application deadline.

Student Selection

The selection process for the Radiography Program is point-based. The following table provides an example of the scoring process. **For the most current and accurate application information, please refer to the official website (Apply to the Radiography Program). The details provided below are for reference purposes.** Applicants will be evaluated on completeness of their application and the score will be a weighted average of the following criteria:

Example Scoring Table			
Item		Weight	Points
Completion of Prerequisites		40%	100
Relevant Coursework Cumulative GPA (Must be 2.5 or higher)		15%	4.0 = 100
			3.75 = 95
			3.5 = 90
			3.25 = 85
			3.0 = 80
			2.75 = 75
			2.5 = 70
Observation Score		15%	60
Average of 3 References		10%	55
Average Essay Score (6 total reviewers)		20%	30
Total		100%	
Extra Points	Work Experience		Healthcare: 1
			General: 0.5
	Eligible Support Courses		1/course: Max 6
	Returning Applicant		1.5
Max Total Score			108.5

After the initial accepted applicants are identified, ten alternates will be selected based on scoring order. Successful applicants and alternates will be notified by mid-April. In the event a position opens, the next highest scoring applicant will be notified of their acceptance.

Upon conditional acceptance to the Radiography Program, proof of the following additional requirements must be submitted to the Radiography Program by the dates stipulated in the Program Welcome letter.

1. Final transcripts showing a "C" or better in all in-progress coursework;
2. Acceptable report of the background check and any required drug screenings;
3. A completed physical examination form including vision screening and the documentation verifying current vaccinations and/or titers, as required by clinical partners (Hepatitis B, Mumps, Rubella, Rubeola, PPD, Diphtheria-Tetanus, Varicella, Influenza);
4. Current certification in "CPR for the Healthcare Providers (BLS)"

In addition, due to Health Sciences & Wellness Division policies at LCCC and clinical site requirements, accepted students may become subject to annual and/or random urinalysis drug screenings prior to and/or during clinical education rotations or for reasonable cause. If required, any associated fees will be the responsibility of the student. Testing positive on the drug screening, or evidence of tampering with a specimen, will disqualify a student from participation from clinical assignment.

NOTE: Applicants who have been convicted of a felony, gross misdemeanor, or misdemeanor (or a plea of guilty or nolo contender ["No Contest"] has been entered) should request a copy of a letter concerning his/her eligibility status for licensure from the Wyoming State Board of Radiologic Examiners and the American Registry of Radiologic Technologists as soon as possible. The Wyoming State Board of Radiologic Examiners can deny licensure if the Board feels that such denial is in the public's interest. The American Registry of Radiologic Technologists can also deny certification for the same reasons. Forms and the steps to complete this process can be found at www.arrt.org.

Transfer Students

A student wishing to transfer to LCCC's Radiography Program must submit the following and meet the following criteria:

1. Submit a letter of request.
2. Submit a completed Radiography Program Application.
3. Submit transcripts of all prior course work taken. Only those science, math and radiography courses taken within five years of the entry date may be accepted.
4. Submit three references from the institution that the student is transferring from, including one from a prior Radiography Program Director/Coordinator.
5. Successfully complete a competency test given by the Program Director and Clinical Coordinator with a minimum of 75%. (See Testing Requirements.)
6. Successfully complete a didactic test with a minimum score of 75%. Due to the sequential nature of the Radiography curriculum, it is essential that the subjects covered prior to the semester the student wishes to reenter be mastered. A score of less than 75% would indicate the student may need to enter at a lower level than he/she is applying for.
7. All transfer requests must be received in writing and sent to the Program Director according to the following schedule:

TO ENTER:	APPLY BY:
Fall Semester	March 1
Spring Semester	November 1
Summer Semester	March 1

Each student will be evaluated on a case-by-case basis. Prerequisites and other courses in the curriculum are only eligible for transfer credit from regionally-accredited institutions and/or JRCERT-accredited programs. All transcripts will be evaluated by LCCC's Registrar and the Program Director for transfer credit and advanced placement. **Transfer acceptance will be subject to:** program capacity requirements, a review of completed pertinent course work, competency test scores, cumulative GPA, references from the **prior** institution, and the didactic test scores.

Transferring students will be subject to the policies and the curriculum of the class to which they are being admitted. The transferring student must also comply with the minimum entry requirements of the class he/she wishes to enter.

Students Desiring Readmission

A student who wishes to reenter the program must follow the procedures and satisfy the following criteria outlined below.

1. Submit a letter of request.
2. Submit an updated Radiography Program application.
3. Submit up-to-date transcripts. Only those science, math and radiography courses taken within five years of the reentry date may be accepted; thus, a student must reenter within five years to achieve the same student status he/she had attained at his/her time of departure.
4. Successfully complete a competency test given by the Program Director and Clinical Coordinator with a minimum of 75%. (See Testing Requirements.)
5. Successfully complete a didactic test with a minimum score of 75%. Due to the sequential nature of the Radiography curriculum, it is essential that the subjects covered prior to the semester the student wishes to reenter be mastered. A score of less than 75% would indicate the student may need to enter at a lower level than he/she is applying for.
6. All requests for readmission must be received in writing and sent to the Program Director according to the following schedule:

TO ENTER:	APPLY BY:
Fall Semester	March 1
Spring Semester	November 1
Summer Semester	March 1

NOTE: A student will be readmitted only once. Each student will be evaluated on a case-by-case basis. **Readmission will be subject to: Program capacity requirements, didactic and competency test scores, elimination of problems which led to student's previous departure from the program, the satisfaction of any requirements outlined in a dismissal document, (if applicable), and the completion of prior coursework.**

Returning students must comply with the minimum entry requirements of the class they wish to enter and are also subject to the policies and curriculum of the class to which they are being readmitted.

Testing Requirements for Transfer and Reentering Students

All applicants wishing to transfer or reenter at any level above the first semester of the Radiography Program will be required to satisfactorily complete didactic and competency testing. This is to ensure that the student reenters or transfers at the appropriate level of knowledge and skills he/she has thus far mastered.

1. Didactic Testing
   The level of testing to be completed will be determined by the semester the student is desirous of entering. Items tested will be drawn from the coursework covered in LCCC's radiography curriculum **up to** that level. For example, if a student wishes to enter the Summer I semester, he/she must pass a didactic test containing items covering Patient Skills, Introduction to Radiography, Radiation Protection and Biology, Radiographic Imaging I, and Anatomy and Positioning of the chest, abdomen, extremities, bony thorax, spine, pediatric, geriatric, portable examinations, and contrast studies. For the radiography curriculum, see "Program and Curriculum Information." The didactic test score must be 75% or more for the student to be admitted/readmitted.
2. Competency Testing
   A clinical competency test will be administered by both the Program Director and Clinical Coordinator to all transferring and reentering students. Similar to the didactic examination, items tested will be drawn from LCCC's radiography curriculum up to that point. For example, if a student is applying to transfer at the Fall II semester level, he/she would be tested for competency in the following categories: chest, abdomen, upper and lower extremities, bony thorax, spine, pediatric, portable examinations, contrast and fluoroscopy studies. An average score of 75% or better must be achieved in this area for the student to be admitted or readmitted at the level requested. Grading will be based on the scores given on the Clinical Competency Evaluation form (See the Forms section of this handbook).

PROGRAM AND CURRICULUM INFORMATION

Degree Awarded
Associate Degree in Applied Science (A.A.S.)

Academic Standards
Radiography students must maintain a 2.5 cumulative grade point average.

All RDTK courses must be taken in the appropriate sequence during the designated semester.

Students receiving a grade less than a "C" in any course in the Radiography curriculum which does not carry the RDTK prefix will be required to repeat the course (or an acceptable alternative). If a student receives a grade lower than a "C" in a repeated course, he/she will be subject to dismissal from the Program.

Students receiving a grade less than a "C" (75%) in any course with the RDTK prefix will be dismissed from the Program.

Grading System
Grades for regular college courses will be determined by the appropriate instructors. Grades for radiography classes will be determined by the program instructional staff. Clinical education grades will be determined by clinical supervisors and the clinical coordinator.

At the end of each clinical semester (beginning in the Spring I semester), all students will be scheduled for a comprehensive positioning competency examination developed by the college faculty.

All regular clinical course grades will be based upon three criteria, weighted toward the final average as follows:

Cumulative Clinical Objective Evaluations……40%
Cumulative Monthly Clinical Education Evaluations……40%
Comprehensive Final Positioning Competency Examination..…… 20%

The Radiography Program uses the following letter grading system for all RDTK courses:

92 - 100% ..... A
83 - 91% ..... B
75 - 82% C
< 74% ..... F

The Radiography Program courses use an online learning management system (EX: Canvas) to track and assign all course grades following Laramie County Community College's policies. Using this online grading system allows students to see and monitor their academic progress and cumulative course grade continuously throughout the course, in addition to receiving formal mid-term and final course grades through Self-Service/myLCCC.

Students having trouble with grades should discuss them with the instructor as soon as possible in the semester. NOTE: Probation, unsatisfactory performance contract conditions, or other disciplinary actions taken will automatically take precedence when the final grade is computed.

ADA Policy
The program follows the College's ADA policy which is outlined below and published in each course syllabus.

Students with disabilities requesting reasonable accommodations are encouraged to visit the Office of Student Accommodation (OSA) staff in Pathfinder 207 or by contacting the OSA Coordinator at 307.778.1359. Without prior approval by the OSA, accommodations cannot be provided by a course instructor or the program. (5/2023)

In addition, the program has drafted and published Technical Standards specific to the performance of the duties of the radiographer.

Program Technical Standards

The program has drafted and published Technical Standards which are non-academic criteria that are specific to the performance of the duties of a radiographer. Graduates of this program, as an entry-level radiographer, will be able to provide quality patient care and will be able to perform quality radiographic examinations with minimal radiation exposure to the patient and themselves in the full range of diagnostic procedures such as the skull, chest, bone, gastrointestinal, genitourinary, bedside exams, and surgical procedures. On occasion, the job may also require the ability to tolerate physical and mentally taxing workloads. The ability to adapt to changing environments, display flexibility, and function effectively under stress and in uncertain conditions are also important job requirements. In order to satisfy the requirements of the position and those of the program, certain essential functions must be performed in a satisfactory manner.

These are outlined below for your review.

The student must have the ability to:

1. Analyze and comprehend medical and technical materials and instructions;
2. Communicate efficiently with patients and various members of the healthcare team; including the ability to perceive nonverbal communication;
3. Set up and manipulate x-ray equipment in a safe, reliable, and efficient manner;
4. Practice and apply appropriate radiation protection and safety measures;
5. Perceive the relationships of internal organs, the x-ray tube, and image receptor in order to obtain radiographs of diagnostic value;
6. Adjust machine controls and arrange and adjust various radiographic support devices;
7. Handle radiographic image receptors and process and send digital radiographic images using computer networks;
8. Perform reaching, lifting, and bending in order to assist or move patients and equipment in a safe, reliable, and efficient manner, with or without assistance;
9. Recognize and respond to adverse changes in patient condition, including those requiring emergency medical intervention;
10. Evaluate radiographs to determine their acceptability for diagnostic purposes;
11. Prepare and maintain radiologic reports and records; and
12. Respect the confidentiality of patients and demonstrate integrity, a motivation to serve, and a concern for others.

If the applicant is unable to perform any of the designated tasks, upon request LCCC will make reasonable accommodations if these accommodations do not constitute an undue hardship on LCCC and that those accommodations do not interfere with the performance of any essential functions of a radiographer's duties.

STUDENT HEALTH AND SAFETY
INSURANCE COVERAGE, STUDENT HEALTH, AND OTHER SAFETY POLICIES

A. LIABILITY: The College maintains liability insurance for all students and staff while working in the clinical education centers.

B. HEALTH: Students are encouraged to carry their own health insurance.

LCCC provides an on-site health clinic staffed at least once a week in the evenings by residents from the University of Wyoming Family Medicine. Students have the option to visit the free Student Health Clinic in the College Community Center, Room 129. The website link provides the most current information on their hours of operation each semester (https://www.lccc.wy.edu/services/student-

health-services/), Students may also visit UW Family Medicine at 821 E. 17th Street in Cheyenne during normal business hours Monday-Friday. Fees for the clinic are based on a sliding scale. For more information, contact UW Family Medicine at 307.632.2434.

C. WORKER'S COMPENSATION: Students enrolled in the Radiography Program are not employees of the clinical education site and are therefore NOT covered by the Worker's Compensation Act.

D. ACCIDENTS/INJURIES: Students must fill out a written incident report immediately following any accident or injury (see Forms section). In addition, a hospital incident report form must be completed. Forms vary in the different clinical education sites and the administrative technologist and the Program Director must be notified, no matter how minor it may seem. Sending a copy of the incident report to the Program Director will satisfy this requirement.

   If a student is injured and requires treatment, clinical site policy will prevail. All costs for any treatment received will be borne by the student.

E. ISOLATION AND COMMUNICABLE DISEASES: Students are not to enter isolation rooms alone. They may assist a staff technologist in an isolation room. During the first semester of training, the student will receive instruction in isolation techniques and precautions and it shall be the responsibility of each student to review these periodically throughout the training period. As a matter of hospital policy, many hospitals have established, as mandatory, the wearing of non-sterile vinyl gloves whenever there is any contact with body fluids.

   In addition to these precautions, all students must have completed the Hepatitis B vaccine series by the Spring 1 Semester. This requirement is for the student's protection and is the result of OSHA regulations. The student will be made aware of individual clinical site policies during orientation and must conform to them.

   If a student has been accidentally exposed to a communicable disease, he/she shall report it immediately to the clinical supervisor and the clinical coordinator and complete a program Incident Report Form (see the Forms section). Appropriate measures will be taken. Each student is required to adhere to the Communicable Disease Policy in the Clinical Education Center to which they are assigned and to the LCCC policy found in the student handbook.

F. EMERGENCIES: Students are to follow each clinical site's safety policies, including any hazardous weather precautions or other emergencies. These are covered as part of the student's annual CHESS (Cheyenne Health Education Shared Services) safety review and test and as part of the student's orientation to the clinical site at the start of each rotation.

   On campus, Campus Safety and Security is responsible for enforcing campus regulations, monitoring public safety, and providing emergency first aid care. They may be reached 24 hours a day at 307.630.0645; telephones and/or "blue light" call boxes are located in every classroom and in the parking lots. In the event of a campus emergency and/or evacuation, students are to follow campus policies and any instructions provided by campus personnel. In addition, all students must sign up for text message emergency alerts through "Rave" in Self-Service/myLCCC to ensure timely notification of campus closures and other emergencies.

MAGNETIC RESONANCE IMAGING (MRI) AND FERROMAGNETIC SAFETY POLICY

Students are advised that although the majority of their observation and clinical experience will be in general diagnostic radiology, they may be provided with the opportunity to observe, tour, or complete a special rotation in the Magnetic Resonance Imaging (MRI) area. In order to ensure student safety, and the safety of others in the department, it is important that students respect the following rules at all times while in the MRI environment:

1. Each facility's MRI clinical and safety policies and screening requirements must be followed and completed.
2. Do not enter the MRI suite (Zones 3 and 4) unless cleared and accompanied by an MRI technologist.
3. Assume the magnet is always ON.
4. Carrying ferromagnetic items or equipment into the MRI suite is strictly prohibited because these items can become projectiles, causing serious injury or death and/or equipment failure. These items include, but are not limited to: most metallic items, such as oxygen tanks, wheelchairs, carts, monitors, IV poles, laundry hampers, tools, and furniture.
5. Personal ferromagnetic items must be removed prior to entering the MRI room. These items include, but are not limited to: purses, wallets, money clips, credit cards or other cards with magnetic strips, electronic devices such as cell phones, hearing aids, metallic jewelry (including all piercings) and watches, pens, paper clips, keys, nail clippers, coins, pocket knives, hair barrettes, hairpins, shoes, belt buckles, safety pins, and any article of clothing that has a metallic zipper, buttons, snaps, hooks, or under-wires.
6. If applicable, disclose or ask about all known indwelling metallic device(s) or fragment(s) to the supervising technologist or program faculty prior to entering an MRI scan room to prevent internal injury as described below.

In addition to the personal items listed, **students are advised that any metallic implants, bullets, shrapnel, or similar metallic fragment in the body pose a potential health risk in the MRI suite** because they could change position in response to the magnetic field, possibly causing injury. In addition, the magnetic field of the scanner can damage an external hearing aid or cause a heart pacemaker to malfunction.

Examples of items that may create a health hazard or other problems in the MRI examination room include:

• Cardiac pacemaker, wires, heart valve(s) or implanted cardioverter defibrillator (ICD)
• Neurostimulator system
• Aneurysm clip(s)
• Metallic implant(s) or prostheses
• Implanted drug infusion devices
• History of welding, grinding or metal injuries of or near the eye
• Shrapnel, bullet(s), BB's, or pellets
• Permanent cosmetics or tattoos (if being scanned)
• Dentures/teeth with magnetic keepers
• Eye, ear/cochlear, or other implants
• Medication patches that contain metal foil (i.e., transdermal patch)

Items that are allowable in the MRI suite that generally do not pose a hazard to the student or other persons include:

- Intrauterine devices (IUD's)
- Gastric bypass devices (lap bands)
- Most cerebrospinal fluid (CSF) shunts

The presence of in-dwelling or external ferromagnetic devices or objects does not disqualify a student from entering the Radiography Program. However, accepted students will be required to complete the following MRI Safety Clearance Form as part of the pre-entrance physical and at the beginning of the Fall II semester to verify that it is either: 1) Safe for you to enter the scan room's magnetic field, or 2) Ensure

that a radiography student with any indwelling or external ferromagnetic devices or objects is not inadvertently placed at risk during their clinical rotations while in the program.

For more information regarding MRI Safety, please refer to the American College of Radiology's (ACR) MR Safety Guidelines available at: http://www.acr.org/quality-safety/radiology-safety/mr-safety.

LCCC RADIOGRAPHY PROGRAM CURRICULUM

- GPA 2.5 or above

Prerequisites	Credit Hours
ENGL 1010 – English Composition	3
STRT 1000 – Strategies for Success	3
HLTK 1600 – Patient Skills	3
ZOO 2015 – Human Anatomy[1]	4
ZOO 2025 – Human Physiology[1]	4
HLTK 1200 – Medical Terminology	2
MATH 1000 – Problem Solving	3
TOTAL:	**22**

- [1]Anatomy/Physiology courses must be five years current.
- General Psychology (PSYC 1000), Concepts of Physics (PHYS 1050), and Healthcare Ethics (HLTK 2300) are recommended as supplemental courses, but are not required.

FIRST YEAR

Fall Semester (MWF Classes)

RDTK 1503	Introduction to Radiography (Includes clinical hours)	4 hours
RDTK 1620	Radiation Biology and Protection	3 hours
COMM 1015 OR 2010	Foundations of Communication OR Public Speaking	3 hours
U.S./WY Constitution	Choose from approved U.S./WY Constitution courses	3 hours
		13 hours

** (Clinical: Last 7-8 weeks, TTH 12 hours/week = 72 hours)

- Students who do not complete ENGL 1010 as a prerequisite course must complete this course during the first fall semester of the program.
- Students starting the Radiography, AAS in fall 2025 will complete HLTK 1600 or RDTK 1520 during the first fall semester of the program instead of as a prerequisite course.

Spring Semester (MWF Classes)

RDTK 1610	Radiographic Imaging I	3 hours
RDTK 1611	Radiographic Imaging Lab I	1 hour
RDTK 1583	Radiographic Procedures I	3 hours
RDTK 1584	Radiographic Lab I	1 hour
RDTK 1590	Clinical Education I	4 hours
		12 hours

** (Clinical: TTH 12 hours/week = 180 hours)

Summer Semester (TTH Classes)

RDTK 1683	Radiographic Procedures II	3 hours
RDTK 1684	Radiographic Lab II	1 hour
RDTK 1713	Clinical Education II	4 hours
		8 hours

** (Clinical: MWF 24 hours/week, plus 16 shift work hours = 180 hours)

SECOND YEAR

Fall Semester (TTH Classes)

RDTK 2583	Radiographic Procedures III	3 hours
RDTK 2584	Radiographic Lab III	1 hour
RDTK 2623	Radiographic Equipment, Digital Imaging, and Quality Assurance	3 hours
RDTK 2624	Radiographic Lab IV	1 hour
RDTK 2510	Clinical Education III	7 hours
		15 hours

** (Clinical: MWF 21 hours/week = 315 hours)

Spring Semester (TTH Classes)

RDTK 2630	Radiographic Pathology	1 hour
RDTK 2603	Survey of Technical Specialties	2 hours
RDTK 2900	Radiography Seminar	4 hours
RDTK 2613	Clinical Education IV	7 hours
		14 hours

** (Clinical: MWF 21 hours/week = 315 hours)

TOTAL PROGRAM CREDIT HOURS REQUIRED: 65

TOTALS

- Program Credit Hours: 62 hours
- Prerequisites 22 hours

TOTAL: **84 hours**

- **Total Clinical Hours = 1,062 hours

Generally, all clinic hours are completed during daytime hours between 7:00 AM and 7:00 PM, depending upon each clinical rotation assignment. Summer shift work hours are to be completed on weekends and/or evenings outside the normal daytime clinical assignment hours. Clinical hour totals shown are **approximate and may vary slightly because of scheduled college holidays/planning days.

(5/2025)

ABOUT THE PROFESSION

The curriculum of LCCC's Radiography Program as previously outlined has been developed to ensure that students are well-qualified for their chosen profession and to meet the accreditation guidelines as set forth by the Joint Review Committee on Education in Radiologic Technology (JRCERT) (see address below). The following occupation description has been reprinted from the Allied Health Education and Rehabilitation Professions Directory.

Radiographer

Occupational Description: Radiographers use radiation equipment to produce images of the tissues, organs, bones, and vessels of the body, as prescribed by physicians, to assist in the diagnosis of disease or injury. Radiographers continually strive to provide quality patient care and are particularly concerned with limiting radiation exposure to patients, themselves, and others. Radiographers use problem-solving and critical-thinking skills to perform medical imaging procedures by adapting variable technical parameters of the procedure to the condition of the patient.

Job Description: Radiographers apply knowledge of anatomy, physiology, positioning, radiographic technique, and radiation biology and protection in the performance of their responsibilities. They must be able to communicate effectively with patients, other health professionals, and the public. Additional duties may include evaluating radiologic equipment, conducting a radiographic quality assurance program, providing patient education, and managing a medical imaging department. The radiographer must display competence and compassion in meeting the special needs of the patient.

Employment Characteristics: Radiographers are employed in health care facilities— including hospitals, specialized imaging centers, urgent care clinics, and private physician offices—and as educators or imaging department administrators. Forty-five states require licensure as a condition of practice.

Career Outlook: According to the US Department of Labor, Radiologic Technology is expected to "grow faster than average" with an increase of 6% expected between 2023 and 2033 due to the aging population retiring and increased demand for diagnostic imaging. http://www.bls.gov/ooh/healthcare/radiologic-technologists.htm)

Additional information about the profession can be found by contacting the following professional organizations.

American Society of Radiologic Technologists
15000 Central Avenue SE
Albuquerque, NM 87123
www.asrt.org

American Registry of Radiologic Technologists
1255 Northland Drive
St Paul, MN 55120
www.arrt.org

Joint Review Committee on Education in Radiologic Technology
20 N Wacker Drive, Suite 2850
Chicago, IL 60606-3182
www.jrcert.org

CLINICAL EDUCATION COMPONENT

Personnel

Program Director – College faculty member responsible for the general policy and function of the program.

Clinical Coordinator – College faculty member responsible for overall supervision of the clinical education system of the program.

Clinical Supervisor – Site employee responsible for the direct supervision of students in the clinical setting.

Administrative Technologist – Site employee responsible for general function of the radiology department.

Clinical Education Centers

BestMed Urgent Care
1919 Central Avenue
Cheyenne, WY 82070
(307) 514-9888

3435 N. College Drive, Suite A
Cheyenne, WY82001
(307) 456-1919

BestMed Urgent Care utilizes digital radiography and offers students the opportunity to practice a wide variety of x-rays, patient care skills, and venipuncture.

Cheyenne Radiology Group
2003 Bluegrass Circle
Cheyenne, WY 82009
(307) 432-3936

Cheyenne Radiology Group (CRG) provides a complete array of imaging services, including digital radiography, CT, MRI Ultrasound, and Nuclear Medicine. Cheyenne Women's Imaging Pavilion is also housed on-site providing mammography and DEXA experiences for students.

Cheyenne Regional Medical Center
214 E. 23rd Street
Cheyenne, WY 82001
(307) 633-7812

Cheyenne Regional Medical Center (CRMC) is equipped with one completed digital R&F room, two digital radiography rooms, one special procedures suite, two CT scanners, one MRI unit, two Ultrasound rooms, two Echocardiography rooms, four Nuclear Medicine rooms (includes PET/CT and SPECT), four portable x-ray units, and five C-Arms.

CRMG Orthopedics and Surgical Specialists
2301 House Avenue, Suite 507
Cheyenne, WY 82001
(307) 635-2562

Cheyenne Regional Medical Group (CRMG) Orthopedics and Surgical Specialists offers a complete range of orthopedic services, including treatment for sports injuries, job-related injuries, joint replacement, and muscle and tendon damage. This clinical site provides the student with a full range of orthopedic procedures using two digital radiography rooms.

Express Urgent Care
7124 Commons Drive, Suite C
Cheyenne, WY 82009
(307) 426-4060

Express Urgent Care utilizes digital radiography and offers students the opportunity to practice a wide variety of x-rays, patient care skills, and venipuncture.

Grand Ave Urgent Care
3236 Grand Avenue, #D
Laramie, WY 82070
(307) 760-8602

Grand Ave Urgent Care utilizes digital radiography and offers students the opportunity to practice a wide variety of x-rays, patient care skills, and venipuncture.

High Plains Surgery Center
2301 House Avenue
Cheyenne, WY 82001
(307) 635-7070

High Plains Surgery Center (HPSC) offers a range of C-arm experiences specifically in an operating room setting and provides students with dedicated time working in a sterile environment.

The Imaging Center at Harmony
2127 East Harmony Road, Suite 130
Fort Collins, CO 80528
(970) 297-6204

The Imaging Center at Harmony is part of a medical complex which houses physician offices, an urgent care center, and a diagnostic breast center. The Imaging Center offers a comprehensive range of outpatient radiology services, including digital radiography, CT, MRI, Ultrasound, and DEXA.

Ivinson Memorial Hospital
255 N. 30th Street
Laramie, WY 82070
(307) 755-4640

Ivinson Memorial Hospital (IMH) is an acute care hospital. The radiology department is equipped with one complete digital R&F unit, one digital room, CT, MRI, Ultrasound, Echocardiography, Nuclear Medicine, Mammography and DEXA.

Kimball Health Services
255 W. 4th St.
Kimball, NE 69145
(308) 235-1966

Kimball Health Services (KHS) a rural hospital equipped with digital radiography for general diagnostic exams, CT, MRI, DEXA, one portable radiographic unit, and one C-Arm.

Northern Colorado VA Outpatient Clinic
4575 Byrd Lane
Loveland, CO 80538
(970) 593-3300

The Northern Colorado VA Outpatient Clinic (NoCo VA) serves veterans throughout Wyoming and Northern Colorado and is equipped with one completed digital R&F room, one digital radiography room, and CT.

Orthopaedic and Spine Center of the Rockies
2500 E. Prospect Road #100
Fort Collins, CO 80525
(970) 419-7028

Orthopaedic and Spine Center of the Rockies (OCR) in Fort Collins is a specialty orthopedic clinic offering streamlined, interactive, and cost-effective patient care in a convenient outpatient setting. OCR maintains two locations in Colorado's Front Range area and is made up of several components, including an outpatient and overnight surgery and recovery center, the Spine Center of the Rockies, and a sports medicine program. The Fort Collins clinic has three digital radiography units, one extremity, one portable unit, and two C-arms.

Orthopaedic and Spine Center
of the Rockies (Loveland Branch)
3470 East 15th Street
Loveland, CO 80538
(970) 663-3975

Orthopaedic and Spine Center of the Rockies (OCR) in Loveland is one of two locations in Colorado's Front Range area. Like its sister office in Fort Collins, it serves as an outpatient clinic offering a variety of orthopedic radiography examinations in a one-on-one learning environment. The office is equipped with three digital radiographic units. Students have the opportunity to learn several procedures and protocols specific to orthopedics at this clinical site, in addition to gaining experience in all spine and extremity work.

Platte County Memorial Hospital
201 14th Street
Wheatland, WY 82201
(307) 322-3636 Ext. 222

Platte County Memorial Hospital (PCMH) is a rural hospital. The facility is county-owned but is managed by Banner Health Systems. PCMH imaging offers digital radiography, CT, Ultrasound, Mammography, and mobile MRI and Nuclear Medicine. Almost every day is a specialty clinic day for out-of-town doctors in areas such as cardiology and orthopedics.

Poudre Valley Hospital Operating Room
1024 S Lemay Ave
Fort Collins, CO 80524
(970) 495-7229

Poudre Valley Hospital (PVH) Operating Room (OR) offers a range of C-arm experiences specifically in an operating room setting and provides students dedicated time working in a sterile environment.

Premier Bone & Joint Centers
1909 Vista Drive
Laramie, WY 82070
(307) 745-8851

Premier Bone and Joint Centers (PBJC) in Laramie is the main branch out of 10 clinics spread throughout the state of Wyoming. The Laramie office serves as an outpatient clinic offering a variety of orthopedic radiography exams including spines. There is one digital x-ray room, one MRI unit, one portable, and 3 C-arms housed in the surgery center.

VA Hospital
2360 E. Pershing Blvd
Cheyenne, WY 82001
(307) 778-7550

The Cheyenne VA Medical Center (VAMC) serves veterans throughout Wyoming and Northern Colorado. The radiology department is equipped with two complete R&F rooms, one diagnostic room, CT, MRI, Ultrasound, Nuclear Medicine, DEXA, portables, and C-Arms.

