

2021-2022

Program Handbook



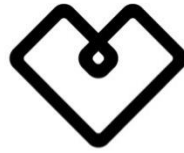
Baton Rouge General Medical Center School of Radiologic Technology

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Baton Rouge General

A Community of Caring

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This handbook has been prepared utilizing existing policies and information obtained from appropriate General Health System officials and is intended to be complete and accurate; however, the information contained in this publication is subject to change without prior notice. Any changes to this handbook are on file in the School of Radiologic Technology office. Information contained herein shall not constitute a binding agreement on the part of the Baton Rouge General Medical Center School of Radiologic Technology or General Health System.

Welcome

Welcome to the Baton Rouge General Medical Center School of Radiologic Technology Program! It is our sincere hope that you will find our program a reward and challenging part of your life. As part of the healthcare team, we are working toward one goal – to provide the best possible care to the patients we are privileged to serve.

We hope this handbook will acquaint you with the BRGMC Radiologic Technology Program and provide you with an understanding of our policies. This handbook should help you realize what is expected of you as a student in a health care profession.

The information in this Handbook is subject to change due to changing circumstances; the policies as written may be modified, superseded, or eliminated. You will be notified of such changes through regular channels. Final interpretation of the program policies and procedures will be made by the program's faculty.

Not every situation can be foreseen, and areas not covered in this handbook will be dealt with on an individual basis. For students participating in the associate's articulation, we also call your attention to the Northwestern State University of Louisiana General Catalog at www.nsula.edu. We urge you to study these materials as they contain considerable information about the day-to-day situations that you may face.

Policy 2011, revs. 12/13, 01/17, 01/18

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History of the School of Radiologic Technology

HISTORY OF BATON ROUGE GENERAL

Since the early 1900s when our hospital's founder, Dr. T. P. Singletary, first treated patients at a building on the corner of Florida and Fourth Street, bringing high quality health care to the people of Baton Rouge has been the driving force behind everything we do. It continues to be our primary focus today.

Baton Rouge General was created by the community, for the community:

- physicians committed to providing quality care by bringing diverse resources and skills together under one roof;
- community leaders who recognized the need to make healthcare available to all citizens and were willing to contribute the necessary financial resources to support this ideal; and
- caregivers dedicated to providing compassionate quality care and support to patients and their families.

Because of the high incidence of heart disease, cancer and stroke, we've become one of Louisiana's leading hospitals for the successful treatment of these conditions.

Because no other hospital offered specialized treatment for burns, we developed what is now one of few burn treatment centers in the Southern U.S.

Because every hospital deserves a great medical staff, we're training current and future healthcare professionals in the latest technology and practices at our Residency programs, our School of Nursing and our School of Radiologic Technology.

Going forward, we will continue to identify ways in which the health of our community can be improved through education, prevention and timely access to quality care.

HISTORY OF SCHOOL OF RADIOLOGIC TECHNOLOGY

In June, 1980; the School of Radiologic Technology submitted applications to the Committee on Allied Health Education & Accreditation (CAHEA) and to the Joint Review Committee on Education for Radiologic Technologists (JRCERT) for initial accreditation. Accreditation from both agencies was granted in April of 1982 for a period of three years; which is the maximum number of years allowed for initial accreditation. Since then the School has reapplied for accreditation from JRCERT & CAHEA and has been awarded the maximum number of years each accreditation cycle.

In April of 1981, the School was approved by the State of Louisiana Department of Education.

In 1985, due to state licensure for radiologic technologists, the School applied and gained approval from the Louisiana State Radiologic Technology Board of Examiners, as mandated by law.

In 1983, CAHEA resigned as an accrediting agency for Allied Health Programs. The School currently maintains accreditation from JRCERT and approval from the State of Louisiana Department of Education and the Louisiana State Radiologic Board of Examiners.

The first class was accepted in July 1981 and consisted of seven students and in July 1983, four of the seven graduated. Since 1981, the School has graduated over 302 and maintained a 75% or higher five year pass rate on the American Registry for Radiologic Technologists (ARRT) on the first attempt.

Current clinical education sites for the Program are the Baton Rouge General Medical Center Mid City Imaging Department and Bluebonnet Imaging Department, Baton Rouge Urology Group, Baton Rouge Radiology Imaging Center, The Baton Rouge Clinic, Baton Rouge Orthopedic Clinic and Lane Regional Medical Center.

Faculty consists of one Program Director, one Faculty, one Clinical Coordinator, one Clinical Instructor, and one part-time Secretary, and Clinical designees at each clinical site.

Philosophy

The faculty members of the Baton Rouge General School of Radiologic Technology believe that by mentoring the values of caring, excellence, service and integrity, we will instruct student radiographers in the ability to provide safe, competent, compassionate, quality care to all patients. Seven key concepts of man/individual, radiography education, communication, safety, ethical/legal, and interdependence have been identified within our curriculum and serve as a guide for our program objectives.

Man/Individual:

The man/individual is a unique biophysical, psychophysical, psychosocial, intrapersonal-interpersonal and spiritual human being of innate worth. The man/individual functions within a dynamic environment and responds to stressors with adaptive or maladaptive behaviors. The man/individual's level of growth and development and ethno-cultural identity influence their functioning within the family and community. The man/individual is both a participant and a recipient of health care. Radiographers are the primary liaison between patients and radiologist and other members of the support team. They must remain sensitive to the physical and emotional needs of the patient. The goal is to improve or restore the patient to their optimal level of health. Radiography educators assist students in recognizing the uniqueness of each individual and developing skill that reflect appropriate attitudes, professional attributes and responding to patients' needs during imaging procedures.

Radiologic Technology:

Radiologic Technology is a profession that is both an art and science. Radiographers are technically artistic by innovative adaptations of routine procedures while producing high quality images for accurate diagnosis. The science of radiology utilizes specialized skill and knowledge in applying principles of radiation concerning: exposure, physics, protection, and radiobiology to produce diagnostic images. The professional radiographer incorporates problem solving, analysis, evaluation, decision-making and communication skills. Radiography educators are instrumental in role modeling the art of radiography, in teaching the science of radiology and in providing learning experiences that develop critical thinking.

Education:

Education is the active process of facilitating learning with the goal of preparing students to be self-directed and becoming responsible for their own life-long learning. A radiographer views education as a continuous life-long process that evolves as the individual integrates cognitive, affective and psychomotor experiences. As radiography educators, we view each student as unique. Learning is enhanced in a caring environment where values of excellence and service are modeled. In addition to sound curriculum planning, the educational environment offers a variety of avenues for individual guidance and self-direction.

Communication:

Communication is an integral component of radiographer-patient care and radiography education. The patient is the central focus of healthcare delivery, and human caring is central to the radiographer-patient process. The radiographer promotes positive experience by conveying messages in an organized and logical manner. The radiographer cares for each patient with respect and dignity through appropriate communication. Radiographers develop skills in listening, observing, speaking, and writing. Essential communication skills for

radiographer educators include the ability to communicate with fellow students, faculty, patients and members of the health care team. Skills include verbal, written, and nonverbal abilities as well as information technology skills consistent with effective communication.

Safety:

Safety is a duty and a responsibility entrusted to the radiographer by the patient and/or family members. The radiographer acts responsibly by protecting the patient, co-workers, self and any person in the vicinity by limiting radiation exposure. The radiographer serves in promoting patient safety through understanding precautions, knowing how to take preventive actions as well as through patient advocacy. Radiographer education practice incorporates critical thinking, reflection and problem-solving skills to provide safe, efficient and therapeutic care.

Ethical/Legal:

Functioning within an ethical-legal framework, the radiographer utilizes biological, behavioral, social and radiography sciences to provide holistic care to individuals, families and communities. Radiographer educators are accountable for curriculum development, instructional strategies and evaluation of student performance, both in didactic and clinical setting, in a manner that promotes and role-models ethical/legal integrity. Interaction between the radiographer and student emphasizes mutual respect and open communication. Radiographer educators ascribe to the highest standards and are committed to respect and ethical-legal stewardship of all resources entrusted to their care.

Interdependence:

Radiographer practice encompasses independent, dependent and interdependent functions within its scope. The interdependence of radiology facilitates with other health care professionals to foster continuity of health care for individuals and groups. Radiographer educators collaborate with other healthcare providers to gather information, promote teaching and improve understanding of the patient's unique circumstances, in order to provide the highest level of care, promote the patient's wishes and effectively respond to patient's needs.

Mission

To provide quality education to our Radiography Students so they will become competent radiographers that will serve the community with excellence.

GOALS:

1. Students will be progressively competent to perform basic to complex clinical procedures safely.
2. Students will demonstrate effective communication.
3. Students will demonstrate critical thinking and problem-solving skills.
4. Students will understand the value of professional development and life-long learning.

GOAL #1: Students will be progressively competent to perform basic to complex clinical procedures safely.

- *students will apply positioning skills*
- *students will demonstrate competency in a wide variety of radiological procedures*

- *students will select appropriate technical factors*
- *students will understand and provide basic care*
- *students will understand and apply appropriate radiation protection practices*

GOAL #2: Students will demonstrate effective communication.

- *students will demonstrate oral communication skills*
- *students will practice written communication skills*

GOAL #3: Students will demonstrate critical thinking and problem-solving skills.

- *students will manipulate technical factors for non-routine examinations*
- *students will be able to adapt positioning for trauma or critically ill patients*

GOAL #4: Students will understand the value of professional development and life-long learning.

- *students will determine the importance of continued professional development*
- *students will summarize their professional obligations upon gaining their ARRT*
- *students will conduct themselves in an ethical, professional manner*

Outcomes Assessment Plan*
Baton Rouge General School of Radiologic Technology

To provide quality education to Radiography Students so they will become competent radiographers that will serve the community with excellence.

Outcome	Measurement Tool	Benchmark	Timeframe	Responsible Party
Students will apply positioning skills.	RADS 210 Rad. Positioning Laboratory Evaluation All lab competencies completed	Average section score of 80% or higher (100 pt scale)	1 st Year – 2 nd Semester	Course Instructor
	RADS 320: Clinical Clinical Competency Form: Positioning Skills All clinical competencies completed	Average section score of 12.75 or higher (15 pt scale)	2 nd Year – 3 rd Semester	Clinical Coordinator
Students will demonstrate competency in a wide variety of radiological procedures.	Clinical Competency Evaluations All competencies completed	Average section score of 85% or higher (100 pt scale)	1 st Year – Summer I	Program Director
	Clinical Competency Evaluations All competencies completed	Average section score of 85% or higher (100 pt scale)	2 nd Year – Summer II	Program Director
	RADS 304 Imaging Technique Comprehensive final exam grades	Average section score of 80% or higher (100 pt scale)	2 nd Year – 3 rd Semester	Course Instructor

Student will select appropriate technical factors	Clinical Competency Form: Technical Selection All clinical competencies completed	Average score of ≥ 6.8 (8 pt scale)	2 nd Year – 3 rd Semester	Clinical Coordinator
Students will understand and provide basic care.	RADS 104 – Patient Care/ Pharmacology Final Exam	Average section score of $\geq 80\%$ (100 pt scale)	1 st Year – 1 st Semester	Course Instructor
	Clinical Competency Evaluations: Patient Information/ Relation/ Preparation	Average score of ≥ 17.9 (21 pt scale)	2 nd Year – 3 rd Semester	Clinical Coordinator
	Clinical Instructor Evaluation Level 1 & 2 (category 4, 11, & 12)	Average score of ≥ 2.0 (4.0 scale) per category	1 st Year – 1 st Semester	Clinical Instructor
Students will understand and apply appropriate radiation protection practices.	RADS 402 Radiographic Protection and Biology Comprehensive final exam grades	Average score of 80% or higher (100 pt scale)	2 nd Year – 4 th Semester	Course Instructor
	Clinical Competency Form: Radiation Protection All clinical competencies completed	Average score of 11.9 or higher (14 pt scale)	2 nd Year – 2 nd Semester	Clinical Coordinator
	Clinical Rotation Evaluation: Radiation Protection & ALARA All clinical competencies completed	Average score of 2.5 or higher (4 pt scale)	1 st Year – Summer I	Program Director
Outcome	Measurement Tool	Benchmark	Timeframe	Responsible Party
Students will demonstrate oral communication skills.	RADS 120S – Presentation from research paper Oral Presentation Rubric	Average section score of ≥ 34 (40 pt scale)	1 st Year – Summer I (1 st Semester)	Program Faculty
	RADS 402 – Radiation Protection Oral Presentation Rubric	Average section score of ≥ 34 (40 pt scale)	2 nd Year - (4 th Semester)	Course Instructor
	Clinical Instructor Evaluation Levels 1 & 2 (category 4 & 5)	≥ 2 points (4 pt scale) per category	1 st Year - 2 nd Semester	Clinical Coordinator
Students will practice written communication skills.	RADS 120 – Clinical Literature Review First Draft Lit. Review Rubric	Average section score of ≥ 85 (100 pt scale)	1 st Year – 1 st Semester	Course Instructor
	RADS 120S - Clinical Written Communication Rubric	Average section score of ≥ 42.5 (50 pt scale)	1 st Year – Summer I	Course Instructor

Goal #3: Students will demonstrate critical thinking and problem-solving skills.				
Outcome	Measurement Tool	Benchmark	Timeframe	Responsible Party
Students will manipulate technical factors for non-routine examinations.	RADS 210: Laboratory Evaluation All non-routine competencies completed (#3&4 on form F-17)	Average score of 8 or higher (10 pt scale)	1 st Year – 2 nd Semester	Course Instructor
	Clinical Competency Form All Mandatory Trauma Comps	Average score of ≥ 6.4 (8 pt scale)	2 nd Year - 3 rd Semester	Clinical Coordinator
Students will be able to adapt positioning for trauma or critically ill patients.	RADS 210: Radiographic Positioning II (Lab Evaluation) Trauma competency	Average score ≥ 80 (100 pt scale)	1 st Year – 2 nd Semester	Course Instructor
	Trauma Rotation Evaluations: Positioning Skills	Average section score of ≥ 2.5 (4 pt scale)	2 nd Year – 3 rd Semester	Clinical Coordinator
	Clinical Instructor Evaluation Level 3&4 (category 12)	Average section score of ≥ 2.5 (4 pt scale)	2 nd Year – 3 rd Semester	Clinical Coordinator

Goal #4: Students will understand the value of professional development and life-long learning.				
Outcome	Measurement Tool	Benchmark	Timeframe	Responsible Party
Students will determine the importance of continued professional development.	RADS 101-Introduction to Radiography-Final Examination (Question 95)	Average score of 3 or higher (5 point scale)	1 st Year - 1 st Semester	Course Instructor
	RADS 211 - Seminar PowerPoint Presentation -Demonstrates the Importance of Professional Growth and Development Oral Presentation Rubric	Average section score of ≥ 34 (40 pt scale)	1 st Year – 2 nd Semester	Course Instructor
	RADS 320S – Clinical Attend & Participate in LSRT Annual Meeting (Scientific essay, Quiz Bowl, &/or Scientific Exhibit Poster)	Aggregate Professional Development score of 85% or higher (100 pt scale)	2 nd Year – Summer Semester	Course Instructor
Students will summarize their professional obligations upon gaining their ARRT.	RADS 411-Seminar Discussion	Average score of 3 or higher (5 point scale)	2 nd Year – 4 th Semester	Course Instructor
	Final Clinical Portfolio Evaluation Final Portfolio Rubric	Average section score of ≥ 80 (100point scale)	2 nd Year – 4 th Semester	Program Faculty
Students will conduct themselves in an ethical, professional manner.	Clinical Instructor Evaluation Level 1 & 2 (Categories 1, 2, 6, 13, 14, 18.)	Average 2 points or better (4 point scale)	1 st Year – 2 nd Semester	Program Faculty
	Clinical Instructor Evaluation Level 3 & 4 (Categories 1, 2, 3, 4, 16)	Average section score of 3 (4 pt scale) in each category	2 nd Year – 3 rd Semester	Program Faculty

Program Effectiveness Measures				
Outcome	Measurement Tool	Benchmark	Timeframe	Responsible Party
Students will pass the national certification examination on the 1 st attempt.	National Certification Exam 1st Time Pass Rates	75% or higher each year 5 year Avg 75% or higher	6 months post-graduation (or upon completion by all)	Program Director
Students actively seeking employment will be gainfully employed within 6 months post-graduation.	Graduate Survey Or "word of mouth"	85% or higher yearly	6 months post-graduation (or upon completion by all)	Program Director
Students will complete the program.	Graduation roster	75%	End of program	Program Director
Graduates will be satisfied with their education.	Graduate Survey (Question 11)	≥ 3.5 (5 point scale)	Last week of classes	Program Director
Employers will be satisfied with the performance of newly hired technologists	Employer Survey (Question 2)	≥ 3.5 (5 point scale)	6 months post-graduation (or upon completion by all)	Program Director

** Assessment Plan approved and developed for 2012. Adapted and Reviewed annually. Clarification added as necessary. Current version of the Assessment Plan is available from the Program Director upon request.*

CODE OF ETHICS FOR RADIOGRAPHY STUDENTS

Ethical professional conduct is expected of every individual registered by the ARRT (American Registry of Radiologic Technologists). The American Society of Radiologic Technologists (ASRT), as well as the ARRT, have issued a guide detailing the Code of Ethics that registered and student technologists are expected to strictly adhere. The participation in and the promotion of the conduct within these guided principles enhances the delivery of patient care. The actions of student technologist will be held to the same high standard. These actions will exhibit excellence and will enable the student to continue professional development opportunities demonstrating their commitment to quality diagnostic imaging and excellence in patient care.

School of Radiologic Technology Code of Ethics for Students

- Principle 1** The Student Radiographer functions efficiently and effectively, demonstrating conduct and attitudes reflecting the profession.
- Principle 2** The Student Radiographer acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- Principle 3** The Student Radiographer provides service to patients without discrimination.
- Principle 4** The Student Radiographer practices technology founded on scientific basis.
- Principle 5** The Student Radiographer exercises care, discretion and judgment in the practice of the profession.
- Principle 6** The Student Radiographer provides the physician with pertinent information related to diagnosis and treatment management of the patients.

- Principle 7** The Student Radiographer is responsible for protecting the patient, self and others from unnecessary radiation.
- Principle 8** The Student Radiographer practices ethical, appropriate, and professional conduct befitting the profession.
- Principle 9** The Student Radiographer respects confidence entrusted in the course of professional practice.
- Principle 10** The Student Radiographer recognizes that continuing education is vital to maintaining and advancing the profession.

Code of Ethics was adopted from the American Society of Radiologic Technology

See ASRT “Code of Ethics” at <https://www.asrt.org/media/pdf/codeofethics.pdf>

See ARRT “Standard of Ethics” at <https://www.arrt.org/pdfs/Governing-Documents/Standards-of-Ethics.pdf>

Faculty & Administration

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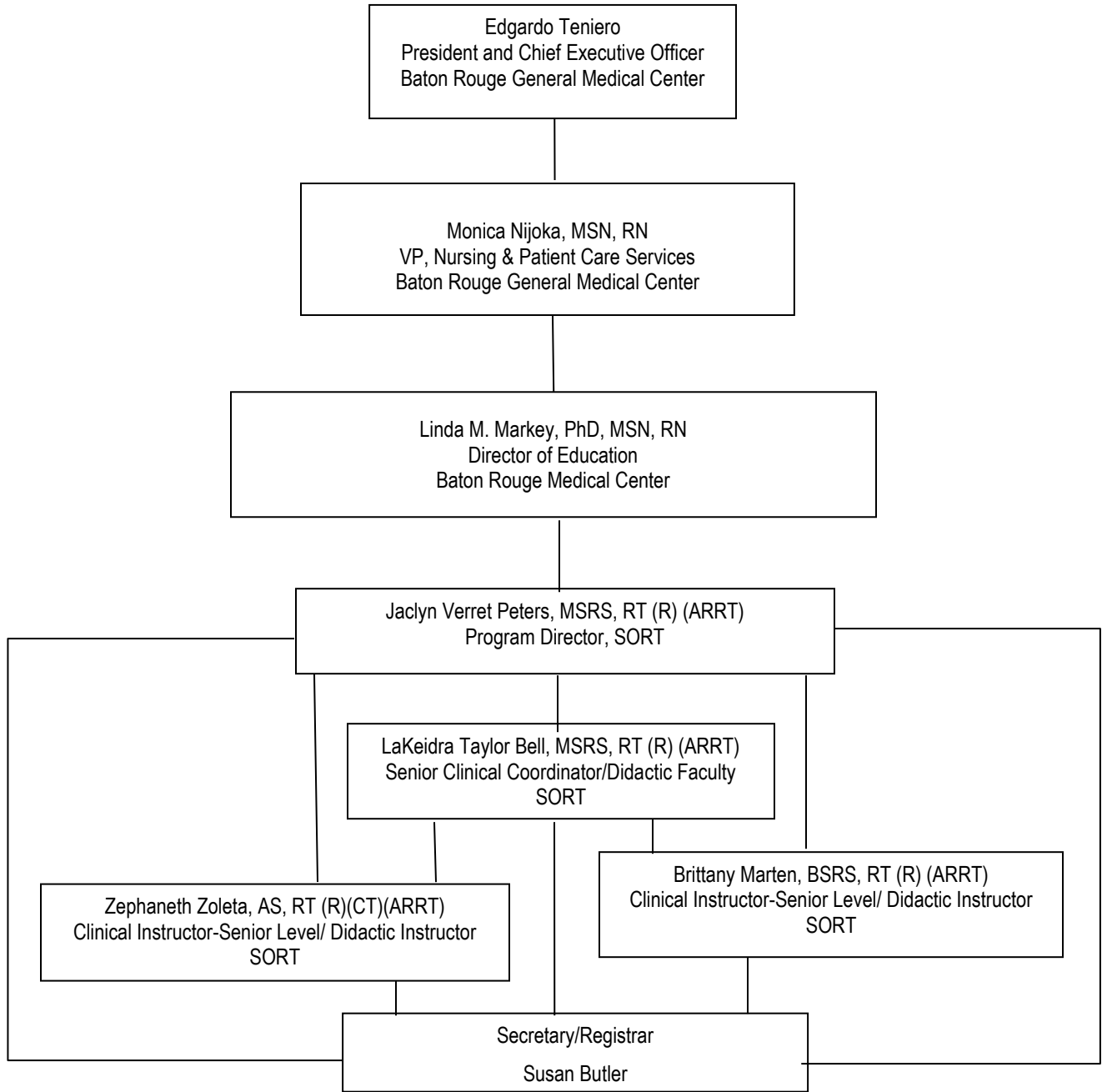
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**Baton Rouge General Medical Center
School of Radiologic Technology
Organizational Chart**



BRG School of Radiologic Technology

Clinical Education Settings & Listed Clinical Instructors

Clinical Education Setting	Phone	Clinical Instructors	Manager
Baton Rouge General Medical Center – <u>Mid City</u> 3600 Florida Blvd. Baton Rouge, LA 70806	381-6505	Mick Schwartz RT(R) <i>Radiology Imaging Supervisor</i> <i>Cross-sectional modalities</i> Mickey.Schwartz@brgeneral.org	Melissa Soulier, RT (R) Director BRG Imaging Melissa.Soulier@brgeneral.org Denny Fife Radiology Supervisor at Ascension DennyP.Fife@brgeneral.org Glenn Nicholas, RT(R) Radiology Supervisor at BB Glenn.Nicholas@brgeneral.org
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Clinical Experience

Rotations

RADS 120, 120s, 220

T/Th 7:45a-4p* Traditional Rotations, 2:30-11p Evening Rotations (typically not to exceed 10 weeks in the total of 2 year program; can be spread over multiple semesters), 6:30am-3pm Surgery/Specials Rotation

RADS 320, 320s, 420

M/W/F (½) 7:45a-4p*/ 7:45a-12n Traditional Rotations, 2:30-11p/2:30p-630p Evening Rotations (typically not to exceed 10 weeks in the total of 2 year program; can be spread over multiple semesters), 6:30am-3pm/6a-230pm Surgery/Specials Rotation,

Students will rotate through (1) two weekend rotation during the 320s summer clinical semester which will consist of Fri- 230pm-11pm, Sat & Sun 630am-3pm or 230-11pm shifts.

**Some locations do not open until 8:00am, so shifts for these locations are 8am- 415pm.*

Accreditation

The Baton Rouge General School of Radiologic Technology is accredited and evaluated by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Inspection of these documents is available through the Program Director. The JRCERT is dedicated to excellence in education and to quality and safety of patient care through educational programs in radiation and imaging sciences.

The JRCERT is recognized by the United States Department of Education to accredit educational programs in radiography. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

There are established standards a program must be in compliance with to achieve accreditation. The Standards for an Accredited Educational Program in Radiography (JRCERT, 2010) are as follows:

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

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

Standard Three: The program's curriculum and academic practices prepare students for professional practice.

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

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

Standard Six: The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Compliance with JRCERT Standards

The Baton Rouge General School of Radiologic Technology strives at all times to be an Accredited Educational Program in Radiography. If an individual believes, at any time, the program is not in compliance with any standard; a complaint can be brought to the program's attention. Upon receipt of the allegation, the Radiologic Technology Program will review to determine if the non-compliance issue exists. Within ten (10) days after receiving a complaint, a meeting will be scheduled with the individual filing the allegation to discuss the complaint. If the complaint is legitimate, the program faculty will develop a plan to resolve the issue and bring the program into compliance. If the party filing the complaint is not satisfied with the results, a meeting will be scheduled with the Program Director to determine if non-compliance still exists. This meeting will be scheduled within twenty (20) days of the original meeting. If the Program Director determines non-compliance is still present, a plan will be drafted to solve the non-compliance issue. If the results of this meeting are still unsatisfactory to the party filing the complaint, a meeting can be scheduled with the Dean for the School of Nursing and Radiologic Technology, and/or the JRCERT. Students have the right to report program infractions of the STANDARDS to the JRCERT.

20 North Wacker Drive, Suite 2850

Chicago, IL 60606-3182

312-704-5300

mail@jrcert.org

Curriculum Objectives and Graduate Competencies

<i>PROGRAM OBJECTIVES AND GRADUATE COMPETENCIES</i>	<i>LEVEL IV OBJECTIVES</i>	<i>LEVEL III OBJECTIVE</i>	<i>LEVEL II OBJECTIVES</i>	<i>LEVEL I OBJECTIVES</i>
1. Protects the individuality and rights of self and others.	Internalizes the uniqueness of individuals and groups	Values the unique biopsychosocial and spiritual nature of self and others.	Differentiates the uniqueness of individuals and groups.	Recognizes that each individual is unique.
2. Employs critical thinking in the use of the imaging process as basis of applying principles of radiation protection practice.	Evaluates the proper imaging process in carrying out radiation protection of individuals.	Integrates proper imaging process in carrying out radiation protection of individuals.	Demonstrates proper imaging process in carrying out radiation protection of individuals.	Identifies proper imaging process in caring out radiation protection of individuals.
3. Practices imaging safely and effectively at an entry level radiographer.	Performs safe, efficient, and therapeutic imaging measures to meet needs of individuals and groups.	Selects safe, efficient, and therapeutic imaging to meet needs of individuals and groups.	Carries out safe, efficient imaging to meet needs of individuals and groups.	Describes safe, efficient imaging to meet needs of individuals and groups.
4. Exhibits ethical-legal responsibility in imaging practice.	Values ethical-legal responsibilities in imaging practice.	Complies with ethical-legal guidelines in behavior and performance.	Interprets ethical-legal responsibilities in imaging practice.	Describes ethical-legal responsibilities in imaging practice.
5. Utilizes communication as a therapeutic tool in the establishment or maintenance of relationships with individuals and groups	Models diversified communication techniques in effective interpersonal relationships with individuals and groups	Integrates effective interpersonal relationships with individuals and groups	Demonstrates effective communication both orally and writing.	Employs effective communicates effectively, both orally and writing.
6. Perceives learning as a life-long evolutionary, self-directed process.	Evaluates effectiveness of teaching/ learning experiences for holistic patient care and professional growth.	Applies teaching/learning principles to generate personal and professional growth.	Practices teaching/learning principles to individuals and groups.	Identifies learning needs of self and selected individuals.
7. Functions interdependently with other health team members to foster continuity of health care for individuals and groups.	Critiques competencies of other health team members to promote effective collaboration and delegation.	Synthesizes potential contributions of team members and initiates collaboration effectively.	Utilizes other health team members as resources.	Practices interdependently with health team members.

Core Performance Standards for Admission and Progression

These Core Performance Standards for Admission and Progression were identified by the faculty as essential to learning the practice of radiologic technology. The School of Radiologic Technology will make reasonable accommodations for qualified students.

1. To request special accommodations: Within first ten working days of semester, submit documentation from appropriate professional substantiating disability and identifying accommodations recommended. The School of Radiologic Technology reserves the right to require independent assessment by a professional of the School's choice and at student's expense.
2. A committee will review information submitted and make recommendations to the director.
3. The director, student and faculty will meet to devise a reasonable plan to meet student's needs.

Below are performance standards of the BRGMC School of Radiologic Technology program. Read the standards carefully and be certain you can comply with ALL of them. The BRGMC School of Radiologic Technology expects students to possess and be able to demonstrate skills, attributes, and qualities stated below.

ISSUE	STANDARD	EXAMPLES OF NECESSARY ACTIVITIES (Not all Inclusive)
PROBLEM SOLVING	Sufficient intellectual ability for critical thinking and clinical judgment; sufficient powers of intellect to acquire, assimilate, integrate, apply information and solve problems.	Identify cause-effect relationships in clinical situations, make correct inferences, and cluster information to coordinate care and assist in patient care processes; respond instantly to emergency situations and assist with CPR.
INTERPERSONAL	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.	Present with professional appearance and demeanor. Establish rapport with patients/ clients and colleagues.
COMMUNICATION	Communication abilities in the verbal, written and electronic forms using correct English language, including grammar, syntax and punctuation, sufficient for interaction with others.	Explain procedures, initiate teaching, document and interpret patient/client responses in both manual and electronic formats. Communicate information effectively with other departments. Read and evaluate written orders and treatment requests. Understand and comply with verbal instructions and requests.
MOBILITY	Physical abilities and physical flexibility sufficient to move from room to room, maneuver in small spaces, and physical health and stamina sufficient to carry out radiologic procedures.	Move freely around in exam rooms, workspaces, treatment areas, and patients' rooms. Lift, move, position, and transport patients without causing harm, undue pain and discomfort to the patient or one's self. Transport mobile radiographic equipment in a timely and precautious manner.
MOTOR SKILLS	Gross and fine motor abilities sufficient to provide safe and effective patient care.	Calibrate, use, and manipulate equipment, position patients/ clients. Ability to perform cardiopulmonary resuscitation.

SENSORY	Sufficient use of senses of vision, hearing, touch, and smell to observe, assess, and evaluate effectively (near and at a distance) in the classroom, laboratory and clinical setting.	Hear monitor alarms, emergency signals, auscultatory sounds and cries for help. Observe patient/ client responses. Perform physical assessments and/or therapeutic intervention (i.e. blood pressure, inserting IV catheters, etc.).
BEHAVIORAL	Sufficient motivation and flexibility to function in new and stressful environments.	Ability to adapt to change of patient and/or clinical/laboratory area assignments for prolonged periods of time.

Statement of Non-Discrimination

Pursuant to Section 504 of the Rehabilitation Act of 1973, Baton Rouge General Medical Center School of Radiologic Technology will provide services and training, without discrimination, to any qualified handicapped person who meets academic and technical performance standards requisite to admission and/or participation in the radiologic technology program. BRG School of Radiologic Technology is dedicated to removing barriers and opening access for students with disabilities in compliance with ADA and Section 504 of the Rehabilitation Act for students that are also able to meet the physical and other demands of working in the profession of Imaging Sciences and with Public Health. We strive to meet reasonable accommodations in cooperation with each course instructor as necessary that our private school is able to provide. In order to receive accommodations, you must provide documentation of the special situation or disability to the Program Director of the BRG SORT with a list of each class in which you need accommodations. If you have a documented disability and wish to discuss academic accommodations, please see Mrs. Peters as soon as possible in person, via email at Jaclyn.Peters@brgeneral.org, or phone 225-387-7157. You may also choose to speak directly to the Instructor of the individual course

Validating Diplomas Policies

The purpose of this policy is to provide evaluation guidelines for validating high school diplomas for admissions within the BRG School of Radiologic Technology. All students will be required to provide a copy of their high school diploma, high school transcript or GED (General Education Development) to complete the application process at BRG SORT.

The process that the program and Registrar will follow to validate this educational requirement is be as follows:

- 1) The Registrar will review all high school diplomas, high school transcripts and GED's to confirm they are official documents.
 - a. For high school diplomas, a state seal and signatures are required.
 - b. For GED or high school transcripts, all dates of attendance, all courses completed, date of graduation and school board member or principal's signature is required.
- 2) If the Registrar determines that a diploma, GED or high school transcript has been tampered with, the Registrar will request an official document from the respective school/ institution. The official document must be mailed in a sealed envelope with the school/institution logo or during times of disaster, an emailed document will be accepted once the Registrar validates the sender as an official representative of the school/institution.

- 3) If the Registrar requires further validation of authenticity, the Registrar can check with the state department of education where the high school is located.
- 4) If a diploma has been lost or damaged, the Registrar will contact the school/institution and confirm that the student graduated or received a GED, the Registrar will request a document in writing from the school/institution to validate high school graduation.
- 5) If the high school is no longer in existence, the Registrar will contact the state department of education where the high school was located, and request validation of the student's graduation date be provided in writing.
- 6) Home-schooled students will be required to provide documentation of high school completion based on rules for home-school students in which the student was home schooled (i. e. transcript, secondary school completion credential or transcript equivalent of successful completion of secondary school education signed by parent or guardian).
- 7) Foreign students must provide evidence of completing the equivalent of a secondary education in the United States and a foreign diploma evaluation service will be used to provide validation.
- 8) Student-self-certification is not sufficient documentation to validate a high school diploma.
- 9) If the high school diploma cannot be validated, the application process will terminate.

Revised: 04/21

General Student Policies

Student Classification, Identification, and Information Release Policies

Classification and Identification of Students

1. According to hours enrolled:

Full-time: A student is considered full-time when enrolled in School of Radiologic Technology for:

- a. A minimum of twelve (12) credit hours during a regular semester, or
- b. A minimum of three (3) credit hours during the summer term.

Part-time: A student is considered part-time when enrolled in School of Radiologic Technology for:

- a. Less than twelve (12) credit hours during a regular semester, or
- b. Less than three (3) credit hours during the summer term.

2. According to Level:

Level I: Any student enrolled in any course with a number beginning in the 100s (RADS 101, 104, 105, 110, 120, and 120S). These courses are completed during first semester and summer term.

Level II: Any student enrolled in any course with a number beginning in the 200s (RADS 204, 210, 220). These courses are completed during Fall semester of first year.

Level III: Any student enrolled in any course with a number beginning in the 300s (RADS 304, 304L 306, 308, 310, 320, and 320S). These courses are completed during Spring semester and summer term of second year.

Level IV: Any student enrolled in any course with a number beginning in the 400s (RADS 408, 404, 410, 420 and 411). These courses are completed during Fall semester of second year.

3. According to courses completed or in progress:

Freshmen: Students who have not yet completed RADS 120S.

Sophomore: Students enrolled in Fall Semester in 200 level courses.

Juniors: Students enrolled in Spring Semester in 300 level courses.

Seniors: Students enrolled in Fall Semester in 400 level courses.

4. *According to Year and/or Class:*

Students may also be referred to as a whole in written or oral communication within the SORT as to their potential graduation year. For example, students who begin the program in Jan 2020 may be referred to as "Class of 2021".

Identification Badges

Student's pictured identification badges are issued at the beginning of the first semester. This official identification badge is to be worn at all times while on campus, on any GHS property, or in any clinical setting. Identification badges must be returned to school office upon withdrawal, dismissal, or graduation from the program. The first badge is provided for the student; the student pays for replacement badges. Students are never to be admitted to testing sessions without their identification badge.

Contact Information

Students are required to keep current addresses (including e-mail), telephone numbers, medications lists, emergency contact, and name change(s) on file in the school office. These records should be updated in writing at the time of the change. In the event of a name change, the student will provide official documents acknowledging the change to the school office as soon as possible. For academic purposes, the official change will be noted at the beginning of the next semester if the change occurs within a semester.

All Students, Faculty/Staff, and Clinical staff approved to work with students will maintain current contact information with the program for files as well as in the Trajecsys Clinical Record Keeping system.

Email is the preferred and most often used form of communication during the course of the program. Emails sent to the program administration, faculty, staff, or clinical staff following the end of the business day will not be required to be returned, answered or responded to until at a minimum the beginning of the next business day; but should be before the 3rd business day unless during holidays or school closures.

Mailboxes

Each student has a designated mailbox for intradepartmental communication. Students should be careful when removing items to ensure that they are for the proper person. Students should check their mailbox frequently while on campus. Students may leave materials for instructors in designated mailboxes located in the school office. These mailboxes should not be used to "store" things or failed to be cleaned out every week or two. No assessments will be returned through mailboxes.

Release of Information

Program:

The policy for faculty and students in regard to assuring recruitment or program activities present accurate information is that:

1. Published materials shall be cleared through director prior to dissemination to public.
2. All requests from the media for interviews shall be referred to director.

Student:

Information provided by the school regarding a student, a former student, or a graduate will be to verify enrollment or graduation status only. Release of additional information requires permission from student, former student, or graduate. If family or anyone else calls the school to locate a student, they may be asked to leave a message that will be placed in student's mailbox. Clinical and classroom schedules are not provided to callers or visitors.

Confidentiality of Student Records

The faculty recognizes the importance of safeguarding confidentiality of student and graduate records. Student and graduate records will be maintained in secured metal filing cabinets. All policies and procedures relating to records are in compliance with Family Educational Rights and Privacy Act of 1974, including Section 438(D).

The following policies are utilized by BRGMC School of Radiologic Technology to safeguard confidentiality of student and graduate records:

1. A student or graduate shall be informed of the right to review his/her educational record.
2. A student or graduate shall be allowed to review educational record (except references required for admission) upon written request and scheduled appointment with director of School of Radiologic Technology.
3. A student or graduate shall be provided the opportunity to seek the correction of an error in the educational record through a written request to amend the record.
4. A student or graduate shall be provided the opportunity to submit statements commenting on the information contained in the record.
5. A student or graduate may request, in writing, to initiate grievance/ problem-solving procedure concerning record contents.
6. Parents of students or graduates over 18 years of age may not review student records without written permission of the student.
7. No personal information contained within records may be disclosed without written permission of student or graduate.
8. Faculty will write letters of reference only upon written request of student or graduate and will submit a copy of the letter for the student's file.
9. Transcripts will be sent to a third party only upon written request by student or graduate.

Students' Right to Confidentiality

BRGMC School of Radiologic Technology provides that only persons who have a legal right in accordance with the FERPA law to access student records will be allowed to review such records for educationally related purposes. The student may request, in writing, the opportunity to review the material or to have transcripts from the BRGMC School of Radiologic Technology sent to other educational institutions in

accordance with regulations governing students' records. These rights can only be waived in writing prior to the release of any information protected under it. This includes parents or spouses of students.

