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J. ARRT Didactic and Clinical Competency Requirements ........................ N/A
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Chief Student Services Officer

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Administrative Asst.

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see Student Access chart

see Student Success Chart

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2012/GSSD/OPX

D-Detroit Lakes / F-Fergus Falls / M-Moorhead / W-Wadena

REV: 10/1/12
RADIOLOGIC TECHNOLOGY PROGRAM
ORGANIZATIONAL CHART
M State - Detroit Lakes
Detroit Lakes Senior Academic Dean – Tom Whelihan

RADIOLOGIC TECHNOLOGY PROGRAM

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CLINICAL COORDINATOR
Amy Coley

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Merlin Granfor/Lucinda Moore – St. Francis Healthcare Campus, Breckenridge
Melissa Watson/Jess Schons – Essentia Health St. Mary’s, Detroit Lakes
  Janet Larson – Lake Region Hosp., Fergus Falls
  Amy Fuller – Sanford Medical Center, Bemidji
  Renelle Kunkel – Essentia Health 32nd Ave, Fargo
  Jan Pray – Essentia Health- South University, Fargo
  Lee Current – Lakewood Health System, Staples
  Debra Shippee – Perham Health, Perham
  Shonna Brasel – Tri County Hospital, Wadena
  Darren Pershell – White Earth Health Center, White Earth
  Dawn Martinson – Veterans Affairs Medical Clinic, Fargo
  Lori Kiefert – Mercy Hospital, Valley City
  Marina Khoun – Lisbon Area Health Services, Lisbon
  Brenda Aberle – St. Andrew’s Health Center, Bottineau
  Kim Kakela – Presentation Medical Center, Rolla
  Robyn Van Buren/Renae Stratton – Mercy Hospital, Devils Lake
  Kelli Von Holtum – St. Michael’s Hospital, Sauk Centre
  Michele Grove – Prairie Ridge Hospital and Health Services, Elbow Lake
  Nicole Helmrichs – Glacial Ridge Health System, Glenwood
  Kirk Seaver – Heart of America Medical Center, Rugby
  Vicki Scott-Plastic Surgery Institute, Fargo
Current Clinical Education Sites

The following health care facilities provide students with their clinical rotations. Students are required to rotate through all of the listed facilities in their 27 months of the program.

Essentia Health St. Mary’s, Detroit Lakes, MN
Essentia Health - South University, Fargo, ND
Lakewood Health System, Staples, MN
Lake Region Healthcare Corp., Fergus Falls, MN
Sanford Medical Center, Bemidji, MN
Perham Health, Perham, MN
St. Francis Healthcare Campus, Breckenridge, MN
Tri County Hospital, Wadena, MN
White Earth Health Center, White Earth, MN
Veteran Affairs Medical Center, Fargo, ND
Essentia Health System 32nd Ave., Fargo, ND
Mercy Hospital, Valley City, ND
Lisbon Area Health Services, Lisbon, ND
St. Andrew’s Health Center, Bottineau, ND
Presentation Medical Center, Rolla, ND
Mercy Hospital, Devils Lake, ND
St. Michael’s Hospital, Sauk Centre, MN
Prairie Ridge Hospital and Health Services, Elbow Lake, MN
Glacial Ridge Health System, Glenwood, MN
Heart of America Medical Center, Rugby, ND
Essentia Health, Park Rapids, MN
Coteau Des Prairies Hospital and Clinic, Sisseton, SD
Plastic Surgery Institute, Fargo, ND
All students are **required** to call the clinical education setting if they will be absent. Students must call in prior to and no later than the time they would normally report for clinical duty. Students are also required to contact the appropriate program official to notify them of the absence.

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<tr>
<th>Health Care Facility/Address</th>
<th>Department Manager</th>
<th>Clinical Instructor (CI)</th>
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<td></td>
<td>800-437-4054</td>
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<td><a href="mailto:colleen.brady@minnesota.edu">colleen.brady@minnesota.edu</a></td>
<td><a href="mailto:Amy.coley@minnesota.edu">Amy.coley@minnesota.edu</a></td>
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II. Mission Statement, Philosophy, Goals and Student Learner Outcomes

MISSION STATEMENT
The Radiologic Technology program at Minnesota State Community and Technical College is designed to create a rich academic environment using multiple delivery formats and to provide quality didactic and clinical education enhanced with innovative learning strategies which ensure graduates have the required knowledge and skills necessary to begin their careers as entry-level radiologic technologists.

PHILOSOPHY
Radiologic technology is a profession dedicated to assisting radiology and other medical disciplines toward the common goal of alleviating human suffering. A systematic process of education is required for equipping qualified individuals to become competent, contributing members of this profession. This educational process requires correlation of didactic, clinical and laboratory learning into a well-rounded, understandable and rewarding process. It must provide opportunities for acquiring personal competencies as well as understanding of the overall responsibilities of providing health care services. The personnel associated with this program are dedicated to assisting qualified individuals to become competent, capable and caring members of this profession.

GOALS

GOAL 1
Graduates will have entry-level skills for employment in radiologic technology.
- Practice radiation protection for patient, self and others by applying the concepts of ALARA.
- Apply positioning skills.
- Demonstrate patient care skills

GOAL 2
Graduate students who use problem solving and critical thinking skills to produce quality images.
- Exercise independent judgment in areas of exposure factor manipulations involving all technical factors and equipment for procedures routinely performed in the clinical setting.
- Evaluate radiographs for appropriate anatomy, positioning and image quality.

GOAL 3
Graduate students with professional and life-long learning attitudes.
- Conduct him/herself in a professional manner and abide by the Code of Ethics as outlined by the ASRT/ARRT.
- Evaluate the value of professional advancements.
GOALS CONTINUED

GOAL 4
Graduate students who possess and demonstrate effective communication skills.
- Communicate effectively in both medical and professional relationships.

Program Effectiveness Goals

- Graduate from a Joint Review Committee on Education in Radiologic Technology (JRCERT) accredited program.
- Possess the knowledge and skills employers seek to hire.
MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
LEARNER OUTCOMES – DETROIT LAKES CAMPUS

The following student learning outcomes are specific program outcomes which are expressed in the program goals. These outcomes are assessed through graduate and employer surveys on an annual basis. These outcomes are specific to the courses taught within the 27-month program.

Graduates of the Radiologic Technology program will:

1. **Communicate effectively in both medical and professional relationships.**
   a. Treat all patients with compassion and empathy
   b. Adapt to individual diversities
   c. Use effective and correct verbal and written communication
   d. Receive, organize, prioritize and transmit information
   e. Recognize and respond to verbal and nonverbal communications
   f. Adapt communications to an individual’s ability to understand
   g. Use medical terminology effectively

2. **Demonstrate patient care skills**
   a. Provide instructions to patients, families and other health care providers
   b. Communicate with patients, staff and physicians in a polite and respectful manner

3. **Apply positioning skills**
   a. Properly position patients for routine exams
   b. Assess patient’s condition and determine when an adjustment from routine guidelines is necessary
   c. Use appropriate devices to aid in positioning
   d. Demonstrate confidence in his/her clinical skills

4. **Exercise independent judgment in areas of exposure factor manipulations involving all technical factors and equipment for procedures routinely performed in the clinical setting.**
   a. Demonstrate an understanding of the difference between AEC and manual techniques
   b. Comprehend and apply knowledge of different screen/film combinations, grid/non-grid techniques when selecting exposure factors
   c. Comprehend and apply knowledge of how distance affects exposure factor

5. **Evaluate radiographs for appropriate anatomy, positioning and image quality.**
   a. Take pride in producing high-quality radiographs
   b. Identify when technical factors necessitate a repeat exam
   c. Able to manipulate exposure factors appropriately
   d. Identify when positioning in inadequate and can make the necessary adjustments to produce a quality image
6. Conduct him/herself in a professional manner and abide by the Code of Ethics as outlined by the ASRT/ARRT.
   a. Wear required uniform including name tag and rad badge, and be neat in appearance
   b. Demonstrate a desire for success and accept constructive criticism
   c. Follow federal, state and local legal guidelines
   d. Comply with risk management and safety procedures
   e. Maintain confidentiality
   f. Uphold a high ethical standard

7. Practice radiation protection for patient, self and others by applying the concepts of ALARA.
   a. Use gonadal shielding when appropriate
   b. Inquire of possible pregnancy when appropriate
   c. Use collimation when possible
   d. Provide/wear protective lead apparel when appropriate

8. Evaluate the value of professional advancements.
   a. Recognize professional credentialing criteria

9. Graduate from a Joint Review Committee on Education in Radiologic Technology-accredited program.
   a. See all previous indicators

10. Possess the knowledge and skills employers seek to hire.
    a. See all previous indicators
AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS

CODE OF ETHICS

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

- The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

- The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.

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

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

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

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

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

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

- The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.
ARRT_Standards of Ethics

Last Revised: August 1, 2010
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PREAMBLE

The Standards of Ethics of the American Registry of Radiologic Technologists shall apply solely to persons holding certificates from ARRT that are either currently registered by ARRT or that were formerly registered by ARRT (collectively, Certificate Holders), and to persons applying for examination and certification 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.

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 Certificate Holders 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 Certificate Holders 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 radiologic technologist conducts herself or himself in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

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 Certificate Holders and Candidates. Certification and Registration are methods 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 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. Certificate Holders 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:

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1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification or registration as issued by ARRT: employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by the ARRT or any state or federal agency, or by indicating in writing certification or registration with the ARRT when that is not the case.
2. Subverting or attempting to subvert ARRT’s examination process. Conduct that subverts or attempts to subvert ARRT’s examination process includes, but is not limited to:
   (i) disclosing examination information using language that is substantially similar to that used in questions and/or answers from ARRT examinations when such information is gained as a direct result of having been an examinee; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, or anyone else involved in the preparation of Candidates to sit for the examinations; and/or
   (ii) receiving examination information that uses language that is substantially similar to that used in questions...
and/or answers on ARRT examinations from an examinee, whether requested or not; and/or (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination 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 or any other individual for the purpose of reconstructing any portion of examination materials; and/or (iv) using or purporting to use any portion of examination materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or certification; and/or (v) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination materials without authorization; and/or (vi) 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; and/or (vii) 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; and/or (viii) communicating with another individual during administration of the examination for the purpose of giving or receiving help in answering examination questions, copying another Candidate’s answers, or possessing unauthorized materials including, but not limited to, notes; and/or (ix) impersonating a Candidate or permitting an impersonator to take or attempt to take the examination on one’s own behalf; and/or (x) the use of any other means that potentially alters the results of the examination such that the results may not accurately represent the professional knowledge base of a Candidate.

3. 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); or where the individual enters into a pre-trial diversion activity. (iii) military court-martials related to any offense identified in these Rules of Ethics. 4. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual’s license, permit, registration or certification being denied, revoked, suspended, placed on probation, or subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule. 5. 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). 6. 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. 7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient’s life, health, or safety. Actual injury to a patient need not be established under this clause. 8. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition. 9. Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public, by a court of competent jurisdiction. 10. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause. 11. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise, that results in the termination of employment. 12. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or using or releasing confidential patient information in violation of HIPAA. 13. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws. 14. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.
15. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, or registration certificate or a current certificate of registration with ARRT to engage in the practice of radiologic technology, in a jurisdiction which requires a person to have such a current and appropriate state permit, license, or registration certificate or a current and appropriate registration of certification with ARRT in order to practice radiologic technology in such jurisdiction.

16. Violating a state or federal narcotics or controlled substance law.

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

18. 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 recordkeeper;
   (ii) assisting others to provide false, inaccurate, altered, or deceptive information related to CE activities to ARRT or an ARRT recognized CE recordkeeper;
   (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 or CE self-learning activities, providing or using false certificates of participation, or verifying CE credits that were not earned.

19. Subverting or attempting to subvert the ARRT certification or registration process by:
   (i) making a false statement or knowingly providing false information to ARRT; or
   (ii) failing to cooperate with any investigation by the ARRT.

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

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

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

**C. ADMINISTRATIVE PROCEDURES**

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in handling challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations of ARRT*, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of a registration. All Certificate Holders and Candidates are required to comply with these Administrative Procedures; the failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding on a challenge may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

1. **Ethics Committee**

   (a) **Membership and Responsibilities of the Ethics Committee**

   The President, with the approval of the Board of Trustees, appoints at least three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. The alternate member will participate on the Committee in the event that one of the members of the Ethics Committee is unable to participate. The Ethics Committee is responsible for: (1) investigating each alleged breach of the Rules of Ethics and determining whether a Certificate Holder or Candidate has failed to observe the Rules of Ethics in the Standards, and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures in the Standards and recommending any amendments to the Board of Trustees.

   (b) **The Chair of the Ethics Committee**

   The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee’s Chair to serve for a term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the *Standards of Ethics*. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the *Standards of Ethics*.

   (c) **Preliminary Screening of Potential Violation of the Rules of Ethics**

   The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics; or (2) the allegations against the Certificate Holder or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may...
be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

(d) Alternative Dispositions
At the Chair’s direction and upon request, the Executive Director of ARRT shall have the power to investigate allegations and to enter into negotiations with the Certificate Holder or Candidate regarding the possible settlement of an alleged violation of the Rules of Ethics. The Executive Director may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding settlement, but rather may recommend a proposed settlement to the Ethics Committee. The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures.

