

Medical Imaging Department

MEDICAL RADIOGRAPHY PROGRAM

STUDENT CLINICAL HANDBOOK

Student Name _____

Table of Contents

Section 1:

| | |
|--|---------|
| Student Agreement Form | 4 |
| Mission and Vision of Bunker Hill Community College | 5 |
| Bunker Hill Community College Institutional Values | 6 |
| Program Description | 7 |
| Program Accreditation Statement | 7 |
| Medical Radiography Program Mission and Goals | 8 - 9 |
| General Policy Statement | 10 |
| Affirmative Action and Equal Opportunity Policy | 10 |
| Pregnancy Policy | 11 |
| Academic Standard | 12 |
| General Information | |
| Cost of Attendance | 13 |
| Malpractice Insurance | 13 |
| Health Insurance | 13 |
| Health Clearance | 13 |
| College Accommodations and Support Services | 14 |
| Program Grievance/Academic and Clinical Appeals/Due Process | 14 – 15 |
| Sexual Harassment Policy | 15 |
| Leave of Absence Policy | 16 |
| Request for Leave of Absence Form | 17 |
| Miscellaneous Information | |
| Professional Society Membership | 18 |
| Essentials and Guidelines of an Accredited Educational Program | 18 |
| Application to American Registry of Radiologic Technologists | 18 |
| State of Massachusetts Licensure | 18 |
| Section 2: | |
| The ARRT Standards of Ethics and Code of Ethics | 19 |
| Medical Radiography – Full-time Program of Study | 20 |
| Medical Radiography – Part-time Program of Study | 21 |

| | |
|---|---------|
| <u>Clinical Education Policy</u> | 22 |
| Radiography Clinical Plan | 23 |
| Clinical Instructors' Meetings | 23 |
| Direct and Indirect Supervision | 23 – 24 |
| Repeat Film Policy | 24 |
| Hospital Assignments | 24 |
| Rotation Areas | 24 |
| CPR Certification | 24 |
| Specialized Rotations | 25 |
| Elective Rotations | 25 |
| MR Safety Policy | 25 |
| Clinical Days and Hours | 25 |
| Clinical Software Use – Trajecsys | 25 |
| Attendance Policy | 26 |
| General Information | 27-28 |
| COVID 19 Precautions and Policy | 28-29 |
| Uniform Policy | 30 |
| Radiation Safety Policy | 31 |
| Conditions of Increased Radiation Sensitivity | 32 |
| Use of Energized Labs Policy | 32-33 |
| Performance Standards Review Board | 33-34 |
| Clinical Probation | 34 |
| Non-Compliance Complaint Policy | 35 |
| Graduation Requirements | 36 |
| Special Recognition | 36 |
| Program Dismissal | 36 |
| Reapplication to Program | 36 |
| <u>Clinical Evaluation Procedures</u> | 37 |
| Clinical Competencies | 38 |
| Continuing Competencies | 38 |
| Clinical Competency Requirements by Clinical Course | 39 |

| | |
|---|-------|
| Clinical Performance Evaluations | 40 |
| Professional Behavior/Affective Domain Evaluation | 40-41 |
| Clinical Grading | 42 |
| <u>Program Forms</u> | 43 |
| Appendix | 44 |
| Grading Criteria | 45 |
| Permission to Attend Conference Form | 46 |
| Request for Time Off | 47 |
| Conference/Advising Record | 48 |
| Declaration of Pregnancy Form | 49 |
| Clinical Orientation Form | 50-51 |
| Pregnancy Policy Agreement Form | 52 |
| Continuing Clinical Competency Form | 53-54 |
| Standard Competency Form | 55-57 |
| Fluoroscopy Competency Form | 58-59 |
| Surgical Competency Form | 60-61 |
| Clinical Grade Worksheet | 62 |
| Professionalism/Affective Domain Evaluation | 63 |
| Student Performance Evaluation | 64-66 |
| COVID Voluntary Assignment Form | 67 |

***Bunker Hill Community College
Medical Radiography Program***

Student Agreement Form

I, the undersigned student, having read and reviewed the BHCC Medical Imaging Department – Medical Radiography Option Student Clinical Handbook, do agree to adhere to and abide by all College as well as Program policies and/or their amendments during my matriculation as a Radiography student at Bunker Hill Community College. Furthermore, I agree to adhere to and abide by the conduct and performance policies of the clinical education sites to which I may be assigned. I clearly understand that failure to adhere to and abide by the policies and regulations of the College, Program or Clinical Site may result in my dismissal from the program.

The Nurse Education, Medical Imaging and/or Respiratory Therapy Program at Bunker Hill Community College may be asked for certain student information by the clinical sites as part of arranging clinical placements. While certain student information such as name, program, dates of attendance, enrollment status, Deans and Merit list, degrees, dates of graduation and most recent educational institution attended is known as “directory information” and does not require your consent prior to release, some of the information requested by the clinical sites may be considered “student record information” which generally may not be released without your consent. Accordingly, in order for the College to provide student record information required by clinical sites, the College requires your written authorization below.

I hereby authorize release of the following student record information to clinical sites where necessary for my clinical placement: social security number and date of birth.

Student’s Name (Printed) _____

Student’s Signature _____

Date _____

Bunker Hill Community College
Medical Radiography Program

The Medical Radiography Program is an integral part of BHCC, and as such subscribes to its institutional mission and goals.

Mission of Bunker Hill Community College

Bunker Hill Community College serves as an educational and economic asset for the Commonwealth of Massachusetts by offering associate degrees and certificate programs that prepare students for further education and fulfilling careers. Our students reflect our diverse local and global community, and the College integrates the strengths of many cultures, age groups, lifestyles and learning styles into the life of the institution. The College provides inclusive and affordable access to higher education, supports the success of all students, and forges vibrant partnerships and pathways with educational institutions, community organizations, and local businesses and industries.

Vision of Bunker Hill Community College

Bunker Hill Community College empowers and inspires students, faculty, and staff diverse in identities, experiences and ideas to make meaningful contributions to our local and global communities. The College embodies a spirit of inquiry, critical thought, inclusive excellence, and lifelong learning.

Bunker Hill Community College Institutional Values

The BHCC Board of Trustees, faculty, Staff and Students embody the highest academic and institutional integrity through their commitment to:

- Access and Success
- Excellence and Innovation
- Economic and Social Justice
- Inclusiveness and Equity
- Civic Engagement and Service
- Kindness and Respect
- Accountability and Transparency

The Mission, Vision and Values statements were approved by the Board of Trustees, Massachusetts Department of Higher Education and Massachusetts Secretary of Education, October 2014.

**Bunker Hill Community College
Program Description**

Medical Radiography:

The Medical Radiography Program is a two year Associate of Science program designed to provide comprehensive instruction and clinical experience to persons pursuing a career in General Radiography.

Program Accreditation Statement:

The Medical Radiography Program at BHCC is accredited by:

**The Joint Review Committee on Education in Radiologic Technology
(J.R.C.E.R.T.)
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Fax: (312) 704-5304
www.jrcert.org**

All graduates are eligible to apply to sit for the American Registry of Radiologic Technologists (A.R.R.T.) exam upon graduation.

***Programmatic Accreditation Standards may be found at www.jrcert.org.**

The JRCERT Standards for Accredited Educational Program in Radiography are also posted in the classroom.

Rev: 6/15

Bunker Hill Community College Medical Radiography Program

The Medical Radiography Program is an integral part of Bunker Hill Community College, structured to serve the community at large and outreach to a multicultural population. Program faculty continuously interact with hospital administrators, clinical educators and community leaders to ensure that the program responds to environmental change, and the evolving needs of all stakeholders.

MISSION

The mission of the Medical Radiography Program is to produce competent radiologic technologists.

VISION STATEMENT

The vision of the Medical Radiography Program is to achieve excellence through outcome assessment and continuous improvement, providing students with marketable skills and learning opportunities to foster critical thinking and problem-solving.

PROGRAM GOALS

Goal 1: Students will be clinically competent.

Student Learning Outcomes:

- Students will apply positioning skills.
- Students will utilize radiation protection.
- Students will provide quality patient care.

Goal 2: Students will develop critical thinking skills.

Student Learning Outcomes:

- Students will demonstrate the ability to perform non-routine procedures.
- Students will evaluate diagnostic images for quality.

Goal 3: Students will demonstrate communication skills.

Student Learning Outcomes:

- Students will demonstrate oral communication skills.
- Students will demonstrate written communication skills.

Goal 4: Students will model professionalism.

Student Learning Outcomes:

- Students will exhibit professionalism in the clinical setting.
- Students will determine the importance of continuous professional development.

Revised: 9/16,9/18

Bunker Hill Community College

General Policy Statement

The General Policy of Bunker Hill Community College and the Medical Imaging Department is:

- To accept students who meet the admission requirements of the Medical Imaging Programs.
Students should be of good moral character.
- To educate students to perform the skills required in the profession.
- To judge and evaluate student performance impartially.
- To maintain reasonable hours and safe, healthful working conditions.
- To inform students fully of policies and regulations affecting them.
- To maintain adequate records of student performance at the college.
- To evaluate all students as to the quality of their clinical performance.
- To provide academic and personal counseling to students.
- To ensure that the curriculum reflects current and relevant practice.

AFFIRMATIVE ACTION and EQUAL OPPORTUNITY POLICY

Bunker Hill Community College does not discriminate on the basis of race, creed, religion, color, gender, sexual orientation, gender identity, age, disability, genetic information, maternity leave or national origin in its educational programs or in admission to, access to, treatment in or employment in its programs or activities as required by Chapters 151B and C of the Massachusetts General Laws; Title VI, Civil Rights Act of 1964; Title IX, Education Amendments of 1972; and Section 504, Rehabilitation Act of 1973; Americans with Disabilities Act, and regulations promulgated thereunder, 34 C.F.R. Part 100 (Title VI), Part 106 (Title IX) and Part 104 (Section 504).

All inquiries concerning the application of the above should be directed to the Director of Diversity and Inclusion, Affirmative Action Officer and Coordinator of Title IX and Section 504, at 250 New Rutherford Avenue, Room E236F, Boston, MA 02129, via by calling 617-228-3311.

Bunker Hill Community College Medical Radiography Program

Pregnancy Policy

The BHCC pregnancy policy is first presented to the students during the acceptance process and then again as part of the pre-clinical orientation. Female students are required to sign a statement of understanding regarding the pregnancy policy.