Building Access

The School of Radiologic Technology building is open from 8:00 a.m. to 4:00 p.m. Monday through Friday, except for designated holidays, semester breaks, and other days and times as announced or posted. The School of Radiologic Technology shares the building and student lounges with the BRG School of Nursing. Students may lounge in designated School of Radiologic Technology areas - not in School of Nursing classroom or office areas. Students are not permitted into faculty areas without permission from the school office personnel.

Security

Crime reduction requires employees and students to diligently follow crime prevention strategies.

1. **Protect the school.** All entrances to the School of Nursing building are kept locked, except the center front door facing the lawn. All students must enter and exit through the front door during office hours. Alternate routes of exit may be selected after school hours. Never leave outside doors propped open and/or unattended.
2. **Protect your property.** Do not leave purses, textbooks, or any other valuables unattended in classrooms, lounges, or mailroom. Students should use assigned lockers or the trunk of their car to secure items. It takes only a second for someone to enter the front door and gather valuables in the school office or a classroom and leave unobserved.
3. **Protect yourself.** Keep all car doors locked, except when entering or exiting. Do not leave any items visible in your car. Report burned-out lights in parking areas or inside the building to the school office. Do not carry a greater amount of cash than you are willing to lose. If someone is panhandling, report the person to the office or call Security at 7741. Get a description (location, height, weight, clothing, any identifying features) so that Security personnel can recognize the individual.
4. **Stay alert.** If you see someone on the campus that is a stranger or appears to be lost, offer your assistance to help or direct the person to the school office for assistance. People with criminal intent often say they are looking for work or a job.
5. **Report any loss, theft, or suspicious activity** to the school office immediately or telephone 7741 for the Security Department. The incident will be noted and the local police summoned as warranted.

Parking

Student parking is free at the School of Radiologic Technology lot and designated adjacent lots. Students are responsible for securing their vehicles and all personal items within the vehicle. Students may ***NOT*** park directly behind School of Radiologic Technology building. They may park in school lot on east end of building and directly back to the end of the lot. There is a blue stripe on the parking surface to assist students in identifying parking areas. If the School of Nursing lot is filled, students may park in the free lot across West Drive. Parking is permitted in designated BRG parking areas. Students attending clinical rotations should follow designated parking guidelines for each clinical site.

Transportation

Students are responsible for their own consistent and reliable transportation for classes, clinical, and school activities as assigned or required.

Guests and Visitors

Students are not allowed to bring guests to class, to any school activity, or to campus without PRIOR specific permission from course faculty or director. This is of particular importance in its application to children. The depth of discussion and nature of the material presented in most lectures creates an experience unsuitable for children. Additionally, the presence of children may be disruptive or may restrict fellow classmates in their participation or asking of questions during the class session.

Family members and friends should check with the school secretary for escort to other parts of the building. Visitors should not have unsupervised access to mailboxes, classrooms, or lounge areas.

Smoking

The Baton Rouge General Medical Center School of Nursing and Radiologic Technology campus is a SMOKE FREE campus. No smoking, or use of tobacco products including Vaping, is permitted on the grounds or any surrounding property. Students are not permitted to sit in their vehicles and smoke on campus or vape. Additionally, students who smoke prior to arrival should have a neutralizing product, such as Febreeze™, available to reduce the smoke odor present on clothing prior to returning to class or any clinical setting. Students are **prohibited** from smoking or vaping, or using tobacco products **while in uniform at all times**. This includes coming to and from clinical. **Never smoke or use tobacco products while wearing your school uniform!**

The Baton Rouge General Hospital campuses have smoking in limited designated areas for visitors and staff; students are to direct visitors appropriately to these areas. Student smoking will **not** be allowed anywhere within the hospital. Smoking in any area on the campus of School of Nursing and Radiologic Technology, the campus of any General Health System agency, or any clinical agency will result in disciplinary action and may result in dismissal from School of Radiologic Technology.

Cancellation of Classes Related to Inclement Weather

In the event of inclement weather, a school official will contact all students and faculty via Remind App and announcement of cancellation of classes. If school closure is required, appropriate notification will be attempted through course faculty email, remind message, and will be posted to Trajecsys system will be updated to reflect the status of the closure. In the event the student is already at clinical or in class when classes are cancelled due to inclement weather, classes and clinical activities continue until the director and/or clinical faculty give alternate instructions. Cancelled classes and/or clinical experiences will be rescheduled and posted contingency days may be utilized by faculty members to allow for completion of course requirements. Please check emails and cell phones for messages regarding possible SORT closures; this will be our primary method of contacting you regarding these closures.

If weather status is known in advance, such as with potential for hurricane, students will be notified as early as possible regarding class schedule changes and school closure. The school often closes later and re-opens sooner than other area schools and universities. Students are responsible for returning to class according to communicated return schedule. If students evacuate to other areas, they are still expected to return for class and clinical activities as they resume.

Holidays and Vacations

Students may observe all holidays and breaks in accordance with the School of Radiologic Technology Academic calendar.

Dining

Dining is permitted **only in upstairs student lounge or in the Resource Room downstairs**, unless as a part of a planned student or class activity. Cups or bottles that close completely are allowed in the SORT Classroom, and are to be placed in or around your personal belongings such as a backpack. Anything open faced unless provided for you during an event are not allowed. Eating anything, food or snacks, unless provided for you for a special event is not allowed in the SORT classroom. Place discarded food in trash in lounges only. All food and beverages are strictly forbidden in Computer Learning Lab. Violators may lose privileges to the learning labs and be required to complete course requirements through other means. Students are responsible for their own meals. Students may purchase meals in the BRG Cafeteria.

Housekeeping Rules

Housekeeping is everybody's responsibility. If you mess it up, clean it up. If it is messed up and no one cleans it up, clean it up anyway – at least once, to build character. Pick up paper, wash dishes, remove moldy smelly food from refrigerator, wipe up spills on carpet and floor, etc. If you are unable to completely remove stain, when you clean up a spill, notify school office, so that proper cleaning of carpet may be scheduled.

Textbooks/eBooks

The cost of textbooks and school supplies is the responsibility of the student. The school may host book fairs from our primary publishers and/or offer students package deals and convenience in purchasing materials. Textbook packages with unique course access codes may be required for purchase by students. Packages are negotiated to present cost savings to students and to ensure that students have proper access to all required electronic course materials. Some are worth cash value and will not be replaced if lost or damaged during the program, this will be the responsibility of the student alone. Also, any textbook that is in e-version only/not provided in print in your bundle and the program has in print, you may rent them on a semester or limited basis from the Registrar. These are first come, first served and any damage to the program's copy will be required to be replaced by the student.

Social Networking

Personal websites, web logs (blogs), group text messaging, and other mass communication venues such as Twitter, Facebook, Instagram, and SnapChat are prevalent methods of self-expression, generally known as social networking or social media. The BRGMC School of Radiologic Technology respects the right of faculty, staff, and students to use these media for communication during their personal time. However, faculty and staff have a professional responsibility to guide and counsel the pursuit of learning

in students in an atmosphere that fosters honest academic conduct without exploitation or discrimination and maintains confidentiality of the student, school and co-workers.

The protection of the program's reputation (as well as faculty/staff/student) is also a necessity of the program administration and will be dealt with as necessary- posts or communication (of any kind) regarding the above stated that is considered to be dishonest or misrepresentations of the truth or facts will be considered libel and slander and will be referred to program administration or Legal Department of BRGMC or GHS for any necessary actions. Logos of the institution, program, or representation of the student as a part of the BRG SORT in an unprofessional manner, violations of HIPAA, or FERPA, will also be referred to as a violation of Student's Code of Conduct resulting in disciplinary action (specifically this includes tagging the SORT or BRG as place of education, clinical uniform while acting irresponsibly, or inappropriate actions posted while at school function or directly referring to the program or activity of the program). The following guidelines are in effect to recognize the benefits of social networking while also being able to provide an environment that encourages continual growth of moral and ethical values, including personal honesty and mutual trust.

- 1) Faculty, staff and students are expected to communicate knowledgeably, accurately, and professionally. Faculty and staff are advised to carefully consider the professional risks of contact with students using venues not provided or authorized by the BRGMC School of Radiologic Technology. Communication through these venues may result in members of the public forming an opinion about the SORT, its faculty, staff, administration, and students even if the user provides a disclaimer that the communication does not represent the SORT.
- 2) Interaction between students, faculty and staff is restricted to SORT authorized or approved venues. Student questions or concerns will only be addressed by faculty or staff if received through approved channels of communication which include: face to face, phone, Remind App, BRGMCSORT e-mail, Evolve e-mail, Trajecsyst, or a SORT sponsored social networking site.
- 3) Social networking with students (current or dismissed) by faculty, staff, Clinical Educational Affiliates including Technologists or CES administration outside the context of instructional purposes is ***prohibited*** and may pose professional risks.
- 4) Students are **not** allowed to post comments or photographs on social network venues which reference or depict any content, interaction, or individual whether student, faculty, or staff, affiliated with the SORT or The Baton Rouge General Medical Center or clinical affiliates in a disrespectful, professionally inappropriate, or perceived negative way. Photos, posts, or comments, by faculty, staff, or students should be positive, and professional in nature only that reflects and represents the program, students, or faculty, in a positive and professional manner. Ex. Posts about tuition being "outrageously expensive and ridiculous" when you are tagged as a BRG SORT student vs. Posts of a Community Service Project where all of the students and faculty are participating in the Capital Area Heart Walk.

- 5) Boundary violations are actions that overstep established boundaries to meet the needs of the faculty, staff and students. The faculty, staff and students should avoid situations where they have a personal, business, or professional relationship outside the SORT defined relationship during the duration of their time in the professional program.
- 6) Faculty, staff and students who recklessly or intentionally endanger the mental or physical health of others at the SORT will be subject to corrective action up to and including termination or permanent dismissal.

Transferring Credit Criteria

Baton Rouge General's Scholl of Radiologic Technology program is a private, not for profit hospital-based certificate program that is JRCERT programmatically accredited and does not carry the institutional accreditation that other private or public institutions may have. Our pre-requisite requirements for admission into our program must be taken at outside institutionally accredited community colleges or universities. Those courses listed with a "C" or better can be used for our program's admissions requirements. Our professional program courses will not transfer however to other public or private institutions solely as taken within the program. Our program does have an articulation agreement with Northwestern State University for which specific courses have a credit exam or portfolio submission requirement to obtain transferable college credits within a SACS accredited institution. This agreement is in place for students to obtain a degree with Northwestern State University, which is the minimum requirement for obtaining ARRT national certification to practice in medical imaging and required for obtaining state licensure from the LSRTBE. Our program does acknowledge degrees prior to admission or obtaining during program completion that care also recognized by the ARRT. Because our program is not institutionally accredited, transferring completed courses within our program to other institutions may will result in a loss of credits.

For more information about transferring credits criteria, program requirements, transfer credits into our program, degree requirements, NSU articulation, and transfer credit out of our program prior to program completion, please contact our Registrar.

Non-Sanctioned Electronic Course Assistance/Online Course Content Software-

The faculty at Baton Rouge General School of Radiologic Technology (BRG SORT) work diligently to ensure students receive the most current course content information. All study guides, worksheets, activities, quizzes, and exam information is the property of BRG SORT and disseminating it in any way (electronically or manually) would be considered plagiarism and students caught doing so will be held accountable and must answer to the Program Director regarding a violation of professional behavior and student code of conduct. BRG SORT understands there are a multitude of websites that offer platforms for students to share information regarding course content (i.e.: *Quizlet, GoConqr, Evernote, StudyBlue, StudyStack, Memorize.com, and Course Hero*); the program does not condone the use of these sites and students need to be cautious regarding the accuracy of the information on these sites. BRG SORT does not authorize the use of shared course information.

Graduation Activities

All enrolled students, not just graduating seniors, are expected and required to attend graduation exercises and rehearsal for graduation. Graduation rehearsal is generally held the morning of the day prior to graduation, but is officially announced. Rehearsal lasts approximately two hours. The date for graduation is posted on the school's academic calendar. Junior level students have assigned responsibilities related to graduation ceremony and reception, set-up and clean up as well.

Graduation Attire

Seniors: Graduates wear black graduation cap and gowns (with collars for women) and other SORT designated graduation regalia rented or purchased at the student's expense and coordinated through the School of Radiologic Technology.

- Women wear dresses (must be no shorter than knee and no longer than midcalf) or skirts with dressy blouses with appropriate dressy hard-soled, closed toed -shoes. Strappy Dress or Peep Toe or Open toed dress shoes will be allowed by prior approval only. No sandals are permitted at all. Appropriate hosiery must be worn. Nothing too tight, too short, or revealing will be allowed. Clothing underneath should not be visible at the neck, or hang below the gown in length.
- Men wear a long sleeved dress shirt, tie, dress slacks, dress socks and dress shoes. Shirts must be tucked in with belt. Tennis shoes or any version short of business or dress shoes will not be allowed.

Any concerns or questions about this should be addressed with the Program Director before Graduation Practice and alternative decided upon for prior approval made before being allowed to participate in the ceremony. All Graduation outfits will be required to be brought to the Program Director/Designated SORT Faculty on Grading Day or prior to receiving final grades or participating in Graduation practice. After approved, then no changes are to be made in the attire without re-approval prior to ceremony. Any unauthorized attire or changes that do not fall in line with the seriousness or respectful nature of the event in a church will result in the individual not being allowed to participate in the graduation event or requirement of the graduation regalia being worn for the duration of the event.

Regalia will not be allowed to be decorated or adapted without the authorization of the SORT faculty. Gowns must be free of wrinkles and fold lines. They should be brought on hangers and placed on at the graduation facility day of. No additional insignias or symbols or stoles will be allowed to be worn, including caps.

Juniors: Dressy attire for both men and women similar as listed above, but in white or black only. Those helping with set-up or clean up only will be allowed to wear casual appropriate clothing.

Changes of Curricula or Handbook

Students who interrupt their work within the School of Radiologic Technology program will be subject to compliance with all changes in the admission requirements, course curricula and/or student handbook in effect upon the return to school. Students who interrupt their work in the program for more than one

year are required to begin the program at the entry level for a new class rather than from the point of their withdrawal from the program.

The Student Handbook and SORT Policies are reviewed annually for revisions, corrections, or changes to be made. The policies changed at that time will be enforced immediately. If an urgent circumstance arises prior to the annual review and immediate revisions are necessary, then a policy change will require an additional student/faculty/department/technologist orientation and read/sign form to be kept on file in the SORT offices. No policy changes no matter the urgency will be retroactive.

Student Health and Welfare

Baton Rouge, the capital city of Louisiana, is a cultural, social, and educational center. There are opportunities to participate in a variety of activities according to individual preferences, including theater, symphony, museums, shopping centers, and sporting events. Faculty and students throughout the program will plan social gatherings regularly. Examples may be: Welcome Party, Red, White and Boo celebration and Christmas activities. The School of Radiologic Technology is nonsectarian; however, students are encouraged to attend and participate in activities of the church of their choice. The hospital chapel is available for meditation.

Student Services

BRGMC SORT makes the following services available to the students:

- Employee Assistance Program: A confidential counseling program is available to students and their families. The services are available 24 hours a day. The initial evaluation is at no cost to the student/family. Appropriate state professional boards in social work, psychology, and psychiatry license program clinicians.
- Academic Advisement: Each semester students have a designated faculty advisor for academic support. The faculty members also review the achievement testing results and are available to discuss results with each student.
- Remediation services: A faculty member is available to meet individually with students to help identify ways to improve study skills and test taking abilities to promote greater academic success for the student.
- Parking: Students may park in the school of nursing parking lot and designated BRG parking lots free of charge.
- Meal Discounts: Students wearing their pictured SORT ID badge are eligible for discounts in the cafeteria at the BRG Mid-City and Bluebonnet locations.
- Financial Aid Counseling: Counseling is available regarding Pell Grants, guaranteed student loans and other available resources.
- WiFi usage: The School of Nursing and Radiologic Technology building offers free WiFi usage for students while on campus through the BRG Guest network.
- Resource Room, Laboratories, and Health Science Library are all great learning resources and educational environments for students within the program. These are available without charge to students currently enrolled.

Guidance

Academic and general guidance are provided within the School of Radiologic Technology to aid students in achieving optimal development. Students are assigned a faculty advisor and have access to a faculty member for purposes of remediation if experiencing academic struggles. Students may be referred to the BRG Employee Assistance Program as needed and participate on the same basis as employees. This initial evaluation is free and strictly confidential.

Health

The School of Radiologic Technology requires each student to provide evidence of acceptable health status upon admission. This includes evidence of immunization and associated titers for communicable diseases such as measles, mumps, rubella, chicken pox and hepatitis. Additional information is requested as needed. Students are required to provide a medical release for attending clinical sessions following certain medical conditions, not limited to but specifically including any condition that is considered contagious, transferable, or concerning for the high risk immunocompromised patients within the CES or peers or faculty within the didactic settings.

At admission and yearly, students are required to have an intradermal PPD skin test for tuberculosis (TB) and Respiratory Fit Test for patient with Respiratory Precautions or on Isolation. If students have never had a tuberculin skin test performed, they will be required to complete the two-step method. Consult your private physician's office. Respiratory Fit Testing will be done by the BRG Employee Health Department and paperwork confirming this will be in your clinical file. Present test results/appropriate paperwork to school and follow physician's recommendations, if any. ***Students without current TB status and Current Respiratory Fit Testing on file cannot participate in clinical activities*** and will receive a record of ***deduction of appropriate points within the clinical grade, up to additional disciplinary action*** for all missed time. COVID exposure in a clinical setting is reduced to the lowest possible exposure limit. Students will be required to follow strict guidelines while attending class and clinical to ensure the safety of the students, proctors, patients, and faculty/staff. Anyone experiencing any of the screening symptoms or with a immediate known exposure should self-quarantine and follow the established notification process immediately. The program, sites, or any others are NOT responsible for a student's exposure to or contraction of the COVID virus or any other conditions while attending classes or clinicals.

Additionally, missed clinical days may not exceed the specified amounts and require additional work to satisfy the course requirements. **Students are responsible for their own health. Health insurance coverage is strongly recommended.** The School **does not** endorse any insurance plan. For information about health insurance policies, contact your insurance agent.

Health services for minor emergencies and illnesses, including clinical incidents, are available to students through the Baton Rouge General at the student's expense.

Pregnancy

The National Council on Radiation Protection and Measurement (NCRP) recommends that the maximum permissible dose equivalent to the embryo-fetus from occupational exposure to the expectant mother should be limited to 0.5 REM (50 millisieverts) for the entire gestational period (9 months). Through proper instruction in all safety precautions and personnel monitoring, and strict adherence to these precautions, it is possible to limit occupational exposure to less than 0.5 REM and prevent the fetal dose exposure limit from being exceeded.

Students enrolled in School of Radiologic Technology are instructed in proper safety precautions and personnel monitoring prior to being admitted to any ionizing radiation area. Students are required to abide by all safety precautions. The importance of the ALARA concept (keeping exposure as low as practical through a combination of time, distance and shielding) is stressed.

Declared Pregnant Student

A student who has voluntarily informed the SORT Clinical Coordinator and Radiation Safety Officer (RSO), in writing, of her pregnancy and the estimated date of conception is considered a declared pregnant student. A student has the right to declare her pregnancy and at such time, the precautions listed below must be followed.

A student also has the right to not declare their pregnancy, in which case, the student will be treated as though she were not pregnant. Once a student has declared her pregnancy, the student also has the right to undeclare her pregnancy at any time. The withdrawal of the declaration of a pregnancy **must** be in writing. This is in accordance with Federal and State laws as well as the most current NRC Regulations. All students will be required to sign a form stating that they are aware of this policy and realize that BRGMC, SORT, or the affiliated medical facilities and personnel cannot be held liable for problems which may occur should a student NOT DECLARE or UN-DECLARE her pregnancy.

Due to the number and variety of courses in the curriculum and the importance of maintaining a rotation schedule through the various assigned areas without interruption, should any student suspect pregnancy, they are *recommended* to report it immediately to the Clinical Coordinator.

Upon **declaration** of pregnancy, the student will:

1. Submit a statement from her physician verifying pregnancy and expected due date. The statement should include the physician's recommendation as to which of the following options would be advisable:
 - a. Immediate leave of absence (LOA)
 - b. Continued full-time status with limited rotations excluding fluoroscopy, surgery, portables, special procedures and Nuclear Medicine during the declared pregnancy period.
 - c. Continued full-time status with no modifications exercising strict adherence to all safety precautions for protection purposes. *(revised May 2012)*
2. Counsel with SORT Faculty and the Radiation Safety Officer regarding the nature of potential radiation injury associated with in-utero exposure, the regulations established by the NCRP, and the required preventive measures to be taken throughout the gestation period.
3. Submit in writing, within 24 hours, her decision as to remaining in the program, dependent on the above, or resigning from the program. If resignation is the choice, no other action is indicated.

4. Clinical leave of absence will be reviewed on an individual basis by the RADS Radiation Safety Officer, Dept. Head and Clinical Coordinator, dependent on the physician's recommendation.
5. Be required to attend the regular class schedule.
6. Be required to abide by the following:
 - a. Strict adherence to all safety precautions for protection purposes
 - b. Submit statements from her physician as to any changes or problems in her pregnancy and advisability of continuation full-time
 - c. Wear two (2) personnel monitoring devices, one placed on the collar and one on the abdomen for fetal monitoring. Readings will be monitored by the RSO and the student will be subject to an immediate leave of absence from the clinical environment if at any point the RSO deems it necessary.
 - d. At any time the pregnant student feels that she is working in an unsafe area or under conditions she feels are detrimental, the student should remove herself immediately and report to the Clinical Coordinator, Clinical Instructor, Departmental Supervisor, and/or SORT Program Director.
 - e. At no time and for no reason will the pregnant student place herself in the primary beam of radiation.
7. Have the option to continue without any interruption in the regular program.
8. Be informed that, dependent on the course requirements and length of absence, she may be required re-take the course(s) in their entirety.
9. Be required to complete upon her return all course requirements, if absences do not exceed the 15% limit as stated in the Student Handbook.
10. Return to full-time status as soon as possible after delivery, but only on the expressed written permission of her physician. A vacancy will be held for the student for a maximum of one (1) year following delivery. After that time, she will be considered a withdrawal from the Professional program and must reapply.
11. Realize that the student must complete, upon her return, all requirements for graduation, including required courses, clinical competencies and rotations.

If the student has declared her pregnancy, and then wishes to un-declare it the student can do so at any time with the completion of the following:

1. *Complete the request to undeclared in writing to the Program Director with date and time, as well as student signature in ink.*
2. *Letter from the declared physician that they have been made aware that the pregnancy has been officially undeclared with the SORT.*

The potential risks of radiation to the fetus is the responsibility of the pregnant mother/student and the adaptation of schedule or other accommodations to reduce these risks will not be monitored for following un-declaration. Student participation in the program will be as if the pregnancy is not a factor for the student. (Added for clarification Jan 2016)

Radiography Student Council

Constitution and Bylaws

ARTICLE I: **Name-** This organization shall be known as the Radiography Student Council, School of Radiologic Technology, Baton Rouge General Medical Center, herein after referred to as Student Council.

ARTICLE II: **Purpose-** To provide an open line of communication between faculty and students and to provide the opportunity in program governance participation; to participate in professional development activities, to perform community service through special projects and events, and to raise funds to participate in all of the above mentioned.

ARTICLE III: **Functions**

1. To gather together as a group in order to raise funds to perform functions and attend professional development events; to decide on special projects; and conduct organization business.
2. For faculty and students to discuss academic and clinical concerns and suggestions.
3. To inform students of revisions and allow students to offer input on these or any other revisions and to periodically review policies.
4. To make announcements.
5. To positively affect the community by hosting and participating in a minimum of eight (8) community service projects occurring with a minimum of 16 total participation hours approved by the Faculty Advisor and/or Program Director per year.

ARTICLE IV: **Membership-** Membership in this organization is required for all professional students in the BRG SORT with continued progress throughout the program. If a student is dismissed or does not progress to the following semester within the SORT professional program, the student's membership is revoked and any financial or time contribution that they have added to the organization while a member will remain with the organization. There are no required dues for membership, but events/functions/Activities/Meetings of the organization are required to maintain membership. Membership statuses are as follows: RT1 Class, RT2 Class, School Faculty/Staff, and Executive Council. Executive Council will preside over all meetings and functions and will include (Duties and Responsibilities of Executive Council are clearly stated in a separate document maintained by the program faculty advisor):

- Senior Class President (Chairperson)
- Senior Class Vice-President
- Senior Class Treasurer
- Senior Class Recording Secretary
- Junior Class President
- Faculty Advisor

ARTICLE V: **Meetings**- Meetings shall be held the as scheduled on the Academic Calendar of each month typically from 12:00 pm until 1:00 pm. Special sessions may be held at the request of any member within a reasonable amount of time. All Executive Council members must meet with Faculty Advisor one week prior to the RSC meeting to have items on the agenda approved, added to, or revised as needed.

ARTICLE VI: **Voting Power**- Each member of the Student Council shall have one vote.

ARTICLE VII: **Quorum**- 2/3 of the membership. Upon vote, majority wins.

ARTICLE VIII: **Amendments**- Rules and Regulations may be amended at any time with a motion and a second, and then put to a vote. Issues needing discussion must be brought to the chairperson by noon Thursday before the Friday meeting.

Academic and Clinical Policies

Academic Integrity

Any act done to misrepresent one's knowledge and/or ability in an attempt to gain an academic advantage is considered to be an act of academic dishonesty. This includes, but is not limited to, the following actions or attempted actions:

1. Cheating on examinations
 - A) Utilizing any materials not authorized by the instructor for assistance on an examination
 - B) Utilizing any information on an examination that was obtained from another individual and not authorized by the instructor
 - C) Allowing another individual to take an examination and presenting work as his/her own
2. Cheating on course assignments
 - A) Obtaining any form of assistance not authorized by the instructor on a class assignment
 - B) Submitting the same work in more than one course without the knowledge and permission of the instructors
 - C) Failing to include proper citation to any reference material used to prepare submitted works
3. Plagiarism (*See "Copyright" Policy from the Health Science Library Dept. for BRG/GHS for further details; as posted on BRG SON/SORT Information Bulletin Boards.*)
 - A) Submitting an assignment as one's own original work when all or part was done by another individual
 - B) Knowingly representing the ideas of another person as one's own in any academic exercise
4. Fabrication
 - A) Inventing or falsifying information used in an academic exercise
5. Misrepresentation
 - A) Intentionally providing false or misleading information regarding absences in class, missed exams, late class work, or class drop dates in order to avoid the penalties associated with these actions

- B) Intentionally providing false or misleading information on any official documents such as applications for admission and financial aid
- 6. Unauthorized Access
 - A) Unauthorized access to and/or alteration of any class records or documents such as grade books, class rolls, and examinations
 - B) Unauthorized access to and/or alteration of any official school documents such as transcripts, admissions files, and financial aid records
- 7. Facilitation
 - A) Intentionally helping another individual to commit any act of academic dishonesty

To reduce the potential for violation of academic integrity.

Faculty should use all means possible to prevent breaches of academic integrity. In any written assignment in which plagiarism could occur, students should be required to show evidence that the assignment has been cleared through Turn-It-In or other similar technology and does not contain plagiarized passages, where necessary.

When a breach of academic integrity is suspected.

When a faculty member observes, or is made aware that a suspected act of academic dishonesty has occurred, the faculty member should proceed as follows:

1. Notify the student and arrange a conference to allow the student to respond to the charge.
2. When the offense occurs:
 - a. If the faculty member is convinced, based on the student's response and other available information, that the student has maintained academic integrity, no further action should be taken. Document the information in the student's academic advisement folder.
 - b. If it is obvious that the student lacks sufficient knowledge regarding the nature of the offense, the faculty member shall give a clear explanation of the offense and refer the student to the document on academic integrity provided in the student handbook.
 - c. If the faculty member is unconvinced of the student's ability to demonstrate academic integrity, the faculty member and student will have a scheduled meeting with SORT administration to review the incident and determine if any consequences are warranted.

Attendance

Each student is responsible for attending class for the entire length of the class session and for maintaining punctuality. If any faculty member feels a student is demonstrating a pattern of absence and/or tardiness, the student will be referred to the Program Director for review

of the situation and determination of appropriate consequences. Consequences may include, but are not limited to point deduction for course attendance, dismissal from course, or programmatic dismissal. Students that are not attending didactic courses usually demonstrate a lack of content comprehension and therefore do not perform on course assessments (ex. Testing) at or above acceptable limits.

Classroom laboratory activities missed will be up to the student to schedule time with fellow students and/or laboratory course instructor to get material missed. Laboratory course test will be made-up at the end of the semester or at the course instructor's discretion within the same course content week, as described during course orientation and course syllabi. Also laboratory test make-up will only be allowed for excused absences. Lab activity absence will result in point deductions from course attendance.

For Clinical Competence and Course Completion, the ARRT requires that students participating in clinical rotations as a part of the Professional Radiologic Technology program attend 85% of scheduled clinical days for the semester to be able to progress, whether excused or unexcused. Clinical absences, if unexcused, will result in loss of clinical time and point deductions from the professional responsibility section of the clinical course grade. Excused clinical absences will result in loss of clinical time, but if procedure followed as detailed, will NOT result in loss of point totals for professional responsibility course grade. Point deductions will result if the proper procedure is not followed. Therefore, excessive clinical absences may result in a compounding point deduction from professional responsibility, lack of clinical progression, and could result in course failure.

Tardiness

Clinical

Students are expected to arrive at the clinical education site on time. A student is counted as tardy after clocking in even **one** minute after their assigned time. Students who report to the assigned clinical area after **30 minutes** of their assigned time are considered absent for the day. Students who are repeatedly tardy are subject to disciplinary action and must schedule a counseling session with the Clinical Coordinator and/or Program Director. Failure to follow any of these guidelines will result in a clinical unsatisfactory and compounding point deduction from professional responsibility.

The student who will be arriving late to a clinical area is required to follow the procedure as listed below:

1. Call the clinical site and inform a technologist of your anticipated late arrival at least 30 minutes prior to the designated beginning clinical time.
2. The estimated time of arrival is to be given along with a number where the instructor can contact the student as soon as possible (unless en route).
3. Email the Clinical Instructor or Clinical Coordinator. You should provide the following information when emailing: Name, reason for tardiness, clinical site and technologist that you spoke with, and time you called them. The Clinical Instructor or Clinical Coordinator reserves the right to decide if the student is allowed to arrive late, will receive a clinical absence, or will be required to perform any additional didactic/clinical assignments.

Failure to follow any of these guidelines will result in a compounding point deduction of (-2) for the first 30 minutes and an additional professional responsibility section of the clinical course grade and/or Clinical Unsatisfactory.

****** If the student clocks in one minute late/leaves early or is absent for any reason he or she is required to submit an email clinical Instructor.**

Class

Students are expected to arrive promptly for the scheduled class times and attend all scheduled class time attentive and actively engaged in the course content. The doors to classroom will be **locked at the time the instructor begins class**. Students will only be allowed to enter the class at the next class break time. If a student is to be tardy, notify the course instructor via office phone or email as soon as possible. If a student is tardy when a quiz or other class activity occurs, the student will only be allowed to make up the assessment or activity for an announced/scheduled assessment only with an excuse, if unexcused the student will receive a "0".

If a student is tardy for a scheduled exam, the instructor will determine if an extension will be granted or denied, based on if the tardy is excused and/or instructor's discretion. The instructor reserves the right to administer a different form of the test, either essay or oral. If a student is absent from class prior to an exam that occurs on the same day, the course instructor has the right to allow or deny the student to take the exam. If a class tardy or absence is unexcused, a score of zero will be entered for that exam grade and/or attendance grade for the day.

Absence

Clinical / Classroom/ Laboratory

Clinical and classroom laboratory attendance is **mandatory**. If the student is going to be absent from clinical or classroom laboratory experiences, the student must follow the procedure for notification of appropriate individuals.

1. If the student is aware of the upcoming absence, the student must:

- a. Inform the Course instructor/ Lab Instructor/Clinical Coordinator AND **(if clinical)** the Clinical site Instructor **prior to** any absence.
 - b. **If clinical**... The student must provide the Clinical Coordinator or Clinical Instructor of the technologist that they spoke with, as well as time and/date that they spoke with them regarding the absence. We prefer that if this absence is upcoming, then this step be done in writing or via email.
2. The student who is going to be absent due to circumstances arising **immediately prior to clinical** is required to follow the procedure as listed below:
- a. Call the clinical site and inform a technologist of your absence at least 30 minutes prior to the designated beginning clinical time.
 - b. Email the Clinical Instructor or Clinical Coordinator. You should provide the following information when email: Name, reason for absence, clinical site and technologist that you spoke with, and time you called them. The Clinical Instructor or Clinical Coordinator reserves the right to decide if the student is excused if not one of the excused reasons explained below.

Failure to follow any of these guidelines will result in a (-1) point deduction for each of the steps required or items listed above up to (-8) from your professional responsibility section of the clinical course grade and/or Clinical Unsatisfactory. If the absence is then determined to be unexcused, a (-2) compounding point deduction will also be figured into the professional responsibility section of the student's clinical grade. For example, If the student is going to be unexcused and doesn't follow the required protocol listed above, then the student will receive a (-10) points from the total points possible from the professional responsibility section of the student's clinical grade.

3. The student who is going to be absent due to circumstances **immediately prior to class or laboratory activities** is required to follow the procedure as listed below:
- a. Email the Course Instructor to inform them of the reason for the absence prior to or at the time of the missed activity/class. If excused, then make-up assignments will follow discretion of the instructor or as listed here in. If unexcused or unannounced assessment, the grade for the activity or other course assessment will be a zero.
 - b. If the Course Instructor is not notified of the absence with 24 hours of the missed class or activity/lab, the absence will be considered unexcused and result in point deductions or zero for grade.

A conference with the Clinical Coordinator and/or Clinical Instructor will be required when student misses more than 3 clinical days (or 20 hours) and documentation will be placed in student's file. The written documentation will consist of: list the dates of the absence, a written warning, a detailed action plan for the student to identify causes and address those causes so that further absenteeism in the course will not occur. If additional absenteeism does occur a conference with the Program Director is required and will result in written warning and/or possible failure to progress clinically because of a pattern of unsatisfactory clinical performance.

Excused Absences (Defined)...

Excused absences include illness with a doctor's excuse or issue of contagion, jury duty, death of a family member (parent, step-parent, sibling or step sibling, grandparent, or child), or military deployment/required annual training. With an extended illness, injury, issue of contagion, or surgery, including pregnancy, the student is required to submit a physician's written permission to return to school and to participate in learning activities essential to meeting course objectives- **especially clinicals**. When a student misses any class or learning activity due to illness, documentation from a physician will be required to be presented to the instructor. Course completion requirements restrict the amount of time a student may miss from class and clinical and meet still the requirements to successfully complete the course. For jury duty or military absence, a copy of the memorandum or assignment will be required to excuse absence. For death of an immediate family member, provide a copy of the Obituary that as printed from online or the newspaper. ***NO student will be allowed back to clinicals or lab environments with the release from a doctor under any form of restrictions, including lifting limits. This is a safety issue for both the student and the patients we care for. NO student will be allowed to attend clinicals or class with any issue of contagion unless released by a physician stating they are no longer contagious, as this is also a safety issue for peers, faculty, and patients.***

All other absences not covered or listed above will be at the discretion of the Program Director or Clinical Instructor/Coordinator. Work, car accidents/traffic/car trouble, or doctor's appointments scheduled on clinical or class time will never be considered excused. Please keep the faculty of the SORT informed if there is a situation that may be considered for excuse and may cause necessary absences; these will be dealt with on a case-by-case basis and against the policies of the SORT.

All excuses or documentation necessary must be provided to the Course Instructor/ Clinical Coordinator/Program Director as required immediately upon return to class or the class day immediately following the clinical absence. There is no exception to this policy. If not provided within the time requirement, the excuse or associated documentation will be filed as late and will count as an unexcused absence.

Veterans, Attendance Requirements

An occasional tardy, not to exceed 30 minutes at the beginning of the day will be recorded, but not reported to the Veteran's Administration. Tardiness beyond the 30 minutes is recorded as a partial day. Partial days of absence are recorded and reported to the Veteran's Administration, as well as full days of absence. A veteran who is absent more than 10 days in a semester will be reported.

Audit Policy

A student who is readmitted or plans to seek immediate readmission may have already earned credit for a particular course that he/she may desire, or have been recommended to repeat. A student who wishes to audit a course must meet eligibility requirements for admission to the School of Radiologic Technology. The student must request and obtain permission from the Program Director of the School of Radiologic Technology to audit the course in writing the prior semester. Students may be required to repeat a course as a condition of readmission, in which circumstance the student is not in an audit status. The following conditions apply to auditing a radiologic technology course.

1. Full tuition and associated fees are charged for audit of a course, if required.
2. Students will fully participate in all aspects of the course in the same manner as all other students, with the exception of testing/assessments.
3. The student will not receive a course grade for an audited course.
4. Students auditing a course are counted in the total number of students for that course. Clinical courses are not allowed for Auditing to ensure all aspects of clinical capacity and ratios will not be in violation of JRCERT requirements.
5. Students may not audit the same course more than once.

Required or Requested Repeat Course Policy

A student who is readmitted or plans to seek immediate readmission may be allowed to repeat a course previously taken, or may be required to retake as a condition of readmission upon official request and permission granted by the Program Director in writing in the semester prior to expected readmissions. The student must meet eligibility requirements for the course for admissions to the School of Radiologic Technology. If a student fails out of the program because of failure to meet the semester or cumulative GPA requirement, all courses in the re-entry semester, whether passed or failed, must be repeated for readmissions. Audit Status is not the same as repeat. The following conditions apply to course repeat:

1. Full tuition and associated fees, textbooks and supplies are charged for the course and must be paid as program requires of current students.
2. Students will participate fully in all aspects of the course and all methods of assessment including all course exams and finals in the same manner as the current students within the course.

3. The student will receive a course grade at the end of the course, whether higher or lower than the prior attempt for the course, and will be recorded on the student's transcript. Successful completion is required to be a "C" or better and to maintain the overall semester and cumulative 2.50 GPA minimum, or as defined in readmission requirement to continue in program admission process. No repeat course grade will replace prior course grades.
4. Students auditing a course are counted in the total number of students for that course. Clinical courses will only be allowed to repeat if the JRCERT clinical capacity is not met with the current number of students and the clinical ratios can be maintained as required by our accreditation standards.
5. Students may not repeat the same course more than once.

Policy: 2011; revs 01/13; 01/16;
01/17; 01/18; 01/19

Clinical Performance

A student is expected to progress each clinical week toward achievement of role behaviors for each clinical objective. In order to complete the clinical portion of the course successfully, the student in the clinical area should consistently achieve a rating of competent.

The clinical components of radiography courses include: all orientations to and observations in clinical areas, simulated and/or lab activities, direct patient care, pre- and post-clinical conferences, and Clinical Enrichment. Therefore, clinical unsatisfactory performance may be noted in conjunction with any of these activities.