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

(f) Civil or Criminal Penalties
Conduct that violates the ARRT’s Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the Standards of Ethics, the ARRT may, without giving prior notice, pursue civil and/or criminal penalties against the Certificate Holder or Candidate.

2. Hearings
Whenever the ARRT proposes to take action in respect to the denial of an application for certification (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of a registration, or in connection with the revocation or suspension of a certificate or registration, or the censure of a Certificate Holder or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Certificate Holder or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in the amount of $100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by the ARRT) within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Certificate Holder or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of his or her intention to appear at the hearing. A Certificate Holder or Candidate who requests a hearing may elect to appear by a written submission which shall be verified or acknowledged under oath.

5 Failure to appear at the hearing or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Executive Director. The Certificate Holder or Candidate shall be given at least 30 days’ notice of the date, time, and place of the hearing.

The hearing is conducted by the Ethics Committee with any three or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Certificate Holder or Candidate in question. In the event of such disqualification, the President may appoint a Trustee to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Certificate Holder or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Certificate Holder or Candidate in question, by legal counsel or other representative if he or she desires (at the sole expense of the Certificate Holder or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in his or her own defense; to hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do
substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. A transcript or an audio recording of the hearing is made. The Certificate Holder or Candidate in question shall have the right to submit a written statement at the close of the hearing.

In the case where ARRT proposes to take action in respect to the denial of an application for certification (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of the ARRT) or the denial of renewal or reinstatement of a registration, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification or renewal or reinstatement of a registration, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question.

In the case of alleged violations of the Rules of Ethics by a Certificate Holder or Candidate, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question.

Potential sanctions include denial of renewal or reinstatement of a registration with ARRT, revocation or suspension of a certification or registration or both with ARRT, or the public or private reprimand of a Certificate Holder or Candidate. Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee’s findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Certificate Holder or Candidate in question.

3. Appeals

Except as otherwise noted in these Administrative Procedures, the Certificate Holder or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in the amount of $250. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Certificate Holder or Candidate in question, and shall determine whether to affirm or to overrule the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to overrule, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence.

The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Certificate Holder or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe. All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Certificate Holder or Candidate to make an unauthorized publication or revelation of the same, except to his or her attorney or other representative, immediate superior, or employer.

4. Publication of Adverse Decisions

Final decisions that are adverse to the Certificate Holder or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to inquiries into a person’s registration status. ARRT shall also have the right to publish any adverse decisions and the reasons therefore. For purposes of this paragraph, a “final decision” means and includes: a determination of the Ethics Committee relating to a summary suspension, if the affected Certificate Holder or Candidate does not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee or a panel relating to a summary suspension that is issued after a hearing on the matter; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, in a case involving an appeal of an appealable decision of the Ethics Committee in a matter, the decision of the Board of Trustees in the matter.

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5. Procedure to Request Removal of a Sanction

Unless a sanction imposed by ARRT specifically provides for a shorter or longer term, it shall be presumed that a sanction may only be reconsidered after at least three years have elapsed since the sanction first became effective. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in the amount of $250. A Request that is not accompanied by the fee or is submitted before the matter is eligible for reconsideration will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a request to remove a sanction. Although there is no required format, the Request must include compelling reasons justifying the removal of the sanction. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that his or her behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person’s current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to applying for reinstatement of certification and registration. If, at the sole
discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue reinstatement via the policies and procedures in place at that time as stated in Article VI of the ARRT Rules and Regulations. Individuals requesting reinstatement will not be allowed to report CE credits completed while under sanction in order to meet the CE requirements for registration. ARRT reserves the right to change its policies and procedures from time to time and without notice to anyone who is under a sanction or is in the process of seeking to remove a sanction.

If the Ethics Committee denies removal of the sanction, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction for as long as is directed by the Committee.

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

The Radiologic Technology program is seven semesters or 27 months in length. The Associate of Applied Science degree with a major in Radiologic Technology is awarded upon completion of the 89 semester credits required in the curriculum. With the completion of the program, students are eligible for the National Registry Exam for Radiologic Technologists. Success in passing this exam brings students to a Registered Radiologic Technologist status.

Minnesota State Community and Technical College does have a policy for advanced placement of students. The student makes application for advanced standing with the office of admissions. The student must provide official transcripts to validate previous educational experience. Program officials evaluate each application for advanced standing prior to enrollment of the student in a given semester. Students are notified if the previous educational experience is deemed to meet requirements and exemption from that course work is acknowledged.

Didactic classes and clinical instruction begin with the fall semester. Students are given a didactic/clinical schedule at the beginning of each semester.

Graduation (Degree) Requirements:

Upon successful completion of the program requirements, the graduate will be awarded an Associate of Applied Science degree. The program requirements for graduation are as follows:

1. The student must achieve a grade of 2.0 or above in each course comprising the curriculum of the program.
2. The student must obtain a satisfactory rating on all semester weekly behavioral evaluations.
3. The student must achieve a satisfactory rating on all clinical competency evaluations.
4. The student must complete an average of 1,400 clinical hours. This is subject to slight change.
5. The student must complete clinical performance objectives.

The competencies required of each graduate of the Radiologic Technology program are designed to comply with the Clinical Competency Requirements Adopted by the American Registry of Radiologic Technologists.

The program plan is listed on the following page.
# Radiologic Technology – AAS

**Detroit Lakes and eCampus (Online)**

89 Credits – Credits granted as shown:

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IV. CURRICULUM DESIGN

A. Correlation between didactic and clinical instruction

The primary clinical affiliates of this program are listed on Page 10 of this handbook. These facilities have an adequate number of radiographic rooms and registered technologists to ensure that the students can acquire expertise and proficiency in a wide variety of diagnostic radiographic procedures by applying classroom theory to the actual practice of technical skills on specified levels of competency.

The didactic component of radiographic procedures is taught through lecture and laboratory demonstration and practice. The lecture portion reinforces the anatomy involved with a particular exam and instructs the student in the proper methods of carrying out a particular exam (i.e. the various positions used) and the theory applicable to those positions. The laboratory portion of instruction is used to demonstrate proper methods and positioning, allowing students to practice positioning through role playing and to demonstrate an acceptable level of competence to the instructor in these procedures.

Once the student learns a new exam category through didactic instruction and an acceptable level of competence in the new category is demonstrated in the lab setting, the clinical affiliates are informed that the students can perform the exams in that category under direct supervision. The Registered Technologist assigned to a room in which a student is assigned monitors that student’s conduct. The technologist evaluates the student's clinical competency when an exam is done under his or her supervision. Most exams require a minimum of four competency evaluations before the student can perform those exams under indirect supervision. The fourth and final exam must be error free to establish clinical competence for that exam. A list of exam categories and the date by which they must be successfully completed is provided in the Clinical Evaluation section of this handbook.

Radiographic imaging is instructed both by lecture and by laboratory demonstration and practice. The lecture component of instruction is used to teach the correct theories and formulas for determining correct exposure factors and for correcting sub-optimal exposure factors. Laboratory instruction is used to demonstrate these theories and formulas as they would apply to clinical situations and to provide students with actual practice and experimentation in the use of these theories and formulas. In the clinical setting, there is virtually constant supervision by the technologists so that film critique and evaluation of the students' performance is continuous and noted. It is a requirement of the clinical affiliation sites that the technologists monitor the exam or review the radiographs produced.

Basic radiation protection measures are taught early in the program as part of Introduction to Radiologic Technology and Patient Care and Radiographic Procedures I. This is designed to give the students an adequate understanding of the principles for protecting the patient and him/herself and other staff, which allows them to be functional in the clinical setting. A class devoted to radiation biology and protection is included in the curriculum and is instructed in the second spring semester.
B. Competency development

a. A method of competency-based education is utilized. The method is based on cognitive, psychomotor and affective (behavioral) domain instruction.

b. Students are assigned clinical competency categories of radiographic exams, which are intended to be completed in a prescribed period of time. The clinical competency categories are those clinical competency requirements adopted by the ARRT.

c. Competency achievement is noted when a student completes four exams under direct supervision, with the fourth exam being error-free.

d. Verification of completion of a category will be by an assigned supervisor in the particular area. Competency verification forms used for this purpose are located electronically at www.Trajecsys.com.

e. Prior to completing any clinical category, the student must have completed the anatomy and positioning laboratory and lecture classes associated with the particular category and have attained a minimum grade of C (minimum of 77 percent).

f. The student will perform the designated number of examinations in each competency category under the supervision of a registered technologist.

g. In the second year, students rotate through the specialized areas of nuclear medicine, radiation therapy, computed tomography, MRI, interventional and ultrasound. The supervisor in each specialty area will complete an evaluation on each student.

V. CLINICAL EDUCATION PLAN

A. Rotations

Students rotate on a weekly basis between the fluoroscopic rooms, radiographic rooms, surgery, portables and special procedures. Students also rotate between the clinical affiliates to ensure a wide variety of clinical experiences. Rotations through specialty areas such as radiation oncology, nuclear medicine, medical sonography, magnetic resonance imaging (MRI), CT and interventional are provided the start of a student’s second year. The clinical coordinator makes the schedule of clinical site rotations for all students in the program. These rotations generally consist of four-week intervals spent in various clinical sites determined by site type (i.e. hospital or clinic) and exam counts. During each semester (except for the 1st and 2nd fall semesters) students will also spend a four-week rotation consisting of two weeks of a PM (i.e. 1-9 p.m.) rotation and two weeks of a weekend (i.e. Friday, Saturday and Sunday) rotation. Students are provided with a schedule of clinical site rotations one month prior to the start of each semester of the program. The clinical instructors design the student weekly rotations.

B. Objectives

The main clinical objective is for the student to be able to develop job entry-level competencies in the performance of radiographic procedures and to apply the appropriate theory to the various clinical situations that might be encountered. Clinical objectives are listed in course outlines for each clinical radiography class. Special imaging rotation objectives are also identified in clinical course outlines.

VI. EVALUATION METHODS
A. Didactic
The student’s progress in didactic instruction is evaluated with the use of various methods (i.e. written tests, group and individual projects, presentations, etc.) and by laboratory demonstration. Testing is done periodically through the length of each course to determine if students are progressing satisfactorily and at the end of each course to determine terminal competencies. A minimum grade of C (77 – 84 percent) is required to pass each course and to continue in the program.

B. Clinical
There are core clinical competencies that all individuals must demonstrate to establish eligibility for ARRT certification. The ARRT Clinical Competency Requirement document describes these competency requirements for radiography. The requirements listed are the minimum core clinical competencies necessary to establish eligibility for participation in the ARRT Radiography Examination. ARRT encourages individuals to obtain education and experience beyond these core requirements, which is also the intent of the program.

The students must demonstrate competency in all 31 mandatory Radiological Procedures. At least 23 of the 31 mandatory Radiological Procedure competencies must be demonstrated on patients (not phantom or simulated). The remaining eight mandatory competencies need to be demonstrated; however, these can be demonstrated on patients, phantoms or simulated. Competency demonstration should incorporate patient-specific variations such as age and pathology. Students must demonstrate competency in at least 15 of the 35 elective radiological procedures. Electives may be demonstrated on patients or phantoms or as simulations.

In addition to the Radiological Procedure competencies, there are six mandatory General Patient Care competencies. These competencies may be simulated. Lists of these patient care competencies are included with the procedure competency requirements.

Clinical testing of previously learned procedures will be done in the form of announced and unannounced "spot checks." The purpose of the spot check is to assure that once competency is attained for a particular procedure, it is maintained throughout the educational process and taken with the student into the entry-level position. Students may also be spot checked on exams they have not yet met competency on. This allows students to practice or review the procedure to better assure performance when performing the exam with patients.

The student must realize that, even though becoming competent in producing quality radiographs and assisting with fluoroscopic procedures is crucial, such competence is not the only aspect of the clinical experience that will be evaluated. The student's grade also will be based on total points received on weekly behavioral evaluations. (For a list of behavioral attributes evaluated, refer to the evaluation section and reference the BARS weekly evaluation forms located in this handbook.)

C. Summary of Clinical Grade Components
1. Semester competency assignments
2. BARS weekly evaluations (Behavioral Anchor Rating Scale)
3. Clinical competency spot checks

VII. PROGRESSION STANDARDS

Failure of the student to attain, maintain and abide by any one or more of the following criteria will cause the student to be placed on probation for a **period of four weeks**. If at the end of this time the student shows no improvement, he/she will be dismissed from the Minnesota State Community and Technical College Radiologic Technology program.

1. Must achieve a grade of 2.0 (C) or above in each and every course required in the program in order to progress.

2. If a student fails to achieve this level in a general education course, the student can repeat the course prior to the August start date, or the student will forfeit his or her spot in the program and will be invited to reapply to the program for the next year.

3. Radiology courses can be repeated if a student receives less than a 2.0 or letter of C. However, the student will be removed from the program at the point where he or she fails to receive a C, and the student has the option of being readmitted the following year at the beginning of the semester in which the course needs to be repeated.