NRC regulation Part 20 – Standards for Protection Against Radiation, subpart C – Occupational Dose Limits, states: “**§ 20.1208 – The licensee shall ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv).**” Should a student become pregnant, that student has the option of notify or not notifying (in writing) the program director of her condition. (See Declaration of Pregnancy Form in Appendix) If a student has previously declared pregnancy in writing, that student has the option of “undeclaring” at any time in writing.

The Medical Radiography faculty is available to speak with the student to discuss the available options.

Several options will be presented to the student, including but not limited to the following:

1. Continue in Program as scheduled. Student should meet with the Radiation Safety Officer to discuss proper protection and wearing additional radiation monitoring devices.
2. Continue with academic work and suspend clinical activity until after delivery.
3. Take a leave of absence from the program and return to the Program after delivery.

There are many variables to consider when developing an educational plan for a pregnant student. How far the student has progressed in the Program, clinical and academic performance and the student’s health are factors that will be considered.

Should the student choose to remain in the program, the following will be required:

1. Student must submit a letter from her physician stating that she is physically able to continue clinical training.
2. Student and Program Director will develop an education plan that will afford maximum protection for the fetus. The student may ask to be excused from portable and fluoroscopy rotations during the first trimester with the understanding that the rotations will be rescheduled for a later date to accommodate program requirements.
3. The education plan will be read and signed by the student, program director and clinical coordinator. The education plan will be reviewed at the beginning of each semester.

**Bunker Hill Community College
Medical Radiography Program**

Academic Standard

A grade of numerical **80 must be achieved to pass the Medical Imaging (MIG) Courses as outlined in the appropriate medical radiography curriculum.** Failure to achieve an 80% in any MIG course, or less than a grade of “C” in any required general education course, will result in dismissal from the program. Any student dismissed from the Medical Radiography Program due to academic reasons may reapply to the program once. The student must successfully repeat any MIG course(s) in which a grade of less than 80% was earned when the course(s) is/are next offered. Students may also be asked to repeat other course work or audit courses as a condition of reacceptance into the program, if the Program Director and Faculty deem it necessary. Reapplicants must adhere to any changes made in the application process. Readmission is considered with respect to the applicant pool for the given year, but is not guaranteed. If a student is readmitted to the program following an absence of more than one year, the student must repeat all MIG courses regardless of the grade obtained. Tuition will be charged for all course work that needs to be repeated.

Please refer to the current college catalog for a complete list of course requirements and descriptions. Course meeting times and locations are published each semester in the course selection book online.

Bunker Hill Community College Medical Radiography Program

General Information

Cost of Attendance

Tuition charges and fees are subject to change at the discretion of the Massachusetts Board of Higher Education. Please refer to the college catalog for a current schedule for tuition and fees, as well as estimated program-related costs. Please note that parking at and/or transportation to clinical sites varies, and is the responsibility of the student. Please note that a paid subscription to Trajecsys software is required for clinical participation.

All Medical Imaging Programs have programmatic accreditation* which occasionally requires curriculum changes. Students are responsible for all related tuition and fees related to curriculum changes implemented prior to their graduation.

Please see the BHCC online catalog for information regarding financial aide. The financial aide office is located in the B building second floor.

Malpractice Insurance

All medical imaging students are required to purchase malpractice insurance prior to beginning clinical internship. The malpractice insurance fee is charged for each year the student attends clinical internship. This insurance serves as a means of protection against any instance of alleged malpractice that may occur during clinical training. The college utilizes a company that provides student coverage. Failure to pay the premium will result in not being permitted to participate in clinical

Health Insurance

All students carrying nine or more credits are required to present proof of Comprehensive Medical Insurance. Please see the Health Insurance statement in the BHCC Catalog.

Health Clearance

In order to obtain clearance for clinical placement all students must submit a physical examination and immunization record to the BHCC Health Services Office. The records are reviewed by the Student Health Nurse and are kept in a confidential file in the Health Services Office. All immunizations must be current or placement into the clinical setting will not occur.

The communicable disease and immunization policies in place for the Division of Health Care Professions will apply to all Medical Imaging students. Information and copies of all policies are available in the BHCC Student Health Services Office.

Students having health and/or mental health issues can present to E175 BHCC Health Office for discussion as needed with Denise Amerena, RN, Director of Health Services. Students with issues requiring absences must notify Program Director, Clinical Coordinator, Clinical Instructors, and affected faculty.

*See Accreditation Statement, Pg. 4

College Accommodations and Support Services

The Office of Disability Support Services is a student-focused department dedicated to assisting members of the BHCC community with documented physical and/or learning disabilities. Students may be eligible for services that include tutoring, testing and other classroom accommodations. To get more information or request an accommodation, contact the Disability Support Services Office at 617-228-2327. Students are encouraged to request accommodations as early as possible and ideally before the start of the semester. For information about programs and services please visit:

<http://www.bhcc.mass.edu/disabilitysupportservices/>

Revised: 9/16

Note: In the clinical setting the student must be able to perform all duties within the scope of practice for the specific modality (i.e., Radiography, Cardiac Sonography or General Sonography).

Program Grievance/Academic and Clinical Appeals/Due Process

All students have the right to appeal Program policies and decisions. To ensure confidentiality and procedural fairness to all parties involved, and to facilitate rapid resolution of academic issues due to the clinical nature of the programs, the Medical Imaging Department has developed the following grievance procedure:

I. Preliminary Steps

When a student has a concern regarding academic fairness, these steps are to be initiated as soon as possible but no longer than seven (7) days after the concern is raised.

1. Meet with the instructor involved, and attempt a resolution. If the problem is unresolved within two days of meeting, the student may then,
2. Meet with the Program Director and attempt a resolution. If the problem is unresolved within two days of meeting, the student may then,
3. Meet with the Department Chair, and attempt a resolution. If the problem is unresolved within two days of meeting, the student may then,
4. Meet with the Dean of Nurse Education, Medical Imaging, and Respiratory Therapy and attempt to resolve the problem. If the problem cannot be resolved within two days of meeting, the student may, within 5 days, place a request to the Dean for a Grievance hearing.

Students should feel free to ask to see the Dean of Nurse Education, Medical Imaging, and Respiratory Therapy at any time if they feel it is warranted.

II. Grievance Procedure

1. The student will provide the Dean of Nurse education, Medical Imaging, and Respiratory Therapy with a written statement including the specific nature of the problem and all pertinent supporting data.
2. Upon receiving a written statement from the student, the Dean will within seven (7) days, appoint an ad hoc Grievance Committee chaired by the Department Chair. The Committee will be composed of three (3) faculty members not previously involved in the grievance procedure.

3. The ad hoc Grievance Committee will meet with the student and instructor for a formal hearing as soon as reasonable, but not more than three (3) working days after being constituted as a committee.
4. The ad hoc Committee shall make written recommendation to the Dean within twenty-four (24) hours after completion of the hearing.
5. The Dean shall act on the recommendation of the ad hoc Grievance Committee within two working days of receipt of the materials from the Grievance Committee. The Dean of Nurse Education, Medical Imaging, and Respiratory Therapy's decision shall be final at the first step.

III. Withdrawal of Grievance

The student initiating grievance proceedings may request in writing to the Dean of Nurse Education, Medical Imaging, and Respiratory Therapy discontinuation of the process at any point.

IV. Continuation of Grievance

If not resolved, the student may appeal according to the Academic Appeal Process as outlined in the BHCC Student Handbook.

Sexual Harassment Policy

Sexual harassment is any verbal, non-verbal, or physical behavior of a sexual nature that has the effect of interfering with a student's education status or creating an intimidating, hostile, or offensive environment. Sexual harassment of a student, employee of the college or a clinical instructor is unlawful, impermissible and intolerable. It is against the policy of Bunker Hill Community College for any member of the College community to harass sexually another student of the College or a student to harass or be harassed by an employee of the College or by a clinical education employee. The College is committed to providing a supportive working and educational environment that is free from any and all forms of abusive, harassing or coercive behavior and conduct.

The Program abides by the College's *Sexual Harassment Policy* located in the Bunker Hill Community College *Student Handbook* which is online with complete policy accessed at www.bhcc.mass.edu. Information concerning the College's policy and procedures for registering a complaint may be obtained by contacting the College's Affirmative Action Officer.

Revised: 05/12

**Bunker Hill Community College
Medical Radiography Program**

Leave of Absence Policy

This policy has been developed to provide the means for a student who must be absent from the program for an extended period of time to petition for readmission.

Request for leave of absence:

The student may request a leave of absence. Petitions for reentry must be made in writing to the Program Director within 10 months of the next regularly scheduled program offering. To be considered for a leave of absence the student must be in good academic and clinical standing. Due to the clinical nature of the program, reentry is awarded on a "space available" basis. Reentry will not be possible in the absence of an available clinical site for the student. Additionally, the student may be required to audit previously completed courses at the discretion of the Program Director.

The leave of absence form must be submitted to the Program Director at least two weeks prior to the period of absence. The Program Director will review the request, note any stipulations governing readmission and return it to the student for final signature.

NOTE

If the student's absence from the program is more than one academic year, the leave of absence policy does not apply. In such instances, the student may reapply to the program as a "new" student and all MIG/SON classes must be retaken. Tuition will be charged for all courses that need to be repeated.

Additionally, if a medical issue persists, the student must obtain medical clearance from a physician prior to a return to clinical.

Rev. 8/10, 9/16, 9/18

**Bunker Hill Community College
Medical Radiography Program**

Request for Leave of Absence

Student Name: _____ Date: _____

Clinical Site (if applicable): _____

Please State Reason for Request: _____

Date Requested for Start of Leave: _____

Expected Date of Return: _____

Stipulation(s) of Return: _____

Your signature below indicates that you have discussed and understand the conditions of your leave of absence.

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Note: Reentry to the Program is dependent upon available clinical space at the time of petition to re-enter. Also, note that some students may be required to audit previously completed classes as part of the reentry criteria. Please refer to Leave of Absence Policy in Medical Radiography Program Student Clinical Handbook.