I. Clinical Unsatisfactory Performance:

Performance is defined as any act, practice, or omission during a clinical assignment that fails to conform to accepted standards of care or fails to meet core performance standards, and which may directly or indirectly cause physiologic, emotional and/or spiritual harm to others.

Clinical Unsatisfactory performance may include, but is not limited to, the following behaviors:

1. Failure to prepare or complete clinical assignments according to course requirements, including failure to demonstrate appropriate level of critical thinking in written work submitted.
2. Failure to assess and evaluate a patient's physiologic and/or emotional status.
3. Failure to provide care that may be required to stabilize a patient's condition or prevent complications.
4. Failure to promptly report significant patient information to appropriate person(s).
5. Failure to provide clear, accurate, and complete verbal and/or written information to appropriate person(s) regarding a patient's condition, treatment, or technical care.
6. Failure to administer medications/treatments in a responsible, safe, timely manner.

7. Failure to demonstrate application of previously learned skills and principles in providing care.
8. Failure to comply with institutional policies/procedures related to patient care.
9. Practice beyond educational level, experiences, or responsibilities while in the role of student radiographer.
10. Failure to maintain patient confidentiality according to HIPPA rules and/or violations of "Patient's Rights."
11. Visiting previously assigned patients and/or accessing patient information during non-clinical hours.
12. Witnessing legal documents.
13. Inability to meet or maintain behaviors identified as core performance standards.
14. Unprofessional behavior such as, but not limited to:
 - a. tardiness for clinical or a pattern of absences from the clinical setting.
 - b. unauthorized access to restricted areas, threats, assault and battery, theft, disruptive talking, chemical impairment, and insubordination.
 - c. inappropriate dress, grooming, hygiene, or language and/or lack of equipment required for clinical.
15. Failure to maintain standards of safety regarding patients, peers, staff, and self.

II. Clinical Unsatisfactory Performance: Single Incident

A single incident of Clinical Unsatisfactory Performance will result in the following:

1. Rating of "UNSATISFACTORY/Unacceptable" on clinical evaluation for clinical objective indicated and related behavioral indicators appropriate to the incident.
2. Completion of Report of Clinical Unsatisfactory Performance, (including instructor-student conference.)
3. Conferences with clinical coordinator and director, the nature and/or severity of the incident may result in disciplinary action or dismissal of the student.
4. Possible dismissal of the student from the clinical area and the school of radiologic technology.

III. Clinical Unsatisfactory Performance: Multiple Incidents

Multiple incidents of Clinical Unsatisfactory Performance will result in the following:

1. Two (2) incidents of clinical unsatisfactory in any clinical course will result in clinical probation for the remainder of that clinical course and the student will enter the next clinical course on a probationary status.

a. Clinical Probation and Dismissal:

- 1) If a student on clinical probation is involved in two (2) incidents of clinical unsatisfactory performance in the next clinical course, this behavior will result in failure of the course and the student's dismissal from the school.
- 2) If a student on clinical probation completes the next clinical course without further incidents of unsatisfactory clinical performance, probationary status will be removed. The behaviors previously documented will remain on the student's record until graduation and may constitute the beginning of a

Pattern of Clinical Unsatisfactory Performance for further disciplinary action in future clinical courses. Note: If a senior student is on clinical probation during the graduating semester, the student may be required to appear before a faculty review panel to determine if further action is necessary.

- 3) If a student on clinical probation receives a third incident of clinical unsatisfactory performance in a single clinical course, it will result in an instructor recommendation for course failure and/or student dismissal from the program. A conference with the director to review the disciplinary outcome is required.

IV. Clinical Unsatisfactory Performance: Pattern of Incidents

A Pattern of Incidents for Clinical Unsatisfactory Performance is established when a student demonstrates recurrent clinical unsatisfactory performance, and this will result in any or all of the following:

1. A conference with instructor regarding deficiencies and student's failure to correct previously documented deficiencies.
2. A conference with clinical coordinator, program director, and dean if nature and/or severity of the pattern of behaviors may result in disciplinary action or student dismissal.
3. Clinical failure for all behavioral indicators for each clinical objective is not met by the end of the course and/or immediate student dismissal from school by the program director.

V. Documentation

The clinical instructors document student progress toward satisfactory demonstration of behavioral indicators on the course biweekly Clinical Rotation Evaluation tool. An unsatisfactory evaluation in any area should be shared with the student *before* the next clinical experience and is noted on the Report of Clinical Unsatisfactory Performance Form. However, if circumstances do not permit discussion prior to the next clinical experience, it should occur at the first possible opportunity.

Periodic conferences will be conducted with the student during the course to review progress, identify problem areas, and discuss appropriate interventions. The instructor will complete a Record of Conference Form at each conference. A Final Clinical Evaluation tool is completed at course end. The clinical instructor reviews the evaluation with the student, the form is dated and signed and placed in the student's file.

Policy revised: 2011; 01/21; reviewed 01/12; 07/12; 01/13, 01/16; 01/19

Conduct and Dress: Class, Lab, Obtaining Assignments, and Clinical

When in clinical, obtaining assignments, or attending class or lab, students are to maintain principles of hygiene, cleanliness and good grooming. Students are to conduct themselves with decorum and maintain a positive, professional demeanor at all times. Classroom attire will conform to a business professional attire. There will be occasional days when Program Director will allow for casual professional dress only.

PROFESSIONAL DRESS:

1. Conservative, professional business attire. It is okay to wear skirts or dresses of a length between the knee and mid-calf with appropriate closed-toed and closed back shoes.
2. White lab coat with hospital logo embroidered on left, if required.
3. Student identification badge, if required.
4. Students will also be required to purchase a BRG SORT polo and Khaki pants to be worn to

Professional development activities designated by the SORT faculty or staff. Dressy casual

closed toe shoes should be worn with appropriate socks or hosiery. Pants must be pressed, free

from wrinkles, stains, or logos/markings. These should be full-length for Fall and Spring events

and may be capri length pants or knee length skirt for summer activities. Polos are black and

will be embroidered by the BRG vendor. Their shape, color, and cleanliness should be

maintained or a new one will be required to be purchased.

DO NOT WEAR:

1. Jeans, shorts, leggings/leotards, yoga pants, tights, athletic shorts of any kind.
2. Decorative stockings, including seams and fishnets.
3. Sandals or other open-toed shoes or tennis shoes/sneakers.

Reviewed: 10/11; 06/12; 01/13, 01/16; 01/18 revised

CLINICAL: STUDENT UNIFORM:

The student should purchase two (2) complete new uniforms initially. The school emblem will be embroidered on the left chest area by hospital approved vendor. Students will comply with uniform regulations for clinical affiliates; however, in instances of conflict, the clinical instructor will clarify the standard for dress. The complete student uniform consists of:

1. A program approved Navy blue uniform top and matching navy blue pants/skirt (or navy blue scrub dress) with embroidered school logo. A solid white or navy blue rounded neck shirt may be worn under the uniform top as an undershirt if requested for scrub tops too loose or revealing, or as preferred by student. T-shirt (short) sleeve must not extend below the sleeve of the uniform top and (long) sleeve must not extend past the bend of the wrist. Undershirts may not be

heathered or antiqued and must not contain any designs, prints, logos, or other colors. All undershirts must be tucked into pants and may never extend outward from the bottom of scrub top. Pants must have a waist high enough to cover the abdomen and prevent skin exposure during all physical activities. Program Approved scrub pants must be hemmed to rest at or on the top of the shoe. Pants are NEVER allowed to drag the floor. Extensive pockets, tabs, or other logos are not allowed. No pants should be flare leg or low rise giving the appearance of being ill-fitting. No skin should be exposed when performing patient transfer or positioning because of waist rise of the pants. Undergarments should never be exposed through pants or top. Pants and Tops should be clean and free of wrinkles or odors. Faded or stained scrubs will be required to be replaced no matter what semester the student will be completing.

2. A solid white collared lab coat (bottom of jacket must extend below hem of uniform top ~31"), that has the school emblem embroidered on the left chest and school's logo on the left sleeve 3" past the break of the shoulder by hospital approved vendor. The lab coat is to be worn to and from the clinical area and when performing portable exams or outside of the traditional Radiology General Department and must be free from wrinkles, stains, and smells. This coat must extend past the hem of the top and over the top of the pants. Fleece jackets (program approved) are allowed to be ordered by the program for classroom and professional development activities, but should *never* be worn in clinical area or used to replace the white lab coat.
3. Official student identification badge worn visibly on front of uniform at collar or sternum level at all times in student uniform or at clinical. It is not allowed to be worn while off clinical time or to gain access to the hospital while not participating in a SORT assigned activity or function. No lanyards or any type are allowed to be worn to hold hospital ID badge. Students may choose to use a badge reel that contains appropriate colors, symbols, or insignias.
4. Clean white mostly leather (or non-permeable material) tennis shoes or hospital/nursing whole clogs with plain solid white socks should be worn with pants. Socks must cover both the lateral and medial malleolus of the ankle and extend underneath pants leg to completely cover skin potentially exposed in normal movement with patient transfer or positioning. Navy blue mostly leather (or non-permeable material) tennis shoes or hospital/nursing whole clogs may also be worn. Shoes may contain a very limited amount of light gray with solid white shoe or very limited amount of dark gray with navy blue shoe as acceptable but should be minimal. White stockings are worn with the scrub dress or skirt. White support stockings, support hose, or support socks may be worn. Shoes with

open back, small back lip, or open front are NOT allowed. Before shoes may be allowed to be worn in the clinical setting or as a part of clinical uniform, they must be approved by the Program Director.

5. Required clinical equipment includes Master Clinical Notebook with Protocol Book, BRG SORT Student I.D. badge, the Radiation dosimeter at collar level, both RT and LT lead markers as issued by the program, marker, and black or blue ballpoint ink pen. Recommended items include a digital watch and Merrill's Pocket Guide. These items are also considered part of the clinical uniform requirement and should be maintained by the student at all times in the clinical setting.
6. Students in Surgery and Special Procedures must wear hospital scrubs. Students must wear uniforms to school on days they are scheduled in Surgery and Special Procedures. They are to change into scrubs upon arrival to hospital. Students are not to wear home or take home any "hospital scrubs". They are hospital property- this will be considered theft and will be referred to Hospital Chief of Security for disciplinary action. Students are to change back into uniform upon leaving clinical. Surgical masks, hair covers and shoe covers are to be worn during surgery, but not outside the appropriate Department. They are disposable and must be discarded upon leaving surgery and new ones must be obtained each time you return to surgery.
7. Students should be well-groomed, with hair clean and pulled out of face and off of shoulders, limited or no cologne or perfume, use of deodorant, no more than two stud small sized pair of ear rings for females, trimmed and well maintained full beard, groomed goatee/mustache, or clean shaven facial hair for males, light fresh makeup for females as desired by individual, all tattoos covered, no other externally visible piercings, and neutral light color polished or natural, trimmed finger nails. No artificial nails will be allowed. No long or dangle necklaces. Only hair colors that are found in nature are allowed- no greens, purples, blues, etc; and all other "natural" colors and styles should be well maintained and appropriate for clinical areas. All of this is considered part of the clinical uniform and is covered in detail in Appearance section.

Violation of Policy:

The student who arrives in clinical in violation of the uniform policy, may receive a clinical unsatisfactory, deduct professional responsibility points for the time missing clinical to correct uniform issue, points deduction from professional responsibility for being dismissed from clinical rotations until the issue is corrected, and/or official written disciplinary action in the student's clinical file. Repeated offenses will result in programmatic or clinical dismissal or failure to progress due to failing clinical course. Refer to the biweekly clinical

course feedback form (Trajecsys) and consult with the clinical instructor or director if clarification is needed.

Policy: 2011; revsd 06/12, 01/13; 12/13, 01/16; 01/17; 01/19

PERSONAL APPEARANCE: CLASS AND CLINICAL

1. Pride in appearance on duty and observance of the rules of good grooming are necessary. This begins with cleanliness of body and clothing.
2. Official school identification badge is to be worn at all times on campus or in clinical. Badge is to be in plain sight and worn above the waist. Information on name badge is not to be defaced or covered with stickers or any other material. The first badge is issued to the student; replacement badges must be purchased. No lanyards, badge reels are acceptable if appropriate.
3. Make-up is worn to enhance natural features and complexion. It is to be applied lightly and should complement one's natural color and skin tone. Unusual colors and heavy make-up are not permitted. Perfumes, colognes, and scented lotions, etc. are not permitted.
4. Hair must be combed, clean and neat. Hair must be off the shoulders and out of the face- especially hair lengths falling below the shoulders- Hair should be placed in a neat pony tail or bun pulled back so that it does not fall forward or around past face when leaning or positioning a patient in lab or clinicals. Extreme hairdos and decorative and ornate hair pieces or accessories are not appropriate. Simple barrettes may be worn. No hair colors outside of those "naturally occurring" should be worn and other colors or styles should be appropriately maintained. Facial hair must be clean-shaven or neat trimmed beard or mustache to be N-95 Mask compliant.
5. Nail length must be short enough to allow individual to thoroughly clean under nails and not tear gloves. If nails are seen from the other side of the palm or extend past $\frac{1}{4}$ " from nail bed, then they are too long and must be trimmed. Only natural fingernails are allowed in the clinical setting for any clinical experience. If polish is worn, it must be clear or neutral colored in appearance. Artificial nails, acrylic nails, nail art and/or jewelry and any other nail enhancements are prohibited.
6. Jeans may only be worn for professional development activities days as determined by the Program Director only. They are never to be worn in the lab, clinical educational settings, or professional dress events. Skirts or dressy shorts or dresses may be no shorter than the length at which extends shorter than 2" above the base of the patella/knee; and do not reveal any additional skin when leaning forward or backward. Pants may not be worn more than two finger widths below the navel. If opaque leggings are worn, they must be covered by a dress or skirt or tunic top that extends passed the

tips of the fingers on all sides and fully covers the buttocks, or to be worn as hosiery only. Cut-offs are not allowed. Shorts may not be worn to any part of the hospital. No spandex, yoga, or pajama/flannel, skinny jeans with rips or holes are allowed. Athletic shorts or other sport shorts are not allowed in the classroom, clinical, or lab.

7. T-shirts, short or long sleeve, should not be worn to class unless they are Radiologic Technology BRG SORT in nature, with appropriate pants such as chinos or slacks, and are in clean professional condition. T-shirts of any nature in good condition may be allowed on casual dress days allowed by Program Director.
8. Shoes must be clean and/or polished and in compliance with stated guidelines. Canvas/nylon shoes are not to be worn with the uniform. Hosiery/socks are to be worn in a color to coordinate with clothing. White socks/hosiery are worn with clinical uniform as described. For class, dressy sandals are allowed during summer semester only; open-toed shoes are never allowed in the clinical areas or labs regardless of season. All shoes or socks should be considered business professional, unless otherwise allowed for professional development activity or community service days.
9. Prohibited garments are halter tops and garments exposing cleavage or the midriff, are thin or see-through that reveals only undergarments beneath, endorse tobacco products, drugs and alcohol and/or contain lewd messages or derogatory information. Students must be able to extend their arms to the full-length above their head without exposing their midriff for the shirt to be of adequate length. Tops that are sleeveless must have straps wider than 2 inches and may only be worn during the summer semester if business professional.
10. Undergarments (e.g., bra straps, undergarments, lace or elastic, etc) shall not be visible and must be worn.
11. Accessories:
 - a. Necklaces are not permitted in the clinical or lab areas.
 - b. Earrings must be simple post/stud earrings, in the ear lobe. Plugs, gauges and spacers are not permitted. No more than two earrings per earlobe are permitted. Earrings should be professionally appropriate and no greater than 10 mm in diameter. Eyebrow rings, lip rings, tongue bars and other visible body piercing are prohibited. All piercing accessories must be removed prior to arrival on campus or at any clinical site or lab.
 - c. Visible tattoos or body art are prohibited. Tattoos must be covered at all times in the clinical setting or lab (flesh colored, white, or navy skin sleeves are approved).
 - d. Hats or caps are not allowed to be worn by male or female students while in class or clinical. Special circumstances may be discussed with the Program Director.
 - e. Rings may include a simple wedding band. Engagement or other rings are not allowed in clinical or lab areas. Any ring that extends well above the skin should

not be included in the clinical setting because of potential hazard to the patient and student or ring itself. The responsibility of any damaged item while in the clinical setting is the responsibility of the student. As any injury to the patient occurs because of this, all information will be included in an incident report completed by the program or CES. We highly recommend a solid or plain band.

Business Professional Dress for class should include work wear dress slacks or chino style pants in stripes, classic patterns, or solid colors like navy, black, brown, tan. Coordinating tops with a short or long sleeve made from polyester, cottons, or blends extending past upper pants hem and appropriately at top to cover skin as necessary. Button or snap up are appropriate. Closed Toe, non-tennis shoe, that are appropriate in nature should coordinate with outfit to project a professional appearance. Belts, socks or hosiery, and other accessories should be worn as appropriate. Full and correct clinical uniform will also be allowed for class days as Business professional dress with lab coat or with fleece coat.

Policy: 2011; revsd 06/12, 01/13; 12/13, 01/16; 01/17; 01/18; 01/19

BEHAVIOR: CLASS AND CLINICAL

Students are to conduct themselves as adults and behave in a professional manner conducive to efficient operation of the School of Radiologic Technology and promotion of an effective learning environment. Violations in the expected class and clinical behavior can and will result in deductions in participation or professional responsibility sections of the course grade; disciplinary action forms or counseling sessions with course faculty or Program Director. Resulting discipline could result in many levels of consequences up to and including program dismissal if necessary. Such conduct includes, but is not limited to:

1. Reporting to class, labs, and clinical assignments prepared, on time, and ready to begin.
2. Telephoning school and/or clinical unit personally when you must be absent, or if you will be tardy.
3. Complying with General Health System safety and health regulations and policies and procedures.
4. Entering and exiting the building appropriately, being mindful of self and others safety.
5. Being attentive, professionally appropriate, and respectful to instructors, classmates, and guests at all times. Refraining from negative or insulting conversation during class or clinical time.
6. Complying with prohibition of tape-recording class lectures and activities, unless approved by PD.
7. Refraining from smoking or use of electronic cigarettes on campus, within guidelines of GHS facilities and at any time while wearing the school uniform.

8. Refraining from gum chewing in class, on campus and within GHS facility.
9. Refraining from foul, abusive, derogatory or disrespectful language or tone while on campus and in clinical educational settings or professional development activities.
10. Refraining from use of cell phones and audible beepers. Use of these items is not permitted in the classroom or clinic and the instructor may restrict other electronic devices. See *Digital Device Usage Policy* for Clinical and Class for further details.
11. Refraining from eating in the classrooms, unless as a part of a designated class activity. Cleaning the area, including proper disposal of food items when allowed to eat in the classroom.
12. Performing assigned tasks efficiently and with a positive attitude.
13. Eating meals only during meal breaks and only in the designated dining area.
14. Maintaining classrooms and school areas in a clean and orderly way. Placing chairs properly under tables when leaving; removing trash items from work area and floor.
15. Treating patients and visitors as guests of General Health System.
16. Refraining from behavior or conduct deemed offensive, undesirable, unprofessional, or which is subject to disciplinary action because of violation of other existing policies or indicates disrespect for faculty and staff members.

Certain conduct is prohibited and will subject any individual involved to disciplinary action that may include permanent dismissal from this school. This list illustrates the type of behavior that will not be tolerated but is not meant to be all-inclusive. Refer also to the ***Dismissal for Cause*** section.

1. Use or possession of alcoholic beverages and/or unauthorized controlled substances on General Health System property or reporting for class or clinical while under the influence of alcoholic beverages and/or unauthorized controlled substances and possession of or use of alcoholic substances while in uniform.
2. Smoking or use of tobacco products on campus or in uniform and/or failing to follow guidelines from any agency regarding the smoking policy.
3. Possession of firearms, knives, or other weapons on General Health System property or while at any clinical agency.
4. Use of profanity, abusive language, threatening language or aggressive tone to any patient, student, faculty or staff member.
5. Insubordination: refusal by student to follow a faculty or staff member's instructions concerning a patient-related, school-related, or safety matter.
6. Inconsiderate treatment, use of derogatory or inflammatory language, raising the level of voice or using a disrespectful tone of voice, assault or abuse (whether verbal or

- physical) on a patient, fellow student, faculty member or staff member; including but not limited to inappropriate conversations while in the clinical or classroom setting.
7. Theft or misuse of General Health System property, or of another students, faculty or staff member's property.
 8. Incidents that violate academic integrity, including, but not limited to: Falsifying any records or reports; plagiarism of academic work or clinical paperwork, possession of or access to unauthorized materials, and looking at another student's work during a quiz or test.
 9. Removing and/or accessing documents and/or protected patient information from any area in any format such as electronic or paper.
 10. Recording classroom or clinical activities, repeating or revealing confidential patient information and/or reading unauthorized patient records or school material.
 11. Removing and/or reading information from another student's designated school mailbox.

Violation of Policy:

The student who violates any portion of the policy is subject to administrative review and disciplinary action up to and including dismissal from the program.

Policy: 2011; revsd 06/12, 01/13, 01/16; 01/19

Criminal Offenses

Prospective students are encouraged to review the American Registry of Radiologic Technologists (ARRT) Ethics Pre-Application Review Packet prior to starting any radiologic technology education program. This evaluation is a process for an early ethics review of criminal offenses that would otherwise need to be reported with your Application for Certification when you have completed an ARRT recognized education program. Ethics offenses could negate eligibility for the ARRT National Certification Exam. All offenses must be reported regardless of how long ago they were committed.

Exceptions are:

- Offenses while a juvenile and processed in the juvenile court system;
- Traffic violations which did not involve drugs and alcohol (some may be concerned an issue- See Pre-Ethics form for more details);
- Charges that were dismissed if there were no court conditions required for the dismissal; and
- Expunged cases (must have specific court documents attesting to the expungement).

Pre-program background and drug screens are completed to assist in complying with the ARRT Ethics Standard. Throughout the program, students may be required to submit to additional background screening or drug screens. Noncompliance or charge in compliance

with ARRT Ethics will result in non-progression. Refusal to submit to the above fore mentioned violations and requirements will result in automatic dismissal from the program. It is the responsibility of the student to remain compliant with the ARRT Ethical standard for the duration of the professional program, reporting of any and all violations to BRG SORT immediately upon occurrence, and satisfaction of the ARRT pre-ethical review and successful eligibility for ARRT exam. Admissions or progression within the program do not now or never will guarantee meeting eligibility for the ARRT Exam.

Academic Progression

Progression is dependent upon satisfactory completion of achievement tests and all courses (general education and radiography) contained within a specific level. Progression and Satisfactory course completion are deemed by the School of Radiologic Technology to be a "C" or better, **and** Cumulative GPA of 2.50 or better.

Progression to RADS 120S requires:

1. Satisfactory completion of RADS 101, 104, 105, 110 and
2. Satisfactory completion of RADS 120 Clinical requirements
3. If Articulation is being pursued, receipt of official transcripts demonstrating satisfactory completion of all required general education courses from articulated institution. Documentation must be provided prior to being allowed to begin RADS 120s. The student's grade report from the college/university will be accepted as temporary documentation until the School of Radiologic Technology receives official transcripts. If a student fails to meet deadlines for temporary or official documentation, the student may not attend class, clinical, or participate in any activities of the school until requirement for progression is met. This may result in failure to progress in the program.

Progression to Level II requires:

1. Satisfactory completion of RADS 120S, and
2. Completion of all required Clinical and Professional Development activities.
3. If Articulation is being pursued, receipt of official transcripts demonstrating satisfactory completion of all required general education courses from articulated institution. Documentation must be provided prior to being allowed to begin RADS 220. The student's grade report from the college/university will be accepted as temporary documentation until the School of Radiologic Technology receives official transcripts. If a student fails to meet deadlines for temporary or official documentation, the student may not attend class, clinical, or participate in any activities of the school until requirement for progression is met. This may result in failure to progress in the program.

Progression to Level III requires:

1. Satisfactory completion of RADS 204, RADS 210, and
2. Completion of all RADS 220 Clinical requirements.
3. If Articulation is being pursued, receipt of official transcripts demonstrating satisfactory completion of all required general education courses from articulated institution. Documentation must be provided prior to being allowed to begin RADS 320. The student's grade report from the college/university will be accepted as temporary documentation until the School of Radiologic Technology receives official transcripts. If a student fails to meet deadlines for temporary or official documentation, the student may not attend class, clinical, or participate in any activities of the school until requirement for progression is met. This may result in failure to progress in the program.

Progression to RADS 310/320s requires:

1. Satisfactory completion of RADS 306, RADS 304, RADS 304L, RADS 311, RADS 320, and
2. Completion of all RADS 320 Clinical Requirements.
3. If Articulation is being pursued, receipt of official transcripts demonstrating satisfactory completion of all required general education courses from articulated institution. Documentation must be provided prior to being allowed to begin RADS 320s. The student's grade report from the college/university will be accepted as temporary documentation until the School of Radiologic Technology receives official transcripts. If a student fails to meet deadlines for temporary or official documentation, the student may not attend class, clinical, or participate in any activities of the school until requirement for progression is met. This may result in failure to progress in the program.

Progression to Level IV requires:

1. Satisfactory completion of RADS 320s, RADS 310, and
2. Completion of all Clinical and Professional Development activities.
3. If NON-NSU Articulation is being pursued, receipt of official transcripts demonstrating satisfactory completion of all required general education courses from articulated institution. Documentation must be provided prior to being allowed to begin RADS 420. The student's grade report from the college/university will be accepted as temporary documentation until the School of Radiologic Technology receives official transcripts. If a student fails to meet deadlines for temporary or official documentation, the student may not attend class, clinical, or participate in any activities of the school until requirement for progression is met. This may result in failure to progress in the program. All NSU-Articulation Students should complete degree requirements prior to graduation in Fall semester.

Completion of progression

1. Constitutes completion of degree, if pursuing articulation, or previously completed degree.

Satisfactory Academic Progress

The purpose of this policy is to provide standards for monitoring Satisfactory Academic Progress (SAP) of enrolled students at the end of each semester in accordance with Federal Guidelines and to notify students in the event they are not meeting SAP requirements necessary for graduation. Within the policy federal regulations require all students receiving Federal Title IV Financial Aid funds maintain standards of SAP. The requirements apply to all students as one determinant of eligibility for financial aid.

Important Definitions regarding this policy:

- a. Credit Hours – All courses within the program of study are measured in credit hours. Clock hours for courses establish credit hours and are a mathematical summarization of all work completed based on the Carnegie Unit system with credits assigned per course within a 6-semester curriculum.
- b. Clinical Failure – Student who fails clinical will result in the student achieving a maximum numerical grade of “D”.
- c. Withdraw with Posted Grade – Student who withdraws from a course(s) and is currently passing the course. Course average is calculated for posting of grade at the time of withdrawal.
- d. Withdraw Failing – Student who withdraws from a course(s) and is currently failing the course. If student has failed the course academically and is an automatic withdrawal from the program. The Admissions Committee can determine to allow the student to re-enroll into the next cohort.
- e. Termination – student that has failed two attempts within the program within 150% resulting in permanent termination and not allowed to re-apply to the BRG School of Radiologic Technology.
- f. Attempted Credit Hours – Financial aid eligibility can be re-established after the student improves their academic record to meet the minimum standards required by the SAP Policy, without the assistance of financial aid funds. Similarly, financial aid eligibility can be re-established by successfully appealing your suspension.
- g. Cumulative Grade Point Average (GPA) – GPA computed on all hours attempted including

repeated courses and any transfer work accepted by BRGSORT from another JRCERT accredited professional program.

Qualitative Aspects of Student’s Academic Standing:

- 1) BRG School of Radiologic Technology defines the acceptable qualitative (quality point average or GPA) standard of SAP as a minimum QPA of 2.0 (“C” or better) and satisfactory clinical evaluation.
 - a. All passing grades will be considered credits attempted and

- earned toward the overall QPA
- b. All failing grades will be considered credits attempted toward the overall QPA
 - c. One failed grade will result in non-progression from the program with permissible re-entry within the next cohort pending Admissions Committee approval or within a one-year timeframe (next time the course is offered).
 - i. If the student does not re-enroll within the one-year timeframe, the student will need to re-apply to the program starting at Level One. A previous failure and GPA will carry over into the next admission process.
- 2) Upon re-enrollment into the program, the student is counseled on an academic plan and is placed on *Satisfactory Academic Progress (SAP) Warning* for one semester if the returning QPA is under 2.0.
 - 3) If the student is unsuccessful in bringing the QPA to 2.0 or higher, the student will be placed on *Satisfactory Academic Progress (SAP) Not Met* status.
 - a. A second failed grade during the program will result in permanent termination from the program with no permissible re-enrollment.
 - 4) Students who are unsuccessful in a course are required to meet with the Program Director to discussion step of readmission prior to re-enrolling into the Radiologic Technology program to discuss an individualized plan including remediation and support related to their academic and personal needs.
 - 5) Students failing to meet Satisfactory Academic (SAP) progress will be notified in writing of their academic probation. Financial aid and academic counseling will be planned.

Grading Policy, Quality Points and Grade Point Averages:

- 1) All students need to achieve at least a “C” rating to successfully pass a professional program SORT course and achieve a “Pass” rating in any course. Students with a final grade of less than a “C” will receive a failure for the course.
- 2) In all professional program SORT courses, a minimum grade of “C” is equal to 79.5% of the total course points which is rounded to 80%.

Quality Point Index

Grade	Quality Points	BRG SORT Percentage Range
A	4.0	100%-92.5%
B	3.0	92.49%-86.5%
C	2.0	86.49%-79.50%
D	1.0	79.49%-72.5%
F	0	Below 72.49%

WF (Withdrew)	0	Quality Points Attempted but None Earned- affects QPA
Clinical Failure	0	Quality Points Attempted but None Earned –affects QPA
WP (Withdrew with Posted Grade)	0	No Quality Points Earned and No Quality Points Attempted – does not

Quantitative Aspects of Student Academic Progress

- 1) BRG School of Radiologic Technology defines the acceptable quantitative (PACE) standard of Satisfactory Academic Progress (SAP) as the assurance that a student is progressing through the program within the maximum allotted timeframe.
 - a. The pace of completion is calculated by dividing the total number of hours the student has successfully completed by the total number of hours the student has attempted. The required pace is 100%.
 - b. The maximum timeframe to complete all requirements for graduation is within one and a half time the length of the academic program (150%).
- 2) Any student not completing all credits attempted in a given semester is not achieving Satisfactory Academic Progress (SAP).
 - a. Upon re-enrollment, the student is counseled on an academic plan and is placed on Satisfactory Academic Progress (SAP) Warning for one semester.

No other action is required by the student. This warning will last for one semester only during which the student may continue to receive eligible Title IV funds. Satisfactory Academic Progress (SAP) will be evaluated at the end of the semester.

- b. If satisfactory academic progress has not been met while on Satisfactory Academic Progress (SAP) Warning, the student will lose all eligibility for Title IV funds. Students will remain on this status until satisfactory academic progress has been met at which time eligibility for Title IV funds will be reinstated.
- c. If the student does not complete all credits attempted in the semester while on Satisfactory Academic Progress (SAP) Warning, the student will be placed on Satisfactory Academic Progress (SAP) Not Met and will be terminated from the program and unable to return to BRG School of Radiologic Technology.

Appeals through Financial Aid Title IV:

- 1) A student may appeal the loss of financial aid eligibility if extenuating circumstances interfered with the ability to meet satisfactory academic progress standards. In order to appeal the loss of financial aid eligibility, the student must submit an appeal form explaining the extenuating circumstances that resulted in the lack of academic progress and documentation to support extenuating circumstances.
- 2) Circumstances must meet one of the following criteria:
 - a. Prolonged illness, medical condition, or injury to student or immediate family member
 - b. Death of an immediate family member
 - c. Extenuating circumstances beyond the student's control
- 3) Documentation required may include:
 - a. Physician's letters and hospital records (including dates of illness and recovery time)
 - b. Death certificate or obituary
 - c. Court or police documents
 - d. Letters from third party professionals on his/her letterhead

Revised 04/21

Dismissal:

A student shall be dismissed from the school for any of the following reasons:

1. Failure to achieve a ***minimum cumulative GPA of 2.50 at any point of progression*** within the program OR ***failure to attain a "C"*** for professional program courses.
 - i. Probation status ***may*** be placed on students in significant negative semester trend toward 2.50 GPA, semester GPA below 2.65, or as deemed academically necessary by Program Director. A request from the student for this status must be completed in writing by the student

addressed to the program director but is ***not guaranteed*** and will be granted at the PD discretion only as warranted. If granted, it will only occur on a ***one-time*** basis, never to be repeated for the duration of the program. The Academic Probation status will NOT be used in the final semester if GPA requirement of 2.50 is not obtained. The only option for this is to issue "I" for the courses and retakes occur during the additional 6 weeks while the student complete necessary grade remediation.

ii. A status of Academic Remediation ***may*** be placed by Program Director for any professional program Radiology course in which a near failing grade was achieved (80.00-83.00) or concerned lack of comprehensive content comprehension. Details of both statuses are below.

2. Failure to achieve a minimum grade of "C" in every professional program radiography course.

EXCEPTION: Elective or optional course; course grade will not affect progression in the program, but it will appear on student's transcript and will be used in computing GPA. All other school policies apply to the course.

3. Absence from a radiography course for two weeks without proper notification or two class periods for courses that do not meet weekly.

4. Receipt of reports of Clinical Unsatisfactory performance that warrant dismissal as a consequence of described behaviors, non-compliance, and/or patient safety.

It is a student's responsibility to consult the course instructor immediately when he/she realizes course work is not progressing satisfactorily. If special problems arise, contact the instructor or faculty advisor for advice to help prevent further impact on the student's academic standing prior to the conclusion to the course.

Dismissal, Permanent:

A student is permanently denied readmission, or reapplication in the general applicant pool, when:

1. a second "D" or "F" is earned in the program, or
2. the student has been admitted/readmitted three (3) times (i.e., one admission and two readmissions = 3 times) for non-academic reasons
3. or dismissal for cause.

Dismissal for Cause

The BRGMC School of Radiologic Technology reserves the right to dismiss any student. Reason for dismissal may be, but is not limited to:

1. Physical or emotional illness to the degree that level of functioning would be so impaired that it would be unsafe for student to continue as a health care provider because of the safety concern to the public or patient.
2. Conviction of a felony.
3. Illegal possession, use, sale or distribution of drugs.

4. Chemical/Altered Status impairment on the school campus or in the clinical setting.
5. Gross neglect in patient care, even if no patient harm occurred.
6. Commission of medication errors and/or demonstration of significant “near misses” with medication or contrast administration, even if no patient harm occurred.
7. Significant clinical incidents, even if no patient harm occurred, especially if not reported as required.
8. Clinical consequences secondary to clinical unsatisfactory performance.
9. Any action, behavior, or conduct inappropriate on campus or at any clinical site. Examples may be disrespectful language, abusive language, slander, disruptive talking, and inappropriate conversations and/or questioning, entering restricted areas without appropriate authorization, destruction of property, threats, assault, or battery.
10. Failure to maintain patient confidentiality, or violations of “Patient’s Rights or HIPAA.”
11. Failure to follow school dress code, after first warning.
12. Smoking on campus, in uniform, or outside of established guidelines.
13. Utilizing emergency exit doors for routine or unauthorized egress from the building.
14. Dishonesty, or violation of academic integrity, which includes, but is not limited to:
 - a. Inappropriate test taking behaviors, (ex. Looking at another student’s paper or allowing another student to view your paper) whether on a course exam or any achievement test or other activity.
 - b. Plagiarism.
 - c. Unauthorized possession of an examination or sharing of information related to specific test questions.
 - d. Falsification of patient, agency or school records, including intentional omission of requested information on school documents.
 - e. Theft.

Policy 2012; resvd 01/16; 01/17; 01/18. 01/19; 01/21

Readmission

The School of Radiologic Technology reserves the right to recommend for readmission only those students who, in the judgment of the faculty or Admissions committee, satisfy the requirements of health, scholastic achievement, attitude, and aptitude for radiography. Students who meet criteria for permanent dismissal are not eligible for readmission or reapplication. ***Readmission is not automatic.*** Those readmitted must meet the same pre-admission and radiography curriculum requirements as students in the class the individual is joining. Candidates for readmission may have additional

requirements for readmission identified on an individual basis by the Admissions Committee.

The student who is dismissed or withdraws at any time during the program will have an application for readmission considered on an individual basis. Students who fail to complete the process for official withdrawal are not eligible for readmission. The application for readmission must be submitted by the date indicated to the student during the withdrawal process interview and indicated by the SORT Program Director or Registrar. Approved readmissions are contingent upon space availability. Additionally, a student is allowed application for readmission (re-enrollment) within one year of withdrawal or dismissal a maximum of two times. Any readmission will be under the current regulations of admission. Failing course work at Level I will result in automatic repeat of entire Level I coursework. When failing at a higher level, students must enter at the semester of non-progression, even if only one course was failed, and with satisfactory performance of prior level cumulative competency exam for courses completed and clinical competencies up to that point.

Accepted: 8/11; Rev. 01/13; 12/13, 08/14, 01/16.

Graduation Eligibility

To be eligible for BRGMC SORT graduation and/or Issuance of Professional Program Certificate, the student must:

1. Complete all general education courses with a grade of "C" or higher in each course by the required deadlines while maintaining a 2.5 GPA on the general education courses.
2. Complete all professional program radiography courses with a grade of "C" or higher, required achievement tests, and maintaining a 2.5 cumulative GPA.
3. A minimum of a passing score on 5 Final Competencies in Clinical in various categories as determined by the Program Director or designated faculty.
4. Complete payment of all tuition and graduation fees, and meet student financial responsibilities to the School of Radiologic Technology and to the General Health System.
5. Complete Financial Aid exit interview process as appropriate.
6. Attendance of Graduation Practice and graduation attire approved as professional and appropriate.

7. Student deemed professionally prepared for professional clinical practice and ARRT Registry Exam by Program Administration.
8. Provide documentation of Associate's degree requirement completion prior to or with one week of BRG SORT graduation date if NSU Articulation Student (due to the new ARRT associate's degree minimum requirement to be eligible to test for the ARRT Registry). Provide documentation of Awarded degree prior to the entrance into the Fall graduation semester if non-NSU articulation student. This proof of degree can be in the form of official transcript from degree granting institution, official correspondence from articulation institution faculty, and/or a copy of the diploma from accredited degree granting institution.

Reviewed and Revised 01/13, 01/16; 01/17; 01/18; 01/21

Transcript Requests

The student/graduate must request *in writing* that a copy of grades be released and to whom. The request should include the student/graduate's current name, name at withdrawal or graduation, year of withdrawal or graduation and name and address to which the transcript is to be sent. The student's/graduate's signature must accompany the transcript request. A copy of this request will be filed on record.

Withdrawal

It is desirable that radiography courses be continuous with minimal interruptions. However, cases of illness, pregnancy or family problems may constitute the need for withdrawal. In order to withdraw, a request must be filed with the Director of the School of Radiologic Technology. If a student withdraws and does not re-enter the program within one year, the student is ineligible for readmission to the course of withdrawal and will be required to enter the program as a new admission through the general applicant pool.