4. The student must obtain a satisfactory rating on all weekly behavioral evaluations.

5. The student must obtain a satisfactory rating on all clinical competency evaluations.

6. The student must be able to perform all motor skills necessary to execute all radiologic examinations.

7. The student must exhibit ethical and professional conduct at all times as outlined in the professional code of ethics.

8. The following violations of ethical and professional conduct by the student will constitute **reason for dismissal**:
   
   a) Release of confidential information regarding patients and/or personnel from the clinical education settings.
   b) Discourteous treatment of patients, the public, employees or fellow students.
   c) Insubordination which would include disrespect for program officials, affiliated personnel, other students in the program and patients.
   d) Repeated tardiness and/or absenteeism
   e) Falsification of ill time
   f) Falsification of any clinical documents including but not limited to time cards, weekly evaluations and clinical competencies
   g) Dishonesty
h) Neglect of duties
i) Intoxication

The administration of the Minnesota State Community and Technical College and the faculty of the program of Radiologic Technology will enforce the above criteria. Students do have the right to appeal decisions as outlined in the Student Handbook.

VIII. POLICIES

A. Student discipline/termination policy - 1001

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<th>Program Faculty</th>
<th>Written By:</th>
<th>NTC &amp; M State Radiology Program Officials</th>
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<td>Revised Date:</td>
<td>6-08</td>
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Policy:

Minnesota State Community and Technical College (M State) Radiologic Technology Program recognizes the need for high standards, ethical and appropriate behavior demonstration by the students enrolled in the program. The program requires students to meet minimum grade requirements, academic standards, abide by the ASRT code of ethics, and specific code of conduct standards.

Purpose:

To outline the substandard, unethical and inappropriate conduct that may result in immediate termination from the program.

General Information:

In preparation for a career in radiologic technology/health care, the program recognizes the success of program graduates will rely on their ability to adhere to the strict standards of health care facilities. The standards the program embraces are equal to and derive from the affiliated clinical sites. The student disciplinary procedure will be initiated due to substandard, unethical or inappropriate student conduct by the program director and/or the clinical coordinator. Immediate termination may result for any one of the following reasons:

1. Not achieving a grade of 2.0 (C) or above in each and every course required in the program.
   a. If a student fails to achieve this level in a general education course the student can repeat the course prior to the August start date or the student will forfeit his or her spot in the program and will be invited to reapply to the program for the next year.
   b. Radiology courses can be repeated if a student receives less than a 2.0. However, the student will be removed from the program at the point which he or she receives less
than a “C” and have the option of being readmitted the following year at the beginning of the semester in which the course needs to be repeated.

2. Receiving unsatisfactory rating on student clinical competency evaluations.

3. Receiving unsatisfactory rating on all clinical performance evaluations (weekly evaluations), which are in the form of a behavioral anchor rating system (BARS).

4. Possession or use of alcohol or any mood-altering chemicals on the premises or reporting for class/clinical intoxicated.

5. Repeated tardiness.

6. Unexcused absenteeism (including failure to follow notification of absence procedure as outlined in the attendance policy) and/or falsification of sick time.

7. Insubordination in class or clinical setting.

8. Grossly unethical or unprofessional conduct in class or clinical setting.

9. Gross carelessness in regard to safety of patients or colleagues.

10. Discourteous, unprofessional treatment of patients, public and staff.

11. Dishonesty/cheating/theft.

12. Release of confidential information regarding patients and/or hospital or clinic personnel or activities.

Procedure:

Failure to meet any of the above criteria can result in probation, suspension or immediate termination from the program. This determination will be made at the discretion of the program director upon review of the situation.

Students with less than a 2.0 at mid-semester in any required class may be placed on probation and will be dismissed from the program if the grade does not improve by the end of the semester.

1. Termination: Dismissal from the program
   a. If the situation results in immediate termination from the program the student will be given the opportunity to appeal that decision through the college appeal process outlined in the college student handbook.

2. Suspension: Dismissal from the program for a specified time.
   a. If the situation results in suspension from the program the student
will be placed on suspension for a specified amount of time. If at the end of this time satisfactory improvement is not demonstrated, the student will be terminated from the program.

3. **Probation:** Continued enrollment in the program is dependent upon improvement in behavior during a specified period

   a. If the situation results in the student being placed on probation the student will be required to demonstrate satisfactory improvement. If satisfactory improvement is not demonstrated during this specified time frame further disciplinary actions will be taken.

### B. Student Pregnancy Policy – 1101

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**Policy:**

Minnesota State Community and Technical College (M State) Radiologic Technology program recognizes ionizing radiation has been determined to be harmful to the developing embryo/fetus. Therefore, in keeping with the ALARA principle, M State shall strive to minimize exposure to the unborn embryo/fetus of pregnant student radiographers.

**Purpose:**

To describe the actions to be taken by employees, program officials and radiation safety officer to ensure that exposure does not exceed regulatory limits.

**General Information:**

In accordance with the NRC’s regulations at 10 CFR 20.1208 (http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/part020-1208.html) “Dose to an Embryo/Fetus,” radiation dose to an embryo/fetus during entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting letter of declaration).

If the student chooses to disclose her pregnancy, she may do so by informing the program director or
clinical coordinator in writing. The form used to disclose pregnancy is located in the program handbook or can be obtained from any program official.

The student and program officials will discuss possible modifications in clinical assignments, leave of absence from clinical assignments, and/or leave of absence from the program. The student also will have the option of continuing the educational program without modification or interruption. The student will be allowed to make an informed decision based on her individual needs and preferences.

The student may withdraw declaration of pregnancy at any time in a written format.

**Procedure:**

1. In the event the student chooses to disclose her pregnancy in writing:
   a. The student will be given information regarding the effects of radiation on developing embryo/fetus.
   b. The student will also be instructed how to effectively protect herself and the developing embryo/fetus using basic radiation protection principles of time, distance and shielding.
   c. The student will be provided with a fetal monitor throughout the pregnancy term.
      i. The fetal monitor will be worn at the waist level at all times
      ii. The fetal monitor will be worn underneath lead apparel when appropriate

2. If a student chooses to take a leave of absence from the program, she will be allowed back into the program at the start of the academic semester she was in when she left.
   a. The student may request a leave of absence when either she or her physician feels she is no longer able to function in a manner conducive to learning. Each case will be reviewed individually taking into account not only radiation protection/safety issues, but educational issues as well (for instance loss of clinical experience in fluoroscopy and/or lost class time).

3. If the student chooses to continue in the program without modification she will be required to use CTO for all clinical days missed and she will be required to make up any time missed over the allotted 40 hour CTO. A make-up schedule will be developed through a joint effort between program officials, the student and effected clinical instructors.
DECLARATION OF PREGNANCY

To: __________________________

In accordance with the NRC’s regulations at 10 CFR 20.1208, “Dose to an Embryo/Fetus,” I am declaring that I am pregnant. I believe I became pregnant in _____________________ (only the month and year need be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in scheduled clinical location or semester competency requirements during my pregnancy.

______________________________  
(Student signature)

______________________________  
(Student name printed)

______________________________  
(Date)
C. Clinical Dress Policy – 1201

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Policy:

Minnesota State Community and Technical College (M State) Radiologic Technology Program recognizes a professional image must be portrayed in the clinical setting.

Purpose:

To describe the actions to be taken by students, program officials and clinical site officials to ensure a professional image is maintained by adherence of the dress code standards.

General Information:

The M State Radiologic Technology Program strongly believes a student’s professional image impacts technologists’ and patients’ perceptions of quality and overall experience with M State Radiologic Technology students. As a student of the program you are an integral part of the image of M State, the clinical site and the radiologic technology profession.

Procedure:

1. Personal hygiene is of the utmost importance. Students will:
   a. Have neatly trimmed finger nails
   b. Refrain from using extreme hair styles, colors and products
   c. Be free and aware of strong and offensive odors such as perfumes, colognes, smoke and body odor
   d. Wear a limited number of rings; generally an engagement ring or wedding band
   e. Refrain from possessing visible body piercings at the affiliated clinical education sites other than conservative earrings for men and women

2. Professional and acceptable attire must be worn. Students:
   a. Will wear clean and predominately white shoes with a closed toe
   b. Will wear the class designated color and brand scrub uniform, whites or a combination thereof
   c. May wear a scrub coat when scrub uniform is the attire
   d. Will refrain from wearing any clothing with inappropriate or offensive lettering or logos
e. May wear a colored top under a lab coat when whites are the attire
f. May not wear sweat shirts or sweat pants
g. May not wear tank tops, short crop tops (midriff must be covered), low cut or revealing attire

3. Corrective action for inappropriate attire and poor personal hygiene.
a. If a student is not dressed appropriately or has poor personal hygiene as identified above, he/she will be sent home to resolve the issue. The time away from clinical will result in a loss of clinical time and the student’s CTO will be used to replace this lost time. If the student does not have adequate CTO to replace the lost time the lost clinical time will be made up and the clinical grade will be changed according the Clinical Absence Grade Status policy.

D. Class Dress Policy – 1202

<table>
<thead>
<tr>
<th>Approved By:</th>
<th>Program Faculty</th>
<th>Written By:</th>
<th>NTC &amp; M State Radiology Program Officials</th>
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<td>Revised Date:</td>
<td>6-08</td>
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</tbody>
</table>

Policy:

Minnesota State Community and Technical College (M State) Radiologic Technology program recognizes the learning process is more effective when students feel comfortable in the educational environment.

Procedure:

Students will dress appropriately for class. Clothing should be clean and comfortable. Shoes must be worn at all times.

E. Smoking Policy - 1251
Policy:

Minnesota State Community and Technical College (M State) Radiologic Technology Program and its affiliated health care partners are committed to improving the health and well being for people of all ages and strive to be leaders in health promotion. Establishment of tobacco-free environments at the affiliated health care partner locations clearly states the commitment to promoting healthy lifestyles.

Purpose:

Health care employees and students need to set an example for good health practices, including disease prevention and treatment, as well as support a healthy and safe atmosphere.

General Information:

M State Radiologic Technology students are not allowed to smoke or use other forms of tobacco on affiliated health care partner grounds. Students who do smoke must do so off these grounds and in locations not visible to the public.

Procedure:

Students who arrive at the health care partner facility smelling of smoke will be asked to change into suitable alternate clothing or will be sent home to change into odor-free clothes. Clinical time off (CTO) will be used to cover the hours absent from the health care partner facility to change clothes. Guidelines for CTO usage can be found in the Student Absence Policy and the Clinical Absence – Grade Status Policy located in this handbook.
Students who do not comply with this policy will be subject to the student discipline/termination policy.

F. Cell Phone Use Policy - 1252

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</tr>
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<td>Revised Date:</td>
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Policy:
Cellular phones may not be used or carried in “on” position in patient care areas in the affiliated health care partner facilities. Students may use cellular phones on scheduled breaks and at lunch time in the areas designated by the facility.

**Purpose:**

Cellular phones transmit radio frequency signals and may create electromagnetic interference in electronic health care equipment; therefore cellular phones may only be powered on or used in designated areas of the affiliated health care facility.

**General Information:**

Personal phone calls should be made on the student’s break time. However, the program recognizes that occasionally students must place or receive personal calls during scheduled clinical hours. If the student is anticipating a call the student is expected to distribute the contact information of the affiliated clinical site and alert the person answering phones at that facility of the need to receive the call. If the student needs to make a call, the student must inform the clinical instructor or supervising technologist of that need and follow the facility procedure on outgoing phone calls or cell phone usage areas.

**Procedure:**

All students must have cellular phones powered off when in patient care or restricted cellular phone areas. Any student not abiding by this policy will be subject to disciplinary actions outlined in the student discipline/termination policy.

**G. Student Health and Bloodborne Pathogen Exposure Control Policy – 1301**

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<tr>
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<td>7-01</td>
<td>6-08</td>
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</tbody>
</table>

**Policy:**

In order to protect the health of the student as well as those that the student comes into contact with (i.e., patients, family, friends, fellow students, faculty, co-workers, etc.), the program and the College require that each student provide the College with proof of immunization to mumps, measles, rubella, diphtheria, tetanus and hepatitis B. In addition, a two-step tuberculin skin test is required prior to beginning clinical assignments (as part of the pre-enrollment physical exam). The TB skin test result is kept on file with the other health information, and in the event of a
positive result documented follow-up (including recommendation concerning return to work) by a physician must be provided. The TB skin test is repeated at the beginning of the second year (annually), as well as infection control in-service education as required by OSHA.

Information concerning health services, health service fees, immunization requirements and the College's AIDS policy are all published in the College's Student Handbook.

**Purpose:**

The purpose of this policy is to eliminate or minimize exposure of the student and those that the student comes into contact with (i.e., patients, family, friends, fellow students, faculty, co-workers, etc.) from exposure to blood, body fluids or infectious/contagious diseases.

**General Information:**

Conditions requiring removal from the clinical assignment are as follows:

1. **Open draining lesions:** The program director will remove a student from clinical until seen by a physician, diagnosed, treated and determined by the physician to be non-contagious.

2. **Streptococcal infection:** Any student with a sore throat, especially accompanied by fever, should request to have a throat culture. These can be done by the student's personal physician.