<u>Auxiliary and/or Special Rotation Sites</u>

Cheyenne Children's Clinic
Cheyenne, WY 82001
(307) 778-2255

Community Hospital
Torrington, WY 82240
(307) 532-4181

CSU Veterinary Teaching Hospital
Ft. Collins, CO 90523
(970) 297-1293

University of Colorado Health
Cheyenne Medical Specialists
Cheyenne, WY 82009
(307) 996-9239

(5/2025)

Clinical Assignment Rotations

A large part of the training received in LCCC's Radiography Program is in a hospital radiology department, imaging centers and other clinical sites. The majority of students will be rotated to a different clinical education center each semester. Rotation assignments are based on hospital facilities, workloads, and student capacity. (Student and clinical supervisor preferences may be considered, but the assignments are ultimately determined by the Clinical Coordinator.)

Rotation assignments ensure adequate clinical experiences for each student, allowing exposure to a variety of procedures, equipment, and routines, and to better prepare the student to be professionally self-sufficient upon graduation. Exceptions to the rotation schedule may occur only in the final Spring II semester when there may be employment implications.

Clinical Hours Required

The Radiography Program allows the student to earn college credit for the number of hours worked at the clinical education sites and the number of hours completed in the energized laboratory on campus. The following is a summary of the required laboratory contact and clinical hours.

Laboratory Hours	Spring I	RDTK 1584	30 hours
	Spring I	RDTK 1611	30 hours
	Summer I	RDTK 1684	30 hours
	Fall II	RDTK 2584	30 hours
	Fall II	RDTK 2624	30 hours
		TOTAL LAB HOURS	**150 hours**

Clinical Education Hours (approximate)

Fall I	72 hours
Spring I	180 hours
Summer I	180 hours
Fall II	315 hours
Spring II	315 hours

TOTAL APPROXIMATE CLINICAL EDUCATION HOURS: 1,062 hours
TOTAL LAB: 150 hours
TOTAL PROGRAM HOURS: 1,212 hours

(5/2025)

Clinical Education Hours and Policy

All students must satisfy the clinical hours and competency requirements before completing the Radiography Program to be eligible to take the registry examination. The Program Director must verify completion of both these requirements before the student will be allowed to take the ARRT examination.

The schedule for clinical education will be strictly adhered to in order to ensure that the number of students at any one time does not exceed the limits set by the JRCERT. This will also allow the students to obtain the type of clinical experiences pertinent to the instruction arranged for each semester.

In addition to the normal daytime radiographic experience, students are required to complete a small amount of evening or weekend experience during the Summer semester as noted in the clinical education portion of this handbook. Each student is responsible for arranging the required shift work for the entire semester with the clinical supervisor at the beginning of the semester. Once arranged, the student is expected to complete this time as scheduled.

During the last half of the Spring II semester, students may be permitted one subspecialty rotation for one-half of their clinical requirement. These sessions will be arranged by the clinical coordinator based upon clinical availability, individual student achievement, and student preference.

Make-up or shift work time will be documented using the designated forms (see the Forms section) and Trajecsys, the program's online clinical management system, and will be verified by the technologist in charge of the particular shift. (5/2025)

CLINICAL PARTICIPATION

It is each student's responsibility to achieve the learning objectives by the end of each semester and all that he/she can beyond the objectives. Incomplete competency objectives will result in an incomplete or reduced grade for clinical courses. Clinical instructors and many of the staff radiographers are available and willing to teach and answer questions.

Students will not be required to perform, unassisted, any radiologic examination that exceeds their educational or clinical experience. However, it is the philosophy of the program that if the student is ready to expand into an area of radiography and the clinical supervisor believes that the student is capable, the student may undertake more responsibility. Students are encouraged to learn and assist with procedures in the hospital as soon as they feel they are capable. **However, clinical competence may only be demonstrated after appropriate coverage in the correlating didactic course.**

The student's attitude toward work while in the Program will profoundly affect his/her ability to find employment as a radiographer after graduation. For this reason, students will be expected to abide by the following:

A. Students must be punctual, attentive, and cooperative in helping the radiography department accomplish its prime objective: providing patient care. Habitual or excessive absenteeism and/or tardiness reflects poor work habits and must be avoided.
B. Students shall not leave the hospital at the end of a time shift until they have completed the procedure in progress (within reasonable limits) or made arrangements for someone else to take over and oriented them to the situation. Students must notify the clinical supervisor if they are leaving the department of radiology. Patients are not to be left unattended while examinations are in progress.
C. Students must report to the clinical affiliate in a professional manner. This means on time, correctly dressed, and not under the influence of drugs or alcohol, nor have them in their possession, and in compliance with drug testing requirements. Any evidence of illegal drug use may be grounds for immediate suspension or dismissal from the program.
D. Students should respect the possessions of others. They shall not remove any articles from the clinical affiliate, other students, or employees of the clinical affiliate or the college.
E. Students shall abide by all rules of personal conduct as stated in each clinical affiliate. No immoral conduct will be tolerated.
F. A professional attitude shall be displayed at all times. Students are required to abide by the Standards of Ethics of the American Registry of Radiologic Technologists printed in the Appendix. Each clinical affiliate reserves the right to refuse to allow any radiography student in the department who does not practice ethical and professional behavior or who does not consider the patient to be the most important person in the department.
G. Students must honor patient confidentiality at all times. For this reason, cell phones or other personal electronic devices may not be carried into patient areas at any time. All information regarding hospital procedures and patient records are confidential in nature. Any request for information should be directed to the clinical supervisor or chief technologist. Any student revealing confidential information in any format (verbal, written, or electronic) will be subject to disciplinary action, including suspension and/or DISMISSAL from the program.
H. A professional attitude shall be displayed towards fellow students, physicians, technologists, and faculty.
I. Students must display initiative in the following areas:
    1. Asking questions if they do not understand something;
    2. Asking for help when needed;
    3. Learning about the equipment;
    4. Practicing positioning, critiquing images, studying, and/or conducting experiments when there is no patient load; and
    5. **Volunteering to do exams.**
J. If the Clinical Supervisor feels the student is competent and has received instruction in a procedure, the student may not refuse to perform an examination.

K. Any student who reports to the clinical affiliate with improper uniform may be sent home by the clinical supervisor and the time will be made up. An unexcused absence may also be logged on the student's next monthly evaluation.
L. Visitors and use of telephones for personal use should be avoided. **Cell phones cannot be carried or used during clinical hours, except during breaks. Usage of personal electronic devices (PED), such as laptops and tablets, are limited to program assignments and accessing program policies. Such devices must be approved by the clinical site and used in accordance to the clinical site's policies. Smart watches must only be used for time keeping during clinical and all notifications must be turned off in order to not interfere with clinical involvement.** Any student in possession of a cell phone in the clinical area or using PED devices for purposes outside program purposes will be marked down on his/her next monthly evaluation on Professionalism/Citizenship and Confidentiality. The student may also be sent home and an unexcused absence may be recorded on the next monthly evaluation at the Clinical Supervisor's discretion. The student may also be subject to suspension and/or dismissal from the program if patient confidentiality has been in any way negatively or potentially affected. (See Item G above.)
M. Gum chewing and eating in areas that are not designated shall be avoided.

Violations of the above will result in poor monthly evaluations and may lead to probation and/or dismissal from the Radiography Program.

DRUG SCREENING AND CRIMINAL BACKGROUND CHECKS

All allied health students are required to submit a pre-clinical urine drug screen according to the Health Sciences and Wellness Division policies at LCCC available at: http://www.lccc.wy.edu/academics/divisions/HSW. The drug screen is completed at the student's expense and must be paid for at the time of application via the CastleBranch website.

At their discretion, clinical sites may also require drug screening and/or a criminal background check prior to allowing students into the clinical setting. (If required, any associated fees will be the responsibility of the student.) In addition, LCCC and the clinical sites may require additional random drug testing and/or additional drug testing and/or criminal background checks for reasonable cause. Generally, the urine drug test screens for alcoholic beverages, illegal drugs, or drugs that impair judgment while in the clinical agency. Testing positive on the screening, or evidence of tampering with a specimen, will disqualify a student from clinical participation from the clinical assignment and may also result in further disciplinary action, up to and including program dismissal.

In addition to drug screening, for the safety of patients and health care workers, allied health students must undergo a background check performed by CastleBranch at the student's expense. Your acceptance into an allied health program at LCCC will not be final until LCCC has received background check information from the reporting agencies, and the background check is clear of disqualifying offenses. For more information, please see the Health Sciences and Wellness Policies for Allied Health Students posted on the HSW School's website. Certain criminal activities, as evidenced by a criminal background check may also disqualify the student from clinical participation.

Students are advised that the inability to gain clinical education experiences can result in the inability to meet program objectives and outcomes. These circumstances may prevent final acceptance into and/or progression through the program, and ultimately result in dismissal from the program.

In keeping with the program's due process policies, if a student disagrees with the accuracy of the information obtained, s/he may require a confirmatory test and/or review of the accuracy of the background information within five (5) business days. All requests must be made in writing to the Dean, Health Sciences & Wellness, and must include relevant information and/or extenuating circumstances supporting the request. A designated committee will review the results and the request, and will be responsible for making the final decision regarding the student's request. The student will be notified in writing of the committee's decision within five (5) business days. (4/2024)

DRESS CODE

The following dress code is required for all students while at the clinical site. **These are minimum requirements for the Program; if any clinical education center's dress code is more stringent than these listed here, you must comply.**

1. All students must wear and/or carry the following:
    1. <u>The personnel monitor issued to them by LCCC</u>
       - Personnel monitors are to be worn at the collar level while performing exposures in the energized lab and at the clinical affiliate.
       - During fluoroscopy, the monitor is to be worn OUTSIDE the apron.
       - New monitors are issued the 1st of every month. Students are given from the 1st to the 3rd of each month to turn in their monitors. Failure to do so will be reflected in their clinical grade.
       - If a student loses their monitor, the student assumes the cost of replacement.
    2. <u>An identification nametag</u>
       All radiography students will wear a photo identification nametag with the student name and RADIOGRAPHY designated on the tag. It will be worn at all times at the clinical affiliate. One nametag will be provided to each student. If it is lost, the student will assume the cost of replacement. Each student should still carry their Laramie County Community College ID card, especially at the clinical affiliate. Students may also be required to display a nametag specific to their clinical education center.
    3. <u>Markers</u>
       Students will use appropriate "Left" and "Right" markers with the student initials on all radiographs, unless other markers are provided by the clinical affiliate. The markers will be purchased through the Program Director or Clinical Coordinator. If a student loses his/her markers, the student assumes the cost of replacement.
2. Dress:
   All LCCC radiography students will wear a standardized uniform consisting of a olive green medical scrub top paired with black professional medical wear pants or skirt. Some departments may only allow solid color scrubs with no additional detailing or contrast colors. To ensure that the scrub top and bottom are of the appropriate hues and quality, it is recommended that students purchase their uniforms from professional medical wear vendors. Sleeve length should be no shorter than the middle of the humerus. If uniforms are thin, appropriate clothing will be worn underneath so that under-clothes are not visible. No tight-fitting clothing, please!
    1. A solid white or black long sleeve may be worn under the scrub top. White or olive green lab coats may also be worn. **Hoodies are not allowed in any clinical areas.** Nametags must be visible.
    2. Skirts, dresses, or skorts must be no shorter than the middle of the knee.
    3. Shoes must be soft-soled. Athletic shoes are permitted. Due to safety and hygiene issues, no canvas, open-toed, crocs, or backless shoes are allowed, and white, black, or neutral colored socks must be worn.
    4. **Prior to each clinical rotation, check with the site's Clinical Supervisor to ensure you meet their dress code specifications.**
3. Other Items:
    1. It is recommended that a watch with a second hand or other second indicator also be worn, as a student may be called on to monitor vital signs. Smart watches must only be used for time keeping during clinical and all notifications must be turned off in order to not interfere with clinical involvement.
    2. Hair must be of a natural color and worn neat and clean at all times.
    3. "CDC guidelines say that health care personnel should not wear artificial nails and should keep natural nails less than one quarter inch long" (jointcommission.org, 2021), therefore, no artificial nails or nail coverings of any kind are permitted and natural nails will be kept short. Well-kept nail polish is allowed, unless not permitted by the clinical site.
    4. Heavy mascara, eye shadow, and rouge shall be avoided.
    5. Perfumes and aftershave lotions should be used in moderation. Very heavy scents are offensive to patients who are ill. In addition, some clinical sites have also banned tobacco and/or cigarette scents.

6. Only low-profile rings, one matching pair of earrings (one in each ear), and one small nose stud will be allowed, unless not permitted by the clinical site.
7. Tattoos must be covered and not visible, no matter the dress code accepted by the clinical site. Any non-reasonably covered tattoos will be handled on a case-by-case basis.

Any student who reports to the clinical affiliate with improper uniform may be sent home by the clinical supervisor and the time will be made up.

ATTENDENCE POLICY

STUDENTS ARE REQUIRED TO REGULARLY ATTEND ALL SCHEDULED COLLEGE CLASSES, CLINICAL ASSIGNMENTS, AND SHIFT WORK ASSIGNMENTS. All clinical assignments are scheduled by the clinical coordinator. Shift work schedules are to be arranged at the beginning of the Spring II semester and then followed **strictly.** Student initiated changes in the clinical schedule should be avoided, including shift work.

The student will attend all clinical education hours to:

1. Develop and refine expertise and proficiency in the diagnostic procedures that have been taught in the classroom. The actual practice of technical skills will be developed on specific levels of competency required for each semester.
2. Learn and develop professional work habits and concentrate on interpersonal relationships with patients and all other members of the health care team.
3. Satisfy the clinical hour and competency requirements necessary to complete the Program. Failure to do so will render the student ineligible to take the ARRT examination.

Documenting Attendance

Two weeks prior to the start of each clinical rotation, the student is responsible for contacting his/her new clinical supervisor and arranging specific hours of work for that semester. Once this has been agreed upon, this schedule must be adhered to by the student. Failure to do so will be reflected in a poor monthly evaluation and/or removal from that clinical site at the request of the Chief Technologist and Clinical Supervisor.

The LCCC Radiography Program has contracted with Trajecsys, an online clinical management system, for tracking attendance, clinical competencies, monthly evaluations, and other clinical evaluations and communications.

To document attendance, each clinical site has at least one designated computer for students to use to clock in and out. **Students may not clock in or out using personal or portable electronic devices. Students are expected to clock in within 5 minutes of their arrival time.** Clocking in later than this can result in unexcused tardies and subsequent deductions on a student's monthly evaluations. ***No clinical time will be accrued prior to the student's scheduled start time (i.e., no extra time will be granted for clocking in early*).** Students are also responsible for clocking out in a timely manner when they leave clinical for the day. To document the total clinical time completed, students are instructed to use the "Time Exception" function and note the number of hours completed in the comment box provided.

In the event that a computer is not available on a particular day, or the student forgets to clock in or clock out, a "Time Exception" may be filed using the Trajecsys system. However, excessive and unnecessary use of the Time Exception function should be avoided. If a clinical site does not have a computer for students' use to clock in and out, the program's hard copy Clinical Attendance Record may be used.

The student is responsible for logging his/her hours worked either electronically or in hard copy format **each day**. All time records must be kept current and accurate. **If patient or exam circumstances warrant a student staying after their scheduled clinical departure time, accrued time will only be awarded in 30 minute (1/2 hour) intervals as approved by the Clinical Coordinator.**

NOTE: Lunch hours will NOT be credited as clinical time. For example, if 7-8 hours of clinical time is required, the student will be required to be at his/her clinical site from 7:00-3:30, rather than 7:00-

3:00. The clinical supervisor is to allow each student a minimum 1/2 hour lunch for each 7- 8 hour day of clinical. See the Forms Section of the handbook for additional explanations.

Unavoidable circumstances may cause a student to be tardy. If this is the case, the student must notify his/her Clinical Supervisor and the Clinical Coordinator as soon as possible. All time missed due to tardiness must be made up in the same manner as an absence. (See Make-Up Procedures below.) Chronic tardiness will not be tolerated and will be reflected on the student's monthly evaluation form.

The Radiography Program recognizes two categories of absences: an excused absence and an unexcused absence.

Excused Absence

If a student is ill or other circumstances arise which prohibit him/her from attending the clinical site, he/she is REQUIRED to call his/her Clinical Supervisor AND a Program Faculty member. If these requirements are met, the student has an EXCUSED ABSENCE.

a. Other conditions:
    1. The student or relative must call. **Texting, emailing, or sending a message with another student or friend does not meet this requirement.**
    2. The student must call each day of absence. The only exception: if a condition exists that is known to be long in duration (For example: shingles). In this case, the student must keep in contact with the required personnel above notifying them of the probable date he/she may return to the clinical education site.
b. The student is required to make-up all time missed due to absence. (Refer to Make-Up Procedures.)
    NOTE: In the event a student misses 75 or more hours of clinical in one semester, he/she may be subject to program dismissal with the opportunity to apply for readmission following the procedures outlined earlier in the handbook.

Unexcused Absence

An UNEXCUSED ABSENCE is the absence of a student from class or his/her clinical site without properly notifying Program personnel. An absence will be classified as UNEXCUSED when ANY of the following conditions exist:

a. Failure to notify his/her Clinical Supervisor.
b. Failure to notify a Program Faculty member, either directly or by calling and leaving a message for program faculty with the Health Sciences and Wellness Administrative Assistant, or a faculty member's voicemail.
c. Failure to personally (or having a relative) call to notify the personnel above.
d. Failure to contact the required personnel each day of absence.
e. Vacations taken during regularly scheduled clinical hours.

For each unexcused absence the student accumulates, the student will be required to make-up all time missed due to the absence. Unexcused tardies and absences will be tracked by the appropriate Clinical Supervisor, and will negatively impact the final grade of the monthly development evaluation(s) for the period(s) in question. (Refer to the Make-Up Procedures.)

Severe Weather and Cancellations

When the college officially cancels classes due to snow or other severe conditions, the following procedures will be followed:

a. Students will not be required to go in to clinical that day. The Clinical Coordinator and Program Director will determine the number of clinical hours to be awarded based on the time of day the cancellation occurred, travel issues, and other circumstances.
b. Students are also not required to attend classes that day. Occasionally, students can expect an extra class to be scheduled to make up for cancellations.

If a student is unable to reach his/her clinical site due to severe weather or road closures and classes have NOT been cancelled, the affected student(s) will follow the clinical snow plan published at the beginning of each Fall and Spring semester. The Clinical Coordinator and/or the Program Director will notify all students and Clinical Supervisors electronically (via email and/or Canvas) that the snow plan is in effect.

The affected students are required to complete the following actions as soon as they receive the snow plan notification:

1. The student must call his/her normally assigned clinical site to verify his/her absence from that site for the day.
2. The Clinical Supervisor for the alternative snow plan site must be contacted to determine the student's starting and ending times for the day.
3. Once the student's clinical times have been arranged, s/he must notify program faculty of these times and arrangements.

Attendance at the alternative snow plan site is tracked using Trajecsys in the same manner as normal clinical time. However, in this case, the host Clinical Supervisor will approve the student's time records for the affected days as verification of the student's attendance.

The snow plan is designed to ensure that each site's clinical capacity is not exceeded. Additionally, it is set up so that the alternative host site is one that the student has previously been assigned and oriented to, allowing minimal disruption of a student's clinical time, while still providing the ability for a student to demonstrate competency on patients should the opportunity arise. All program policies apply and must be followed while at the host clinical site.

In the event that a student is unable to reach his/her assigned clinical site and circumstances prevent him/her from attending the alternative clinical site, the student may miss clinical for that day, following normal absence notification and make-up procedures without penalty.

Vacations and Holidays

Students will not be required to work during normal vacation periods. However, vacation periods excluding holidays can be utilized for make-up purposes.

Vacations in the Radiography Program shall be concurrent with the LCCC academic calendar as published in the current college catalog and the program's clinical calendar. Both students and clinical education centers must adhere to the regular vacation periods listed.

1. Clinical supervisors cannot require a student to work during a recognized vacation period. Make up time must be mutually arranged.
2. Students desiring to take vacations must utilize vacation periods ONLY. Absences due to other than normally scheduled vacations will be subject to unexcused absence policies. (See Unexcused Absences.)
3. Pursuant to JRCERT guidelines, clinical hours may not be scheduled on any college holidays when the campus is closed.

Clinical Affiliate Holidays

On occasion, a radiology department may be closed on a holiday that is not recognized on the college calendar. If this is the case, students will be given credit for that clinical education time. However, if LCCC's recognition of the holiday is not concurrent with the department's, students will be required to fulfill their clinical time on the day the department is open, provided the campus is not closed.

For example, if Veterans' Day is observed nationally on a Thursday and certain departments (such as the VA) have limited staff for this holiday; however, LCCC might still be open. In this case, students at the VA would have no clinical hours on Thursday. In the event that two federal holidays occur in the same semester for the same student cohort (EX: Columbus Day and Veterans' Day) the Clinical Supervisor and affected students will determine the holiday each student will work and which holiday they are awarded.

MAKE-UP PROCEDURES

In the event of absence from academic classes, students will be subject to the consequences outlined in their course syllabi. In addition, all work should be completed in a timely manner to ensure successful completion of the course.

Clinical Education

Students are required to complete all required clinical hours and competencies prior to taking the American Registry of Radiologic Technologists. For this reason, all absences from the clinical education center must be made-up.

For full credit to be given for hours completed as make-up time, the following procedure must be followed:

1. Make-up time must be arranged **within two weeks of absence using the Clinical Make-up Time Pre-Authorization Form.**
2. To ensure that **both** the Clinical Supervisor **and** the Clinical Coordinator are notified of the arrangements in writing, **two (2) copies of the form are required to be completed when an absence occurs.** Copies 1 and 2 must be completed (including student and clinical supervisor signatures) and approved by the Clinical Coordinator via his/her signature near the bottom of BOTH forms. The Clinical Coordinator will retain Copy 1 in the student's clinical file. Copy 2 is returned to the student to use to log and document the make-up hours and to verify that the make-up hours have been completed as arranged. **The form specifies the dates, hours to be completed, and the times the student will be reporting and leaving.**
3. Make-up time should be completed in 2-hour (minimum) blocks of time.
4. Make-up time can be arranged on evening and/or weekend shifts, or on college vacation periods (except holidays when the campus is closed) in the same semester, and in small enough increments to avoid exceeding a 40 hour per week class and clinical time cap.
5. Make up time should be arranged to be completed at the student's current clinical rotation. **NOTE**: If the student's rotation site is not open during evening or weekend shifts (for example, Cheyenne Radiology Group, or the Veteran's Administration Hospital), he/she may arrange make up time at another facility.
6. Make up time must be documented on Trajecsys and noted as such or in the appropriate section of the student's time sheet (see Forms Section), if applicable.

   To document make up time using Trajecsys:

   1. Clock in and clock out using a "Time Exception" stating the amount of make-up time completed.
   2. The site's designated Clinical Supervisor is responsible for approving these times in the same manner as normal clinical time.

   To document make up time using the Make-Up Time Pre-Authorization Form:

   a. The specified dates and hours specified on Copy 2 are used to track the student's make-up times.
   b. The technologist on duty must initial EACH block of make-up time recorded as it is completed. NOTE: It is the student's responsibility to have the form available and obtain the appropriate initials.
   c. Once the appropriate blocks on the Make-Up Attendance form have been completed and initialed by the technologist(s) on duty, the student must provide it to the appropriate Clinical Supervisor(s) for final approval and signature(s).
   d. The completed and signed form must be provided to the Clinical Coordinator who will formally credit the time.

The Clinical Coordinator and Program Director reserve the right to disapprove any make-up hours if these procedures are not followed. Additional disciplinary actions up to, and including, program dismissal, may be taken if circumstances warrant.

NOTE: If a student has made previous arrangements for completing clinical make-up hours and fails to attend on that date without calling the appropriate program personnel, an unexcused absence will be documented.

Advance Make-Up Time

As a general rule, students may not accumulate clinical hours in advance for future time off.

The only exceptions to this policy will be:

1. Pregnancy: A student may accumulate hours prior to her delivery. (See pregnancy section for other policies governing this.)
2. Surgery: If a necessary surgery is scheduled and the student is able to accumulate hours prior to his/her surgery, advance make-up time may be accumulated.
3. Other special circumstances: These will be evaluated on a case-by-case basis by the Program Director.

If a student qualifies for advance make-up time, the following guidelines apply:

1. The student will meet with the Program Director and the Clinical Coordinator to draft a revised clinical schedule.
2. The student is expected to adhere to the agreed upon schedule in the same manner as normal clinical time with regard to attendance and absence/tardy notifications.
3. Advance make-up time must be documented on Trajecsys or the student's time sheet. In this case, the student may also record advance make-up time in the main section of the time sheet, provided the time was completed during normal daytime shift hours. (For example, if a student worked from 7:00-3:30 during spring break, a college vacation period.) Make-up time during other shifts or weekends must still be documented in the same manner as "normal" make-up time.
4. The student will still be responsible for completing the required clinical competency exams, clinical objectives, and final positioning tests for the semester in question.
5. Advance make-up time must be used for the event and in the semester for which it is intended, it cannot be carried over and accumulated for any other purpose.
6. Once the advance make-up hours are "used up," any additional time missed will be subject to the Program's normal attendance and make-up polices.
7. The Program Director reserves the right to evaluate each circumstance on a case-by-case basis to decide if advance make-up time is indeed appropriate.

Incomplete Make-Up Time or Competencies

If a student is unable to complete the required number of clinical hours or competencies for that semester by the last class day of that semester, the Program Director and/or the Clinical Coordinator will draw up an Incomplete Coursework Contract (an LCCC administrative form not unique to the Radiography Program). This contract will outline:

1. The number of clinical hours requiring completion for that semester.
2. Any remaining clinical competency exams required.
3. Other conditions to be satisfied to successfully complete that semester's clinical education.
4. The date by which all remaining work and hours must be completed.
5. The grade the student will receive if s/he fails to meet the conditions outlined in the contract.

STUDENT EMPLOYMENT

General

Due to the demands of the full-time Radiography Program, student employment is discouraged. This personal decision should be based on individual performance in the classroom, clinical education sites, and personal health. It is the desire of the Radiography faculty that students are successful in this program and that essential learning is not compromised. **Students will not be excused from class or clinical assignments for personal work schedules**. An alternative may be found by contacting the Financial Aid Office at the College.

Student Employment at the Clinical Education Sites

Many students are employed at least on a part-time basis. Occasionally the clinical education centers offer a student part-time employment. Part-time employment at the Clinical Education center of students is approved by LCCC under the following guidelines:

1. The clinical education center is under no obligation to offer employment to students.

2. Students may accept professional employment at mid-term of the Fall II semester.

3. If hired, the student assumes the status of employee and all liability for his/her actions and welfare while working as an employee is assumed by the employer. The employer is responsible for issuing a dosimeter or other personnel monitor to the student while he/she is working as a radiographer. The program's personnel monitor should not be worn for this purpose; it is to be worn while completing clinical education or on-campus lab hours only.

4. Employment must in no way interfere with assigned clinical education time, and clinical schedules may not be re-arranged to facilitate employment.

5. In general, students will not be assigned diagnostic rotations at their places of employment, and no student will be allowed to "bump" another from specific required education (such as a special procedure rotation). All students should have each type of rotation available to them.

6. Class attendance is considered essential to the student's success in the program and on the American Registry of Radiologic Technologists. Should an employment opportunity arise, the employer, the student, and the Program Director, and the instructor(s) affected will meet to discuss any changes or accommodations in schedules needed to satisfactorily meet the employer's, program's, and student's needs. Each situation will be evaluated on an individual and case-by-case basis to allow greater flexibility for all parties concerned.

7. Students may not be paid for scheduled clinical education time. Conversely, while on duty for their employer, student employees may not "temporarily" clock out from their employer for the purpose of completing a program clinical competency.

8. Students who are employed in Wyoming must obtain a Special License from the Wyoming State Board of Radiologic Technologist Examiners (WBRTE). This license is in effect for one year only and cannot be renewed (Chapter 3, Section 6.) Information and applications are available at http://radiology.wyo.gov. Students must be in good standing with the program in order to apply for their Special License.

(4/2024)

STUDENT PREGNANCY

The program's pregnancy policy is based on Nuclear Regulatory Commission's (NRC) regulations regarding the declared pregnant worker. Following these guidelines, the declaration by a pregnant student is voluntary, but must be in writing. The written declaration must indicate the expected date of confinement (delivery) and is to be given to the Program Director.

Upon such notification, the procedure which will normally be followed is outlined below:

1. A fetal monitor will be ordered for the student to be worn at the waist in addition to the one worn at the collar level.
2. The clinical education center will also be notified.
3. The student, clinical supervisor, and the Program Director will meet jointly to complete the "Clinical Education Agreement to Minimize Fetal Exposure" form. (See Forms section of this handbook.)*
4. The student will also be counseled by a Health Physicist at the earliest possible date regarding fetal sensitivity to radiation.*

   *The putative father may be present during these consultations if the student desires.

If the student wishes, every effort will be made to remove the pregnant student from fluoroscopic, portable, or surgical procedures during the first trimester. However, the level of involvement in any of these activities at any time during the pregnancy is ultimately left up to the student once she has completed counseling sessions. In addition, the written declaration of pregnancy may be withdrawn at any time at the student's written request.

Radiation exposure to the developing embryo or fetus is potentially harmful, especially during the first trimester. The monthly personnel monitor exposure readings for declared pregnant students will be closely monitored, recorded retroactively at the estimated date of conception, and subject to the program's designated ALARA monitoring levels listed here and on the following pages.

In addition to the actions taken at the ALARA levels shown on the following pages, the declared pregnant student's fetal monitor will be monitored for any recorded exposures. If either the whole body or fetal monitor records an exposure of 50 mrem (0.5 mSv) in any monthly period, the program's designated Radiation Safety Officer (RSO) will conduct an immediate investigation, treating it in the same manner as an ALARA Level II investigation. The investigation may also include additional consultations with a Health Physicist. A formal report of the investigation and other supporting documentation will be drafted and retained in the student's file until the student completes and/or exits the program. Depending upon the results of the investigation, and the severity of the exposure, the student may be reassigned for the next monthly monitoring period and/or up to the end of the gestational period.