When a student formally withdraws while enrolled in a course and prior to the last day to drop, the student receives a grade of WP when withdrawing passing (80% or above) or WF when withdrawing failing (79% or below). If the student withdraws before the class meets, based on failure to meet academic requirements, the grade is indicated as a W. The student who fails to formally withdraw receives an "F" for the course and is ineligible for readmission or reapplication into the general applicant pool. Students receiving financial aid are also responsible for completing an exit interview with the Financial Aid Administrator upon withdrawal or dismissal as part of the required process.

Grading Policies: Procedures and Scale

Grading Scale

The School of Radiologic Technology reserves the right to recommend for progression and promotion only those students who, in the faculty's judgment, meet the school's requirements for academic achievement, health, attitude, and aptitude for radiologic technology.

<u>Letter Grade</u>	<u>GRADING SCALE</u>	
	<u>Numerical Grade*</u>	<u>Quality Points</u>
A - Excellent	92.5 - 100	4.0
B - Good	86.5 - 92	3.0
*C - Satisfactory	79.5 - 86	2.0
D - Unsatisfactory	72.5 - 79	1.0
F - Fail	72.49 and below	
W - Withdrawal	The student withdrew from the course prior to published date to drop with "W".	
WF - Withdrawal Failing	The student withdrew from the course after the published date to withdraw and had a course average less than 80% or was in clinical jeopardy.	
WP - Withdrawal Passing	The student withdrew from the course after the published date to withdraw and had a course average greater than 80% and was not in clinical jeopardy.	

* Minimal passing grade in radiography. 80 is the lowest passing grade. Rounding will occur for .50 and above. **The minimum grade of 80 must be earned to successfully complete academic course requirements.**
No rounding of course grades will occur; all courses are reported as whole numbers by grading software or gradebooks to eliminate the request for rounding up for passing or GPA calculations.

Grading Procedures

1. Faculty members review test statistics received from ExamSoft before assigning student grades.
2. Grades are calculated and may be adjusted based on nullification of test items. In this event, students who did not receive points for the nullified question will have their scores adjusted. Students who already received points for the nullified question will require no score adjustments.
3. Instructors review statistical measures for each test item and review course references to determine if a need exists to nullify a question. Students may seek clarification for test items for course faculty members.
4. Test review is a privilege. The mechanism for test review is described during course orientation. Exam grades and those questions nullified will be given back within one week following the unit or final exam. NO grades will be given out from the beginning of Final exam week through the completion of the last final exam.
5. Final grades for each course will be calculated by the course faculty members responsible for the course. These grades will be sent to the Program Director for

review and then to the Registrar to be posted of the student's most current form of their official transcript. Student Final course grades will NOT be given over the phone, but will only be emailed following ALL Final exam completions to the Student's official email address or given in person on SORT Grading Day. Official and Current

6. Transcripts will be given to each student following the completion of the semester for the student's records. Transcripts are only allowed to be picked up by the student only unless we have a release of grades or transcripts prior to releasing them in writing that specifies otherwise.

Revised: 10/11; 01/13; 01/16; 01/18, 04/21

Make-Up Tests

The student is expected to be present for all tests. Make-up tests are considered only in extenuating circumstances. If an absence is absolutely necessary, the student must notify the instructor prior to the time the test is scheduled to be eligible for a make-up test. The instructor may administer a different form of the test, including the use of essay and oral examinations. Make-up tests will be given at the discretion of the individual course instructor.

Testing Procedures for Students

Students are tested according to measures designed to maximize student's workspace and minimize the appearance of cheating. Course faculty members will notify students of specific instructions for examination; however, the following general expectations are maintained for all courses.

1. What students may bring into the testing area:
 - a. ID badge and keys only! Earplugs may be used. No purse, no books or backpacks and no electronic devices. These items should be locked securely and out of sight in the student's vehicle or left at home or deposited at the front of the SORT classroom/testing room with the faculty member for the duration of the test. They may be retrieved when testing materials have been returned to instructor and the instructor has given the student clearance to leave designated testing areas.
2. Testing materials provided for use during exams and returned to faculty prior to leaving the classroom may include:
 - a. No. 2 pencils or dry erase markers
 - b. Scratch paper or SORT provided dry erase boards
 - c. SORT provided calculator, if needed.
3. Sit according to the plan indicated by your instructor.
4. Each student is expected to cover their work with sheet provided and to keep their eyes on their own area. Cheating is dishonest and is grounds for dismissal from school.
 - a. Any person who looks around the room at another person's "space" is exhibiting questionable behavior. The student may be in jeopardy of

being considered cheating. The instructor may then take the student's paper. Any questions not completed will be graded as incorrectly answered.

- b. If, following an exam, in the opinion of faculty, or on the basis of other reports, sufficient evidence exists to substantiate a charge of cheating; the faculty will consult with the director about initiating an investigation of the incident. The director will review available information with the instructor(s) and any student(s) involved. A decision will be made regarding student outcome or dismissal.
5. If an item indicates that you must "SHOW YOUR WORK", the test score may be reduced if a student fails to show requested work.
6. While participating in test content review, the students are only allowed to have the same items they would during a testing session. Questions are to be asked in a professional and respectful manner. Following test review, all testing materials are to be returned to the instructors.

Voter Registration

Since 1996, the passage of the National Voter Registration Act makes it possible for all members of the

campus community to register on campus where they work or study. In accordance with the NVRA,

Baton Rouge General School of Radiologic Technology is offering the opportunity to register to vote during regular registration and fee payment each semester as listed in the 2015-2017 Student Handbook. In addition, voter registration forms are available at all times in the Registrar's Office.

Approved: 10/11; revised 01/13; 01/17

Drug and Alcohol Policy

Policy

Individuals are strictly prohibited from possessing, using, or having detectable amounts of illegal drugs or controlled substances in their system, including designer drugs, "look alike" drugs, etc., even though not actually controlled by law, possessing, using, or being under the influence of alcoholic beverages on GHS property. Dealing in illicit drugs, on or off GHS property, during or after work hours is likewise prohibited. To enforce this policy, the BRGMC School of Radiologic Technology and BRG may utilize various enforcement mechanisms, including, but not limited to, drug and alcohol testing and searching.

Reason for Policy

BRG is committed to maintaining a work environment safe and productive for employees, patients and others doing business with BRG. With the service provided and equipment utilized, use of drugs and alcoholic beverages is a critical threat to individual safety and overall working environment.

(Biennial review of the BRG SORT and SON Drug and Alcohol Policy will be performed on even years using “*Appendix 2- Part 86 Compliance Checklist*” and “*Appendix 6- Supplemental Checklist Drug Free Schools and Campus Regulations (EDGAR Part 86)*” from the *USDoE Document Complying with Drug Free Schools and Campus Regulations* (July 2006) Document found online at www.higheredcenter.org/dfsca/supp-checklist.html and will be kept on file in the Administrative offices.)

Prescription Drugs

Students may maintain prescription drugs on the school campus providing the following conditions are met:

- a. The drugs are prescribed by a licensed physician and labeled for the student.
- b. The drugs are kept in their original containers. If a student is taking any prescribed drug or over-the-counter medication, the student will consult their primary physician to determine whether the drug may have an adverse effect on his or her personal safety or job performance. If the effects of the medication could pose danger, or affect judgment, the student should make his or her instructor aware of this condition.
- c. The drug is not a controlled substance.
- d. The instructor is aware of all prescription drugs in the student’s system or possession, during any clinical experience. The student will be prohibited from possession of any type of medication during certain clinical rotations.

Employee Assistance Program

Any student desiring assistance in dealing with personal, alcohol, or drug dependence problems may seek help, voluntarily and in confidence, through the Employee Assistance Program (EAP). The phone number is available from the school office or the hospital operator. Let the EAP personnel know you would like a referral to a case manager. Identify yourself as a student with the School of Radiologic Technology. Students must be capable of performing assigned duties and must cease all involvement with drugs or alcohol or they will be subject to further behavioral consequences within the School of Radiologic Technology, including dismissal.

Enforcement of this Policy

Every student is expected to comply with this policy for personal safety, as well as, patient safety and to protect the public and employees associated with GHS. To ensure compliance with this policy, the BRGMC School of Radiologic Technology and GHS will utilize one or more of the following practices:

- a. **Reasonable Belief:** Students will be subject to unscheduled testing whenever an instructor and/or director reasonably believes alcohol, illegal drugs, or other prohibited substances may be present. The term “reasonably belief” may include, but is not necessarily limited to, the following examples of student’s behavior:
1. Unusual or above average absenteeism pattern;
 2. Confusion and disorientation;
 3. Slurred speech;
 4. Loss of equilibrium;
 5. Similar appearance of being under the influence of alcohol or drugs;
 6. Unusual behavior.
- b. **Post-Accident or Incident:** Students involved in an on-duty accident and/or injury requiring physician treatment and/or resulting in damage or destruction of property or equipment, and/or an incident resulting in the potential for patient harm will be subject to unscheduled testing for drugs and alcohol. A student who cannot provide a specimen at the time of the accident because of serious injury requiring physician treatment and/or resulting in damage or destruction of property or equipment, and/or an incident resulting in the potential for patient harm will be subject to unscheduled testing for drugs and alcohol. A student who cannot provide a specimen at the time of the accident because of serious injury or loss of consciousness will provide, as soon as possible, necessary authorization for obtaining hospital reports and documents to indicate whether there were any drugs or alcohol in his/her system.
- c. **Periodic and Random:** All students are tested during the orientation process to the School of Radiographic Technology. Additionally, the School reserves the right to conduct unscheduled, periodic, blanket, group or random testing of any student at the school’s discretion. Students will be notified as early as possible on the day they are to be tested and must submit to the test within the timeframe specified.

Policy Violation

1. Any student found in violation of this policy, or refusing to submit to testing for drugs and alcohol as identified in this policy, will be subject to discipline, up to and including dismissal from school.
2. Possession and/or Distribution: Any employee or student possessing and/or distributing unauthorized drugs and/or alcohol on GHS premises will be dismissed from the program and appropriate charges will be filed.
3. Rehabilitation and/or Treatment: At the discretion of director of School of Radiologic Technology in situations involving first time violation of this policy, a full-time, non-probationary student in good standing, who tests

positive for illegal drugs, unauthorized controlled substances, and/or alcohol, may be given the option of an agreed-upon treatment plan for alcohol and/or drug use as an alternative to dismissal.

4. Compliance with Search, Test, or Investigation: Complete cooperation by all students with searches, tests, and investigations conducted pursuant to this policy is a condition of continued enrollment in the School of Radiologic Technology program. Refusal to comply with a search or test, or failure to otherwise cooperate with an investigation as described in this policy, will result in removal from GHS property and disciplinary action, including dismissal from the program.

Dismissal for Violation: Decisions to dismiss a student for violation of this policy will be reviewed by Program Director and/or Dean of Clinical Education.

Confidentiality: Information obtained in testing, rehabilitation, and treatment of students with alcohol and drug abuse problems will be protected as confidential medical information. Only those who have a need to know will be given access to this information.

Policy Amendment or Termination: This policy may be amended, terminated, or changed at any time at the discretion of BRGMC School of Radiologic Technology and/or GHS.

Financial Policies

Financial Assistance

Federal Title IV Programs: (School Code: 016560)

Students familiar with receiving federal financial aid should recognize that award amounts may be reduced upon initial enrollment at the BRGMC School of Radiologic Technology. The determination of award amount is based on class standing and all students enter the radiography program at the “freshman” level. Additionally, the award calculation is based on projected expenses and the radiography program is typically less expensive than many colleges and universities.

The School participates in three of the Title IV programs:

1. Federal Pell Grant: a grant awarded on the basis of financial need. This grant is not available to students who have already received a bachelor’s or professional degree.
2. Federal Stafford Loans: Stafford Loans are either subsidized or unsubsidized.
 - a. Subsidized Loan: a loan available to students who may or may not be eligible for a Pell Grant. It is awarded on the basis of financial need.
 - b. Unsubsidized Loan: is not awarded on the basis of financial need. It is available to anyone who chooses to apply, with the exception of dependent students.

In order to be eligible for any of the above, the student must file a *Free Application for Federal Student Aid (FAFSA)*. This form may be obtained through the Financial Aid Office of this institution or any institution that participates in the Title IV program.

Veterans: The school is approved by the State Department of Education for eligible students to receive Veterans benefits. (VA Facility Code: 32800118). Contact the Financial Aid Officer if you are applying for Veteran's Administration educational benefits. Tardiness beyond 30 minutes is recorded as a partial day and is recorded and reported to the Veteran's Administration, as well as full days of absence. A veteran who is absent more than 10 days in a semester will be reported.

Scholarships: Various civic groups and professional organizations provide various scholarships and grants. These may be based on financial need or scholastic achievement. The Financial Aid Committee requires junior level status and demonstrated need.

Employment: If the opportunity occurs, BRG may employ qualified students.

Financial Aid Repayment Policy- Return to Title IV

The purpose of this policy is to govern the return of Federal Title IV Financial Aid when required. When a student withdraws, they may no longer be eligible for the full amount of Title IV funds that the student was originally scheduled to receive. Students who withdraw from school, or are dismissed, may be obligated to return a portion of the funds they received from the Title IV program and/or from the tuition waiver program. It is the policy of BRGMC School of Radiologic Technology that students who receive Federal Funds assistance must return any unearned funds if they withdraw from school during a payment period or period of enrollment, in which they began attendance. Students must complete exit counseling either in person, or online as directed by the Program's Registrar.

The BRG SORT will follow the following procedure to abide with the requirements to return disbursed funds as needed for withdrawal as detailed above:

1) Title IV funds are awarded to a student under the assumption that the student will attend school

for the entire duration for which the assistance is awarded.

2) Financial aid recipients who withdraw (officially or unofficially) any point on or before 60% of the semester will be subject to a *Return to Title IV* calculation to determine any required refunds.

a. Withdrawal date for an official withdrawal is the last date the student attended a scheduled classroom, lab or clinical.

b. Withdrawal date for an unofficial withdrawal is the last date the student attended a scheduled classroom, lab or clinical.

- c. A student who is enrolled but never attends any scheduled classroom, lab or clinical and never officially withdraws will receive a Withdraw Failure on their transcript.
- 3) In accordance with the Federal regulations and BRG School of Radiologic Technology's withdrawal policy, students receiving Federal Title IV are required to refund a portion of this aid determined by the last recorded day of attendance of an academically relevant activity.
 - 4) The amount of Title VI assistance earned by the student is determined by the number of days the student has spent in academic attendance during a specific semester before "officially" or "unofficially" resigning.
 - a. Calculations for return must be made within 30 days of the date the school determines a student has withdrawn and all Title IV that is calculated for return is due back to the US Department of Education within 45 days of the date of determination. (Date of Determination is the date the school determines, or becomes aware, that a student is a withdrawal).
 - b. There are no refund requirements if the student withdraws any point after the 60% mark of the payment period.
 - c. Any credit balance on the student's account will be disbursed as soon as possible and no later than 14 days after the calculation of Return to Title IV.
 - d. If the Return to Title IV calculation results in an amount to be returned that exceeds the school's portion, the student must repay some funds.
 - 5) Any changes in tuition since enrollment will be applied prior to completing any return/s of Title IV funding. Students will be notified in writing of Return to Title IV calculations and any balances that are created as a Result.
- 5) Federal Title IV funds should be returned *in the order* as specified below:
1. Federal Direct Unsubsidized Stafford Loan
 2. Federal Direct Subsidized Stafford Loan
 3. Federal Direct PLUS Loan
 4. Federal Pell Grant
- 6) Post-withdrawal disbursement of any Title IV funds that the student has earned but have not yet been disbursed to the student:
- a. Grants must be disbursed within 45 days,
 - b. Loans must be offered to the student within 30 days allowing the student at least 14 days to respond,
 - c. All post-withdrawal disbursements are applied to student account first, and any resulting credit balance is disbursed as soon as possible and no later than 14 days.
- 7) For further or detailed clarification on the Title IV Refund process, the following guidelines should be referenced: *US Department of Education Student Financial Aid Handbook; Federal Formula for Return of Title IV funds (Section 484B of the Higher Education Act); Code of Federal Regulations; and UPMC Schools of Nursing Institutional Refund Policy.*

Loans:

Repayment is the responsibility of the student. Loans go into repayment from the date of withdrawal or dismissal. The Financial Aid Officer will notify the lender(s) whenever a student who has received a loan leaves the school. However, the student is also required to notify the lender.

Pell Grants: See *Tuition Refund Policy*.

Revised: 12/06, 1/11; 08/18, 04/21
Reviewed: 8/2010, 10/11; 06/12; 01/13, 01/16

Tuition and Fees

Tuition and fees are due and payable at the beginning of each semester or summer term. Students receiving financial aid remain responsible for arranging payment of tuition and fees by the published deadlines. If a student anticipates difficulty with payments, the student should make an appointment with the director to discuss the matter. The director may approve alternate payment arrangements. Tuition and Fees are subject to change. Students will be given at least a 30-day notice of proposed tuition and fee changes.

Non-refundable Pre-Professional Student Costs:

1. Application fee (paid to BRG-SORT)	\$50
2. Entrance Test fee (paid to SORT or Testing Center)	\$100
3. Admission fee (paid to BRG-SORT)	\$50
4. Background Check (paid to Certified Background Co.)	\$36

First-year Students

Level I

Spring Semester 2021

A. Tuition (based on 14 credit hours @ \$330 per credit hour)	\$4,620
B. General Fees: \$830 Total	
Learning Enhanced & Technical Fee	\$600
Library & Technology	\$200
Student Activity – CASH ONLY	\$30
C. Textbooks (estimated)	\$1775
D. Supplies - Not paid to BRG SORT	\$255
Lab coat/scrubs \$150, LSRT Dues \$20,	
CPR Certification-\$50 CASH ONLY	
Markers \$35 – CASH ONLY	
Estimated Total Spring	\$7,480

Summer Session 2021

A. Tuition (based on 3 credit hours @ \$330 / credit hour)	\$990
B. Textbooks (estimated)	\$0.00
Estimated Total Summer	\$990

Level II

Fall Semester 2021

A. Tuition (based on 12 credit hours @ \$330 / credit hour)	\$3,960
B. General Fees: \$830 Total	
Learning Enhanced & Technical Fee	\$600

Library & Technology	\$200
Student Activity – CASH ONLY	\$30
C. Textbooks (estimated)	\$0.00
Estimated Total Fall	\$4,790
Estimated Total First Year Student	\$13,260

Second-year Students

Level III

Spring Semester 2022

A. Tuition (based on 15 credit hours @ \$330 per credit hour)	\$4,950
B. General Fees: \$830 Total	
Learning Enhanced & Technical Fee	\$600
Library & Technology	\$200
Student Activity – CASH ONLY	\$30
C. Textbooks (estimated)	\$0.00
C. Supplies - Not paid to BRG SORT	
LSRT Dues \$20, LSRT Meeting attendance \$50	\$70
Estimated Total Spring	\$5850

Summer Session 2022

A. Tuition (based on 6 credit hours @ \$330 / credit hour)	\$1980
B. Textbooks (estimated)	\$0.00
Estimated Total Summer	\$1980

Level IV

Fall Semester 2022

A. Tuition (based on 12 credit hours @ \$330 / credit hour)	\$3,960
B. General Fee: \$830 Total	
Learning Enhanced & Technical Fee	\$600
Library & Technology	\$200
Student Activity – CASH ONLY	\$30
C. Textbooks (estimated)	\$0
D. Graduation Fee	\$130
E. Estimated Additional Graduation Expense	\$420
(not all of these expenses are paid to BRG)	
Graduation Regalia and Pin \$120, ARRT Exam Fee \$200, LA State License + temp permit \$100	
Estimated Total Fall	\$5,340
Estimated Total Second-year Students	\$13,170

Estimated <u>Total Expenses</u> for 2 years	\$26,430
Estimated <u>Total Tuition</u> for 2 years	\$20,461

Tuition and fees are due and payable at the beginning of each semester and are considered past due by the **3rd day** of each semester. Students who have not paid tuition & fees by that time will not be allowed to attend class or participate in clinical activities until payment is made or alternate arrangements have been made.

Revised: 01/13, 01/16; 01/17; 01/18; 01/21

Tuition Refund Policy

Upon official withdrawal or dismissal from school, tuition refunds will be made according to the following guidelines:

1. Refunds are calculated only on tuition, using the amount due for the entire semester.
2. School fees are non-refundable.
3. Withdrawal or dismissal must occur on or before the fifth day of the semester.
4. If the student is receiving financial aid that requires repayment by the School of Radiologic Technology to the lender, the school will first satisfy the amount of repayment to the Financial Aid Program (ex. Pell) before any monies are issued to the student. If the student has outstanding loan(s), any tuition refund must be made to the loan servicer(s) in the order indicated in the U.S. Department of Education ***Federal Student Financial Aid Handbook***.
5. The lender repayment amount will be calculated and the student will receive the balance of tuition paid, up to a maximum of 75%. Students who withdraw, or are dismissed, beyond the fifth day of the semester are not eligible for any refund.
6. If the lender repayment amount exceeds the tuition collected, the student will be responsible for payment of the remaining funds.
7. Refunds will be processed through BRG and checks will be mailed within six (6) weeks of resignation or dismissal.

*Revised: 1/97 and 12/00
Reviewed: 8/10, 10/11; 06/12; 01/13, 01/16; 01/17*

Unpaid Balances, Delinquent Accounts, and NSF Checks

In all circumstances where payments are due to the BRGMC School of Radiologic Technology, the student is responsible for ensuring payments are made. Tuition and fees are due by the third day of each term or semester. Late fees will apply to student accounts of \$25 after day 3; and \$50 per week after day 5. Students who have not paid tuition and fees by that time, or have not made specific arrangements approved by the director, will not be allowed to attend class or participate in clinical activities until payment has been made or alternate arrangements have been made. Students remain responsible for assignments and clinical activities that occur during missed classes. Continued failure to pay or to make satisfactory payment arrangements could result in the student's dismissal from school.

Students, or former students, with delinquent accounts will be referred to appropriate collection agencies to insure proper accounting for fees owed to BRGMC School of Radiologic Technology. Students who have outstanding balances will not be permitted to enroll in any classes until those balances have been paid or satisfactory arrangements have been made. Grade reports will be held and official and unofficial transcripts will be withheld until proper payment has been made. Other student services will be suspended until outstanding debts are settled. Additionally, appropriate financial aid agencies will be notified and further financial aid awards will be held pending repayment to BRGMC School of Radiologic Technology.

Students will be notified if a check is returned to the school because of insufficient funds. The student will have three (3) business days to provide cash, certified check, or money order to cover the initial check plus a **\$50.00 processing fee**. Students with more than one returned check lose the privilege of writing checks to the School of Radiologic Technology. If payment arrangements are not made, the student will

need to withdraw from the program. Grade reports and transcripts will be held and further enrollment will be prohibited until the account balance is settled.

Stopping payment on a check written to the BRGMC School of Radiologic Technology may have serious disciplinary consequences. Any student who submits a check to the school and then stops payment on the check will lose the privilege of writing checks to the school and may face immediate dismissal.

Revised: 12/00 ; Reviewed: 8/10, 10/11; 01/13, 01/16; 01/17

Safety Policies

Emergency Management Plan

Purpose: The purpose of the BRGMC Emergency Management Plan is to describe how the organization will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care. This plan addresses the four phases of emergency management activities: mitigation, preparedness, response and recovery.

Definitions:

1. Emergency: a natural or man-made event that significantly disrupts the environment of care. Some emergencies are called “disasters” or “potential injury creating events” (PICES).
2. Hazard vulnerability analysis (HVA) – the identification of potential emergencies and the direct or indirect effects these emergencies may have on the health care organization’s operations and the demand for its services.
3. Mitigation – those activities undertaken to lessen the severity and impact that a potential disaster or emergency disaster may have on the organization’s operations.
4. Preparedness – those activities undertaken to build capacity and identify resources that may be utilized should a disaster emergency occur.
5. Response – those activities undertaken in response to a disaster or emergency situations.
6. Recovery – those activities undertaken after a disaster or emergency situation to restore normal operations.

Guidelines and Key Principles:

1. Upon notification of an emergency, the school’s director will be contacted and a determination made as to numbers of personnel and students available to assist Radiologic Technology Services personnel.
2. The Director will report the number of staff and students available to assist to the Radiologic Technology Service Officer as soon as possible after notification.
3. If the Designee of Radiologic Technology does not need staff and students, then all available personnel report to the BRG general personnel pool.
4. All students must wear their BRG picture ID badge at all times.

Personnel Responsibilities:

1. Learn and know YOUR emergency response responsibilities.

2. Be prepared to remain at the facility until the emergency is over.
3. Be willing to perform jobs within your level of practice as requested by supervisory staff.
4. Do not telephone the hospital or fax the in-house telephone system. Call the school.
5. Rumors and generalized fear can magnify small problems into major ones. Verify information with the school or other supervisory personnel and remain calm.
6. When an emergency plan has been implemented, whether internal or external, all telephone calls and/or inquiries from the news media or others asking for news of the disaster are to be directed to the Incident Command Center. Under no circumstances may emergency/disaster information calls be referred to any other staff member.

Emergency Codes

When the facility is notified of a disaster, the person receiving notification will immediately notify the Chief Executive Officer (CEO), or his/her designee, of the situation whether it is an internal or external disaster. The House Supervisor will respond to the site of an internal disaster and report back to the CEO, or designee the status of the situation. The CEO, or designee will evaluate the disaster to determine whether the emergency preparedness plan will be activated. If the plan is to be activated, the CEO, or designee will notify the Operator to call the appropriate "CODE" for the disaster situation.

- Code Orange – Hazardous Chemical Exposure
- Code Red – Fire
- Code Gray – Severe Weather Conditions
- Code Yellow – Mass Casualty
- Code Pink – Infant/Child Abduction
- Code White – Violent Individual/Hostage Situation
- Code Black – Bomb Threat
- Code Green – Radiation Exposure
- Code Silver – Active Shooter
- Code Evacuate – Partial or Full Evacuation of Facility

All emergency codes will be paged in a similar manner at each facility and it is:

"Your attention please, Emergency Code _____."

The emergency code will be paged three times in succession and repeated after a thirty-second (30) delay. As indicated, the location will be paged also.

Fire Emergency Procedure

Fire prevention is the responsibility of every student and employee of the BRGMC School of Radiologic Technology. Safety begins with an awareness of a possible danger of fire hazards and prompts action to eliminate unsafe conditions.

Although fire prevention activities should reduce the likelihood of fires, there are still many variables that cannot always be controlled. Therefore, we must be prepared to combat a fire situation. The RACE and

PAUSE concepts have been adopted to serve as a guide to respond to fire conditions and the PASS acronym helps with remembering proper fire extinguisher use.

Everyone in the fire area: RACE

- R – RESCUE individuals in immediate danger.
- A – ACTIVATE the alarms/call the operator.
- C – CONFINE the fire by closing all doors and windows.
- E – EXTINGUISH by knowing the location, use and type of fire extinguishers available.

Everyone away from the fire area: PAUSE

- P – PAY attention to overhead pages, i.e., indication of location of fire, etc.
- A – AWAIT instructions for Command Center
- U – USE your senses: Smell for smoke; Look and listen for fire alarm system; Report problems to Security Department
- S – STAY away from the fire area unless called to help
- E – Ensure patient care

When activating fire extinguisher, the PASS concept helps to assure proper use of the device.

- P – PULL the pin.
- A – AIM at the base of the fire.
- S – SQUEEZE the spray nozzle.
- S – SWEEP spray from side to side until all embers are extinguished.

General Instructions To All Personnel:

1. Acquaint yourself with use and locations of all fire alarms and fire extinguishers in School of Radiologic Technology building. These are all type A, B, C extinguishers.
2. When an alarm is sounded, everyone should follow the fire emergency procedure.
3. An alert is given by engaging the fire alarms located in the hallways.
4. Avoid panic, move quickly but **DO NOT RUN**.
5. Close all doors and windows to prevent drafts.
6. Give instructions in a clear but normal tone.
7. If possible, use proper fire extinguisher.
8. Walk single file along the corridor to the outside door.
9. A designated person should check each room to assure evacuation.
10. Keep halls, passageways, and exits clear.
11. Report all fires, however small, to the secretary or director.
12. Do not use telephones.
13. Drills will be conducted periodically and will be unscheduled.
14. Proceed to **PARKING LOT** at rear of building for roll call.

Revised: 1/84, 1/83
Reviewed: 10/11; 01/13, 01/16

Fire Evacuation Routes

If a Fire Occurs in Your Presence:

1. Engage nearest fire alarm.
2. Close doors to isolate fire area.
3. Notify school office personnel, instructor, or director.
4. The school faculty or staff will notify the hospital operator by dialing 20. The operator in turn notifies maintenance and hospital administration that there is a Code Red in the School of Radiologic Technology and gives location. **NOTE:** If fire occurs after 4:00 p.m., notify hospital operator by dialing 20.
5. Evacuate as directed.

EVACUATION ROUTES FOR FIRST FLOOR

Classrooms 1 and 2:

Utilize Exit out north (front) door onto front lawn.

Alternate: Exit down east corridor through door to parking lot.

Resource Room, Labs, Director's Office:

Utilize Exit toward North Boulevard.

Alternate: Exit front or back stairwell doors to parking lot.

Faculty and School Office Areas:

Utilize Exit west exit toward Lovers Lane Drive.

Alternate: Exit out north (front) door onto front lawn.

EVACUATION ROUTES FOR SECOND FLOOR:

Faculty Lounge, Offices:

Utilize Exit down west stairs and exit building west toward Lovers Lane.

Alternate: Exit front or back east stairs to parking lot.

Upstairs Classrooms and Student Lounges:

Utilize front stairs to out of the building to parking lot.

Alternate: Utilize back stairs to Exit out of building to parking lot.

Proceed to **PARKING LOT AT THE REAR OF** School of Radiologic Technology Bldg. for roll call.

Revised: 12/97, 12/96

Reviewed: 8/10, 10/11; 01/13, 01/16

Fire Safety

Purpose: Fires within the health care setting can be disastrous. Therefore, it is essential for everyone to become active in fire prevention activities and familiar as to their responsibilities during such an emergency.

Fire Prevention: The first and most important aspect of any fire plan is prevention. Listed are preventative measures that can reduce chances of fire.

Electrical: Be sure plugs, wires and motors are in good condition and properly grounded before plugging them into a socket. Don't overload any one circuit. Before plugging in heavy equipment, be sure the outlet is adequate to handle the load.

Environmental: Good housekeeping is one of the best guarantees against fires. Keep work areas clean and in good repair. Assure that equipment and supplies are properly stored. Put away files when they are no longer immediately necessary.

Flammable liquids: Know what you are using. Read labels and heed warnings. Substitute less volatile solutions when possible. Use only small amounts at your workstation. Store properly and beware of vapors that are extremely explosive.

Smoking: Smoking by patients, visitors, and employees is one of the biggest dangers. Smoking is allowed only in authorized areas. Keep trash away from smoking areas. NEVER allow smoking in an oxygen-enriched atmosphere. Oxygen supports combustion in materials and will cause burning at an explosive rate.

Reporting: Report hazards to supervisory personnel, Plant Operations, Safety/Security or the Safety Committee.

Reviewed: 10/11; 01/13, 01/16

Sexual Harassment Policy

Students shall be subject to the same policies and procedures as employees of the BRG Medical Center. Students are considered associates of the GHS. The BRG Medical Center Policy on Sexual Harassment is available on-line on the GHS Intranet homepage.

Policy

The BRG Medical Center School of Radiologic Technology prohibits sexual harassment of students, instructors, staff, patients, employees, guests, or associates of the school, General Health System or any affiliate clinical agencies.

Sexual harassment includes such behavior as:

1. Abusing individual dignity through insulting or degrading sexual remarks or conduct.
2. Threats, demands, or suggestions that an individual's work status is contingent upon the individual's toleration of or acquiescence to sexual advances.
3. Retaliation against an individual for complaining about behaviors described above.

Procedure

Any student who believes that he/she is a victim of sexual harassment is to notify immediately his/her instructor or the director of the School of Radiologic Technology of the harassment. An investigation into the circumstances surrounding the report will be conducted. Involved parties found guilty of the reported allegations will be subject to disciplinary action, including dismissal from school and/or termination from employment with GHS.

Revised: 12/00, 12/96
Reviewed: 8/10, 10/11; 01/13, 01/16

Weapons Policy

The possession of weapons on the school campus, or any GHS property, by persons other than Law Enforcement Officers, whether patients, employees, visitors, or other individuals is strictly prohibited. In addition to firearms and knives, this includes any object or product fashioned to resemble or used in a manner suggesting it is a weapon. Student violation of this policy is cause for dismissal from the program.

Students and faculty are to report to the Director and the Hospital Security Department any person displaying or possessing a weapon. Hospital Security will take the necessary action to assure the safety of all individuals involved.

Problem Solving Protocol

PURPOSE: The policy serves as a guide for the individual who presents an issue or problem that in some manner involves the School of Radiologic Technology.

POLICY:

1. Informal problem solving among students and faculty is encouraged.
2. The primary routes for problem solving within the School of Radiologic Technology are through consultation with the course faculty and/or utilization of the student's faculty advisor and/or the course coordinator for the course in which the student is currently enrolled.
3. Students assigned a faculty advisor each semester and this information is posted for the student reference at any time. Students may also contact any faculty member or the Director to discuss any perceived problem.
4. The problem-solving protocol (Diagram A) is initiated when an individual brings for a complaint, which may be academic or nonacademic in nature, presented by a student, faculty member or staff member of a clinical agency. The complaint is brought to the course and/or clinical faculty and the issue is discussed. If resolution is not achieved, the individual initiating the process brings the complaint, or problem, forward according to the diagram; page 74.
5. A problem is an issue that remains unresolved following review and decision at the faculty level. The faculty advisor and/or course coordinator discuss the issue with the individual(s) and continue to work to solve the problem.
6. The course coordinator and/or faculty advisor should document this student encounter on a Record of Conference form and the Course Report form as appropriate. The Record of Conference form should be routed to the Director for review.
7. If resolution is not attained at this level, the problem is forwarded to the Director of the School of Radiologic Technology or the Dean of the School of Nursing and Radiologic Technology.
8. The Director will continue to assist the individual(s) in the problem-solving process. If the individual who originally initiated the complaint does not attain resolution of the problem, the individual will be advised of the Grievance Protocol (see Grievance Protocol).

Grievance Protocol

PURPOSE: This policy is to serve as a guide for an individual who has not been able to solve a problem or issue to his or her satisfaction and opts to initiate a grievance.

POLICY:

1. Definition of terms utilized in the grievance protocol

- a. Grievance: academic or nonacademic issue that has followed the problem-solving protocol and without successful resolution to the individual who initiated the complaint, or an incident that is so serious that it presents imminent risk to student, faculty or patient.
- b. Complainant: party who makes the complaint in an action or proceeding.
- c. Advocate: one who pleads the cause of another. (Two parents count as one advocate).
- d. Director: Program Director of Baton Rouge General Medical Center School of Radiologic Technology, or designee.
- e. Faculty: members of school faculty as defined by faculty bylaws.
- f. Respondent: one who responds and/or answers in the proceeding.
- g. Witness: anyone giving information concerning the incident, or the persons involved in the grievance.
- h. Grievance Committee: all faculty members and student representatives comprising Curriculum Committee. Student alternates will be invited if student representatives are unavailable. A total of four student representatives will be present for the proceeding.

2. Grievance Protocol

- a. If a problem is not resolved by the problem-solving protocol (see Problem Solving Protocol) or the incident is so serious that it presents imminent risk to student, faculty or patient, the grievance protocol (Diagram B) will be followed.
- b. The Director must be presented with the intent to proceed with the grievance protocol within two working days of the final problem-solving meeting or the precipitating event.
- c. Within one working day of initiating the grievance protocol, the complainant is required to submit a Grievance Report form (available from school office) in writing to the Director.
- d. The Director notifies the respondent within two working days of the complainant completing the Grievance Report form. The respondent is required to sign this form.
- e. The Director notifies the Curriculum Committee of the need to convene the Grievance Committee and informs all individuals involved of the time and location of the grievance proceeding.
- f. The Director is required to get the respondent and the complainant to complete the Proceeding Notification Form (provided by school office) a minimum of two working days prior to the scheduled grievance proceeding.
- g. After completion of Proceeding Notification Form, any additions or changes to identified witnesses and advocates requires at least a two working day delay prior to convening the grievance proceeding.
- h. The grievance proceeding is an internal exploratory process within the School of Radiologic Technology and does not serve as a legal proceeding.
- i. Present at the proceeding will be the Grievance Committee (as previously defined), respondent, two advocates invited by respondent (if desired), complainant, two advocates invited by complainant (if desired), and any witnesses, if applicable.
- j. In the event a student group grievance is initiated, the student group must elect one member to represent the group before the Grievance Committee for the proceeding. Group grievances follow the same procedures outlined for individual grievances. Names of all

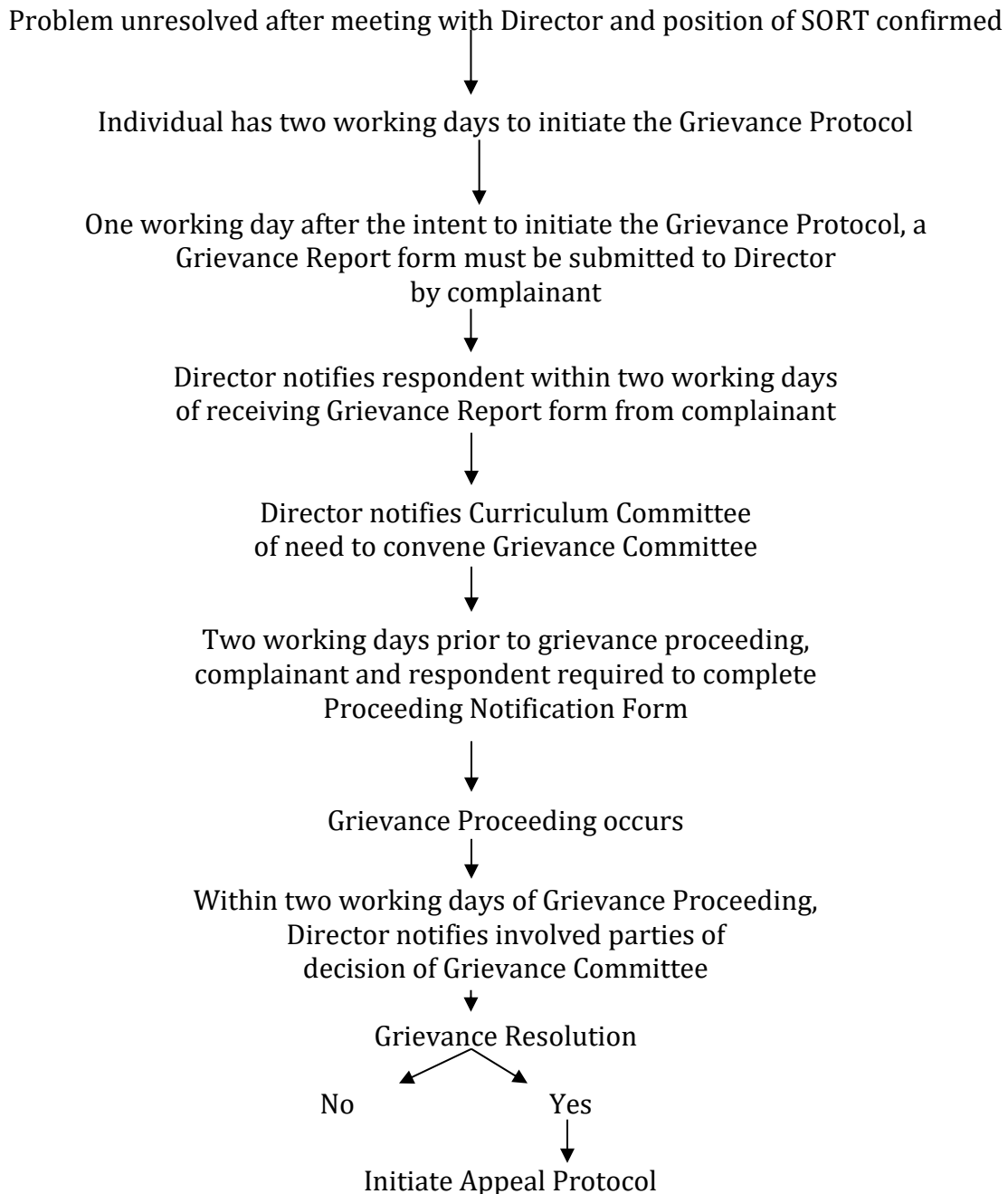
students involved in the grievance must be submitted on the Grievance Report form within the time frame previously stated.

