Radiologic Technology

STUDENT HANDBOOK:

DIRECTED CLINICAL PRACTICE

&

PROGRAM POLICIES

REVISION: 7/2015

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San Diego Mesa College

Radiologic Technology Program

MISSION STATEMENT
The mission of the Radiography Program is to prepare qualified medical imaging practitioners who uphold the highest level of ethical patient care while demonstrating excellent clinical and technical practices.

GOALS AND OBJECTIVES
1. Graduates will meet the healthcare employment needs of the community.
2. Graduates will communicate effectively with patients and other healthcare professionals.
3. Graduates will demonstrate independent critical thinking and problem solving skills.
4. Graduates will apply the knowledge and skills to be clinically competent.
5. Graduates will demonstrate the skills of ethical and professional radiologic technologists.

PURPOSE AND PHILOSOPHY
A. The program will provide occupational training in the Radiologic Sciences that will qualify the student for examination by the American Registry of Radiologic Technologists (ARRT) and certification by the California Department of Public Health – Radiologic Health Branch. This will prepare the student for employment in Radiologic Technology.

B. The program will provide didactic and clinical education for each student in the classroom, energized laboratories on campus and hospital clinical affiliates.

C. The program will provide professional and academic guidance by the faculty to help each student gain personal growth from the educational experience for the radiologic science profession.

D. The program will seek collaboration with professional associations and related organizations to bring continuing education to members of the profession, including leaders and educators.

ACCREDITATION
A. The Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT; www.jrcert.org).

B. The program meets all requirements by the American Registry of Radiologic Technologists (ARRT; www.arrt.org) for national certification and the CA Dept. of Public Health-Radiologic Health Branch (CDPH-RHB: www.cdph.ca.gov/rhb) for state licensure.
PROGRAM CLINICAL OFFICIALS

A. **Program Director (JRCERT & District requirements)**
   i. Responsible for overall program effectiveness
   ii. Oversees ongoing program assessment
   iii. Assumes the leadership role in program development
   iv. Budget planning
   v. Maintains current knowledge of the professional discipline and educational methodologies
   vi. Responsible for curriculum design, program administration, evaluation, instruction and academic advising.
   vii. Holds, at minimum, a master’s degree.

B. **Program Clinical Coordinator (JRCERT requirements)**
   i. Correlates clinical and didactic education
   ii. Evaluates students
   iii. Participates in didactic and clinical instruction
   iv. Supports the Program Director in effective program operation
   v. Evaluates effectiveness of clinical education
   vi. Participates in the assessment process
   vii. Cooperates with Program Director in periodic review and revision of clinical course materials
   viii. Maintains current knowledge of the professional discipline and educational methodologies
   ix. Maintains current knowledge of program policies, procedures and student progress
   x. Holds, at minimum, a baccalaureate degree

C. **Program Didactic Faculty (JRCERT & District requirements)**
   i. Maintains course outlines and objectives; instructs and evaluates students, reports progress
   ii. Participates in program assessment
   iii. Supports the Program Director in effective program operation
   iv. Cooperates with Program Director in periodic review and revision of course materials
   v. Maintains current expertise within the professional discipline and educational methodologies

D. **DCP Instructor (District requirements)**
   i. College faculty assigned by the District to be responsible for instruction, evaluation and grading of students enrolled in a Directed Clinical Practice (DCP) course, according to defined course and program outcomes and objectives.
   ii. Holds academic and/or professional credentials required and appropriate to the subject content.
   iii. Conducts site visits to clinically observe the students and clinical instruction.

E. **Clinical Instructor (JRCERT requirements)**
   i. Hospital technologist designated by imaging administration and recognized by program to provide students with clinical instruction, scheduling, supervision and evaluation.
ii. Is knowledgeable for program goals
iii. Understands the clinical objectives and clinical evaluation system
iv. Understands the sequencing of didactic and clinical education
v. Provides students with clinical instruction and supervision
vi. Evaluates students' clinical competence
vii. Maintains competency in the professional discipline and instructional/evaluative techniques through professional development
viii. Maintains current knowledge of program policies, procedures & student progress
ix. Has at least two years of documented experience in the professional discipline.

F. Clinical Staff (JRCERT requirements)
   i. Understands the clinical competency system
   ii. Understands the requirements for student supervision
   iii. Supports the educational process
   iv. Maintains current knowledge of program policies, procedures & student progress

At times, multiple roles will be held by one person. For example, the Clinical Coordinator is often the DCP Instructor. In the summer sessions, the Program Director assumes the role of the Clinical Coordinator and DCP Instructor.

“The clear delineation of responsibilities facilitates accountability. Faculty and clinical staff responsibilities must be clearly delineated and must support the program’s mission.” (JRCERT Standard Three, Objective 3.8)

RELEVANT STUDENT POLICIES
Students enrolled in the San Diego Mesa College Radiologic Technology Program will be responsible for observing the policies, procedure and regulations of several entities:
A. Course policies set by the instructors in their syllabi

B. Radiologic Technology Program Policies (this manual)

C. Radiation Protection Manual

D. School of Health Sciences, Allied Health Department Policies

E. College/District Policies
   ii. Current college catalog

F. Hospital policies of their assigned clinical site
   i. Clinical facilities are locations at which college campus DCP courses occur.

G. CA Dept of Health – Radiologic Health Branch, CCR Title 17
   i. Relevant excerpts provided in this manual; copy kept in Program Director’s office

H. Federal Code of Regulations
   i. Relevant excerpts provided in this manual; copy kept in Program Director’s office

I. ARRT Rules of Ethics (included in this manual)

J. ASRT Radiography Practice Standards (link referenced and available as separate file).
DUE PROCESS and GRIEVANCE PROCEDURE

A. The academic and professional structure for due process and grievance resolution is as follows:
   i. Program:
      1. For didactic courses - Classroom instructor → Program Director → Allied Health Dept. Chair
         • Each step should have a one week response time on all complaints
      2. For clinical courses - Clinical Instructor → DCP Instructor → Clinical Coordinator → Program Director
         • Each step should have a one week response time on all complaints
   ii. School: Program Director → Allied Health Dept. Chair → Dean of Health Sciences
         • Each step should have a one week response time on all complaints
   iii. College: Dean of Health Sciences → Vice President of Instruction (or Student Services) → College President
         • Each step should have a two week response time on all complaints
   iv. District: College President → Vice Chancellor → Chancellor
         • Each step should have a two week response time on all complaints

B. If the problem is at a clinical affiliate site, the student should discuss it first with their Clinical Instructor, if possible. If the student feels more comfortable, they may present the issue to the DCP Instructor or the Clinical Coordinator.