Scientific guidelines for fetal dosage published by the government may be found in the NCRP Reports 91, 107, 116, and NRC 10 CFR, Part 20.

RADIATION PROTECTION POLICY

Radiation monitoring service will be provided by the college. A program fee is assessed that covers the cost of the monitors, and new monitors are issued at the first of every month. Old monitors are to be turned in to the designated RSO, who will exchange them for new ones. Students will have between the 1st and 3rd of each month to exchange monitors. Failure to meet this deadline will negatively affect the student's clinical grade. The monitors are to be worn by all students in any radiologic installation, including the radiologic lab on campus. Students should always bring their personnel monitors for radiographic positioning and imaging courses in case the lab is used.

Personnel monitors can be damaged physically and by excessive moisture or radiation. Common mistakes made in caring for personnel monitors include washing them with uniforms or inadvertently leaving them on a lead apron after a fluoroscopic procedure. Exposure to moisture may completely invalidate the reading obtained for that month. Students are responsible for proper care of these monitors. Although the initial monitor is provided by the program, students losing or damaging their monitors will be required to pay for a replacement.

Occupational exposure limits applicable to radiography students are: 5 rems per year (50 mSv). Students exceeding any of these limits may be limited or delayed in their clinical education. Detailed information on radiation effects and limits is available from college staff and in the college library in NCRP Reports No. 32, 33, 39, 91, and 116 in particular.

Specific program rules which each student must follow are:

1. Personnel monitors are to worn at the collar. During fluoroscopy, special procedures, portable procedures and other times when lead aprons are worn, the monitor is to be worn outside the lead apron, so that it will accurately reflect total body dose, gonadal dose, or fetal dose and so that student records will correlate with employment records after graduation.
2. Shielding from radiation is to be used any time exposure is taking place. Anytime the student is not behind a lead barrier wall during exposure, he/she is to wear a lead apron (and lead gloves and/or lead glasses as appropriate).
3. Students are NOT to hold image receptors or patients. Devices to accomplish the immobilization of the patient and/or the image receptor are required to be used instead. This does not excuse the student from assisting with the examination; all members of the healthcare team need to work together to obtain a critically needed radiograph.
4. Whenever the student is not directly involved in assisting the radiologist with the patient, exposure should be minimized (time out behind the barrier wall), and distances from the radiation beam should be maximized, within reason.
5. If a student becomes pregnant, or is potentially pregnant, she should follow the Pregnancy section of this handbook.

Radiation exposure reports listing each student's accumulated dosages for the month, the quarter, and for the entire program are posted each month in the radiographic laboratory on campus. The RSO will have each student initial the radiation monitor report each month and/or when it is received. Problems with exposure levels should be brought to the Clinical Coordinator.

The RSO will be responsible for investigating any exposures which are in excess of the program's ALARA levels. The program has adopted the following ALARA levels for this purpose.

ALARA Action Level	Dose Level	Action to be taken
ALARA Level I	**Whole Body:** **1st year students:** 30 mrem/month (0.3 mSv) **2nd year students:** 50 mrem/month (0.5 mSv) Monitoring period	Student is counseled by the Clinical Coordinator and asked to review his/her work procedures to evaluate cause, and what measures s/he can take to reduce further exposures. Documentation will be kept on file at the discretion of the Clinical Coordinator.
ALARA Level II	**Whole Body:** **1st and 2nd year students:** 150 mrem/qtr. (1.5 mSv)	Clinical Coordinator conducts a direct investigation of the situation, including an interview with the person involved. A written investigative report is made, and corrective actions are documented. Report is kept in the student's file until program completion.
Embryo-Fetus (Declared pregnant student)	50 mrem/month (0.5 mSv) Monitoring period	Clinical Coordinator investigates and counsels. A formal report will be drafted to be kept on file and/or the student may be reassigned.

Students following the program's guidelines should be able to keep their exposure reports well below the occupational limits. Failure to do so may affect evaluation grades and the completion of the clinical requirements of the program.

GROUNDS FOR PROBATION, SUSPENSION, AND/OR DISMISSAL

Students in the Radiography Program are required to strive to do their best and to display the professional attitude necessary to promote a positive image of radiography to patients, fellow students, technologists, physicians, the college, and the general public. However, if a student fails to abide by the policies and procedures of this handbook, they have failed to promote a positive image of their would-be-profession, and thus may become subject to probation, interim suspension and/or dismissal.

Removal from a Clinical Education Center/Denial of Student Placement

A student may be removed from a clinical education center or denied placement for future rotations at a clinical education center at the request of the Clinical Supervisor and the Administrative Technologist of the affiliate.

The request must be in writing, directed to the Radiography Program Director, and must contain the following items:

1. Objective reason(s) for the request,
2. Documentation of efforts to correct the situation,
3. The result of these efforts, and
4. Any other information supporting the request.

The following reason(s) may be considered as grounds for removal from a clinical affiliate or the denial of student placement for future clinical rotations:

1. The student has received three incident reports while at the clinical education center,
2. The student has demonstrated flagrant abuse of hospital policies and procedures,
3. Unacceptable results from a required criminal background check and/or urinalysis screening test,
4. Alcohol and drug abuse while at the clinical site,
5. Chronic poor performance which may be characterized by an excessive repeat rate, failure to progress, poor listening and communication skills, and/or consistent failure to follow directions and departmental routines, excessive absences, or
6. Any other circumstances which demonstrate poor student performance overall.

Upon receiving the request, the Program Director and Clinical Coordinator will re-assign the student to an alternate clinical setting. The request and the reasons for it will be further investigated and evaluated by the Program Director and Clinical Coordinator to determine if any additional actions are required based on program and/or institutional policies. These may include a referral to Counseling or Student Services, academic interventions, or additional disciplinary actions up to and including suspension and/or dismissal from the program.

Probation Guidelines

A student will be placed on probation if an infraction of any of the various handbook policies occurs. An "Unsatisfactory Performance Contract" will be completed by the student, the Clinical Coordinator, the Program Director, and the Clinical Supervisor (if applicable) (See the Forms section.)

Probation will extend to the length of time the contract is drawn up for and/or the satisfaction of the conditions in the contract agreed upon by the parties above.

The following infractions are grounds for the student to be placed on probation:

1. The student receives less than a "C" in a course in the Radiography curriculum not containing an RDTK prefix.
    a. Probation will extend one semester during which time the student must repeat the course (or its equivalent) and earn a "C" or better.
2. The student receives a monthly evaluation of less than a 75% in either Part I (the "All Semesters" section in Trajecsys), Part II (the "Competency Skills" section in Trajecsys), or both sections of the appropriate form/evaluation. The failing portion of the evaluation will automatically be recorded in the gradebook in the corresponding evaluation grade item in the associated clinical

course. If the student receives a failing grade on both portions of the evaluation, the lowest grade will be recorded in the gradebook.
    a. Probation and student remediation will extend until at least the next monthly evaluation is completed. Due to this, probation may extend into the next semester(s). (6/2021)
3. A student is removed from one clinical affiliate at the request of the Clinical Supervisor and the Administrative Technologist. (Request must be in writing and additional program intervention is warranted.)
    a. Probation will extend until completion of the Radiography Program.
4. Chronic poor performance in either the clinical or didactic aspects of a student's education, which may include technical and/or academic deficiencies, excessive absenteeism, poor communication skills, poor interpersonal interactions, or other circumstances which inhibit successful completion of the program.
    a. Probation will be used and extended at the discretion of the Clinical Coordinator and/or Program Director.
5. Any violation of LCCC's Student Code of Conduct (Policy/Procedures 2.16 or 3.16) and/or any situation outlined in the College Handbook stating grounds for probation.
    a. Probation will be used and extended at the discretion of the Clinical Coordinator and/or Program Director.
6. Any violation outlined in the Health Sciences & Wellness School policies for Allied Health Students requiring disciplinary action.
    a. Probation will be used and extended at the discretion of the Clinical Coordinator and/or Program Director.

<u>Suspension and Dismissal Guidelines</u>

A student may be removed from the program and/or face immediate suspension from clinical and/or classes based on various infractions of policies outlined in the Radiography Program Student Handbook, Health Sciences & Wellness School policies, and/or the LCCC Student Handbook. Students suspended from clinical and/or classes, or dismissed from the program for disciplinary purposes, will also be awarded failing grades in the associated radiography course(s). The authority to immediately suspend or dismiss a student from the program rests solely with the Program Director.

The following infractions are grounds for suspension or removal from clinical and/or the program:

1. Academic Dishonesty:
   This includes lying, cheating, plagiarism, falsification of time and/or other program records, theft, or any attempts to use someone else's work as one's own. Any student guilty of these may also be subject to expulsion from the college.
2. The student receives a grade of less than a "C" in any course in the Radiography Program **with** an RDTK prefix.
3. The failure to earn a grade of a "C" or better in a Radiography curriculum course (not an RDTK prefix) on the **second attempt.**
4. The student receives a second (consecutive) monthly evaluation of less than 75%* average in either Part I (the "All Semesters" section in Trajecsys) Part II (the "Competency Skills" section), or both of the appropriate form. *In the event the second failing evaluation occurs prior to the actual end of the semester and remediation requirements have not been met as outlined in an Unsatisfactory Performance Contract, the student may be immediately suspended from clinical for the duration of the semester, and a failing grade will be recorded for the associated clinical course.
5. The failure to satisfactorily complete the conditions and/or remediation requirements outlined in an "Unsatisfactory Performance Contract" (completed for Probation status). This may also result in a failing grade in any associated course(s) as outlined in the conditions of the contract.
6. A student is removed from or denied placement for future rotations at a second clinical affiliate at the written request of the Clinical Supervisor and the Chief Technologist due to unsatisfactory performance.
7. Failure to respect patient or program confidentiality, including the inappropriate use of social media, cell phones, PED's, or other electronic or hard copy media.
8. Documented patient endangerment, harmful or potentially harmful behaviors to any individual on campus or in the clinical setting.
9. Positive results on a drug screen or misrepresentation regarding drug use.

10. Any criminal activity which bars the student from clinical participation and/or renders him/her ineligible for certification by the ARRT or licensure by the Wyoming State Board of Radiologic Technologist Examiners. The student misses 75 or more hours of clinical in one semester.
11. More than two successive incomplete grades given in the radiography curriculum.
12. Any violation of the policies outlined in the Health Sciences & Wellness Polices for Allied Health students stating grounds for suspension or dismissal.
13. Any infraction resulting in expulsion from the college.

SUMMARY OF DISIPLINARY ACTIONS

All levels in the disciplinary action process are documented and kept in the student's personal file.

1. Removal from Clinical Education Center/Denial of Student Placement	Form: Written Letter Required Signatures: Clinical Supervisor and Administrative Technologist To: Program Director Guidelines: Contained on Page 42 of this handbook Use: Clinical Performance Problems
2. Probation	Form: Unsatisfactory Performance Contract Required Signatures: Program Director, Clinical Supervisor (if applicable) Guidelines: Contained on Page 42 of this handbook Use: Clinical and Didactic Performance Problems
3. Dismissal and/or Suspension	Form: Written Report by Program Director with supporting documents Required Signatures: Program Director Guidelines: Contained on Page 43 of this handbook Use: Clinical and Didactic Problems

DUE PROCESS AND GRIEVANCE PROCEDURES

If a student feels he/she has been unfairly treated or evaluated, he/she has the right to have the matter investigated further through informal and formal grievance procedures. Grievance procedures should not be requested frivolously and should be followed in the correct sequence outlined below.

Programmatic Grievances

Programmatic grievance procedures should usually be the first method employed to rectify ANY concerns or issues a student may have specific to the Program.

The following general guidelines should be used by students and Program personnel when dealing with procedural problems:

1. If possible, address the problem at its source first. For example, if a misunderstanding arises between a student and technologist, or a student and another student, steps should be taken by one of the involved parties to rectify the situation independently without any further intervention.
2. If no success is met employing Step #1 above, the student should take the problem within five (5) business days from the alleged incident or disagreement to his/her clinical supervisor, outlining the situation as objectively as possible. The Clinical Supervisor will document and/or rectify the situation at his/her discretion within five (5) business days.
3. If a student is still not satisfied with the results, he/she may request input from the Clinical Coordinator within five (5) business days of the unresolved complaint. The Clinical Coordinator will attempt to gather information from all involved parties. He/she may also choose to document the situation at his/her discretion, depending on the seriousness or sensitiveness of the occurrence, and will issue a decision within five (5) business days.
4. If all of the above channels have been exhausted, the student can request a hearing with the Program Director within five (5) business days of the unresolved complaint. At this level, all such hearings will be documented and kept in the student's personal file at the college. In general, the Program Director's decision is final and will be issued within five (5) business days of the unresolved complaint. If the student is not satisfied, formal grievance procedures must be employed. (See Formal Academic Grade Appeal below.)

5. If a student is unhappy with an academic grade he/she has received, he/she should discuss this with the appropriate faculty member first, entering into the formal academic grade appeal process at the appropriate step. For all RDTK and non-RDTK courses, Procedure 2.16 in LCCC's Student Handbook is followed (http://lccc.wy.edu/life/handbook/).

Formal Academic Grade Appeals

The majority of the program's due process proceedings are typically handled following the Academic Appeals process outlined below. Formal academic grade appeals are to be used when the informal procedures have been exhausted or are inappropriate. They are essentially the same procedures published in LCCC's Student Handbook. The student filing a formal grievance must follow these procedures sequentially. The general guidelines are provided below. For further details, refer to the procedures outlined in the college's current year's general student handbook. The most current Grade Appeals Procedure is outlined below and can be found at: Procedure 2.16P Grade Appeals. (5/2023)

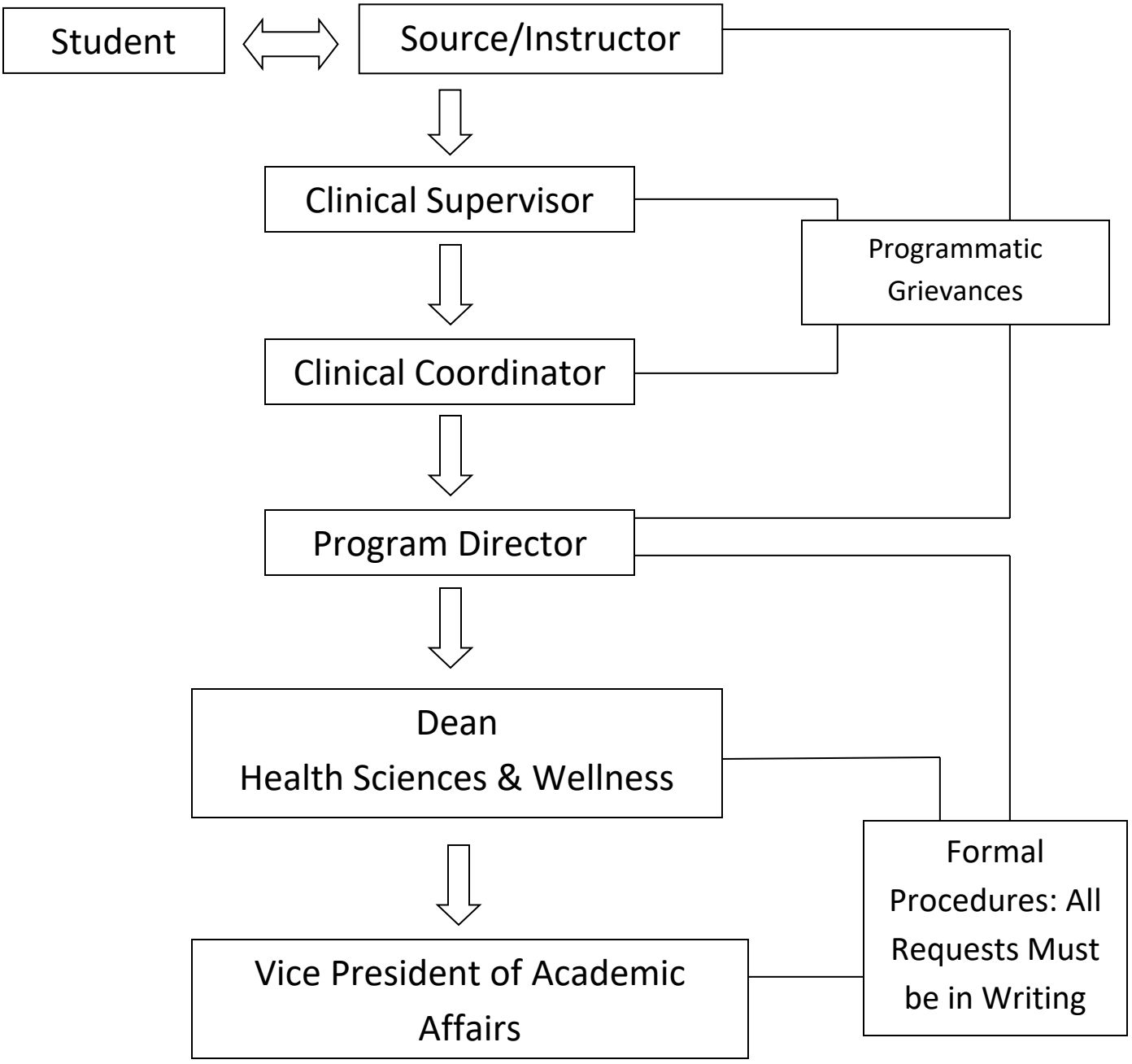
Grade Appeal Process

1) **Initial Communication** – Students should first discuss their concerns with the faculty member of record for the course in which they are appealing a decision. Grades may be appealed at any point in the semester up to five (5) business days following the final grade posting. Failure by the student to discuss their concerns with their faculty member within five (5) business days of the final grade posting makes the decision of the faculty member final. The faculty member will provide a synopsis of the communication and decision in writing.
2) Following that conference, faculty are responsible for issuing a final decision in writing to the student within five (5) business days. Failure by the faculty to issue a decision in writing to the student within five (5) business days of the conference, elevates the appeal to the next level.
3) **Level 1** – If the student wishes to further pursue the appeal process, the student must put in writing via the Grade Appeal Form why the grading is arbitrary or contrary to College policy and including any supporting documentation. This Grade Appeal Form must be submitted to the appropriate Dean within five (5) business days of the faculty member's written final decision. Failure by the student to appeal the decision of the faculty member to the Dean within five (5) business days makes the decision of the faculty member final. In schools where Program Directors serve as academic program administrators, the Level 2 decision will be made in collaboration with the Dean.
4) The Dean (and Program Director when applicable) reserves the right to contact involved parties as needed to gather additional information and documentation. The Dean/Program Director will respond to the student's written appeal within five (5) business days of appeal submission via the Grade Appeal Form. Failure of the Dean/Program Director to issue a decision in writing to the student within five (5) business days, elevates the appeal to the next level.
5) **Level 2** – If the student wishes to further pursue the appeal process, the student must contact the office of the Senior Vice President of Academic Affairs via official College email and request a review of the appeal within five (5) business days of the Dean/Program Director's decision. Failure by the student to appeal the decision of the Dean/Program Director within five (5) business days makes the decision of the Dean/Program Director final.
6) The SVPAA (or designee) will convene the Grade Appeal Review Committee. This Committee will evaluate the grade appeal based on relevant information provided by all parties involved and will make a recommendation to the Senior Vice President of Academic Affairs (SVPAA). The Committee may recommend to uphold the Program Director/Dean's decision, or forward the appeal for review to the SVPAA (or designee) - providing supporting rationale for the recommendation made to the SVPAA within ten (10) days of the appeal submission.
7) The SVPAA and/or designee will make the final decision within five (5) business days of the Committee's recommendation and notify the student via official College email.
    a. If the student's appeal is granted, the SVPAA will determine the grade modification, which will be retroactively applied to the date of the initial grade.
    b. If the student's appeal is denied, the original grade issued by the faculty member will be final.

Should a student unsuccessfully exhaust the college's formal grievance process, the incident then becomes a civil matter with recourse to the appropriate court. (5/2023)

The following flow chart has been designed to summarize the normal appeal process for all academic disciplinary actions which should be followed when dealing with problems in the program.

Programmatic Grievance and Academic Grade Appeal Process



Formal Grievances for Immediate Programmatic Suspension and/or Dismissal Appeals

Formal grievance procedures for immediate clinical or programmatic suspension or dismissal when a student wishes to appeal a disciplinary action taken by the program or the institution that is not directly tied to a grade, but involve other disciplinary actions or sanctions taken due to institutional, program, or clinical student conduct violations. The process is published in LCCC's Student Handbook following Policies 3.15 and 3.16, Student Conduct and Student Discipline Adjudication Procedures. Available at: http://lccc.wy.edu/life/handbook/ and specifically: Procedure 3.15P Student Code of Conduct and Procedure 3.16P Student Discipline Adjudication. The student filing a formal grievance must follow these procedures sequentially and in the timeframes stated.
(5/2023)

Other Problems

Problems which may not conform to the grievance procedure previously outlined should be handled using the following protocols:

Complaints Common to Several Students

If a complaint is common to several students, they should approach their Radiography Program student representative(s). The student representatives should bring the problem to the appropriate radiography personnel first. If the problem remains unresolved, they should follow the appropriate informal/formal grievance processes in order as described on pages 44-45. The shared concern may also be voiced at one of the regularly scheduled Program Faculty or Advisory Committee Meetings, if appropriate.

Complaints Common to Several Departments

If a complaint is common to several medical imaging departments, it may be discussed with the Program Director first and/or then addressed at an Advisory Committee Meeting or Program Faculty Meeting.

Legal Nature

Problems or complaints of a very serious or legal nature, such as harassment/sexual harassment should be brought to the immediate attention of the Program Director. An incident report and appropriate documentation will also be completed. In some cases, these problems will be referred to the appropriate authority as outlined in LCCC's Student Handbook.

Complaints Pertaining to the JRCERT Standards

Students have the right to submit allegations to the JRCERT (Joint Review Committee on Education in Radiologic Technology) if there is reason to believe that the program has acted contrary to JRCERT accreditation standards. As outlined in JRCERT Standard 1.5, before submitting an allegation, the student must first have attempted to resolve the complaint using the grievance process outlined on pages 44-48 in the Student Handbook.

If the student is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT:

Chief Executive Officer
Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Ph: (312) 704-5300
Fax: (312) 704-5304
e-mail: mail@jrcert.org

The Allegations Reporting Form, available at www.jrcert.org, must be completed and sent to the above address with required supporting materials.

The documentation of all JRCERT-related complaints and the actions taken shall be maintained by the Program Director in a designated file and/or the student's/clinical education center's files the complaint pertains to.

Personal Nature

Students with problems not related to the program are encouraged to contact a college counselor. Counselors are available in the Student Service area at (307) 778-4397. An on-call service is available after 5:00 PM for student assistance by calling Campus Safety and Security at (307) 778-112 or cell at (307) 630-0645.

PROGRAM RECORDS

Physical student records are stored in faculty offices, while digital records are maintained on LCCC-provided electronic storage systems. These records include grades, evaluations, student contracts, reports, and other pertinent data. Each clinical evaluation approved by the clinical supervisor and discussed with the student will also be included.

Each student has the opportunity to review the information found in his/her own file by contacting the Program Director. The file will not leave the program office. Only appropriate LCCC personnel and the individual student have access to the file. After the student has completed the program and ARRT examination, the degree audits, master clinical competency records, transcripts, and radiation exposure records will be the only records retained. All other materials will be destroyed after a period of one year.

The student is also responsible for maintaining his/her clinical records, both using Trajecsys and a folder at his/her clinical education center. These include:

1. An up-to-date time log or Clinical Attendance Record Sheet
2. Clinical Competency Exam Forms (Trajecsys)
3. A log of competency exam objectives (This may be posted on a department bulletin board if department protocols allow this.)
4. An up-to-date Technique Log Form
5. An up-to-date Repeat Exposure Log
6. An up-to-date Image Analysis Log
7. An up-to-date Shiftwork Time and Procedure Log (if applicable)
8. Other required evaluation forms (see the clinical component of this handbook)

It is the student's responsibility to obtain the necessary evaluation forms and to ensure his/her time records are up-to-date.

All records at the clinical education center and at the college are property of the college.

STUDENT AND PROFESSIONAL ACTIVITIES

Students are strongly encouraged to participate in the national, state and local professional organizations in radiologic technology which offer student memberships at a reduced rate. The college often sponsors student attendance at professional meetings. Each student must fill in the accompanying forms to be sponsored: Student Travel Responsibilities and Driver Information Form. In addition, students must have a grade of "C" or better in all current coursework to participate in any college or club sponsored activities.

When authorized by the Program Director or the Clinical Coordinator, clinical hours may be awarded for students attending any professional educational meeting such as conventions, seminars, and workshops. Students are strongly encouraged to become active in professional societies.

Peer Mentor Program

The Radiography Program at Laramie County Community College has instituted a peer mentor program to ease the transition period for students entering the program. The system is not mandatory but is available for those students who desire to use it.

Early in the Fall I semester, each first-year student will be assigned a second-year student mentor. Assignments will be made based on each student's clinical rotation assignment. For example: a first-year

student assigned to CRMC for his/her first semester will generally be given a second-year mentor also assigned to CRMC for that semester or prior semesters.

In general, first year students will keep the same peer mentor during their entire first year and will not change mentors when they are rotated to a new clinical site.

More detailed information about the peer mentor system and its use is provided at the time of the mentor selection in the fall.

Radiography Student Club

Upon acceptance into the Radiography Program, all students automatically become members of LCCC's Radiography Student Club. Each new student is required to pay minimal membership dues to help support the club's activities as part of the college's service-learning efforts.

The Club holds regular fundraisers for service-learning opportunities, and to help defray the costs of travel to the various professional activities discussed above. In addition, the club routinely raises money to pay for graduation pins for graduating students or other club activities.

Each class will elect two student representatives who will serve throughout the program. The representatives attend the regular meetings of the Radiography Program Faculty Committee. They serve as a liaison between the students and administrative personnel and contribute to the development of general program policies. Student representatives also serve as officers of the Radiography Student Club.

Students are expected to support the efforts of the student representatives and actively participate in all Club activities, fundraising projects, and management of the Club's social media within LCCC's policies.

Lambda Nu – National Honor Society of Radiologic and Imaging Sciences

After completion of at least one semester of full-time coursework in the Radiography Program, students who meet the GPA and service requirements are eligible to join LCCC's chapter of Lambda Nu: the Wyoming Alpha Chapter of Lambda Nu. Students may join as either first- or second-year students; induction occurs only in each spring semester. Eligibility requirements for Lambda Nu include a 3.0 or higher cumulative GPA in all completed didactic coursework for the program (including prerequisites and excluding clinical courses). In addition, students must demonstrate service and participation outside basic class requirements, such as involvement in Radiography Club activities or other contributions to the program or profession. Separate dues are required and collected for membership in this honor society. Students inducted into the chapter wear special maroon and forest green tassels and cords at graduation. Gold stoles with the Lambda Nu symbol are also available to be purchased and worn.

CLINICAL EDUCATION COMPONENT

INTRODUCTION

The purpose of this section of the Student Handbook is to provide guidance to both the Clinical Supervisors and the students in the LCCC Radiography Program regarding the development and the measurement of actual "on the job" competency in the radiography department. It should also serve as a reference for administrative technologists, clinical instructors, college staff, and students in resolving questions and problems concerning student performance.

The clinical evaluation system employed by the Radiography Program is a variation of the Clinical Objective Evaluation concept for measuring the actual competency of students in performing radiographic examinations. The purpose of such a system is to correlate the cognitive experience in the college environment with the psychomotor experience in the radiography department. Because the system utilizes instructional (behavioral) objectives, it provides a vehicle for communicating what students are expected to be able to perform and what they can, in fact, perform at any point in their training, as well as facilitate didactic-clinical correlation.

CLINICAL AFFILIATES' RIGHTS AND RESPONSIBILITIES

The Radiography Program at Laramie County Community College will establish standards and regulations which will be designed to ensure the quality education of Radiography students at all levels in their training.

Each clinical affiliate has an existing contract with Laramie County Community College and the Radiography Program and assumes the responsibility to assist Laramie County Community College in its mission to prepare students in an occupation of changing technology.

To enhance the relationship between the students, the college, and the clinical education centers, a set of rights and responsibilities of the clinical affiliates has been created.

Clinical Affiliate Rights

Each clinical affiliate in the Radiography Program has a right to:

1. Be informed of Program procedures and accreditation requirements.
2. Representation at each regularly held Program Faculty/Clinical Supervisory Meetings.
3. Open and objective communication from Program faculty.
4. Have students respect patients, property, staff, technologists, and other personnel while at their facility.
5. Expect college faculty to adequately prepare students for clinical experience.

Clinical Affiliate Responsibilities

Each clinical affiliate has a responsibility to:

1. Inquire about Program procedures and requirements if its staff does not have the information or does not understand it.
2. Send a representative(s) to regularly scheduled Program Faculty/Clinical Supervisory Meetings.
3. Provide students with adequate department orientation and current procedure manuals and technique charts/settings.
4. Provide an environment which promotes learning and embodies the professional attitude that students are striving to emulate.
5. Provide the student with adequate opportunities to apply his/her learning.
6. Protect the student from bodily injury while s/he is at the facility.

GOALS AND REQUIREMENTS OF CLINCAL EDUCATION

The primary goal of the clinical education component is to provide the radiography student with the opportunity to directly apply didactic knowledge in the actual environment in which s/he will someday be employed. To successfully provide this necessary "bridge" from the classroom to the "real world," both the student and clinical affiliate personnel must observe the following guidelines.