3. Grievance Proceeding

- a. All persons involved in grievance proceeding are responsible for maintaining confidentiality concerning information pertinent to the issue.
- b. The Curriculum Chairperson, now serving as the Grievance Committee Chairperson calls the meeting to order and identifies participants.
- c. The Grievance Committee Chairperson establishes a quorum by two-thirds (2/3) of members present that are not respondents, advocates, and/or witnesses to the proceeding.
- d. Individuals participating in Grievance Proceeding sign a Statement of Confidentiality form.
- e. The Grievance Committee Chairperson appoints a Recorder. The proceedings will not be audio taped or videotaped.
- f. The Director reviews the procedure by which the meeting will be conducted to all present. The procedure is as follows:
 - i. Complainant presents case and calls for witness testimony.
 - ii. Respondent presents case and calls for witness testimony.
 - iii. Grievance Committee members may question complainant and complaint witnesses.
 - iv. Grievance Committee members may question respondent and respondent witnesses.
 - v. Clarification of information follows presentation of each case and questioning.
 - vi. When those present have no further questions, Grievance Committee Chairperson closes the floor for discussion.
 - vii. Complainant, respondent, advocates and witnesses are excused from proceeding by Grievance Committee Chairperson and directed to specific areas.
 - viii. Grievance Committee members remaining have further discussion, if necessary.
 - ix. When discussion is complete, a member makes a motion for consideration. The motion is seconded by the membership and accepted for voting.
 - x. Grievance Committee Chairperson calls for a secret vote by the members. The Chairperson and members have one vote each. Director will vote only to break the tie of a deadlock vote.
 - xi. Grievance Committee Chairperson appoints one faculty member and one student representative to count the votes with the membership present.
 - xii. Vote results are announced as cast by members as totals in categories of: for, against, and abstain.
 - xiii. Results of voting are placed in the recorded minutes.
 - xiv. In the event a motion fails to carry, the Grievance Committee Chairperson opens the floor to further motions and the process continues until a motion carries.
- a. The Director informs the complainant and the respondent of the Grievance Committee decision in writing, within two working days.
- b. Following the grievance proceeding, there shall be no further discussion among any of the participants with each other or with any other individuals or groups.

Diagram B: Grievance Protocol

GRIEVANCE PROTOCOL



Appeal Protocol

PURPOSE: This policy is a guide for an individual who chooses to appeal a decision rendered by Grievance Committee following a grievance proceeding.

POLICY:

1. Definition of terms utilized in the appeal protocol.
 - a. Appeal: request for review of the decision on an academic or nonacademic issue that has followed the Grievance protocol.
 - b. Complainant: party making complaint in action or proceeding.
 - c. Advocate: one who pleads cause of another. (Two parents count as one advocate).
 - d. Director: Program Director of Baton Rouge General Medical Center School of Radiologic Technology, or designee.
 - e. Respondent: one who responds or answers in certain proceedings.
 - f. Witness: anyone giving information concerning incident or persons involved in the appeal.
 - g. Appeal Board: consists of a member of General Health System Ethics Committee (selected by Chairperson Ethics Committee), a General Health System registered radiologic technologist selected by General Health System Vice President for Radiologic Technology, and an Allied Health Educator selected by Dean of School of Nursing and Radiologic Technology.
 - h. Observers: Program Director of School of Radiologic Technology and a Risk Management Representative of General Health System. Observers are present for appeal proceeding to ensure process is followed. These individuals will not participate in discussion or voting.
1. Appeal Protocol
 - a. The individual choosing to appeal the decision ruled by Grievance Committee initiates Appeal Protocol.
 - b. Program Director of School of Radiologic Technology must be presented with intent to proceed with Appeal Protocol within two working days following notification of decision Grievance Committee at conclusion of grievance proceeding.
 - c. Within one working day of initiating appeal protocol, complainant will be required to submit an Appeal Request form (available from school office) in writing to Director.
 - d. Director notifies respondent within two working days of complainant completing Appeal Request form. Respondent is required to sign form.
 - e. Director convenes Appeal Board and informs individuals involved of time and location of appeal proceeding.
 - f. Director has respondent and complainant complete Proceeding Notification form (provided by school office) at least two working days prior to scheduled appeal proceeding.
 - g. After completion of Proceeding Notification form, any additions or changes to identified witnesses and advocates requires at least a two working day delay prior to convening appeal proceeding.
 - h. Present at proceeding is Appeal Board (as previously defined), respondent, two advocates invited by respondent (if desired), complainant, two advocates invited by complainant (if desired) and any witnesses, if applicable.

1. Appeal Proceeding

- a. All persons involved in appeal proceeding are responsible for maintaining confidentiality concerning information pertinent to issue.
- b. Board members (3 voting members) of Appeal Board choose a Chairperson among membership.
- c. All three members of board must be present for proceeding to be initiated. Appeal Board members sign confidentiality statement.
- d. Appeal Board Chairperson appoints a recorder. Proceedings will not be audio taped or videotaped.
- e. Director reviews procedure by which meeting will be conducted to all present. Procedure is as follows:
 - i. Complainant presents case and calls for witness testimony.
 - ii. Respondent presents case and calls for witness testimony.
 - iii. Board members question complainant and complainant witnesses.
 - iv. Board members question respondent and respondent witnesses.
 - v. Clarification of information is directed to Board members and follows presentation of each case and questioning.
 - vi. When Board members have no further questions, Board Chairperson closes floor for discussion.
 - vii. Complainant, respondent, advocates, witnesses, observers and recorder are excused from proceeding by Board Chairperson and directed to specific areas.
 - viii. Board members have any further discussion necessary.
 - ix. Once Board members complete discussion, Board Chairperson makes a motion for consideration. Motion is seconded by membership and accepted for voting.
 - x. Unanimous vote is not required Appeal Board decision.
 - xi. Complainant, respondent, advocates, witnesses, observers and recorder are reconvened and present for results of vote.
 - xii. Decision determined by voting is announced by Board Chairperson and placed in recorded minutes.
 - xiii. The Appeal Board may declare the decision fair, declare the decision too harsh for the offense and sentence a lesser action, declare the decision unfair and dismiss the decision taken against the student, or offer an alternate course of action for the student.
- f. Director informs complainant and respondent of Appeal Board decision in writing, within two working days.
- g. After the meeting, there shall be no further discussion among any of the participants with each other or with any other individuals or groups.

Revd and revised: 01/2014, 01/16

Appealing a Course Grade

Purpose: The academic grade appeal provides a fair means for appealing a final grade in a course if the student believes the final grade to have been determined unfairly.

- I. General Conditions for All Academic Grade Appeals
 - A. Inappropriate Uses of Appeal: An appeal shall not be used to question the professional judgment of a faculty member, the content of an examination, or other course requirements.
 - B. Only Final Grades Can Be Appealed: Only the final grade in a course may be appealed. Individual test scores are not subject to an appeal; individual grades will be considered only as they bear upon the final grade. The final grade in a course may be appealed only if the student believes that the faculty member:
 1. Has not adhered to grading standards and requirements in the course syllabus or
 2. Has not used criteria uniformly to evaluate the student's academic work compared with the work of other students.
 - C. Original Appeal Cannot Be Expanded: The student may not expand the original appeal beyond that initially presented to the faculty member.
 - D. Time Frames Must Be Observed: The student must initiate an appeal within fourteen calendar days of the posting of Final Grades for that term following the academic term in which the questioned grade was assigned. Any subsequent appeals to each higher level must be made within seven days of the student's notification of the decision. Under normal circumstances, if the student who is appealing a grade fails to meet any deadline of appeal to the next higher level, the appeal will be considered withdrawn.
 - E. Appeal to Succeeding Levels
 1. It is the student's responsibility to carry the academic grade appeal to each succeeding level. Each written request shall include:
 - a. Date of letter
 - b. Student name and identification number
 - c. Course name, number, and section
 - d. Name of faculty member
 - e. Date of student/faculty conference
 - f. Statement concerning basis for appeal for grade change, with any supporting documentation
 - g. Grade believed deserved
 - h. Student's legal signature
 - i. Completion of the Appeal Form from SORT Registrar
 2. A faculty member may appeal an academic grade appeal decision made at the level of Program Director, or Dean. Each written request shall include:
 - a. Date of letter

- b. Student name and identification number
- c. Course name, number, and section
- d. Name of faculty member
- e. Date of student/faculty conference
- f. Date of decision being appealed
- g. Statement concerning basis for appeal of decision, with any supporting documentation
- h. Grade believed deserved
- i. Faculty member's legal signature.

The time frames that apply to the student shall apply to the faculty also. Under normal circumstances, if the faculty member who is appealing a decision fails to meet any deadline of appeal to the next higher level, the appeal of decision will be considered withdrawn.

- II. Academic Grade Appeals at Different Levels (General conditions for all academic appeals apply at all levels.)
 - A. Faculty Member:
The student must first meet with the faculty member to attempt to resolve the matter.
 - B. Program Director:
If the matter is not resolved with the faculty member, the student shall send a written request to the faculty member's Program Director for a conference with the Program Director and faculty member. The program director shall provide the faculty member with a copy of the written request. The faculty member shall provide the program director with a statement concerning the basis for the grade with any supporting documentation. All documentation along with Appeal Form must be submitted within the time frame required and must be sent via email or delivered in person. The Program Director, faculty member, and student shall meet to discuss the appeal. The Program Director shall notify the student and faculty member of the decision.
 - C. Dean: School of Radiologic Technology
If the student wishes to appeal the decision of the program director, a written request for a meeting shall be sent to the Dean of the School of Radiologic Technology. The Program Director shall provide the Dean with a statement concerning the basis for the grade with any supporting documentation. The Dean shall meet with the Program Director, faculty member, and student to discuss the appeal and shall notify them of the FINAL decision.

Baton Rouge General School of Radiologic Technology

PROGRAM OF STUDY



All required general education courses must be completed with a grade of "C" or better. The required general education courses are part of the program of study and must be completed at a university of the student's choice approved by the school. With completed application process required by August 31st, the required general education courses must be completed by the following January 1.

GENERAL EDUCATION PREREQUISITES

Candidates applying for admission are required to complete twenty-eight college credit hours as follows:

Semester 1

English 1010.....	3
Math ¹	3
Orientation*.....	1
Psychology 1010 ²	3
Biology* 2220, 2221.....	<u>4</u>
	14

Semester 2

English 1020.....	3
Communication 1010 ³	3
Biology* 2230, 2231.....	4
Allied Health* 1020.....	2
Allied Health* 2200.....	<u>2</u>
	14

English and math courses cannot be remedial courses.

*Orientation (Academic Seminar; Freshmen Orientation)

*Allied Health 1020 (Medical Terminology)

*Allied Health 2200 (Healthcare or Medical Professional Ethics)

*Biology 2220, 2221 (Human Anatomy and Physiology I, Class and Lab)

*Biology 2230, 2231 (Human Anatomy and Physiology II, Class and Lab)

¹College Algebra or higher

²Introductory or higher

³Introductory or higher

All pre-requisite courses must be completed with a "C" or better and with an overall GPA of 2.5 or better. If courses are taken multiple times the attempt with the highest grade will be counted.

LEVEL I

Spring Semester

	<i>Hours</i>
RADS 101: Introduction to Radiography	2
RADS 104: Patient Care and Pharmacology	3
RADS 105: Patient Care Lab	1
RADS 110: Radiographic Positioning	5
RADS 120: Clinical Radiography	<u>3</u>
Total	15

*Summer Term***

	<i>Hours</i>
RADS 120S: Clinical Radiography	<u>3</u>
Total	3

LEVEL II

*Fall Semester***

	<i>Hours</i>
RADS 204: Radiation Physics	3
RADS 210: Radiographic Positioning II	5
RADS 220: Clinical Radiography II	<u>4</u>
Total	12

LEVEL III

Spring Semester

	<i>Hours</i>
RADS 306: Radiation Protection and Biology	3
RADS 308: Radiographic Pathology I	2
RADS 304: Imaging Technique	3
RADS 304: Imaging Technique Lab	1
RADS 320: Clinical Radiography III	<u>6</u>
Total	15

*Summer Term***

	<i>Hours</i>
RADS 310: Advanced Radiographic Procedures	2
RADS 320S: Clinical Radiography IIIS	<u>4</u>
Total	6

LEVEL IV

*Fall Semester***

	<i>Hours</i>
RADS 408: Radiographic Pathology II	2
RADS 404: Darkroom to Digital and QA	2
RADS 410: Advanced Practices in Radiography	2
RADS 411: Seminar IV	1
RADS 420: Clinical Radiography IV	<u>5</u>
Total	12

Total Radiologic Technology Hours	62
General Education Courses	<u>28</u>
Total Credit Hours	90

Course Descriptions

2021-2022

Baton Rouge General School of Radiologic Technology Course Descriptions

Spring Semester - Freshman/ Level I Semester 1

RADS 101 INTRODUCTION TO RADIOGRAPHY: (2 Credit Hrs.) This course is designed to provide the student with an overview of radiography and its role in the health care delivery system. The history of radiology, department and hospital organization, code of ethics, medical and legal considerations, role of the technologists on the medical team, radiographic procedural introduction, and basic medical terminology will be covered. The Professional organizations of Radiologic Sciences and certification as well as basic radiation protection will be included.

RADS 104 PATIENT CARE AND PHARMACOLOGY METHODS: (3 Credit Hrs.) This course is designed to provide the student with an introduction to the science of human behavior, the principles of morally correct conduct, and the legal responsibilities and liabilities relative to health care. The management of medical and surgical asepsis, patient assessment, patient history documentation, trauma, shock, urinary catheterization, venipuncture, patient transfer, and care of patients with medical equipment. The use of contrast media and drugs in the management of radiologic procedures will be discussed.

RADS 105 Patient Care Laboratory: (1 Credit Hr.) This is a laboratory course to correlate with student's patient care techniques such as transfer, venipuncture, vital signs, patient communication/care of medical equipment, CPR, and aseptic technique. Students will perform and demonstrate competency of these areas in a laboratory setting following in class instruction. This is a practicum lab, evaluation of proper patient care techniques is included.

RADS 110 RADIOGRAPHIC POSITIONING: (5 Credit Hrs.) This course is designed to provide the student with instruction in positioning nomenclature, anatomy and physiology, radiographic positioning, and technical factors involving the upper limb, lower limb, chest, abdomen, bony thorax, shoulder girdle, and pelvic girdle. Radiologic images will be presented and critiqued for image quality. A practicum lab, evaluation of proper positioning and proper radiographic technique is included.

RADS 120 CLINICAL RADIOGRAPHY I: (3 Credit Hrs.) This course is designed to provide the students with a supervised clinical education setting in order to perform basic radiographic examinations, patient care, and other radiographic processes. Emphasis on professionalism, dependability, and radiographic examinations presented in RADS 110 as well as patient care techniques presented in RADS 104/105. Portfolio assessments and papers are one method used to determine clinical progression. This course is an accumulation of all other course content throughout the semester for application and performance on patients in the clinical educational setting. Attendance in LSRT Midwinter Conference is required for this course.

Summer Term I

RADS 120S CLINICAL RADIOGRAPHY 1S: (4 Credit Hrs.) This summer course is designed to provide the students with a supervised clinical education setting in order to perform basic radiographic examinations, patient care, and other radiographic processes. Emphasis on professionalism, dependability, and radiographic examinations presented in RADS 110 as well as patient care techniques presented in RADS 104/105. This course is an accumulation of all other course content throughout the semester for application and performance on patients in the clinical educational setting. Portfolio assessments and papers are one method used to determine clinical progression. Attendance and Participation in LSRT Professional Development activities for LSRT Annual Meeting is required for this course. Other professional development on campus activities will be conducted as well.

Fall Semester - Sophomore/ Level II Semester 2

RADS 204 RADIATION PHYSICS: (3 Credit Hrs.) This course is designed to provide the student with the application of the principles of physics to radiography and radiologic equipment. Interactions of x-ray with matter, production of x-rays,

electricity, magnetism, electromagnetism, equipment maintenance and operation. Introduction to advanced radiographic equipment.

RADS 210 RADIOGRAPHIC POSITIONING II: (5 Credit Hrs.) This course is designed to provide the student with instruction in positioning nomenclature, anatomy and physiology, radiographic positioning, and technical factors involving the digestive tract, urinary tract, vertebral column, skull, facial bones, and sinuses. Radiologic images will be presented and critiqued for image quality. A practicum lab, evaluation of proper positioning and proper radiographic technique is included.

RADS 220 CLINICAL RADIOGRAPHY II: (4 Credit Hrs.) This course is designed to provide the student with supervision in a clinical education setting in order to perform basic radiographic examinations, patient care, and other radiographic processes. Emphasis will be placed on improving clinical practice through the application of multiple didactic course content within radiographic education. Portfolio assessments and papers are one method used to determine clinical progression.

Spring Semester - Junior/ Level III Semester 3

RADS 304 IMAGING TECHNIQUE: (3 Credit Hrs.) This course is designed to provide the student with instruction that covers radiographic exposure principles involved in radiographic quality. Exposure factors affecting amount of exposure to the IP, brightness, contrast, and distortion are discussed. Conduct experiments to demonstrate radiography exposure principles. This course will also discuss the evolution of computers and its application to digital radiography and PACS.

RADS 304L IMAGING TECHNIQUE LAB: (1 Credit Hrs.) This is a Laboratory Course designed to provide the student with the demonstration and performance of exposure principles; amount of exposure to the IP, brightness, contrast, distortion, and quality. Students will be performing experiments in Computed Radiography and Digital Radiography environments.

RADS 306 RADIATION PROTECTION AND BIOLOGY: (3 Credit Hrs.) This course is designed to provide the student with an overview of the principles of radiation protection and correct methods for applying such principles in clinical practice. Interactions of radiation with matter; biologic effects of ionizing radiation; quantities and units; dose response curves; patient and personnel protection; acute and chronic effects of radiation are presented and discussed.

RADS 308 RADIOGRAPHIC PATHOLOGY I: (2 Credit Hrs.) This course is designed to provide the student with instruction that covers pathology terminology, disease processes and classifications, radiographic indications of disease within diagnostic and some specialty imaging modalities, Pathology of various systems and its impact on radiographic technique.

RADS 320 CLINICAL RADIOGRAPHY III: (6 Credit Hrs.) This course is designed to provide the student with supervision in a clinical education setting in order to perform basic radiographic examinations, patient care, and other radiographic processes. Emphasis will be placed on improving clinical practice and routine radiographic procedures. Portfolio assessments and papers are one method used to determine clinical progression. Attendance at annual LSRT Midwinter Convention is required for this course.

Summer Term II

RADS 310 ADVANCED RADIOGRAPHIC PROCEDURES: (2 Credit Hrs.) This course is designed to provide the student with advanced instruction in positioning nomenclature; radiographic positioning in trauma, geriatric, pediatric, mobile, and surgical radiography; and contrast media for advanced radiographic procedures. Advanced critique in evaluation of images for radiographic density/brightness, contrast, detail distortion and artifacts.

RADS 320S CLINICAL RADIOGRAPHY IIIS: (4 Credit Hrs.) This course is designed to provide the student with supervision in a clinical education setting in order to perform basic radiographic examinations, patient care, and other radiographic processes. Emphasis will be placed on improving clinical practice and routine and advanced Diagnostic radiographic procedures. Portfolio assessments and papers are one method used to determine clinical progression. Attendance and Participation in LSRT Professional Development activities for LSRT Annual Meeting is required for this course. Other professional development on campus activities will be conducted as well.

Fall Semester - Senior/ Level IV Semester 4

RADS 404 DARKROOM TO DIGITAL IMAGING AND QA: (2 Credit Hrs.) This course is designed to provide the student with a comprehensive study in darkroom procedures, automatic and manual processing, chemistry and equipment. Composition and construction of radiographic film, film holders and artifacts are emphasized. The progression to the digital era; Instruction of principals, physics and equipment employed in digital radiography and PACS are also discussed. Quality assurance and controls of radiographic equipment and accessories are all covered.

RADS 408 RADIOGRAPHIC PATHOLOGY II: (2 Credit Hrs.) This course is designed to provide the student with instruction that covers pathology terminology, disease processes and classifications, radiographic indications of disease within diagnostic and some specialty imaging modalities, Pathology of various systems and its impact on radiographic technique.

RADS 410 ADVANCED PRACTICES IN RADIOGRAPHY: (2 Credit Hrs.) This course is designed to provide the student with an overview of radiologic technology with an emphasis on integration and application of theory acquired in previous classes. Understanding current and historical foundations for medical law and current ethical issues and theories will be discussed. Detailed instruction on the types of law, state and federal regulations, health care professional liability, legal obligations, and patient rights are included. Explores current professional issues in radiologic science, such as maintaining licensure, patient dose creeping, and Radiologist Assistant. Advanced information will be disseminated to include cross sectional anatomy and specialty imaging modalities.

RADS 411 SEMINAR IV: (1 Credit Hr.) This seminar course is designed to provide the student with a review in preparation for the registry examination administered by the American Registry of Radiologic Technologists. Mock registry exams will be performed and a proctored registry exam will occur. Students will complete resumes, interview processes, and review CE requirements for maintaining registration and licensure.

RADS 420 CLINICAL RADIOGRAPHY IV: (5 Credit Hrs.) This course is designed to provide the student with supervision in a clinical education setting in order to gain knowledge and experience through an eight to ten week student-selected internship or specialty elective rotations, such as Surgery, Computed Tomography, Magnetic Resonance Imaging, Mammography, Special Procedures, Heart Catherization, Nuclear Medicine, Radiation Therapy, Sonography, Management, or Education. Emphasis will be placed on completion of Final competencies for standard diagnostic practices and advanced clinical modalities. Portfolio assessments and papers are one method used to determine clinical progression.

Electronic Education

The SORT encourages the use of technology in the classroom. Students may also participate in classes that are conducted completely through an online environment. While online classes prevent the personal interaction offered through traditional classrooms, students will be allowed interaction through e-mail, phone, discussion boards, and other avenues that may be provided in the syllabus for each class.

As with all classes in the program, students are expected to complete their own original work without the use of unauthorized assistance. Access to material in online classes will require individual logins and passwords. Exams may be proctored to ensure academic honesty and integrity of the online class. Proctors may require pre-approval by the faculty prior to the exam date.

Laptop computers and/or electronic devices such as I-pads/E-readers may be used in the classroom. However, students may not be able to plug their devices into outlets in the School of Radiologic Technology building. Ensure your devices are charged appropriately prior to classroom instruction. Cell phones will not be allowed to be used in this capacity. Wi-Fi is available in the School of Radiologic Technology building. We are not responsible for limited accessibility on the GHS network. Ensure that you come to class prepared.

The Clinical Environment

You will notice many differences between the academic environment to which you have been accustomed and the clinical environment that you are entering. Most of the differences will prove exciting and stimulating; some will prove to be frustrating and aggravating. How successfully you function and learn in the clinical setting depends in part on how you approach and deal with these differences.

The reality of the situation is that patient care is the top priority in the Radiology Department. This means that the patient's welfare is considered first. Usually this is consistent with the goals and needs of clinical education. Occasionally, however, this reality dictates that the scheduling and conducting of educational activities be flexible.

Compared to the learning activities conducted in the didactic courses, the learning activities in the clinical setting are frequently much less structured. You must take a more active and responsible role for integrating the academic preparation you had with the individual examinations you are observing or performing.

Generally, in the classroom setting you work independently as you pursue your academic goals. Teamwork and cooperation among the students is not a necessity in achieving academic goals. In the clinical setting, you must pursue your educational goals within the overall goals of the department to deliver quality patient services efficiently and effectively. Rather than function independently, you become part of a health care delivery team and must function cooperatively to achieve educational and departmental goals. Undoubtedly, you will be able to add many more differences to our list. The point is that you will make a transition that will require some reorientation and adaptation on your part. You are not the only one, however, involved in this process. This is a time of transition also for the students in the class ahead of you who are assuming a new role and responsibilities as senior students. The clinical staff is also involved in reorientation and adaptation. At the point when you enter the hospital, they have been working with students who in the most part require minimal supervision. The staff must cycle back and assume a direct supervisory role all over again.

Background Investigation Policy

The Baton Rouge General School of Radiologic Technology is committed to ensuring public and professional trust and providing safe patient care. In order to meet this goal, background investigations of students are authorized under this policy. Many of our clinical education settings require criminal background investigations of all employees and students who attend for clinical experience. To comply with these requirements, upon acceptance into the Baton Rouge General School of Radiologic Technology, students will be asked to submit to a background investigation in order to ascertain the student's suitability for clinical rotations. Students will be responsible for paying for the background investigations.

The information contained in the background investigation will remain confidential and will only be viewed by the Radiologic Sciences Program Director and Registrar. Any criminal conviction which is found during the background investigation that may deem a student unsuitable for clinical rotations will be considered on a case by case basis. Additional information regarding the conviction may be required in order to make an informed decision. The background investigation will be available to clinical

education settings that require such. Individuals at the Clinical Education Setting, who are authorized to make decisions regarding an individual's eligibility to attend a setting, will inform the Program Director and the Dean of the School of Nursing and Radiologic Technology whether a student will be allowed to attend clinical at that setting. In addition to the background check conducted by the student, some clinical education settings will also conduct a background check. If an offense appears on the criminal background check that disqualifies the student from attending clinical experiences, the clinical site(s) will notify the program regarding any students' disqualification for attending clinical at that site. The student will receive written notification if they are ineligible to attend clinical courses. Students who receive notification of ineligibility and who wish to dispute the results of the background investigation may follow the Grievance Procedure.

Students also agree to inform the School of Radiologic Technology in the event their criminal history should change while a student during the Program. A charge or conviction or a plea of guilty or a plea of no contest to an offense that is classified as a misdemeanor or felony constitutes a conviction for ARRT purposes.

Communicable Disease Notification

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects). The state of Louisiana has listed those diseases, which are reportable as communicable diseases. The current list of reportable diseases is as follows (2010):

Bloodborne pathogens	Conjunctivitis	Cytomegalovirus infections
Diarrheal diseases	Diphtheria	Enteroviral infections
Hepatitis viruses	Herpes	HIV
Measles	Mumps	Meningococcal infections
Pediculosis	Pertussis	Rubella
Scabies	Streptococcal infection	Tuberculosis
Varicella	Zoster	Viral respiratory infections
		COVID-19 virus

Communicable diseases vary in their virulence, duration, mode of infection, and effects. In order to fully protect students, patients, and clinical staff, the student should do the following:

Students suspecting exposure or contraction of any of the diseases (conditions) listed as a reportable disease by the State of Louisiana must see a physician immediately.

- Students diagnosed with any diseases (conditions) stated above and as determined by their physician to be of short duration which may be transferred by air or contact, may **not** attend Radiologic Science courses and/or clinical, depending on physician's recommendations.
- Students diagnosed with communicable diseases that are of relatively long duration must present a written diagnosis to program officials. The student may be able to continue Radiologic Science clinical courses with proper counsel from the infection control nurse and /or the department of

the Clinical Education Setting. Depending on the severity of the disease, the type of the disease and the student's physician, the student may be required to withdraw from the Radiologic Science course(s).

The student's confidentiality will be protected.

Failure to comply with this notification policy will result in disciplinary action as determined by the radiologic sciences program faculty.

Radiography Practice Standards

The practice of radiography is performed by a segment of health care professionals responsible for the administration of ionizing radiation to humans for diagnostic, therapeutic, or research purposes. A radiographer performs radiographic procedures and related techniques, producing images for the interpretation by, or at the request of, a licensed independent practitioner.

The complex nature of disease processes involves multiple imaging modalities. Although an interdisciplinary team of radiologists, radiographers, and support staff plays a critical role in the delivery of health services, it is the radiographer who performs the radiographic examination that creates the images needed for diagnosis. Radiography integrates scientific knowledge, technical skills, patient interaction, and care resulting in diagnostic information. A radiographer recognizes patient conditions essential for successful completion of the procedure and exercises independent professional and ethical judgment.

Radiographer – General Requirements

Radiographers must demonstrate an understanding of human anatomy, physiology, pathology, and medical terminology. Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. They must maintain knowledge of radiation protection and safety. Radiographers independently perform or assist the licensed independent practitioner in the completion of radiographic procedures. Radiographers prepare, administer, and document activities related to contrast media and medications in accordance. Radiographers are the primary liaison between patients, licensed independent practitioners, and with other members of the support team. Radiographers must remain sensitive to the physical and emotional needs of the patient through good communication, patient assessment, patient monitoring, and patient care skills. Radiographers use independent, professional, ethical judgment and critical thinking. Radiographers engage in continuing education to enhance patient care, public education, knowledge, and technical competence while embracing lifelong learning.

Practice Standards

The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession and published by the American Society of Radiologic Technologists (ASRT) for judging the quality of practice, service, and education. A radiographer should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.

Radiographer Scope of Practice

The scope of practice of the radiographer includes:

1. Performing diagnostic radiographic procedures.
2. Corroborating patient's clinical history with procedure, ensuring information is documented and available for use by a licensed independent practitioner.
3. Maintaining confidentiality of the patient's protected health information in accordance with the Health Insurance Portability and Accountability Act.
4. Preparing the patient for procedures, providing instructions to obtain desired results, gaining cooperation, and minimizing anxiety.
5. Selecting and operating imaging equipment, and/or associated accessories to successfully perform procedures.
6. Positioning patient to best demonstrate anatomic area of interest, respecting patient ability and comfort.
7. Immobilizing patients as required for appropriate examination.
8. Determining radiographic technique exposure factors.
9. Applying principles of radiation protection to minimize exposure to patient, self, and others.
10. Evaluating radiographs or images for technical quality, ensuring proper identification is recorded.
11. Assuming responsibility for provision of physical and psychological needs of patients during procedures.
12. Performing venipuncture where state statute(s) and/or institutional policy permits.
13. Identifying, preparing and/or administering medications as prescribed by a licensed practitioner.
14. Verifying informed consent for, and assisting a licensed independent practitioner with, interventional procedures.
15. Assisting licensed independent practitioner with fluoroscopic and specialized interventional radiography procedures.
16. Performing non-interpretive fluoroscopic procedures as appropriate and consistent with applicable state statutes.
17. Initiating basic life support action when necessary.
18. Providing patient education.
19. Providing input for equipment purchase and supply decisions.
20. Providing practical instruction for students and/or other health care professionals.
21. Participating in the department's quality assessment and improvement plan.
22. Maintaining control of inventory and purchase of supplies for the assigned area.
23. Observing universal precautions.

24. Performing peripherally inserted central catheter placement where state statute(s) and/or lawful institutional policy permits.
25. Applying the principles of patient safety during all aspects of radiographic procedures, including assisting and transporting patients.
26. Starting and maintaining intravenous (IV) access per orders when applicable.

Radiography Clinical Performance Standards

Standard One – Assessment The practitioner collects pertinent data about the patient and the procedure.

Standard Two – Analysis/Determination The practitioner analyzes the information obtained during the assessment phase and develops an action plan for completing the procedure.

Standard Three – Patient Education The practitioner provides information about the procedure and related health issues according to protocol.

Standard Four – Performance The practitioner performs the action plan.

Standard Five – Evaluation The practitioner determines whether the goals of the action plan have been achieved.

Standard Six – Implementation The practitioner implements the revised action plan.

Standard Seven – Outcomes Measurement The practitioner reviews and evaluates the outcome of the procedure.

Standard Eight – Documentation The practitioner documents information about patient care, the procedure, and the final outcome.

Radiography Professional Performance Standards

Standard One: Quality The practitioner strives to provide optimal patient care.

Standard Two: Self-Assessment The practitioner evaluates personal performance.

Standard Three: Education The practitioner acquires and maintains current knowledge in clinical practice.

Standard Four: Collaboration and Collegiality The practitioner promotes a positive, collaborative practice atmosphere with other members of the health care team.

Standard Five: Ethics The practitioner adheres to the professions accepted ethical standards.

Standard Six: Research and Innovation The practitioner participates in the acquisition and dissemination of knowledge and the advancement of the profession.

Source: American Society of Radiologic Technologists (ASRT)

Patient Confidential Information

All hospital and patient records are confidential in nature. Requests for information concerning a patient should be referred to the Supervising Technologist or the Clinical Instructor. Students are expected to maintain confidentiality in a professional manner. In accordance with Health Insurance Portability and Accountability Act (HIPAA) of 1996, all patient information will be confidential. Students will maintain the privacy of protected health information by: limiting discussion of protected health information to private areas and conference rooms; not discussing health information outside the health care facility unless such discussion is with an appropriate faculty member and in private; not discussing protected health information with other students; refraining from copying any part of the medical record for use outside of the health care facility; refraining from putting any personal identifier on any paperwork associated with the Radiologic Technology Program; client initials may be used as an identifier, however, no room number or health care facility name/unit. Students will be expected to adhere to the HIPAA policies at each clinical education setting. Any violation of these policies will result in disciplinary action, including dismissal.

Patient Care Policies

Shielding Policy

Shielding of patients and personnel is required as stated by the ARRT Code of Ethics. Often radiation protection focuses on gonadal shielding, but it is important to remember that radiation dose is cumulative, and that radiation protection must be applied to all persons regardless of reproductive age.

Therefore, students are instructed to shield all patients, as long as shielding does not interfere with the area being imaged. Published guidelines for shielding patients and personnel in the area of radiation exposure can be found Merrill's Atlas of Radiographic Positions and Radiologic Procedures. These recommendations specifically are:

- Gonad Shielding – Volume One
- Any shielding requirement located in the positioning instructions throughout Merrill's

In addition, regulations set forth by the SORT and/or the CES must be followed. Failure to comply with the listed guidelines results in:

1. A clinical unsatisfactory and a loss of 20 points from the Professional Responsibility section of the Clinical grade for the first offense.
2. Disciplinary action including *dismissal* from the program for the second offense.

There will be no exceptions to this policy and no appeal recourse for the involved student.

Patient Pregnancy Policy Statement

If a SORT student fails to acquire history related to potential pregnancy from the patient prior to any exposure of that patient to ionizing radiation:

1. A clinical unsatisfactory and loss of 20 points from the Professional Responsibility section of the Clinical grade for the first offense.
2. Disciplinary action including *dismissal* from the program for the second offense.

There will be no exceptions to this policy and no appeal recourse for the involved student.

Policy 2011; revsd 7/12; reviewed 01/13, 01/16

Radiation Dosimetry Monitoring

Radiation safety is an individual attitude and reflects each student's motivation toward protecting himself /herself. Students will be expected to practice proper radiation safety procedures at all times when present in clinical assignments and in laboratory activities.

The radiation safety officer (RSO) will closely monitor and record monthly dosimeter readings. The physicist will review the reports quarterly. A copy of the report is available in the Program Director's office.

Students will always wear a dosimeter while attending clinical assignments and laboratory sessions; the student is not allowed to attend without their dosimeter.

If a student arrives without the dosimeter, the student will be sent home to retrieve the dosimeter. The dosimeter is the responsibility of the student. Declared pregnant students will have collar and fetal badges assigned for more thorough monitoring. All radiation monitoring records are kept on file in the Radiology Safety and Coordinator's Office at Mid City.

Baton Rouge General Medical Center School of Radiologic Technology will follow Baton Rouge General Policy **Number:** IV-019, RADIATION SAFETY – ALARA PROGRAM (AS LOW AS REASONABLY ACHIEVABLE). This institution hereby establishes investigational levels for occupational external radiation doses which, when exceeded, will initiate review or investigation by the Radiation Safety Committee and/or the RSO. The investigational levels that we have adopted are listed below. These levels apply to the exposure of individual workers and students.

Investigational Levels	<u>Investigational Levels</u>	
	(mRems per calendar quarter)	
	<u>Level I</u>	<u>Level II</u>
1. Whole body; head and trunk active blood-forming organs; lens of eyes; Or gonads	125	375
2. Hands and forearms; feet and ankles	375	1125
3. Skin of whole body*	1250	3750

*Not normally applicable to medical use operations except those using significant quantities of beta-emitting isotopes

All students will be expected to:

- Wear dosimeter attached to the collar of the uniform when in clinic or the laboratory,
- Prevent dosimeter from exposure to heat, moisture, washing machines, dryers, microwave ovens, and color televisions,
- Prevent dosimeter from receiving excessive exposure from radiation when not worn,

- Exchange dosimeter by designated time of new badge posting,
- Students who arrive at their clinical education classes without their dosimeter will be asked to return home to get their dosimeter. *The student will lose points on their professional responsibility section of their clinical grade as an unexcused absence.*
- In the event a dosimeter is lost or destroyed, it is the student's responsibility to inform the Program Director immediately so that a replacement dosimeter can be obtained,
- If an excessive reading is obtained (a reading higher than the monthly limit), the RSO will discuss the excessive reading with the student and the student will be reassigned to a nonionizing clinical assignment for the remainder of the month.
- All students will review their readings and initial or sign to ensure that they are aware of their dosimeter readings.

Policy: 10/11; revsd 7/12; reviewed 01/13, 01/16

The records of the dosimeter readings for the BRG SORT are kept and file and badges ordered through the Radiology Department MidCity. Our Student's badges and reports will also be handled by the Clinical Coordinator so that the monthly student's records/dose readings are reviewed, requested, or tracked for safety, it is located in the student records within the department. All students are required to review and sign their monthly dose readings for the SORT. Dose readings are kept in the SORT Clinical Coordinator's office and can be accessed by the BRG Radiology Manager, if needed.