Bunker Hill Community College Medical Radiography Program

Professional Society Membership

Membership in the American Society of Radiologic Technologists (ASRT) is recommended. Information regarding this organization and student rate reductions can be found on their website. www.asrt.org

Students are encouraged to attend clinical conferences that are offered as part of their clinical education. *There is an annual meeting that BHCC students can attend at a discount. The meeting is called the Massachusetts Society of Radiologic Technologists' Annual Conference, and it is historically held in the Spring semester. Students may attend this conference during their second year of clinical and be dismissed from either class or clinical. If the student chooses not to go to the conference they are to attend regularly scheduled clinical hours. Visit www.msrt-ma.org for registration forms and conference information.*

Essentials and Guidelines of an Accredited Educational Program in Medical Radiography

The Medical Radiography Program at Bunker Hill Community College is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) (See Accreditation Statement on Pg. 4). As an accredited program, the most recent JRCERT Standards for an Accredited Educational Program in Radiography are adhered to, and the curriculum follows the most current Radiography Curriculum of the American Society of Radiologic Technologists (A.S.R.T). This promotes academic excellence, patient safety, and quality healthcare practice for our students.

The JRCERT Standards for an Accredited Educational Program in Radiography are available in the classroom for your information and review. The most current ASRT Radiography Curriculum can be obtained by visiting www.asrt.org.

Application to the American Registry of Radiologic Technologists (A.R.R.T.)

This organization awards certification after passing their board exams as well as requiring continuing education credits to be maintained during your career in medical radiography. Obtaining this status entitles the individual to use the initials R.T. after their name, which demonstrates to the community, both medical and lay, that you are a competent radiographer. To understand the merits, as well as the policies and procedures of the organization, please visit their website

Steps to Application can be found at www.arrt.org

Additional information regarding the A.R.R.T. and the certification process, as well as policies and procedures will be discussed throughout the program.

State of Massachusetts Licensure

Graduates of the Medical Radiography Program are eligible to apply for a temporary license from the Radiation Control Program of the State of Massachusetts. A letter of completion from the Program Director is required, and will be issued to each student upon completion of the program. The application process will be reviewed prior to graduation.

The American Registry of Radiologic Technologists Standards of Ethics and Code of Ethics

The **Standards of Ethics** of the American Registry of Radiologic Technologists®(ARRT®) 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”). 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. Students in the Medical Radiography Program **must at all times** abide by the following Code of Ethics:

1. The radiologic technologist acts 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.

Reprinted with permission of the American Registry of Radiologic Technologists. (www.artt.org)

**BUNKER HILL COMMUNITY COLLEGE – MEDICAL IMAGING DEPARTMENT
MEDICAL RADIOGRAPHY PROGRAM**

**FULL – TIME OPTION
PROGRAM OF STUDY**

Program prerequisites: College Writing I (3 Cr), College Algebra or Statistics (3 Cr), and Anatomy and Physiology I with Lab (4 Cr)

FIRST YEAR

Fall

| | | |
|----------|-------------------------------------|-----------|
| MIG 107 | Introduction to Medical Radiography | 2 credits |
| MIG 109 | Patient Care for Medical Imaging | 4 |
| MIG 122 | Positioning I | 3 |
| MIG 124F | Medical Radiography Clinical I | 2 |

SPRING

| | | |
|----------|---------------------------------|-----------|
| BIO 204 | A&P II with Lab | 4 credits |
| MIG 120 | Radiologic Imaging I | 3 |
| MIG 111 | Imaging Technology I | 3 |
| MIG 126 | Positioning II | 3 |
| MIG 128F | Medical Radiography Clinical II | 2 |

SUMMER

| | | |
|----------|----------------------------------|-----------|
| MIG 222F | Medical Radiography Clinical III | 3 credits |
| SOC 101 | Principles of Sociology | 3 |

SECOND YEAR

FALL

| | | |
|----------|---------------------------------|-----------|
| MIG 220 | Positioning III | 2 credits |
| MIG 228F | Medical Radiography Clinical IV | 3 |
| MIG 224 | Imaging Technology II | 3 |
| MIG 226 | Radiologic Imaging II | 3 |
| ENG 112 | College Writing II | 3 |
| MIG 227 | Pharmacology of Radiology | 1 |

SPRING

| | | |
|----------|--------------------------------------|-----------|
| MIG 230 | Radiation Protection | 3 credits |
| MIG 236F | Medical Radiography Clinical V | 3 |
| MIG 234 | CT/Cross-sectional Anatomy (web) | 2 |
| CIT 110 | Application/Concepts | 3 |
| MIG 238 | Advanced Medical Radiography Seminar | 2 |

TOTAL PROGRAM CREDITS - 60

BUNKER HILL COMMUNITY COLLEGE – MEDICAL IMAGING DEPARTMENT
MEDICAL RADIOGRAPHY PROGRAM
PART – TIME OPTION PROGRAM OF STUDY

This program is designed to be a three year course of study that affords students the opportunity to pursue an education in Medical Radiography on a part-time basis. The required clinical rotations in the second semester of Year Two, the summer semester between Years Two and Three, and the first semester of Year Three occur during the evening. The program requires the completion of full-time clinical rotations in the third year over the spring and summer. These rotations must be completed during the day.

Program prerequisites: College Writing I (3 Cr), College Algebra or Statistics (3 Cr), and Anatomy & Physiology I with Lab (4 Cr)

YEAR ONE

| <u>FALL</u> | <u>Credits</u> | <u>SPRING</u> | <u>Credits</u> |
|--|----------------|------------------------------|----------------|
| MIG 109 Patient care in Medical Imaging | 4 | MIG 111 Imaging Technology I | 3 |
| MIG 107 Intro to Med. Rad. | 2 | MIG 120 Radiologic Imaging I | 3 |
| | | ENG 112 College Writing II | 3 |

SUMMER I

| | <u>Credits</u> |
|-----------------------------------|----------------|
| MIG 224 Imaging Technology II | 3 |
| SOC 101 Prin. Of Sociology | 3 |
| CIT 110 Applications and Concepts | 3 |

YEAR TWO

| <u>FALL</u> | <u>Credits</u> | <u>SPRING</u> | <u>Credits</u> |
|-------------------------------|----------------|--|----------------|
| MIG 226 Radiologic Imaging II | 3 | MIG 122 Positioning I | 3 |
| MIG 230 Radiation Protection | 3 | BIO 204 A&P II with Lab | 4 |
| | | MIG 124P Medical Radiography Clinical I | 1 |

SUMMER II

| | <u>Credits</u> |
|---|----------------|
| MIG 126 Positioning II | 3 |
| MIG 227 Pharmacology of Radiology | 1 |
| MIG 128P Medical Radiography Clinical II | 1 |

YEAR THREE

| <u>FALL</u> | <u>Credits</u> | <u>SPRING</u> | <u>Credits</u> |
|--|----------------|---|----------------|
| MIG 220 Positioning III | 2 | MIG 228P Medical Radiography Clinical IV (Day) | 5 |
| MIG 222P Medical Radiography Clinical III | 1 | MIG 238 Advanced Med. Radiography Sem. | 2 |
| MIG 234 CT/Cross sectional Anatomy (Web) | 2 | | |

SUMMER III

| | <u>Credits</u> |
|--|----------------|
| MIG 236P Medical Radiography Clinical V (Day) | 5 |

Total Program Credits: 60

Clinical Education Policy

BUNKER HILL COMMUNITY COLLEGE – RADIOGRAPHY CLINICAL PLAN

The clinical plan involves a progressive model utilizing competency and performance evaluations which are designed to measure the student's psycho-motor, problem solving and cognitive skills as well as the ability to present an appropriate and professional affect to patients and staff. These evaluation tools are structured to reflect an increasingly higher level of difficulty for all clinical experiences as the students move through the program.

The Clinical Instructor is responsible for the day to day supervision of the students while they are on site. Responsibilities of the CI include scheduling area and room assignments, and evaluating and maintaining files for each of the students. The BHCC Clinical Coordinator is in continuous contact with the clinical site by observation visits, monthly CI meetings and direct immediate access through the college.

CLINICAL INSTRUCTORS' MEETINGS

The clinical instructors and the BHCC coordinator meet monthly during each academic semester. These meetings are designed to afford the clinical affiliates an opportunity to meet and discuss issues, review and refine policies and to assess the effectiveness of the clinical training and evaluation procedures. Minutes of meeting are kept on file at the College.

DIRECT AND INDIRECT SUPERVISION

For the duration of the program the students are always under the supervision of a staff technologist. There are two types of observations defined by the JRCERT Standards for an Accredited Program in Radiologic Sciences:

“Until students achieve the program's required competency in a given procedure, all clinical assignments should be carried out under the direct supervision of qualified radiographers. Direct supervision is defined by JRCERT as student supervision by a qualified radiographer who:

1. reviews the request for procedure in relation to the student's achievement,
2. evaluates the condition of the patient in relation to the student's knowledge,
3. is physically present during the conduct of the exam/procedure, and
4. reviews and approves the procedure and/or image(s).”

After the student has completed a competency area, the student may then perform under indirect supervision. The “Standards” define indirect supervision as:

“Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.” (The radiographer must be in close physical proximity to the student, **and within hearing distance**).

REPEAT FILM POLICY

All students, regardless of their level of competency, are not to repeat radiographs without the DIRECT SUPERVISION of a qualified radiographer. Notation of the staff radiographer present must be recorded on the student's Daily Logsheet in Trajecsys. All clinical sites are required to post a "repeat film" policy in all control rooms and staff/student areas.

HOSPITAL ASSIGNMENTS

Students will be assigned to one primary clinical site. Students are responsible for transportation to and from clinical sites, and parking. Rotations are arranged so that Students in Clinical I will begin with observational learning experiences. The actual clinical studies in which they participate will be at the lowest level of difficulty. As the student gains more experience and competency in lower level exams the competency requirements become more advanced.

First year students will be able to participate in an increasing range and difficulty of clinical procedures, however they are still considered to require direct supervision.

During the summer semester (full-time students) and/or the second year of clinical, (Clinical III, Clinical IV, and Clinical V), students will be performing more difficult and specialized studies under "indirect supervision" once they have documented competence. Clinical V is the final clinical rotation and is designed to provide the student with a concentrated period of time in which to strengthen competency and patient care skills.

ROTATION AREAS*

Areas that students will rotate through include but are not limited to the following:

- General Radiography
- Trauma
- Operating room
- Portables
- Fluoroscopy

*BHCC Medical Radiography Students are **NOT TO DO** clinical rotations through Mammography. This applies to scheduled as well as elective rotations. The theory and practice will be discussed in didactic courses only, due to inequitable opportunities for males as compared with females.