   **If group A streptococci are found, the student will be removed from his/her clinical assignment until 24 hours after antibiotic therapy is started and is a febrile; the student is to be treated for 10 full days with a suitable antibiotic.**

3. **Staphylococcal infection:**

   a. Because of the ubiquitous nature of staph aureus, asymptomatic carriers are not isolated or treated.

   b. Students with active staph aureus infections may not attend clinical. If a student relates a diagnosis of staph aureus infection, the program director will require written verification from the student's physician stating the circumstances under which the student may work to avoid transmitting infection.

4. **Students with the following diagnosed conditions shall not be permitted to carry out their clinical assignment.**

   a. Respiratory tract infections: i.e. group A strep, any pneumonia, active pulmonary TB, influenza, mumps.

   b. Active exanthems (rashes): chicken pox, herpes zoster, measles or rubella.

   c. Enteric infections: hepatitis, salmonellosis, shigellosis, amebiasis, giardiasis, pink eye, vomiting and diarrhea of unknown etiology until etiology is determined (and
treated if appropriate) or symptoms abate.

d. Herpes simplex: shall not care for immunosuppressed patients, including newborns, as per clinical affiliate’s policy.

5. The clinical education center(s) infection control officer(s) will be consulted whenever a concern exists regarding the transmission of any infectious agent and will direct surveillance, follow-up and prophylactic activities.

6. Standard/universal precautions: All students are provided with initial education and in-service education regarding the practice of universal precautions and are expected to adhere to these procedures in order to prevent acquiring or transmitting infectious agents.

***PLEASE REFER TO THE BLOODBORNE PATHOGENS EXPOSURE CONTROL POLICY ON THE NEXT PAGE.***

Procedure:

In order to assure proper infection control, infectious/contagious diseases require that the student be removed from his/her clinical assignment until he/she is determined by a physician to be non-infectious. The student is required to use clinical time off (CTO) for any clinical time missed. Guidelines for CTO usage can be found in the Student Absence Policy and the Clinical Absence – Grade Status Policy located in this handbook.

Additional Information:

**Student Accident and Health Insurance Plans**

Please be aware and understand that Minnesota State Community and Technical College does not carry accident and health insurance for students enrolled. If the student does not have personal coverage through some insurance plan/carrier, he/she will not be covered by a policy for health or accident during attendance at Minnesota State Community and Technical College. Questions and further information regarding student accident and health coverage may be directed to the Student Services Department. However, Health Division students are covered by liability insurance when serving clinical portions of required classes.
Policy
It is the policy of M State that all employee job duties and academic programs will be reviewed to determine which employees and students may reasonably expect to incur exposure to blood or other potentially infectious materials as a result of their employment or participation in an academic program.

For occupationally exposed employees, M State will implement and enforce a written set of protective procedures, the Exposure Control Plan. M State will provide training within 10 days of hire on bloodborne pathogens and the exposure control plan. Refresher training will be provided annually. Vaccinations for the Hepatitis B virus and all personal protective equipment needed for protection from bloodborne pathogens will be provided at no cost to the employee. In addition, all medical follow-up after an exposure incident will be provided at no cost to the employee. All confidentiality rules will be followed regarding medical records of employees.

For students participating in academic programs in which exposure may be expected, M State will provide information and training on bloodborne pathogens and exposure control procedures as a part of the curriculum of the program. Students will be issued and expected to use all necessary personal protective equipment when working on campus. Vaccinations will be encouraged, but will be considered the financial responsibility of the student. Also, medical follow-up after an exposure incident will be encouraged by M State, but will be considered the financial responsibility of the student. All confidentiality rules will be followed regarding medical records of students.

Purpose
It is the purpose of this policy to establish an exposure control plan, implement training and provide for personal protective equipment and vaccinations in an effort to protect the health of employees and students who may be exposed to bloodborne pathogens as a result of their job duties or participation in an M State academic program.

Responsibility
The table below describes responsibilities for this policy:

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provost</td>
<td>Ensures policy is implemented and responsibilities are delegated.</td>
</tr>
<tr>
<td>Campus Contact Person(s) for the Bloodborne Pathogens Program</td>
<td>Participates in identifying occupationally exposed employees or academic programs in which students may expect exposure. Ensures training is offered to all occupationally</td>
</tr>
</tbody>
</table>
exposed employees, initially after hire and annually thereafter. Initiates medical follow-up after report of an exposure incident.

<table>
<thead>
<tr>
<th>Human Resources Department</th>
<th>Ensures occupationally exposed employees are offered the Hepatitis B vaccination. Maintains the Hepatitis B consent/declination forms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty and Staff identified as occupationally exposed</td>
<td>Participates in training and follows all the rules as described in the Exposure Control Plan. Reports any exposure incident immediately to the Campus Contact Person(s).</td>
</tr>
<tr>
<td>Deans</td>
<td>Ensures that students are given information on bloodborne pathogens, the MSCTC bloodborne pathogens policy and exposure control as a part of the curriculum.</td>
</tr>
<tr>
<td>Students participating in a curriculum that may incur exposure to blood</td>
<td>Participates in training and follows all the rules as described in the exposure control portion of the academic program. Reports any exposure incident immediately to their academic supervisor.</td>
</tr>
</tbody>
</table>
H. Attendance policy – 1401

<table>
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<td>6-08</td>
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</table>

Policy:

Students are expected to be present and punctual every scheduled day of the program. Class and clinical courses begin promptly at the time scheduled. Students are expected to arrive a few minutes early and assume their class or clinical responsibilities on time. Students arriving after scheduled times will be marked tardy for official records.

Purpose:

The purpose of this policy is to ensure equal, quality educational experiences for all students.

General Information:

Students are required to complete a time card each week of clinical rotations throughout each semester. The time card is to be approved at the end of each week by a technologist electronically in the Trajecsys system. The time card is then delivered to the program instructor supervising that clinical course.

If the student is unable to attend a scheduled clinical time the student must contact the clinical site and the clinical course instructor prior to the scheduled time of arrival. The student will also complete a clinical time off form indicating the day and time missed from the clinical schedule. The student must also include documentation, when appropriate, from a physician stating the student can return to his/her clinical assignment as listed in the student health policy above. The responsibility for initiating completion of the clinical time off form is the student's responsibility and should be completed immediately the following clinical day present.

Procedure:

When illness or emergency dictates a student’s absence, he/she will:

1. Call the clinical instructor or supervisor at his/her assigned clinical site before the start of his/her shift to report absence from clinical. This will be documented at the clinical site.
**Phone numbers for Clinical Education Sites as well as program officials are listed in the general information section of this handbook.

2. Contact the appropriate program official by leaving a message via voice mail or email if they are not immediately available.

3. Complete an absent report form upon returning the following scheduled class day. These forms are located in this student clinical handbook with clinical time sheets as well as in the classroom.

**Additional Information:**

**Student Maximum Hours**

Students in the Radiology program at no time will be scheduled more than 40 hours per week of combined clinical and didactic hours.

Students will be schedule evening and weekend rotations starting in the first spring semester and ending in the last fall semester while enrolled in the program. The evening hours will be 1 p.m. to 9 p.m. with weekend hours varying per clinical site. To ensure the student does not exceed the 40 hour maximum while scheduled for evening and weekend rotations, appropriate time off will be designated.

**I. Student Absence Policy – 1402**

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**Policy:**

Students will be allowed 40 hours per year as clinical time off (CTO). These 40 hours will be used for any and all time not present at a scheduled clinical site (sick days, personal leave, bereavement leave etc.)

**Purpose:**

The Radiologic Technology program recognizes students will occasionally need to be absent from clinical rotations and have found 40 hours a year of clinical time off to be an adequate amount.
**General Information:**
Students can take available CTO at any time in the program. CTO must be taken in increments of at least **one half hour**.

Students are required to make up any clinical hours missed above and beyond the allotted 40 hours and the clinical grade will be affected as indicated in the Clinical Absence – Grade Status Policy.

Using CTO for evening and weekend shifts is highly discouraged.

In addition to these 40 hours, second-year students will be allowed one day designated as an “interview” day and **must be pre-approved** as indicated on the student absent forms. Any days absent that were not approved prior to interview will be sited as a clinical absent day and the student will be required to make up the lost clinical hours if this time exceeds the 40 hour CTO allotment. **This day is to be used only for the purpose in which is stated; that being for interviews including travel time.**

There is no banking of additional time. If a student stays late to complete an exam, credit for this time must be taken the following clinical day with permission from the clinical instructor. **STUDENTS CANNOT “COLLECT” TIME TO BE USED AT A LATER DATE.**

**Procedure:**

1. The student will notify the clinical site and the clinical course instructor by a means mutually agreed upon (usually by phone or email) prior to the time of the scheduled shift. If the student does not contact the site and clinical course instructor prior to the scheduled clinical shift, that student could be subject to disciplinary action as outlined in the Student Disciplinary/Termination policy.
2. The student will fill out and submit the student absent report form to the clinical course instructor on the next clinical day present.
3. If the clinical day to be absent is preplanned the student must hand in the student absent report form prior to the anticipated day off.

---

**J.Clinical Absence—Grade Status Policy – 1403**
Policy:

There will be a drop of one letter grade for every 1 day or block of hours (i.e. being absent from clinicals for period of time less than a day) absent beyond the student’s 40 hours of Clinical Time Off (CTO).

Purpose:

The purpose of this policy is to ensure equal and adequate time to obtain necessary clinical experience and competencies mandated by the American Registry of Radiologic Technologists (ARRT).

General Information:

Days absent above and beyond the annual allotted 40 hour CTO will be cumulative for that given year in the program (i.e. students absent 2 clinical days for the year beyond their 40 hours CTO, or a student absent for one 3 hour block and one 2 hour block will be dropped two letter grades). Students receiving a letter grade below “C” due to absence will be terminated from the program. Students must take CTO in no less than ½ hour increments. Those students with repeated tardiness are subjected to disciplinary action as stated in the Student Discipline/Termination policy in this manual.

Procedure:

All required clinical time missed beyond the 40 hours CTO will be made up. If a student must be absent from clinical, it will be his/her responsibility to schedule make-up clinical time with the Program Director or Clinical Coordinator. The days and times the clinical hours will be made up will be determined and scheduled by the Program Director or the Clinical Coordinator. Clinical time will be made up based on an equal ratio of time missed. Example: Student missed 16 hours clinical - student makes up 16 hours clinical time. This also constitutes a drop in two letter grades.

Special circumstances may be considered in situations of extended illness, but a doctor’s note may be required for all illnesses resulting in two or more clinical days. A note from a physician will be required for absences of more than two days, or as listed previously in the student
Policy:

It is the policy of the Minnesota State Community and Technical College that students enrolled
in the Radiologic Technology Program do not accept or engage in paid employment as a
radiologic technologist.

Purpose:

The purpose of this policy is to clearly identify the difference between being a student
radiographer and a radiologic technologist. As one must realize that a student who engages in
employment as a radiologic technologist is presenting him/herself to patients and to co-workers
as a fully qualified radiologic technologist. Since such a student may not be able to perform up to
the accepted "standards of practice," the student would be demonstrating a lack of concern for the
patient, co-workers, employing agency, etc., by being unable to provide competent radiological
services. Subsequently, the individual student's ethical standards would be viewed as
questionable.

General Information:

Should a student choose not to comply with this policy, the Minnesota State Community and
Technical College, the Radiologic Technology program, the clinical affiliates of the program, all
of the respective administrative personnel and program officials will not accept any legal
obligation for any liability arising out of the actions of said student(s).

Procedure:

If a student chooses to be employed by a clinical affiliated site, this employment is outside of all
program didactic and clinical education time. AT NO TIME WILL A STUDENT BE
“STAFFED” DURING HIS/HER CLINICAL HOURS. STUDENTS ARE NOT
ALLOWED TO BE PAID FOR CLINICAL TIME, NOR ARE THEY ALLOWED TO
COMPLETE ANY COMPETENCY EXAMS DURING PAID TIME.
Students will not be allowed to document exams in their clinical log book while they are employed as a student radiologic technologist. If this is observed, students face the possibility of probation or possible termination from the program.

Students are not allowed to wear their school name tag or radiation monitoring device while employed at a health care facility. Students must be provided with a separate radiation monitor badge and name tag from the facility that employs them.

L. Student supervision policy – 1601

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Policy:

Until the student achieves the program's required competency in a given procedure (as evidenced by a completed final competency of such procedure), all clinical assignments shall be carried out under the **direct supervision** of a **registered** radiologic technologist.

Once the student achieves the program's required level of competency in a given procedure the student may perform that procedure under **indirect supervision**. With indirect supervision, supervision is provided by a registered radiologic technologist immediately when needed to assist students regardless of the level of student achievement.

**In the interest of radiation protection, all unsatisfactory radiographs will be repeated only in the presence of a registered radiologic technologist (regardless of the competency level of the student, or the difficulty level of the exam).**

Purpose:

The purpose of this policy is to maintain quality radiographic services for all patients and compliance with the As Low As Reasonably Achievable (ALARA) principle while providing educational opportunities for students in this program.

General Information:

**Student supervision policy interpretation/clarification**
The term "direct supervision" shall be interpreted to mean that a registered radiologic technologist is present in the exam room to supervise student activities. The term "indirect supervision" shall be interpreted to mean that a registered radiologic technologist is within vocal range of the student so that if the student encounters problems he/she can call for and receive help from the technologist.