Developing Clinical Proficiency

Clinical skills can be developed by following a systematic step by step approach. The following sequence of steps will generally produce outstanding technologists:

Academic Preparation

Observation

Assisting Registered Radiologic Technologist

Performance Evaluation

Competency Evaluation

Performance Proficiency

Specialty Evaluations and Exams

Academic Preparation: You complete this step by studying radiographic physics, radiographic principles and techniques, anatomy and physiology, radiographic positioning, etc., in your didactic course work.

Observation: Your initial activities in the hospital will consist primarily of observing registered technologists at work.

Assisting Registered Radiologic Technologist: Once you feel comfortable in the radiographic exposure room, you will be given an opportunity to assist the radiologic technologist in performing radiographic procedures.

Performance Evaluation: As you develop confidence and proficiency, you will be given the opportunity to complete entire examinations under the direct supervision of a registered radiologic technologist. The technologist will observe and assist you and step in whenever the need arises.

Competency Evaluation: When you feel certain that you are able to do a particular examination by yourself, ask the Clinical Instructor or Grading Technologist approved by the BRG SORT to do a competency evaluation when the next patient for that examination arrives. Your performance will be documented on a Clinical Competency form. If competency is achieved, it will be counted toward the requirement for that semester. If competency is not achieved, the competency must be repeated until competency has been achieved. ***All competencies may be re-evaluated by the Clinical Coordinator or BRGMC SORT faculty for quality and completeness. The final approval of competency/proficiency evaluations will be by the Clinical Coordinator or BRGMC SORT faculty, regardless of prior approval by Clinical Instructor or Grading Technologist.***

Performance Proficiency: Once you pass the Competency Evaluation for a particular examination you need additional practice to maintain and perfect your skill. You may now perform this examination with indirect supervision. A registered technologist must be in an adjacent room or area, but not necessarily in the exposure room. However, if a repeat examination should become necessary, for any reason, a registered technologist or Clinical Instructor must be present to provide direct supervision for the repeat exposure.

Proficiency Evaluation: To ensure that students are continuing excellence in exams in which they have previously proven competent, faculty members will perform proficiency competencies. The faculty member must directly observe the attempt.

Specialty Evaluations and Exams: Students should be knowledgeable of all areas of the radiology department in order to perform their duties as radiologic technologists. Students will rotate through specialty modalities that are required and are allowed to rotate through additional elective modalities upon completion of their required competencies. To evaluate their experience and knowledge after completion of the rotation, the student will have a supervising technologist complete a specialty rotation evaluation. To evaluate what the student learned during their rotation, they will also complete a specialty exam. The exam will be given on ExamSoft with a faculty member present directly or prior to the end of the semester.

Clinical Supervision

During the professional curriculum, the students are under supervision of an ARRT registered technologist. Once a student has successfully performed a specific competency evaluation, the student is under indirect supervision of a radiographer.

Direct Supervision

- Must occur for students **before** documented competency of any procedures.
- The clinical instructor or radiologic technologist will:
 - Review request in relation to the student's achievement.
 - Evaluate the condition of the patient in relation to the student's knowledge.
 - Be present during the examination.
 - Review and approve the radiographs.

Indirect Supervision

- Must occur for students **after** documentation of competency for any given procedure.
- The clinical instructor or radiologic technologist will:
 - Review, evaluate, and approve the procedure as indicated above and is immediately available to assist students regardless of student achievement.

When repeat exposures are necessary, a radiographer **must be present in the examining room**. It is the student's responsibility to ensure the proper clinical supervision prevails before performing a specific exam. To document that a radiographer was present during the repeat exposure, the student should use the Student Repeat Exposure form and have the technologist sign the form. This information should be available for Clinical Instructors to view while in the Clinical Educational Settings.

For the first offense violation of this policy, students will be deducted 20 points from their professional responsibility semester total and an official written warning will be placed in their clinical file. Second offense will result in programmatic dismissal without an opportunity for appeal. Student understanding of this policy is reviewed annually and signed for understanding. Technologists and managers for all clinical areas are also reminded and explained this policy at our annual Advisory Council Meeting for their cooperation and agreement to comply.

Clinical Rotations

Students enrolled in the professional program of the Radiologic Technology Program are assigned to area hospitals and clinics that serve as Clinical Education Settings (CES). The Clinical Coordinator makes clinical assignments on a semester basis. Course assignments, including both clinical and didactic courses, shall not exceed 40 hours/week or 8 hours/day.

While assigned to the CES, the student will rotate through the various areas of the Radiology Department. Clinical rotation assignments take place during daytime and evening hours, Monday through Friday. There are two (2) ER weekend rotations only to be assigned during their RADS 320s clinical semester. Clinical rotation assignments are given to each student at the beginning of each semester and posted at each CES, as well as emailed to each CES manager or CES Clinical Instructor. Students are not permitted to attend clinic in an area they are not assigned. Also, students are not allowed to attend clinic beyond their scheduled time.

Clinical rotations are traditional day shift rotations from 745am to 4pm with a 45 min maximum lunch break to be scheduled on Monday thru Thursday; and 745a-12n on Fridays, evening rotations are from 230pm to 11pm with a 30 min max lunch break to be scheduled on Monday thru Thursday and 230-630p on Fridays, and weekend rotations can be scheduled on Fridays, Saturdays, or Sundays in a combination of shifts: 630a-3p/230p-11p/1030p-7a two consecutive weekends to meet 24 hours total with no more than 8 hours per day. Weekend and Evening rotations will only be scheduled at our BRG Bluebonnet and MidCity, or LRMC locations. Weekend shifts will be assigned by the clinical instructor during the RADS 320s semester only and will allow for some preference shifts by the student but is ultimately left up to the Clinical Coordinator. Lunch breaks for the weekend rotation will follow the same as traditional shifts: 45 min for day and 30 min for evening or night. For all lunch breaks, you will be required to clock in and

out. Failure to do so will result in a loss of professional responsibility points. Surgery rotations will be from 630am-3pm only to include the RT's typical preparation for all typically scheduled 7am cases.

To increase the understanding and appreciation of the specialty areas within the radiology department, students are required to rotate through each of the specialty areas where BRGMC SORT has clinical contract agreements. During these rotations, students should try to observe as much as possible to maximize their clinical progress and gain an understanding of other modalities.

Required Clinical Rotations

Diagnostic Radiography

Fluoroscopy

Surgery

Special Procedures/Heart Cath

Evening Trauma

Computed Tomography (CT)

Magnetic Resonance Imaging (MR)

Portables

Trauma Weekends (x2)

Radiation Therapy

Film Reading/Reception

Internship Specialty Rotations

Computed Tomography (CT)*

Dual Energy X-ray Absorptometry (DEXA)

Diagnostic- Special Area/Location

Education

Fluoroscopy*

Heart Catheterization*

Magnetic Resonance Imaging (MRI)*

Mammography

Management

Nuclear Medicine

Radiation Therapy

Special Procedures*

Surgery*

Trauma*

Ultrasound

Elective Rotations**

Dual Energy X-ray Absorptometry (DEXA)

Mammography

Ultrasound

Nuclear Medicine

****Once the student has completed all of the required competencies for the program, the student may rotate through an elective specialty area of interest or any of the above mentioned clinical specialty rotations for an extended period of time. The following rotations are strictly voluntary based on the students' interest. The student must meet with the Clinical Coordinator to discuss their interest and determine if a rotation through one of these areas can be added into their rotations.**

Students should be knowledgeable of all areas of the radiology department in order to perform their duties as radiologic technologists. To increase the understanding and appreciation of these specialty areas, students are required to rotate through some specialty areas where BRGMC SORT has clinical contract agreements. During these rotations, students should try to observe as much as possible to maximize their clinical progress and gain an understanding of other modalities and career opportunities in the radiology field.

All required specialty rotations are indicated above with an asterisk (*). You can also refer to the clinical rotations section for a full list of required and elective rotations. Elective rotations are available to the student once they have completed all of the required competencies for the program. These rotations are strictly voluntary and based on the student's interest. A request must be made with the clinical coordinator to determine if a rotation through one of these areas can be added to their schedule.

Specialty Exams

At the end of each specialty rotation, whether elective or required, the student must take a “specialty exam”. The exam consists of 25 questions pertaining to knowledge gained during the rotation and the required reading for the specialty (refer to the required reading list below). Required specialty rotation exams will be figured into the student’s clinical grade under Specialty Exams and Rotations.

Specialty Competencies

During each specialty rotation, whether elective or required, the student will have the opportunity to obtain a “specialty competency”. This is at the supervising technologist’s discretion and is completely voluntary. These competencies will be considered a bonus opportunity. This means that there is no penalty for failing a competency, but 5 bonus points will be added to Specialty Exam if he/she passes. Only **two** attempts may be made for a specialty competency, and they must still be recorded in Trajecsys and the student’s Master Clinical Notebook. The only rotation without the opportunity for a specialty competency is Fluoroscopy because the students are required to receive mandatory competencies during that rotation; or if the Specialty Imaging Technologists deems the attempt unsafe for the patient or the specialized equipment/procedure too difficult for the student.

Required Reading List for Specialty Rotations

Computed Tomography (CT)*	<i>Merrill's Ch. 28 & 29</i>
Dual Energy X-ray Absorptometry	<i>Merrill's Ch. 33</i>
Fluoroscopy*	<i>Merrill's Ch. 12, 17, & 18</i>
Heart Catheterization*	<i>Merrill's Ch. 23</i>
Magnetic Resonance Imaging (MRI)*	<i>Merrill's Ch. 30</i>
Mammography	<i>Merrill's Ch. 21</i>
Nuclear Medicine	<i>Merrill's Ch. 32</i>
Radiation Therapy	<i>Merrill's Ch. 34</i>
Special Procedures*	<i>Merrill's Ch. 23</i>
Surgery*	<i>Merrill's Ch. 26</i>
Trauma*	<i>Merrill's Ch. 13</i>
Ultrasound	<i>Merrill's Ch. 31</i>

The required reading material should be read **PRIOR** to the student’s rotation through the specialty area in order for the student to understand the concepts and participate with procedures during the rotation.

Grading Procedures for Clinical Radiography Courses

Summary of Clinical Grading System

Rotation Evaluations

The student will be evaluated by the radiographer to whom they are assigned at the end of each rotation. It is the student’s responsibility to remind the radiographer to submit the form. All evaluations will be performed on Trajecsys. Reminders will be sent to the technologists via email; however, it is the student’s

responsibility to have the form completed. If your clinical site has computer accessibility problems (BRC), the student is to first notify SORT faculty and then provide the evaluation form and an envelope for the technologist. The completed form will be placed in the envelope, sealed, signed and returned to the student. The student will turn in the evaluation to the program secretary.

Clinical Instructor Evaluations

The Clinical Instructors will evaluate the student by employing a student clinical evaluation form two times a semester, at mid-term and at the end of the semester, using Trajecsys.

Competency Evaluations

- Each competency evaluation will be pass or fail.
- If the student fails to complete the competency evaluation successfully, the score received will be counted in the semester in which it was received, regardless of the minimum/maximum number of competencies required.
- Each successfully completed competency over the required number will be carried over to the next semester.
- In the final semester, the “Senior’s Final Comps” will be obtained from each student. The categories will be subject to patient type and procedure type. Categories 1-5: Ambulatory/Wheelchair/Stretcher, Pediatric/Geriatric, In room/Port/Mobile, Trauma/OP, Standard orders/Variation Orders; Categories A-C: Chest/Abd/ Extremities, Spine or Headwork or Significant Trauma, and Contrast Study or C-arm.

Image Verification Cards

Students are required to submit an image verification card for each competency completed this semester. The image verification cards should be placed in the secure drop box outside of the clinical faculties’ office. Students who do not turn in the Image Verification Cards for review by the clinical faculty will not receive credit for the competency. The technologists in the clinical setting are to submit the graded competencies in Trajecsys as well. Students who receive competencies during the last week of clinic will need to store the image on a disc to bring to the clinical faculty for review to receive credit. If the student fails the competency, the student will lose a (-5) points for each competency failed, and will not receive credit for the attempted competency.

Competencies should be examples of your best work and should demonstrate your ability to be continually proficient in that particular exam. Images will be reviewed for diagnostic quality and to ensure program policies and standards are being kept. Any limiters or conditions of the patient that the Technologist feels are pertinent to the exam should be completed on the image verification card. No students should request another Technologist who did not perform the exam to look up images, details of exam, or complete the Image Verification Cards with student. This is essential for adhering tightly to Baton Rouge General’s CES HIPAA Policy.

Professional Development/Involvement

The details regarding professional development/involvement for each semester are detailed in each course syllabus. These assignments range from paper writing, to presentations, to portfolio assessments,

to participation at conferences. Each of these will have very specific parameters and grading rubrics used for calculating this particular grade. See the individual assignment for details.

Proficiency Competencies

- The evaluation will be pass/fail.
- Must be performed with a BRG SORT faculty member.
- After the first semester, one will be performed with each student each subsequent semester.
- A failed attempt will result in a -5 on the competency section of the student's clinical grade.
- A passed attempt will allow the student to keep their previously awarded competency.
- An attempt that is deemed grossly inadequate (determined by evaluator) may require remedial action.
- This also includes patient care competencies such as Hand2Hand and AIDET.

Specialty Rotation Evaluations, Exams, and Competencies

Rotation evaluations for specialty modalities have the same requirements are regular rotation evaluations. The student must have the technologist complete the evaluation on the last day of their rotation. However, they are different from the diagnostic rotation evaluations because the content is more specific to the modality being rotated through.

Clinical Grading Summary

ITEMS	RADS 120 Clinic I	RADS 120S Clinic II	RADS 220 Clinic III	RADS 320 Clinic IV	RADS 320S Clinic V	RADS 420 Clinic VI
Rotation Evaluations & Paperwork	10%	10%	15%	10%	10%	5%
Clinical Instructor Evaluations	10%	10%	5%	5%	5%	5%
Competencies	40%	40%	40%	40%	40%	40%
Professional Development/Involvement	10%	10%	5%	10%	10%	5%
Professional Responsibility*	15%	15%	15%	15%	15%	15%
Portfolio/Prof. Paper (s)	15%	15%	15%	15%	15%	30%
Specialty Rotations/Exams	N/A	N/A	5%	5%	5%	N/A

****Students should be aware that the Professional Responsibility Category will be used to deduct points for items listed below and discussed within the Student Handbook. Points taken will be specific in nature. The student may or may not be made aware at the time of the deduction if the point is in violation of the policies listed herein. However, the student may review the list of Professional Responsibility point deductions at the end of the semester when clinical grades are issued. The list below is as comprehensive as possible, but may not include every possibility. See Program Director if there are any questions regarding an item that may be included here.***

Example Items for Professional Responsibility Point Deduction:

- Absences or tardiness
- Clinical Unsatisfactory
- Clinical Errors with clock-in/out
- Dress code, behavior, or paperwork procedure violation
- Violation of any student policy or clinical policy
- Incompletion of any clinical or professional development work/activity/event required
- Failure to follow instructions on Clinical Portfolios/Professional Development Project
- Violation of Pregnancy History, Supervisory, Repeat, Shielding, or Remedial action Policies

Minimum Requirements for Each Clinical Course

RADS 105

Patient care competencies to include:

- Vital Signs and patient assessment; patient communication and chart reading
- Sterilization, Hand hygiene, and aseptic technique
- Transfer of patient with care of patient medical equipment (e.g. oxygen tank) with adaptations for trauma, pediatric, and geriatric immobilization techniques
- CPR and AED's
- Venipuncture-2 competencies are required using separate competency form during RADS 105 Lab
- Two venipuncture competencies (2) during specialty rotations during clinic in CT, MRI, or Fluoroscopy. - *These competencies are required in addition to the 50 clinical positioning competencies listed below and will not count towards semester totals.
- C-arm mobility while maintaining a sterile field for surgery; patient communication; contrast and pharmacology preparation and identification competencies are also performed in RADS 105.
- Separate Clinical Competencies on Patient Care Situations to include: Special considerations (Special needs, patient adaptation for trauma, etc.); Pediatric; Geriatric; and Obese patients. - *These competencies are required in addition to the 50 clinical positioning competencies listed below and will count towards semester totals.

RADS 120 (Clinic I)- Clinical Skills activities only

120s-10 Positioning/Patient Care Competencies

220-13 Positioning/Patient Care Competencies

320-13 Positioning/Patient Care Competencies

320s-13 Positioning/Patient Care Competencies

420-5 Positioning/Patient Care competences + Final Five competencies

These minimum requirements are necessary for establishing a grading system and are not meant to be restrictive. Students should request evaluation on any examination they feel prepared to perform, even if they have completed their requirements for the semester. Competency evaluations completed over the minimum requirements will be counted toward the next semester. All required competency evaluations must be completed by the last day of clinical. If the student does not meet the minimum competency requirements for a semester, the student will meet with the clinical coordinator. The consequences for not completing the minimal competency requirements can include receiving an incomplete for the semester, not progressing to the next semester and failing the course. It is important to emphasize that this is a competency based system and the pace or rate of the student's progress is dependent on the student's ability to comprehend and perform the various examinations.

***For RADS 120S, 220 and 320 of the clinical radiologic technology program, all competencies and proficiencies shall be performed using a manual technique (except chest & abdomen)**

Evaluations (Trajecsys)

AIDET Competency

This is a proficiency competency designed to evaluate patient communication skills in which the student previously received a competency during Introduction to Patient Care Laboratory. This evaluation is only to be completed by BRG SORT faculty.

Clinical Competency

To evaluate the student's performance on a specific radiologic examination (chest, abdomen, etc.), it is the student's responsibility to select his/her single competency evaluations for each semester. The technologist that directly supervised the attempt will complete this evaluation.

Clinical Instructor Evaluation

Students will be evaluated by each of the two (2) Clinical Instructor (BRG SORT faculty CI) or the one to which they are assigned at the end of each semester.

Clinical Site Evaluation

Students will evaluate the Clinical Education Setting to which they are assigned at the end of each semester.

Final 5 Senior Competency

In their last semester before graduation, students are required to complete five proficiency competencies in specific anatomical groups. These are only to be completed by BRG SORT faculty.

Hand2Hand Competency

This is a proficiency competency designed to evaluate handwashing technique in which the student previously received a competency during Introduction to Patient Care Laboratory. This evaluation is only to be completed by BRG SORT faculty.

Proficiency Competency

To evaluate the student's performance on a previously mastered examination, a BRG SORT faculty member will complete this evaluation after observing the student.

Remedial Action Form

This form will only be completed in the event of an unsuccessful attempt at a competency, proficiency, or simulation. The BRG SORT faculty member may or may not deem it necessary to complete a remedial action (Trajecsys) that will help the student increase their understanding of the mistake or examination. This is only to be enacted or completed by BRG SORT faculty.

Room Checklist

The student will complete a room checklist for each new room assignment. This form is to be completed with the technologist on the first day of each clinical rotation.

Specialty Competencies

Students are allowed, but not required to receive competencies during some specialty rotations. These are considered as bonus for the student's clinical grade. They can only be performed during a specialty rotation (does not include the internship), and students are allowed no more than two attempts.

Student Evaluation of Technologist

The technologist evaluations will be completed by the student during each clinical course. Each student is required to complete a minimum of two technologist evaluations.

Student Self Evaluation

These are to be completed by the students at the end of each rotation to evaluate their own progress.

Technologist Evaluation of Student

The student will be evaluated by the radiographer to whom they are assigned or completed "On The Fly" by the technologist the student has worked with the most at the end of each rotation. It is the student's responsibility to ensure that the evaluation is completed on Trajecsys on the last day of their rotation. For specialty rotations, the evaluation will be different but under the same evaluation type.

Venipuncture Competency

To evaluate the student's performance during venipuncture, each student is required to receive 2 competencies in the clinical setting prior to graduation. This evaluation will be completed by the radiographer that directly supervised the attempt. These competencies must be a venipuncture that is successful and was necessary for the procedure ordered by a physician. All students will perform their initial/primary venipuncture competency as a part of their RADS 105 Patient Care Lab. All venipuncture must be done on patients only and must be directly supervised.

Specifics of the Competency Evaluation System

The clinical education of the students in the Radiologic Sciences Program is distributed over the professional curriculum. There are six semesters in which clinical experience is a part of the curriculum. Clinical competencies are divided into two categories, module one and module two.

Module 1: Mandatory

Each of the examinations on the **Mandatory** list must be performed and mastered on patients (or simulated* with an instructor). Please note: 26 of the 36 competencies **must** be performed on patients; no more than ten may be simulated with an instructor. All patient care competencies must be performed on patients.

Module 2: Elective

The **Elective** examinations are performed less frequently in the Radiology Department. Because these examinations are less common, it may be necessary for students to simulate* some of these exams using anthropomorphic phantoms. Each student must complete any 15 of the 30 Elective exams on patients or in simulation. Performing these exams on actual patients, when possible, provides the optimal learning experience. The Clinical Instructor will determine the need for clinical simulation as opposed to examining a live patient.

*Simulated examinations involve all necessary components of an actual examination, including exposure to ionizing radiation. Simulations will be performed on phantoms and will employ ionizing radiation. Simulations can only be performed under the direct supervision of a SORT faculty member.

Competency Forms

An example competency form is included in the back of this handbook. All student competency forms are managed through Trajecsys. In the event the clinical site is experiencing technical difficulties, the student is to have the clinical instructor to immediately notify the BRGMC SORT faculty.

Remedial Actions

In the event of an unsuccessful attempt at a competency, proficiency or simulation, the clinical instructor may or may not deem it necessary to complete a remedial action (Trajecsys) that will help the student increase their understanding of the mistake or examination. After receiving the remedial action from the clinical instructor, the student is to sign the remedial form. This signature indicates that the student has been informed of remedial actions. The student then has the remainder of the semester to complete the remedial action. If the remedial action is not submitted to the clinical coordinator by the last day of clinic, the grade recorded for that examination will be “zero.” *Students will not be allowed to reattempt the examination for a grade until the remedial action has been completed. If a student successfully attempts to perform a competency on an examination where there is an outstanding remedial, the successful attempt will be discarded and not counted toward the semester’s grade.*

Proficiency Competency

To evaluate the student's performance on a previously mastered examination, the Clinical Instructor will complete this evaluation while observing the student. During each semester of clinical, except the first semester, students may obtain proficiencies as part of the clinical grade. Clinical instructors may perform proficiency evaluations at their discretion.

AIDET Competencies

AIDET stands for Acknowledge, Introduce, Duration, Explanation, and Thank you. This is a BRG patient satisfaction promotion that has been proven to give the patient a better experience during their hospital stay. Because patient satisfaction is becoming such an important part of the healthcare industry, the BRG SORT would like its students to be well-versed in this practice for their future careers. Using AIDET will be covered during the Introduction to Patient Care class, and the original AIDET competency will be given during the Introduction to Patient Care Laboratory (RADS 105). After the original competency, a proficiency AIDET competency will be performed on each student, each semester while in the program. These competencies can only be issued by the BRG SORT faculty, and the student will be unaware that a competency is being given until after it is graded. If failed, this will result in a -5 in the competencies section of their clinical grade.

Hand2Hand Competencies

The BRG SORT complies with all JRC standards and hospital policies regarding hand hygiene instruction and use in the clinical setting. However, in order to exceed these expectations and encourage students to always practice standard precautions, the faculty also implements competencies for these practices each semester. The original Hand2Hand competency will be given during the Introduction to Patient Care Laboratory class (RADS 105). After this competency, a proficiency competency will be given to each student, each semester while in the program. These competencies can only be issued by the BRG SORT faculty, and the student will be unaware that a competency is being given until after it is graded. If failed, this will result in a -5 in the competencies section of their clinical grade.

Simulations

Students will be allowed to simulate once the clinical coordinator has set a range of dates for simulations to begin. Generally this range is set to coincide with the last half of the clinical semester. Students are allowed to simulate a total of ten exams total. Students are only allowed to simulate the number of examinations that is required to meet the minimum number of required competencies for the semester. Simulated examinations involve all necessary components of an actual examination, including exposure to ionizing radiation, film critique, etc. Simulations will be performed on phantoms in the exposure lab. For fluoroscopy examinations, the student must complete part one in the clinical setting, and may simulate the overhead projections. The following is a list of possible examinations that a student could possibly simulate:

Skull	Sternum	Mandible
Facial Bones	Orbits	AC joints
Nasal Bones	Zygomatic arches	Clavicle
Ribs	UGI	BE
Scapula		

Clinical Rotation Paperwork

The following paperwork should be completed one week after each clinical assignment:

- Student Clinical Rotation Evaluation (completed by the technologist)
- Room Checklist
- Rotation Procedure form
- Repeat Exposure Log

All clinical paperwork must be submitted via Trajecsys unless otherwise notified by BRGMC SORT faculty.

Student Clinical Rotation Evaluation

The student will be evaluated at the end of each rotation by the radiographer to whom they are assigned or work with most frequently. It is the student's responsibility to remind the radiographer to complete the evaluation on the last day of the rotation. All future reminders will be sent to the Technologists via Trajecsys or using the program reminders cards.

Room Checklist

The student will complete a room checklist for each new room assignment. This form is to be completed with the technologist in the first clinical day attended of each clinical rotation.

Rotation Procedure Form

The student is to maintain a log of exams performed. At the end of each rotation, summarize the patient log onto the procedure form. Students must perform all calculations as stated on the form.

Repeat Exposure Log

The repeat exposure log must be with the clinical student at all times while in the CES. When the student has a repeat exposure, it must be obtained with a registered technologist present in the examination room. The technologist will then initial the repeat exposure log to attest they were present during the exposure. Clinical instructors will be checking the repeat exposure log while in the CES. If students do not have the form on hand, this violation will be written up. On the second offense, the student will meet with the Dean of the School of Nursing and Radiologic Technology.

Technologist Evaluation

At the close of each semester, the student will evaluate two technologists they were assigned to during the semester. Students will use the Technologist Evaluation form available in Trajecsys.

Clinical Education Setting Evaluation

Students will evaluate the Clinical Education Setting to which they are assigned at the end of each rotation. Evaluation form available in Trajecsys.

Clinical Instructor Evaluation

Students will be evaluated by each of the SORT Clinical Instructors or the one to which they are assigned at the end of each semester.

Students must be aware that reviewing or discussing another student's clinical paperwork is a violation of the confidentiality of those students' records. Any violation of the above will result in disciplinary action by the Program Faculty.

Policy: 2011; revised 07/12, 01/16; 01/18

Mandatory Clinical Supplies

The following is a list of items the student is required to carry to clinic *each* day:

1. Photo Identification Badge
2. Official Name Badge
3. Dosimeter
4. Lead Markers
5. Pen
6. Merrill's Pocket Guide
7. Master Clinical Notebook to Include:
 - Technique Notebook
 - Clinical Competency List
 - Repeat Exposure Log

Clinical instructors will be checking for the presence of these items. If the student does not have these items at the time of the clinical instructor's inquiry, the student will be subject to disciplinary actions.

Lead Markers

Students entering into the professional curriculum are responsible for maintaining the provided Right and Left Lead marker issued to them by SORT for use in the Clinical Education Settings. These markers are to be used on **every** image the student produces and are not to be used by another student or radiographer.

In the event that markers are lost, the student will not be able to attend clinical. Lost markers must be reported immediately to the Clinical Coordinator or Registrar and replacement markers should be ordered as soon as possible. Students who arrive at their clinical education setting without their markers will be sent home and the day will be *counted as one day of their personal time*. **Replacement costs are the responsibility of the student only and they must be turned back in upon graduation.**

Technique Books

Students are required to maintain a pocket-sized notebook for techniques. This book will serve as a reference for students while they are learning techniques. As techniques are used and deemed "good," these techniques should be written in the book for future reference. Clinical instructors will be checking

for the presence of the technique book. If the student does not have the book at the time of the clinical instructor's inquiry, the student will be subject to disciplinary actions.

Books and Bags

Due to infection control policies in the clinical education settings, students are permitted to have only one book and one notebook in the clinical setting. Backpacks, briefcases and other bags are not permitted in the clinical education setting or must be stored in locked cabinetry outside of patient care areas. This policy will be strictly enforced. Disciplinary action will follow if rule is not followed.

Policy: 2011; 01/13, 01/16; 01/17

Venipuncture

Venipuncture is a procedure commonly performed at the Clinical Education Setting. Students enrolled in Clinical Radiography courses are permitted, under supervision*, to perform venipuncture and/or injections on patients. This practice is required as a clinical patient care competency. Students will be required to obtain **two** competencies in venipuncture on patients with venipuncture orders while in their required CT, MRI, or Fluoroscopy rotations within their 2 year clinical experience. The venipuncture competency forms are located in Trajecsys. Students are given the theory of venipuncture in lecture and the opportunity to practice venipuncture on patient simulators in a controlled lab situation. Students are not allowed to perform the competency until after the theory and practice sessions have been completed successfully. If the student is not performing the venipuncture, they should assist by setting up for the procedure and handing supplies to the qualified individual performing the injection.

*Supervision of students must be by an ARRT registered radiographer, a licensed RN, or licensed MD approved to perform venipuncture by the CES. The supervisor **must** be present in the room during the procedure.

Incident Reporting

All incidents or unusual occurrences in the clinical setting must be reported in writing to the Clinical Coordinator within 24 hours. Any Misadministration of Radiation or medical event resulting in exposure of radiation to the patient in excess or unnecessarily must be report to the Program Director or Clinical Coordinator immediately or within the clinical day; as well as being the responsibility of the Technologist to report it to their facilities administration personnel for DEQ reporting to meet the 24 hours requirement. Whether these incidents involve the student, patient, or any other person, it is the program and CES facilities requirement to document **ALL INCIDENTS**. Students involved in the incident will be held responsible for notifying the Clinical Coordinator and Clinical Education Setting Lead Technologist/Clinical Instructor or Manager at the site. The clinical instructor at the clinical site needs to complete an incident report and file it according to their policy and forward a copy to the clinical coordinator and to the CES manager or supervisor for further action as they deem necessary. The SORT program is not responsible for any disciplinary action or protocol steps taken by the CES administration or department supervisors toward the Technologist(s) involved, as we are not responsible for maintaining DEQ or other state and federal patient safety or radiation protection standards for the

facility, only those of our JRCERT and ARRT requirements through contract or accreditation. Actions taken by the program clinical staff or program administration is done so to remain in compliance and to protect the best interest of our patients, program, and students. Please use ***Incident Reporting Form*** for all events. These forms will stay on file in the SORT. See Updated Incident Reporting Policy for details.

Breaks

Students enrolled in Clinical Education courses will be permitted to leave their assigned areas for lunch at the discretion of the Clinical Instructor or Supervising Technologist. **In no instance are students entitled to morning or afternoon breaks.** When appropriate, lunch or dinner breaks will be limited to 30 minutes minimum - 45 minutes maximum unless otherwise approved by the Clinical Coordinator or Program Director. Lunch should be taken between 11:30 A.M. — 1:00 P.M. In many of the clinical education settings, lunches have been assigned. If this is the case, students are to make every effort to adhere to the assigned schedule. Students are not allowed to leave the clinical education setting for lunch, unless this is the practice of the site (example: clinics). Students are not allowed to combine morning or afternoon breaks with lunch to make it longer; or take lunch later in the day to keep from returning to the clinical setting. Students should not wait to take lunch with others, students or guests or friends that work at the facility, to go to lunch. Student should be taking lunch break when the technologist that they are assigned to is taking lunch. Disciplinary action will follow if students do not adhere to this policy.

The time scheduled for clinical experiences for student technologists in the SORT Program is important to the completeness of the training and experiences. To ensure students receive this required training and experience, students are required to remain in their assigned areas during clinical rotations. Students are encouraged to utilize “down-time” during the off-peak hours to study, review, practice, etc.

This policy applies to students at all Clinical Education Sites. Permission from supervising technologists does not excuse students from violation of this policy. Violation of this policy will result in:

1. A written warning and loss of Professional Responsibility points for the first offense; the student will not be awarded time acquired for clinic for the day of the instance in question (unexcused absence; professional responsibility deductions apply).
2. Dismissal from the program for the second offense. There is no appeal for this action.

Telephones and Computers

Personal telephone calls are not allowed while in the CES. No one will be called from a class or clinical assignment except in an emergency. No one will make personal calls except on breaks, lunch, or dinner and then the call must be from a pay phone or cellular phone outside of the clinic facility or a designated break room, not from department phones.

Cellular telephones are prohibited in the classroom and the clinical site. Cellular phones must be turned off when in these locations. Students are not permitted to make or receive text messages while in the classroom or clinical setting. Students will be required to leave phones in a designated area during

class & clinic rotations. Phones are not to be used as “time” devices; students are advised to purchase a watch for keeping time. No smart watches in the clinical setting and classroom will be allowed either.

Students using phones for personal use (talking, texting, etc.) will not be awarded time acquired for clinic for the day of the instance in question (unexcused absence; professional responsibility deductions apply). This policy will be strictly enforced.

Computer Use - Clinic

Most Clinical Education Settings restrict student access to information contained within any of the RIS/HIS networks and/or computers. Student access to the internet is required for the Trajecsys System; however, computer/internet use is limited to this system. Under no circumstances should computers be used to visit internet sites other than the Trajecsys System. Students “surfing” the internet will not be awarded time acquired for clinic for the day of the instance in question (unexcused absence; professional responsibility deductions apply), and are subject to dismissal from the program. In addition, designated computers must be used to access Trajecsys; this information will be decided by the CES Clinical Instructor(s).

Computer access is also allowed when access is required to “complete” or “release” the examination and the associated paperwork, or obtain information specific to the BRGMC SORT. Any misuse of this access is in direct violation of this policy. Disciplinary action by the Program Faculty will follow if a student fails to adhere to this policy. Criminal charges may be raised in certain cases of HIPAA violations. If students question the appropriateness of computer use or access, the student should contact the Clinical Instructor at the CES for clarification.

Clocking In/Out

Clinical attendance will be completed through the Trajecsys System. Students are required to log-in to the system and clock in/out according to the requirements published in the Clinical Assignments section of this handbook. The system will permanently record student’s times at Clinical Education sites (*verified by CES IP Address*), and these times will be used to determine professional responsibility requirements, minimum attendance, etc. All time records must be approved by the Clinical Coordinator.

Any student found guilty of clocking in or out for another student (or having anyone else do so) will be referred to the Dean of School of Nursing and Radiologic Technology for sanctions as stated for Academic Cheating and Plagiarism.

Back-up System for Clocking In/Out

Only in the case of Trajecsys system failure or internet unavailability, students are required to clock in/out at clinic via the SORT main number (225-387-7024). Each student must say his/her first and last name, and the clinical site at which the student is present. Students must clock in before the assigned time for arriving at clinic, and clock out at or after the assigned time for leaving clinic.

See the *Digital Device Usage Policy* for more details.

Student Employment

Students must exercise judgment in the number of hours of employment that they seek outside of the clinical and didactic requirements of the program. **Work schedules must not conflict with the program curriculum** (clinical and didactic courses). Students must never receive monetary compensation for work done in the Radiology Department **during their assigned clinical education rotations**. Please be advised, if a student is employed in a radiology department, you are not allowed to take an exposure when you are on the clock- it is strictly prohibited. This could prohibit you from being able to take the national registry or obtain a state license.

Radiologic Procedures

Students are not allowed to have complimentary radiologic procedures performed on them during clinical time, unless admitted as a patient. Also, students are not allowed to perform radiological procedures on staff, unless admitted as a patient. Radiologic exams are not to be performed without a physician's order. Even though ultrasound and magnetic resonance imaging are nonionizing radiation, these are not allowed.

Any violation of the above will result in disciplinary action and/or dismissal by the program faculty.

ARRT National Registry

The American Registry of Radiologic Technologists (ARRT) is the only examining and certifying body for radiographers in the United States. To become a Registered Technologist in Radiography, RT(R)(ARRT), you will have to successfully complete the ARRT examination.

The ARRT examination is offered any day after your graduation. You will need to make an appointment to take the examination at your convenience. As a Baton Rouge General Medical Center Radiologic Technology graduate, it is suggested that you take the examination as soon as you graduate, within two months of your graduation. Examination dates will be scheduled on an individual basis.

The Baton Rouge General Medical Center School of Radiologic Technology hereby disclaims any warranty that graduation from the radiography program guarantees that the student will pass any specific examinations for any course, degree, or occupational license.

One issue addressed for certification eligibility is conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and /or drug related violations must be reported. All potential violations must be investigated by the ARRT in order to determine eligibility. Individuals may file a pre-application with the ARRT in order to obtain a ruling of the impact of their eligibility for the examination. This pre-application may be submitted at any time either before or after entry into an accredited program. For pre-application contact the ARRT at:

ARRT
1225 Northland Dr.
St. Paul, MN 55120-1155
Tel: (651) 687-0048
www.arrt.org

Louisiana State Licensure

To work as a registered radiologic technologist in a hospital located within Louisiana, you are required to hold a valid license granted by the state. Successful completion of the American Registry of Radiologic Technologists' (ARRT) examination in radiography and payment of a licensure fee will enable you to work at a hospital in the state.

From the time you graduate from the program until your registry results are sent to the Louisiana State Radiology Technology Board of Education (LSRTBE), you will be able to work under a temporary permit. The temporary permits are issued one time and one time only.

An unsuccessful attempt of the American Registry of Radiologic Technologists examination may cancel any temporary permit issued by the LSRTBE; therefore, you will not be able to work at a hospital in the state until a passing score on the ARRT exam is reported to the LSRTBE.

Students engaged in radiologic procedures from a Board-approved school are exempt from the licensure law while at the Clinical Education Setting (CES) for clinical radiography courses. Students may not perform radiologic procedures at the CES any other time than the scheduled clinical time.

Professional Societies

Many organizations play key roles in the professional lives of radiologic technologists. Upon acceptance to the Radiologic Technology Program, each student becomes a member of the Association of Radiologic Technology Students referred to as ARTS. The purpose of this organization is to encourage early involvement in professional organizations, promote a professional attitude within the clinical setting, facilitate effective communication between administration, faculty, and student organizations, and to orient, introduce, and promote the Radiologic Sciences major and the professional aspects of the career. The President of each class is invited to attend the Radiologic Technology Faculty meetings to provide the faculty with suggestions and concerns the students have in regard to the policies and procedures of the Radiologic Technology Program.

The state society is the Louisiana Society of Radiologic Technologists (LSRT). All clinical students are required to join the LSRT. The LSRT conducts two educational meetings per year. The national society is the American Society of Radiologic Technologists (ASRT). Student membership is available in both organizations at a reduced rate. For more membership information, see the Program Director.

Student Attendance at Radiologic Sciences Functions & Meetings

Students enrolled in the Radiologic Technology Program at the Baton Rouge General are required to attend any mandatory function or meeting related to radiography. The students are required to participate in professional annual meetings; this includes the *Mid-Winter Seminar* and *Annual Meeting* of the Louisiana Society of Radiologic Technologists. The students will assume all responsibilities regarding personal conduct, transportation, and expenses at all required functions and meetings. Students are also required to attend the annual Radiologic Technology pinning ceremony and graduation.