Clinical Supervision

1. Until a student has proven they are competent in any given procedure, all clinical activities of a student must be conducted under the "direct supervision of qualified radiographers," as defined by the Joint Review Committee on Education in Radiologic Technology.
    a. Requirements
        1. A qualified technologist reviews the exam request and patient condition and compares it to the student's knowledge and competence level.
        2. A qualified technologist is present during the entire procedure.
        3. A qualified technologist evaluates and approves all images prior to sending them with a patient or to a radiologist for diagnosis.
        4. A qualified technologist must accompany the student during all portable and surgical examinations, regardless of the student's level of competence.
    b. Determination of student "competence"
        1. The student has received a 90% or better on a Clinical Objective Evaluation of that procedure; or,
        2. The student has been directly observed by a qualified technologist performing the procedure with no repeat exposures necessary; or,
        3. The student has successfully completed their first four semesters of training.
2. If a student is deemed competent to perform the procedures as defined above, they may complete the examination without the direct supervision of a qualified technologist (called "indirect supervision").
    a. Requirements
        1. **A qualified technologist must ALWAYS be available for immediate assistance, if needed.**
        2. A qualified technologist must review ALL images taken by the student prior to the dismissal of the patient and sending images to be read.
    b. "Immediately available" defined:
        1. Physically in the radiology department, within hearing range, and ideally visual range, should immediate assistance be needed.

Repeat Radiographs

1. Requirements
    a. **A qualified technologist must directly supervise all repeat radiographs regardless of the student's level of competence.**
        1. This is a mandated guideline from JRCERT and must be followed.
2. To document this procedure:
    a. The student completes the appropriate sections of the Repeat Exposure Log Form (see Forms Section) and the qualified technologist observing the repeated procedure should initial the form and/or:
        1. The department's repeat log (if available)
        2. The requisition or electronic record
3. It is the responsibility of BOTH the students and the clinical affiliate personnel to ensure that this procedure be followed:
    a. To achieve the lowest patient dose possible (one of our primary goals as technologists)
    b. To obtain images of the highest quality, and
    c. To provide a positive learning experience for the student. Making the same mistakes repeatedly is not learning and only leads to frustration.

Completing a Clinical Objective

When a requisition is received in the department, and the student and/or his/her clinical supervisor feels s/he is ready to check off one of the required clinical competency objectives for that semester the Clinical Supervisor (and/or his/her designated supervising technologist) must observe the student perform the examination. The Clinical Supervisor should avoid rendering assistance with the examination unless patient circumstances warrant it. Once the decision is made to check off a procedure, **the student cannot change his/her mind upon seeing the patient or after the images have been evaluated.**

To successfully complete a clinical objective, a student must earn a 75% or better. Any score less than a 75% must still be submitted for a grade, but the objective must be repeated until the student earns a 75% or better. The clinical supervisor is responsible for checking all clinical competency examinations as outlined later in this handbook.

A master clinical objective log will be kept by the Clinical Coordinator. Students are encouraged to check this record regularly to ensure that all marked off competency exams have been received and credited. Failure to do so may result in an incomplete grade for that semester.

Students may NOT complete ("pass off") a clinical competency objective at any time prior to the semester that the procedure is covered in the radiography curriculum. This policy ensures that the student has received proper instruction and practice in the procedure prior to attempting competency.

Any clinical objectives remaining during the last two weeks of the semester will be required to be simulated. All simulations in this case will be evaluated by the Program Director, Clinical Coordinator, or the designated Clinical Supervisor (or his/her designee) at the student's clinical site. The ARRT has outlined exams which are eligible for simulation. Those exams are noted in the Clinical Competency Objections section of this handbook. The program encourages all simulated exams to be converted to actual patients whenever possible.

In order to ensure that students are making appropriate clinical progress, **no more than five competencies (mandatory or elective) can be simulated at the end of the semester without approval.** If a student feels that there are extenuating circumstances which prevented him/her from completing an adequate number of clinical competencies, a Competency Appeals Form (see the Forms section) must be completed and approved and signed by the appropriate Clinical Supervisor. The completed form is then submitted to the Clinical Coordinator and Program Director for consideration. If the appeal is granted, the student may simulate more than five exams. However, if the appeal is denied, the student may only simulate five exams of the program faculty's choosing; the remaining exams will be recorded as zeroes for the semester in question and will be carried over for completion into the next semester.

It is the student's responsibility to complete and/or simulate ANY remaining competencies (both mandatory and elective) by the last day of his/her clinical rotation for the semester at his/her clinical site. Any competencies not completed in a timely manner will automatically be assigned a grade of zero by the Clinical Coordinator and carried over into the next semester. The site Clinical Supervisor may request to deny the simulation of an exam(s) with the Clinical Coordinator if the student fails to make appropriate attempts to complete the exam on patients during their time at the clinical site. (6/2022)

Clinical Achievement

1. Attempts must be made by each clinical affiliate to ensure that each student obtains the most beneficial training possible. To that end, the clinical education center must:
    a. Allow the student reasonable opportunities to successfully complete his/her clinical objectives for that semester.
    b. Assist the student in developing competency in as many routine procedures as possible,
    c. Expose the student to as many different types of procedures as possible,
    d. Provide instruction and assistance in equipment operation and image critique.
        1. This may be done by evaluating their own radiographs on a regular basis, or by a more formal session at least once a week.
    e. Not rely on students to staff the department.

1. This undermines the objectives of clinical education as students do not then receive the adequate supervision they require or may need.

f. Keep the performance of menial tasks to a reasonable minimal amount and preferably when all other department work is completed.

2. Affiliated radiology departments must have the capacity to operate without student manpower. Excessive reliance on students in this manner constitutes student exploitation and cannot be tolerated.
3. It is also the responsibility of the student to take advantage of every opportunity available at their clinical education center. To accomplish this, students must:
    a. Abide by the policies of clinical affiliate and those outlined in the Radiography Student Handbook,
    b. Use time wisely,
    c. Be willing to respond to the special day-to-day needs of the department,
    d. Be immediately available and volunteer to perform all examinations in which he/she has gained mastery and is competent,
    e. Actively participate in all aspects of the clinical experience, and
    f. Avoid leaving the department without notifying the appropriate supervising technologist.

GONADAL SHIELDING IN THE CLINICAL SETTING

Program Goal 1.C. states, “Students will demonstrate expertise in principles of radiation protection and safety.” To support this goal, the program educates students on proper use of gonadal shielding in the clinical setting for both patients and themselves. It is the position of the program, in support of the JRCERT’s 2021 Position Statement on Gonadal Shielding in the Clinical Setting, that gonadal shielding will be utilized when it will not interfere with the purpose of the examination and aligns with the clinical site’s policies. Gonadal shielding specific to **abdominopelvic** radiography exams is not standard practice for students of this program. Personnel shielding during fluoroscopic and portable exams is required by students involved in such cases.

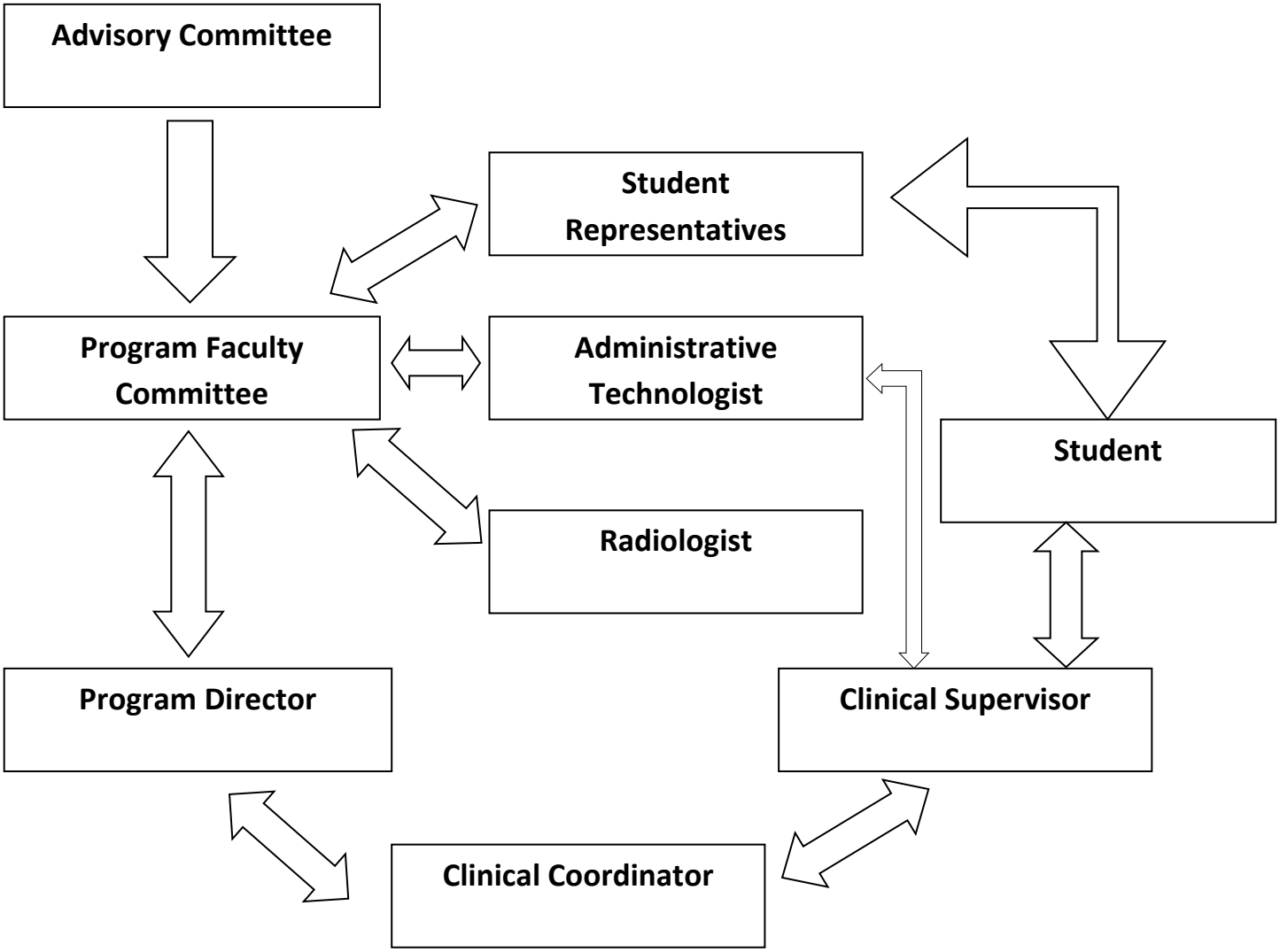
OPERATION OF SYSTEM

A formal contract is maintained between the “Clinical Education Centers” and the college. The college assumes primary responsibility for the educational experience of students. No facility staff, including clinical instructors, are paid employees of the college, nor are college staff compensated by the facilities. Clinical supervisors and administrative technologists voluntarily provide most of the direct supervision of students in the clinical setting in consultation with college staff. Students must follow each facility’s policies while assigned there, and must contribute to the normal patient care function of the radiology department. The college maintains liability insurance for students and faculty. Students should have their own health insurance as outlined earlier on page 20.

Each radiology department should have a complete procedures manual easily accessible to students, as well as copies of the Radiography Student Handbook. In addition, updated technique charts should be programmed into each radiographic unit and/or maintained in each radiographic room. Clinical objectives logs, schedules, and other appropriate forms and memoranda should be posted or readily available in the radiology department.

The college provides all clinical assignment, attendance, objective and evaluation forms to the radiology departments, and to each student at the begining of each semester and/or on Trajecsys.

Operations Flow Chart



Responsibilities of:

Program Director:
College staff member responsible for general policy, curriculum, overall design, function, and the effectiveness of the program.

- Works with students at clinical sites on a limited rotational basis.

Clinical Coordinator:
College staff member responsible for function and effectiveness of the clinical education system of the program.

- Works with students at clinical sites on a regular rotational basis.
- Develops student clinical schedules and monitors student clinical experience.
- Oversees student radiation protection and monitoring, unless another Radiation Safety Officer (RSO) has been designated.
- Ensures adequate competency and image critique experience for students.
- Maintains master files on all student clinical records.
- Interprets all clinical evaluations of students and determines the final clinical grades.

Clinical Supervisors:
The clinical education system hinges on the help of the Clinical Supervisors. Clinical Supervisors are department staff who directly supervise, instruct, and evaluate the clinical performance of students. Specifically, they:

- Orient new students to the department, the facility, and its policies and procedures.
- Regularly instruct students on procedures.
- Regularly critique student's radiographs with them.
- Ensure adequate supervision of radiography students assigned to the department.
- Evaluate and assign a grade to all required clinical competency objectives.
- Fairly and objectively evaluate student progress when completing monthly evaluation forms.
- Approve student attendance records.
- Periodically discuss student's progress with them.
- Ensure secure confidentiality of all electronic and physical student information and evaluations.
- Coordinate the above activities with college staff.
- Mediate problems and promote good relations between students and facility staff.
- Is a member of the Clinical Supervisor's Committee.
- Regularly attend the Program Faculty/Clinical Supervisor Meetings.
- Assist with student selection and recruitment as needed.

Administrative Technologist:
Facility staff member responsible for overall function and policies of the radiology department as a provider of patient care.

- Serves on Radiography Program Advisory Committee, as needed.
- May act as a clinical representative at Program Faculty meetings.

Staff Technologist:
Staff member with no direct responsibilities to the educational program beyond verifying and initialing a student's make-up time, shift work hours, and repeat log. Individual staff technologists may also evaluate clinical competency objectives if the technologist has been cleared to do this by the department's Clinical Supervisor.

Students:
Students are responsible to administrative technologists, clinical supervisors, designated supervising clinical staff, and college staff. Students are responsible for completing required clinical on-boarding requirements including updating immunization records with CastleBranch and the Clinical Coordinator, maintaining their own clinical records and achieving all clinical objectives of the program. Students may be denied clinical placement or earn unexcused absences for clinical time missed due to failure to complete clinical on-boarding requirements including maintaining up-to-date immunization records with CastleBranch and the Clinical Coordinator. (6/2022)

CLINICAL PERFORMANCE OBJECTIVES

To be a successful and competent technologist, students must master various cognitive, professional, and technical skills. To satisfy this primary objective, the Radiography Program has designed the following master plan to ensure that the numerous expectations for an entry-level radiographer are addressed and subsequently evaluated while a student is in the program.

The performance objectives have been divided into two evaluative sections; an employability skills section, and a competency skill objectives section. The employability skills objectives must be met and maintained at a 75% or above level each semester during a student's entire clinical education to continue in the program. Skills in competency skills section have been placed in a sequential manner relating to the semester in which they are learned. These skills are evaluated on a cumulative basis, requiring students to maintain and build on prior skills learned. Students must also maintain a 75% or better in this section to remain in the program. The evaluation forms themselves and their instructions for use can be found later in this handbook.

Master Plan of Performance Objectives

Part I: Employability Skills Section (Evaluated all semesters)

Objective	Related Academic Course
1. **Attendance:** Attends site regularly at scheduled times with NO unexcused absences. Absences are not affecting clinical performance.	RDTK 1503
2. **Punctuality:** Arrives timely at the clinical site with NO unexcused tardiness. Tardies are not affecting clinical performance.	RDTK 1503
3. **Appropriate Dress and Professional Hygiene:** Complies with policies outlined in the Radiography Student Handbook or Clinical Site, whichever is more stringent.	RDTK 1503
4. **Professionalism and Citizenship:** Displays honesty and integrity; Accepts and abides by organizational and program policies and procedures; Accepts responsibility for errors; Positively promotes the profession by displaying an appropriate attitude and demeanor at all times.	RDTK 1503
5. **Time Management:** Uses time wisely (including down time) wisely; Performs duties in an organized, efficient manner; Completes all duties begun; Takes initiative to participate in all exams.	RDTK 1503
6. **Teamwork:** Displays a respectful manner to fellow students, technologists and supervisors; Pleasant to work with; Performs as a member of a team with team goals as an objective; Willing to help others as needed.	RDTK 1503, 1520/HLTK 1600, COMM
7. **Customer Relations:** Respects the patient at all times; Establishes rapport with patients; Maintains a helpful and courteous manner with other departments, visitors, physicians, and co-workers; Interactions leave a favorable impression of the student/department/facility.	RDTK 1503, 1520/HLTK 1600, COMM
8. **Confidentiality:** Holds in strict confidence all information concerning patients, visitors, physicians, and co-workers.	RDTK 1503, 1520/HLTK 1600
9. **Safety:** Complies with the appropriate policies; Quality patient care is displayed at all times.	RDTK 1503
10. **Receptiveness:** Receptive to suggestions and/or corrections; Avoids "shopping for answers;" Accepts criticism in a positive manner.	RDTK 1503, 1520/HLTK 1600, COMM
11. **Communication:** Able to follow directions; Expresses ideas clearly and readily; Observes appropriate channels of communication.	RDTK 1503, 1520/HLTK 1600, COMM
12. **Skills Maintenance:** Retains and consistently applies previously learned skills; Demonstrates continued competence in areas of past learning.	ALL RDTK COURSEWORK
13. **Continuous Growth:** Learns from experiences, feedback, and mistakes to continually progress; Refines and develops new skills to improve accuracy and efficiency; Seeks opportunities to participate in new exams or procedures.	ALL RDTK COURSEWORK

Part II: Competency Skills Section

By the end of the Fall I Semester, the student will demonstrate:

Objective	Related Academic Course
1. Participates in specific on-boarding requirements and orientation of the department (including completing and submitting the Program Orientation Form)	RDTK 1503, 1520/HLTK 1600
2. Wears dosimeter at all times in the appropriate location	RDTK 1503
3. Appropriately utilizes the online clinical management system to keep time records up-to-date (including clock-in and clock-out at the correct facility)	RDTK 1503
4. Recognizes patient workflow from noting an exam is ready, pulling up the exam on the RIS/HIS workstation and verifying the exam has been completed and routed to the appropriate channels	RDTK 1503
5. Correctly uses the department phone system, using appropriate telephone etiquette	RDTK 1503, 1520/HLTK 1600
6. Correctly identifies imaging plate sizes and field sizes for specific semester competencies	RDTK 1503
7. Correctly uses the DR panel and CR laser reader	RDTK 1503
8. Maintains a clean and safe environment; Straightens and cleans exam and dressing rooms; Changes linens as appropriate	RDTK 1503, 1520/HLTK 1600
9. Correctly identifies the patient per department protocol	RDTK 1503, 1520/HLTK 1600
10. Safely transports patient in a wheelchair	RDTK 1503, 1520/HLTK 1600
11. Takes detailed histories, including the possibility of pregnancy	RDTK 1503, 1620, 1520/HLTK 1600
12. Begins to operate control panel utilizing body part/view presets and notes kVp and mAs readouts.	RDTK 1503, 1583, 1584, 1610, 1684, 2583, 2584
13. Manipulates machines properly	RDTK 1503
14. Uses gonadal shields appropriate to specific exams	RDTK 1503, 1620
15. Takes opportunities to perform image analysis	ALL RDTK COURSEWORK
16. Performs 90% or better on all competencies completed in the evaluation period	ALL RDTK COURSEWORK

By the end of Spring I, the student will demonstrate:

Objective	Related Academic Course
1. Safely handles and maintains image receptors	RDTK 1583, 1584, 1610
2. Safely and correctly disposes of contaminated items	RDTK 1520/HLTK 1600
3. Safely transports patients in various conditions (chest tubes, oxygen, suction) with assistance	RDTK 1520/HLTK 1600
4. Safely transports patients using carts or other methods besides wheelchairs	RDTK 1503, 1583, 1584 1520/HLTK 1600

5. Recognizes need for technique changes (kVp, mA, time) based on exposure index numbers.	RDTK 1583, 1584, 1610, 1611
6. Gives patient clear instructions (verbal and non-verbal)	RDTK 1583, 1584
7. Shows evidence of collimation on finished radiographs	RDTK 1583, 1584, 1620
8. Recognizes when alternative projections are needed due to patient's physical condition, asking for assistance when needed	RDTK 1583, 1584
9. Performs examinations in an organized and efficient manner	RDTK 1583, 1584
10. Correctly orients and labels a digital image per department protocol	RDTK 1583, 1584, 1610, 1611

By the end of Summer I, the student will demonstrate:

Objective	Related Academic Course
1. Performs warm-up procedures with assistance	RDTK 1584
2. Manipulates portable equipment and set up for specific exams	RDTK 1583, 1584, 1683, 1684
3. Positions patients for portable exams	RDTK 1583, 1584, 683, 1684
4. Attempts alternate projections due to patient's physical condition, asking for assistance when needed	RDTK 1583, 1584, 1683, 1684
5. Critiques radiographic qualities, (brightness, contrast, noise, spatial resolution, distortion)	RDTK 1583, 1584, 1610, 1611
6. Identifies correct contrast for specific exams	RDTK 1583, 1584, 1683, 1684
7. Mixes barium to department specifications	RDTK 1583, 1584, 1683, 1684
8. Correctly loads a syringe with contrast (IVU's)	RDTK 1583, 1584, 1683, 1684
9. Sets up a drip infusion for IVU's or other contrast exams	RDTK 1583, 1584, 1683, 1684
10. Sets up for fluoroscopy utilizing department protocol	RDTK 1583, 1584, 1683, 1684
11. Explains patient preparation, diet restrictions, pre-exam instructions, and post-exam instructions for all contrast exams	RDTK 1583, 1584, 1683, 1684
12. Recognizes and reports allergic reactions (or any change in patient condition) when contrast media is utilized	RDTK 1583, 1584, 1683, 1684, 1520/HLTK 1600
13. Monitors medical equipment attached to the patient during a radiographic procedure (i.e. IV's, oxygen, catheters, BE tubing, etc.)	RDTK 1583, 1584, 1683, 1684, 1520/HLTK 1600
14. Recognizes technique changes for contrast exams (i.e. double Barium, single Barium, iodinated)	RDTK 1583, 1584, 1610, 1611
15. Begins making technique corrections on repeat images with input from a technologist	RDTK 1583, 1584, 1610, 1611
16. Performs venipuncture following department protocol	RDTK 1583, 1584, 1683, 1684

By the end of Fall II, the student will demonstrate:

Objective	Related Academic Course
1. Independently performs tube warm-up procedures	RDTK 1584, 1610, 1611
2. Accompanies technologist during surgical or C-Arm procedures	RDTK 1683, 1684, 2583, 2584
3. Maintains sterile fields	RDTK 1683, 1684, 2583, 2584, 1520/HTLK 1600
4. Performs basic digital imaging enhancement functions per department protocols with input from technologists	RDTK 1610, 1611, 2623, 2624
5. Converts techniques by manipulating mA, time, and kVp for any variable change (i.e., grids, SID, orthostatic breathing, etc.)	RDTK 1583, 1610, 1611, 2623
6. Identifies non-traditional causes of poor radiographic quality (i.e., quantum mottle, etc.)	RDTK 1610, 1611, 2623, 2624
7. Performs multiple exams in a logical manner (i.e.: all AP's completed first prior to rotating patient)	RDTK 1583, 1584, 1683, 1684, 2583, 2584, 1520/HLTK 1600
8. Correctly identifies all items on the crash cart and their purpose	RDTK 1583, 1584, 1683, 1684, 2583, 2584

By the end of Spring II, the student will demonstrate:

Objective	Related Academic Course
1. Volunteers to perform all exams	RDTK 1503, 1586, 1683, 2583
2. Performs all pediatric exams with assistance	RDTK 1583, 1683, 2583
3. Performs all emergency exams with assistance	RDTK 1583, 1584, 1683, 1684,1520/HLTK 1600
4. Correctly sets up sterile fields	RDTK 1583, 1684, 2584, 1520/HLTK 1600
5. Identifies radiographic artifacts and their causes	RDTK 1583, 2623, 2624
6. Makes technique selection and corrections with increasing accuracy	RDTK 1610, 1611, 2623, 2624
7. Recognizes and reports malfunctions of radiographic equipment	RDTK 1610, 1611, 2623, 2624
8. Performs digital imaging enhancement functions per department protocols with increasing accuracy	RDTK 1610, 1611, 2623, 2624
9. Analyzes own radiographic images, recognizing errors and offering solutions	RDTK 1610, 1611, 2623, 2624
10. Recognizes principles and safety protocols for other modalities	RDTK 2603

(5/2025)

CLINICAL COMPETENCY OBJECTIVES

In addition to the radiographic skills and task objectives, the student is required to demonstrate competency in the radiographic procedures described below according to the following schedule. Students are required to pass off (demonstrate mastery) on specific exams in the semester that they are presented using the Clinical Objective Evaluation form (See the Forms section). Each of these objectives is taught in or by the semester noted, so students should be able to directly apply their classroom knowledge to the clinical setting.

This Master Plan of Competencies is based on and designed to meet the Clinical Competency Requirements published by the American Registry of Radiologic Technologists. The student will receive a Master Clinical Competency record (see Forms section) at the beginning of his/her training to log each competency as it is completed. This cumulative log is also available on Trajecsys. It is the student's responsibility to maintain and update the form as s/he progresses through the program.

The Clinical Coordinator will verify the timely completion of all objectives at the end of each semester. Students may complete objectives on the mastery competency form ahead of schedule as the opportunity at his/her clinical rotations arises. Any incomplete exams must be simulated by the end of the corresponding semester. However, only five (5) will be allowed without submitting a Competency Appeals form (See the Forms section). The site Clinical Supervisor may request to deny the simulation of an exam(s) with the Clinical Coordinator if the student fails to make appropriate attempts to complete the exam on patients during their time at the clinical site. All mandatory objectives and a minimum of 15 different elective objectives must be completed by the last day of the program or the student will not be able to complete the ARRT Certification exam immediately upon program completion.

Master Plan of Competency Objectives Please see the next page for more information regarding expected exam protocols. **Per ARRT: Mandatory (M) / Elective (E) / Eligible for Simulation (+)**

A. Fall I

Patient Care Procedures (RDTK 1520)	M
Chest	M
Thumb or Finger	M +
Hand or Wrist	M
Abdomen (KUB)	M
Patient History Checklist	M

B. Spring I

Chest	M
Finger	M +
Hand	M
Wrist	M
Forearm	M
Elbow	M
Humerus	M +
Shoulder	M
Scapula or Pediatric Extremity° Upper or Lower	E +
Toe	E +
Foot	M
Ankle	M
Knee	M
Pelvis or Hip	M
Scoliosis Series or Soft Tissue Neck	E +
Abdomen (Minimum 2 views)	M +
Venipuncture	M

C. Summer I

Ribs	M +
Sternum or AC Joints	E +
Clavicle	M +
Trauma Shoulder with Y-view, Transthoracic, or Axillary†	M
Upper Extremity Trauma†	M
Knee	M
Tibia-Fibula	M +
Femur	M +
Patella	E +
Calcaneus	E +
Lower Extremity Trauma†	M
Cervical Spine	M
Lumbar Spine	M
Pelvis	M
Hip	M
GI Study I (Esophagram; UGI; SBFT; BE)	E
Portable Upper or Lower Extremity	M
Venipuncture	M

†Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of patient condition (ARRT)
°Pediatric patients are 6 or younger (ARRT)

D. Fall II

Wheelchair or Stretcher Chest	M
Skull; Sinus; Facial Bones; Orbits; TMJs; Nasal Bones; Mandible	E +
Cervical Spine (to include obliques & odontoid)	M
Thoracic Spine	M +
Lumbar Spine (to include obliques)	M
Hip Trauma to include X-table lateral	M +
Sacrum/Coccyx or SI Joints	E +
GI Study II (Esophagram; UGI; SBFT; BE)	E
Cystogram or ERCP	E
Arthrogram	E
Surgical/C-arm Study (Ortho) (Minimum 2 views)	M +
Surgical/C-arm Study (Non-Ortho) (1+ views)	M +
Portable Chest	M
*Geriatric Chest (2 views)	M
*Geriatric Upper or Lower Extremity	M
*Geriatric Hip or Spine	E
Venipuncture	M
DEXA Competencies/Log	E

*Geriatric patients are 65 or older with physical or cognitive impairment (ARRT)

E. Spring II

Decubitus Chest or Abdomen	E +
Skull; Sinus; Facial Bones; Orbits; TMJs; Nasal Bones; Mandible	E +
Cervical Spine (to include flexion/extension)	M
Thoracic Spine	M +
Lumbar Spine	M
Cross-table Spine (horizontal beam)	M +
GI Study III (Esophagram; UGI; SBFT; BE)	E
Myelogram or Hysterosalpingogram	E
C-arm Study I (non-specific)	M +
C-arm Study II (non-specific)	M +
Portable Chest	M
Portable Abdomen	M
Pediatric Chest°	M +
Pediatric Abdomen°	E +
Portable Pediatric Procedure°	E +
Observe 1 Heart Catheterization	E
Venipuncture	M
C-arm Time/Log	E

General Exam Protocols for Demonstration of Competency

--**If no specific additional views/positions are listed, these exam guidelines apply:**

Long bone studies: 2 views

Routine non-trauma joint studies: 3 views

T-Spines: 2 views

C & L-Spines: Minimum of 3 views

Headwork: Minimum of 3 views

If a site's protocol does not require the minimum number of views as listed above (EX: spines), the student may complete the views required by the site on a patient and simulate the 3rd or other view(s) under direct supervision by the Clinical Supervisor.

Different exams must be performed for each Headwork and GI study competencies.

For contrast studies: If a site's protocol does not include after-images, the student may assist with the exam and simulate the following number of views: Esophagram (2 views), UGI (3 views), BE (5 views), ACBE (8 views), Myelogram (2 views).

--Examples of physical and cognitive limitations for geriatric competencies:

Includes but not limited to: Hearing loss, unsteadiness, weakness and/or requires assistance to stand or sit, difficulty understanding, remembering, and/or following instructions, patient's history lists an impairment related

During the Summer I and Fall II semesters, students will spend time in DEXA as part of their normal clinical rotation hours. Specific exam and performance competencies will be provided to each student in the Summer I semester.

During the last half of the Spring II semester, students are allowed a four-week rotation in the following specialty areas:

Cardiac Catheterization Laboratory
Computed Tomography (CT)
Interventional
Mammography
Magnetic Resonance Imaging (MRI)
Nuclear Medicine
Radiation Therapy
Sonography
Surgery
Other Areas of individual interest (Pediatric, Veterinary Radiography, PACS, etc.)

Students may request the area of their choice, but the Clinical Coordinator will make the ultimate decisions based on the availability of each area, the number of students interested in each and each individual student's competency and achievement level during their recent general diagnostic rotations. Students will receive a separate evaluation form unique to each area and this will constitute part of their clinical education grade.