This policy shall be interpreted to mean that any student (first or second-year) will require direct supervision for any exam that the student has not proven competence through a final competency check-off.

This policy shall further be interpreted to mean that even after the student proves competence he/she cannot go to the hospital floors to do portable or surgical exams/procedures alone, because in doing so the technologist is not "immediately available." When students do portables after receiving a final competency check-off, a registered radiologic technologist must accompany them to the floor. The technologist does not need to go into the room but must be within vocal range. In addition to portables, students must not be left alone in the department without indirect supervision.

Finally, this policy explicitly states that all repeat radiographs are to be done only if a registered radiologic technologist accompanies the student into the room and directly observes and supervises corrective action. This policy must be followed no matter how simple the corrective action may be and no matter how competent the student may be.

The onus of responsibility for making sure this policy is followed will be placed on the student. Technologists need to realize that students will refuse to go to the floor alone when doing portables and will refuse to do repeat radiographs unless a registered technologist provides direct supervision because, **if any student is observed in violation of this policy** (as outlined in this handbook), **disciplinary action will be initiated on the student**.

**Procedure:**

Following are the parameters of direct supervision:

1. The registered radiologic technologist reviews the request for examination in relation to the student's achievement.
2. The registered radiologic technologist evaluates the condition of the patient in relation to the student's achievement.
3. The registered radiologic technologist is present to assist the student as necessary.
4. The registered radiologic technologist reviews and approves the radiographs.

M. Radiation safety guidelines/policy as related to occupational exposure – 1701
Policy:

Minnesota State Community and Technical College (M State) Radiologic Technology Program recognizes the importance of monitoring exposure to radiation and therefore provides radiation monitoring badges to the students enrolled in the program.

Purpose:

To keep exposure of the radiation worker well below annual effective dose limit.

General Information:

“Standards for Protection Against Radiation” establishes radiation dose limits for occupationally exposed adults. These limits apply to the sum of the dose received from external exposure and the dose from internally deposited radioactive material. The annual limits for adults are 5 rem (.05 Sv) total effective dose equivalent or 50 rem (0.5 Sv) total organ dose equivalent to any single organ or tissue (other than the lens of the eye), whichever is more limiting. The occupational dose limits for minors are 10 percent of the dose limit for adults, and a dose limit for the embryo/fetus of 0.5 rem during the entire pregnancy.

It is the M State Radiologic Technology Program’s goal to ensure that all students, both over and under 18, receive less than 200 mrem whole body dose while in the program. This goal demonstrates an extreme limit to the students’ overall occupational exposure to ionizing radiation.

If a student receives more than 50 mrem during any reporting period, a conference will be held with the RSO and the student to discuss the increased radiation dose and will be advised by program officials to determine the cause of the increased exposure and will develop a plan to limit radiation exposure for the remainder of the clinical semesters. This practice will ensure that the ALARA principle is being upheld at all times and ensures that the student will not meet or exceed the annual total radiation exposure amount.

Procedure:

1. All Radiologic Technology students will be issued one radiation dosimeter which will
be worn on the collar or near the neck on the outside of the lead apron. This dosimeter will be changed on a quarterly basis. The program director or clinical coordinator will exchange and collect these dosimeters, which will be sent to the college's dosimetry service provider for an occupational radiation exposure reading and report.

a. Dosimeter reports will be kept at the school for a period of 20 years post-graduation.
b. Graduate students will be issued an “end dosimeter report” upon exiting the program.

2. The results of the occupational radiation exposure record/report will be posted in the Radiologic Technology Program Lab. If the amount of exposure represents a level that is higher than normal or if the exposure exceeds ALARA (As Low As Reasonably Achievable) guidelines, the results will be discussed with the student.

a. Students will be required to initial their reading when reports are posted.

3. All students will wear a lead apron at all times when working in a radiation exposure area such as fluoroscopy, surgery and portable work. Care should be taken not to expose the back to the radiation source (machine) if not wearing a wrap-around apron.

4. All students are educated and orientated on radiation safety prior to the start of (and during) their clinical rotations.

5. If a student becomes pregnant she may voluntarily notify the program director so that radiation exposure records can be reviewed, an additional dosimeter can be ordered and education on the safety precautions necessary for protecting the fetus can be given. Please refer to the pregnancy policy outlined in this handbook.

6. It will be the responsibility of the program director/radiation safety officer to inform the student when exposure exceeds the pre-established limits as noted in the general information of the policy. A written report with possible cause, corrective action and follow-up will be sent to the student along with other appropriate authorities. In addition, the student will be counseled if they exceed ALARA (As Low As Reasonably Achievable) guidelines and written documentation will be kept in the student file.

7. Students are advised not to hold for procedures within their clinical settings. However, in the event a student does hold for an exposure, documentation must be submitted to a program official, and this is maintained in the student’s file. This form is provided on the next page of this handbook.

8. Students will abide by radiation safety policies and procedures for laboratory experiences at M State by reviewing the Radiation Safety Rules posted in the lab and on this page of the handbook before working with the radiology equipment in the lab.
Minnesota State Community and Technical College
Radiologic Technology Program Laboratory
RADIATION SAFETY RULES
• Students are not allowed to perform radiographic exposures of selves and others in the program laboratory.

• Students will not hold for any exposure. This would include phantom exposures and QA equipment testing.

• Students will remain behind the control booth for all exposures made. Therefore students will not be required wear their radiation safety badges during lab time.

• Any reported violations of the above will result in disciplinary action from program officials.
MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
STUDENT RADIATION LOG

Student Name: ________________________________________________

Students: In the event that you are involved in a procedure (e.g. C-Arm, Fluoro, Trauma, Portable, or General Procedures) that you are either in the room or in the room during excessive beam on time you must fill out this form and submit it with your weekly evaluation or time card.

***Students are encouraged to NOT hold for exams***

Exam Information:

Date: _______________________________________________________

Facility: ____________________________________________________

Procedure: _________________________________________________

Fluoro Beam On Time: _________________________________

Explain the Procedure: (For non-fluoro cases indicate the number and type of views held for and techniques used)

Student Signature: ___________________________________________ Date: _______________________

Technologist Signature: ________________________________ Date: ________________________
Policy:

Students are informed of the following:

*State law requires that any person who provides services that involve direct contact with patients and residents at a health care facility have a background study conducted by the State. An individual who is disqualified from having direct contact as a result of the background study and whose disqualification is not set aside by the Commissioner of Health will not be permitted to participate in a clinical placement in a health care facility. Failure to participate in a clinical placement required by the academic program would result in ineligibility to qualify for a degree in this program.*

Purpose:

To provide safe, quality radiographic procedures to all patients.

General Information:

In 1995 amendments were added to the Vulnerable Adults Act, which affects students in clinical placements at facilities licensed by the Minnesota Department of Health. The amendments require that individuals who provide direct contact services to patients, residents or clients in licensed facilities must undergo a background study. Direct contact is defined as providing face-to-face care, training, supervision, counseling, and consultation or medication assistance to people receiving services from the agency or facility. Facilities affected by this law are as follows:

- Hospitals
- Boarding Care Homes
- Outpatient Surgical Centers
- Nursing Homes
- Home Care Agencies
- Residential Care Homes
- Board and lodging establishments providing supportive or health services
- Licensed Child Care Facilities
The 1996 Legislature made changes to the provisions governing background studies. The 1996 changes became effective on April 4, 1996.

Contents of the New Law

1. The Commissioner of Human Services is authorized to conduct studies initiated by educational programs that train persons providing direct contact services in licensed facilities.
2. Annual background studies of students in clinical placements are required.
3. Background study results may be transferred from one licensed facility to another.

Procedure:

Background studies are submitted on the start day of the program and at the beginning of enrolled students’ second year in the program.

O. Clinical Incident Report Policy – 1901

<table>
<thead>
<tr>
<th>Approved By:</th>
<th>Program Faculty</th>
<th>Written By:</th>
<th>NTC Radiology Program Officials &amp; M State Program Officials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Origination Date:</strong></td>
<td>7-01</td>
<td><strong>Effective Date:</strong></td>
<td>7-01</td>
</tr>
<tr>
<td><strong>Review Date:</strong></td>
<td>5-08,8-09,6-10,6-11,7-12</td>
<td><strong>Revised Date:</strong></td>
<td>6-08</td>
</tr>
</tbody>
</table>

Policy:

It is the policy of the Minnesota State Community and Technical College Radiologic Technology program to report all injuries or misconduct that occurs at any clinical site.

Purpose:

The purpose of this policy is to ensure safe working conditions.

Procedure:

It shall be the responsibility of the clinical site where the injury occurred to report the incident and provide documentation of said incident to program officials.

A Clinical Incident Report form is included on the following page of this handbook. It is the student’s responsibility to initiate completion of this form.
**P. Laptop and internet requirements-2001**

<table>
<thead>
<tr>
<th>Approved By:</th>
<th>Program Faculty</th>
<th>Written By:</th>
<th>NCT Radiology Program Officials and M State Program Officials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Origination Date:</td>
<td>8-09</td>
<td>Effective Date</td>
<td>8-09</td>
</tr>
<tr>
<td>Review Date</td>
<td>8-09,6-10,6-11,7-12</td>
<td>Revised Date</td>
<td></td>
</tr>
</tbody>
</table>

**Policy:** It is the policy of Minnesota State Community and Technical College, Radiologic Technology program that all incoming students are required to have access to a laptop computer which can access the school's wireless network. The students must also have an Internet service provider.

**Purpose:**

These computers will be used for research, computer-based exams and in-class participation.

**Procedure:**

It shall be the responsibility of the student to obtain a laptop and Internet service provider. At this time the school does not recommend a particular service provider.

**Q. Compliance with JRCERT Standards Policy**

<table>
<thead>
<tr>
<th>Approved By:</th>
<th>Program Faculty</th>
<th>Written By:</th>
<th>M State Program Officials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Origination Date:</td>
<td>12-09</td>
<td>Effective Date</td>
<td>12-09</td>
</tr>
<tr>
<td>Review Date</td>
<td>12-09,6-10,6-11,7-12</td>
<td>Revised Date</td>
<td></td>
</tr>
</tbody>
</table>

**Policy:**

It is the policy of the Minnesota State Community and Technical College (M State) Radiologic Technology program to be in full compliance with the current JRCERT Standards and the associated objectives. A copy of these standards is made available and distributed to all program stakeholders (students, advisory committee members, clinical staff and administration, etc.). The JRCERT Standards are also available to any interested party from the program director or through the JRCERT website: [www.jrcert.org](http://www.jrcert.org).

**Purpose:**

The JRCERT Standards promote academic excellence in Radiologic Technology educational programs and require these programs to be responsive to allegations of non-compliance with JRCERT standards. The M State Radiologic Technology program will investigate all documented allegations of non-compliance. Any individual or group including students, faculty, clinical staff or general public may submit a complaint.

**Procedure:**

M State will address all allegations of non-compliance in the following manner:
1. The allegation must be presented to the program director in writing. The letter of complaint must include the following information:
   a. Name and address of the individual filing the complaint
   b. Specific JRCERT standard and associated objective in question
   c. Dates or examples of when the program was not in compliance with the JRCERT Standards
   d. Date complaint was submitted
2. The M State Radiologic Technology program director will investigate the complaint.
3. Within 10 working days the program director will send a written response to the individual making the complaint and to the JRCERT outlining the resolution and action taken to resolve the complaint.
   a. If the resolution is not acceptable to the individual making the complaint, the program director will direct the individual to the JRCERT process for reporting allegations of noncompliance. The JRCERT Process for Reporting Allegations and Allegations Reporting form is included with this policy.
4. The program director will keep a record of all complaints of non-compliance and their resolutions.

JRCERT Standards for an Accredited Educational Program in Radiography

Standard One: Integrity
The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of and respect for students, faculty and staff.

Standard Two: Resources
The program has sufficient resources to support the quality and effectiveness of the educational process.

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

Standard Four: Health and Safety
The program’s policies and procedures promote the health, safety and optimal use of radiation for students, patients and the general public.

Standard Five: Assessment
The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Standard Six: Institutional/Programmatic Data
The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.
This report must be filled out by student radiographers or clinical site instructors when the following incidents occur:

1. When a registered technologist is not available to directly or indirectly supervise a radiographic procedure.

2. When a registered technologist is not available to directly supervise any repeat radiographic procedure.

3. When any substandard, unethical or inappropriate conduct is observed.

THIS REPORT IS BEING FILED IN REFERENCE TO:

Name: ________________________________________________________

Date of Incident: ________________________________________________

Site of Incident: _________________________________________________

Description of Incident:

Signature: ______________________________________________________
Incident Report Action

This portion of the incident report form will be filled out by the clinical coordinator or program director upon completion of an investigation of the reported incident.

Incident Report Investigation Findings:

Action Taken:

Comments of student/Clinical Instructor:

Comments of Program Official/Clinical Site Manager:

Signature of student/ Clinical Instructor: ________________________________

Signature of Program Official/Clinical Site Manager: _____________________

Date: _____________________        Original: 8/2004
IX. INSTITUTIONAL POLICIES

The institutional policies of the sponsoring institution, Minnesota State Community and Technical College, are contained in the Student Handbook.