CPR CERTIFICATION:

Students must obtain American Heart Association BLS course for Healthcare Providers PRIOR to starting Patient Care. Each student must present their CPR certification card plus a copy of it to their patient care instructor for approval prior to the start of clinical.

SPECIALIZED ROTATIONS

Students placed at a hospital that does not have pediatric facilities will be assigned a short term rotation at a facility that has pediatric radiology. This will afford them opportunity to complete their pediatric competencies.

ELECTIVE ROTATIONS*

Students may elect to rotate through the following areas:

- Cardiac Cath
- CT
- Interventional/Angiography
- MR**
- Radiation Therapy
- Ultrasound

Elective rotations are usually done during the second year and the availability and length of the rotations are determined by the clinical instructor. Elective rotations are strictly observational and no patient care is allowed while student is in this rotation. * See note on previous page. **See MR Safety Policy below.

MR SAFETY POLICY –

Students may complete an observational rotation in MRI once all competency requirements are met. For student safety, all students will attend an MR Safety Training Session provided by the program in the first semester prior to starting clinical, and complete a Safety Screening Form similar to those used for patients. Students with any type of internal metallic devices cannot enter an MRI exam room unless the device is certified as MRI safe. Due to the nature of MR imaging, this rotation may be contraindicated for a variety of issues, which will be shared and discussed during the mandatory training session. Students are required to complete a second Safety Screening Form at the beginning of Clinical IV, in case their safety status has changed.

CLINIC DAYS AND HOURS

During the academic semesters, the students are scheduled for attendance at their Clinical education sites on specific days. Day students are required to be at the clinical site from either 7:30 am – 3:30 pm (Lahey Clinic and South Shore Hospital Only), or 8:00am-4:00pm and assuming a thirty minute lunch break. Evening clinic hours for the part-time students are typically 6:00pm-10:00pm. It is our policy that students do not take on the responsibility of or substitute for professional staff technologists. All clinical and didactic hours are monitored to be sure that no student is spending more than forty hours per week on program activities.

CLINICAL SOFTWARE USE – TRAJECSYS SYSTEM

Students must use Trajecsys to log in and out each clinical day. Students must also submit their daily log information, including relevant repeat information, into Trajecsys by weeks' end. Clinical Instructors may use the software system or maintain hardcopy files for each student. Students must follow schools and clinical site policies for paperwork or Trajecsys submission. Students clinical grade will be negatively impacted with a 10 point overall deduction if they are not complying with Trajecsys system update requirements and timelines. Students must purchase access to Trajecsys prior to their clinical start.

BUNKER HILL COMMUNITY COLLEGE – MEDICAL RADIOGRAPHY CLINICAL POLICY

ATTENDANCE POLICY

There are many duties and responsibilities a student must accept in the process of becoming a health care professional. To develop the skills required of a professional in the field of radiography, the students' attendance must be regular and consistent.

While engaged in any clinical experience, the student **must** abide by the rules and regulations of the assigned clinic.

1. Students must attend the clinical site as scheduled for each marking period. Failure to do so may result in a lowering of the clinical grade or dismissal from the Program.
2. Students will have one excused personal day per academic year.
3. Students will have one excused occurrence* per semester due to illness, etc.

The following steps will be taken in the event of an absence from the clinic:

- a. Absent 2 occurrences* in a clinical semester = Verbal warning (3 point reduction)
- b. Absent 3 occurrences* in a clinical semester = Probation for the remainder of the semester (6 point reduction)
- c. Absent 4 occurrences* in a clinical semester = Dismissal from Program
- d. Late Policy – three instances in arriving late will result in one day's absence recorded. Late is arrival after 8am (7:30 am for Lahey Hospital and South Shore Hospital only) for day students and 6pm for evening.
- e. Leaving Early Policy – three instances in leaving early will result in one day's absence recorded. Leaving early is anytime the student leaves clinical site prior to designated dismissal time. *Please note: If the student leaves prior to 11:30am (Day) or 8pm (Evening), it is considered an absence.

*an occurrence of more than one day will require a physician's note presented to clinical instructor and faculty member if due to illness or other relevant documentation to validate the missed days (**bereavement, jury duty, etc). If a note is not received prior to students return to clinical; each day missed will be considered a separate occurrence per the policy above. Additionally, if three or more consecutive days are missed during an occurrence, a physician's note approving the student's ability to return to clinical without restriction is required in addition to the note outlining the reason the student has missed more than one day of clinical. **If an immediate family member passes away, the industry standard is three consecutive days bereavement, if additional time is requested the student must contact the faculty member and clinical coordinator for approval.

4. If a student is going to be late or absent for any reason, a call must be made or email written to the clinical instructor of designee and the BHCC clinical faculty member before the scheduled starting time. If the student is assigned to a minor affiliate, the supervisor at that clinic must also be called or emailed per site policy.
5. If a student is absent and does not call to notify the site clinical instructor and the BHCC clinical faculty member, that student will be placed on clinical probation and must meet with the Program Director and Clinical Coordinator.
6. Student's should arrive at the Clinic fifteen minutes early and be ready to start the day's activities on time.
7. In the event that BHCC is closed due to weather emergency, the student assigned to a clinical on that day is excused from clinical duty (this applies to September to May). From May to August, student will follow the hospital schedule.

In the event that the school is closed early, students are dismissed at the time the school closes.

In the event the school has a delayed start – If more than half or half the shift is left to be completed, the student reports to clinical at the delayed time school opens, if less than half of the shift is left for completion, the student will remain out of clinical for the day. For example, a delayed start of 11:00 am day students report to clinical at 11:00 am, if the delayed start is 1:00 pm, day students will not report to clinical. Please note – evening students starting at 4pm or later would go to clinical in both examples noted.

8. If a student leaves a clinical site or assigned rotation without the permission of the clinical instructor or designee, that student will be penalized for one clinical day and may be subject to other disciplinary action.
9. Students must remain in their assigned rotational area until reassigned by the clinical instructor or designee.
10. Students may attend approved educational seminars or conferences related to the radiologic sciences. Approval is to be obtained from the program director and clinical instructor.
11. Academic and clinical requirements must be satisfied prior to clearance for graduation, and application for the ARRT examination and state licensure.
12. Clinical Software - Students must log in and out of the clinical software system to validate attendance. Students must submit the daily log, to include any repeat image information, via the software system by the end of the week. Students must purchase access to Trajecsys prior to their clinical start.

GENERAL INFORMATION

Use of appropriate behavior, including correct use of language and proper forms of address at all times ensures that:

- The possibility of a patient or co-working misunderstanding or misinterpreting your behavior is kept to a minimum
- The communication process occurs efficiently and accurately
- Working relations are kept as positive and productive as possible

In the academic and clinical settings, the student will:

- Follow all policies, procedures, rules and regulations stated in the BHCC Catalog, *BHCC Student Handbook*, and the Medical Radiography Program Student Clinical handbook.
- Comply with all policies and procedures of the clinical affiliates
- Maintain patient confidentiality
- Refrain from any action, behavior or use of language that could place patients, staff members or other individuals at risk of harm or abuse or seriously endanger the patients' quality of care.

- *Use of personal cell phones, smart devices, pagers, beepers, or any type of recording device in a clinical setting is strictly prohibited. (It is recommended that the students select another individual to make important life or family decisions that may typically require cell phone usage while student is at clinical. If this is not possible then the student can provide necessary, site and assigned rotation specific phone contact information for that day/time period.)*

COVID 19 PRECAUTIONS AND POLICY:

The following reflect the collaborative efforts of Program Faculty and Clinical Instructors to safeguard the health of clinical students while in the clinical setting:

Students in the BHCC Medical Radiography Program may not participate in known COVID 19 or presumptive COVID 19 cases unless fit-tested and provided with an N95 mask plus additional PPE by the clinical site, as indicated by CDC guidelines. This equipment includes at minimum the N-95 respirator, protective gown, eye shield (goggles or face shield), and disposable gloves.

Students not feeling well, or exhibiting known COVID 19 symptoms found on the CDC website (CDC.gov), should not attend clinical, reach out to their primary healthcare provider for medical advice, and notify their clinical faculty member and Clinical Instructor, per Clinical Attendance Policy. The same process should be followed if a student has come into close contact with a COVID 19 positive patient outside of the clinical setting. All students are responsible for reviewing and staying updated on the BHCC COVID 19 Update Information, found at <https://www.bhcc.edu/coronavirus-info/>. Students are responsible for reading the COVID-19: Student Self-Report form and staying current with BHCC institutional policies and procedures related to COVID 19 as posted on the BHCC website.

Consistent with BHCC COVID 19 Policy, any student presenting symptoms of COVID 19, or who has come in contact with a known positive COVID 19 patient must complete the COVID-19: Student Self-Report Form, found at https://cm.maxient.com/reportingform.php?BunkerHillCC&layout_id=10.

Any faculty member aware of a student with respiratory symptoms, fever, or aware that a student has been in contact with a positive COVID patient, must complete COVID 19: Faculty/Staff Report for a Student. These policies are consistent with the prevention guidelines of the CDC and Department of Public Health.

Clinical site policies and protocols related to COVID 19 screening and precautions are part of the clinical site orientation at each clinical facility. Completion of this orientation is documented within the Trajecs Clinical Software Tracking system upon completion. Students must comply with all clinical site policies related to COVID 19.

Absences due to confirmed or suspected COVID 19 will be considered one occurrence, as consistent with Clinical Attendance Policy. Two week minimum quarantine is to be expected, with possible retesting required at student expense prior to return back to clinical, based on clinical site policy.

Students must be aware that BHCC policies, Program policy and Clinical Site policies will evolve based on clinical site feedback, as well as CDC, State and Municipal guidance. Students should visit the BHCC COVID 19 Update website monthly.

With respect to travel while you are in the Program, the COVID 19 Virus is likely to be with us for an extended period of time. If considering travel, it is the student's responsibility to review and maintain compliance with Governor Baker's travel orders and policies, and consider the potential impact of travel on their education, including clinical. Links to this policy can be found at:

<https://www.bhcc.edu/coronavirus-info/collegereopening/reopencommunications/> .