GRADING

The weighting of the components leading to a final clinical grade is based upon the philosophy that there should be some form of "checks and balances" to assure a reasonable degree of objectivity, reliability, consistency, and fairness. It is for this reason that several people are involved in evaluating students, with college faculty, clinical instructors, and administrative technologists all having been trained in the use of the system. While the clinical instructors evaluate the students on a continuing basis, the college faculty also provide a clinical evaluation in the form of a final positioning examination in the clinical setting once each semester to add a "second opinion" of the student's competency level.

1. Clinical Objective Evaluations = 40%
2. Monthly Student Evaluations = 40%
3. Final Positioning Examination = 20%

The actual computation of the score of each type of evaluation is explained in the Clinical Records and Forms sections of this Handbook.

The FINAL GRADE for a clinical evaluation course is then determined in the following manner, **by the Clinical Coordinator:**

1. The average score for all clinical objective evaluations is computed as A.
2. The average score for all monthly student evaluations is computed as B.
3. A is multiplied by 0.40 to obtain A.
4. B is multiplied by 0.40 to obtain B.
5. The final positioning examination score is multiplied by 0.20 to get C.
6. A+B+C = Final Grade

NOTE: Probation or other disciplinary actions taken will automatically take precedence when the final grade is computed.

The following standard scale is used in assigning letter grades:

92 - 100% = A
83 - 91% = B
75 - 82% = C
74% and below = F

Any grade below a "C" in any RDTK course is not acceptable for radiography students. In this case, a student will not be allowed to continue in the program.

Because this is a competency-based program, grades are never "curved" to rank students against each other. Any student achieving a well-defined objective is recognized with the appropriate grade.

Excessive absence from clinical or failure to complete and turn in all necessary evaluations and attendance records may result in an "incomplete" grade for the course until contracted compensatory work is completed. Students will NOT be allowed more than two successive semester "INCOMPLETE" grades. Severe illness or other extenuating circumstances may be considered on an individual basis.

If more than two successive "INCOMPLETE" grades are given, the student will not be allowed to continue in the program.

CLINICAL EDUCATION SCHEDULE

Radiography students will complete approximately 1,062 hours at their respective clinical sites and will generally be rotated to a new clinical education center each semester. The clinical hour requirements and suggested times are to be followed as outlined below.

Clinical Education Schedule

Fall I Semester:

Course:	RDTK 1503 Introduction to Radiologic Technology (4 credit hours)
Time:	Tuesday and Thursday – 6 hours beginning mid-October.
Total Hours per Week	12
Number of Weeks	Up to 8
Number of Days (Depending on academic calendar)	12
Total Semester Clinical Hours*	72

Spring I Semester:

Course:	RDTK 1590 Clinical Education I (4 credit hours)
Time:	Tuesday and Thursday – 6 hours
Total Hours per Week	12
Number of Weeks	16
Number of Days (Depending on academic calendar)	30
Total Semester Clinical Hours*	180

Summer I Semester:

Course:	RDTK 1713 Clinical Education II (4 credit hours)
Time:	Monday, Wednesday, Friday – 8 hours. Students are also required to complete16 hours of shift work during this semester in exchange for regular clinical hours. These are to be arranged as outlined on page 24 of this handbook.
Total Hours per Week	24
Number of Weeks	8
Number of Days (Depending on academic calendar)	22-23
Total Semester Clinical Hours*	180

A specific surgical rotation (minimum of twenty-eight (28) hours) will be scheduled for the mid-Summer, Fall II, and Spring II semester. C-arm/OR hours must be completed by the end of the Spring II semester. The log for this experience can be found in the forms section of this handbook. A Surgical Rotation Evaluation will be completed at the end of the rotation (See the Forms section).

Fall II Semester:

Course:	RDTK 2510 Clinical Education III (7 credit hours)
Time:	Monday, Wednesday, Friday – 7 hours
Total Hours per Week	21
Number of Weeks	16
Number of Days (Depending on academic calendar)	45
Total Semester Clinical Hours*	315

Spring II Semester:

Course:	RDTK 2613 Clinical Education IV (7 credit hours)
Time:	Monday, Wednesday, Friday – 7 hours

Total Hours per Week	21
Number of Weeks	16
Number of Days (Depending on academic calendar)	45
Total Semester Clinical Hours*	315

Students may be permitted one subspecialty rotation for four weeks during the last half of this semester's clinical hours as assigned by the Clinical Coordinator (See pages 30 and 64 for more information.)

*TOTAL PROGRAM CLINICAL HOURS (Approximate) = 1,062

*Clinical hour totals shown are approximate and may vary slightly because of changes in the academic calendar.

It should be noted that the minimum number of clinical hours determined for all Clinical Education courses is based on the college's formula for granting credit for clinical education: 45 clinical hours = 1 credit hour.

CLINICAL RECORDS AND FORMS

The following written and electronic instruments provide the main structure for the system:

1. Clinical Rotation Schedule Master
2. Clinical Orientation Form
3. Clinical Attendance Records
   a. Trajecsys Time Records (Clock In/Clock Out Function)
   b. Hardcopy (Back up Clinical Attendance Record)
   c. Clinical Make-up Time Pre-Authorization and Agreement Form
4. Master Clinical Competency Record/Skill Summary
5. Clinical Objectives Evaluation Form
6. Semester Clinical Objectives Listing and Log
7. Clinical Competency Technique Log
8. Repeat Exposure Log
9. Image Analysis Log
10. Monthly Student Evaluation Form
11. Rotational Student Record
12. Clinical Rotation Evaluation Form
13. Student Self-Evaluation Form
14. Final Positioning Examination Form
15. Clinical Coordinator's Student Clinical Preparation Evaluation
16. O.R./C-arm Attendance Log
17. C-arm Competency Evaluation Form
18. Surgical Rotation Evaluation Form
19. Special Rotation Evaluation Form
20. Clinical Shiftwork Log and Attendance Record
21. Competency Appeal Form
22. Unsatisfactory Performance Contract
23. Clinical Incident Report
24. Clinical Education Agreement to Minimize Fetal Exposure
25. Magnetic Resonance Imaging (MRI) Safety Clearance Form

These are described in detail on the following pages. The forms themselves may be found in the forms section of this handbook. The forms have been designed to be comprehensive and yet very concise so as to require only a few minutes to read or fill out. All clinical forms must be completed on Trajecsys, the program's on-line clinical management system, or filled out in ink.

Instructions for Use of Clinical Forms

1. Clinical Rotation Schedule Master
   A. Filled out by: Clinical Coordinator
   B. Frequency: Once each semester for each class
   C. Method: Based on clinical facilities and allotted student capacity
   D. Submitted to: Each semester's schedule will be issued to each department and student
   E. Notes: The Spring II semester may be subject to changes due to specialty rotations during this semester.

2. Clinical Orientation Form
   A. Filled out by: Clinical Supervisor and student
   B. Frequency: The start of each clinical rotation
   C. Method: This form is used to ensure the safety of students, staff, and patients at each clinical facility where a student is assigned. It also provides a standardized list of expectations that each clinical site requires of students prior to performing any graded evaluations or competencies. The clinical supervisor and student place a check mark or N/A next to each item and/or fill in the data where indicated on the list as it is covered. Once the form is complete, both the student and the Clinical Supervisor sign and date the form. The student submits the completed form to the Clinical Coordinator upon its completion.
   D. Submitted to: Clinical Coordinator
   E. Notes: This form is the minimum requirement for all clinical rotations. Each clinical site may require additional training or orientation sessions prior to or at the beginning of their rotation. The Clinical Coordinator will provide the instructions and/or contact information to all affected students in advance of each semester's rotation(s). The failure to comply with these additional orientation requirements in a timely manner will result in (an) unexcused absence(s) for each day the student is not able to attend clinical as a result of the incomplete orientation activities. (6/2016)

3. Clinical Attendance Records

   3a) Trajecsys Time Records (Clock in/Clock out function)
   A. Completed by: Student
   B. Approved by: Clinical Supervisor
   C. Frequency: Clock in/Clock out by student daily – approved weekly
   D. Method: Each clinical site has at least one designated computer for students to use to clock in and clock out. **Students are expected to clock in within five minutes of their arrival time.** Clocking in later than this can result in an unexcused tardy.

      Generally, students should NOT clock out for lunch and breaks. Although this will cause the total time record to show a greater number of hours on the system for the day, the Clinical Coordinator will maintain a master time log as a cross reference should any time discrepancies occur.

      In the event that a computer is not available on a particular day, or the student forgets to clock in or clock out, a "Time Exception" may be filed using the Trajecsys system. However, excessive and unnecessary use of the time exception function should be avoided.

      Once a week, Clinical Supervisors are to use the "Approve Time Records" function to review and approve each student's time records. Typically, Trajecsys will email a reminder to each Clinical Supervisor once a week to complete this action.

      Make-up or extra time can also be logged using the Trajecsys system. Students should add a comment and/or file a "Time Exception" to document the amount of make up or extra time completed. The policies for completing make-up time or extra time as outlined on pages 37-38 of the handbook must be followed for the student to receive credit. The Clinical Coordinator and Program Director reserve the right to correct and/or revise a student's electronic time record using these policies.

      In the event that a computer is not available for student's use to clock in and clock out at a clinical site, the program's hard copy Clinical Attendance Record may be used. (See the instructions for 3b below.)

3b) Hardcopy (Back up Clinical Attendance Record)

A. Filled out by: Student
B. Approved by: Clinical Supervisor
C. Frequency: Filled out daily; Approved monthly
D. Method: All normal daytime shift clinical hours worked by students must be written in the space for each day on this form. **Time will be credited in one-half hour increments only.** If one-half hour or more is missed in one day, the total hours worked should be entered, and the student will be required to make the time up as an absence.

   See the program policy for guidelines regarding absences and punctuality in the clinic. If the student is late up to one-half hour, a "T" should be marked on the sheet. An "A" indicates a notified absence (student called in), and an "X" indicates an unexcused absence.

   Completed make up hours are logged on this sheet in the spaces marked "make up time" at the bottom of each attendance record.

   At the end of each month, the student takes the filled out record to the Clinical Supervisor and requests approval by signature.

   The Clinical Supervisor reviews the record for discrepancies, signs it if there are none, and returns it to the student. The Clinical Supervisor assumes primary responsibility of maintaining them and submitting them to the Clinical Coordinator. Failure to receive approval each month or to turn in complete records may result in an incomplete grade. These forms must be filled out in ink.

E. Submitted to: Program Clinical Coordinator (at the end of each semester/rotation)
F. Clinical Supervisors have the option of keeping attendance records on all students assigned to their department if this is helpful to them. Forms may be obtained from the Clinical Coordinator.

3c) Clinical Make-up Time Pre-Authorization and Agreement Form

A. Filled out by: Student and Clinical Supervisor(s)
B. Approved by: Clinical Coordinator
C. Frequency: For each absence from the student's designated clinical site
D. Method: Two copies of the form are required to be completed when an absence occurs. Copies 1 and 2 must be completed (including student and clinical supervisor signatures) and approved by the Clinical Coordinator via his/her signature near the bottom of BOTH forms. The Clinical Coordinator will retain Copy 1 in the student's clinical file. (The Clinical Supervisor may also make a copy for their records.) Copy 2 is returned to the student to use to log and document the make-up hours and to verify that the make-up hours have been completed as arranged. The first table is fairly self-explanatory and outlines the specific date(s) and hours of the day(s) missed to clearly outline the number of hours missed, along with the reason for the absence(s). a) The second table outlines the exact date(s) and time(s) of make-up hours that the student and Clinical Supervisor(s) are agreeing to. If more than one clinical site is involved (EX: the student is making up hours at a different facility), then both Clinical Supervisors must sign the form. b) The third table is completed by simply outlining the student's normal clinical schedule for the week. This is to ensure that the make-up time does not occur on a holiday (per JRCERT policies), or that the student is not attempting to complete clinical hours that would put his/her health or patient safety at risk by completing excessively long days (more than 10 hours per day) or trying to cram in more than 40 hours of time per week towards the program. c) Once the student has Copy 2 signed and returned to them from the Clinical Coordinator, the student may begin logging his/her make-up time as

outlined on the form. The student should still clock-in and sign out using Trajecsys, specifying "make-up time" as outlined in the handbook. However, to document that the make-up hours were completed as listed on the form, the technologist responsible for supervising the student during the shift must initial and date each block of time **as it is completed.** d) To claim the make-up time, the student must obtain the Clinical Supervisor's signature(s) at the very bottom of Copy 2, verifying that all the agreed upon times and hours were completed as arranged. The student returns the completed and signed Copy 2 to the Clinical Coordinator, and he/she will cross-reference this with the master time records for the student and verify that all time is complete

E. Submitted to: Clinical Coordinator (Copy 1 prior to completion of the make-up hours and a completed Copy 2 after all hours are completed)
F. Notes: **The same attendance and notification rules apply when clinical make-up time is completed. If a student has made previous arrangements for completing clinical make-up hours and fails to attend on that date without calling the appropriate program personnel, an unexcused absence will be documented.** If any discrepancies are discovered, or if the student fails to follow the steps outlined in the handbook and on the form, some or all the make-up hours will be disallowed, and if warranted, additional disciplinary action may be taken.

4. Master Clinical Competency Record/Skill Summary (Trajecsys)
   A. Written by: College staff
   B. Filled out by: Students, Clinical Supervisor, (and clinical staff, as needed)
   C. Frequency: Continuous throughout entire program
   D. Method: This master list of required competencies (along with all of the accompanying clinical forms) is available to the student at the beginning of the program. The list is designed to correlate with the ARRT's required competencies and the program's sequential curriculum. The Skill Summary Report on Trajecsys is automatically updated each time a competency is completed.

      Two levels of competency are listed on the matrix legend: mandatory and elective (see an example in the Forms Section). A mandatory exam must be completed on a patient – generally no simulations are allowed on these competencies as prescribed by the ARRT. *Elective exams may be passed off on patients, simulations, or phantoms. In general, the competencies listed are to be completed in the semester assigned, unless prior arrangements and/or special circumstances exist.**

      *The only exception to this would be when a student has already proven his/her competency on a mandatory competency on a patient during an earlier semester.

      **Examples:
      1. A student is working ahead of his/her competency schedule due to the availability of (a) special exam(s), and provided that the radiographic procedure has already been covered in the curriculum.
      2. The student's clinical assignment is a clinic where certain examinations may not be conducted. The Clinical Coordinator, the Clinical Supervisor and the student will agree on appropriate simulations or substitutions from the program's Master Plan for the semester.

      On a regular basis and at the end of each semester, the Clinical Coordinator will complete an audit of each student's Skill Summary by electronically validating each competency on Trajecsys checking each student's progress towards completion of the necessary competencies. If a student fails to complete the required number of mandatory and elective competencies prescribed below by the end of the program s/he will not be able to complete the Registry in a timely manner.

Due to the diverse nature of the competencies listed and the different availability of exams at each clinical site, students are encouraged to “work ahead” on more advanced competencies as they are available, but only after the procedure has been covered in the appropriate positioning course. For example, if the opportunity to complete a decubitus abdomen competency arises before the Spring II semester, the student should ask to be graded on this exam if he/she is able to do so, as the opportunity may not present itself during the Spring II semester. This is especially true for all portable and surgical procedures.

E. Submitted to: Clinical Coordinator (automatic with each competency completion for validation)
F. Forwarded to: Program Director at the end of the program for final review of the student’s eligibility for the ARRT examination.
G. Notes: The Program Director will review the completed Skill Summary at the end of the program and verify that all of the ARRT competency requirements have been met. Once verification is complete, the Program Director will notify the ARRT of the student’s eligibility. The completed Skill Summary in both hard copy and electronic format will be maintained in the student’s permanent program records.

5. Clinical Objectives Evaluation Form
   A. Filled out by: Clinical Supervisor, his/her designated representative, clinical staff, or college staff. Administrative and other supervisory technologists may substitute as cleared through the College staff and the department.
   B. Frequency: As the Clinical Supervisor directs. When the system is used properly, students should each average roughly one evaluation per week throughout the program. Ideally, half of the required objectives should be complete by mid-term with the remainder completed at the end of the semester.
   C. Method: Students and Clinical Supervisors are supplied with the Clinical Objectives Evaluation sheets at the outset of each semester. Proper evaluation requires that the supervising technologist be present in the room to observe the entire procedure (except for long fluoroscopic or special procedures, during which the supervising technologist if possible, should observe enough to objectively grade each facet), and that the supervising technologist critiques the finished series of images with the student. The student is to see and be allowed to discuss the evaluation with the supervising technologist. Problems or questions should be referred to college staff.

      Using the Trajecsys system, once the technologist completes the evaluation, and hits the “submit” button, the competency is automatically scored and is available for the student, Clinical Supervisor and the college staff to view through the Reports/Skill Summary menu. An example of a scored competency is available in the Forms section of this handbook. If a hard copy version of this form is used, the supervising technologist should score it using the instructions below. The completed competency can be sent with the student for college staff to input or be input by the Clinical Supervisor when a computer becomes available.

      Scoring: Students are required to document the technique factors displayed for each view/projection exposed. A five-point deduction is taken if any or all of the technique factors used are omitted. When using the online Trajecsys competency forms, students will log all of their technique for competencies using a Clinical Competency Technique Form. Students are required to provide this form to the supervising technologist as soon as possible after completing the procedure and prior to the technologist evaluating it.

      Any mark placed within boxes 1-10 indicates that corresponding quality for the given view needed improvement in the opinion of the evaluator, and with reference to the definitions on the back side

of the form. Each mark will deduct 5% from the 100% possible. Consequently, a major error resulting in a repeat film will produce a score of 85% if there are no other errors. If, in the opinion of the evaluator, the patient presented a particularly difficult case, or unusual equipment problems hindered the student, then the appropriate "correction factor" should be marked at the bottom of the form, which will add 5% to the student's score. The Clinical Supervisor tallies the sheet and enters the percentage grade at the upper right corner of the sheet. No letter grades are used on objective evaluations. Though less than a 75% is considered a failure, the score must still be recorded as it contributes to a final average. In any case, any clinical competency with a score of less than 75% must be repeated to ensure that the student demonstrated competency in that particular procedure. Clinical Objective Evaluations are to be filled out in ink and signed by the Clinical Supervisor to be valid. If the form is incorrectly scored, the Clinical Coordinator and Program Director reserve the right to correct/change the percentage score given.

Students are allowed to simulate a maximum of five procedures on the Clinical Objective Listing and Log during the last two weeks of the semester. All simulations remaining during this time period will be evaluated by the Program Director, the Clinical Coordinator, the Clinical Supervisor or his/her designee at the student's clinical site. If the student wishes to simulate more than five procedures, he/she must complete a Competency Appeal Form.

Evaluations pertain to all aspects of a procedure performed by the student only. Thus, equipment errors committed by the student should be included in the evaluation; neglect on the part of others should not. When objectives are simulated by the college staff the "density" category is substituted with "proper mAs" and the "contrast" category with "proper kVp."

Scores are averaged at the end of the semester, and together with Clinical Education Evaluation Forms and the final positioning examination, constitute a grade.

D. Submitted to: Clinical Coordinator (as each objective is completed)
E. Notes: The Clinical Objective Evaluation is graded according to the criteria defined on the back of the sheet. These criteria, as well as those used throughout this system, are given as minimal guidelines and are subject to the variation of policy and practice between different radiology departments. **To protect patient confidentiality, the patient's name and/or identification number should <u>never</u> be entered on this form or in the Trajecsys system.**

6. <u>Semester Clinical Objectives Listing and Log</u>
   A. Written by: College Staff
   B. Filled out by: Students and Clinical Supervisor
   C. Frequency: Distributed each semester to all students and Clinical Supervisors. Filled out as objectives are completed.
   D. Method: Students must be evaluated for competency on each objective listed on this form during the semester. Each objective must be accomplished by the last day of classes prior to final exams. **Any missing competencies will be simulated during the last two weeks of the semester, up to a maximum of five.** Students will be assigned a grade of zero for any competencies greater than five on the Clinical Objective List for that semester; these competencies will be carried over to the next semester until competency is demonstrated. Students may file an appeal if extenuating circumstances exist (see the Competency Appeal Form later in this section). All simulations remaining during this time period will be evaluated by the Program Director, the Clinical Coordinator, or the Clinical Supervisor (or his/her designee) at the student's clinical site.
   E. Submitted to: Clinical Supervisor and Students (6/2014)

7. Clinical Competency Technique Log
    A. Filled out by: Student and initialed by supervising technologist
    B. Frequency: Each clinical competency attempt
    C. Method: Students will complete one line for each clinical competency completed, completing the "Proposed Technique" column first, and then specifying each view's techniques in the remaining cells (including repeats, if any). Once the clinical competency is completed, the student is responsible for providing this form to the technologist for his/her verification. If the student fails to complete or provide the form in a timely manner, or the techniques listed are not realistic and appear to be fabricated, the technologist should check "no" on the clinical competency form for techniques being present.
    D. Submitted to: Program Clinical Coordinator at the end of each semester

8. Repeat Exposure Log
    A. Filled out by: Student and initialed by supervising technologist
    B. Frequency: After every repeat exposure; to be turned in to the Clinical Coordinator at the end of the month with the Monthly Student Evaluation Form.
    C. Method: These forms are provided to Clinical Supervisors and students as needed by the college staff. This form should be available each day during a student's clinical assignment, so that **any time a repeat exposure must be completed by the student,** (whether it is a current or past competency) **direct supervision by the qualified technologist can be assured and documented.** At the end of each evaluation period, the completed form must be submitted with the student's Monthly Development Evaluation Form. The Clinical Coordinator will review these forms, and students with noted performance problems will be counseled.

9. Image Analysis Log
    A. Filled out by: Students and Clinical Supervisors
    B. Frequency: Students should review at least one radiograph each clinical day with a technologist.
    C. Method: The purpose of this log is to practice consistently analyzing image quality utilizing McQuillen Martensen's Radiographic Image Analysis textbook. With a technologist select any image to analyze. Use the Image Analysis Guideline Table for the specific image being reviewed. Compare the image with each bullet point on the table and determine if the image fulfills the guidelines or if adjustments could be made. Note how the image could be adjusted to match the specific guidelines from the text and any takeaways you learned from the exercise to apply to future positioning. Indicate if the image is optimal, suboptimal, or repeatable. After each analysis, have the technologist initial the log.

10. Monthly Student Evaluation Form
    D. Filled out by: Clinical Supervisors
    E. Frequency: Generally, once every four (4) weeks or at the end of a clinical site rotation.
    F. Method: This form is available on the Trajecsys system (T) and in hard copy (H). Hard copies are provided to Clinical Supervisors and students as needed by the college staff. For proper evaluation, the Clinical Supervisor must check every box on the form labeled Mastery (T) or Yes (H), Non-Mastery (T) or No (H), or N/A (both systems), up to and including the semester of training. The form outlines the various skills the student should master through his/her training, and is to be completed during the student's semester of training at the applicable clinical site.

        The "Mastery" or "Yes" box is checked if the clinical supervisor feels that the specific skill has been mastered by the student. If the Clinical Supervisor feels the student is deficient in that skill or does

not perform it well **consistently** (i.e., the student has not mastered it), the "Non-Mastery" or "No" box should be checked. All "Non-Mastery" or "No's" must be accompanied by a supportive statement from the clinical supervisor. The Trajecsys system will not allow an evaluation to be submitted until all Non-Mastery items have comments placed in the comment boxes alongside each item. The "N/A" box is checked when:

1. The student has no opportunity to perform the task or
2. The skill is not available at the rotation site (e.g. surgery) or
3. The clinical supervisor (or staff) has not observed the student perform the skill during that semester. (This may be due to department protocol, staff and student scheduling, or other circumstances.)

In addition to the Mastery/Yes, Non-Mastery/No, or N/A, Part II of the form (the Clinical Skills section broken out by semester) provides an opportunity for students to receive half credit for each competency where only partial mastery of a skill has been observed. In this case, the Clinical Supervisor should check the Partial Mastery button in the Trajecsys system, or place an asterisk (*) in the "Yes" box(es) of the skill(s) identified. Each asterisked skills is worth 1/2 point (rather than the full one (1) point normally awarded for a "Yes" or zero (0) points for a "No."

Grading the Form: There are three sections to be graded on the form: Part I – Employability Skills Section, Part II – Clinical Skills section, and Part III – Comments Section. After completing the Trajecsys evaluation and hitting the "Submit" button, the form will be automatically scored and will be available for the student, the Clinical Supervisor, and college staff to review in the Reports menu. To score the hard copy version, after completing each section as appropriate, the Clinical Supervisor then adds up all of the "Yes" boxes, asterisked (*) boxes, "No" boxes, and "N/A" boxes and transfers the totals for each section to the back page of the form. The total "Yes" boxes are then divided by the combined totals of all "Yes" and "No" boxes. The result is multiplied by 100 to obtain a percentage grade. NOTE: If "NO" was checked on either Attendance or Punctuality on part I of the form, 10 points (%) for each unexcused absence and 5 points for each unexcused tardy will be deducted from the total percentage grade. In the Trajecsys system, program faculty will be responsible for taking these deductions using the administrator functions of the software.

Evaluation grades are assigned using the following scale:

92 - 100% = A
83 - 91% = B
75 - 82% = C
74% and below = F

NOTE: A grade less than 75% in either or both Parts I or II will result in disciplinary action, including probation and/or dismissal.

In the hard copy form, both the percentage grade and letter grade are then recorded on the front of the form in the upper right-hand corner. The scored Trajecsys form will show the Employability Skills Section ("All Semesters") percentage at the end of this section. For Part II (Clinical Skills Section) of the Form, each semester's score will be displayed; each semester's percentage will be averaged to calculate the Part II percentage. The total percentage grade for the evaluation is automatically calculated by Trajecsys and will be displayed as the last percentage of the scored form.

The "N/A" totals will be noted and followed up by the Clinical Coordinator to ensure that each student is receiving the total training experiences s/he needs to become a competent radiographer. "N/A's" will not affect a student's grade negatively; however, an excessive amount of marks in this category is cause for

ensuring a rotation to another clinical education center offering those skills and/or ensuring the student is taking full advantage of the learning opportunities available.

A comments section is also provided at the end of the form to cover any items not on the form or for clarifying any items marked. This may be used by the student, the Supervisor, or the Administrative Technologist for clarification.

If unable to complete electronically, a paper form may be completed. All paper forms must be in ink. Before the form is submitted, the Clinical Supervisor should consult with the Administrative Technologist of the department for further input towards the student's evaluation. After this step, the clinical supervisor **must** meet with each student to discuss the evaluation. The student's signature and that of the Administrative Technologist indicate that they were included in the evaluation process. Students should not sign the form until the evaluation has been discussed with them, and constructive suggestions made regarding how they might improve where appropriate. After all input has been taken into consideration by the Clinical Supervisor the points will be totaled as described. For hard copy versions, the Clinical Supervisor signs it, and returns it to the student. It is essential that the Clinical Supervisor go over the evaluation with the student. Once this has occurred, the student and the Clinical Supervisor sign the hard copy form and submit it to the Clinical Coordinator. When using the Trajecsys system, Clinical Supervisors can bring up the scored evaluation in the Reports section, and review the items with the student. For weighing the value of these evaluations in computing final clinical grades, see the last section in this portion of the handbook. The Clinical Coordinator and the Program Director reserve the right to assign the final grade.

11. Rotational Student Report (Available on Trajecsys)
    A. Filled out by: Clinical Supervisors
    B. Frequency: At the end of each clinical rotation (each semester)
    C. Method: The purpose of this report is to transmit information on each student's competency level, experience, and needs directly from one radiology department to another as the student changes clinical rotation assignments. At the end of each semester, the Clinical Supervisor is to arrange a meeting between the Supervisor and the student to go over this form and review the student's competency level. The signatures required indicate that all parties were involved in this meeting; they do not indicate that everyone agrees regarding the evaluation. A student who disagrees with any portion of the assessment may write his/her own note at the bottom of the sheet and initial it is the student does not convince them to rephrase their statements. But in the meeting, all should try to reach a consensus. A copy of the form is given to the student. The rest of the form is then taken to the Clinical Supervisor's meeting regularly held near the end of each semester. It will then be given to the student's new clinical supervisor for the next semester. The new supervisor may use this as part of the student's orientation process and as a vehicle to provide continuity in the student's clinical education.

12. Clinical Rotation Evaluation Form (Available on Trajecsys)
    A. Filled out by: Student
    B. Frequency: Once each semester, at the end of the semester, for each rotation
    C. Method: During the final month of each semester, these forms will be filled out by all students. The purpose of this evaluation is two-fold: to allow for some student input prior to the computation of final grades, and to reveal any chronic or general problems with respect to the handling of students in each clinical rotation site.

       The individual forms are completely confidential and will not be shown to anyone outside of program faculty. Feedback to the clinical education sites may be obtained in two ways: The Clinical

Coordinator will be responsible for making a generalized report to the advisory committee and the clinical instructors at least once per academic year. This report will deal only with those trends reported by more than one student and concerning more than one hospital, and must not be misconstrued to be personal or individual in nature. After each of these reports, representatives of clinical rotation sites may privately consult with the Clinical Coordinator about comments specifically applying to their institution with strict respect to the confidentiality of the forms.

Any criticism expressed is meant to be constructive in nature and the student is asked to suggest possible solutions for the problems mentioned. Congenial and mutually beneficial relationships between the college and the radiography departments will be maintained in any case.

D. Submitted to: Clinical Coordinator

13. Student Self-Evaluation Form (Available on Trajecsys)
    A. Filled out by: Student
    B. Frequency: Once each semester, near the end of the semester, for each rotation
    C. Method: This form is to be completed by the student and is fairly self-explanatory. The purpose of the form is two-fold: 1) to ensure the student has the opportunity to evaluate his/her own progress and what procedures s/he needs to be involved in at his/her next rotation, and 2) to provide more continuity from one rotation to the next. The Clinical Supervisor does not need to verify this form is completed; it is the student's responsibility to complete and return both copies to the Clinical Coordinator.
    D. Submitted to: Clinical Coordinator and New Clinical Supervisor
    E. Notes: The Clinical Coordinator will request the completion of the form prior to each semester's Clinical Supervisory meeting. One copy will be retained in the student's clinical file at LCCC. One copy will be given to the student's new Clinical Supervisor during the meeting described above.