C. In the event the Program Director is also the Department Chair, he or she will have a designee for students and faculty to approach for resolution before contacting the Dean level.

The student must follow the proper protocol outlined above in Step A, as most issues are quickly resolved at the instructor or Program Director level. If the student skips the appropriate order of steps, they will be redirected to the appropriate level.

INSURANCE/INJURY

Student liability insurance fee assessment per semester is payable upon enrollment. The student will not attend clinic or class unless enrolled in the specifically applicable DCP course, or any course, and the course fees (which includes liability insurance) are paid. Students may not attend clinic on unscheduled days.

Scheduled days must be in compliance with college and program policies.

A. INJURY AT THE CLINICAL AFFILIATE SITE

Injuries that occur at the affiliate site are covered by the San Diego District Student Insurance Policy known as HSR (Health Special Risk). The INJURED STUDENT has the following responsibilities when an injury occurs.
   i. Student should notify the Clinical Instructor, Clinical Coordinator and the Program Director within 24 hours via telephone and/or email. It is the student’s responsibility to report the injury.
   ii. For emergency care REQUIRING THE EMERGENCY ATTENTION of a
physician, the student should be directed to the clinical site ER. If it is a work/clinically related injury, the ER should be notified that the student has insurance through San Diego Community College District. In such a case, please notify the District Risk Management Office immediately. (619-388-6953; fax: 619-388-6898).

iii. For a clinic-related URGENT or MINOR CARE situation, in which the student is safe to travel, the student should go to the nearest Sharp Rees-Steeley or Sharp Mission Park occupational health services facility, as listed in the Clinical Instructor’s Handbook.

iv. For any other non-clinical situations, the student should seek their own medical care and may utilize Mesa College Student Health Services on campus in Building L-500 (691-627-2774).

v. Worker’s Compensation forms and the district injury report must be filled out by the Program Director or Program Clinical Coordinator and submitted to District Risk Management. Risk Mgmt will then provide insurance information to the medical facility at which care was sought.

B. CAMPUS ILLNESS/INJURY
i. For campus injuries, the student should go to Health Services on campus in Building L-500 (691-627-2774) Fax: 619-627-2853

DIRECTED CLINICAL PRACTICE (DCP) ELIGIBILITY & EXPENSES
A. Admission to all clinical courses is limited to those individuals who have successfully met the following criteria.

i. Completion and documentation of health physical examination by a physician that indicates the student is able to perform the physical tasks of the job in a safe manner to self and others. This may be required to be repeated if the student’s capabilities appear to change during the course of the program that could affect student, peer or patient safety.

ii. Completion and documentation of a negative TB skin test (or chest x-ray) and required immunizations yearly.

iii. Drug and background screen; confidential results acceptable to assigned clinical site and required specialty rotation sites. This is done yearly or at the discretion of the affiliate site.

iv. Payment of liability insurance designated by the college, via tuition and fees.

v. Concurrent enrollment in the required Radiologic Technology (RADT) courses.

vi. Completion of all prerequisite college courses for the RADT program with a minimum of a "C" average.

vii. Documented permission of the Radiologic Technology faculty and clinical affiliates.

viii. Students must use the Nursing Consortium to document background, immunizations, TB requirements and CPR. Students are responsible for all fees charged by using the site.

ix. Magnetic Resonance Imaging (MRI) is a required observational rotation. A screening form must be completed in order to enter the MRI environment and must be updated with the program and Clinical Instructor if there are any changes to the questions on the screening form.

x. Student will be placed with the affiliate sites at random. The students are required to provide their own transportation to the clinical setting. The furthest affiliate site from San Diego Mesa College is 34 miles one-way.
B. The clinical education experience is divided into six (6) clinical courses. Progression from the clinical education courses is based upon the successful completion of sequential course requirements.

C. Failure to comply with the rules and regulations will affect student evaluations and may result in grade reduction, probation or dismissal.

D. A clinical site may release a student without reason. It is the program's discretion to secure a second clinical site for students. If a second site is not obtained, student is no longer eligible to continue in Radiologic Technology Program. If program searches for a second clinical site for the student, and none is found, student is no longer eligible for clinical placement, therefore, not eligible to continue in the program.

E. All costs associated with DCP placement and continuation are the responsibility of the student (Uniforms, CPR course, immunizations, drug testing, background checks, insurance fees, parking permits, ID, etc.)

**STUDENT FILES**

A. Student files will be maintained in the Program Director/Clinical Coordinator offices for each student enrolled. Each student file will contain the following information:

   i. Program application and admission materials
   ii. Directed Clinical Practice Materials
      1. DCP eligibility materials
      2. Evaluations, competencies, time sheets and exam logs
      3. Radiation dosimetry records
      4. Semester objectives, assignments and grade sheets
   iii. Consents and releases
   iv. Student conferences and any probation or disqualification notices

**METHODS OF EVALUATION**

Methods of evaluation will include qualitative and quantitative assessments by the course instructors, clinical instructors, staff technologists, Clinical Coordinator and Program Director. Didactic and clinical evaluations will include student progress in course and program outcomes and goals.

**INSTRUCTIONAL METHODS**

A. Each instructor has the freedom within the framework of the approved course outline and program policies to teach his or her assigned class in the manner which most benefits students. Required course topics are subject to change to meet all ASRT, JRCERT and CDPH-RHB requirements. Records of course progress, content and methods of student evaluation will be available at all times. Didactic, clinical and behavioral issues with students will be communicated to the Program Director, when appropriate.

B. Related visual aids, handouts and other activities used in teaching will be coordinated with the entire instructional faculty.

**DISABILITY SUPPORT PROGRAMS & SERVICES (DSPS) AND DCP CONCERNS**

A. DCP is a Mesa College course with a Mesa College faculty instructor. Any student concerns regarding disabilities must be communicated with the Mesa College faculty instructor and DSPS, preferably as early as possible in the course (or even before) in order to complete all necessary DSPS processes in a timely manner to ensure maximum success.
B. Student concerns regarding disabilities communicated only to the hospital affiliate cannot be considered. Students cannot expect or require that hospitals convey such information to the school.

C. Student accommodation requests cannot be transferred between courses or carry over into subsequent semesters. Students must go through proper campus processes for each course in which they desire services.