Students must still follow all BHCC Clinical Policies in addition to all Clinical Site Policies, as described in the Student Clinical Handbook.

In support of your continued success and good health, please read the following:

The CDC and DPH have recommended precautionary measures consistent with routine preventive measures for many types of virus transmissions, including common colds and influenza. They include:

- Frequent hand-washing with soap and warm, running water for at least 20 seconds; if soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol
- Coughing and/ or sneezing into your sleeve
- Avoid touching your eyes, nose, and/ or mouth
- Not sharing food, drink, or eating utensils
- No contact with bodily fluids of an ill person
- Staying hydrated
- Get enough rest, exercise, and make healthy food choices
- Clean your living space
- Staying home when ill until fever-free for 24 hours

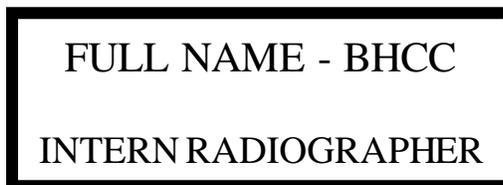
BUNKER HILL COMMUNITY COLLEGE – MEDICAL RADIOGRAPHY UNIFORM POLICY

The following items are considered acceptable apparel for female and male student radiographers. If uniform policy is not followed the student may be asked to leave clinical and will be marked as absent.

1. Navy blue hospital scrubs purchased through BHCC bookstore to include mandatory patch sewn on the right arm of each scrub top. Scrubs should fit loosely, and the top is to be worn outside and over the elastic waist pants. Any top worn under the scrub top must be white.
2. **Students must purchase a face shield for school lab time and possibly clinical should the site require the student to provide this piece of equipment. Please note – the BHCC bookstore has face shields available for purchase.**
3. **All students must be clean-shaven to attend clinical for proper mask fitting.**
4. White lab coats (short or long) may be worn over scrubs. This is the only garment to be worn over the scrub top.
5. A good sturdy, solid colored shoe in white, black or brown – free of ornamentation, should be worn. No canvas sneakers, no sandals, no open toed shoes. Solid colored stockings/socks (white, black or brown) must be worn.
6. Jewelry must be kept to a minimum. No large hoop or dangling earrings are to be worn, facial piercings are not allowed and tattoos must be covered up.
7. No acrylic or artificial nails of any kind can be worn.

NOTE: ALL STUDENTS MUST WEAR A NAME PIN ATTACHED TO UNIFORM

White Background – Black Lettering



Revised: 8/20

BUNKER HILL COMMUNITY COLLEGE – MEDICAL IMAGING PROGRAM
MEDICAL RADIOGRAPHY OPTION

RADIATION SAFETY POLICY

All Medical Radiography students must be monitored to ensure that radiation levels are accurately and consistently recorded. The student is required to adopt responsible attitudes and behaviors with regard to laboratory and clinical practice involving the use of radiation. NRC: 10 CFR Part 20 – Standards for Protection Against Radiation, subpart C – Occupational Dose Limits, states, “**§ 20.1201 – The licensee shall control the occupational dose to individual adults to the following dose limits: The total effective dose equivalent (per Year) being equal to 5 rems (0.05 Sv).**” Program lab and clinical practices are designed to strictly adhere to these guidelines. Graduate radiographers will have knowledge of safe radiation practices that will result in dosages as low as reasonable achievable (ALARA).

1. Monitoring of student exposure to radiation:

a. The College will issue each student a Series A monitoring device to be used in the College labs. When not in use, devices are to remain in the control room. A reading higher than 125 mrem per quarter will require that the student meet with the Radiation Safety Officer (Clinical Coordinator) to review safe practice, proper film badge use and storage.

b. The College will also issue each student a Series B monitoring device to be used at the clinical sites. Students are to adhere to the regulations of the affiliating clinical site regarding the use and storage of these devices. A reading higher than 125 mrem per quarter for a student technologist in that institution will require that the student meet with the clinical instructor and program Radiation Safety Officer (Clinical Coordinator) to review safe practice, the proper use and storage of their film badge.

A second occurrence of a dose higher than 125 mrem per quarter within one academic year will prompt an active investigation by the Radiation Safety Officer to determine cause.

Students will abide by the policies of the Clinical Site and the College lab with regard to proper wearing and storage of the monitoring devices. Lost or damaged badges are to be reported immediately and will be replaced.

Revised: 9/16

BHCC Medical Radiography students are never to hold a patient or image receptor during actual exposure, whether in the energized lab or clinical site.

A student will be immediately expelled from the program who:

a. Willfully exposes self or another student to radiation.

b. Knowingly and willfully neglects to use appropriate radiation shielding for patients, self or other students.

All dosimeter reports are posted to the Trajecsyst Clinical Software within 30 days of receipt by the Radiation Safety Officer/Clinical Coordinator to facilitate student review of their own record. When the reports arrive, students will be notified via email that they are available. College and

clinical readings will be combined. Program faculty will accommodate any student wishing to review or discuss their dosimetry report.

A student will be immediately placed on clinical probation for the remainder of the program, and receive a 10 point decrease in clinical grade for the semester who:

- a. Neglectfully irradiates the incorrect anatomy.
- b. Neglectfully mismarks images.
- c. Neglectfully disregards radiation safety policy to include wearing of lead aprons on all portable exams.

A second incident involving either (a) or (b) will result in clinical failure and academic withdrawal from the Medical Radiography Program.

CONDITIONS OF INCREASED RADIATION SENSITIVITY

The student **must** notify the Program Director (in writing) if any of the following apply:

1. Serious illness
2. Treatment involving radiation and/or chemotherapy
3. Any other condition or treatment which may render the student hypersensitive to radiation exposure.

Note: Pregnancy notification is optional. Please see Pregnancy Policy on Pg. 8.

Once communication has been received, the Program Director and Student will evaluate the Student's status in the Program.

USE OF ENERGIZED LABS AT BHCC

1. Students are responsible for maintaining the cleanliness and orderly appearance of the labs. Sponges, IRs, phantoms, and aprons must be properly and safely stored upon completion of lab exercises.
2. X-ray labs may be utilized for student practice in positioning in the non-energized state by asking a faculty member for access. The x-ray tube is normally locked in the non-energized state. Faculty member providing access is responsible for checking the condition of the lab at the end of the student session.
3. Energized lab equipment cannot be used except under indirect supervision of a BHCC Radiography Program faculty member. That is, the faculty member must be immediately adjacent to the lab, and within hearing distance. They would energize the equipment upon request and de-energize at the end of the session for student safety. The x-ray labs are to remain locked at all other times.
4. Dosimeters are to be worn at all times by all students whenever working in the x-ray lab.
5. Students disregarding this policy will be given one warning and will be excluded from laboratory activities upon future violations. This will have an adverse effect on their course grade.

6. Until further notice, all students must wear BHCC-provided disposable face masks and gloves when working in on-campus labs, and should not attend labs and notify their faculty member if experiencing symptoms of COVID 19, or if they have come in close contact with someone who has known COVID 19 as per BHCC COVID 19 Update information, found at <https://www.bhcc.edu/coronavirus-info/>. Students are responsible for reading the COVID-19: Student Self-Report form and staying current with BHCC institutional policies as posted on the BHCC website.

Consistent with BHCC COVID 19 Policy, any student presenting symptoms of COVID 19 must complete the COVID-19: Student Self-Report Form, found at https://cm.maxient.com/reportingform.php?BunkerHillCC&layout_id=10 .

Any faculty member aware of a student with respiratory symptoms, fever, or aware that a student has been in contact with a positive COVID patient, must complete COVID 19: Faculty/Staff Report for a Student. These policies are consistent with the prevention guidelines of the CDC and Department of Public Health.

7. Students who have tested positive for COVID 19 will not be allowed to return to campus until a negative COVID 19 test has been submitted, per BHCC institutional policy. Completion of the COVID-19: Student-Negative Test Results for Return to School Form must be completed by the student, and can be found at https://cm.maxient.com/reportingform.php?BunkerHillCC&layout_id=17 .

8. Social distancing will be required in the lab setting until further notice. Faculty will schedule labs appropriately. Students must wear a facemask to enter the campus, and will be required to follow protocols of the Campus Reopen Policy, as posted on the BHCC website. Students must present to lab at the specified time, not linger in the hallways, and leave the campus promptly upon dismissal.

9. The PACS unit should be left on at all times, but the two energized x-ray units should be shut down at the end of the lab session. Revised: 2/12, 9/13, 6/15, 8/20

PERFORMANCE STANDARDS REVIEW BOARD

The purpose of the Medical Radiography Review Board is to monitor the academic and clinical performance of each student. The Board consists of the Program Director and Clinical Coordinator, as well as other program faculty and clinical instructors as appropriate.

The Board meets at mid-term each semester to ensure that each student is making reasonable progress. A specific record is subject to review when the academic and/or clinical performance of a student appears to be falling below the established standards for “good academic standing” in the Program. (Please see Academic Standard on Pg. 9). Any serious infraction of the stated clinical policies will also initiate a review.

For the first occasion of a review, it is recommended that the student attend the meeting although attendance at this first review is not mandatory. If the Board reviews a student’s record more than once, the student is required to attend. Students having their record reviewed will receive written notice indicating the date, time and place of the meeting as well as the nature of their performance deficiency. Students who have had their record reviewed will receive written notice of the findings of the Board within ten (10) working days.

If the Board finds for dismissal or suspension from the program, the student has the right of appeal through written request to the Academic Dean of the College. Please reference your BHCC Student Handbook for further information.

CLINICAL PROBATION

When a student's performance at the clinical site is consistently below acceptable levels at any time during the academic semester, the student will be placed on clinical probation, after meeting with the Program Director and Clinical Coordinator. The Program depends on frequent, consistent and fair evaluation of student performance by Clinical Instructors at clinical education sites, as well as clinical faculty evaluations. At the midpoint of every semester, Clinical Instructors must submit mid-term updates for each student to the Clinical Coordinator or designated program faculty.

The length of clinical probation may be one or more semesters. Performance deficits will be discussed with the student. A corrective action plan with specified timeframes that must be met by the student will be generated. The Program Director, Clinical Coordinator and the Student must sign the action plan. The student's performance will be reviewed at the time specified on the document, and a decision will be made as to the student's status in the program. The student has the right of appeal if not in agreement with the results. Please see the Academic and Clinical Appeal Process on Pg. 11 – 12.