A. Appeals and grievance procedure

A student who feels that their right to an education is being affected unfairly due to the presence of a technical college academic or non-academic policy has the right to seek remedy.

A student may complain concerning any college issue and discuss it with the appropriate employee(s) and/or administrator(s) as established by College procedure. A student has the right to seek remedy through the College’s designated complaint, appeal or grievance procedures. Students should use available informal means (direct conversation) to have disputes resolved before making a complaint or filing an appeal or grievance. No retaliation of any kind against students, faculty/staff shall be taken for participation in a complaint, appeal or grievance.

Minnesota Community and Technical College informs students of the established complaints, appeals or grievance procedures through the Student Handbook. The College has an established time frame for each step of a procedure published in the Student Handbook. These procedures shall not substitute for other procedures specified in MnSCU procedures or negotiated agreements. These procedures shall also protect data privacy rights.

All appeals and grievances must be submitted in writing on the Appeals and Grievance Form which states appeals and grievance procedures and timelines. Appeals and grievances are reviewed by standing campus committees, which report their findings directly to students. Appeals and grievances unresolved at the committee level may be submitted to the senior vice president or their designee for review. The decision of the senior vice president is final and binding.

If the appeal or grievance involves a MnSCU policy or the actions of M State’s president or senior vice president, a student may further appeal the decision through the MnSCU Chancellor to the MnSCU Board of Trustees. The decision of the MnSCU Board is final and binding.

The make-up of the appeals/grievance committees, as well as the steps for filing an appeal or grievance, is listed in the Minnesota State Community and Technical College Student Handbook.

Due process procedures are outlined in the student College Handbook.

B. Student accident and health plan

Please be aware and understand that the Minnesota State Community Technical College does not carry accident and health insurance for students enrolled. If the student does not have personal coverage through some insurance plan/carrier, he/she will not be covered by a policy for health or accident during attendance at Minnesota State Community and Technical College. Questions and further information regarding student accident and health coverage may be directed to the dean of campus operations.

Health Division students are covered by liability insurance when serving clinical portions of required classes.
Information concerning health services, health service fees, immunization requirements and the College's AIDS policy are all published in the institution’s Student Handbook.

X. INSTITUTIONAL SERVICES

A. Academic guidance and student counseling

Counseling service referrals are available to each student prior to, during and following enrollment.

The program director and clinical coordinator serve as academic advisors for all students in the Radiologic Technology program. Each student is assigned an academic advisor who is available for academic advising, either by appointment or as time permits during the school year. Appointments are scheduled by the advisor on a mid-semester and end-of-semester basis.

B. Library facilities

The library located on the Detroit Lakes campus has a seating capacity of approximately 50 students with access to 16 computer stations. Extensive health resources and periodicals are available to students. The library provides the student with extended library hours for studying, doing research activities including the access to several databases including Pro Quest and CINAHL Plus with Full Text, inter-library loan services, photocopying, computerized review and instruction, audio-visual viewing including DVD and VHS. There are reference materials readily available to students in the offices of the program director and clinical coordinator.

The library is also networked with the Northern Lights Library Network system and the University of Minnesota's main library and the MnPALS system. This membership includes the borrowing of any and all materials on an interlibrary loan basis, which also provides access to major public and university libraries in Minnesota.

The clinical affiliates also make their library and reference materials available for student use.
XI. Handbook Policy Signature Form
   A. Attendance & Absence, Health and Dress Policy Agreement ....................... 62
   B. Smoking and Cell Phone Use Policy Agreement ........................................... 63
   C. Student Employment Policy Agreement ...................................................... 64
   D. Student Supervision Policy Agreement ....................................................... 65
   E. Radiation Dosimetry Release Form ............................................................ 66
   F. Student Handbook Agreement Form ............................................................ 67
   G. Laptop and Internet Usage Agreement Form .............................................. 68
I have reviewed the Attendance, Health and Dress Policies. I understand the terms of these policies and agree to abide by the standards established therein. I expect that any violation I commit of the stated policies will result in disciplinary action.

____________________________________
Student Signature

____________________________________
Date
Minnesota State Community and Technical College
Radiologic Technology Program
Smoking (Policy No. 1251) and Cell Phone Use (Policy No. 1252) Policy Agreement

I have reviewed the Smoking and Cell Phone Use policies. I understand the terms of these policies and agree to abide by the standards established therein. I expect that any violation I commit of the stated policies will result in disciplinary action.

________________________________________
Student Signature

________________________________________
Date
I have reviewed the Student Employment Policy. I understand the terms and conditions of said policy and intend to comply. I understand that Minnesota State Community and Technical College assumes no liability or any other form of legal obligation for any situations that may occur as the result of my choosing to be employed as a Student Radiologic Technologist.

______________________________
Student Signature

______________________________
Date
After having reviewed the student supervision policy, I understand and agree to abide by the standards as stated in the policy. I further understand that it is my responsibility to make certain that I engage in clinical activities only when properly supervised and that disciplinary action will result if I do not.

______________________________
Student Signature

______________________________
Date
The undersigned grants permission to the Minnesota State Community and Technical College-Detroit Lakes Radiologic Technology program to post radiation dosimetry reports in the radiology lab for the purpose of informing and allowing personal access to individual exposure levels. This release form does not grant permission for the release of this or any other personal information to anyone for any other reason.

________________________________________
Student Signature

________________________________________
Date
Minnesota State Community and Technical College
Radiologic Technology Program
Student Handbook Agreement Form

After having reviewed the Radiologic Technology Student Handbook, I understand and agree to abide by the policies and standards as stated in the Handbook.

______________________________
Student Signature

______________________________
Date
After reviewing the laptop and Internet usage policy, I understand and agree to abide by the standards as stated in the policy. I further understand that it is my responsibility to make certain that I have a laptop and Internet service provider.

________________________________________________________
Student Signature

________________________________________________________
Date
XII. Clinical Course Outlines
   A. Clinical Radiography I ......................................................... 75-76
   B. Clinical Radiography II ...................................................... 77-78
   C. Clinical Radiography III ................................................... 79-80
   D. Clinical Radiography IV ................................................... 81-82
   E. Clinical Radiography V ..................................................... 83-84
Clinical Radiography I
Course Outcome Summary
Minnesota State Community and Technical College

Information
Course Number: RADT1148
Credits: 6
Contact Hours: 18
Instructional Area: Radiologic Technology
Instructional Level: Associate Degree
Developer(s): Colleen Brady

Description
The emphasis of this clinical rotation will be on radiographic positioning and manipulation of radiographic equipment and accessories, related to radiography of the thoracic and abdominal viscera, upper and lower extremity, shoulder girdle, pelvis, upper GI, lower GI, and biliary system.

Prerequisites
1. RADT1108 - Intro to Radiologic Technology and Patient Care

Competencies and Performance Standards
1. Demonstrate competency in imaging procedures by meeting the American Registry of Radiologic Technologist (ARRT) requirements.
2. Use professional communication consistently with instructors, peer groups, and members of the health care team.
3. Exercise the priorities required in daily clinical practice.
4. Execute medical imaging procedures under the appropriate level of supervision.
5. Adhere to team practice concepts that focus on organizational theories, roles of team members and conflict resolution.
6. Adapt to changes and varying clinical situations.
7. Provide patient-centered clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
8. Integrate the use of appropriate and effective written, oral and nonverbal communication with patients, the public and members of the health care team in the clinical setting.
9. Recognize the influence of professional values on patient care.
10. Use patient and family education strategies appropriate to the comprehension level of the patient/family.

11. Demonstrate competent assessment skills through effective management of the patient's
physical and mental status.
12. Respond appropriately to medical emergencies.
13. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
15. Apply standard and transmission-based precautions.
16. Apply the appropriate medical asepsis and sterile technique.
17. Demonstrate competency in the principles of radiation protection standards.
18. Apply the principles of total quality management.
19. Examine procedure orders for accuracy and make corrective actions when applicable.
20. Demonstrate safe, ethical and legal practices.
21. Integrate the radiographer's practice standards into the clinical practice setting.
22. Maintain patient confidentiality standards and meet HIPAA requirements.
23. Demonstrate the principles of transferring, positioning and immobilizing patients.
24. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
25. Select technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
27. Determine corrective measures to improve inadequate images.
Clinical Radiography II
Course Outcome Summary
Minnesota State Community and Technical College

Information
Course Number: RADT1158
Credits: 6
Contact Hours: 18
Instructional Area: Radiologic Technology
Instructional Level: Associate Degree
Developer(s): Colleen Brady

Description
This clinical course emphasizes the basic radiographic procedures and positioning related to the digestive system, urinary system, the bony thorax, and the vertebral column. The student also is to continue to acquire and build skills in performing radiographic procedures and positioning related to the thoracic and abdominal cavities, and the upper and lower extremities including the shoulder girdle and the pelvis. The student is also introduced to skull radiography, surgical procedures, radiographic exposure factors and off peak (i.e. evening and weekend) clinical hours.

Prerequisites
1. RADT1148 - Clinical Radiography I

Competencies and Performance Standards
1. Demonstrate competency in imaging procedures by meeting the American Registry of Radiologic Technologist (ARRT) requirements.
2. Use professional communication consistently with instructors, peer groups, and members of the health care team.
3. Exercise the priorities required in daily clinical practice.
4. Execute medical imaging procedures under the appropriate level of supervision.
5. Adhere to team practice concepts that focus on organizational theories, roles of team members and conflict resolution.
6. Adapt to changes and varying clinical situations.
7. Provide patient-centered clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
8. Integrate the use of appropriate and effective written, oral and nonverbal communication with patients, the public and members of the health care team in the clinical setting.
9. Recognize the influence of professional values on patient care.
10. Use patient and family education strategies appropriate to the comprehension level of the patient/family.
11. Demonstrate competent assessment skills through effective management of the patient's physical and mental status.
12. Respond appropriately to medical emergencies.
13. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
15. Apply standard and transmission-based precautions.
16. Apply the appropriate medical asepsis and sterile technique.
17. Demonstrate competency in the principles of radiation protection standards.
18. Apply the principles of total quality management.
19. Examine procedure orders for accuracy and make corrective actions when applicable.
20. Demonstrate safe, ethical and legal practices.
21. Integrate the radiographer's practice standards into the clinical practice setting.
22. Maintain patient confidentiality standards and meet HIPAA requirements.
23. Demonstrate the principles of transferring, positioning and immobilizing patients.
24. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
25. Select technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
27. Determine corrective measures to improve inadequate images.
Clinical Radiography III
Course Outcome Summary
Minnesota State Community and Technical College

Information

Course Number                   RADT1168
Credits                        6
Contact Hours                  18
Instructional Area            Radiologic Technology
Instructional Level           Associate Degree
Developer(s)                   Colleen Brady

Description

This clinical course emphasizes the basic radiographic procedures and positioning related to the skull, facial bones, paranasal sinuses, and detailed areas of the skull. The clinical experience provides an opportunity to working with increased independence.

Prerequisites

1. RADT1158 - Clinical Radiography II

Competencies and Performance Standards

1. Demonstrate competency in imaging procedures by meeting the American Registry of Radiologic Technologist (ARRT) requirements.
2. Use professional communication consistently with instructors, peer groups, and members of the health care team.
3. Exercise the priorities required in daily clinical practice.
4. Execute medical imaging procedures under the appropriate level of supervision.
5. Adhere to team practice concepts that focus on organizational theories, roles of team members and conflict resolution.
6. Adapt to changes and varying clinical situations.
7. Provide patient-centered clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
8. Integrate the use of appropriate and effective written, oral, and nonverbal communication with patients, the public and members of the health care team in the clinical setting.
9. Recognize the influence of professional values on patient care.
10. Use patient and family education strategies appropriate to the comprehension level of the patient/family.
11. Demonstrate competent assessment skills through effective management of the patient's physical and mental status.
12. Respond appropriately to medical emergencies.
13. Adapt procedures to meet age-specific, disease-specific, and cultural needs of patients.
15. Apply standard and transmission-based precautions.
16. Apply the appropriate medical asepsis and sterile technique.
17. Demonstrate competency in the principles of radiation protection standards.
18. Apply the principles of total quality management.
19. Examine procedure orders for accuracy and make corrective actions when applicable.
20. Demonstrate safe, ethical and legal practices.
21. Integrate the radiographer's practice standards into the clinical practice setting.
22. Maintain patient confidentiality standards and meet HIPAA requirements.
23. Demonstrate the principles of transferring, positioning and immobilizing patients.
24. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
25. Select technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
27. Determine corrective measures to improve inadequate images.
Clinical Radiography IV

Course Outcome Summary
Minnesota State Community and Technical College

Information
Course Number RADT2248
Credits 6
Contact Hours 18
Instructional Area Radiologic Technology
Instructional Level Associate Degree
Developer(s) Colleen Brady

Description
This clinical course provides the student with the opportunity to function more independently in all areas of basic radiography, and to develop clinical skills in regular radiographic areas and procedures, with continuing experience in trauma and surgical procedures. The student will be exposed to special procedures, and will begin rotations through the specialized areas of nuclear medicine, radiation therapy, computerized tomography, ultrasound, and magnetic resonance imaging.