D. When in doubt, discuss concerns with your DCP instructor, Program Director and DSPS.

**CLINICAL ASSIGNMENTS**

A. Students will be assigned to a specific clinical affiliate at the beginning of their clinical experience portion of the program in the Fall semester of the first year.
   
i. Students are randomly selected for placement in an east, north, west, or south county clinical affiliate, based on residential and employment information provided at the beginning of the year.
   
   ii. No guarantee is made that the student will be placed at the closest geographical location. Clinical settings are located from Oceanside to Chula Vista, CA. You may be placed at any of our clinical affiliates that is not close to your home. The furthest affiliate distance from the college is 34 miles one way.
   
   iii. No changes will be made for student preferences.
   
   iv. The program reserves the right to reassign a student to another facility for student capacity, exam variety or other reasons necessary to maintain a quality learning experience the student cohort.

**CLINICAL AFFILIATE & INSTRUCTOR RESPONSIBILITIES**

A. The **CLINICAL AFFILIATE** is responsible for:
   
i. Having at least one full-time equivalent JRCERT-recognized clinical instructor (CI) for every 10 radiologic technology students at each recognized clinical rotation site.
   
   1. The CI must be staffed primarily in the daytime hours.
   
   ii. Changes in personnel designated at Clinical Instructors must be communicated to the Program Director as soon as possible for JRCERT recognition.

B. The **CLINICAL INSTRUCTOR** is responsible for:
   
i. Preparing an organized schedule of student internal rotations that comply with the program and regulatory (JRCERT and state) supervision and resource objectives.
   
   ii. Securing a positive student learning experience in the required internal specialty rotations.
   
   iii. Contacting the program early when a problematic situation has arisen that may affect a student(s) or involves a student(s). This includes (but is not limited to) substandard student performance, equipment or staff resource reductions, department or hospital policy changes, etc.
   
   iv. Review and approval of ALL student clinical exam competencies.
   
   v. Reviewing patient case studies with students for training purposes.
   
   vi. Providing evaluations and documentation, as required by the program.
   
   vii. Relaying relevant information regarding program policies to other department personnel.
   
   viii. Supporting the student’s learning environment by mediating potential personnel difficulties involving the student, being available for student consultation and mentoring, identifying areas of difficulty and strength for the student, etc.
   
   ix. Leading or arranging for a weekly, one-hour, formal group instruction of the
students.

1. This period of time may include exam competency review, image critique, positioning, equipment training, hospital education that is relevant to students, department meetings, etc.
2. This period of time is in addition to the daily availability, mentoring, scheduling and documentation related to students.

x. Providing alternate student learning opportunities during departmental slow times.
   1. This may include observing radiologist interpretation of images, stocking rooms, cleaning equipment, transporting patients, etc.

   STUDYING FOR CAMPUS CLASSES IS PROHIBITED.

xi. Dismissing from the premises (temporarily or permanently) any student who does not readily demonstrate professional, emotional, mental or physical capacity requirements to safely, competently and professionally care for patients and work with others. In such situations, students must be immediately referred to the Program Director.

CLINICAL ROTATIONS
A. The student enrolled in the Radiologic Technology Program will be assigned to a clinical schedule for each semester. These individual schedules are based on the clinical rotation master plan. The student will be scheduled sixteen (16) to forty (40) hours per week at the designated affiliate, depending on the semester of the program.

B. All students will be required to participate in INTERNAL special modality rotations, including Computed Tomography, Magnetic Resonance Imaging (need screening form completed upon admission to program), Interventional Radiology, Ultrasound and Nuclear Medicine (2-3 days each) during the fifth and/or sixth semester.
   i. If a student’s assigned clinical site is not a Level 1 or 2 Trauma Center, they will be required to complete a one-week equivalency EXTERNAL special rotation in Trauma during the fourth through the sixth semester. This will be scheduled by the Program.
   ii. All students will have an optional one-week equivalent (5-6 days) special EXTERNAL rotation at Rady Children’s Hospital. This is offered to all students, but maybe required for those students who need pediatric competencies not completed during normal clinical rotation.
   iii. All student will be rotated through La Maestra Community Clinic for a one week rotation.

C. It is the responsibility of the student to utilize the clinical rotation to the fullest extent for their learning experience each scheduled day and communicate their instructional needs to the Clinical Instructor, Clinical Coordinator or Program Director.

D. The student is expected to remain at their assigned station at all times. With the permission of the supervising technologist or the clinical instructor, the student may involve themselves in another area.

CLINICAL SCHEDULE & DOCUMENTATION
A. CLINICAL SCHEDULING
   i. The overall schedule will follow the Mesa College calendar for holidays, etc.
   ii. Students MAY NOT be at clinic on Sundays, or any day between 2300 and 0600, or any district/campus holiday or intersession. Students are only covered with
liability insurance during instructional days within a semester for which they are scheduled at their clinical site.

iii. The student’s daily shift (start/end times) will be determined by the clinical instructor at the clinical site.
   1. Daily shift times may vary, depending on the clinical modality of assignment.
   2. Clinical hours may occur between the hours of 6:00 am and 11:00 pm, Monday through Saturday.
   3. The student is required to adhere to their assigned clinical schedule. No personal or preferential adjustments will be made to the assigned schedule.
   4. Students will be permitted to leave their assigned area for two 15-minute breaks, the timing of which is at the discretion of the clinical instructor or the supervising technologist. Breaks are required.
   5. During clinical assignments, a thirty (30) minute lunch/dinner break is required, the timing of which will be at the discretion of the supervising technologists or clinical instructor. Under no circumstances is a student to leave the hospital premises without clocking in and out. The lunch period does not count toward directed clinical practice hours.
   6. If student is working longer than six (6) hours, the student must punch out for lunch prior to the fifth (5) hour in accordance with State Law. Not taking lunch by the fifth (5) hours will be grounds for disciplinary action.

iv. Evening and Saturday shifts cannot exceed 25% of the student’s semester DCP hours.
   1. Evening hours may not start until DCP III, and are limited to ten (10) days within a session.
   2. An evening shift is an 8 hour shift that starts at or after 1:00 pm.

v. Students may NOT BE REQUIRED to clinically train in excess of 8-hours per day or 40 hours per week.
   1. The student may, at the discretion of the clinical instructor AND DCP Instructor, train up to 10 hours within a day, or 50 hours in a week. This will be allowed on a very limited, pre-approved basis only.
   2. There are limited opportunities for makeup hours, of which the student must be mindful.