Revised 9/13

Joint Review Committee on Education in Radiologic Technology
Non-Compliance Complaint Resolution Policy

As a J.R.C.E.R.T. accredited Medical Radiography Program, the program must follow the **Standards for an Accredited Educational Program in Radiologic Sciences**. A copy of this document is posted in the classroom at all times for student review. Additionally the standards and programmatic accreditation is discussed within the curriculum of the program.

Should any individual consider the program in non-compliance with any of the standards, the following process should be followed:

1. Bring the complaint formally to the Program Director.
 - a. The complaint should be in written form.
 - b. The official program number (0215) along with the name of the program and sponsoring Institution should be clearly included at the top of the written complaint.
 - c. The events and/or actions being considered a violation of one or more of the standards should be clearly stated in the complaint, and the standard(s) to which the violation refers should be specified.
 - d. The complaint should be signed with the name(s) and address(es) of the complainant(s) clearly typed or printed.
2. The complaint will be investigated by the Program Director and a formal written response will be sent to the complainant(s) no later than 7 working days from the date of receipt of the complaint.
3. A copy of the complaint and the program responses will be forwarded to the Dean of Nurse Education, Medical Imaging and Respiratory Therapy, the Vice-president of Academic Affairs, and the JRCERT for their review and records.
4. Should the complainant(s) find the responses unacceptable, he/she has five (5) working days to resubmit the complaint to the Program Director, stating the reasons for objection and providing any additional documentation for the alleged non-compliance.
5. The Program Director refers the complaint and the response with the supporting documents to the Ad Hoc Complaint Resolution Committee which includes: Dean of Nurse Education, Medical Imaging and Respiratory Therapy, Department Chair, Program Director, Clinical Coordinator, two members of the Advisory Board, and two students.
6. The Committee will convene to review and discuss the matter and carry on any additional investigation, if deemed necessary.
7. The Committee will prepare a response to the complaint and send it to the complainant(s) no later than one month after its initial meeting. A copy will be forwarded to the JRCERT.
8. Should the complainant(s) find the response unacceptable, a written complaint should be forwarded to:

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

Revised: 9/16

GRADUATION REQUIREMENTS

Each student must apply to graduate through the Registrar's Office during the Spring semester prior to anticipated graduation. To be cleared for graduation the student must maintain a minimum grade of 80% in all MIG courses, and a minimum grade of "C" in all required general education courses (Please see Academic Standard on Pg. 9). All Medical Imaging Program requirements must be satisfactorily completed prior to graduation.

SPECIAL RECOGNITION

At graduation, the College awards one student the Special Achievement in Medical Radiography Award. This award is given to the student with the highest grade point average in the Program. The procedure for choosing the student requires that the Department Chair complete a nomination form from the Graduation Committee. The Committee then reviews the form and confirms the recipient's eligibility. The award is presented during the graduation ceremony.

PROGRAM DISMISSAL

Any of the following conditions will result in termination from the Medical Radiography Program:

- Academic grade of < 80% in any medical imaging course.
- Academic grade of < "C" in any required general education course.
- Non-compliance with the Medical Radiography Scope of Practice
- Reckless disregard for patient safety at any time.
- Violation of the Code of Ethics from the ARRT Standards of Ethics
- Falsification of any didactic or clinical document.

Violation of any College, Program or Clinical Site Policy or Procedure: First offense will result in student being placed on probation. A corrective action plan will be done for the student, as described in Clinical Probation Policy. Subsequent offenses will result in termination from the Medical Radiography Program.

REAPPLICATION TO MEDICAL RADIOGRAPHY PROGRAM

Please see Pg. 9 Academic Standard.

Revised 9/13

CLINICAL EVALUATION

PROCEDURES

CLINICAL EVALUATION PROCEDURES

1. CLINICAL COMPETENCIES

Competency evaluations are designed to determine an individual student's expertise in the performance of various radiographic examinations. The competencies are separated into categories and listed in approximate order of achievement. When a student feels competent in a specific category, that student will inform the Clinical Instructor who will then evaluate the student in that area.

The passing grade is 80% through Clinical II, and 85% from Clinical III through V. Students earning a grade lower than the passing grade will be required to repeat that competency after appropriate study and recognition of error(s). There is a limit of two retakes for each category or school remediation must occur. Retakes will have 5 points deducted from the final grade of the first re-take competency and 10 points deducted from the final grade of the second re-take competency.

It is the responsibility of the student to complete required competency minimums (as outlined on page 33) prior to the end of the marking period.

Procedure for completing competency evaluations should include the following:

- Forms must be completed by the clinical instructor or by a staff technologist designated by the CI. (Those designated staff must have a full understanding of the purpose and use of a competency-based system.)
- Forms must be signed by the evaluator and the student before placement in the student's file or submitted via the Trajecsys System.
- It is the responsibility of the student to submit copies of their completed comps to the College. Forms should be turned in to the BHCC Clinical Faculty Member on a weekly basis. They will be recorded on their ARRT Competency packet as part of the clinical grade. Forms can be handed in hardcopy, submitted via scanning and email, or submitted via Trajecsys under the proper student's category.

2. CONTINUING COMPETENCIES

Evaluations are done to assess continuing competence after a student has completed the competency in that category. Each student is required to complete a specific number of continuing competencies for each clinical rotation. Please see the requirements outlined on page 33 of this handbook. Only one retake is allowed for a failed attempt. The grading is "pass/fail."

BHCC Medical Radiography Program
Clinical Competency Requirements

Full-time Option:

| | | |
|-----------------------|-----------|---------------------------------------|
| Clinical I MIG 124F | 4 | Competencies Completed |
| | 3 | <i>Continuing Competencies</i> |
| Clinical II MIG 128F | 8 | Competencies Completed |
| | 5 | <i>Continuing Competencies</i> |
| Clinical III MIG 222F | 10 | Competencies Completed |
| | 5 | <i>Continuing Competencies</i> |
| Clinical IV MIG 228F | 10 | Competencies Completed |
| | 5 | <i>Continuing Competencies</i> |
| Clinical V MIG 236F | | Finish Competency Requirements |
| | 5 | <i>Continuing Competencies</i> |

Part-time Option:

| | | |
|-----------------------|------------|---------------------------------------|
| Clinical I MIG 124P | 2-3 | Competencies Completed |
| | 1-2 | <i>Continuing Competencies</i> |
| Clinical II MIG 128P | 5-7 | Competencies Completed |
| | 3-5 | <i>Continuing Competencies</i> |
| Clinical III MIG 222P | 5-7 | Competencies Completed |
| | 3-5 | <i>Continuing Competencies</i> |
| Clinical IV MIG 228P | 20 | Competencies Completed |
| | 5 | <i>Continuing Competencies</i> |
| Clinical V MIG 236P | | Finish Competency Requirements |
| | 5 | <i>Continuing Competencies</i> |

3. CLINICAL PERFORMANCE EVALUATIONS

In addition to competency evaluations, students are evaluated by the staff technologists to whom they are assigned and by their clinical instructor

The performance evaluation form is for the ongoing assessment of the student's psychomotor, problem-solving, cognitive skills and professional affect. Each item listed on the form represents content presented in the didactic and clinical aspects of the program. The clinical performance evaluation form documents the student's ability to synthesize didactic and clinical course materials.

The evaluations by staff technologists are to be completed at the end of each room/area rotation. The completed form is graded by the clinical instructor, then reviewed and signed by the student. The student has the option of responding, in writing, to an unfavorable evaluation. Evaluations by staff technologists are twenty-five percent of the final clinical grades.

The clinical evaluation form is used by the clinical instructor to do a summary evaluation of the student's performance for the grading period. Summary evaluations by the clinical instructor are thirty-five percent of the final clinical grades.

All evaluation forms are to be signed or viewed in the Trajecsys System by the evaluator and the student.

4. EVALUATION OF PROFESSIONAL BEHAVIOR/AFFECTIVE DOMAIN

In the radiology department appropriate, respectful and caring behavior is as important as technical skills. Patients coming to the radiology department to receive care are often apprehensive and uncomfortable. Patients have the right to expect professional care from individuals who are competent and qualified to perform the duties assigned. It is essential for anyone delivering healthcare to behave in a manner which gives the patient a "first impression" of competence, caring and professionalism.

Learning can be divided into three main components. These components, interrelated and equally important, are: Cognitive, Psychomotor and Affective. Education often concentrates on the cognitive and psychomotor areas and assumes that the student automatically attains the affective areas. A truly balanced education requires that all three areas be addressed.

The BHCC Medical Radiography program assesses the affective domain of students by using an evaluation tool. This evaluation is designed to document the degree to which students engage in behaviors and actions which the majority of our profession and the majority of the public consider to be indicators of “professionalism”.

The college and clinical faculty have identified the following areas as major elements of affective area competency:

| | |
|----------------|-------------------------|
| Responsibility | Effective communication |
| Adaptability | Empathy |
| Assertiveness | Honesty/Integrity |
| Compassion | Leadership |
| Cooperation | Respect for others |
| Dependability | Self-respect |
| Diligence | Teamwork |

The Affective Domain/Professionalism Evaluation is completed by the clinical instructor once each semester. This form can be submitted in the Trajecsys System.

Medical Radiography Program

Clinical Grading*

Semester grades for clinical courses will be determined as follows:

(Please see clinical grade form, clinical evaluation form, and affective domain form in the forms section.)

- 35% Summary evaluation of clinical performance as determined by the clinical instructor using the clinical evaluation form

- 20% Averaged grade of completed clinical competencies for the semester

- 25% Averaged grade of all evaluations of clinical performance as determined by staff technologists using the clinical evaluation form

- 20% Evaluation of professional behavior/affective domain as determined by the clinical instructor using the affective domain form

*Points will be deducted from the overall calculated clinical grade (based on the criteria outlined above) for clinical absence(s) per the attendance policy outlined on page 23 of this handbook.

**10 points will be reduced from the overall calculated grade (based on criteria outlined above) for non-compliance per the Trajecsys update policy outlined on page 22 of this handbook.