Prerequisites
1. RADT1168 - Clinical Radiography III

Competencies and Performance Standards
1. Demonstrate competency in imaging procedures by meeting the American Registry of Radiologic Technologist (ARRT) requirements.
2. Use professional communication consistently with instructors, peer groups, and members of the health care team.
3. Exercise the priorities required in daily clinical practice.
4. Execute medical imaging procedures under the appropriate level of supervision.
5. Adhere to team practice concepts that focus on organizational theories, roles of team members and conflict resolution.
6. Adapt to changes and varying clinical situations.
7. Provide patient-centered clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
8. Integrate the use of appropriate and effective written, oral, and non-verbal communication with patients, the public and members of the health care team in a clinical setting.
9. Recognize the influence of professional values on patient care.
10. Use patient and family education strategies appropriate to the comprehension level of the patient/family.
11. Demonstrate competent assessment skills through effective management of the patient's physical and mental status.
12. Respond appropriately to medical emergencies.
13. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
15. Apply standard and transmission-based precautions.
16. Apply the appropriate medical asepsis and sterile technique.
17. Demonstrate competency in the principles of radiation protection standards.
18. Apply the principles of total quality management.
19. Examine procedure orders for accuracy and make corrective actions when possible.
20. Demonstrate safe, ethical and legal practices.
21. Integrate the radiographer's practice standards into the clinical practice setting.
22. Maintain patient confidentiality standards and meet HIPAA requirements.
23. Demonstrate the principles of transferring, positioning and immobilizing patients.
24. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
25. Select technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
27. Determine corrective measures to improve inadequate images.
Clinical Radiography V

Course Outcome Summary
Minnesota State Community and Technical College

Information
Course Number: RADT2258
Credits: 7
Contact Hours: 21
Instructional Area: Radiologic Technology
Instructional Level: Associate Degree
Developer(s): Colleen Brady

Description
This clinical course emphasizes the development of independence, discretion, and judgment while performing basic radiographic procedures. It provides the student with the opportunity to function as a nearly registry eligible radiographer. The student is expected to correlate all clinical and didactic experiences while demonstrating a high degree of proficiency and efficiency.

Prerequisites
1. RADT2248 - Clinical Radiography IV

Competencies and Performance Standards
1. Demonstrate competency in imaging procedures by meeting the American Registry of Radiologic Technologist (ARRT) requirements.
2. Use professional communication consistently with instructors, peer groups, and members of the health care team.
3. Exercise the priorities required in daily clinical practice.
4. Execute medical imaging procedures under the appropriate level of supervision.
5. Adhere to team practice concepts that focus on organizational theories, roles of team members and conflict resolution.
6. Adapt to changes and varying clinical situations.
7. Provide patient-centered clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
8. Integrate the use of appropriate and effective written, oral and nonverbal communication with patients, the public and members of the health care team in the clinical setting.
9. Recognize the influence of professional values on patient care.
10. Use patient and family education strategies appropriate to the comprehension level of the patient/family.
11. Demonstrate competent assessment skills through effective management of the patient's physical and mental status.
12. Respond appropriately to medical emergencies.
13. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
15. Apply standard and transmission-based precautions.
16. Apply the appropriate medical asepsis and sterile technique.
17. Demonstrate competency in the principles of radiation protection standards.
18. Apply the principles of total quality management.
19. Examine procedure orders for accuracy and make corrective actions when applicable.
20. Demonstrate safe, ethical and legal practices.
21. Integrate the radiographer's practice standards into the clinical practice setting.
22. Maintain patient confidentiality standards and meet HIPAA requirements.
23. Demonstrate the principles of transferring, positioning and immobilizing patients.
24. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
25. Select technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
27. Determine corrective measures to improve inadequate images.
XIII. Clinical Documents ................................................................. 85-111
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H. Filling out a Clinical Competency Form Instructions ......................... 111
I. Clinical Competency Completion Checklist ...................................... N/A
J. ARRT Didactic and Clinical Competency Requirements ................... N/A
K. Clinical Competency Forms ............................................................ N/A
THIS PAGE INTENTIONALLY LEFT BLANK
**The purpose of this evaluation form is to provide input to new students in order to ensure adequate utilization of clinical time. This form will replace the Bars Evaluation Form until the first-year student has had ample time and instruction to perform the standards required.**

Clinical Site: _____________________________________________

Student’s Name: _________________________________

1. The student arrives to the clinical site on time.
   Yes  No

2. The student actively seeks out and completes tasks in the a.m. upon arrival at clinical site. (i.e., assist a.m. technologist with machine warm-ups, processor start-up if needed, stocking of supplies etc.).
   Yes  No

3. The student seeks out assigned technologist and actively follows technologist with daily tasks.
   Yes  No

4. The student consistently demonstrates basic communication skills w/th technologists, radiologist and patient.
   Yes  No

5. The student actively seeks out patient exams (i.e. watching for light or checking for order requests).
   Yes  No

6. The student utilizes down-time for practicing equipment manipulation and/or positioning.
   Yes  No

7. The student actively follows technologist to observe and assist with exams that the student has not yet covered in the lab setting.
   Yes  No

**Note to technologist:** Please utilize space for comments; particularly where students received a "No." It is important for new students to understand how they can better utilize their clinical time in these "beginning stages" of their clinical practice.

Evaluator: ________________________________  Date: ____________________________
Minnesota State Community and Technical College  
Radiologic Technology Program  
1st Year 1st Semester Weekly Evaluation  

Student Name: __________________________

<table>
<thead>
<tr>
<th>Rating Scale:</th>
<th>1 – The student <strong>almost never</strong> does this</th>
<th>2 – The student <strong>sometimes</strong> does this</th>
<th>3 – The student does this <strong>at least 50%</strong> of the time</th>
<th>4 – The student does this <strong>at least 75%</strong> of the time</th>
<th>5 – The student does this <strong>at least 95%</strong> of the time</th>
</tr>
</thead>
</table>

**Communication**

1. Student explains the procedure to the patient in a concise manner and communicates/responds to patients in a polite and respectful manner.  
2. Communicates with physicians in a polite and respectful manner.  
3. Communicates effectively with staff in a polite and respectful manner.  
4. Communicates and responds to patients in a polite and respectful manner.  
5. Student demonstrates a desire for success and accepts constructive criticism.

**Patient Care**

1. Student demonstrates complete patient care skills.  
2. Student is cognizant of patient comfort and responds to patient requests in a timely basis.  
3. Student maintains a clean area and follows guidelines for standard precautions.

**Equipment Operation**

1. Student is able to manipulate tubes/tables in all rooms in an efficient manner.  
2. Student demonstrates knowledge of various machine functions (fluoro, tomo, radiographic).

**Radiation Protection**

1. Student uses gonadal shielding when appropriate.  
2. Student inquires about possible pregnancy when patient is within child-bearing age.  
3. Student uses collimation when possible.  
4. Student provides/wears protective lead apparel when appropriate.

**Patient Positioning**

1. Student is able to properly position patients for routine exams.  
2. Student is able to assess when patient’s condition will necessitate an adjustment from routine guidelines (scoliosis, etc.).  
3. Student uses appropriate props such as sponges, sandbags, etc. to maintain patient position.  
4. Student demonstrates confidence in his/her clinical abilities.
**Exposure Factor Manipulation**
1. Student demonstrates an understanding of the difference between AEC and manual techniques.  
   
2. Student comprehends and applies knowledge of additive/destructive disease processes when choosing exposure factors.  
   
3. Student comprehends and applies knowledge of different screen/film combinations, grid/non-grid techniques when selecting exposure factors.  
   
4. Student comprehends and applies knowledge of how distance affects exposure factor.  

**Evaluating Quality Radiographs**
1. Student takes pride in producing high-quality radiographs.  
2. Student is able to identify when technical factors necessitate a repeat exam and is able to manipulate these factors appropriately.  
3. Student is able to identify when positioning is inadequate and is able to make the necessary adjustments to produce a quality image.  

**Maintaining Patient Records**
1. Student consistently checks request for patient history.  
2. Student consistently pulls previous exam for comparison.  
3. Student accurately completes required paperwork.  
4. Student constantly and accurately labels films with appropriate information (patient data, right vs. left, etc.).  

**Initiative**
1. Student initiates and prepares for exam without being told to do so.  
2. Student demonstrates persistence in getting job done.  
3. Student shows interest in exams not yet covered in lab setting by assisting technologist.  
4. Student is able to work with direct/indirect supervision when completing exams.  
5. Student uses slow times for clinical practice and didactic review.  

**Compliance**
1. Student wears appropriate uniform including name tag, rad badge, predominantly white shoes and is neat in appearance.  
2. Student is consistently punctual for scheduled shifts.  
3. Student uses allocated time off appropriately.  
4. Student follows directions consistently.  

Comments:

Evaluator Signature: ________________________________  Date: ___________________

Clinical Site: ________________________________
### Minnesota State Community and Technical College
### Radiologic Technology Program
### 1st Year 2nd Semester Weekly Evaluation

**Rating Scale:**
1. **almost never** does this
2. **sometimes** does this
3. **at least 50%** of the time
4. **at least 75%** of the time
5. **at least 95%** of the time

#### Student Name: __________________________

<table>
<thead>
<tr>
<th>Communication</th>
<th>Rating</th>
</tr>
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<tbody>
<tr>
<td>1. Student explains the procedure to the patient in a concise manner and</td>
<td>1 2 3 4 N/A</td>
</tr>
<tr>
<td>communicates/responds to patients in a polite and respectful manner.</td>
<td></td>
</tr>
<tr>
<td>2. Communicates with physicians in a polite and respectful manner.</td>
<td>1 2 3 4 N/A</td>
</tr>
<tr>
<td>3. Communicates effectively with staff in a polite and respectful manner.</td>
<td>1 2 3 4 N/A</td>
</tr>
<tr>
<td>4. Communicates and responds to patients in a polite and respectful manner.</td>
<td>1 2 3 4 N/A</td>
</tr>
<tr>
<td>5. Student demonstrates a desire for success and accepts constructive criticism.</td>
<td>1 2 3 4 N/A</td>
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</tbody>
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<tr>
<td>in a timely basis.</td>
<td></td>
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<tr>
<th>Equipment Operation</th>
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<td>1. Student is able to manipulate tubes/tables in all rooms in an efficient</td>
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<tr>
<td>manner.</td>
<td></td>
</tr>
<tr>
<td>2. Student demonstrates knowledge of various machine functions</td>
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<td>3. Student uses collimation when possible.</td>
<td>1 2 3 4 5 N/A</td>
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</table>
4. Student demonstrates confidence in his/her clinical abilities.  1 2 3 4 N/A

**Exposure Factor Manipulation**

1. Student demonstrates an understanding of the difference between AEC and manual techniques.  1 2 3 4 N/A

2. Student comprehends and applies knowledge of additive/destructive disease processes when choosing exposure factors.  1 2 3 4 N/A

3. Student comprehends and applies knowledge of different screen/film combinations, grid/non-grid techniques when selecting exposure factors.  1 2 3 4 N/A

4. Student comprehends and applies knowledge of how distance affects exposure factor.  1 2 3 4 N/A

**Evaluating Quality Radiographs**

1. Student takes pride in producing high quality radiographs.  1 2 3 N/A

2. Student is able to identify when technical factors necessitate a repeat exam and is able to manipulate these factors appropriately.  1 2 3 N/A

3. Student is able to identify when positioning is inadequate and is able to make the necessary adjustments to produce a quality image.  1 2 3 N/A

**Maintaining Patient Records**

1. Student consistently checks request for patient history.  1 2 3 4 N/A

2. Student consistently pulls previous exam for comparison.  1 2 3 4 N/A

3. Student accurately completes required paperwork.  1 2 3 4 N/A

4. Student constantly and accurately labels films with appropriate information (patient data, right vs. left, etc.).  1 2 3 4 N/A

**Initiative**

1. Student initiates and prepares for exam without being told to do so.  1 2 3 4 5 N/A

2. Student demonstrates persistence in getting job done.  1 2 3 4 5 N/A

3. Student shows interest in exams not yet covered in lab setting by assisting technologist.  1 2 3 4 5 N/A

4. Student is able to work with direct/indirect supervision when completing exams.  1 2 3 4 5 N/A

5. Student uses slow times for clinical practice and didactic review.  1 2 3 4 5 N/A

**Compliance**

1. Student wears appropriate uniform including name tag, rad badge, predominantly white shoes and is neat in appearance.  1 2 3 4 5 N/A

2. Student is consistently punctual for scheduled shifts.  1 2 3 4 5 N/A

3. Student uses allocated time off appropriately.  1 2 3 4 5 N/A

4. Student follows directions consistently.  1 2 3 4 5 N/A

Comments:

Evaluator Signature: _____________________________________  Date: _______________________
Clinical Site: ____________________________________________
Minnesota State Community and Technical College
Radiologic Technology Program
1st Year 3rd Semester Weekly Evaluation

Student Name: __________________________

Rating Scale:  
1 – The student almost never does this
2 – The student sometimes does this
3 – The student does this at least 50% of the time
4 – The student does this at least 75% of the time
5 – The student does this at least 95% of the time

Communication
1. Student explains the procedure to the patient in a concise manner and communicates/responds to patients in a polite and respectful manner.  
   1  2  3  4  5  N/A