14. Final Positioning Examination Form
    A. Filled out by: College Staff
    B. Frequency: End of each clinical semester, excluding Fall I
    C. Method: During the final month of each semester, beginning with the Spring I semester, the college instructor teaching the related course will make appointments with each student to have a simulated evaluation in the assigned radiology department. S/he may be assisted by other program faculty. A selected variety of projections from the clinical objectives covered at any time in the program up to then may be used.

    Typically, 5 positions are selected from among all the procedures the student has received training in, and each then is worth 20 points. For very minor errors, 0.5 – 1.0 points are deducted in the affected category based on their severity. For significant errors which would not require a repeated radiograph, 1.5 – 2.0 points are taken off. Errors which would result in cutting off anatomy and/or require a repeat radiograph reduce the score to zero in that category. All repeats are also subject to an additional 1/2 point deduction per repeat from the total score. The final score is the sum of the 5 position scores.

    The evaluation is graded in percentage and usually will consist of the 5 positions worth 20 points each. A critique is written on each projection explaining points taken off, and a copy of this evaluation is given to the student. The college staff then computes this percentage score to contribute 20% of the final clinical education grade for the semester.
    D. Submitted to: Clinical Coordinator

15. Clinical Coordinator's Student Clinical Preparation Evaluation
    A. Filled out by: Clinical Coordinator in consultation with the Program Director
    B. Frequency; At the end of each semester
    C. Method: This report provides a feedback loop from the Clinical Coordinator to the Clinical Supervisor of the student's NEXT clinical rotation. At the end of each semester, each student's classroom achievement and knowledge base is listed and ranked by the Clinical Coordinator with additional input provided by the Program Director. This allows the student's new Clinical Supervisor to have a knowledgeable expectation level of what the student should be able to perform clinically and what specific areas/exams s/he should specifically focus on if any areas of weakness or low opportunity have been identified. The student, Clinical Coordinator and Program Director each sign the form before it is distributed at the Clinical Supervisors' meeting usually held at the end of each semester.
    D. Submitted to: Clinical Coordinator and the Clinical Supervisor at new clinical site.

16. OR/C-arm Attendance Log
    A. Filled out by: Student and signed and dated by supervising technologist
    B. Frequency: Fall II and Spring II as C-arm hours and procedures are completed
    C. Method: The supervising technologist must sign and date each set hours completed by the student. The student submits the completed form to the Clinical Coordinator by the end of the Spring II semester. Failure to complete the hours, necessary C-arm/OR competencies, and/or obtain the signatures may result in an incomplete grade.
    D. Submitted to: Clinical Coordinator
    E. Notes: Students may only begin logging these during the Summer I semester AFTER this material is covered in the didactic and lab portions of the program.

17. C-arm Competency Evaluation Form
    A. Filled out by: Clinical Supervisor, his/her designated representative, or college staff
    B. Frequency: Fall II and Spring II semesters
    C. Method: This form is used in lieu of the Clinical Objective Evaluation Form when a student is ready to demonstrate competency for C-arm use, either in the department or the surgery suite, and is available on Trajecsys. The same policies for completing a Clinical Objective apply: students must earn a 75% or better to document competency. The score is derived by completing the checklist of tasks. All "yes" answered are divided by the number of "yes and no" items. Though less than 75% is considered a failure, the score must still be recorded as it contributes to a final average. In any case, any clinical competency with a score of less than 75% must be repeated to ensure the student has demonstrated competency in that particular procedure.
    D. Submitted to: Clinical Coordinator (as completed)

18. Surgical Rotation Evaluation Form
    A. Filled out by: Clinical Supervisors
    B. Frequency: Once, after completion of the student's surgical rotation
    C. Method: At the end of the assigned surgical rotation, the Clinical Supervisor, in consultation with the technologists at that clinical education center, will complete Parts I and II of the evaluation. The Clinical Supervisor must meet with the student to discuss the evaluation. Following discussion, the Clinical Supervisor and student must sign the form to indicate that they went over the evaluation. Students should not sign the form until the evaluation has been discussed with them. The student and the Clinical Supervisor are responsible for submitting this form to the Clinical Coordinator once all signatures have been obtained.
    D. Submitted to: Clinical Coordinator

19. Special Rotation Evaluation Form
    A. Filled out by: Supervising technologist in the appropriate modality
    B. Frequency: Once, after completion of any special rotation during the Spring II semester
    C. Method: At the end of the assigned special rotation, the technologist who was most responsible for the supervision and instruction of the student in that modality completes the form in consultation with the recognized Clinical Supervisor at that clinical education center. Both technologists should sign at the bottom of the form. After this step, the primary evaluating technologist must meet with the student to discuss the evaluation. The Clinical Supervisor may also be present, if desired. The student's signature and the Clinical Supervisor's signature indicate that they were included in the evaluation process. Students should not sign the form until the evaluation has been discussed with them. The student and the Clinical Supervisor are responsible for submitting this form to the Clinical Coordinator once all signatures have been obtained. In addition to this form, Part I of the Monthly Student Evaluation Form (found in Trajecsys under "Monthly Evaluation - Special Rotation") should also be completed by the primary supervising technologist and the Clinical Supervisor to assist the Clinical Coordinator in determining the student's final grade. In essence, the Special Rotation Evaluation Form will be used in lieu of Part II during any special rotations.
    D. Submitted to: Clinical Coordinator

20. Clinical Shiftwork Experience and Attendance Record
    A. Filled out by: Student
    B. Frequency: Summer I as shift hours are completed
    C. Method: All shift hours may be logged using the Trajecsys system by clocking in at the start of the shift and using the "Time Exception" function to clock out. Students will need to add a comment identifying these hours as shift hours and the number of hours worked each time they clock out. Shift hours must also be tracked on the shift work attendance form. The supervising technologist on duty during the shift must initial the number of hours completed by the student on the appropriate signature line. The student submits the completed form to the Clinical Coordinator by the end of the semester. Failure to complete the form and/or obtain the signatures may result in an incomplete grade.
    D. Submitted to: Clinical Coordinator
    E. Notes: This form is usually only required during the Summer I semester, the only semester when shift work is completed in addition to normal clinical education hours.

21. Competency Appeal Form
    A. Filled out by: Student
    B. Frequency: Approximately one week prior to the end of the semester if a student has more than five incomplete clinical competencies, and would like the opportunity to simulate more than the allowed maximum of five (5). In the event that there is a remaining venipuncture competency at the end of a student's rotation, the student must initiate the appeals process with the Clinical Coordinator.
    C. Method: This form is completed when a student wishes to be granted the opportunity to simulate more than five competencies at the end of any semester and/or be granted an exception to the venipuncture requirement for their current rotation. Under normal circumstances, if a student has actively participated in his/her clinical experience, he/she should have very few, if any, incomplete clinical competencies at the end of the semester; these exams may be simulated and carried over to the next semester. However, if circumstances exist which justify the student's appeal, these should be outlined on the form, and the form must be signed by the student's Clinical Supervisor. If the form is not completed, and/or not signed by the Clinical Supervisor, and/or the reasons

outlined are not supported with adequate justification, the student may only simulate five exams of the Clinical Supervisor's choosing at the end of the semester, not including remaining venipunctures; any remaining exams at the end of the semester will be recorded as a zero for that semester's clinical grade, and will be carried over for mandatory completion in the subsequent semester. Any venipunctures not approved by the appeals process will be recorded as a zero for that semester's clinical grade.

D. Submitted to: Clinical Coordinator and Program Director

22. Unsatisfactory Performance Contract
    A. Filled out by: Program Director
    B. Frequency: For all circumstances leading to probation as outlined on page 42.
    C. Method: This form is to be completed during a joint meeting with the student and the Clinical Coordinator or other appropriate third party when a student is having difficulty meeting program requirements in the clinical and/or didactic components of the program. The form is used to place the student on notice regarding his/her performance and should contain the following items: 1) Conditions and expectations/behaviors which must be met to document the student's improved performance in any deficient areas, 2) deadline(s) for the next review of the student's performance/submissions, and 3) the consequences if the conditions and/or deadlines are not met (EX: Dismissal from the program, failure of RDTK ____, etc.). The form is signed by all parties at the meeting and each party is also provided a signed copy for his/her reference.
    D. Submitted to: Program Director
    E. Notes: Unsatisfactory Performance Contracts are typically reviewed within a month and/or the next evaluation period for follow-up. If all conditions have been met by the student, the bottom portion of the form is signed and distributed to all parties. Satisfied Unsatisfactory Performance Contracts and supporting documentation will be kept in the student's folder until one year after the student graduates, and then destroyed as described on page 48 of this handbook; Unsatisfactory Performance Contracts which result in further disciplinary action and/or program dismissal will be retained as dictated by LCCC policies and/or JRCERT guidelines.

23. Clinical Incident Report
    A. Filled out by: Any hospital staff or student in consultation with the Administrative Technologist
    B. Frequency: As needed
    C. Method: This form is to be used when a serious or potential situation involves a student, such as unprofessional behavior which breaches the ARRT Code of Ethics. **It is also to be used anytime a hospital or clinical site incident report form is completed.** The student is to be notified immediately when a report is submitted. The report is discussed with the student, who verifies that the discussion took place by signing the report. The Chief Technologist must always be involved when an incident report is made, and one copy must be submitted to the Program Director as soon as possible. Incidents with potential litigation must be brought to the Program Director's attention immediately. If warranted, an incident report will result in a meeting between the student and the Program Director, who will determine the appropriate action to be taken, if any. Incident reports will be kept in a student's educational file for a period determined by the Program Director. Disciplinary actions taken by the Program Director are then based partially upon these reports.
    Please note that a positive report may be submitted on this form also and all of the above procedures are followed in the same manner.
    D. Submitted to: Program Director (original), Administrative Technologist (copy), and student involved (copy)

24. Clinical Education Agreement to Minimize Fetal Exposure
    A. Filled out by: Student, Program Director, and Radiation Physicist as indicated on the form
    B. Frequency: Upon written notification from a declared pregnant student
    C. Method: Once a written notification of declared pregnancy is received from the student, the Program Director completes the first portion of the form. The student is then directed to set up a consultation meeting with the local radiation physicist, along with the putative father. She is provided (a) copy(ies) of her personnel monitor reports from the reported date of conception to take with her for this meeting. After consulting with the physicist, the student determines her level of involvement in fluoroscopic and other higher dose procedures during the gestational period, and makes any arrangements for advance make-up time with the Program Director, Clinical Coordinator, and the appropriate Clinical Supervisor(s). The form is signed by all parties at the meeting and each party is also provided a copy for his/her reference.
    D. Submitted to: Program Director
    E. Notes: The form will be kept in the student's file until one year after the student graduates, and then destroyed as described on page 48 of this handbook. If a student wishes to undeclare her pregnancy, she may do so at any time, as long as the request is in writing. Copies of the written undeclaration will be shared with the Clinical Coordinator, the appropriate Clinical Supervisors, and one copy will be retained in the student's file in a similar manner as the Clinical Agreement to Minimize Fetal Exposure Form and documentation.

25. Magnetic Resonance Imaging (MRI) Safety Clearance Form
    A. Filled out by: Student, submitted to Program Director, Cleared by MRI Technologist
    B. Frequency: As part of the Pre-Entrance Medical packet at the beginning of the program, the beginning of the Fall II semester, and at any time the student's MRI safety status has changed.
    C. Method: This form is to be completed by all radiography students to identify potential safety hazards while they are near the strong magnetic field of the MRI scanner and to verify that it is either: 1) Safe to enter the scan room's magnetic field, or 2) Ensure that a radiography student with any indwelling or external ferromagnetic devices or objects is not inadvertently placed at risk during their clinical rotations while in the program. Students are advised that although the majority of their observation and clinical experience will be in general diagnostic radiology, they may be provided with the opportunity to observe, tour, or complete a special rotation in the Magnetic Resonance Imaging (MRI) area.
    D. Submitted to: Program Director, then cleared by an MRI technologist.
    E. Notes: The completed form(s) will be kept in the student's file until one year after the student graduates, and then destroyed as described on page 48 of this handbook.

FORMS

All forms included in this section may be printed or copied for use if the form is not immediately available at the Clinical Education Center or on Trajecsys. Please check to be sure each appropriate party receives a copy as indicated for these forms requiring distribution.

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
ACCEPTANCE OF POLICY GUIDELINES

I acknowledge that I have read and understand the LCCC Radiography Program Student Handbook, including all clinical requirements and obligations. I agree to comply with the policies and procedures outlined in the Radiography Program Student Handbook as well as those stated in the LCCC Student Handbook.

I understand that changes to program policies and requirements may occur due to developments in clinical or academic settings. Whenever possible, such changes will take effect prior to the start of an academic term. I agree to comply with any changes communicated to me, whether verbally or in writing.

I understand that a minimum grade of “C” (75%) will be required to pass each course. I am aware that failure to adhere to all LCCC policies, the Radiography Program policies as outlined in the Student Handbook, and the information identified in each course syllabi may result in my dismissal from the Radiography Program.

My signature indicates acceptance of this agreement.

Student Signature _____

Printed Name _____

Date _____

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
HEALTH INSURANCE COVERAGE

Radiography Program students must be responsible for any financial coverage if injured in the clinical setting as there is no worker's compensation for students.

This requirement is found on page 18 of the Radiography Student Handbook.

All students admitted to the Radiography Program are encouraged to carry their own health insurance.

_____ I am covered by health insurance with the following company/agency:

Name of Company _____

I.D. Number _____

Policy Holder's Name _____

_____ I am not covered by health insurance, but I will be responsible for any necessary personal health expenses.

Student Signature _____

Printed Name _____

Date _____

LARAMIE COUNTY COMMUNITY COLLEGE

Consent and Release Form / Media

I, the undersigned, hereby grant Laramie County Community College (*hereinafter LCCC*) the following rights in the interest of furthering the LCCC's creation and distribution of a variety of narrative and non-narrative projects for educational, informational and artistic materials, specifically to take photographs, record videos and sound recordings, produce CD/DVD's and other media materials.

THEREFORE, I hereby grant to LCCC the absolute and irrevocable right and permission to (*check all applicable box[es]):*

- ❒ To record my image or the image of the minor named below, photograph, picture, likeness, and voice (collectively, "my Image") by any technology or means, and to use, reproduce, exhibit, distribute, broadcast, digitize or edit my Image for any lawful purpose.
- ❒ To use, reproduce, exhibit, distribute, broadcast, digitize or edit my contribution to the Event/Publication or to make derivative works thereof, including any written or other materials I provide, in whole or in part, for any lawful purpose, by any method and in any media, whether now existing or later created including by digital or interactive media transmission for download by the public.
- ❒ The right to combine such recordings of my Image, contribution or participation in the Event/Publication with other images, recordings, or printed matter in the production of promotional materials, clips, segments, graphics, motion pictures, television tapes, commercials, sound recordings, still photography, CD-ROM, DVD or any other media based on the recording of the Event/Publication.
- ❒ The right to use my name, image, voice and biographical material in connection with any use of such photographs, videotapes, audiotapes, digital content, transcripts and materials, including uses in connection with the Event/Publication.

1. I acknowledge that I will not be compensated for any uses made for the Event/Publication and my participation in the Event/Publication, now or in the future.
2. I represent that all materials I will use in my contribution to the Event/Publication are my own or are materials for which I have obtained all necessary permissions. I represent that my contribution will not infringe any copyrights or other rights of others, and will contain nothing defamatory or libelous.
3. I understand that LCCC owns all rights in the Event/Publication, including the copyright. However, except for the permission granted herein, I retain all rights I may otherwise hold in any copyrighted materials included in my contribution and/or incorporated in the Event/Publication. Further, I relinquish and give to LCCC all right, title, and interest I may have in the finished images, pictures, negatives, and reproductions in any form. I grant LCCC the right to give, sell, transfer, publish, and exhibit in any form, without or in conjunction with my own name, any images in original or altered forms.
4. To the fullest extent permitted by law, I agree to hold LCCC administrators and personnel connected to this Event/Publication, the Board of Trustees, officers, and employees harmless for any direct, indirect, special, or consequential damages which I may incur and from any and all claims, demands, rights and causes of action of whatever kind that I may have, caused by or arising from LCCC's exercise of the rights granted hereunder and the use of recordings containing my Image, including all claims for libel and invasion of privacy or infringement of rights of copyright and publicity, except to the extent that such damages are due to the negligence of any of the aforesaid persons or entities.
5. The construction, interpretation, and enforcement of this Form shall be governed by the laws of the State of Wyoming. If any dispute arises between the parties from or concerning this Form or the subject matter hereof, any suit or proceeding at law or in equity shall be brought in the District Court of the State of Wyoming, First Judicial District, sitting at Cheyenne, Wyoming.
6. I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Waiver. I am aware that by signing this Waiver, I assume all risks and waive and release certain substantial rights that I may have. I acknowledge that this Waiver/Agreement is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.
7. LCCC does not waive its Governmental/Sovereign Immunity by executing or entering into this Consent and Release and specifically retains all immunities and defenses available to it as a governmental entity pursuant to WYO. STAT. ANN. § 1-39-101 (2012), *et seq*., and all other applicable laws.

☐ I am 18 years old or older and am fully competent to sign this consent and release, thereby agreeing to its terms.

☐ I am the parent/legal guardian of the minor named below; I have full legal authority to act on behalf of said minor and I agree to the terms of this consent and release, personally and on behalf of said minor.

_____

Description or name of Event/Publication

_____ _____

Printed Name of Participant or Minor (circle one) Date

_____ _____

Address City, State, Zip

_____ _____

Signature Phone

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
STUDENT ACTIVITIES

Student Travel Responsibilities

Travel by students enrolled at Laramie County Community College (LCCC) to college-sponsored events is a privilege. Therefore, students' conduct and activities while traveling on such trips inevitably reflect upon the college, as well as upon themselves. Simply put, student and sponsors should behave as ambassadors from the college and the community. Student travel on college-sponsored trips should be conducted in accordance with the college's policies and procedures on Student Travel (Procedures 2.15.1P and 4.4.2P), non-discrimination, sexual harassment, Student Rights and Responsibilities, and Student Conduct (Procedures 3.17P and 3.15P, respectively).

Because student travel requires use of college-owned vehicles, special procedures are outlined. If student drivers are used on college-sponsored trips, the student must have an approved "Driver Information Form," on file with the college. Student Drivers must also follow the college's Travel Policy 4.4P. Additional forms and pre-approval are needed for students wishing to drive their personal vehicle to a school-sponsored activity. In addition to those rules, students should be aware that no alcoholic beverages shall be carried or consumed in the college or personal vehicles while traveling to or from college-sponsored events, meetings, conferences, etc. Finally, college vehicles and college credit cards shall be under the direct supervision of the advisor at all times during such trips.

In addition to the above, the following individual guidelines regulating conduct for student travel have been established:

1. While on trips, you are representing LCCC. Your actions and conduct should leave a favorable impression with anyone you come in contact with.
2. Consumption of alcoholic beverages is not allowed at any time during the trip.
3. College vehicles must be driven safely at all times by obeying all traffic regulations.
4. All travel and side trips will be done as a group or with a buddy. The advisor must be informed of your whereabouts at all times.
5. Attendance at all conference sessions and activities is mandatory unless otherwise approved by the advisor.
6. **If rules, policies, or procedures are violated, the participant who has violated the rules, policies, or procedures may be subject to disciplinary procedures up to, and including, termination or expulsion as well as being Student Travel Procedure No. 4.4.2P Page 4 of 8 returned to LCCC at the participant's expense.**

I have read and I understand the Student Travel Responsibilities statement and agree to follow the guidelines as stated.

Student Signature _____

Printed Name _____

Date _____

Advisor's Signature _____

Date _____

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
CLINICAL ROTATION SCHEDULE

	Fall I	Spring I	Summer I	Fall II	Spring II
Cheyenne Regional Medical Center					
Cheyenne VA Medical Center					
Cheyenne Radiology Group					
Express Urgent Care					
Ivinson Memorial Hospital					
Platte County Memorial Hospital					
Kimball Health Services					
Orthopedic Center of the Rockies					
Cheyenne Regional Medical Group Orthopedics and Surgical Specialists					
Harmony Imaging Center					
Grand Ave Urgent Care					
Poudre Valley Hospital					
Premier Bone & Joint Centers					
BestMed Urgent Care					
Northern Colorado VA Outpatient Clinic					
High Plains Surgery Center					
Other:					

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
ORIENTATION FORM

Student: _____ Date: _____ Clinical Site: _____

To orient new students, please go over the following checklist to ensure a smooth transition into the new clinical site. Each student will complete this checklist when rotating to a new clinical site. Please check off each item as it is completed. Once completed, the student and clinical instructor should sign and date the form and return to LCCC's Clinical Coordinator within a week's time. (Mark **"√"** for completed or **"n/a"** for not applicable).

A. **Introduction**
   a. Staff _____
   b. Radiologist(s) _____
   c. Department Supervisor(s) _____

B. **Department Tour**
   a. Radiology Exam Rooms to include location of oxygen and suction _____
   b. Reading Room _____
   c. File Room _____
   d. Break Area _____
   e. Special Modality Areas _____
   f. Reference Materials: Policy and Procedure Manuals _____
   g. Personal lockers/coatroom/student records _____

C. **Hospital or Clinic Tour**
   a. CCU/ICU _____
   b. Radiology waiting area and dressing rooms _____
   c. ER and waiting area _____
   d. Surgery and waiting area _____
   e. Cafeteria _____
   f. Central Supply _____
   g. Pharmacy _____
   h. Business Office _____
   i. Out-Patient Services _____
   j. Hospital Floors and Clinics _____
   k. Laboratory _____

D. Review of Department/Hospital Safety Policies and Procedures
   a. Fire and Electrical Safety including location of fire extinguishers _____
   b. Chemical Safety and MSDS Information _____
   c. Medical Emergencies
      i. Location of crash cart _____
      ii. Codes and other notification procedures _____
   d. Emergency Preparedness _____
      i. Evacuation plans and emergency exits _____
      ii. Disaster response _____
      iii. Lockdown procedures _____
   e. Standard Precautions
      i. Infection control and equipment wipe down _____
      ii. Needlesticks or other exposure protocols _____
   f. Incident Reporting _____
   g. HIPAA
      i. Patient ID protocols _____
      ii. Use of patient charts _____
      iii. Registering patients _____
      iv. Procedure for release of images _____

E. **Parking Instructions** _____

F. **Review of General Department/Hospital Policies and Procedures**

a. My reporting time to clinicals is _____a.m.
b. Radiographic Exam Protocols _____
c. Transportation of patients _____
d. Answering the telephone _____
e. Correct use of DR and/or CR laser readers _____
f. Cleaning and restocking rooms _____
g. Downtime tasks _____

G. Operation of x-ray equipment

Working the equipment to include setting techniques (both AEC and manual technique selection), warm-up procedures, locks, detents, and any other special instructions for the safe use of the room/equipment. Please use the space provided to write any instructions that are specific to that room.

Room 1:

Technique and Exposure Index Number (EI#) Information	**Other Equipment Notes:**
Acceptable Exposure Index Number (EI#) Range:	
EI# proportional to or inverse to exposure?	
Technique Setting Demonstration by student: (√) AEC Chest, Normal setting _____ Manual technique _____ (mA and time separate)	

Room 2:

Technique and Exposure Index Number (EI#) Information	**Other Equipment Notes:**
Acceptable Exposure Index Number (EI#) Range:	
EI# proportional to or inverse to exposure?	
Technique Setting Demonstration by student: (√) AEC Chest, Normal setting _____ Manual technique _____(mA and time separate)	

Room 3:

Technique and Exposure Index Number (EI#) Information	**Other Equipment Notes:**
Acceptable Exposure Index Number (EI#) Range:	
EI# proportional to or inverse to exposure?	
Technique Setting Demonstration by student: (√) AEC Chest, Normal setting _____ Manual technique _____ (mA and time separate)	

Room 4:

Technique and Exposure Index Number (EI#) Information	**Other Equipment Notes:**
Acceptable Exposure Index Number (EI#) Range:	
EI# proportional to or inverse to exposure?	
Technique Setting Demonstration by student: (√) AEC Chest, Normal setting _____ Manual technique _____ (mA and time separate)	

Portables:

Technique and Exposure Index Number (EI#) Information	**Other Equipment Notes:**
Acceptable Exposure Index Number (EI#) Range:	
EI# proportional to or inverse to exposure?	
Technique Setting Demonstration by student: (√) AEC Chest, Normal setting _____ Manual technique _____ (mA and time separate)	

C-arms _____

I acknowledge that I have been oriented to this clinical site, and I am expected to follow the policies and procedures that were provided to me.

Student's Signature: _____ Date: _____

Clinical Instructor's Signature: _____ Date: _____

Revised 6/2019

Laramie County Community College, Radiography Program - Clinical Attendance Record

Student: _____ Total Hours Completed: _____/(Total Hours for Semester)_____

Clinical Site(s): _____ Clinical Days/Times: _____

Semester: _____ Clinical Supervisor's Signature: _____

Key: **Present:** Mark Hours **Tardy:** Mark "T" **Absent:** Mark "A" **Unexcused Absence:** Mark "X" **Partial Absence:** Write Hours Worked

(All **Make-Up and Extra Time** must be initialed by supervising technologist)

NORMAL ATTENDANCE

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	Clinical Supervisor's Signature

MAKE-UP TIME

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	Clinical Supervisor's

EXTRA TIME
(With Prior Clearance Only)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	Clinical Supervisor's

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
CLINICAL MAKE-UP TIME PRE-AUTHORIZATION AND AGREEMENT FORM

STUDENT NAME:_____ CLINICAL SITE:_____SEMESTER:_____

Complete and provide two copies of this form for each clinical absence.*

1) The original form shall be submitted within two weeks of absence to indicate when make-up time will be completed.
2)*The second copy shall be submitted when the make-up time has been completed and verified by the Clinical Supervisor(s).

ALL MAKE UP TIME MUST BE PRE-ARRANGED AND APPROVED.

List the date(s) of absence(s), the number of hours missed, and the block of time missed (EX: 1:00-4:00 PM).

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATES							
#HRS/TIMES							

Reason for absence(s): _____

List the date(s), number of hours of MAKE-UP time, and the times agreed upon.*

Make-up time should be scheduled in a minimum of 2-hour blocks when more than 2 hours of make-up time is needed. Per JRCERT requirements, no time may be scheduled on holidays, and generally, no more than 10 hours per day or 40 hours per week of class and clinical time may be completed. In addition, make-up time is subject to the same program attendance policies with regard to absences, tardiness, and the required notifications.

On second copy, the supervising technologist must verify student attendance with their initials and date by each block of make-up time completed.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATES							
#HRS/TIMES							

Hours and times normally scheduled at the clinical site:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATES							
#HRS/TIMES							

PRE-AUTHORIZATION SIGNATURES: **(MUST BE SIGNED BY ALL PARTIES PRIOR TO MAKE-UP HOURS).**

_____ _____
Student Signature Date

_____ _____
Clinical Supervisor Signature(s)†/Clinical Site Date

†If more than one Clinical Supervisor is part of this agreement, both must sign (EX: Make-up time is being scheduled and completed at a different facility).