B. DOCUMENTATION OF CLINICAL TIME
   i. All students are required to document their clinical time adhering to the schedule on the time card or sheet.
   ii. Students must use the online clocking system to track clinical time.
   iii. Clinical Instructors may correct time cards along with the Clinical Coordinator. Students must give reason is time keeping system when clocking is incorrect.
   iv. Students may not clock other students in or out.
   v. Documentation of time is also required when the student attends any other clinical affiliate for special rotation assignments.
   vi. Students may not “bank” hours for future semesters in the program.
   vii. Students may not “bank” hours within a semester (ie: they cannot “work ahead”), except for special circumstances, as follows:
       1. Sixteen (16) hours may be arranged with the clinical instructor for special circumstances
       2. This ensures the student has concurrent time in clinic to apply newly learned skills from campus classes.
   viii. Students will be given DCP hours for any campus DCP meetings they attend. Clinical instructors will be notified by the program director or the Clinical Coordinator.
   ix. Students must work the scheduled days from the time card and must
work at least the hours indicated. Working longer that eight (8) hours in a day does not count toward banking of hours.

Anyone who commits fraud on their timecards (or any other documentation) will be dismissed from the clinic site and the radiologic technology program at Mesa College. This serious breach of ethics will also be reported the ARRT and the state of California Department of Health – Radiologic Health Branch.

**ATTENDANCE POLICY FOR DIRECTED CLINICAL PRACTICE**

A. Radiologic Technology students will attend **ALL** clinical assignments as scheduled by the program.
   i. It is the student's responsibility to be in attendance at the clinical education hospital affiliate when assigned. **ALL** assigned time must be made up.

B. **If the student must be absent**, the **clinical instructor** in the **assigned** hospital affiliate **must** be notified as well as their **faculty DCP instructor and Program Clinical Instructor**.
   i. Notification of absence must occur within fifteen (15) minutes of the scheduled time of arrival. Failure to do so may result in grade reduction or clinic site dismissal. Reassignment to another clinic will not be permitted.
   ii. Make up time must be scheduled for approval with the clinical instructor the day that the student returns to the clinical affiliate and should correspond in quantity of time to length of absence.
      1. Daily and weekly limits of clinical training remain in force.
      2. There is no guarantee there will be enough instructional days or clinical opportunities to make-up clinical time. Incomplete hours is a course fail.
   iii. It is the student's responsibility to make-up the time, and to inform the Program Clinical Coordinator when the assigned time has been approved.

C. A student who has accumulated **TWO** unexcused absences in DCP may be immediately dropped from the program. An unexcused absence is defined as:
   i. Not notifying the clinical instructor and DCP Instructor ahead of time for a planned absence and receiving approval from both prior to the absence.
   ii. Not notifying the clinical instructor and DCP Instructor when unable to attend because of sickness.
   iii. Not notifying the clinical instructor and DCP Instructor **as soon as reasonably possible** when an emergency has occurred.

D. Students who are absent from clinic or campus classes (or combination thereof) for three consecutive days must obtain a written physician's approval to return. Students may obtain this from the Student Health Services on campus.

E. **Any student attending clinic on a non-approved or non-scheduled day, or without paying the tuition and fees, may be dismissed from the program.**

F. Because all students must meet exam and clinical hour mandates by the State of California and ARRT Clinical Requirements, any student with a prolonged illness or family emergency may be recommended to withdraw from the program and petition to readmit when ready. If the student is physically unable or unavailable to drop the necessary courses because of a prolonged absence or illness, the program will invoke an Administrative Drop, if necessary. This will be done at the discretion of the program.
G. Tardy is defined as clocking in five (5) or more minutes past the assigned clock in time. Leaving early without permission is defined as clocking out and/or leaving before the assigned departure time.
   i. Upon any tardy, the student will receive a written warning by the Clinical Coordinator, copied to the Clinical Instructor.
   ii. Upon any further instance of a tardy or any first unauthorized early departure within a DCP course, the student will receive one full grade reduction and put on a probationary contract. Severe first-time instances of either may result in a failing grade in the course at the discretion of the clinical instructor and/or program.

**ALTERNATIVE SHIFTS – Evening and Saturdays**
A. Students may not be assigned to evening hours until DCP III, and are limited to one week equivalency (5-6 days) per semester; two weeks if a specific trauma rotation is included by the Program Director or Clinical Coordinator.

B. An evening shift is an 8 hour shift that starts after 1:00 pm and must be completed by 11:00pm.

C. Evening and Saturday shifts cannot exceed 25% of the student’s semester DCP hours.

D. The objectives of an evening or Saturday rotation are:
   i. To contrast typical evening/weekend exams with daytime exams.
   ii. To expand technical skills.
   iii. To develop skills required to deal with critically injured patients.
   iv. To demonstrate progress in critical problems solving skills and differing patient conditions.

E. Clinical affiliates are prohibited from scheduling students in the evening or Saturdays for labor purposes. JRCERT technologist/student ratios must be maintained at 1:1.

**UNIFORMS & IDENTIFICATION BADGES**
Students must purchase and wear (at all times in DCP) a Mesa College RADT program identification name badge or patch that clearly indicates “STUDENT”. The hospital ID badge will also clearly indicate STUDENT. In the event of a lost program or hospital ID, it is the student's responsibility to inform the clinical instructor immediately. The student will also purchase navy or light blue scrubs and affix the program patch to the scrub on the upper left sleeve area. If a scrub jacket or lab coat is worn over the scrub shirt, the student must affix a patch to that as well. Students are to be in scrub attire during any lab classes on campus. The American Hospital Association’s Patient Bill of Rights specifically states that patients have the RIGHT to know the identity & credentials of those providing their care, including students or trainees.

**PERSONAL APPEARANCE**
A. Students in uniform are expected to demonstrate professionalism at all times, and this includes, but is not restricted, to the following criteria (additional hospital criteria may apply):
   i. Clean, medical “scrub” attire. No torn clothing.
   ii. Clean, closed toe shoes.
   iii. Clean hands and fingernails. Infection control prohibits fake nails.
   iv. Neat and clean hairstyles. Long hair should be tied back.
   v. Men’s' facial hair must be trimmed neatly.
   vi. Non-odorous personal hygiene, including no perfume.
   vii. Hospital affiliates may require tattoos to be covered and multiple piercings be
removed while in clinic.

viii. Cultural clothing that may affect safe operation of equipment or jeopardize infection control practices will be evaluated and accepted or declined on a case-by-case basis by the clinical affiliate according to their policies.

B. Each affiliate hospital may have a specific uniform that must be worn at all times while at the site. A professional image is to be portrayed while in the healthcare facility at all times.

C. Any student who does not arrive at the clinic site in the appropriate uniform or attire will be sent home. They will be considered absent for that day. Any and all absentee policies will apply to this situation.