2. Communicates with physicians in a polite and respectful manner.  
   1  2  3  4  5  N/A

3. Communicates effectively with staff in a polite and respectful manner.  
   1  2  3  4  5  N/A

4. Communicates and responds to patients in a polite and respectful manner.  
   1  2  3  4  5  N/A

5. Student demonstrates a desire for success and accepts constructive criticism.  
   1  2  3  4  5  N/A

Patient Care
1. Student demonstrates complete patient care skills.  
   1  2  3  4  5  N/A

2. Student is cognizant of patient comfort and responds to patient requests in a timely basis.  
   1  2  3  4  5  N/A

3. Student maintains a clean area and follows guidelines for standard precautions.  
   1  2  3  4  5  N/A

Equipment Operation
1. Student is able to manipulate tubes/tables in all rooms in an efficient manner.  
   1  2  3  4  5  N/A

2. Student demonstrates knowledge of various machine functions (fluoro, tomo, radiographic).  
   1  2  3  4  5  N/A

Radiation Protection
1. Student uses gonadal shielding when appropriate.  
   1  2  3  4  5  N/A

2. Student inquires about possible pregnancy when patient is within child-bearing age.  
   1  2  3  4  5  N/A

3. Student uses collimation when possible.  
   1  2  3  4  5  N/A

4. Student provides/wears protective lead apparel when appropriate.  
   1  2  3  4  5  N/A

Patient Positioning
1. Student is able to properly position patients for routine exams.  
   1  2  3  4  N/A

2. Student is able to assess when patient’s condition will necessitate an adjustment from routine guidelines (scoliosis, etc.).  
   1  2  3  4  N/A

3. Student uses appropriate props such as sponges, sandbags, etc. to maintain patient position.  
   1  2  3  4  N/A

4. Student demonstrates confidence in his/her clinical abilities.  
   1  2  3  4  N/A
Exposure Factor Manipulation
1. Student demonstrates an understanding of the difference between AEC and manual techniques.  1 2 3 4 N/A

2. Student comprehends and applies knowledge of additive/destructive disease processes when choosing exposure factors.  1 2 3 4 N/A

3. Student comprehends and applies knowledge of different screen/film combinations, grid/non-grid techniques when selecting exposure factors.  1 2 3 4 N/A

4. Student comprehends and applies knowledge of how distance affects exposure factor.  1 2 3 4 N/A

Evaluating Quality Radiographs
1. Student takes pride in producing high quality radiographs.  1 2 3 4 N/A

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1. Student consistently checks request for patient history.  1 2 3 4 5 N/A

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1. Student initiates and prepares for exam without being told to do so.  1 2 3 4 5 N/A

2. Student demonstrates persistence in getting job done.  1 2 3 4 5 N/A

3. Student shows interest in exams not yet covered in lab setting by assisting technologist.  1 2 3 4 5 N/A

4. Student is able to work with direct/indirect supervision when completing exams.  1 2 3 4 5 N/A

5. Student uses slow times for clinical practice and didactic review.  1 2 3 4 5 N/A

Compliance
1. Student wears appropriate uniform including name tag, rad badge, predominantly white shoes and is neat in appearance.  1 2 3 4 5 N/A

2. Student is consistently punctual for scheduled shifts.  1 2 3 4 5 N/A

3. Student uses allocated time off appropriately.  1 2 3 4 5 N/A

4. Student follows directions consistently.  1 2 3 4 5 N/A

Comments:

Evaluator Signature: ________________________________  Date: ____________________

Clinical Site: ________________________________
Minnesota State Community and Technical College  
Radiologic Technology Program  
2nd Year Weekly Evaluation  

Student Name: __________________________

Rating Scale:  
1 – The student **almost never** does this  
2 – The student **sometimes** does this  
3 – The student does this **at least 50%** of the time  
4 – The student does this **at least 75%** of the time  
5 – The student does this **at least 95%** of the time

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<th>3</th>
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</tr>
<tr>
<td>2. Communicates with physicians in a polite and respectful manner.</td>
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<td>4</td>
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</tr>
<tr>
<td>3. Communicates effectively with staff in a polite and respectful manner.</td>
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<tr>
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<tr>
<td>4. Student demonstrates confidence in his/her clinical abilities.</td>
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96
Exposure Factor Manipulation
1. Student demonstrates an understanding of the difference between AEC and manual techniques. 1 2 3 4 5 N/A

2. Student comprehends and applies knowledge of additive/destructive disease processes when choosing exposure factors. 1 2 3 4 5 N/A

3. Student comprehends and applies knowledge of different screen/film combinations, grid/non-grid techniques when selecting exposure factors. 1 2 3 4 5 N/A

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1. Student takes pride in producing high quality radiographs. 1 2 3 4 5 N/A

2. Student is able to identify when technical factors necessitate a repeat exam and is able to manipulate these factors appropriately. 1 2 3 4 5 N/A

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1. Student consistently checks request for patient history. 1 2 3 4 5 N/A

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1. Student initiates and prepares for exam without being told to do so. 1 2 3 4 5 N/A

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5. Student uses slow times for clinical practice and didactic review. 1 2 3 4 5 N/A

Compliance
1. Student wears appropriate uniform including name tag, rad badge, predominantly white shoes and is neat in appearance. 1 2 3 4 5 N/A

2. Student is consistently punctual for scheduled shifts. 1 2 3 4 5 N/A

3. Student uses allocated time off appropriately. 1 2 3 4 5 N/A

4. Student follows directions consistently. 1 2 3 4 5 N/A

Comments:

Evaluator Signature: ________________________________ Date: ____________________

Clinical Site: ________________________________
## Guidelines for Overall Scores

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<tr>
<th></th>
<th>Semester 1</th>
<th>Semester 2</th>
<th>Semester 3</th>
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<td><strong>35</strong></td>
<td><strong>42</strong></td>
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</tr>
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*** 2nd year students should be achieving at Level 5 in all categories ***
MINNESOTA STATE COMMUNITY & TECHNICAL COLLEGE
Student Evaluation – Fluoroscopy

Student Name _____________________________
Week of _________________________________

Technologist: Please answer the following questions, in regards to this student’s rotation with you in fluoroscopy.

Circle one: Comments are encouraged if a “no” answers applies.

1. The student initiated room set-up prior to exam (s). Yes _____ No _____

2. The student is/was able to explain exam to patient in a competent manner. Yes _____ No _____

3. The student was prepared for routine procedures DURING the fluoroscopic procedure and anticipated the duties (i.e. when barium was needed) during the exam (s). Yes _____ No _____

4. The student demonstrated an understanding of positioning for routine projections; this will vary according to his/her status in the program. Yes _____ No _____

5. The student demonstrated an understanding of sterile procedure and/or Universal Precautions. Yes _____ No _____

6. The student was able to manipulate fluoroscopic equipment in a competent manner. Yes _____ No _____

7. Overall, this student’s performance in fluoroscopy was: (circle one)

Needs improvement (1 pt) Fair (2 pts) Average (3 pts) Excellent (5 pts)

17 points total possible (2 pts – yes)

Any additional comments:

Technologist Signature: _________________________________ Date: _________________
MINNESOTA STATE COMMUNITY & TECHNICAL COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
STUDENT EVALUATION FOR MODALITY ROTATION

Name: ________________________  Date: ______________________

Modality: ______________________

**Communication:**
Communicates with the patient, staff and physicians in a manner that is respectful and courteous.

**Patient Care:**
Provided the expected quality of patient care when called upon to do so.

**Teamwork/ Cooperation:**
Assists the technologists in work activities, was willing and cooperative when called upon.

**Attendance/ Time Management:**
Was on time for all shifts, checked with the assigned technologist before leaving the area.

**Attitude Toward Learning:**
Was attentive and sought out opportunities to learn about the modality.

**Personal Appearance:**
Wore the appropriate uniform with predominantly white shoes, name tag and radiation badge.

Comments:
____________________________   ___________________________

Evaluator's Signature     Date
MINNESOTA STATE COMMUNITY & TECHNICAL COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
Clinical Site Evaluation

Site being evaluated: ___________________________________________________

Date: _______________________

Rating Scale:

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<td>Never Describes The Site</td>
<td>1</td>
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<td>Sometimes Describes the Site</td>
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<td>Always Describes the Site</td>
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Communication

When first visiting the site the student is given an introductory tour of the radiology department  1 2 3 4 5

Explains routines of exams to the student during first visit  1 2 3 4 5

Radiologist and technologists communicate with the student in a polite manner  1 2 3 4 5

Aids students in their desire for success and offers constructive criticism  1 2 3 4 5

Equipment Operation

When first visiting the site, various machine functions were explained thoroughly (including fluoro, tomo and portables)  1 2 3 4 5

Radiation Protection

The site provides all necessary protective lead apparel when appropriate  1 2 3 4 5

Facility never asks a student to hold during an exposure  1 2 3 4 5

Patient Positioning

Unusual positioning is explained to the student before performing an exam (e.g., special views that may not have been demonstrated in the lab setting)  1 2 3 4 5

Appropriate devices such as sponges, sandbags, etc. are available for student use  1 2 3 4 5

Exposure Factor Manipulation

A technique chart is available for student use  1 2 3 4 5
Evaluating Quality Radiographs

The site takes pride in producing quality radiographs and doesn’t second-guess a student’s decision to repeat a radiograph

Maintaining Patient Records

When first visiting site, a clear explanation of all paperwork is provided to the student

Initiative

The student is sought out and told when a patient arrives for an exam (e.g., the student is in the file room and is unaware that a patient has arrived)

When a student is practicing during slow times and a question arises, a technologist is willing to provide an answer to the best of his or her knowledge

Compliance

The student felt at ease around the technologist and other employees

Time spent at this facility was worthwhile and an integral part of my overall clinical experience
Instructor being evaluated: ____________________________

Semester: ____________________

**Rating Scale:**

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<td>Sometimes Describes the Instructor</td>
<td>Always Describes the Instructor</td>
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1. Has a good attitude when working with students 1 2 3 4 5
2. Was approachable and helpful 1 2 3 4 5
3. Stimulated and challenged me to think 1 2 3 4 5
4. Asked me pertinent questions 1 2 3 4 5
5. Helped me relate course work to clinical practice 1 2 3 4 5
6. Offered me positive feedback when appropriate 1 2 3 4 5
7. Offered me an initial orientation 1 2 3 4 5
8. Provided adequate supervision 1 2 3 4 5
9. Discusses my evaluation with me 1 2 3 4 5
10. Encouraged me to think outside of the box and apply critical thinking skills 1 2 3 4 5
11. Operates in accordance with standards set forth by ARRT, ASRT and JRCERT 1 2 3 4 5

**Student Comments:**
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Sign Here

Student Signature

Sign Here

Clinical Site Signature

CTO Used:

Comments:
Minnesota State Community and Technical College
RADIOLOGY PROGRAM
STUDENT ABSENT REPORT FORM

Today’s Date___________

Student Name__________________________________

Day(s) Absent:______________________________

Total hours absent____________________

**Note: CTO hours must be taken in increments of at least half an hour

Reason for absence:_______________________________________________________

_______________________________________________________

_______________________________________________________

I verify that the above information is true and correct.

Student Signature:____________________________

This form must be submitted to the clinical instructor at the site where the absence is/will take place or to the course instructor.

***A planned absence must be pre-approved by the course instructor. The student is responsible for notifying the clinical instructor at the site he or she is assigned to.

***This form is for the purpose of maintaining attendance records of required clinical hours.
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Filling out a Clinical Competency Form Instructions

Students will be using evaluation forms when they are being evaluated on a competency completion. This is, in most cases, on the 4th exam. After this evaluation the student should be competent to perform this exam under indirect supervision. These forms will also be used for spot checks.

These forms have two columns: a procedure column and a competency column. The procedure column will be used when the student tests out in the lab, and the competency column will be used by clinical sites when the student is ready to sign off on an exam and thus work under indirect supervision and for spot checks.

Each evaluation form has several sections (see attached example). In each section there are several criteria the student must meet. To indicate if the student meets the criteria, you will circle either yes or no.

If the student meets the criteria, circle yes. The student will receive full credit for this criterion.

If the student does not meet the criteria, circle no. The student will receive no credit for this criterion.

If the student needs a subtle reminder to meet the criteria, circle yes and no. The student will receive partial credit for this criterion.

**Example:** If you see something the student has forgotten before an exposure is made, prompt the student by asking, "Are you forgetting something?" If the student realizes his or her error without delay, circle both yes and no, and partial credit will be awarded. If the student does not correct the error, circle no.

If the student does not need to perform one of the criteria, cross out both yes and no. This criterion will then be deducted from the total possible.

**Example:** If it is a male patient, the student will not need to ask about pregnancy.

The student cannot use the exam as a competency completion if he or she gets more than two no’s on the evaluation. This policy does not apply to spot checks.

If a student fails to ask a female patient with reasonable reproductive potential if there is a chance of pregnancy or if he or she fails to collect pertinent information from the patient (obtain a history), it is an automatic failure and the evaluation needs to be attempted again with another patient.

You are not responsible for assessing a grade. We will complete that process.

Please sign and date the evaluation form and make any comments that would be helpful.