_____ _____
Clinical Coordinator's Signature Date

*MAKE-UP VERIFIED: **Clinical Supervisor(s) Signature(s)**_____ Date: _____

****Students completing clinical hours without preauthorized schedule changes may not be covered by the sponsoring institution's (Laramie County Community College) liability insurance. For this reason, students who do not have pre-authorization will not receive credit for any hours completed.** (5/2017)

EXAMPLE OF MASTER CLINICAL COMPETENCY RECORD/SKILL SUMMARY (TRAJECSYS)

Clinical Internship Records

Participation Level Legend

9

Skill	M*	Participation Level 1 2 3 4 5	Total *	Comps *	Average *	Repeats
Fall I — Abdomen (KUB) (1 view)	M		0 **0** /0	12/06/2018 + #S 01/31/2019 +	100/**100**	
Fall I — Chest (2 views)	M		0 **0** /0	11/06/2018 +	85/**85**	
Fall I — Finger or Thumb (3 views)	M		0 **0** /0	11/27/2018 +	90/**90**	
Fall I — Hand or Wrist or Finger (3 views)	M		0 **0** /0	11/13/2018 +	90/**90**	
Fall I Totals		**0 0 0 0 0**	0 **0** /0	**5**	**93**	
Spring I — Abdomen (2 views)	M		0 **0** /0	02/12/2019 +	100/**100**	
Spring I — Ankle (3 views)	M		0 **0** /0	04/04/2019 +	100/**100**	
Spring I — Chest (2 views)	M		0 **0** /0	11/21/2018 +	100/**100**	
Spring I — Elbow (3 views)	M		0 **0** /0	04/12/2019 +	100/**100**	
Spring I — Finger (3 views)	M		0 **0** /0	02/28/2019 +	95/**95**	
Spring I — Foot (3 views)	M		0 **0** /0	04/04/2019 +	100/**100**	
Spring I — Forearm (2 views)	M		0 **0** /0	04/18/2019 +	100/**100**	
Spring I — Hand (3 views)	M		0 **0** /0	04/18/2019 +	95/**95**	
Spring I — Humerus (2 views)	M		0 **0** /0	04/25/2019 +	100/**100**	
Spring I — Knee (3 views)	M		0 **0** /0	04/12/2019 +	100/**100**	
Spring I — Pelvis or Hip (2 views)	M		0 **0** /0	04/12/2019 +	100/**100**	
Spring I — Scapula or Pediatric Extremity (6 yr & under) (2-3 views)			0 **0** /0	05/01/2019 +	100/**100**	
Spring I — Scoliosis Series or Soft Tissue Neck (2 views)			0 **0** /0	05/09/2019 +	100/**100**	
Spring I — Shoulder (2-3 views)	M		0 **0** /0	05/02/2019 +	90/**90**	
Spring I — Toe (3 views)			0 **0** /0	04/25/2019 +	100/**100**	
Spring I — Venipuncture	M		0 **0** /0	03/12/2019 +	100/**100**	
Spring I — Wrist (3 views)	M		0 **0** /0	04/12/2019 +	100/**100**	
Spring I Totals		**0 0 0 0 0**	0 **0** /0	**17**	**98.82**	
Summer I — Cervical Spine (3 views)	M		0 **0** /0			
Summer I — Clavicle (1-2 views)	M		0 **0** /0	04/18/2019 +	100/**100**	
Summer I — Esophagram			0 **0** /0			
Summer I — Femur (2 views)	M		0 **0** /0	05/01/2019 +	100/**100**	
Summer I — Hip (2 views)	M		0 **0** /0	04/18/2019 +	100/**100**	
Summer I — Knee (3 views)	M		0 **0** /0	04/25/2019 +	95/**95**	
Summer I — Lower Extremity (Trauma) (3 views)	M		0 **0** /0	04/18/2019 +	95/**95**	
Summer I — Lumbar Spine (3 or 5 views)	M		0 **0** /0	04/12/2019 +	100/**100**	
Summer I — Os Calcis (2 views)			0 **0** /0	04/04/2019 +	100/**100**	
Summer I — Patella (1 view)			0 **0** /0	04/12/2019 +	100/**100**	
Summer I — Pelvis (1 view)	M		0 **0** /0	02/28/2019 +	100/**100**	
Summer I — Portable Orthopedic Prodedure (2-3 views)	M		0 **0** /0			
Summer I — Ribs (2 views)	M		0 **0** /0			
Summer I — Sternum or AC Joints (2 views)			0 **0** /0			
Summer I — Tibia-Fibula (2 views)	M		0 **0** /0	04/04/2019 +	100/**100**	
Summer I — Trauma Shoulder (Y-view, axillary, or transthoracic) (2 views)	M		0 **0** /0	05/01/2019 +	100/**100**	
Summer I — Upper Extremity(Trauma) except shoulder (2-3 views)	M		0 **0** /0			
Summer I — Venipuncture	M		0 **0** /0			

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
CLINICAL COMPETENCY EVALUATION **Grade _____%**

This form is used as the evaluation tool to document a student's satisfactory completion of each semester's required clinical competencies. To be valid, the following criteria must be met:

- The student must inform his/her Clinical Supervisor (or designated supervising technologist) that s/he is attempting the competency **prior to** seeing the patient **AND prior to** any exposures being made.
- For radiation protection purposes, the student may **briefly** consult the facility=s procedure manual, his/her pocket positioning notebook, and/or the supervising technologist prior to the procedure to ensure the correct routine is performed.
- The Clinical Supervisor (or designated supervising technologist) must be present to observe the entire procedure.
- The form must be completed in ink and signed by the Clinical Supervisor or designated supervising technologist.

A student's satisfactory completion of a Clinical Competency check-off is indicated by a score of 75% or better. In the event that a student earns less than 75%, the following steps must be taken:

1. The competency grade is submitted to the Clinical Coordinator and recorded for the semester.
2. The student must attempt the competency again prior to the end of the semester, and must earn a 75% or better.
3. The Clinical Coordinator retains both Clinical Competency forms as a record of the student=s competency in the procedure, but the student's grade is based solely on the first competency attempt.

See Reverse for additional instructions and criteria.

Student: _____ Procedure: _____
Clinical Supervisor's Signature: _____ Date: _____

Technique Factors	**kVp:__ mAs:_**	**kVp:___ mAs:__**	**kVp:___ mAs:__**	**kVp:___ mAs:___**	**kVp:___ mAs:___**
MARK IF NEEDS IMPROVEMENT	**View 1 AP, PA**	**View 2 Lat**	**View 3 Obl**	**View 4 Ax/Obl**	**View 5 _____**
REPEAT NECESSARY, Mark					
Positioning Quality					
1. Part Flexion/Extension					
2. Part Rotation/tilt					
3. CR Angulation-CR Angulation/Centering					
4. Collimation/Markers					
5. Detenting/SID					
Technical Quality					
6. Artifact/Motion/Spatial Resolution					
7. Exposure to the IR/Appropriate Exposure Number					
8. Contrast/Fogging					
General					
9. Patient Handling and Instructions		Correction Factors			
10 Radiation Protection		1. Difficult Patient			
11. Organization/Work Speed		2. Equipment Problem			
12. Adequate Patient History					

GRADING INSTRUCTIONS

Missing any or all technique factors, deduct 5 points total.

Marks in categories 1-10 each deduct 5 points from 100. "Repeat necessary" marks each deduct 10 points in addition to the category marked. A mark in the "correction factors" bracket indicates that some problems were out of the student's control and will add 5 points to the total score. A score of less than 75% is inadequate and necessitates a repeated evaluation on that procedure before the end of the semester (see clinical manual).

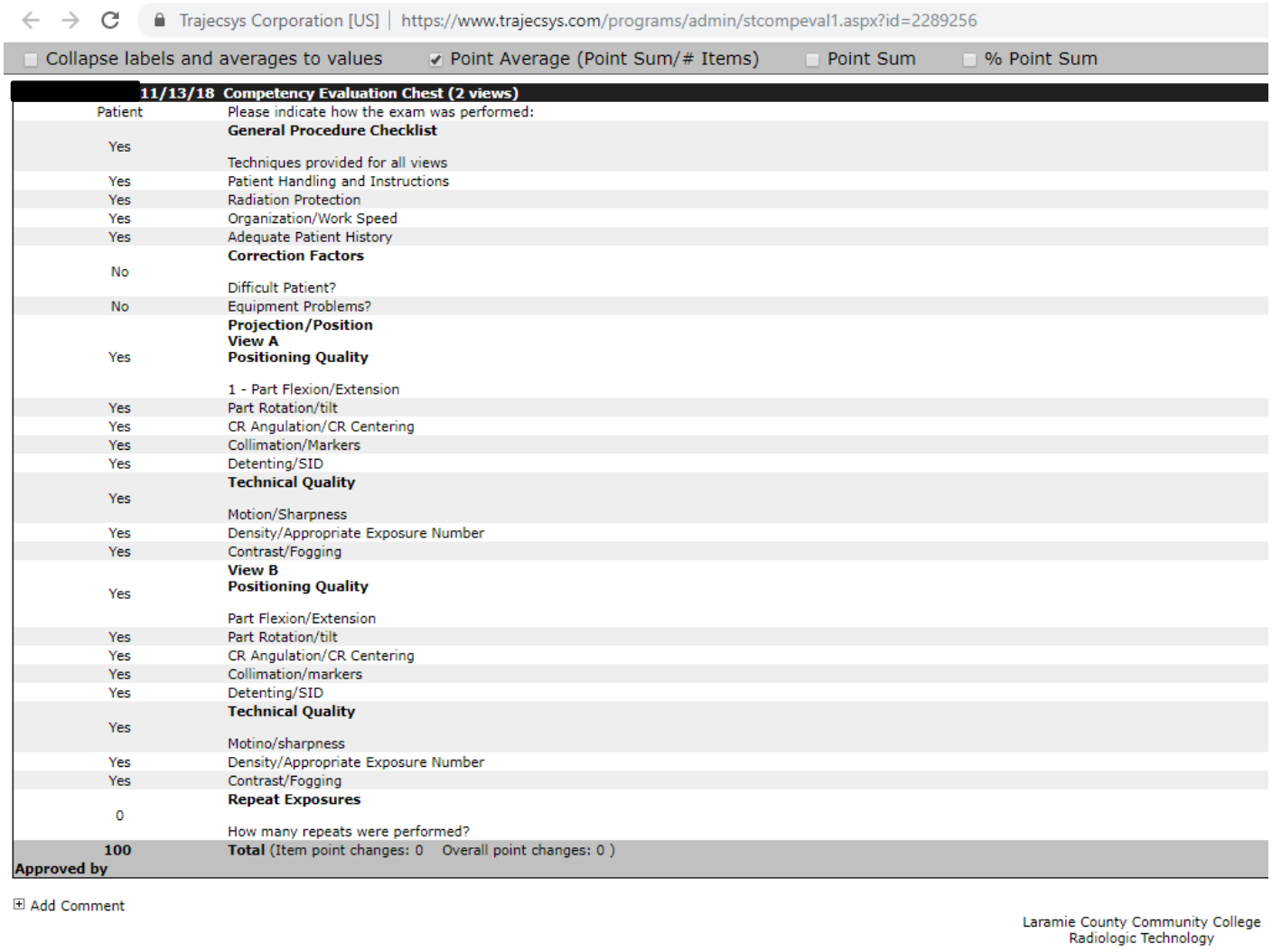
Evaluations will not be accepted after due dates. If the procedure is not available before the due date, the student may arrange for a simulation with the college staff. Only college staff, Clinical Supervisors or their designee may evaluate simulations.

Definitions and minimum guidelines are given below. Standards of quality held by a department which exceed these become the criteria for evaluation:

1. Part Flexion/Extension: joints open, petrous ridges properly placed on frontal skulls, mandible on axials, etc.
2. Part Rotation/Tilt: rotation = around long axis of anatomy, tilt = side to side (skull); joints open, anatomy shown.
3. CR Angulation, SID, and Centering: Joints open, anatomy demonstrated, part centered to the IR, proper magnification and distortion, tabletop-tube distance adjusted for angling, shorter or longer SID's used where appropriate.
4. Collimation/Markers: field not larger than image receptor size; markers used appropriately and not obstructing anatomy.
5. Motion/Sharpness: blurring of detail from any cause.
6. Density: adequate exposure; if simulated, adequate mAs.
7. Contrast: adequate penetration without fogging; if simulated, adequate KVP range.
8. Patient Handling and Instructions: safety, patient care, and communication; professionalism.
9. Radiation Protection: appropriate shielding of patient on procedures of abdomen for femurs, on patient and personnel during fluoroscopy, precautions on pregnancies.
10. Organization/Work speed: reasonable in-room time, correct projection sequence, manipulation of equipment, room preparation and cleanliness.

Correction Factors: Unusual circumstances outside student's control.

EXAMPLE OF SCORED CLINICAL COMPETENCY EVALUATION (TRAJECSYS)



Trajecsys Corporation [US] | https://www.trajecsys.com/programs/admin/stcompeval1.aspx?id=2289256

Collapse labels and averages to values | Point Average (Point Sum/# Items) | Point Sum | % Point Sum

	11/13/18 Competency Evaluation Chest (2 views)
Patient	Please indicate how the exam was performed:
Yes	**General Procedure Checklist** Techniques provided for all views
Yes	Patient Handling and Instructions
Yes	Radiation Protection
Yes	Organization/Work Speed
Yes	Adequate Patient History
No	**Correction Factors** Difficult Patient?
No	Equipment Problems?
Yes	**Projection/Position** **View A** **Positioning Quality** 1 - Part Flexion/Extension
Yes	Part Rotation/tilt
Yes	CR Angulation/CR Centering
Yes	Collimation/Markers
Yes	Detenting/SID
Yes	**Technical Quality** Motion/Sharpness
Yes	Density/Appropriate Exposure Number
Yes	Contrast/Fogging
Yes	**View B** **Positioning Quality** Part Flexion/Extension
Yes	Part Rotation/tilt
Yes	CR Angulation/CR Centering
Yes	Collimation/markers
Yes	Detenting/SID
Yes	**Technical Quality** Motino/sharpness
Yes	Density/Appropriate Exposure Number
Yes	Contrast/Fogging
0	**Repeat Exposures** How many repeats were performed?
100	**Total** (Item point changes: 0 Overall point changes: 0)
Approved by	

Add Comment

Laramie County Community College
Radiologic Technology

EXAMPLE OF SEMESTER CLINICAL OBJECTIVES LISTING AND LOG

Name _____ Clinical Site _____

SPRING I

Sample Form

Clinical Competencies: 1 of each plus any carry overs from the previous semester.

			DATE	SCORE	VERIFIED
1.	Chest	**M**	_____	_____	_____
2.	Finger	**M**$^{+}$	_____	_____	_____
3.	Hand	**M**	_____	_____	_____
4.	Wrist	**M**	_____	_____	_____
5.	Forearm	**M**	_____	_____	_____
6.	Elbow	**M**	_____	_____	_____
7.	Humerus	**M**$^{+}$	_____	_____	_____
8.	Shoulder	**M**	_____	_____	_____
9.	Scapula or Pediatric Upper or Lower Extremity (≤ 6 years)	**E**$^{+}$	_____	_____	_____
10.	Toe	**E**$^{+}$	_____	_____	_____
11.	Foot	**M**	_____	_____	_____
12.	Ankle	**M**	_____	_____	_____
13.	Knee	**M**	_____	_____	_____
14.	Pelvis or Hip	**M**	_____	_____	_____
15.	Scoliosis Series or Soft Tissue Neck	**E**$^{+}$	_____	_____	_____
16.	Abdomen (Minimum 2 views)	**M**$^{+}$	_____	_____	_____
17.	Venipuncture	**M**	_____	_____	_____
			TOTAL	_____	

Total _____ divided by 17 _____ x 0.40 = _____

Evaluations:

First _____ Final Positioning Test _____ x 0.20 = _____

Second _____

Third _____

Fourth _____

TOTAL _____ divided by 4 _____ x 0.40 = _____

TOTAL GRADE = _____

Orientation _____ Comp Sheet _____ Repeat Log _____ Time Record _____

Dosimeter _____ Rotation Eval _____ Self Eval _____ Peer Eval _____

LARAMIE COUNTY COMMUNITY COLLEGE

RADIOGRAPHY PROGRAM

CLINICAL COMPETENCY TECHNIQUE LOG FORM

Student: ______________________________ Semester: ________________

This form is used to document the techniques used for each clinical competency you complete for the semester. Provide a tentative proposed technique for the AP/PA projection prior to exposure. Please record the procedure, technique, and EIN for each view as the exposures are made. Once each procedure is completed and your techniques have been recorded, provide this log to the supervising technologist for him/her to initial as indicated. The failure to appropriately complete this form will result in a 5% deduction for the attempted competency. Your completed log is due at the end of each semester.

Date	Clinical Comp	Semester of Comp	Clinical Site	Proposed Technique	View 1 Technique	View 2 Technique	View 3 Technique	View 4 Technique	View 5 Technique	EIN	Supervising Technologist Signature
				AP/PA kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View 1: _____ View 2: _____ View 3: _____	
				AP/PA kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View 1: _____ View 2: _____ View 3: _____	
				AP/PA kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View 1: _____ View 2: _____ View 3: _____	
				AP/PA kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View 1: _____ View 2: _____ View 3: _____	
				AP/PA kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View 1: _____ View 2: _____ View 3: _____	
				AP/PA kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View 1: _____ View 2: _____ View 3: _____	
				AP/PA kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View 1: _____ View 2: _____ View 3: _____	
				AP/PA kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View: ____ kVp: mAs:	View 1: _____ View 2: _____ View 3: _____	

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
REPEAT EXPOSURE LOG

Name: _____ Semester: _____

Complete this log for EVERY repeat exposure conducted as a radiography student in the clinical setting and submit at the end of the semester. **NOTE:** Per JRCERT guidelines, all repeat exposures must be conducted under DIRECT supervision. (The supervising radiographer MUST accompany the student and be physically present during ALL repeat examinations, regardless of student or competency level).

DATE	EXAMINATION	VIEW(S) REPEATED	REASON(S) FOR REPEAT(S)	CORRECTIONS	RADIOGRAPHER SUPERVISING REPEAT SIGNATURE

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
IMAGE ANALYSIS LOG

Name:_____ Clinical Site(s):_____ Semester: _____

The purpose of this log is to practice consistently analyzing image quality utilizing McQuillen Martensen's *Radiographic Image Analysis* textbook. With a technologist select any image to analyze. Use the Image Analysis Guideline Table for the specific image being reviewed. Compare the image with each bullet point on the table and determine if the image fulfills the guidelines or if adjustments could be made. Note how the image could be adjusted to match the specific guidelines from the text and any takeaways you learned from the exercise to apply to future positioning. Indicate if the image is optimal, suboptimal, or repeatable. After each analysis, have the technologist initial the log. Students should review at least one radiograph each clinical day with a technologist.

DATE	IMAGE ANALYZED	ADJUSTMENTS/TAKEAWAYS	OPTIMAL, SUBOPTIMAL, REPEATABLE	REVIEWER INITIALS

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
MONTHLY DEVELOPMENT EVALUATION
(Frequency: Generally, once every four (4) weeks or at the end of a clinical site rotation.)

Name _____ Semester _____Grade: ____% =
Clinical Education Center _____ Date _____

Directions: Place a check in the appropriate column. Check "Mastery" if the student has demonstrated mastery of the skill. **(Mastery indicates the student has performed and/or can be trusted to perform these skills independently with minimal or no direction).** If the student has not satisfactorily achieved mastery, check "Partial Mastery" or "Not Mastered." Please comment on all "Not Mastered" items given in the space provided and/or circle the area(s) of concern in each category. If you or another technologist have not observed the student perform this skill, or if he/she has had no opportunity to perform it, place a check in the N/A column where this situation applies.

PART I	Yes	No
ALL SEMESTERS		
Attendance: Attends site regularly at scheduled times with NO unexcused absences. Absences are not affecting clinical performance. If NO, please note on the last page of this form. **If NO, also please note on the last page of this form.**		
Punctuality: Arrives timely at the clinical site with NO unexcused tardiness. Tardies are not affecting clinical performance. If NO, please note on the last page of this form. **If NO, also please note on the last page of this form.**		
Appropriate Dress and Professional Hygiene: Complies with policies outlined in the Radiography Student Handbook or clinical site, whichever is more stringent.		
Professionalism and Citizenship: Displays honesty and integrity; Accepts and abides by organizational and program policies and procedures; Accepts responsibility for errors; Positively promotes the profession by displaying an appropriate attitude and demeanor at all times.		
Time Management: Uses time wisely (including down time); Performs duties in an organized, efficient manner; Completes all duties begun; Takes initiative to participate in all exams.		
Teamwork: Displays a respectful manner to fellow students, technologists and supervisors; Pleasant to work with; Performs as a member of a team with team goals as an objective; Willing to help others as needed.		
Customer Relations: Respects the patient at all times; Establishes rapport with patients; Maintains a helpful and courteous manner with other departments, visitors, physicians, and co-workers; Interactions leave a favorable impression of the student/department/facility.		
Confidentiality: Holds in strict confidence all information concerning patients, visitors, physicians, and co-workers.		
Safety: Complies with appropriate policies; Quality patient care is displayed at all times.		
Receptiveness: Receptive to suggestions and/or corrections; Avoids "shopping for answers;" Accepts criticism in a positive manner.		
Communication: Able to follow directions; Expresses ideas clearly and readily; Observes appropriate channels of communication.		
Skills Maintenance: Retains and consistently applies previously learned skills; Demonstrates continued competence in areas of past learning.		
Continuous Growth: Learns from experiences, feedback, and mistakes to continually progress; Refines and develops new skills to improve accuracy and efficiency; Seeks opportunities to participate in new exams or procedures.		
TOTALS:		

1. To compute the student's employability skills section (Part I), transfer section totals to the lines below:

   Total Yes: _____ Total No: _____ Total Yes + No:

2. Divide total number of Yes marks by total number Yes + No's and multiply by 100.

   Ex: ____ x 100 Total Yes _____ / Total Yes + No _____ x 100 = _____%

3. Transfer this percentage to the appropriate line on the last page of this form.

Complete Part II as directed at the beginning of the form **up to and including the current semester**. Please include comments for all Not Mastered.

PART II	**Not Mastered**	**Partial Mastery**	**Mastery**	**N/A**
FALL I If no, please explain.				
Participates in specific on-boarding requirements and orientation of the department (including initial email communication and completing and submitting the Program Orientation Form)				
Wears dosimeter at all times in the appropriate location				
Appropriately utilizes the online clinical management system to keep time records up-to-date (including clock-in and clock-out at the correct facility)				
Recognizes patient workflow from noting an exam is ready, pulling up the exam on the RIS/HIS workstation and verifying the exam has been completed and routed to the appropriate channels				
Correctly uses the department phone system, using appropriate telephone etiquette				
Correctly identifies imaging plate sizes and field sizes for specific semester competencies				
Correctly uses the DR panel and CR laser reader				
Maintains a clean and safe environment; Straightens and cleans exam and dressing rooms; Changes linens as appropriate				
Correctly identifies the patient per department protocol				
Safely transports patients in a wheelchair				
Takes detailed histories, including the possibility of pregnancy				
Begins to operate control panel utilizing body part/view presets and notes kVp and mAs readouts.				
Manipulates machines properly				
Uses gonadal shields appropriate to specific exams				
Takes opportunities to perform image analysis				
Performs 90% or better on completed competencies in the evaluation period (please only select Mastery or Not Mastered)				
TOTALS: For First Year Students in Fall I Semester, stop here and go to the last page.				
SPRING I If no, please explain.				
Safely handles and maintains image receptors				
Safely and correctly disposes of contaminated items				
Safely transports patients in various conditions (chest tubes, oxygen, suction) with assistance				
Safely transports patients using carts or other methods besides wheelchairs				
Recognizes need for technique changes (kVp, mA, time) based on exposure index numbers.				
Gives patient clear instructions (verbal and non-verbal)				
Shows evidence of collimation on finished radiographs				
Recognizes when alternate projections are needed due to patient's physical condition, asking for assistance as needed.				
Performs examinations in an organized and efficient manner				
Correctly orients and labels a digital image per department protocol				
TOTALS: For First Year Students in Spring I Semester, stop here and go to the last page.				

SUMMER I If no, please explain.				
Performs warm-up procedures with assistance				
Manipulates portable equipment and set up for specific exams				
Positions patients for portable exams				
Attempts alternate projections due to patient's physical condition, asking for assistance when needed				
Critiques radiographic qualities (brightness, contrast, noise, spatial resolution, distortion)				
Identifies correct contrast for specific exams				
Mixes barium to department specifications				
Correctly loads a syringe with contrast (IVU's)				
Sets up a drip infusion for IVU's or other contrast exams				
Sets up for fluoroscopy utilizing department protocol				
Explains patient preparation, diet restrictions, pre-exam instructions, and post-exam instructions for all contrast exams				
Recognizes and reports allergic reactions (or any change in patient condition) when contrast media is utilized				
Monitors medical equipment attached to patient during a radiographic procedure (i.e. I.V.'s, oxygen, catheters, BE tubing, etc.)				
Recognizes technique changes for contrast exams (i.e. double Barium, single Barium, iodinated)				
Begins making technique corrections on repeat images with input from a technologist				
Performs venipuncture following department protocol				
TOTALS: For First Year Students in Summer I, stop here and go to the last page.				
FALL II If no, please explain.				
Independently performs tube warm-up procedures				
Accompanies technologist during surgical or C-Arm procedures				
Maintains sterile fields				
Performs basic digital imaging enhancement functions per department protocols with input from technologists				
Converts technique by manipulating mA, time, and kVp for any variable change (i.e. grids, SID, orthostatic breathing, etc.)				
Identifies non-traditional causes of poor radiographic quality (i.e. quantum mottle, etc.).				
Performs multiple exams in a logical manner (i.e. all AP's completed first prior to rotating patient)				
Correctly Identifies all items on the crash cart and their purpose				
TOTALS: For Second Year Students in Fall II Semester, stop here and go to the last page.				

SPRING II If no, please explain.				
Volunteers to perform all exams				
Performs all pediatric exams with assistance				
Performs all emergency exams with assistance				
Correctly sets up sterile fields				
Identifies radiographic artifacts and their causes				
Makes technique selection and corrections with increasing accuracy				
Recognizes and reports malfunctions of radiographic equipment				
Performs digital imaging enhancement functions per department protocols with increasing accuracy				
Analyzes own radiograph images, recognizing errors and offering solutions				
Recognizes principles and safety protocols for other modalities				
TOTAL: For Second Year Students in Spring II Semester, stop here and go to the last page.				

1. To compute the student's clinical skills grade (Part II), transfer all appropriate semester totals to the lines below:
   a. Grand Total Mastered (M): _____ x 1 pt. = _____ e. Grand Total N/A: _____
   b. Grand Total Partial Mastery (PM): _____ x 1/2 pt. = _____ f.
   c. Grand Total Not Mastered (NM): _____
   d. Total M + NM + PM: _____

2.Divide total number of M and PM by the total number of M + NM + PM and multiply by 100.

Ex: $\frac{M + PM}{M + PM + NM} \frac{(e + f)}{(d)}$ $\frac{\text{Total M (e)} + \text{Total PM (f)}}{\text{Total M + NM + PM (d)}}$ x 100 = _____%

TOTAL MONTHLY EVALUATION GRADE

1.To compute the student's total clinical grade for this evaluation period, complete the grid below:

NOTE: To progress in the program, a student must earn a 75% or better in each section (i.e. Part I must equal 75%+ and Part II must equal 75%+. Failure to perform at 75% or above in either section may result in disciplinary action, including probation and/or dismissal.

Part I: Employability Skills Section _____ x 50% (0.5) =

Part II: Clinical Skills Section _____ x 50% (0.5) =

EVALUATION TOTAL _____%

2. **Page One Deductions:**
   For each unexcused absence deduct 10 points and for each unexcused tardy deduct 5 points from Evaluation Total.

   # Unexcused Absences_____ x10 = -_____

   # Unexcused Tardies_____ x5 = -

3.Calculate the totals shown: GRAND TOTAL _____%

4.The answer above is the student's percentage grade. For a letter grade, compare this percentage to the table below:

92 - 100% = A
83 - 91% = B
75 - 82% = C
74 or less = F

5.Transfer both the percentage grade and letter grade to the space provided on the first page.

Part III: Comments

1) Areas where the student excels:
2) Areas needing improvement:
3) Areas in which the student has had little opportunity to observe or practice:
4) Any other comments:
5) Student Comments:

This evaluation has been discussed between the below-signed student and the clinical supervisor.

_____ _____

Clinical Supervisor Date Student Date

EXAMPLE OF SCORED STUDENT MONTHLY EVALUATION (TRAJECSYS)

Evaluation	Totals	MONTHLY DEVELOPMENT EVALUATION - SUMMER I - Evaluation Items
		All Semesters
Mastered	**3.85**	**Attendance:** Attends site regularly at prearranged times with NO unexcused absences; Absences are not affecting clinical performance.
Mastered	**3.85**	**Punctuality:** Arrives timely at the clinical site with NO unexcused tardiness; Tardies are not affecting clinical performance.
Mastered	**3.85**	**Appropriate Dress and Professional Hygiene:** Complies with policies outlined in the Radiography Student Handbook or the Clinical Site, whichever is more stringent.
Mastered	**3.85**	**Professionalism and Citizenship:** Displays honesty and integrity; Accepts and abides by organizational and program policies and procedures; Accepts responsibility for errors; Positively promotes theprofession by displaying an appropriate attitude and demeanor at all times.
Not Mastered		**Time Management:** Uses time wisely (including down time); Performs duties in an organized and efficient manner; Completes all duties begun; Takes initiative to participate in all exams.
Mastered	**3.85**	**Teamwork:** Displays a respectful manner to fellow students, technologists and supervisors; Pleasant to work with; Performs as a member of a team with team goal as an objective; Willing and to helpothers as needed.
Mastered	**3.85**	**Customer Relations:** Respects the patient at all times; Establishes rapport with patients; Maintains a helpful and courteous manner with other departments, visitors, physicians, and co-workers; Interactions leave a favorable impression of the student/department/facility.
Mastered	**3.85**	**Confidentiality:** Holds in strict confidence all information concerning patients, visitors, physicians and co-workers.
Mastered	**3.85**	**Safety:** Complies with appropriate policies; Quality patient care is a priority at all times.
Mastered	**3.85**	**Receptiveness:** Receptive to suggestions and/or corrections; Avoids "shopping for answers;" Accepts criticism in a positive manner.
Mastered	**3.85**	**Continuous Improvement:** Develops new and appropriate skills building on past learning; Makes note of and learns from mistakes; Strives to perform assignments to best of his/her ability.
Mastered	**3.85**	**Communication:** Able to follow directions; Expresses ideas clearly and readily; Observes appropriate channels of communication.
Mastered	**3.85**	**Skills Maintenance:** Demonstrates continued competence in areas of past learning; Retains and practices skills previously taught.
46.15	**46.15**	
		Fall I
Mastery	**1.19**	Participates in specific on-boarding requirements and orientation of the department (including completing and submitting the Program Orientation Form)
Mastery	**1.19**	Wears dosimeter at all times in the appropriate location
Mastery	**1.19**	Appropriately utilizes the online clinical management system to keep time records up-to-date (including clock-in and clock-out at the correct facility)
Mastery	**1.19**	Recognizes patient workflow from noting an exam is ready, pulling up the exam on the RIS/HIS workstation, and verifying the exam has been completed and routed to the appropriate channels
Mastery	**1.19**	Correctly uses the department phone system, using appropriate telephone etiquette
Mastery	**1.19**	Correctly identifies imaging plate sizes and field sizes for specific semester competencies
Mastery	**1.19**	Correctly uses the DR panel and CR laser reader
Mastery	**1.19**	Maintains a clean and safe environment; Straightens and cleans exam and dressing rooms; Changes linens as appropriate
Mastery	**1.19**	Correctly identifies the patient per department protocol
Mastery	**1.19**	Safely transports patients in a wheelchair
Not Mastered		Takes detailed histories, including the possibility of pregnancy
Mastery	**1.19**	Begins to operate control panel utilizing body part/view presets and notes kVp and mAs readouts
Mastery	**1.19**	Manipulates machines properly
N/A	**1.19**	Uses gonadal shields appropriate to specific exams
Partial Mastery	**0.6**	Takes opportunities to perform image analysis
Not Mastered		Performs 90% or better on required competencies (please only select Mastery or Not Mastered)
16.07	**16.07**	
		Spring I
Mastery	**1.19**	Safely handles and maintains image receptors
Mastery	**1.19**	Safely and correctly disposes of contaminated items
Mastery	**1.19**	Safely transports patients in various conditions (chest tubes, oxygen, suction, etc.) with assistance
N/A	**1.19**	Safely transports patients using carts or other methods besides wheelchairs
Mastery	**1.19**	Recognizes need for technique changes (kVp, mA, time) based on exposure index numbers
Mastery	**1.19**	Gives patient clear instructions (verbal and non-verbal)
Partial Mastery	**0.6**	Shows evidence of collimation on finished radiographs
Mastery	**1.19**	Recognizes when alternate projections are needed due to patient's physical condition, asking for assistance as needed
Mastery	**1.19**	Performs examinations in an organized and efficient manner
Mastery	**1.19**	Correctly orients and annotates a digital image per department protocol
11.31	**11.31**	
		Summer I
Mastery	**1.19**	Performs warm-up procedures with assistance
Mastery	**1.19**	Manipulates portable equipment and set up for specific exams
Mastery	**1.19**	Positions patients for portable exams
Mastery	**1.19**	Attempts alternate projections due to patient's physical condition, asking for assistance when needed
Partial Mastery	**0.6**	Critiques radiographic qualities (brightness, contrast, noise, spatial resolution, distortion)
Mastery	**1.19**	Identifies correct contrast for specific exams
Mastery	**1.19**	Mixes barium to department specifications
Mastery	**1.19**	Correctly loads a syringe with contrast (IVU's)
Mastery	**1.19**	Sets up a drip infusion for IVU's or other contrast exams
N/A	**1.19**	Sets up for fluoroscopy utilizing department protocol
Mastery	**1.19**	Explains patient preparation, diet restrictions, pre-exam instructions, and post-exam instructions for all contrast exams
Partial Mastery	**0.6**	Recognizes and reports allergic reactions (or any change in patient condition) when contrast media is utilized
Mastery	**1.19**	Monitors medical equipment attached to patient during a radiographic procedure (i.e. I.V.'s, oxygen, catheters, BE tubing, etc.)
Partial Mastery	**0.6**	Recognizes technique changes for contrast exams (i.e. double Barium, single Barium, iodinated)
Mastery	**1.19**	Begins making technique corrections on repeat images with input from a technologist
N/A	**1.19**	Performs venipuncture following department protocol
17.26	**17.26**	
		Absences/Tardies
0		Number of unexcused absences for this evaluation period. Each unexcused absence will result in a 10 point deduction by program administrators. The evaluator should select the "Not Approved" button before submitting.
0		Number of unexcused tardies for this evaluation period. Each unexcused absence will result in a 5 point deduction by program administrators. The evaluator should select the "Not Approved" button before submitting.
90.8	**90.8**	

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
ROTATIONAL STUDENT REPORT

Student _____ Date _____

Clinical Education Site _____ Semester _____

1. This student's strong areas of competency are:

2. This clinical rotation has not provided sufficient practice for the students in: (name exams)

3. This student needs help and practice on the following clinical skills and competencies:

4. The student needs to work on: (check all that apply)

_____ Citizenship	_____ Time Management	_____ Teamwork
_____ Receptiveness	_____ Communication	_____ Customer Relations
_____ Skills Maintenance	_____ Continuous Improvement	_____ Other

Comments:

Signatures: This evaluation was discussed with me:

Student _____

Clinical Supervisor _____

LCCC RADIOGRAPHY PROGRAM
CLINICAL ROTATION AND CLINICAL SUPERVISOR EVALUATION

Semester _____ Year _____

Clinical Education Center _____

This questionnaire provides you with the opportunity to anonymously express your views of the clinical rotation site and clinical supervisors. Please utilize the comment section for additional comments. NOTE: This form is available on Trajecsys.