CONFIDENTIAL INFORMATION

A. Patient Information -- All hospital and patient records are confidential in nature.
   i. Students are required to follow patient confidentiality laws, such as HIPAA which stands for the Health Information Portability and Accountability Act, enacted in April 2003 and amended in 1996. It is a privacy act that each medical facility and all students, volunteers, doctors and staff must follow to ensure that patient information is kept as confidential as possible without reducing care to the patient. [http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html)
   ii. Each facility has its own HIPAA training and compliance measures
   iii. Clinical sites may require student signatures.
   iv. Requests for information concerning a patient should be referred to the Clinical Instructor.
   v. A student who violates patient confidentiality will be considered to have committed a serious ethics violation that will be reported to the ARRT and any other required regulatory agency. The student may be dismissed from the program

B. Student Information
   i. All student information will be handled in a confidential manner that complies with the Family Education Rights & Privacy Act (FERPA) [http://www2.ed.gov/policy/gen/reg/ferpa/index.html](http://www2.ed.gov/policy/gen/reg/ferpa/index.html)
   ii. District release forms are required by the program to allow evaluative communication between faculty and clinical instructors, and are kept in the student’s file in the Program Director’s office.
   iii. Avoid sharing fellow student information, program status and grades without permission.

C. Students Are Expected To Maintain The Confidentiality In A Professional Manner.
   i. Students are to follow the guidelines of confidential behavior when in the classroom (FERPA) and the clinic (HIPAA).

REQUIRED LOG RECORDS

The student is responsible for accurate and timely recording of the following:

A. Record of clinical assignment hours (time sheets correlation to online system)
   i. This information is tallied and used at the end of the program to determine eligibility for graduation, ARRT examination and CRT licensure.
ii. Student time sheets must be signed off by their clinical instructor or Clinical Coordinator.

B. **Record of radiologic procedures (exam logs)**
   i. This is a cumulative record of **ALL procedures that the student has performed**, listed by accession number, type and date.
   ii. It is the student's responsibility to tally each examination they complete in every clinical assignment each day and to input this information online.
   iii. This record will be examined when the student requests a Category Competency. **Repeat films/exams must also be recorded in the log.**

C. **Record of radiation dosimetry**
   i. This is a monthly record of the student’s dosimetry results, which are posted in the classroom.
   ii. The student must record their results in their own dosimetry log each month. See Radiation Policies.

**RADIATION DOSIMETRY – Late or Lost Dosimeters**

A. It is the RESPONSIBILITY OF THE STUDENT to turn in their dosimeters to the program AT THE END of each month. A box is designated in the classroom.

B. **Failure to return a dosimeter on-time results in the control (background) radiation not subtracted from the occupational dose. This artificially inflates the lifetime occupational dose.**

C. Lost dosimeters result in lost occupational dose information. Students must report a lost dosimeter to the Program Director immediately.

D. **Failure to return a dosimeter on time (or lost dosimeter) will result in a one-letter grade reduction for the DCP course.**

E. Students must pay a $25 lost badge fee by cash or check (made out to SDMC Dosimetry Fees Fiduciary Fund Trust) in order to get a new badge.

F. Students are not allowed to attend clinical or participate in lab experiments without a dosimetry badge. Students attending either of the above without a badge will have disciplinary action.

**RADIATION SAFETY POLICY**

OSHA and other safety guidelines are followed regarding radiation safety in the classroom and in the clinical setting. Personnel Whole Body Radiation Dosimeters for radiation monitoring are furnished for all radiology students. Dosimeters are to be worn at all times, and will be monitored on a monthly basis. The purpose is to inform students, faculty and administrators of procedures that must be followed to ensure radiation safety through the proper use and monitoring of radiation exposure.

**Radiation Monitoring**
- Personal Radiation Dosimeters for radiation monitoring are furnished for radiology students and are to be worn as part of the uniform.
- The dosimeter must be worn during all exposure activities in lab and in the clinical setting.
- All students who have declared pregnancy, a fetal badge must be worn at all times.
- Dosimetry reports will be distributed monthly and the students must review and log
results on the Dosimetry Log Sheet.
- All Social Security Numbers and birthdates will be removed for student protection.

**ALARA Program for All Student Exposure Limits**
- The following levels of exposure for the ALARA program have been established and are listed below.
  - If a student exceeds the Level I exposure limit in a month, the student will receive a verbal advising by the Program Director.
  - If a student exceeds the Level II exposure limit in a month, the Radiation Safety Officer will meet with the student to determine the cause of the high exposure and counsel the student on how to reduce the exposure they are receiving. This will be documented in writing and placed in the student’s file.

<table>
<thead>
<tr>
<th>Region</th>
<th><strong>Level I</strong></th>
<th><strong>Level II</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole body (monthly)</td>
<td>250 mrem</td>
<td>500 mrem</td>
</tr>
<tr>
<td>Pregnancy monitor (monthly)</td>
<td>25 mrem</td>
<td>50 mrem</td>
</tr>
</tbody>
</table>

**Excessive Radiation Exposure**
- The Radiation Safety Officer will monitor all dosimetry reports.
- If a student’s dosimeter reading exceeds the limit, the Radiation Safety officer will investigate the causes for the excessive exposure readings.
- The investigation may include interviews with the student and clinical site and all relevant individuals.
- All previous exposure readings for the student and clinical facility will be evaluated.
- The investigation is to evaluate why the exposure readings are elevated.
- A report of the information for interviews and all other sources will be shared for corrective action and placed in the students file.
- The counseling form will be used to document the event and be placed in student file.
- If corrective action of the student is not implemented, and dose readings do not reduce, student will be removed from the program.

**Radiation Safety Procedures for the Declared Pregnant Student**
The following radiation procedures must be followed:
- Continue to wear your whole body dosimeter on the outside of your collar.
- Wear a second dosimeter, fetal badge, at the waist level.
- If wearing a lead apron, the fetal badge goes under the lead at the level of the waist.
- If there is not a wrap lead skirt, wear a lead shield and a half wrap apron wrapped around the back.
- Keep maximum distance between yourself and the tube and the patient.
- Review the monthly fetal dosimeter exposure every month with the Radiation Safety Officer.

**ASRT PRACTICE STANDARDS**
All aspects of the American Society of Radiologic Technologists (ASRT) Radiography Practice Standards are incorporated by reference and are expected skills for the student radiographer, as they correspond to program and course content, objectives and evaluations. [http://www.asrt.org/main/standards-regulations/practice-standards/practice-standards](http://www.asrt.org/main/standards-regulations/practice-standards/practice-standards)

**STUDENT CLINICAL COMPETENCY PROCEDURE & SUPERVISION**
A. Purpose
   i. The main purpose of the clinical education segment of the Radiologic Technology
Program is to affect a transfer of knowledge from theory to the actual acquisition of skills in clinical diagnostic radiography to entry level competency for job placement.

i. This transfer is accomplished by a continuum of clinical assignments in all aspects of diagnostic radiographic procedures.

ii. The goal is to graduate competent radiographers who can perform at levels expected by prospective employers.