Unfortunately, there are point deductions for not fully participating or attending parts or the entire registered professional development activity. A professional development project may be chosen in place of attending an event out of town for professional development. See Program Director for details. Each of the 2 professional development activities are worth 100 points and grades will be added to the Professional Involvement and Development section of the Clinical Grade. For the Mid-Winter Seminar and the Annual Meeting, students are required to attend the student program, including lectures, student bee, quiz bowl, Student Council meeting, banquet, and other functions deemed mandatory by the Radiologic Technology faculty. Both meetings require attendance through Saturday. A portion of the student's course grade (and one of the course credit hours is designated toward) in their summer clinical courses comes from their successful completion of a professional development research project for the LSRT Competition of the Scientific Essay or Scientific Exhibit. There are special parameters to the project and will be graded by SORT faculty for a score for the clinical course and will be required to be submitted appropriately as required by the LSRT for completion of the project requirements. Additional placing in competition may result in bonus points for the student on the course project so excellent research and preparation of this professional development project during the summer is well worth the time and effort.

Students are allowed to wear the class t-shirt on the first day of each conference. On the following days, students are expected to dress nicely, as you would for church or any professional function. Blue jeans are not permissible. Students are expected to behave in a professional manner while at any Radiologic Science function. Remember, you are representing the Baton Rouge General Medical Center and the School of Radiologic Technology.

Comprehensive Review Study Hall & Testing

The SORT Administration and Faculty developed a best practice method of preparing the students for the comprehensive nature of the ARRT Registry Exam by the creation of Comprehensive Review Study Halls and associated comprehensive Testing, typically called "CRSHT". In recent years, this approach has allowed for students each semester to have additional time set aside as mandatory to have pre- and post-content assessments, re-education on comprehensive registry subjects not contained in the current semester, and fun games and additional resources for students to reengage in the comprehensive nature

of the content being tested on the ARRT Registry. The CRSHT is designed to be limited to a small amount of time per week where faculty is available and prepared to help reinforce essential content only. It is mandatory in nature and will be considered as a part of the students' responsibility to use to their advantage to further their academic performance. These are held in the SORT Classroom and typically last from one to two hours per week per Fall and Spring semesters only.

Clinical Portfolios

Foundation

According to the Joint Review Committee of Education in Radiologic Technology's *Standards for an Accredited Educational Program*, educational programs must develop an assessment plan and measure students' clinical competence, critical thinking skills, problem-solving skills, communication skills, and professional development. (JRCERT, 2001). One method of correlating didactic education and clinical education is through the usage of clinical portfolios.

The definitions for clinical portfolios are broad and various depending on the source. There is not any substantial literature to define or support clinical portfolios within the radiologic sciences; however, many other educational disciplines have defined portfolios. Price (1994) defines a portfolio as "a dynamic record of growth and professional change" (p.35). A nursing educator, Karlowicz (2000) has defined a portfolio as "a purposeful collection of assorted work that represents a student's efforts, progress, and overall achievements in a course or program of study" (p.82). However, perhaps the most applicable definition for portfolios to be used in radiologic science programs is from Brown (1995), whose definition reads "a private collection of evidence, which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding, and achievements. It is both retrospective and prospective, as well as reflecting the current stage of development and activity of an individual" (p.3).

Format / Content

The contents or materials compiled in the Clinical Portfolio are designed so that each student can demonstrate completion of established objectives along with evidence of other activities in which the student was involved. For each clinical course, all materials should be composed in Microsoft Word® and submitted electronically to the assigned SORT Faculty. All images must be inserted into the Word document as well, in .jpeg format. Formatting must include Times New Roman font style, 12 pt font (content text), and 1 inch margins. The portfolio includes:

Title Page

The title page must include the student's name, Clinical Education Settings, assigned SORT Faculty, due date, and semester.

Table of Contents

It is advised to use the “Styles” feature in Microsoft Word for all of the document’s headings. This will allow students to utilize the “Table of Contents” feature, which automatically creates a table of contents for your document. There should be one Table of Contents at the beginning of the portfolio.

Introduction Statement/Goals/Strengths and Weaknesses

This is arranged in paragraph style so long as it lists the student’s professional goals regarding the clinical experience. Each student will list three (3) goals per semester, as well as the reasoning for choosing each goal. Goals should not include minimum requirements, but rather higher standards of achievement. As the student progresses through the program, goals should reflect the student’s progress and also become more challenging. Each goal must be measurable (proven by documentation included in the appendix of the portfolio) and obtainable for the semester of interest. In addition to the professional goals (objectives) the student should list at least two (2) of their individual strengths and at least two (2) weaknesses and how these can be utilized or adapted to add more value to their individual clinical experience. For example, if a personal strength is communication, then the student should be able to list examples of how their ability to communicate with a patient has helped ease any angst the patient was feeling. On the other hand, if a particular student has trouble effectively or confidently communicating with patients, then that student should list an example of how/why a better communication plan could have helped a troublesome patient situation. Identifying weaknesses is also a good way to set goals.

Revision of goals may be required by the assigned SORT Faculty when submitted. Finalized goals, strengths, and weaknesses must be electronically submitted to the assigned SORT Faculty Instructor no later than 9am on the deadline provided in the course syllabus. Failure to submit finalized goals by the deadline will result in a deduction of 5 points from the portfolio rubric “due date” section; an additional 5 points will be deducted from the professional responsibility for failure to meet a clinical deadline.

Examples of Clinical Work

Each semester you will be required to select examinations completed during that semester to be included in your Clinical Portfolio. This is a *cumulative portfolio*; meaning, do not omit any material between semesters, including instructor comments. Your portfolio should build upon itself, and the instructor comments should be reviewed and utilized to avoid the same mistakes in subsequent semesters. Follow the Semester Content Specifications to meet the specific guidelines for a particular semester. The exams/images selected will be examples of your best work, and should meet all evaluation criteria for the exam. For each exam selected, use the Portfolio Exam Information Guide to identify and critique your image(s). In evaluating your exam, be comprehensive and critique your images honestly and thoroughly. The information from the Portfolio Exam Information Guide will be placed in your document for each position/projection, and exams with multiple projections should have a Portfolio Exam Information guide for each different projection. All images and corresponding Portfolio Exam Information forms should be labeled in a manner so that anyone can relate each form with the correct image. All patient identification must be removed from the images. **Fluoro Images MUST be taken/performed by the student to be included in the Professional Portfolio.**

Reflection of Learning Experiences

This should include discussion and documentation of achievement or failure to achieve your professional goals. If goals were not achieved, list why, and list what you learned about that particular goal and/or what remediation you have done or will do to meet the goal. Additional supportive documentation will include a reflection of the personal strengths and weaknesses you listed in the beginning of the semester. Identification of new/recurrent weaknesses encountered in the given semester and expected in following semesters should be identified. Discussion concerning your perception of the clinical semester and your individual performance should also be included.

Appendix

You must include documentation of your stated goals when possible. To do this, scan and insert the appropriate forms and include them in the appendix of your portfolio. The appendix should be the last part of your portfolio. Each section of the appendix should have an appropriate heading, and should be in the same order as listed in your portfolio.

Submitting Your Portfolio

The Word document portion of your portfolio must be submitted to your assigned SORT Faculty prior to the Portfolio Presentation. The file must be named "*yourlastname,yourfirstname RADS *20 Portfolio*". In addition, and as noted in the following section, the PowerPoint presentation must be submitted at the same time as the Portfolio (Word document). Failure to submit the presentation by the assigned time will result in a deduction of -5 points from the portfolio rubric "due date" section; an additional 5 points will be deducted from professional responsibility for failure to meet a clinical deadline. After the initial -5 point deduction from professional responsibility, a -2 point will be deducted for every day the portfolio is late up until seven calendar days. If the portfolio component is not submitted after the seventh calendar day, the student will not be able to submit the portfolio component and a 0 grade will be given.

Presentation of the Clinical Portfolio

At the end of the semester, the student will be required to present their Clinical Portfolio before the SORT faculty/students. Be prepared to present and "***DEFEND***" all aspects of the portfolio. "Defend" in this assignment means to provide all information, without reading from notes/slides, and without requiring the instructors ask questions to determine if the material has been learned. Due to scheduling constraints, the grading faculty may choose which exams to present upon the start of your presentation. Failure to arrive at the assigned time will result in -5 points deducted from the presentation grade; an additional -5 points will be deducted from Professional Responsibility for failure to meet a clinical deadline.

Students should treat this presentation as a *professional* presentation. Professional attire should be worn. Appropriate use of medical terminology is strongly encouraged. Thorough explanations of all aspects of the portfolio are expected; be advised that grading faculty will grade the presentation on the material presented and will not attempt to extract information from the student.

Submitting Your Presentation

Each presentation must have an accompanying PowerPoint®. All images for each exam must be inserted into the PowerPoint for viewing. It is strongly advised that you prepare your presentation and evaluate its performance on the computer in which it is to be presented prior to your oral presentation. This PowerPoint must also be submitted to clinical instructor at the same time the Portfolio (Word document) is submitted. The file must be named “*yourlastname, yourfirstname RADS *20 Portfolio Presentation*”. Failure to submit the presentation by the assigned time will result in a deduction of -5 points from the portfolio rubric “due date” section; an additional 5 points will be deducted from professional responsibility for failure to meet a clinical deadline. After the initial -5 point deduction from professional responsibility, a -2 point will be deducted for every day the portfolio is late up until seven calendar days. If the presentation component is not submitted by the seventh calendar day, the student will not be able to submit the presentation and the student will have to present their clinical portfolio to the faculty without a PowerPoint.

Returned/Graded Portfolios

Upon submission of final grades each semester, the faculty member who grades the portfolio will return the graded portfolio document and rubric to each student through e-mail.

Remedial Writing

Professional writing is a form of communication that is highly sought after in all professions, and is expected from all graduates of higher education. In an effort to ensure that all future graduates possess necessary writing skills, remedial writing may be required if indicated by the grading instructor for the portfolio assignment. This will be indicated on the Clinical Portfolio Rubric. Upon notification following the semester in which the student performed inadequate in the “Spelling and Grammar” portion of the Clinical Portfolio Rubric Students will not be able to submit the next semester’s portfolio assignment until documentation of remediation has been reviewed by SORT Faculty, with late penalties applying until all necessary remediation is completed.

References

- Brown, R. (1995). *Portfolio development and profiling for nurses* (2nd ed.). Lancaster: Quay Publications.
- Joint Review Committee of Education in Radiologic Technology. (2001). Standards for an accredited educational program in radiologic sciences. Retrieved November 25, 2005, from http://www.jrcert.org/pdfs/accreditation_process/standards/standards_%20for_an_accredited_educational_program_in_radiologic_sciences
- Karlowicz, K. (2000). The value of student portfolios to evaluate undergraduate nursing programs. *Nurse Educator*, 25(2), 82- 87.
- Kudlas, M., Davison, H., Mannelin, L. (2003). Portfolios and critical thinking. *Radiologic Technology*, 74(6), 509-516.
- Price, A. (1994). Midwifery portfolios: making reflective records. *Modern Midwife*, 4, 35-38

Portfolio Semester Content Specifications

Follow the guidelines below to ensure your portfolio is complete. Due to the breadth of this assignment, do not wait until the end of the semester to compile your portfolio. Do it throughout the semester, otherwise you will be overwhelmed!! Know what exams you will need to save so that they can be saved at the time the exam is completed.

Semester 1: Research Paper only

Semester 2: 1 total

1 Upper or Lower Extremity, Chest, or Abdomen Exam

Semester 3: 2 total

1 Extremity, Chest, or Abdomen exam

1 Portable, Pediatric, or Trauma exam

Semester 4: 3 total

1 “Interesting” exam (use your discretion) or Pathology

1 Spine/Craniofacial exam

1 Portable, Pediatric, Trauma, or Contrast Study

Semester 5: 3 total (different exams from previous semester)

1 Extremity, Spine, or Craniofacial exam

1 exam with a pathologic condition demonstrated

1 Portable exam or Pediatric exam

Semester 6: Internship Case Study

NOTE: Fluoro Images MUST be taken/performed by the student to be included in the Professional Portfolio.

Portfolio Exam Information Guide

In completing the “Examples of Work” portion of your clinical portfolio, adhere to the following guidelines and their order to ensure all information is included:

- General Exam Information – Include the exam name and list the routine projections completed.
- Also include the patient history, patient prep, and any other items that are relevant to the entire procedure.
 - Image - Insert the image to be critiqued (patient information to be removed in PACS)
 - Exam – list the specific position/projection to be critiqued.
- Include the patient positioning/instructions used for the exam, and critique* your exam for accuracy.
 - Include the central ray degree and direction used for the position/projection, and critique* your exam for accuracy.
 - Explain the technical factors used for the position/projection (include exposure indices for CR/DR). An explanation of why various technical factors were selected and their significance is required; do not just list the technical factors. Critique* your exam for accuracy.
 - Include a description of anatomy best demonstrated for the position/projection, and critique* your exam for accuracy.
 - Describe the reasoning for the exam as related to the diagnosis, pathology present, or other reasons that imaging of this type can be used by physicians to aid in the efforts of diagnostic Efficacy. Describe the details of the pathology, technical factor adjustment typically needed for the pathology and special patient care considerations for this pathological condition/stage.

**Critique* – Compare your work to criteria listed in the text(s), and determine whether or not it meets the evaluation criteria or not. If not, explain what could be done to correct any errors that resulted in the evaluation criteria not being met.

Following the general exam information, the guidelines above must be used for each different position/projection in an exam. Each additional position/projection should be started on a new page; the General Exam Information should not be repeated for subsequent positions/projections. **Fluoro Images MUST be taken/performed by the student to be included in the Professional Portfolio.**

Final Portfolio Evaluation:

The portfolio project is designed for you to combine assignments that you have worked on throughout the semester. The portfolio will have certain guidelines (completed in Word, saved as “last name, first name RADS *20 Final Port Eval”, use size 12pt Times new Roman, font styles only, and 1.0” margins on all sides) that should be followed but also gives some leeway for you to be creative and make the portfolio your own. Be sure to use correct terminology, labeling, grammar, spelling, and punctuation. The portfolio must include the following, but may have additional sections of choice:

1. **Cover page:** include name, course title, semester, CES for the semester, due date, and instructor’s name.
2. **Table of contents:** to include all items in the portfolio.
3. **Introduction/ Strengths/Weaknesses/ Goals.**
4. **Two Journal Entries:** Include two additional journal entries from the 2nd half of the semester. At the end of the week you will need to document your experiences. This should include analysis of your observations, interesting cases you have seen, things that are going well, things that are not going well, and a journal of your exams. These should be logged in paragraph format.
5. **Diagnostic Exam Information (from required categories) to Include:**
 - General exam information (for ALL projections)
 - All images (compressed and without patient Information- no larger than 4” x5” and no smaller than 2” x 3”)
 - Projection and positioning instructions used for the exam for EACH projection demonstrated
 - Centering and Central Ray Direction and Degrees for EACH Projection demonstrated
 - Technical factors and method for determining if they were correct for EACH projection demonstrated
 - Structures shown within image for EACH projection demonstrated
 - Evaluation or Critique of your image for correctness (this should include relevant changes that should be made for any future exposure of the same type to correct errors) for EACH projection demonstrated

- Pathology and Special patient Care considerations, technical factors adjustments needed for the pathology, and any additional imaging steps typically seen for this pathological condition. (Should be minimum 2 paragraphs to 5 paragraphs maximum). Format should be similar to case study prep and education of your audience in the reason or pathology demonstrated by the imaging performed. Any therapeutic steps taken while performing the exam should also be discussed.

Diagnostic Quality Images should be an example of the student's "Best Work" and detailed defense of them according to Merrill's Criteria. (See handbook)

Fluoro Images MUST be taken/performed by the student to be included in the Professional Portfolio.

(Repeat this section for each of the required categories within each semester.)

6. **Reflection/Conclusion:** This is a narrative section to provide a summary of the portfolio and a reflection of what you have learned. Discuss the goals for your clinical semester, and whether or not those goals were met and why. Also discuss what you have learned throughout the semester and how it may affect your future clinical semester or career. In this area, also include professional comments about what you liked or disliked about the clinical environment.
7. **Resources:** List all resources you used for this project. Include articles, books, websites or any other materials you used to develop your portfolio. These should be completed in APA format only. You should also include any appendices here for demonstration of the completion of your clinical goals.

As a part of the grading process for the Final Portfolio Assessment, each student will do an **Oral Presentation** of the information to the Clinical Instructors and Program Director on the dates scheduled at the end of the semester. Rubrics in the Clinical Handbook will be used to grade each of these discussed in the above section. **All assessments should be emailed to the Instructor by the deadline. Projects that are late will be awarded a zero.**

Professional Development

Research Paper

Each student will write a research paper concerning a patient care issue in radiologic sciences.

Deadlines are as follows: **(Failure to meet a deadline will result in an initial -5 points deduction from the assignment, and a (0) will be given after the third calendar day the assignment is not submitted.)** All below are due to Assigned Clinical Instructor by 9am on due date.

The project must include the following:

- Title Page
- Introduction
- Methodology
- Terminology
- Body
 - Body must consist of at least 3 headers and 2 sub-headers for each.

- Conclusion
- Reference Page –APA Format

The topic must be approved by your assigned instructor. The paper will follow 6th Ed. APA format and be 4-5 pages of Body content. All sources must be peer-reviewed, scholarly journals, or textbooks. A minimum of 5 sources is required. The outline will not be included in the research paper, but is for the personal use of the student. Students must turn in a copy of all sources with the paper. The paper will be graded according to the attached grading evaluation. This assignment will be completed in MS Word and saved as “last name, first name RADS 120 Research Assignment” variations from this format will result in a point deduction. Each student must submit an electronic copy to their assigned instructors’ by the due date.

Research Presentation and PPT

As a part of the grading process for the Research Paper Assessment, each student will do an Oral Presentation of the information to the Clinical Instructors and their peers on the dates scheduled at the end of the semester. Each student will have 10-12 minutes to present their research information. The presentation should be a summary of what is included in the student’s research paper (see schedule). Saved correctly as “last name, first name RADS 120 Research Paper PPT Spring 2017”,

Goals/Strengths/Weaknesses

Each student will reflect within themselves and determine 2 strengths and 2 weaknesses they possess individually. Each student will then be assigned 3 personal clinical goals for the semester by the Clinical Instructors. Revisions to each student’s strengths and weaknesses are inevitable and should be considered when reviewing the deadline.

Goals/Strengths/Weakness Reflection Paper

Each student should reflect on how much they have accomplished within the given semester. The students will write a 2-3 page paper of their goals, strengths, and weaknesses giving justification or explanation for choosing them. The students should include their final results of their G/S/W, challenges they discovered, observations, and things working well or not well within their clinical rotations. Each student should state if they have met their goals or have not met their goals when the assignment was due. If they did not meet their goals the student must give an explanation of why they did not meet their goals. Each student must provide the percentages to prove if they have met or not met their goals. Your reflection paper must be sent electronically to the assigned instructor. The student will receive feedback regarding the reflection paper via email. This assignment should be completed in Word, saved as “last name, first name RADS 120 G/S/W Reflection Paper 2018”, use size 12pt Times New Roman font style only, double line spacing, and use between 1.0” margins on all sides.

For the Power point presentation the students will re-calculate their goals to present to the faculty. The students will state if they have met or have not their goals by the last day of clinic.

G/S/W Presentation and PPT

As a part of the grading process for the G/S/W Reflection Assessment, each student will do an Oral Presentation of the information to the SORT faculty on the dates scheduled at the end of the semester. Each student will have 5 -10 minutes to present their G/S/W reflection information. The presentation should be a summary of what is included in the student's G/S/W Reflection Paper (see schedule). This assignment should be completed in Word, saved as "last name, first name RADS 120 G/S/W Reflection Presentation 2018" any deviation from this format will result in point deduction.



Baton Rouge General
A Community of Caring

SCHOOL OF RADIOLOGIC TECHNOLOGY FORMS

Below are the forms that should be used for issues mentioned within the Student Policy Handbook:

- **Clinical Digital Device Usage Policy Digital**
- **Declaration of Pregnancy**
- **Course Grade Appeal Form**
- **SORT Remediation/Probation Requirements Form**
- **Acknowledge, Receipt, and Understanding Signature Page for Handbook***
- **Academic Honesty Attestation Signature Page***
- **Consent for Information Release***
- **Radiation Dosimeter Report Request Form**
- **Excessive Exposure Readings***
- **Understanding of Pregnancy History and Shielding Policy***
- **Understanding of Supervision and Repeat Procedures***
- **Formal Counseling- Incident Reporting Form**
- **Clinical Unsatisfactory Form**
- **Remedial Action Form**
- **Clinical Competency Counseling Form**
- **Competency Checklist**
- **Calculations Sheet**
- **Goals, Strengths, and Weaknesses Reflection Evaluation**
- **Oral Presentation Rubric G/S/W Reflection Paper**
- **Research Paper Grading Evaluation**
- **Comprehensive Competency List**
- **Rubrics Used by SORT for Project and Writing Assessment**
- **Patient Care Competency Forms and Liability Releases**

Other forms used and not included herein will be located on the Trajecsys Clinical Reporting System or given in each Clinical or Course Syllabi as needed for that course.

****These forms will be completed by each student following the orientation on the first day of the semester. Once signed on a hard copy, the original will be scanned and emailed to the student for their records. The Program Director will keep the original and digital version on record.***



Baton Rouge General Medical Center School of Radiologic Technology

Course Grade Appeal Form

Student Name: _____ Date Requesting Appeal: _____

Course Name: _____ Course Instructor(s): _____

Have you reviewed the Appeal process and associated information within the Student Handbook? _____

Have you reviewed your Course Final Grade with the instructor prior to this submission for appeal? _____

Have you completed the necessary course instructor requirements for the course outlined within the Course Syllabus document given to you at the beginning of the course? _____

If you have answered "no" to any of the 4 above questions, please explain: _____

Attach any supporting information to this form before submission to the SORT Program Director.

Reason For Course Grade Appeal	
Personal Comments Related to Appeal	
Actions Requested	

Student's Signature: _____ Date: _____

For Official Program Use Only:

Document Received by: _____ On: _____ Time: _____

Reviewed by Program Director: _____ On: _____ Time: _____

Appeal Granted: _____ Denied: _____ Letter Attached? _____ Yes _____ No

Notification to Student Sent On: _____ Via: (Check All Apply) _____ Email _____ Mail



BRG- School of Radiologic Technology – Clinical Digital Device Usage Policy ALL RADS Clinical Courses

ALL RADS CLINICAL COURSES contain essential information regarding current clinical policies highlighted in *BRG SORT Student Handbook*. Please read carefully the following information and keep it with you when you are in class and clinic. The current cell phone and other digital device usage concerns are outlined along with the disciplinary actions taken if the student violates program’s policy.

Student: _____ Date: _____

Course: _____ Semester: _____

Cell Phone Usage: Initial after reading:

- _____ I understand the use of personal cell phones is prohibited in the during class time and in clinical sites.
- _____ I understand SORT students are not allowed to have cell phones in school uniform pockets, lab coats, radiology department drawers/cabinets, and/or radiology department core areas.
- _____ I understand that- if for a family emergency- Students must wait until their 15 minute break or lunch to use a personal cell phone, and that use must take place outside of the above listed areas.
- _____ I understand that cell phones are not allowed to be used to clock-in or clock-out of **Trajecsys** for clinical rotation, or used as access for or to complete any clinical documentation.
- _____ I understand the usage of cell phones to operate Trajecsys when clocking in and/or clocking out is considered **Falsifying** clinical documents- which will result in disciplinary action up to and may include dismissal from the program.
- _____ I understand that using a personal phone or computer or other digital device to record or openly discuss or document clinical incidents, patient conditions, or other protected information and its’ use in violation of any HIPAA compliance (other than for allowed educational purposes or required by incident reporting guidelines) will result in immediate and direct disciplinary action, if not program dismissal. This includes personal profiles of social media and text messaging as it relates to **ANY** portion of the Program, Faculty, Clinical Education settings, or patients.
- _____ I understand that by violating the cell phone policies stated in addendum and *BRG SORT Student Handbook* that I _____ will be subjected to disciplinary actions.

Disciplinary Actions: (any violation will include one or more of the following)

1. **Disciplinary Action Form** – Verbal or Written warning- resulting in point deduction and counseling. Incident recorded in Student’s Clinical File.
2. **Professional Responsibility Reduction of 10 points-** This reduces student’s grade by 5%-6% resulting in a letter grade drop which can lead to Academic Probation or Non-progression. May result as progression from Second Offense from Verbal or Written warning; or as a Single Stand-alone incident.
3. **Clinical Unsatisfactory-** This action can result in removal from the clinical environment, possible dismissal of the student from the Clinical semester or the SORT Program, or further referral to the Dean for action by the program administration and BRG Medical Center Human Resources and/or Security Team.

Acknowledgement & Agreement Statement

I confirm that I have read, understand, and agree to the above program policy for ALL CLINICAL COURSES- “Clinical Digital Device Usage”.

(Student’s Signature)

(Date)

(Clinical Coordinator’s Signature)

(Date)



BRG SORT Academic Remediation Requirements

Student: _____
Level/Semester Enforced: _____
Reason Listed in Letter: _____

Below are the listed imposed action steps that must be taken to remain within the required compliance of academic remediation by the Program Director of the School of Radiologic Technology. The purpose of this remediation (and the listed action steps) is to:

- *assist the student in becoming immediately aware of the negative trend in GPA,*
- *understand the need for remediation in necessary academic content and determine student study habits necessary to succeed in academic performance or improve such performance,*
- *to ensure that the cumulative nature of the Rad Sci program content is retained for future Registry testing,*
- *and to understand that failing or low course letter grade will affect progression or ability to graduate.*

The goal is to promote the need for learning with the student and the stress the importance of progression for that student in the program. Weekly compliance with the required steps will be recorded by faculty in the students file and assessed at the end of the semester to determine successful or unsuccessful completion as outlined below.

Student must complete the following for academic remediation for the given semester or level:

- Weekly meeting with each course faculty for clarification on course content, questions on course material, review of quizzes, and/or course activities.
- Review of all exams with each course faculty within one week following grade return.
- Completion of any assigned additional course remedial work as required by the course faculty to reinforce the missing or lacking comprehension of any content.
- Monthly course progress report of current course grades/assessment scores at each month end and prior to finals via email to Program Director.

If any other additional requirements are needed, an addendum will be added to this that is student specific or course specific as needed.

Any questions regarding the completion requirements or concerns regarding this remediation should be directed to SORT Program Director.

Program Director _____ Date _____

Course Faculty _____ Date _____

Copies after signed: Student, Student File

Student _____ Date _____

Course Faculty _____ Date _____



Baton Rouge General- School of Radiologic Technology Student Terms of Probationary Status

Student Name: _____ Date: _____

Semester/Year for Probation Status: _____

Course(s) Included for Status: _____

Terms of Probation:

1. Meet weekly with Course Instructor to review grades, areas of weakness that need attention, progression of academic or clinical goals, and update on plan for successful course grades/performance. *Time/day should be determined and set by availability of both the course instructor and student. The student only is responsible for ensuring this is met as defined, the faculty should not seek you out or remind you.*
2. Meet monthly with Program Director to provide update on course performance and from meetings with course instructor.
3. Plan for Final Exams Week preparation submitted to the Program Director by April 20th via email.

Result for Violations within Terms of Probation Status:

- Referral from Course Instructor will be submitted to Program Director.
- Program Director will schedule meeting with student to review violation in set terms.
- Student will be dismissed immediately following the meeting with the Program Director, receive no current course grading, and receive no financial refunds of tuition or fees.

Any concerns and/or questions regarding these terms should be directed to the Program Director immediately and should be addressed before signature and agreement to the terms occurs. Once agreed to and signed, this decision cannot be appealed in the event of dismissal for violation.

I, _____, understand the Terms of Probation Status as set forth above and agree to abide by them for the _____ semester. I understand that it is my responsibility to maintain these terms weekly/monthly/otherwise listed with the Course Instructor(s) and the Program Director. I also understand and agree to the results listed if I violate the terms of the probation status or fail to follow the requirements as listed above. I also understand and agree that once I sign this form as terms the dismissal from the program for violation will not be able to be appeals and I will receive no financial refunds and must reapply for admissions in _____ for the next opportunity to complete the program successfully. Furthermore, I understand that this status is not guaranteed and will not be afforded to me again within my professional program completion at the BRG SORT.

Student Signature: _____ **Date:** _____

Course Instructor(s) Signature: _____

Program Director Signature: _____ **Date:** _____

Completed and Signed Form to be kept is student's Master file

Declaration of Pregnancy Form

Baton Rouge General Medical Center

School of Radiologic Technology

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant.

The estimated date of conception is (*month and year only*) _____.

- I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (500mr or 5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this form).
- I understand that meeting the lower dose limit may require a change in clinical assignment or assignment responsibilities during my pregnancy.
- I understand the responsibilities as stated in the "Pregnancy Policy – Students" of this handbook.
- I have been advised of radiation protection measures, and have received a copy of the most recent NRC regulatory guide 8.13 (Instruction Concerning Prenatal Radiation Exposure) and regulatory guide 8.36 (Radiation Dose to the Embryo/Fetus).
- I agree to abide by the regulations and policy set forth concerning pregnancy and radiation safety.
- I also understand that I may undeclared my pregnancy at any time, and must notify the appropriate personnel in writing.

Student (print)	Student Signature	Date
-----------------	-------------------	------

Clinical Coordinator (print)	Clinical Coordinator Signature	Date
------------------------------	--------------------------------	------

Radiation Safety Officer (print)	RSO Signature	Date
----------------------------------	---------------	------

Program Director (print)	Program Director's Signature	Date
--------------------------	------------------------------	------

Acknowledgement of Receipt and Understanding of the Radiologic Sciences Program Student Handbook

My signature below indicates that I have received, read, and understand the Student Handbook for the Radiologic Technology Program at The Baton Rouge General Medical Center. I agree to abide by the policies and procedures outlined in this handbook. I understand I am responsible for adhering to these policies and procedures.

Student Signature

Date

Academic Honesty Attestation Statement

I understand that The Baton Rouge General Medical Center and the School of Nursing and The School of Radiologic Technology have academic honor codes. The academic work I submit will be my own and I will not receive any unauthorized assistance with any work I submit for this program.

Student Signature

Date

*****This form will be completed by each student following the orientation on the first day of the semester. Once signed on a hard copy, the original will be scanned and emailed to the student for their records. The Program Director will keep the original and digital version on record.**

**Baton Rouge General Medical Center
School of Radiologic Technology
Consent for Release of Information**

I, _____, agree to allow Baton Rouge General Medical Center School of Radiologic Technology to release my health information and/or criminal background investigation to clinical agencies, as requested. I understand this information is confidential, will be kept secure at all times, and is shared with faculty only as appropriate. I further understand that refusal to sign this consent will result in the ability to participate in clinical courses.

Student Signature

Date/Time

BRGMC SORT Representative

Date/Time

******This form will be completed by each student following the orientation on the first day of the semester. Once signed on a hard copy, the original will be scanned and emailed to the student for their records. The Program Director will keep the original and digital version on record.***



Baton Rouge General

A Community of Caring

To: Student Technologist
From: Melissa Soulier, Director of Diagnostic Services
CC: Jaclyn Peters, Program Director SORT
Date:
Re: Occupational Exposure Report Request

In accordance with hospital policy (IV-015 – Personnel Monitors), any employee who seeks employment/student status with the Baton Rouge General Medical Center will be requested to turn in a copy of his/her lifetime cumulative occupational exposure report.

I have not worked in another Imaging Department prior to my employment/student status with the Baton Rouge General Medical Center and do not have any other Occupation Exposure Reports.

Student Signature

Date

I have previously worked (or currently do work) in another Imaging Department where I was issued a Radiation Dosimeter. I understand that I am required to provide a copy of my lifetime cumulative occupation radiation exposure reports immediately.

Student Signature

Date

BATON ROUGE GENERAL

School of Radiologic Technology

EXCESSIVE EXPOSURE READINGS

DATE: _____ BIRTHDATE: _____

TO: _____ CES: _____

SSN: _____ / _____ / _____

The following are the results of your exposure readings for the months of _____. Please note that you have exceeded the exposure limit as set by Baton Rouge General School of Radiologic Technology. Whole Body _____ mRems (BRG SORT limits - 1250 mRems / quarter).

If you can think of any reason for exceeding Baton Rouge General School of Radiologic Technology's limits, please comment: _____

Student's Signature

Clinical Coordinator's Signature

Program Director's Signature

Understanding of Pregnancy History and Shielding Policy

Shielding Policy

Shielding of patients and personnel is required as stated by the ARRT Code of Ethics. Often radiation protection focuses on gonadal shielding, but it is important to remember that radiation dose is cumulative, and that radiation protection must be applied to all persons regardless of reproductive age.

Therefore, students are instructed to shield all patients, as long as shielding does not interfere with the area being imaged. Published guidelines for shielding patients and personnel in the area of radiation exposure can be found Merrill's Atlas of Radiographic Positions and Radiologic Procedures. These recommendations specifically are:

- Gonad Shielding – Volume One
- Any shielding requirement located in the positioning instructions throughout Merrill's

In addition, regulations set forth by the SORT and/or the CES must be followed. Failure to comply with the listed guidelines results in:

1. A clinical unsatisfactory and a loss of 20 points from the Professional Responsibility section of the Clinical grade for the first offense.
2. Disciplinary action including *dismissal* from the program for the second offense.

There will be no exceptions to this policy and no appeal recourse for the involved student.

Patient Pregnancy Policy Statement

If a SORT student fails to acquire history related to potential pregnancy from the patient prior to any exposure of that patient to ionizing radiation:

1. A clinical unsatisfactory and loss of 20 points from the Professional Responsibility section of the Clinical grade for the first offense.
2. Disciplinary action including *dismissal* from the program for the second offense.

There will be no exceptions to this policy and no appeal recourse for the involved student.

As a Professional student in the School of Radiologic Technology at Baton Rouge General Medical Center, I have been given a detailed explanation of the Shielding and Pregnancy History Policy and has explained the importance and detailed consequences of these policies as listed in the Student Handbook.

I understand and agree to abide by these policies. Furthermore, I understand that not following these policies will result in a large deduction of points for the first offense which will result in a lowered or failed letter grade for clinical. I further understand that on the second offense of this policy, regardless of letter grade, I will be dismissed from the Professional School of Radiologic Technology program with no opportunity to appeal.

Student Name (printed)

Signature

Date

Program Director Signature

Date

Clinical Coordinator Signature

Date

Understanding of Supervision and Repeat Procedures

During the professional curriculum, the students are under supervision of an ARRT registered technologist. Once a student has successfully performed a specific competency evaluation, the student is under indirect supervision of a radiographer.

Direct Supervision

- Must occur for students **before** documented competency of any procedures.
- The clinical instructor or radiologic technologist will:
 - Review request in relation to the student's achievement.
 - Evaluate the condition of the patient in relation to the student's knowledge.
 - Be present during the examination.
 - Review and approve the radiographs.

Indirect Supervision

- Must occur for students **after** documentation of competency for any given procedure.
- The clinical instructor or radiologic technologist will:
 - Review, evaluate, and approve the procedure as indicated above and is immediately available to assist students regardless of student achievement.

When repeat exposures are necessary, a radiographer **must be present in the examining room**. It is the student's responsibility to ensure the proper clinical supervision prevails before performing a specific exam. To document that a radiographer was present during the repeat exposure, the student should use the Student Repeat Exposure form and have the technologist sign the form. This information should be available for Clinical Instructors to view while in the Clinical Educational Settings.

If a SORT student fails to abide by the supervision policy and repeat policy with any exposure of patient to ionizing radiation as explained in detail above:

1. A clinical unsatisfactory and loss of 20 points from the Professional Responsibility section of the Clinical grade for the first offense.
2. Disciplinary action including *dismissal* from the program for the second offense.

There will be no exceptions to this policy and no appeal recourse for the involved student.

As a Professional student in the School of Radiologic Technology at Baton Rouge General Medical Center, I have been given a detailed explanation of the Supervision and Repeat Policy and been explained the importance and detailed consequences of these policies as listed in the Student Handbook.

I understand and agree to abide by these policies. Furthermore, I understand that not following these policies will result in a large deduction of points for the first offense which will likely result lowered or failed letter grade for clinical. I further understand that on the second offense of this policy, regardless of letter grade, I will be dismissed from the Professional School of Radiologic Technology program with no opportunity to appeal.

Student Name (printed)

Signature

Date

Program Director Signature

Date

Clinical Coordinator Signature

Date

Baton Rouge General School of Radiologic Technology
Formal Counseling – Clinical Unsatisfactory Performance

Student's Name *Faculty Name/Course Number* *Date* / /

There are expectations of our students to fulfill the learning objectives of the course in the safe care of our patients. These exist in the categories indicated related to patient care and to professional behavior.