PROGRAM FORMS

APPENDIX

BHCC Grading Criteria

94-100 A

90-93 A-

87-89 B+

83-86 B

80-82 B-

77-79 C+

70-76 C

60-69 D

0 – 59 F

**Bunker Hill Community College
Medical Imaging Program/ Medical Radiography Option
Permission to Attend Conference/Seminar**

Date _____

Student Name _____

Title of Meeting/Conference/Meeting: _____

To be held on: _____

Location: _____

Permission from Clinical Instructor _____

Permission from Program Director _____

- **Note: Student must provide his or her own transportation and expenses. The student must meet the criteria described in the clinical handbook and must follow the application process described therein.**

Bunker Hill Community College
Medical Radiography Program
Request for Time Off

Please fill out this form when requesting time off. Please have the form signed by the Clinical Instructor or their designee. Please photo copy this form if you are only requesting one day off so that you will have additional forms if needed.

Student Name _____

Clinical Site _____

Date(s) of requested time off.

Approved _____ **Not Approved** _____

Clinical Instructor Signature

Date

Clinical Coordinator or Program Official Signature

Date

Bunker Hill Community College
Medical Radiography Program
Declaration of Pregnancy Form

I, _____ declare that I am pregnant. My estimated date of delivery is _____. I met with the College Health Nurse who discussed my options. I also discussed the Program's Pregnancy Policy with the Program Director. I understand what was explained and have decided to:

1. _____ Continue in Program as scheduled. Student should meet with the Radiation Safety Officer to discuss proper protection and wearing additional radiation monitoring devices.
2. _____ Continue with academic work and suspend clinical activity until after delivery.
3. _____ Take a leave of absence from the program and return to the Program after delivery.

I understand that I may withdraw this declaration of pregnancy in writing at any time if I choose to do so, as per the Program Pregnancy Policy.

Comments:

Student Signature _____

Print Name _____

Date _____

Program Director Signature _____

Clinical Coordinator Signature _____

Rev. 8/10, 6/11, 5/12, 9/13, 7/15

**Bunker Hill Community College
Medical Radiography Program
Clinical Orientation Form**

To be completed by the student and the clinical instructor/designee at the clinical site. This form must be filled out and submitted via Trajecsyst or sent back to BHCC for students file.

Student Name _____

Clinical Site _____

Orientation- First day of clinical if possible _____ **date**

Chain of Command in the Department: Please List two contact persons

1. _____
Name **Tel. #**

2. _____
Name **Tel #**

Please indicate by check mark that the student has been instructed on the following criteria.

| Criteria | Completed |
|---|------------------|
| 1. Patient Scheduling | |
| 2. Patient paperwork and processing (Log book etc) | |
| 3. Exam reporting procedure and process | |
| 4. Patient Confidentiality | |
| 5. Procedure for Inpatients | |
| 6. Procedure for outpatients | |
| 7. Preparation of room and equipment | |
| 8. Protocol for each exam | |
| 9. Care of equipment before and after an exam | |
| 10. Review the procedure for quality control | |
| 11. Review Standard Precautions Policy and Procedures. | |
| 12. Review Hazard Policies (fire, electrical, chemical). | |
| 13. Review Emergency Preparedness Policy and Procedures. | |

| | |
|---|--|
| | |
| 14. Review Medical Emergency Policy and Procedures. | |
| 15. Review HIPPA Policy and Procedures. | |
| 16. Review Cell Phone Policy. | |

BHCC Student Signature

Date

Clinical Instructor Signature or Designee

Date

MEDICAL RADIOGRAPHY PROGRAM
PREGNANCY POLICY AGREEMENT FORM

I have read and agree to abide by the conditions set forth in the Pregnancy Policy of the BHCC Medical Radiography Program.

Student Signature: _____

Date: _____

Continuing Competency Exams Competency Form - Printed Version

Student Name: _____ Date completed: _____

Technologist Name: _____ *Exam Completed: _____

*Please note: If a surgical or Fluoroscopic continuing competency – please fill out a standard Surgical or Fluoroscopic competency form and note that it is a continuing competency.

| | | |
|--|---|----------------------|
| Simulation? | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Pedi? | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Fluoroscopic room set-up properly for procedure | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Patient's Name Selected | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Contrast properly prepared | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Technical factors selected | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Patient identified properly | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Pregnancy question verified | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Procedure verified and explained properly to patient | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| History, signs, and symptoms obtained | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Team members properly introduced | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Proper lead shielding used | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Remained available during procedure | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Patient properly assisted | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Equipment and contrast properly passed to the radiologist | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Demonstrates ability to place unit on rapid filming upon request | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |

| | | |
|--|--|----------------------|
| Uses radiation protection practice for self and others | <input type="radio"/> No <input checked="" type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Obtains necessary follow-up images | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Provides proper discharge instructions to patient | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Ensured patient privacy during and after procedure | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Able to send images through to PACS system as needed | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Able to note fluoro time and number of images saved | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Cleaned fluoroscopic suite for next patient | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Able to identify relevant anatomy | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Able to identify relevant patient positioning on images | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Able to annotate images as needed | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Able to identify general pathology or reasons for the exam | <input type="radio"/> No <input type="radio"/> Somewhat <input checked="" type="radio"/> Yes | <input type="text"/> |
| Please insert any overall comments in the box at right. | <input checked="" type="radio"/> Comments | <input type="text"/> |

Check to complete later, then click "Submit"

Approved Not Approved

Simulated

Technologist Signature: _____

Revised August 2016

Standard Competency Form - Printed Version

Student Name: _____ Date completed: _____

Technologist Name: _____ Exam Completed: _____

*Pediatric patient?: Yes ___ No ___ *Geriatric patient?: Yes ___ No ___

*If Geriatric or Pediatric patient, please enter the competency in the appropriate section of Trajecsys

| | | |
|---|--|----------------------|
| Simulation? | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Trauma? | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Pedi? | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Patient Care | | |
| Patient's identification is verified in a courteous manner by using two identifiers. Failure to do so results in a failed competency and the evaluator should select the "Not Approved" button before submitting. | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Demonstrates effective communication by introducing themselves to the patient, verifying the exam order, and explaining the procedure to be performed. | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Completely | <input type="text"/> |
| Reduces the risk of healthcare-associated infections by hand washing and sanitizing radiology equipment (i.e., IR, table, stretcher, etc.) | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Completely | <input type="text"/> |
| Assesses patient needs based on appropriate clinical information/history and feedback from patient | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Completely | <input type="text"/> |
| Provides consideration of the patient's dignity and modesty at all times | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Completely | <input type="text"/> |
| Utilized independent judgment in the care of the patient. | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Completely | <input type="text"/> |
| Practices in accordance with HIPAA, protecting the patient's right to privacy | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Completely | <input type="text"/> |
| Universal/standard precautions are maintained | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Completely | <input type="text"/> |
| Student demonstrates patient safety to include locking the table and/or wheelchair as needed. | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Radiation Protection | | |
| Screens all females of childbearing age for possibility of pregnancy, while maintaining patient privacy Failure to do so results in a failed competency and the evaluator should select the "Not Approved" button before submitting. | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |

| | | |
|---|--|--|
| Consistently works within the Principle of ALARA to minimize dose to patient, self and others Failure to do so results in a failed competency and the evaluator should select the "Not Approved" button before submitting. | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Utilizes protective apparel as appropriate and personal dosimeter in the clinical setting according to radiation protection principles and program policy Failure to do so results in a failed competency and the evaluator should select the "Not Approved" button before submitting. | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Technical Performance Prepares room with appropriate size and type of imaging device for exam | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Selects technical factors for optimal diagnostic image production | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Manipulates equipment effectively based on clinical semester | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Demonstrates proper alignment of Tube/Part/IR | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Provides clear, concise breathing instructions and monitors patient during the exposure | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Completes post-exam procedures/processing and leaves room clean and ready for next exam | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Image Evaluation Correctly assesses density, contrast and resolution | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Critiques images and determines if it is of diagnostic quality. | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Evidence of proper anatomic positioning. | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Evidence of proper collimation. | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Properly completes exam. | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| ID and markers visible and accurate Failure to do so results in a failed competency and the evaluator should select the "Not Approved" button before submitting. | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Anatomy Section Student identifies five relevant anatomy part based on resulting radiograph. Please note the anatomy reviewed in the comments sections. | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| Please note the anatomy reviewed in the comments section. | <input type="radio"/> Enter (must enter a comment at right and click here) | |
| Please note the anatomy reviewed in the comments section. | <input type="radio"/> Enter (must enter a comment at | |

right and click here)

Please note the anatomy reviewed in the comments section.

Enter (must enter a comment at right and click here)

Please note the anatomy reviewed in the comments section.

Enter (must enter a comment at right and click here)

Follow-through

This evaluation has been based on my observations of the student's clinical performance and professional conduct while assigned to my supervision, and has been discussed with the student.

No Yes

Any repeated images?

No Yes

Any second or more repeat items? (Please provide comments on what occurred)

No Yes

Student is making reasonable progress in clinical skills based on clinical semester. (If no, please provide detailed comments about circumstance and follow-up with clinical instructor)

No Yes

Please insert any overall comments in the box at right.