B. Philosophy

i. Assignments will be correlated as close as possible to classroom and laboratory experience.

ii. The student's rate of progress will depend on the ability to understand and perform the various procedures, but must be at a minimum rate of acceptability.

iii. With each semester, the student will face new objectives and acquire new skills.

iv. Students should attempt to attain competencies that have been practiced in the concurrent semester positioning class. This may not always be possible but is strongly encouraged.

v. The number of assigned clinical competencies the student completes should be done within the given semester, according to the DCP syllabus for that semester.

vi. Banking of competencies is only allowed in pre-approved instances where the exam may be difficult to obtain or is recommended by the clinical instructor due to scheduling.

C. Requirements

i. Students must complete thirty-one (31) mandatory exam competencies. According to ARRT, eight (8) of the mandatory competencies may be simulated. The program does not allow more than three (3) simulated exams to be performed.

ii. Students must also demonstrate competency in fifteen (15) electives determined by the program and the Clinical Instructors.

iii. There are six (6) mandatory general patient care activities that must be completed.

D. Procedure

i. The student shall request an exam competency evaluation after he/she has observed and performed the procedures several times under direct observation.

ii. Exam competencies are pass/fail. All the required elements must be completed independently by the student (without queuing) in order to pass.

iii. After successful completion of competency evaluations, the student will be allowed to perform those examinations within that category without direct supervision, called indirect supervision. Indirect supervision does not apply to fluoroscopy, Operating Room, or any C-arm work, it must be direct supervision at all times.

1. If student retention of skills is not maintained, the clinical instructor, DCP instructor or program director may revert the exam competency status to a non-pass. The student will have to be re-evaluated for exam competency after more practice.

E. Regulations (CA and JRCERT)

i. Medical imaging procedures are to be performed under the DIRECT SUPERVISION of a qualified practitioner until a radiography student achieves competency.

1. Direct supervision means that the supervising technologist is in the same room as the student, observing all patient care, transfer, examination,
technique selection and image evaluation.

2. All portable and C-arm exams must ALWAYS be performed under direct supervision.

ii. Medical imaging procedures are to be performed under the INDIRECT SUPERVISION of a qualified practitioner after a radiography student achieves competency.
   1. Indirect supervision means that the supervising technologist is immediately available in the adjacent room, ready to help with any patient care, transfer, examination or technique selection needs. The supervising technologist evaluates all images before allowing the student to release the patient.
   iii. Radiography students repeating unsatisfactory radiographs are to be under the direct supervision of a qualified practitioner.

F. Exam Competency Documentation
   i. Master Competency List
      1. This list is provided and is to be kept current by the student and clinical instructor to help ascertain which competencies the student progresses to complete.
         • It is turned in at the end of DCP VI and kept archived in the student’s file.
         • The checklist should NOT be sent to the ARRT.
         • Only the Program Director’s signature in the verification section of the Application for Examination attesting to the completion of these requirements is needed.
   ii. Exam Competencies
      1. Exam competency sheets are used by the student, technologist and Clinical Instructor to evaluate the student’s performance on each of the mandatory and elective examinations required.
   iii. All exam competencies, as required each semester, are required in order to successful pass a given DCP course. All exam competencies required by the program (mandatory and “mandatory electives”) must be met in order to graduate.

STANDARDS FOR RETENTION
A. Adherence to the program policies, ARRT Standard of Ethics, state and federal regulations and hospital policies.

B. Acceptable demonstration (and retention) of clinical skills and professional attitude, as determined by technologists, clinical instructor and program faculty evaluations of classroom, directed clinical practice and laboratory situation.

C. Satisfactory performance of radiologic technology skills, communication and safety, as determined by technologist, clinical instructor and program faculty evaluations of classroom, directed clinical practice and laboratory situation.

D. Ability to maintain the physical, mental and emotional health essential to the performance of duties in the Radiologic Technology Program and profession. This includes the ability to work under stress, and multitask.

E. Use of good judgment and ability to make sound decisions toward patients, hospital staff, peers, self and instructors, as determined by technologists, clinical instructor and program faculty evaluations of classroom, directed clinical practice and laboratory
F. Ability to work well with others, as determined by technologists, clinical instructor and program faculty evaluations of classroom, directed clinical practice and laboratory situation.

G. Ability to maintain professional appearance and grooming in the clinical environment according to program and hospital policies.

H. Ability to achieve at least a “C” or better in each Radiologic Technology course and to meet attendance and competency requirements of the program.

I. Other elements, as outlined in the Allied Health Department Policy Manual and District Policy 3100 and the Radiation Protection Manual.

**PROBATION POLICY**

A student may (but is not required to) be placed on probation if he/she is noted to be failing to meet the criteria for retention in any Radiologic Technology course.

A. The student will be informed of the probationary status via a probationary notice and conference with the Clinical Coordinator or Program Director.

B. The probationary notice should be specific as to the reasons for the probation and recommendations made to the student by the instructor.

C. The probationary notice will include necessary steps to remove the student from probation and the circumstances which may lead to disqualification.

D. The original probationary notice will be maintained in the student's file in the Radiologic Technology office.

E. The student will automatically receive one full grade reduction in the semester in which the probation occurred. The lowered grade will remain for the semester course, even if the student has been released from probationary status.

**DISQUALIFICATION POLICY**

A. A student will automatically be disqualified from the Radiologic Technology Program if an unsatisfactory grade (less than a "C") is received in any Radiologic Technology course.

B. Disqualification will automatically apply to those students who fail to meet the attendance requirements of the program or college.

C. A student may also be disqualified because of the inability to meet the criteria for retention, including, but not limited to, background/drug screens and immunizations including TB and CPR.

D. Whenever possible, a student’s unsatisfactory progress will be noted and the student first placed on probation with written notice before disqualification. However, this is not required in such cases as illegal, unethical, unsafe or disruptive behavior or practices.

E. Clinical Affiliate's rights in student evaluation:
   i. The clinical site has the right to dismiss the student from their clinic site for any reason.
   ii. In compliance with the written agreement between the San Diego Mesa College and affiliated hospital or minor affiliates and other health facilities, it is advised
that the hospital "reserves the right to dismiss from their premises any San Diego Mesa College student found to be lacking in an ability to develop qualities essential for the Radiologic Technology Program in which the student is enrolled, or for failure or unwillingness to conform to the regulations of the hospital" and "has the right to recommend withdrawal of any student for reasons of unsatisfactory performance, violation of policies, or other misconduct."

iii. Any recommendation shall be presented in writing to the Dean of Health Science of San Diego Mesa College.