		Yes	Needs Improvement	No	N/A
1.	Were you adequately oriented to the department at the outset of this rotation? If not, comment:	_____	_____	_____	_____
2.	Were you adequately oriented to the hospital or facility?	_____	_____	_____	_____
3.	Are updated and complete procedures manuals and technique charts provided in this department?	_____	_____	_____	_____
4.	Are exam protocols consistent within the department, and from technologist to technologist? If not, specify which exam protocols are not consistent:	_____	_____	_____	_____
5.	Was the opportunity provided for you to achieve all of your clinical objectives at this site or any other short-term rotation if applicable? If not, specify which ones and why:	_____	_____	_____	_____
6.	Was your clinical supervisor available for assistance?	_____	_____	_____	_____
7.	Was your clinical supervisor approachable and willing to assist with problems?	_____	_____	_____	_____
8.	Did your clinical supervisor provide adequate direction and instruction?	_____	_____	_____	_____
9.	Did the clinical supervisor provide:				
	a. Periodic one-on-one instruction?	_____	_____	_____	_____
	b. Regular opportunities for film critique?	_____	_____	_____	_____
	c. Clear, easily understood feedback on your progress?	_____	_____	_____	_____

10.	Do you feel that you were graded fairly and consistently for: a. Clinical competencies	_____	_____	_____	_____
	b. Monthly evaluations	_____	_____	_____	_____
	If not, specify exams, circumstances, individuals, etc.	_____	_____	_____	_____
11.	Do you feel the clinical supervisor is adequately prepared to teach in this setting? If not, explain.	_____	_____	_____	_____
12.	Were the supervising personnel and other staff supportive of your learning goals?	_____	_____	_____	_____
13.	Do you feel that you were treated in a fair and respectful manner by the majority of the clinical staff? If not, explain	_____	_____	_____	_____
14.	Did your clinical supervisor or other qualified staff oversee all of your repeated exams? If not, explain.	_____	_____	_____	_____
15.	Did this clinical site challenge you to learn?	_____	_____	_____	_____
16.	Would you recommend this clinical supervisor and education center to other students?	_____	_____	_____	_____

Summary:

Based on the items evaluated, what do you feel are the clinical rotations:

1. Greatest Strengths?

2. Areas needing improvement?

3. Other Comments:

LCCC RADIOGRAPHY PROGRAM
STUDENT SELF-EVALUATION

Student_____ Date_____

Clinical Education Center_____

1. I feel this clinical rotation has provided adequate opportunities to perform the following exams:

2. I feel this rotation has not provided me with sufficient practice in performing the following exams:

3. I feel I need additional help and practice with the following procedures:

4. This rotation provided no opportunities to observe:

Student Signature_____

FINAL POSITIONING TEST

Each worth 2.5 points/Each exam worth 20 pts.
Minor errors 0.5 - 1.0 pt. deduction
Significant errors (no repeat) 1.5-2 pts. deduction
Repeats 2.5 pts. deduction

Semester_____

Name_____

Date_____

Grade_____

	____/12.5	____/12.5	____/12.5	____/12.5	____/12.5	____/12.5	____/12.5	____/12.5		
	Protection 2.5 pts.	CR Location 2.5 pts.	Marker 2.5 pts.	Collimation/ Size Image Receptor 2.5 pts.	SID/ Technique/ Grid Use 2.5 pts.	Correct Projection 2.5 pts.	Position of Patient 2.5 pts.	Work Speed and Efficiency 2.5 pts.	For each repeat, deduct an additional 0.5 pts.	TOTAL 20 pts.
1.										
2.										
3.										
4.										
5.										
Comments:										

Grand Total _____

CLINICAL COORDINATOR'S STUDENT CLINICAL PREPARATION EVALUATION

Student Name: _____

Course Work:

a. Information covered last semester:

_____

_____

b. Information covered this semester:

_____

_____

c. Competence:

_____

_____

Student ability in positioning and image analysis: 1 being the lowest, 10 being the highest.

Positioning Strengths Image Analysis

1----------10 1----------10

For the next rotation _____ is _____ _____
Student Name weak prepared

_____ _____ for their next clinical rotation.
well prepared independent

Comments:

_____

_____

_____

_____

NOTE: This clinical preparation evaluation is being done to aid the Clinical Supervisor in being aware of each student's needs as they progress from academic work to clinical application as well as to a new clinical site. The feedback is gathered from clinical site visits, Monthly Evaluations, Self-Evaluations and Clinical Supervisor meetings.

_____
Student Signature Date

_____ _____
Clinical Coordinator Date Program Director Date

Laramie County Community College
Radiography Program
OR/C-Arm Log
Fall II - Spring II Attendance Record

Student _____ Total Hours _____

Clinical Supervisor _____ Date _____

A total of 28 hours, preferably in 7 hour increments, are to be completed with an emphasis on O.R./C-arm exams. Students are encouraged to participate in trauma and portable exams when not in an O.R./C-arm procedure. These hours will be exchanged for normal clinical hours. Continue to log your hours in Trajecsys as well as on this attendance record.

Arranging your clinical time: Obtain the current list of clinical sites from the Clinical Coordinator. At least one week prior to the desired date, call ahead to arrange the O.R./C-arm clinical hours with the desired clinical site. Approval from your current clinical supervisor and clinical coordinator must also be obtained when scheduling these hours.

1. **Date:** Fill in the date the procedures were performed or observed.
2. **List Procedures Completed/Observed:** List all procedures performed or observed on that day.
3. **Clinical Site:** State which clinical site was used to perform or observe the listed procedures.
4. **Hours Completed:** Fill in the hours that were performed on the stated day.
5. **Signature/Date:** All entries must have the adjacent signature of the attending technologist and date the procedures were performed or observed.

Once all 28 hours are completed, have your Clinical Supervisor sign this form and return to the Clinical Coordinator.

Date	List Procedures Completed	List Procedures Observed	Clinical Site	Hours Completed	Signature / Date

EXAMPLE OF COMPLETED C-ARM COMPETENCY EVALUATION (TRAJECSYS)

	06/09/2021 Competency Evaluation Spring II C-arm Study I (non-specific)
Patient	Please indicate what procedure was performed, and if it was performed on a patient or simulated.
Yes	**Properly identifies patient** Confirms ID on chart, with patient verbally and/or with ID band
Yes	**Maintains sterile field** Enters OR in proper attire (scrubs surgical cap, shoe covers, mask)
Yes	Maintains sterile field at all times
Yes	Checks C-arm for cleanliness prior to entering room and wipes down C-arm prior to leaving room
Yes	Helps secure C-arm drape adhering to sterile technique (if applicable)
Yes	**Performs power up and power down in proper order** Connects cables to power supply, turns unit on and off, lowers C-arm to its lowest position prior to turning off
Yes	**Sets correct exposure factors** Recognizes standard and/or alternative exposure settings; Demonstrates ability to set a manual technique (if applicable)
Yes	Sets and resets fluoro timer as necessary
Yes	**Transports and manipulates equipment accurately during the study** Moves C-arm superiorly and inferiorly in relation to the patient
Yes	Use tunnel (transverse), tilt lock, swing lock and lateral movements appropriately
Yes	Both components of C-arm brought in room and returned safely to the storage area
Yes	**Properly orient and annotate image on monitor display** Marks images correctly; Annotates images in proper anatomical position as per physician
Yes	Reverses, inverts, and rotates the image on the screen
Yes	Collimates to the appropriate field size and magnifies the image
Yes	**Practices radiation protection** Patient: Checks for pregnancy documenting LMP on requisition on women 10-60, or per department protocol; Appropriate shielding, SID and collimation as applicable
Yes	Personnel: Provides aprons for all personnel; Announces "X-ray" or "fluoro" prior to beginning exposure
Yes	**Image storage and transfer** Saves, recalls, and sends images to PACS (if necessary)
Yes	**Practices good patient care technique** Careful not to allow contact between patient and C-arm; Communicates appropriately with the patient as applicable
100	**Total** (Item point changes: 0 Overall point changes: 0)
Approved by	

⊞ Add Comment

Laramie County Community College
Radiologic Technology

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
SURGICAL ROTATION EVALUATION

Name _____ Semester _____Grade: ____% =
Clinical Education Center _____ Date _____

Directions: Place a check in the appropriate column. Check "Mastery" if the student has demonstrated mastery of the skill. **(Mastery indicates the student has performed and/or can be trusted to perform these skills independently with minimal or no direction).** If the student has not satisfactorily achieved mastery, check "Partial Mastery" or "Not Mastered." Please comment on all "Not Mastered" items given in the space provided and/or circle the area(s) of concern in each category. If you or another technologist have not observed the student perform this skill, or if he/she has had no opportunity to perform it, place a check in the N/A column where this situation applies.

PART I	**Yes**	**No**
ALL SEMESTERS		
Attendance: Attends site regularly at scheduled times with NO unexcused absences. Absences are not affecting clinical performance. If NO, please note on the last page of this form. **If NO, also please note on the last page of this form.**		
Punctuality: Arrives timely at the clinical site with NO unexcused tardiness. Tardies are not affecting clinical performance. If NO, please note on the last page of this form. **If NO, also please note on the last page of this form.**		
Appropriate Dress and Professional Hygiene: Complies with policies outlined in the Radiography Student Handbook or clinical site, whichever is more stringent.		
Professionalism and Citizenship: Displays honesty and integrity; Accepts and abides by organizational and program policies and procedures; Accepts responsibility for errors; Positively promotes the profession by displaying an appropriate attitude and demeanor at all times.		
Time Management: Uses time wisely (including down time); Performs duties in an organized, efficient manner; Completes all duties begun; Takes initiative to participate in all exams.		
Teamwork: Displays a respectful manner to fellow students, technologists and supervisors; Pleasant to work with; Performs as a member of a team with team goals as an objective; Willing to help others as needed.		
Customer Relations: Respects the patient at all times; Establishes rapport with patients; Maintains a helpful and courteous manner with other departments, visitors, physicians, and co-workers; Interactions leave a favorable impression of the student/department/facility.		
Confidentiality: Holds in strict confidence all information concerning patients, visitors, physicians, and co-workers.		
Safety: Complies with appropriate policies; Quality patient care is displayed at all times.		
Receptiveness: Receptive to suggestions and/or corrections; Avoids "shopping for answers;" Accepts criticism in a positive manner.		
Communication: Able to follow directions; Expresses ideas clearly and readily; Observes appropriate channels of communication.		
Skills Maintenance: Retains and consistently applies previously learned skills; Demonstrates continued competence in areas of past learning.		
Continuous Growth: Learns from experiences, feedback, and mistakes to continually progress; Refines and develops new skills to improve accuracy and efficiency; Seeks opportunities to participate in new exams or procedures.		
TOTALS:		

1. To compute the student's employability skills section (Part I), transfer section totals to the lines below:
   Total Yes: _____ Total No: _____ Total Yes + No: _____

2. Divide total number of Yes marks by total number Yes + No's and multiply by 100.
   Ex: ____ x 100 Total Yes _____ / Total Yes + No _____ x 100 = _____%

3. Transfer this percentage to the appropriate line on the last page of this form.

PART II	Not Mastered	Partial Mastery	Mastery	N/A
If Not Mastered, please explain.				
Participates in specific on-boarding requirements and orientation of the department (including completing and submitting the Program Orientation Form)				
Wears dosimeter at all times in the appropriate location				
Appropriately utilizes the online clinical management system to keep time records up-to-date (including clock-in and clock-out at the correct facility)				
Recognizes patient workflow from noting an exam is ready, pulling up the exam on the RIS/HIS workstation and verifying the exam has been completed and routed to the appropriate channels				
Accompanies technologist during surgical or C-arm procedures				
Correctly identifies the patient per department protocol				
Respects sterile fields				
Correctly manipulates the C-arm/x-ray equipment properly				
Maintains a clean and safe environment; Cleans C-arm before and after exams/cases				
Safely transports C-arm and other OR related equipment				
Performs start up and shut down procedures according to department protocol				
Aware of medical equipment attached to patient during a surgical procedure (i.e. I.V.'s, oxygen, catheters, vitals monitor, etc.)				
Practices radiation safety by utilizing shielding appropriate for patients and personnel, checking for pregnancy, and announcing "x-ray" prior to exposure				
Sets correct exposure factors				
Recognizes need for technique changes (kVp, mA, boost, pulse, etc.) based on various patient factors				
Collimates to appropriate field size				
Correctly orients and labels images per department protocol				
Identifies correct contrast for specific exams				
Recognizes when alternate projections are needed due to patient's physical condition, asking for assistance as needed (i.e., moving C-arm to represent anatomy appropriately)				
Takes opportunities to perform image analysis				
Critiques radiographic qualities (brightness, contrast, noise, spatial resolution, distortion)				
Performs 90% or better on required competencies				
TOTALS:				

1.To compute the student's clinical skills grade (Part II), transfer all appropriate semester totals to the lines below:

a. Grand Total Mastered (M): _____ x 1 pt. = _____ e. Grand Total N/A: _____
b. Grand Total Partial Mastery (PM): _____ x 1/2 pt. = _____ f.
c. Grand Total Not Mastered (NM): _____
d. Total M + NM + PM: _____

2.Divide total number of M and PM by the total number of M + NM + PM and multiply by 100.

Ex: M + PM (e + f) Total M (e) + Total PM (f)
M + PM + NM (d) Total M + NM + PM (d) x 100 = _____%

TOTAL MONTHLY EVALUATION GRADE

1.To compute the student's total clinical grade for this evaluation period, complete the grid below:

NOTE: To progress in the program, a student must earn a 75% or better in each section (i.e. Part I must equal 75%+ and Part II must equal 75%+. Failure to perform at 75% or above in either section may result in disciplinary action, including probation and/or dismissal.

Part I: Employability Skills Section _____ x 50% (0.5) =
Part II: Clinical Skills Section _____ x 50% (0.5) =

EVALUATION TOTAL _____%

2. **Page One Deductions:**

For each unexcused absence deduct 10 points and for each unexcused tardy deduct 5 points from Evaluation Total.

 # Unexcused Absences_____ x10 = -

 # Unexcused Tardies_____ x5 = -

3.Calculate the totals shown: GRAND TOTAL _____%

4.The answer above is the student's percentage grade. For a letter grade, compare this percentage to the table below:

92 - 100% = A
83 - 91% = B
75 - 82% = C
74 or less = F

5.Transfer both the percentage grade and letter grade to the space provided on the first page.

Part III: Comments

1) Areas where the student excels/Exams the student can perform independently:

2) Areas needing improvement/Exams the student can perform with assistance:

3) Areas/Exams in which the student has had little opportunity to observe or practice:

4) Any other comments: Student Comments:

This evaluation has been discussed between the below-signed student and the Clinical Supervisor.

_____ _____
Clinical Supervisor Date Student Date

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
SHIFTWORK EXPERIENCE

Purpose
The purpose of this limited rotation is to provide students with clinical experience during weekend and overnight shifts. These shifts are intended to expose students to a wider range of clinical scenarios, staffing models, and workflows. The experience also offers additional opportunities to develop critical thinking, adaptability, and problem-solving skills, as well as to practice alternative projections. The completed shiftwork log is due by the end of the summer semester.

Learning Objectives
By the end of this limited rotation, the student will be able to:

1. Demonstrate increased proficiency in performing non-routine and alternative projections.
2. Gain hands-on experience with emergency room and trauma procedures.
3. Apply enhanced patient care skills in high-acuity and fast-paced clinical settings.
4. Adapt to and reflect on the dynamics of a non-traditional work environment.

Shiftwork Requirements and Scheduling
Students are required to complete a total of 16 shiftwork hours, including one **eight-hour weekend** shift and one **eight-hour overnight** shift. These hours may be exchanged for regularly scheduled clinical time and must be documented using the Free Day Coupon function in Trajecsys. All dates and times must be pre-approved by the Clinical Supervisors at the student's current site and at the shiftwork site. Students are responsible for coordinating their shiftwork schedule in advance and ensuring it aligns with site availability.

In the event of a tardy or absence, students are required to call the shiftwork clinical site and leave a message on the Clinical Coordinator's office phone. While students may also send a text to the Clinical Coordinator, texting alone is not acceptable. Failure to notify both the clinical site and the Clinical Coordinator will result in an unexcused tardy or absence and will be reflected in the monthly evaluation grade.

Attendance and Documentation

1. Complete the shiftwork attendance record.
2. In Trajecsys, clock in and out at the correct site and note "8-hours of weekend/overnight shiftwork" in the comments section.

Expectations During Shiftwork

1. Demonstrate professionalism, punctuality, and active engagement.
2. Participate fully in the clinical experience as you would during standard hours.
3. Failure to follow proper scheduling, documentation, or approval processes may result in the shift not being counted toward program requirements.

Shiftwork Experience Reflection

1. How did this rotation allow you to gain experience in non-routine views and examinations?

2. Did this rotation allow you a greater opportunity to perform emergency and trauma exams? Explain.

3. Describe any situations where the patient's injury or condition required you to use enhanced patient care skills.

4. Do you feel this experience benefited you? Why or why not?

5. What did you like best about this rotation?

6. What did you like least about this rotation?

7. How can we improve this experience for future students?

Shiftwork Attendance Record

Name: _____ **Clinical Site:** _____

Date and Time	Procedures Observed	Procedures Completed	Supervising Technologist's Signature

Total Hours: _____ **Clinical Coordinator's Signature:** _____ **Date:** _____

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
COMPETENCY APPEAL FORM

Name: _____ Semester: _____

Clinical Site Assignment(s): _____

This form is to be filled out to appeal the **minimum of five (5)** competency simulations and/or the **venipuncture requirement** for the semester, when reason exists as to why the student may have remaining competencies at the end of the semester.

List the remaining competencies for the current semester and indicate whether each is mandatory (M) or elective (E):

List the competencies completed for future semesters. Also indicate the semester and whether each is mandatory (M) or elective (E):

Reason(s) more than five competency check offs require simulation and/or venipuncture was not complete. Please explain each choice:

☐ Competency exam(s) not available at this clinical site: _____

☐ Competency exam(s) not available on assigned clinical days/times: _____

☐ Competency(ies) had not yet been covered in didactic course at time of availability: _____

☐ Other. Explain: _____

Clinical site for next semester:

Plan of action to ensure simulated mandatory competencies and future competencies get completed within the allotted semester:

_____ _____
Student Signature Date Clinical Supervisor Signature Date

Appeal Approved ☐ **Appeal Denied*** ☐
Reasons: _____

_____ _____
Program Director Signature Date Clinical Coordinator Signature Date

*If the student's appeal is denied, the student may only simulate five competencies; the remaining competencies will be recorded as zeroes for that semester's grade. Venipunctures will not be simulated and will take precedence in the gradebook over other remaining competencies. All zero competencies will be carried over to the following semester.

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
UNSATISFACTORY PERFORMANCE CONTRACT

Due to my increasing difficulty in meeting the objectives and goals of the program, I am aware that I must meet the conditions identified below in order to remain in the Radiography Program.

On _____, I met with the Program Director and the Clinical Coordinator or a counselor to evaluate my meeting the conditions to remain in/reenter the program due to _____.

Conditions:

_____ _____
Student Program Director

_____ _____
Date Clinical Coordinator or Counselor

I have satisfactorily met the conditions of this contract. I am aware that I can be considered for reentry into the program by writing the Program Director prior to the semester in which I wish to reenter.

_____ _____
Student Program Director

_____ _____
Date Clinical Coordinator or Counselor

LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
INCIDENT REPORT

Date: _____ Time: _____ Location: _____

Description of Incident: _____

_____

_____

_____

_____

_____

_____

_____

Patient's Name, Hospital ID, Age, Doctor (if applicable): _____

_____

_____

Action taken and/or persons notified: _____

_____

_____

_____

_____

_____

_____

This report was discussed with me:

Signature of Student: _____ Date: _____

Signature of Clinical Supervisor: _____ Date: _____

Signature of Chief Technologist: _____ Date: _____

CLINICAL EDUCATION AGREEMENT TO MINIMIZE FETAL EXPOSURE

Between student _____ and LCCC Radiography Program

Date Program Director notified of student's pregnancy _____

Due Date _____ Estimated Conception Date _____

Cumulative exposure received from conception date to above date _____

Program Director was notified of pregnancy in accordance with the Student Pregnancy policy, as outlined in the appropriate Radiography Student Handbook. This student has previously completed (or will complete) the program course Radiation Biology and Protection. The student is also to receive further counseling regarding possible harmful effects on the fetus.

Under these terms, the student has agreed to continue her clinical Education at _____ hereafter referred to as the Clinical Site. The student has informed the Clinical Supervisor and Department Director at the Clinical Site. The student has likewise been informed of the policies of the Clinical Site regarding technologists/students.

The student program for minimizing fetal exposure will include:

1. Wearing a lead apron whenever the potential for exposure to ionizing radiation occurs.
2. If possible, removal from portable, fluoroscopic and surgical procedures until she is past the first trimester of pregnancy. The student may do after-filming.
3. Once beyond the first trimester of pregnancy, resumption of the procedures outlined in #2 may occur so long as:
    A. Distance from the x-ray source is maximized.
    B. A wrap-around lead apron is worn.
    C. Departmental policy does not preclude outlined procedures.
4. The LCCC Radiography Program will provide a second personnel monitor to be worn at the waist at all times.

Should the cumulative dose to this second badge exceed 50 mrems (0.5 mSv) in any one-month period, the student will be removed from the clinical education site for one month. If the dose to this monitor should exceed 500 mrems (5 mSv) in any one month, the student will be removed from clinical rotation for the remainder of the pregnancy.

The scientific guidelines for fetal dosage are published in the NCRP Report #91, #107, and #116 and published by the NRC and United States Government.

This agreement releases the Clinical Sites and LCCC from any liability in the event that there are any congenital abnormalities at the child's birth.

Signatures:

Student: _____ Date: _____

Putative Father: _____ Date: _____

Clinical Supervisor: _____ Date: _____

Program Director: _____ Date: _____

I have counseled the above named student regarding fetal dose and possible fetal injury due to excessive radiation.

Radiation Physicist: _____ Date: _____

MRI Safety Clearance Form
Laramie County Community College
Radiography Program

Purpose: The presence of in-dwelling or external ferromagnetic devices or objects does not disqualify a student from entering the Radiography Program. However, accepted students are required to complete this MRI Safety Clearance Form at the beginning of the program, the Fall II semester, and at any point the MRI safety status of the student may have changed to verify that it is either: 1) Safe to enter the scan room's magnetic field, or 2) Ensure that a radiography student with any indwelling or external ferromagnetic devices or objects is not inadvertently placed at risk during their clinical rotations while in the program.
In addition to this form, prior to a special rotation in MRI, each facility may require additional medical screening (such as a radiograph of the orbits), which may require a physician's order.
After reading the MRI and Ferromagnetic Safety Policy, please complete, sign, and return this form on the first day of the program.

Do any of the following apply to you personally?

_____ History of any surgical procedure that entails any implant within/or on your body that were not naturally born with? If yes, please list: _____

Please mark all others that apply to you:

_____ Cardiac pacemaker, wires, stents, or defibrillator
_____ Aneurysm clips
_____ Intracranial shunt; Programmable type: Codman or Strata
_____ History of welding, grinding or metal injuries of or near the eye
_____ Eye, ear/cochlear, other implants, or hearing aids
_____ Neurostimulator or pain pump
_____ Electronic Implant or monitoring device
_____ Implanted drug infusion and/or insulin device
_____ Any known metal fragments, BBs, pellets
_____ Other: _____

Do you have any other contraindications that would prevent you from performing routine tasks in the MRI department as a student or future technologist? _ No _____ Yes If yes, please explain:

_____

Pregnancy Notice: The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.
I have reviewed the MRI and Ferromagnetic Safety Policy for the Radiography Program and completed the MRI Safety Clearance Form. I understand that this information is essential for not only my own safety but that of patients and other MRI and medical personnel. **I also understand that if any of the above changes during my time in the program, I will inform the Program Director.**

Student Signature _____ Date _____

Student Name (Printed) _____

APPENDIX

ARRT STANDARDS OF ETHICS

Last Revised: September 1, 2023
Published: September 1, 2023

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 (collectively, "Certificate Holders"), and to persons applying for certification and registration by ARRT in order to become Certificate Holders ("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.

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

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

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

10. The Registered Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

11. The Registered Technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Registered Technologists and Candidates. ARRT certification and registration demonstrates to the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients.

The Rules of Ethics are enforceable. Registered Technologists are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

Registered Technologists and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.

Fraud or Deceptive Practices

Fraud Involving Certification and Registration

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

Fraudulent Communication Regarding Credentials

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

Fraudulent Billing Practices

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

Subversion

Examination / CQR Subversion

4. Subverting or attempting to subvert ARRT's examination process, and/or the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR SSA process includes, but is not limited to:

(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, including but not limited to, *Continuing Education Requirements* (CE), clinical experience and competency requirements, structured education activities, and/or ARRT's Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's education 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 record-keeper; 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 record-keeper; 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 posttests 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.

Failure to Cooperate with ARRT Investigation

6. Subverting or attempting to subvert ARRT's certification and registration processes by:
(i) making a false statement or knowingly providing false information to ARRT; or
(ii) failing to cooperate with any investigation by ARRT.

Unprofessional Conduct

Failure to Conform to Minimal Acceptable Standards

7. Engaging in unprofessional conduct, including, but not limited to:
(i) a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;
(ii) any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient or the public need not be established under this clause.

Sexual Misconduct

8. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

Unethical Conduct

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

Scope of Practice

Technical Incompetence

10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

Improper Supervision in Practice

11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

Improper Delegation or Acceptance of a Function

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

Fitness to Practice

Actual or Potential Inability to Practice

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

Inability to Practice by Judicial Determination

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

Improper Management of Patient Records

False or Deceptive Entries

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

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. All alcohol and/or drug related violations must be reported; 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 Certificate Holder'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.

Available at: https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/bbb73119-fa02-429c-be17-1f6896047106/2023%20ARRT%20Standards%20of%20Ethics.pdf

Joint Review Committee on Education in Radiologic Technology (JRCERT)
Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Standard One: Accountability, Fair Practices, and Public Information
The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Standard Two: Institutional Commitment and Resources
The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Standard Three: Faculty and Staff
The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Standard Four: Curriculum and Academic Practices
The program's curriculum and academic practices prepare students for professional practice.

Standard Five: Health and Safety
The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement
The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Available at: http://www.jrcert.org/programs-faculty/jrcert-standards/

LARAMIE COUNTY
COMMUNITY COLLEGE

Cheyenne | Laramie | Online

lccc.wy.edu