Comments

Check to complete later, then click "Submit"

Approved Not Approved

Simulated

Revised August 2016

Fluoroscopic Exams Competency Form - Printed Version

Student Name: _____ Date completed: _____

Technologist Name: _____ Exam Completed: _____

| | | |
|--|---|----------------------|
| Simulation? | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Pedi? | <input type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Fluoroscopic room set-up properly for procedure | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Patient's Name Selected | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Contrast properly prepared | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Technical factors selected | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Patient identified properly | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Pregnancy question verified | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Procedure verified and explained properly to patient | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| History, signs, and symptoms obtained | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Team members properly introduced | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Proper lead shielding used | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Remained available during procedure | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Patient properly assisted | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Equipment and contrast properly passed to the radiologist | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Demonstrates ability to place unit on rapid filming upon request | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Uses radiation protection practice for self and others | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Obtains necessary follow-up images | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |

| | | |
|--|---|----------------------|
| Provides proper discharge instructions to patient | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Ensured patient privacy during and after procedure | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Able to send images through to PACS system as needed | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Able to note fluoro time and number of images saved | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Cleaned fluoroscopic suite for next patient | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Able to identify relevent anatomy | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Able to identify relevent patient positioning on images | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Able to annotate images as needed | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Able to identify general pathology or reasons for the exam | <input type="radio"/> No <input type="radio"/> Somewhat <input type="radio"/> Yes | <input type="text"/> |
| Please insert any overall comments in the box at right. | <input checked="" type="radio"/> Comments | <input type="text"/> |

Check to complete later, then click "Submit"

Approved Not Approved

Simulated

Technologist Signature: _____

Revised August 2016

Surgical Competency Form - Printed Version

Student Name: _____ Date completed: _____

Technologist Name: _____ Exam Completed: _____

Continuing competency?: Yes _____ No _____ If Yes, please enter into Trajecsys under the continuing competency section.

| | | |
|--|--|----------------------|
| Simulation? | <input checked="" type="radio"/> No <input type="radio"/> Yes | <input type="text"/> |
| Hospital Protocol for Operating Room Attire Maintained | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Patient Identification and Exam Order Properly Verified According to Procedure Policy | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Aware of Sterile Surroundings in Order to Not Contaminate | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Sets up C-Arm Components Properly | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Follows Steps to Activate C-arm Sequence | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Ensures Proper Presentation Prior to Start of the Procedure | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Ensures Image Orientation is Correct on the Monitor | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Optimizes Control Panel Settings | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Ensures C-arm is Properly Dressed for Procedure | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Manipulates Appropriate Locks and Mainframe for the Procedure | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Follows Doctors Orders Pertaining to Positioning of the C-arm in Relation to the Patient | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Demonstrates the Ability to Drive the Mainframe | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Uses Proper Tube-part Alignment | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Able to Identify Intensifier and Tube | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Demonstrates the Ability to Save, Recall, and Print Images | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |

| | | |
|---|--|----------------------|
| Sets Proper Control Factors | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Follows Correct Deactivation Sequence | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Demonstrates Ability to Key in Patient Name, MRN Number, Date, Procedure, and Physicians Name | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Ensures proper Radiation Protection Procedures for Surgical Suite | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Used Flouro Only When Prompted | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Follows Appropriate Time Out Procedures | <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A | <input type="text"/> |
| Please insert any overall comments in the box at right. | <input checked="" type="radio"/> Comments | <input type="text"/> |

Check to complete later, then click "Submit"

Approved Not Approved

Simulated

Technologist Signature: _____

Revised August 2016

**BUNKER HILL COMMUNITY COLLEGE – MEDICAL IMAGING PROGRAM
FINAL CLINICAL GRADE WORKSHEET**

Student _____ Trajecsys Updated per policy ____ Yes ____ *No

Clinical Site _____ * 10 point reduction from overall grade

Clinical Instructor _____

Clinical I _____, Clinical II _____, Clinical III _____, Clinical IV _____, Clinical V _____

A. Competencies

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Total _____ Average _____ X .20 = _____

B. Technologist Evaluations

1. _____
2. _____
3. _____
4. _____
5. _____

Total _____ Average _____ X .25 = _____

C. Affective Domain _____ % X .20 = _____

D. Evaluation by Clinical Instructor (Summary) _____ % X .35 = _____

SUBTOTAL: _____

of Occurrences of Absence _____ **Points Deducted:** _____

Trajecsys Update _____ **Points Deducted** _____

Revised: 9/16

TOTAL / CLINICAL GRADE: _____

**BUNKER HILL COMMUNITY COLLEGE – MEDICAL RADIOGRAPHY
PROFESSIONALISM/AFFECTIVE DOMAIN EVALUATION**

Name _____

Date _____ Year 1st or 2nd

Clinical Site _____

Rotation Area _____

Please indicate whether the student indicates the indicated behavior. Each positive response is worth four points.

| | Yes | No |
|---|-----|----|
| 1. Properly introduces self, technologist, doctors to the patient | | |
| 2. Properly explains the procedure/ exam to the patient. | | |
| 3. Addresses patients and patients relatives using proper title and name | | |
| 4. Ensures patient's comfort to degree possible | | |
| 5. Uses efficient and effective body mechanics | | |
| 6. Consistently uses appropriate standard precautions | | |
| 7. Effectively plans and organizes tasks to be performed | | |
| 8. Asks questions (at appropriate times/places) when unsure | | |
| 9. Follows through completely with responsibilities of exam | | |
| 10. Participates in clinical routine without being prompted | | |
| 11. Is on time and ready to start days activities | | |
| 12. Leaves only at prescheduled time | | |
| 13. Maintains Steady, reliable attendance, calls when late or not attending | | |
| 14. Establishes and maintains "eye contact" when speaking to others | | |
| 15. Makes optimal use of clinical education time and assumes personal responsibility for taking advantage of learning opportunities | | |
| 16. Volunteers assistance when needed | | |
| 17. Maintains composure when in the presence of patients | | |
| 18. Responds appropriately to instructors/ supervisors correction or critique | | |
| 19. Wears uniform conforming to program uniform code | | |
| 20. Wears proper student identification and radiation monitoring device and hospital I.D. | | |
| 21. Never allows own comfort to supersede needs of patient | | |
| 22. Assists classmates in learning and mastering program material | | |
| 23. Respects patient confidentially and acts in an ethical manner | | |
| 24. Is flexible and can adapt to changing clinical situation and emergencies | | |
| 25. Takes care of personnel hygiene-hair appropriately styled for clinical setting | | |

Grade _____

Student Signature _____

Clinical Instructor _____

**BUNKER HILL COMMUNITY COLLEGE – MEDICAL IMAGING/RADIOGRAPHY
STUDENT PERFORMANCE EVALUATION**

STUDENT _____ DATE _____ FT _____ PT _____

CLINIC/ROTATION _____ EVALUATOR _____

Please Evaluate Student Using the Following Criteria:

2.6=unacceptable performance, 3=improvement needed, 3.4=acceptable, 3.8=very good, 4.2=excellent, N/A = Does not apply

| PROFESSIONAL CONDUCT | 2.6 | 3 | 3.4 | 3.8 | 4.0 |
|---|-----|---|-----|-----|-----|
| 1. Exhibits professional behavior and appearance | | | | | |
| 2. Communicates effectively | | | | | |
| 3. Wears proper identification (ID, Hospital ID, dosimeter) | | | | | |
| 4. Arrives on time, prepared to work | | | | | |

| STUDENT/PATIENT COMMUNICATION | 2.6 | 3 | 3.4 | 3.8 | 4.0 |
|--|-----|---|-----|-----|-----|
| 5. Explains exam and talks with patient | | | | | |
| 6. Recognizes and responds to patient needs | | | | | |
| 7. Follows through with patient after completion of exam | | | | | |

| STUDENT/TECHNOLOGIST COMMUNICATION | 2.6 | 3 | 3.4 | 3.8 | 4.0 |
|--|-----|---|-----|-----|-----|
| 8. Shows initiative, assists when needed | | | | | |
| 9. Accepts correction and constructive criticism | | | | | |

| TECHNICAL PERFORMANCE | 2.6 | 3 | 3.4 | 3.8 | 4.0 |
|--|-----|---|-----|-----|-----|
| 10. Obtains appropriate information from requisition | | | | | |
| 11. Prepares room prior to exam | | | | | |
| 12. Selects proper exposure factors | | | | | |
| 13. Selects proper imaging devices | | | | | |
| 14. Demonstrates skill in radiographic positioning | | | | | |
| 15. Aligns tube and bucky accurately | | | | | |
| 16. Marks and identifies films correctly | | | | | |
| 17. Effectively works within clinical team environment | | | | | |
| 18. Leaves room clean and ready for next exam | | | | | |
| 19. Follows efficient sequence of steps in overall performance | | | | | |

| RADIATION PROTECTION | 2.6 | 3 | 3.4 | 3.8 | 4.0 |
|---|-----|---|-----|-----|-----|
| 20. Shields patient | | | | | |
| 21. Collimates accurately | | | | | |
| 22. Asks patient about possible pregnancy | | | | | |

| QUALITY ASSESSMENT | 2.6 | 3 | 3.4 | 3.8 | 4.0 |
|--|-----|---|-----|-----|-----|
| 23. Correctly identifies structures on radiographs | | | | | |
| 24. Recognizes and corrects errors | | | | | |
| 25. Analyzes radiographs for quality | | | | | |

COLUMN TOTALS →

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |

STUDENT SIGNATURE _____ FINAL GRADE

COMMENTS: (Please use other side for additional space)

Bunker Hill Community College Student Performance Evaluation (updated printed version 4/2018)

Student: _____

Date: _____

Site: _____

Technologist: _____

Technologist Signature: _____

Please be as accurate as possible when evaluating the student. It is in the student's best interest to be evaluated honestly. By identifying trends and issues we can work to correct them with the student.

Professional Conduct

Exhibits professional behavior and appearance

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Communicates effectively

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Wears proper identification (college ID, Hospital ID, dosimeter)

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Arrives on time, prepared to work

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Student/Patient Communication

Explains exam and talks to patient

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Recognizes and responds to patient needs

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Follows through with patient after completion of exam

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Student Technologist/Communication

Shows initiative/assists when needed

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Accepts correction and constructive criticism

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Technical Performance

Obtains appropriate information from requisition

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Prepares room prior to exam

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Selects proper exposure factors

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Selects proper imaging devices

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Demonstrates skills in radiographic positioning

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Aligns tube and bucky accurately

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Marks and identifies films correctly

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Effectively works within clinical team environment

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Leaves room clean and ready for next exam

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Follows efficient sequence of steps in overall performance

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Radiation Protection

Shields patient

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Collimates accurately

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Ask patient about possible pregnancy

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Quality Assessment

Correctly identifies structures on radiographs

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Recognizes and corrects errors

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Analyzes radiographs for quality

Unacceptable Improvement Needed Acceptable Very Good Excellent N/A

Comments: (please note: any unacceptable or improvement needed designations should include some comments to what occurred and how the student can improve in this area.)

Bunker Hill Community College
Medical Radiography Program
Voluntary Clinical Flexibility Form
COVID 19 Crisis 2020

I, _____, am a student in the *(Full or Part)* _____-time Medical Radiography Program.

I am currently in: *(Check as applicable)*

_____ Clinical I

_____ Clinical II

_____ Clinical III

_____ Clinical IV

_____ Clinical V

My usual clinical schedule is: *(Days and times)* _____

I volunteer for the following changes or additions to my usual schedule in order that I may re-enter clinical as soon as possible and move forward: *(Days and times)*

My signature below indicates that I am altering my schedule of my own free will.

Student: _____

Date: _____

Printed Student Name: _____

Clinical Faculty Signature: _____

Date: _____