F. A student who is dismissed from the clinical affiliation for reasons cited in the clinical affiliation agreement, or due to breaches in safety, ethics or lawful activity, will be terminated from the Program and not allowed to re-enter.

WITHDRAWAL POLICY
The academic regulations of Mesa College in regards to class withdrawal will be strictly observed. Petitions requesting exceptions must be filed in the Admissions Office. See the current San Diego Mesa College catalog for more information.

REINSTATEMENT AFTER STUDENT WITHDRAWAL OR DISMISSAL
A. Student eligibility to reinstate is determined by program, department and college policies.

B. Procedure (Responsibility of Student)
   i. It is the RESPONSIBILITY OF THE STUDENT to obtain a “General Petition” form for reinstatement from the Evaluations Office or Academic Counseling.
   ii. It is the RESPONSIBILITY OF THE STUDENT to fill out the General Petition as follows:
      1. Student Information section
      2. Purpose of Petition – mark “other” and write “Readmission to RADT”
      3. Provide reason(s) causing the student to be unsuccessful in the program and what has changed to support success upon readmission.
   iii. It is the RESPONSIBILITY OF THE STUDENT to then obtain a signature from any Academic Counselor.
   iv. It is the RESPONSIBILITY OF THE STUDENT to present the completed General Petition (signed by a counselor) to the department chair by the established deadline in the Allied Health Dept. Policy Manual.

C. Approval (Responsibility of Department)
   i. The petition will be forwarded to the Allied Health Review Committee (AHRC) by the department chair.
   ii. The AHRC will meet to consider approval of the student’s petition and plan.
   iii. The AHRC determines a specialized re-entry contract; if the student does not complete the requirements, the student will not be allowed to re-enter and/or continue the program and may not petition again for re-entry.
   iv. Reinstatement is contingent upon petition approval, program/clinical space availability, and an approved clinical site agreement in place and acceptance of the student by the site.
   v. The student will have to meet current program and DCP eligibility criteria.
   vi. The student will have to repeat any courses defined by the Allied Health Dept. Policy Manual and recommended by the AHRC.
1. Each course in which an unsatisfactory grade ("D," "F" or "NC") has been earned may be repeated one time only.
   vii. The student will have to purchase the current course materials if there have been edition updates.

ALLIED HEALTH DEPARTMENT POLICIES
A. The Radiologic Technology program is part of the Allied Health Department of the School of Health Sciences. All Allied Health Department policies and procedures apply.

B. The student is responsible for reading and understanding the department policies and will give written verification of such.

C. The Allied Health Department policies and procedures manual may be accessed online: http://www.sdmesa.edu/allied-health

D. The Allied Health Department policies are separate and different from the Allied Health Radiation Protection Policies.

RADIOLOGIC TECHNOLOGIST

JOB DESCRIPTION
Radiologic Technologists accurately demonstrate anatomical structures on a radiograph by applying knowledge of anatomy, positioning and radiographic technique in outpatient, inpatient, emergency and operative settings. Radiologic Technologists must also be able to work within the full scope of their practice, recognize emergency patient conditions and initiate lifesaving first aid.

NATIONAL CERTIFICATION/REGISTRATION
The American Registry of Radiologic Technologists (ARRT) determines the eligibility for certification/registration. Graduates of accredited educational programs for radiologic technologists may apply as candidates for ARRT certification to be recognized as an ARRT (R).

STATE LICENSURE
Several states, including California, require a state license (CRT) to practice as a radiologic technologist. Although students are eligible to take the CA license test upon graduation, most opt to take the ARRT exam first and send their certification to the state of CA for licensure.

FLUOROSCOPY PERMIT
CA requires a Fluoroscopy Permit for any CRT who positions fluoroscopic equipment, selects controls, makes fluoroscopic exposure or positions the patient during fluoroscopy exams. Only CRT’s may apply for a Fluoroscopy Permit and must first attend a state-approved fluoroscopy course. Mesa College offers such a course.

MAMMOGRAPHY
CA requires a Mammography license to perform mammography. Only CRT’s may apply for a Mammography license and must first attend a state-approved mammography course. Mesa College offers such a course.

However, many technologists opt to obtain ARRT certification in Mammography, then send their certification to the state of CA for licensure. Most mammography facilities require ARRT (M)
mammographers. The state and national requirements for mammography training is complex; students are encouraged to discuss mammography training with their Program Director.

**OTHER ADVANCED IMAGING MODALITIES**
All imaging modalities that use “x” radiation must be performed by a CRT in CA. Such modalities include general diagnostic radiology, Mammography, Fluoroscopy (including Cardiac Cath Lab and Vascular Interventional) and Computed Tomography (CT). Technologists working in these areas must begin their training in a general diagnostic program, such as the Radiologic Technology program at Mesa College.

Modalities that do not use “x” radiation include Ultrasound, Nuclear Medicine and Magnetic Resonance Imaging (MRI). Radiation Therapy uses “x” and other radiation types as treatments for cancer. There are entry-level training programs in each of these modalities, although many general diagnostic technologists enhance their career with further certifications in these fields.

**PROFESSIONAL ASSOCIATIONS**
Successful ARRT applicants may apply for membership in the American Society of Radiologic Technologists (ASRT) and the California Society of Radiologic Technologists (CSRT). Graduates are encouraged in their professionalism to be a member of both associations.

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

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

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

C. Convictions, criminal proceedings, or military court-martials as described below:
   i. conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. Offenses that occurred while a juvenile and that are processed through the juvenile court system are not required to be reported to ARRT.
   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 a plea of guilty or nolo contendere (no contest); [Interim] or where the individual enters into a pre-trial diversion activity.
   iii. military court-martials that involve substance abuse, any sex-related infractions, or patient-related infractions.

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

E. Failure or inability to perform radiologic technology with reasonable skill and safety.

F. 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, 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; or
   iii. any practice that is contrary to the ethical conduct appropriate to the profession that results in the termination from employment.

Actual injury to a patient or the public need not be established under this clause.

G. 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.

H. 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.

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

J. 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.

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

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

M. 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.

N. 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.

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

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

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

R. Practicing outside the scope of practice authorized by the individual’s current state permit, license, or registration certificate, or the individual’s current certificate of registration with ARRT.

S. Making a false statement or knowingly providing false information to ARRT or failing to cooperate with any investigation by ARRT or the Ethics Committee.

T. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding the individual’s education, training, credentials, experience, or qualifications, or the
status of the individual’s state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

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

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

W. [Interim] Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT’s Continuing Education (CE) Requirements for Renewal of Registration. Conduct that subverts or attempts to subvert ARRT’s Continuing Education Requirements includes, but is not limited to:
   i. providing false, inaccurate, altered, or deceptive information related to CE activities to ARRT or an ARRT recognized CE record keeper;
   ii. assisting others to provide false, inaccurate, altered, or deceptive information related to CE activities to ARRT or an ARRT recognized CE record keeper;
   iii. conduct that results or could result in a false or deceptive report of CE completion; or
   iv. conduct that in any way compromises the integrity of the CE Requirements such as sharing answers to the post-tests of CE self-learning activities, providing or using false certificates of participation, or verifying CE credits that were not earned.
<table>
<thead>
<tr>
<th>Hospital/Medical Center</th>
<th>Clinical Instructor</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp Grossmont Hospital</td>
<td>Alyssa Tugend</td>
<td>(619) 740-4003</td>
</tr>
<tr>
<td>Sharp Memorial Hospital</td>
<td>Troy Lomax and Anthony Sedillo</td>
<td>(858) 939-6440</td>
</tr>
<tr>
<td>Sharp Chula Vista Medical Center</td>
<td>Richard Carcabuso</td>
<td>(619) 502-3639</td>
</tr>
<tr>
<td>Kaiser Permanente Medical Center</td>
<td>Sandy Lethin</td>
<td>(619) 528-6449</td>
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<td>Kaiser Permanente Clairemont Mesa</td>
<td>Jeff Sammons</td>
<td>(858) 573-5306</td>
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<td>Kaiser Permanente VanDever</td>
<td>Fridalyn Ocampo</td>
<td>(619) 516-6400</td>
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<tr>
<td>Kaiser Permanente Otay Mesa</td>
<td>Jorge Guerrerio</td>
<td>(619) 662-5280</td>
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<tr>
<td>Kaiser San Marcos</td>
<td>Martin Lim</td>
<td>(760) 510-4347</td>
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<tr>
<td>Scripps Mercy Hospital</td>
<td>Angela Francois</td>
<td>(619) 260-7035</td>
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<td>Scripps Mercy Chula Vista</td>
<td>Mark Alag</td>
<td>619-691-7559</td>
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<tr>
<td>Scripps O'Toole Breast Care Center</td>
<td>Karyn Bianchi</td>
<td>(619) 862-6500</td>
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<tr>
<td>Palomar Medical Center</td>
<td>Sam Ramos</td>
<td>(442) 281-1240</td>
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<td>Hospital/Center</td>
<td>Clinical Instructor</td>
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<tr>
<td>Rady Children’s Hospital</td>
<td>Carlos Guerrero</td>
<td>3020 Children’s Way</td>
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<tr>
<td>San Diego Imaging Chula Vista</td>
<td>Richard Carcabuso</td>
<td>765 Medical Center Court</td>
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<tr>
<td>Tri-City Medical Center</td>
<td>Chanvuthi Bumroongchart (Kor)</td>
<td>4002 W. Vista Way</td>
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<tr>
<td>UCSD Medical Center</td>
<td>Nicole (Albers) Riggs</td>
<td>200 W. Arbor Drive</td>
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<tr>
<td>UCSD Medical Center Thornton Hospital</td>
<td>Monica Quintanar</td>
<td>9300 Campus Point Drive</td>
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<tr>
<td>Veteran’s Administration Hospital</td>
<td>Kristin Nelson</td>
<td>3350 La Jolla Village Drive</td>
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<tr>
<td>Veteran’s Administration Mission Valley</td>
<td>George Reeves</td>
<td>8810 Rio San Diego Drive</td>
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<tr>
<td>Community Health Imaging Centers</td>
<td>Jerre Erwin</td>
<td>La Maestra Community Clinic</td>
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</table>
STUDENT CONFERENCE RECORD

Date: 
Student Name: 
Instructor: 
Clinical Rotation: 

Reason for Conference:


Student Comments:


Action Plan:


I have reviewed the above and have been advised that:

_____ I need to improve in the area(s) noted.

_____ I am being placed on probation, during which any further occurrence in the area(s) noted will be grounds for dismissal.

_____ The area(s) noted above will be submitted to the program as grounds for my dismissal.

The purpose of this conference has been explained to me. My signature does not necessarily imply my agreement, but that I have received a copy of this form.

Student: ___________________________   Instructor: ____________________________
  (signature)   (signature)
San Diego Mesa College
Radiologic Technology Program
Student Agreement

By initialing **EACH** policy reference and signing below, I indicate that I have reviewed and understand the policies contained in the Student Handbook and Radiation Protection Program, which include, but are not limited to:

- Program Goals and Objectives
- Due Process and Chain of Command
- Policies and Procedures for Student Injury at Clinical
- Clinical Scheduling and Documentation
- Clinical Assignments, including Special Rotations
- Alternate Shifts
- Clinical Instruction
- Admission to Clinical Education
- Standards for Retention
- Probation, Disqualification, Withdrawal and Reinstatement
- Pregnancy
- Confidentiality
- Attendance
- Radiation Protection & Dosimetry
- ARRT Rules of Ethics

I understand by being in the Radiologic Technology program at Mesa College, I may be exposed on campus and at my clinical affiliate to ionizing radiation. I understand that under no circumstances that I am to hold patients during an exposure or allow unauthorized radiographs to be taken of myself or others without a physician’s written order. Doing so are grounds for dismissal from this program and an “F” grade in the course it occurred.

I have received, read and understand the entire Radiology Student Handbook, which includes, but is not limited to the items above. It is my responsibility to understand the policies and ask for further clarification if necessary. I understand that the program has the right and responsibility to amend policies in the Radiology Student Handbook, and that I will receive written notice that these policy changes have occurred. I also understand that the Radiology Student Handbook is supported by the Allied Health Department Manual, the Mesa College Catalog, which are published and/or have been provided to me.

Name __________________________________ Signature __________________________________

Date ________________________________
STUDENT CONTACT INFORMATION

PLEASE PRINT LEGIBLY

Student Name__________________________________  Cell phone __________________________

Email__________________________________________

Mailing address ________________________________________________________________

______________________________________________________________________________

With whom do you live? (roommate, sibling, parent, self) _____________________________

In case of an emergency whom may we contact? Please make sure at least ONE contact is local!

Name 1 _________________________________________

Relationship____________________________________

Home phone____________________________________

Work phone/cell/pager____________________________

Email__________________________________________

Name 2 _________________________________________

Relationship____________________________________

Home phone____________________________________

Work phone/cell/pager____________________________

Email__________________________________________

Student signature_______________________________

Date___________________________________________

*This form is to be turned in to the program during the first week.