- INDIVIDUALIZATION CLINICAL PROCESS SAFETY ETHICAL-LEGAL
- COMMUNICATION TEACHING/LEARNING COLLABORATION

Description of Problem or Situation:

Required Expectations For Future Performance/Behavior:

Consequences of Failure to Meet Expectations:

Student Comments:

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Baton Rouge General
School of Radiologic Technology

Clinical Unsatisfactory Form

NAME: _____ DATE: _____

CES: _____ DATE OF INCIDENT: _____

Disciplinary Action:

Verbal Warning _____ Probation _____ Days Dismissed _____
Written Warning _____ Suspended _____ Days

Nature of Incident	
Comments	
Suggested Area for Improvement	

Clinical Coordinator's Signature

Student's Signature

Clinical Instructor's Signature

Program Director's Signature

Date Completed

1

¹ Revised Oct. 2011

**Baton Rouge General
Radiologic Technology School
REMEDIAL ACTION FORM**

Name _____ Date _____

Examination _____

Instructor making assignment _____

RADIOGRAPHIC PROCEDURE ERROR

TECHNICAL ERROR

Student's Signature

Remedial Completed; Clinical Instructor/Clinical Coordinator

Baton Rouge General
School of Radiologic Technology

Clinical Competency Counseling Form

CES: _____ Date(s) of Incident: _____

Student in need of counseling: _____

Counseling Reason: _____

Nature of Incident	
Comments	
Actions Needed/Taken by SORT Faculty or Staff	

SORT Clinical Coordinator Signature

Date

SORT Clinical Instructor Signature

Student's Signature

SORT COMPETENCY CHECKLIST

MANDATORY	Required	35		
Procedure	Date Completed	Pt or Sim	Comp Verified by	
Chest/Abdomen				
Chest, Routine (2V)				
Chest, w/c or str				
Ribs				
Abdomen, Supine				
Abdomen, Flat/Erect				
Upper Extremity				
Finger/Thumb				
Hand				
Wrist				
Forearm				
Elbow				
Humerus				
Shoulder				
Lower Extremity				
Foot				
Ankle				
Knee				
Tib/Fib				
Femur				
Hip				
Pelvis				
Spine/Craniofacial				
Cervical Spine				
Thoracic Spine				
Lumbar Spine				
Skull or Sinuses				
Portable				
Portable Ortho				
Portable Chest				
Portable Abdomen				
Surgical				
C-Arm Orthopedic				
Fluoroscopy				
UGI or BE				
SBFT				
Pediatric (<6)				
Pedi Chest				
Trauma				
Trauma Shoulder				
Trauma Hip				
Trauma Upper Ext				
Trauma Lower Ext				
Trauma C-Spine				
*All pediatrics must be age 6 or younger. **Trauma C-spine and Trauma Hip must include x-table lateral. ***Venipuncture competencies do not count towards your totals for the semester.	% Complete		Mandatory	Total
			Elective	

ELECTIVE	Required	19		
Procedure	Date Completed	Pt or Sim	Comp Verified by	
Chest/Abdomen				
Chest, Decubitus				
Sternum				
Abdomen, Decubitus				
Upper Extremity				
Clavicle				
Scapula				
AC Joints				
Lower Extremity				
Toes				
Calcaneus				
Patella				
Spine/Craniofacial				
Soft Tissue Neck				
Sacrum/Coccyx				
SI Joints				
Scoliosis Series				
Skull or Sinuses				
Zygomatic Arches				
Facial Bones				
Orbits				
Nasal Bones				
Mandible				
Surgical				
C-Arm Non-Ortho				
Fluoroscopy				
UGI or BE				
Arthrogram				
Myelogram				
ERCP				
Cystogram				
IVU				
Esophogram				
Pharyngogram				
Pediatric (<6)				
Pedi Abdomen				
Pedi Upper Ext				
Pedi Lower Ext				
Pedi Portable				
Special Patient Considerations & Patient Care				
	Site or Exam	Date	Verified by	
Veinupuncture	site:			
Veinupuncture	site:			
Obese Pt.				
Pediatric				
Geriatric				
Crit. Thinking for condition	special need/ trauma			

Baton Rouge General Medical Center
School of Radiologic Technology
CALCULATIONS SHEET

Student Name: _____

Date: _____

Semester: _____

Level: _____

Procedure	O	A	UA
Chest/Abdomen			
Chest, Routine (2V)			
Chest, w/c or str			
Ribs			
Abdomen, Supine			
Abdomen, Flat/Erect			
Chest, Decubitus			
Sternum			
Abdomen, Decubitus			
Upper Extremity			
Finger/Thumb			
Hand			
Wrist			
Forearm			
Elbow			
Humerus			
Shoulder			
Clavicle			
Scapula			
AC Joints			
Lower Extremity			
Foot			
Ankle			
Knee			
Tib/Fib			
Femur			
Hip			
Pelvis			
Toes			
Calcaneus			
Patella			

Procedure	O	A	UA
Spine/Craniofacial			
Cervical Spine			
Thoracic Spine			
Lumbar Spine			
Skull			
Soft Tissue Neck			
Sacrum/Coccyx			
SI Joints			
Scoliosis Series			
Sinuses			
Zygomatic Arches			
Facial Bones			
Orbits			
Nasal Bones			
Mandible			
Portable			
Portable Ortho			
Portable Chest			
Portable Abdomen			
Pediatric (<6)			
Pedi Chest			
Pedi Abdomen			
Pedi Upper Ext			
Pedi Lower Ext			
Pedi Portable			
Surgical			
C-Arm Orthopedic			
C-Arm Non-Ortho			

Procedure	O	A	UA
Fluoroscopy			
UGI or BE			
SBFT			
UGI or BE			
Arthrogram			
Myelogram			
ERCP			
Cystogram			
IVU			
Esophogram			
Pharyngogram			
Trauma			
Trauma Shoulder			
Trauma Hip			
Trauma Upper Ext			
Trauma Lower Ext			
Trauma C-Spine			

Specialty Areas	O	A	UA
Specialty Areas			
CT			
MRI			
Special Procedures			
Heart Catheterization			
Nuclear Medicine			
Ultrasound			
Dexa Scan			
Radiation Therapy			
Mammography			

Other Procedures	O	A	UA
Other Procedures			

TOTAL ELECTIVE # OBS / ASSIST / UNASSIST: _____ / _____ / _____

TOTAL # OBS / ASSIST / UNASSIST: _____ / _____ / _____

TOTAL PERCENTAGE OBSERVED: _____

TOTAL PERCENTAGE WITH ASSISTANCE: _____

TOTAL PERCENTAGE WITHOUT ASSISTANCE: _____

Specialty Calculation: Exam: _____ Total: _____ Specialty Criteria _____ # _____

Specialty Calculation: Exam: _____ Total: _____ Specialty Criteria _____ # _____



Baton Rouge General School of Radiologic Technology Goals, Strengths, and Weaknesses Reflection Evaluation



Components	Excellent	Above Average	Average	Below Average	Unacceptable
Grammar and Spelling	Entirely free of grammatical errors. No spelling or punctuation errors. 8	Contains a few grammar errors, which may annoy the reader but not impede understanding. No spelling errors. 6	Contains several grammatical errors which may temporarily confuses the reader but not impede the overall understanding. Several spelling concerns. 4	Contains many grammatical errors, impossible for the reader to follow the thinking from sentence to sentence. Too many spelling errors for expected level of writing. 2	Many grammatical and spelling errors, obviously demonstrating failure in time management skills. Below expected level of writing. 0
Length of Paper	Paper is the required number of specified full pages. 8	Paper is the number of required pages, although last page not all full. 6	Format of paper is altered for effect of reaching required number of pages. 4	Paper too long or too short. (One page or less) 2	Paper too short (missing more than one page), not enough research to produce required number of pages. 0
Use of References & Reference page	Paraphrasing used appropriately with limited direct quotes. Attributions are clear and represented. Reference Page (Publishable in Quality). 8	Paraphrasing used appropriately, although direct quotes overused. Attribution is, for the most part, clear and represented. Contains minor errors in citing resources only 6	Attempts at paraphrasing are weak. Direct quotes overused. Attributions are used, although without purpose of the citing. Reference page is recognized although layout is not entirely correct. 4	Weak attempt to paraphrase, relying too heavily on direct quotes. Although attributions are occasionally given, many statements seem unsubstantiated and are not recognized within either reference page or layout of paper. 2	No synthesis of information. References are seldom cited to support statement. Paper bordering on plagiarism. 0
Use of APA	APA format is used accurately and consistently in the paper and on the Reference Page (Publishable in Quality) 8	APA format is used correctly in regards to layout. Contains minor errors. 6	APA format throughout paper recognized although layout is not entirely correct 4	Unsuccessful APA format not correct and recognizable within the paper. 2	Format of the paper is not recognizable as APA. Failure to use APA manual is obvious through entire paper. 0
Overall Impression	Excellent first draft. Demonstrates good student effort. 8	Good first draft, but could have shown better effort. 6	Average first draft. 4	Weak attempt at first draft. 2	Poor quality first draft. 0

Name _____

Title of Paper _____

Date _____

Instructor Signature _____ Grade _____

Comments:

Oral Presentation Rubric G/S/W Reflection Paper (**RADS 120 ONLY**)



Name _____ Date _____

Title of Presentation _____ Grade _____

	4	3	2	1
Introduction	The introduction gets the audience's attention and is well developed. Mentioned why topic was chosen.	The introduction gets audience attention but needs some development.	The introduction is underdeveloped or irrelevant. Did not mention why topic was chosen.	No introduction. No background for topic.
Content	Main points are clear. Supporting material is logical and relevant. Smooth transitions used.	Main points not always clear. Supporting material needs some development. Transitions awkward.	Main points are difficult to identify. Inappropriate supporting material. Transitions inadequate.	Main points are unidentified. No transitions used.
Organization	Presentation is clear, logical and organized. Listener can follow line of reasoning.	Presentation is generally clear and well organized. A few minor points may be confusing.	Listener can follow presentation only with effort. Some arguments are not clear. Organization seems haphazard.	Listener is unable to follow presentation. No organization.
Style and delivery	Excellent style involving matching verbal and nonverbal style, good projection with inflection, spontaneous speaking. Speaks at a rate that enables audience to follow.	Generally good delivery and spontaneity but could improve.	Either fluent delivery but reading, or awkward delivery but spontaneous. Slight use of "Umm."	Poor style (long pauses, reading speech, excessive use of "Umm..." and other mannerisms, monotone, etc.) Speaks too fast or too slow.
Enthusiasm	Student very enthusiastic about topic.	Student shows acceptable enthusiasm for topic.	Student shows little enthusiasm for topic.	Student shows no enthusiasm or interest for topic.
Visual Aids	Visual aids enhance the presentation and are prepared in a professional manner. Large font used.	Visual aids contribute to the quality of presentation. Font size appropriate. Some material is not supported by visual aids.	Visual aids are poorly prepared or used inappropriately. Font is too small. Too much information included. Unimportant information highlighted.	Visual aids are distracting and detract from the presentation.
Body Language/ Eye Contact	Student appears relaxed using facial expressions appropriate for content. Excellent eye contact. Student dressed appropriately. Professional appearance.	Uses occasional gestures and occasionally appears nervous but is not distracting. Good eye contact.	Gestures and movements jerky or excessive and are distracting for audience. Poor eye contact.	Slouching or leaning. Extremely nervous appearance. No eye contact. Student dressed inappropriately. Unprofessional appearance.
Vocabulary	Fluent vocabulary and pronunciation. No slang used.	Good use of terms. Some jargon used.	Terminology misused or mispronounced. Very little jargon used.	Little or no attempt to include terms or concepts.
Integration of Sources	One source cited, included, and used appropriately.	One source cited included with minor errors.	Sources cited, included, but used inappropriately.	Sources not mentioned in presentation.
Conclusion	Well developed, summary of presentation and main points summarized.	Developed but lacks summary of presentation with only main points summarized.	Underdeveloped with no reflection of presentation or main points.	No conclusion.

Goals- Introduction	Goals clearly stated with measuring devices used.	Goals clearly stated but not measuring devices.	Goals slightly unclear, no measuring devices indicated.	Goals not clear or unstated.
Goals- Reflection	Goal results clearly stated with demonstration of data used.	Goal results clearly stated without demonstrating data used.	Goal results slightly unclear.	Goal results not clear or unstated.
Strengths	Strengths clearly stated with reflection.	Strengths clearly stated but no reflection.	Strengths slightly unclear, with no reflection.	Strengths not clear or unstated.
Weaknesses	Weaknesses clearly stated with reflection.	Weaknesses clearly stated but no reflection.	Weaknesses slightly unclear, with no reflection.	Weaknesses not clear or unstated
Overall Impression	Excellent/Above Average	Average	Below Average	Poor

Instructor Signature _____

Time _____



Baton Rouge General School of Radiologic Technology Research Paper Grading Evaluation



Name _____

Title of Paper _____

Components	Excellent	Above Average	Average	Below Average	Unacceptable
Grammar and Spelling	Entirely free of grammatical errors. No spelling or punctuation errors. 10	Contains a few grammar errors, which may annoy the reader but not impede understanding. No spelling errors. 8	Contains several grammatical errors which may temporarily confuses the reader but not impede the overall understanding. Several spelling concerns. 6	Contains many grammatical errors, impossible for the reader to follow the thinking from sentence to sentence. Too many spelling errors for expected level of writing. 4	Many grammatical and spelling errors, obviously demonstrating failure in time management skills. Below expected level of writing. 2
Content	Central idea is clearly communicated and developed. Understands and critically evaluates skill fully. 20	Central states the main idea, but may have minor lapses in development. Shows careful reflection but may not evaluate areas critically. 15	Presents central idea in general terms, but weaker and lesser effective. Basic comprehension lapses in understanding. 10	Body strays away from central idea. Paper skips and shifts from one idea to another with no continuity. Often stating information that opposes. 5	No clear central idea. Review may be too vague to develop paper. Student misunderstands and/or misinterprets requirements 0
Length of Paper	Paper is the required number of specified full pages. 10	Paper is the number of required pages, although last page not all full. 8	Format of paper is altered for effect of reaching required number of pages. 6	Paper too long or too short. (One page or less) 4	Paper too short (missing more than one page), not enough research to produce required number of pages. 2
Use of References (Citing within Content)	Paraphrasing used appropriately with limited direct quotes. Attributions are clear and represented. 20	Paraphrasing used appropriately, although direct quotes overused. Attribution is, for the most part, clear and represented. 15	Attempts at paraphrasing are weak. Direct quotes overused. Attributions are used, although without purpose of the citing. 10	Weak attempt to paraphrase, relying too heavily on direct quotes. Although attributions are occasionally given, many statements seem unsubstantiated. 5	No synthesis of information. References are seldom cited to support statement. Paper bordering on plagiarism. 0
Quality of References	Excellent, reliable references. Appropriate number of references used. References are peer-reviewed, professional and approved sources. Ideas are trustworthy and reliable. 10	Although most of the references are professionally legitimate, a few are questionable. Reader uncertain of their reliability. 8	Most of the references are from sources that are not peer-reviewed and have uncertain reliability. Reader doubts the accuracy of the material. Missing some references. 6	All or the majority of references are internet- non-peer reviewed sources. A lack professional sources Information is not accurate. Missing several references. 4	No sources submitted with paper, or other concerns regarding references, (Used at Faculty discretion and explanation will be given). 2
Use of APA	APA format is used accurately and consistently in the paper and on the Reference Page (Publishable in Quality) 10	APA format is used correctly in regards to layout. Contains minor errors in citing resources only. 8	APA format throughout paper and reference page is recognized although layout is not entirely correct. 6	Unsuccessful APA format not correct and recognizable within either reference page or layout of paper. 4	Format of the paper is not recognizable as APA. Failure to use APA manual is obvious through entire paper. 2
Overall Impression	Excellent. Demonstrates good student effort. 20	Good but could have shown better effort. 15	Average draft 10	Weak attempt. Under developed, attempts to reflect on content of paper without main idea revisited 5	Poor quality. Without reflection on content and main idea of paper. 0

Date _____ Instructors Signature _____ Grade _____

Comments:



Discussion Rubric

Name _____ Date _____

Subject Discussing _____ Grade _____

CATEGORY	4	3	2	1
Respect Others	Student listens quietly, does not interrupt, and stays in assigned place without distracting.	Student listens quietly and does not interrupt. Moves a couple of times, but does not distract.	Student interrupts once or twice, but comments are relevant. Stays in assigned place.	Student interrupts often by whispering, making comments, noises or movements that distract others.
Comprehension	Student seems to understand entire subject and accurately answers 3 questions related to the subject.	Student seems to understand most of the subject and accurately answers 2 questions related to the subject.	Student understands some parts of the subject and accurately answers 1 question related to the subject.	Student has trouble understanding or remembering most of the subject.
Participates Willingly	Student routinely volunteers answers to questions and willingly tries to answer questions he/she is asked.	Student volunteers once or twice and willingly tries to answer all questions he/she is asked.	Student does not volunteer answers, but willingly tries to answer questions he/she is asked.	Student does not willingly participate.
Critical Thinking	Student is able to assess subject and situations presented during the discussion and demonstrates abundant critical thinking skills.	Student is able to assess subject and situations presented during the discussion and demonstrates some critical thinking skills.	Student has difficulty assessing subject and situations presented during the discussion, but demonstrates some critical thinking skills.	Student has difficulty assessing subject and situations presented during the discussion and does not demonstrate critical thinking skills.
Follows Along	Student is regularly attentive and follows along throughout the entire discussion.	Student is mostly attentive and usually follows along throughout the entire discussion.	Student is attentive some of the time and follows along some throughout the entire discussion.	Student is not attentive and does not follow along throughout the entire discussion.

Comments:

Instructor's Signature _____



Game Rubric

Name _____ Date _____

Title of Game _____ Grade _____

CATEGORY	5	4	3	2	1
Creativity	The group put a lot of thought into making the game interesting and fun to play as shown by creative questions, game pieces, and/or game board.	The group put some thought into making the game interesting and fun to play by using textures, fancy writing, and/or interesting characters.	The group tried to make the game interesting and fun, but some of the things made it harder to understand/enjoy the game.	Little thought was put into making the game interesting or fun.	No thought was put into making the game. Game was not interesting or fun.
Attractiveness	Contrasting colors and at least 3 original graphics were used to give the cards and gameboard visual appeal.	Contrasting colors and at least 2 original graphics were used to give the cards and gameboard visual appeal.	Contrasting colors and at least 1 original graphic were used to give the cards and gameboard visual appeal.	Little color and "borrowed" graphics were included.	No color and fewer than 3 graphics were included. Nothing original
Rules	Rules were written clearly enough that all could easily participate.	Rules were written, but one part of the game needed slightly more explanation.	Rules were written, but more than 1 part of the game needed slightly more explanation.	Rules were written, but people had difficulty figuring out the game.	The rules were not written.
Accuracy of Content	All information cards made for the game are correct.	All but one of the information cards made for the game are correct.	All but two of the information cards made for the game are correct.	All but three of the information cards made for the game are correct.	Several information cards made for the game are not accurate.
Knowledge Gained	All students in group could easily and correctly state several facts about the topic used for the game without looking at the game.	All students in the group could easily and correctly state 1-2 facts about the topic used for the game without looking at the game.	Most students in the group could easily and correctly state 1-2 facts about the topic used for the game without looking at the game.	Several students in the group could NOT correctly state facts about the topic used for the game without looking at the game.	No one in the group could correctly state facts about the topic without looking at the game.
Cooperative Work	The group worked well together with all members contributing significant amounts of quality work.	The group generally worked well together with all members contributing some quality of work.	The group worked fairly well together with all members contributing some work.	The group often did not work well together and the game appeared to be the work of only 1-2 students in the group.	The group did NOT work well together and the game appeared to be the work of only 1 student in the group.

Comments:

Instructor's Signature _____



Interactive Oral Presentation Rubric

Name _____ Date _____

Title of Presentation _____ Grade _____

	4	3	2	1
Introduction/Explanation	The introduction gets the audience's attention and is well developed. Mentioned why topic was chosen. Explains thoroughly what is expected.	The introduction gets audience attention but needs some development. Explains what is expected.	The introduction is underdeveloped or irrelevant. Did not mention why topic was chosen. Briefly explains.	No introduction. No background for topic. No explanation.
Content	Main points are clear. Supporting material is logical and relevant. Smooth transitions used.	Main points not always clear. Supporting material needs some development. Transitions awkward.	Main points are difficult to identify. Inappropriate supporting material. Transitions inadequate.	Main points are unidentified. No transitions used.
Organization	Presentation is clear, logical and organized. Listener can follow line of reasoning. Sequencing is excellent.	Presentation is generally clear and well organized. A few minor points may be confusing. Sequencing is good.	Listener can follow presentation only with effort. Some arguments are not clear. Sequence is puzzling. Organization seems haphazard.	Listener is unable to follow presentation. No organization. Very confusing for individuals to follow along; does not make sense.
Style and delivery	Excellent style involving matching verbal and nonverbal style, good projection with inflection, spontaneous speaking. Speaks at a rate that enables audience to follow.	Generally good delivery and spontaneity but could improve.	Either fluent delivery but reading, or awkward delivery but spontaneous. Slight use of "Umm."	Poor style (long pauses, reading speech, excessive use of "Umm..." and other mannerisms, monotone, etc.) Speaks too fast or too slow.
Enthusiasm	Student very enthusiastic about topic.	Student shows acceptable enthusiasm for topic.	Student shows little enthusiasm for topic.	Student shows no enthusiasm or interest for topic.
Visual Aids	Visual aids enhance the presentation and are prepared in a professional manner. Large font used. Functions of visual aids are remarkable.	Visual aids contribute to the quality of presentation. Font size appropriate. Some material is not supported by visual aids. Visual aid function is good.	Visual aids are poorly prepared or used inappropriately. Font is too small. Too much information included. Unimportant information used and function is poor.	Visual aids are distracting and detract from the presentation. No visual aids or they do not function at all.
Body Language/ Eye Contact	Student appears relaxed using facial expressions appropriate for content. Excellent eye contact. Student dressed appropriately. Professional appearance.	Uses occasional gestures and occasionally appears nervous but is not distracting. Good eye contact.	Gestures and movements jerky or excessive and are distracting for audience. Poor eye contact.	Slouching or leaning. Extremely nervous appearance. No eye contact. Student dressed inappropriately. Unprofessional appearance.
Vocabulary	Fluent vocabulary and pronunciation. No slang used.	Good use of terms but Some jargon still used. Awkward use of terms.	Use of terms but not well related, sporadic, misused or mispronounced.	Little or no attempt to include terms, concepts, authors.
Interaction with audience	Involves the entire audience. Audience is very responsive and comprehends very well.	Involves half of the audience. Most of the audience responds and comprehends well.	Involves some/few of the audience. Individuals respond and comprehend key points.	Involves a couple of the audience members or none at all. Audience does not comprehend.
Conclusion	Well developed, summary of presentation and main points summarized.	Developed but lacks summary of presentation with only main points summarized.	Underdeveloped with no reflection of presentation or main points.	No conclusion.

Use back of page for additional comments.

Instructor's Signature _____

Time _____

Oral Presentation Rubric



Name _____ Date _____

Title of Presentation _____ Grade _____

	4	3	2	1
Introduction	The introduction gets the audience's attention and is well developed. Mentioned why topic was chosen.	The introduction gets audience attention but needs some development.	The introduction is underdeveloped or irrelevant. Did not mention why topic was chosen.	No introduction. No background for topic.
Content	Main points are clear. Supporting material is logical and relevant. Smooth transitions used.	Main points not always clear. Supporting material needs some development. Transitions awkward.	Main points are difficult to identify. Inappropriate supporting material. Transitions inadequate.	Main points are unidentified. No transitions used.
Organization	Presentation is clear, logical and organized. Listener can follow line of reasoning.	Presentation is generally clear and well organized. A few minor points may be confusing.	Listener can follow presentation only with effort. Some arguments are not clear. Organization seems haphazard.	Listener is unable to follow presentation. No organization.
Style and delivery	Excellent style involving matching verbal and nonverbal style, good projection with inflection, spontaneous speaking. Speaks at a rate that enables audience to follow.	Generally good delivery and spontaneity but could improve.	Either fluent delivery but reading, or awkward delivery but spontaneous. Slight use of "Umm."	Poor style (long pauses, reading speech, excessive use of "Umm..." and other mannerisms, monotone, etc.) Speaks too fast or too slow.
Enthusiasm	Student very enthusiastic about topic.	Student shows acceptable enthusiasm for topic.	Student shows little enthusiasm for topic.	Student shows no enthusiasm or interest for topic.
Visual Aids	Visual aids enhance the presentation and are prepared in a professional manner. Large font used.	Visual aids contribute to the quality of presentation. Font size appropriate. Some material is not supported by visual aids.	Visual aids are poorly prepared or used inappropriately. Font is too small. Too much information included. Unimportant information highlighted.	Visual aids are distracting and detract from the presentation.
Body Language/ Eye Contact	Student appears relaxed using facial expressions appropriate for content. Excellent eye contact. Student dressed appropriately. Professional appearance.	Uses occasional gestures and occasionally appears nervous but is not distracting. Good eye contact.	Gestures and movements jerky or excessive and are distracting for audience. Poor eye contact.	Slouching or leaning. Extremely nervous appearance. No eye contact. Student dressed inappropriately. Unprofessional appearance.
Vocabulary	Fluent vocabulary and pronunciation. No slang used.	Good use of terms but Some jargon still used. Awkward use of terms.	Use of terms but not well related, sporadic, misused or mispronounced.	Little or no attempt to include terms, concepts, authors.
Integration of Sources	Multiple sources cited, included and used appropriately.	One source cited, included, and used appropriately.	Sources cited, included, but used inappropriately.	Sources not mentioned in presentation.
Conclusion	Well developed, summary of presentation and main points summarized.	Developed but lacks summary of presentation with only main points summarized.	Underdeveloped with no reflection of presentation or main points.	No conclusion.

Use back of page for additional comments.

Instructor's Signature _____

Time _____



Written Communication Rubric

Name _____ Title of Paper _____

Components	Excellent 5	Above Average 4	Average 3	Below Average 2	Unacceptable 1
Introduction	Purpose well developed. Offers explanation and overview, and captures audience attention.	Purpose well developed. Offers explanation and overview. Lacks feeling of interest for audience.	Unsuccessful attempt to develop purpose. Offers explanation and overview.	No attempt to develop purpose of paper, which confuses reader. Offers explanation and overview, but lacks knowledge to be convincing.	Lacks purpose, does not explain to audience. Reader is confused, not knowing what to expect. No explanation or overview is offered.
Content (Body) Students reflection of literature	Central idea is clearly communicated and developed. Understands and critically evaluates its sources, appropriately defines terms.	Clearly states the main idea, but may have minor lapses in development. Shows careful reading of sources, but may not evaluate them critically. Attempts to define terms, not always successfully.	Presents central idea in general terms, but weaker and lesser effective. Basic comprehension of sources, lapses in understanding. If "terms" defined, dependant on dictionary definitions.	Body strays away from central idea. Paper skips and shifts from one idea to another, with no continuity. Often stating information that opposes resources.	No clear central idea. Review of literature may be too vague to develop paper. Student misunderstands and/or interprets sources.
Conclusion	Well developed, complete reflection of content of paper and main idea is revisited.	Developed, lacking reflection on content of paper with only main idea revisited.	Under developed, attempts to reflect on content of paper without main idea revisited.	Conclusion is short, without reflection on content and main idea of paper.	Does not have a conclusion.
Organization and Coherence	Uses a logical structure. Sophisticated transitional sentences. Guides reader through progression of ideas.	May list ideas, Use transitions, although likely to be sequential, Paragraphs have topic sentences but lack coherence.	May have random organization. Lacks paragraph coherence. Use transitions, few or inappropriate.	Attempts in paragraph coherence and transitions are weak and does not allow flow within body of paper.	No appreciable organization; lacks transitions and coherence.
Style (Choice of Words)	Chooses words for their precise meaning. Refrains from use of thesaurus, Sentences are varied, clearly structured and carefully worded.	Uses relatively vague and general words. May use some inappropriate language. Sentence structure generally correct, but too wordy, repetitive, or confusing.	May be vague and abstract, or very personal and specific. Simple awkward or grammatically incorrect sentences.	Contains several awkward sentences, misused words, and /or inappropriate language.	Contains many awkward sentences, misused words, and/or employs inappropriate language.
Grammar and Spelling	Entirely free of grammatical errors. No spelling or punctuation errors.	Contains a few grammar errors, which may annoy the reader but not impede understanding. No spelling errors.	Contains several grammatical errors which may temporarily confuses the reader but not impede the overall understanding. Several spelling concerns.	Contains many grammatical errors, impossible for the reader to follow the thinking from sentence to sentence. Too many spelling errors for expected level of writing.	Many grammatical and spelling errors, obviously demonstrating failure in time management skills. Below expected level of writing.
Length of Paper	Paper is the required number of specified full pages.	Paper is the number of required pages, although last page not all full.	Format of paper is altered for effect of reaching required number of pages.	Paper too long. More pages than necessary.	Paper too short, not enough research to produce required number of pages.
Use of References (Citing within Content)	Paraphrasing used appropriately with limited direct quotes. Attributions are clear and represented.	Paraphrasing used appropriately, although direct quotes overused. Attribution is, for the most part, clear and represented.	Attempts at paraphrasing are weak. Direct quotes overused. Attributions are used, although without purpose of the citing.	Weak attempt to paraphrase, relying too heavily on direct quotes. Although attributions are occasionally given, many statements seem unsubstantiated.	No synthesis of information. References are seldom cited to support statement. Paper bordering on plagiarism.
Quality of References	References are peer-professional reviewed sources. trustworthy reliable.	Although most of the references are professionally legitimate, a few are questionable. Reader uncertain of their reliability.	Most of the references are from sources that are not peer-reviewed and have uncertain reliability. Reader doubts the accuracy of the material.	All or the majority of references are internet- non-peer reviewed sources. A lack professional sources Information is not accurate.	No sources submitted with paper, or other concerns regarding references, (Used at Faculty discretion and explanation will be given).
Use of APA	APA format is used accurately and consistently in the paper and on the Reference Page (Publishable in Quality)	APA format is used correctly in regards to layout. Contains minor errors in citing resources only.	APA format throughout paper and reference page is recognized although layout is not entirely correct.	Unsuccessful APA format not correct and recognizable within either reference page or layout of paper.	Format of the paper is not recognizable as APA. Failure to use APA manual is obvious through entire paper.

Date _____ InstructorsSignature _____ Grade _____



Baton Rouge General – School of Radiologic Technology Venipuncture (Using Intravenous Catheter) Competency Form

Name: _____ Date: _____ Patient: _____

Method/ Procedural Step:	Skill Demonstrated:	Repeat Skill Needed:
Preparation		
Performs hand hygiene.		
Dons protective gloves.		
Assembles necessary equipment and supplies.		
Explains procedure to patient and checks ID.		
Vein selection		
Secures tourniquet one hand-width above antecubital space, using slip loop or Velcro to secure, depending on tourniquet type.		
Tourniquet is tight enough that veins stand out, but not so tight that surrounding skin turns white.		
Correctly identifies suitable vein.		
Cleanses skin over chosen vein site using Betadine prep or alcohol wipe.		
Allows skin to air dry.		
Venipuncture		
Removes cover from catheter needle.		
Holds skin distal to vein taut with nondominant hand.		
Holds catheter needle in dominant hand at a 10-20 degree angle to skin's surface with bevel facing up.		
Punctures skin over vein and slowly advances catheter needle until the vein is punctured (Blood return into catheter needle indicates successful placement.)		
Lowers catheter needle angle so that it is almost parallel to skin and continues to advance catheter needle assembly into center of vein.		
Releases tourniquet.		
Holds pressure on vein near tip of catheter needle, removes needle/stylet from catheter (retracts into safety device of catheter needle assembly) and connects catheter hub to delivery system (infusion tubing or injection port).		
Secures catheter and completes procedure.		
Secures catheter to skin with tape.		
Starts IV or if intermittent injection port is used, flushes port and catheter with normal saline.		
Places needle and syringe into "sharps container."		
Removes gloves and performs hand hygiene.		

Comments: _____

Evaluator's Signature: _____ Score: _____ /100= _____ %

Repeat Skill Required: Yes or No If yes, Which one(s)? _____

Student's Signature: _____ Date: _____

BATON ROUGE GENERAL- SCHOOL OF RADIOLOGIC TECHNOLOGY
Venipuncture Liability Release Form

RELEASE

I hereby give permission for a classmate to use a vascular access device to perform the skill of venipuncture on me, using sterile technique. I will not hold my classmate _____, Baton Rouge General School of Radiologic Technology, Baton Rouge General, or any instructor at Baton Rouge General School of Radiologic Technology liable for any complications which may occur. I fully accept the potential risks (detailed below) associated with this procedure, and I do this willingly.

Name of Student Performing Skill

Name of Student Recipient of Skill

Date

Witness

Date

Risks of Venipuncture:

- Veins and arteries vary in size from one patient to another and from one side of the body to the other. Obtaining a blood sample from some people may be more difficult than from others.
- Other risks associated with having blood drawn are slight but may include:
 - Excessive bleeding
 - Fainting or feeling light-headed
 - Hematoma (blood accumulating under the skin)
 - Infection (a slight risk any time the skin is broken)

Medline Plus, 2012 Dec. Risks of Venipuncture.

Risks:

The following are known risks associated with venipuncture:

- Hematoma
- Swelling, tenderness and inflammation at the site
- Persistent bleeding
- Vasovagal response - dizziness, sweating, coldness of skin, numbness and tingling of hands and feet, nausea, vomiting, possible visual disturbance, syncope and injury fall from fainting.
- Rare adverse effects:
Thrombosis of the vein due to trauma
Infection which results in thrombophlebitis

CDC.gov, 2012 Dec. Risk of Venipuncture.



Baton Rouge General- School of Radiologic Technology
Sterilization and Hand Hygiene Competency Evaluation Form

STUDENT: _____ **Date:** _____

Hand washing Procedure	0	2	4	Comments
1. Approach the sink. Do not lean against the sink or allow your clothing to touch the sink because it is considered to be contaminated. Remove any jewelry except for a wedding band.				
2. Turn on the tap. A sink with foot or knee control is most desirable but is not always available. If the faucet is turned on by hand, use a paper towel to touch the handles, and then discard the towel.				
3. Regulate the water to a comfortable warm temperature.				
4. Regulate the flow of water so that it does not splash from the sink to your clothing.				
5. During the entire procedure, keep hands and forearms lower than your elbows. The water will drain by gravity from the area of least contamination to the area of greatest contamination.				
6. Wet your hands and soap them well. An antibacterial liquid soap is the most convenient. If you use a bar of soap, hold it during the entire procedure and rinse it before replacing it in the soap dish. If you replace the soap bar during the procedure and then reuse it, you will contaminate your hands.				
7. With a firm, circular, scrubbing motion, wash your palms, the backs of your hands, each finger, between the fingers, and finally your knuckles. Fifteen seconds should be the minimum time allotted for this.				
8. Rinse hands well under running water. If your hands have been heavily contaminated, repeat steps 6, 7, and 8.				
9. Clean fingernails with a brush or an orange stick carefully once each day before beginning work and again if your hands become heavily contaminated. Scrubbing heavily contaminated nails with a brush is recommended.				
10. Rinse your fingers well under running water.				
11. Repeat washing procedure as described above after cleaning nails.				
12. If you use a bar of soap, rinse the soap well and replace it in the dish. Do not touch the sink or the soap dish.				
13. Turn off the water. If the handles are hand-operated, use a paper towel to turn them off to avoid contaminating your hands.				

14. Dry your arms and hands using as many paper towels as necessary to do the job well.				
Sterilization Questions and Demonstration	0	2	4	Comments:
15. Explain the Process for Disinfecting Radiographic Room and Equipment Prior to patient exam				
16. Explain the Process/Rules for Maintaining a Sterile Field in the Surgery Unit				
17. Demonstrate Preparation and Opening of a Sterile Package for a Radiologic Injection or Puncture Exam				
18. Demonstrate Sterile Gloving for this Sterile Exam				
19. Demonstrate Adding Sterile Fluid to the Sterile Tray				
20. Demonstrate closing/disposing of a used tray and sharps from Exam				
21. Demonstrate de-gloving procedure correctly				
22. Explain the Process for Handling Biohazard Materials for an Exam. Ex. Spinal Fluid for Lab following a LP				
23. Question #1				
24. Question #2				
25. Question #3				

4 = has met tasks/Correct
2 = needs some direction
0 = did not meet tasks/Incorrect

Comments: _____

Instructor: _____ Grade: _____/100= _____ %

Repeat Competency: Yes or No If Yes, Which ones? _____

Student Signature: _____ Date: _____



Baton Rouge General- School of Radiologic Technology
Isolation Technique Competency Form
(Sterilization and Hand Hygiene Practical Part 2)

STUDENT: _____ **Date:** _____

Isolation Technique for Imaging and Trauma Situations	0	2	4	Comments
Performs hand hygiene				
Dresses in protective apparel				
o <i>Mask and Goggles:</i>				
Applies mask, ensuring nose and mouth are completely covered.				
Applies goggles (protective eyewear) snugly around face and eyes.				
o <i>Gowning:</i>				
Selects non-sterile gown.				
Slides hands into sleeves and pulls up over shoulders; ties at neckline.				
Secures at waist so the back of the scrubs/uniform is completely covered by the gown.				
o <i>Gloves</i>				
Selects proper size of non-sterile gloves.				
Applies gloves and assures that gloves cover cuffs of the gown.				
Image receptor				
Places required number of image receptors in protective covers before handling patient				
Places covered image receptor behind patient.				
Team mate manipulates portable equipment, aligns CR to patient and makes exposure.				
Technologist handling patient removes image receptor from behind patient, folds IR cover back to expose edge without touching IR.				
Team mate removes IR from cover without touching contaminated cover.				
Contaminated cover is placed in appropriate Container.				
Portable equipment is moved out of room.				
Removes Protective Apparel				
Unties waist ties, if tied in front of gown				
Removes gloves without contaminating hands				
o Removes the first glove with the other gloved hand by grasping outside of glove and pulling it inside out over hand				
o Removes second glove with ungloved hand by touching only inside of glove at cuff and pulling it inside out over hand.				
o Discards gloves into appropriate container.				
Removes and disposes of mask without contaminating hands.				
o Unties bottom strings.				
o Unties top strings.				
o Removes mask by handling top strings and discards into appropriate container.				
Removes goggles				
Unties waist ties, if tied in back of gown.				
Unties neck ties of gown.				
Removes gown without contaminating hands.				
o Allows gown to fall from shoulders.				
o Removes hands from sleeves without touching outside of gown				
o Holds gown inside at shoulder seams and folds inside out.				
Places gown in laundry bag without contaminating scrubs or uniform.				
Performs hand hygiene.				
Disinfects portable equipment and IR and repeats hand hygiene.				

Comments: _____
 Evaluator: _____ Grade _____ /120= _____ % Student Signature: _____
 Repeat for Competency Required: Yes or No If Yes, Which ones? _____



**Baton Rouge General- School of Radiologic Technology
Patient Transfer Competency Form**

Name: _____ Date: _____ Patient: _____

Method/ Procedural Step: (each step is worth 3pts)	Skill Demonstrated:	Repeat Skill Needed:
Stretcher to Table to Bed (2 person skill) Eval as Lead Tech		
Preparation		
All team members perform hand hygiene		
One team member greets patient and checks identification; One team member explains procedure; together they assess patient's ability to assist.		
One team member checks stretcher to ensure that brakes lock, wheels move smoothly, and side rails latch securely in the upright position; Standing on each side of the bed/table, team members loosen draw sheet and roll it up to form handholds adjacent to each side of patient; Team members grasp the handholds and move the patient to the edge of the bed/table where the stretcher will be placed.		
Transfer from bed/table to stretcher		
One team member moves stretcher parallel to bed/table and locks the wheels. This person stands beside the stretcher and the other team member(s) may stand on the opposite side of bed/table. Patient is asked to cross arms on chest.		
<i>If slider board or sliding mat is used:</i> One or two team members on the non-stretcher side of the bed/table, reach across the patient, grasp the draw sheet roll from the stretcher side, and roll(s) patient one-quarter turn away from the stretcher side; Team member on stretcher side reaches across stretcher and places slider board or sliding mat under draw sheet and patient as far as possible; Team member(s) on the bed/table side gently release(s) tension on draw sheet, allowing patient to roll back to the supine position. Patient is still centered on the draw sheet; Team member(s) on the stretcher side pull(s) draw sheet to slide patient across slider board or slide mat onto stretcher. Team member on bed/ table side assists and ensures that patient's head and feet move with the torso.		
<i>If slider board or sliding mat is not used:</i> Two team members may be positioned on the stretcher side. (This is especially advantageous when moving a patient from a bed because of the bed's width.) Team members grasp the draw sheet handholds on one or both sides of the patient and slide the patient onto the stretcher, taking care that patient's head and legs move with the torso.		
Team members situate patient comfortably on stretcher with pillow and cover, and raise side rails.		
Transfer from stretcher to bed/table		
One team member moves stretcher parallel to bed/table and locks the wheels. This person stands beside the stretcher and the other team member(s) may stand on the opposite side of bed/table. Patient is asked to cross arms on chest.		
<i>If slider board or sliding mat is used:</i> One or two team members on the stretcher side reach across the patient, grasp the draw sheet roll on the bed/table side, and roll(s) patient one-quarter turn away from the bed/table side. Team member on bed/table side reaches across and places slider board or sliding mat under draw sheet and patient as far as possible. Team member(s) on the stretcher side gently release(s) tension on draw sheet, allowing patient to roll back to the supine position. Patient is still centered on the draw sheet. Team member(s) on the bed/table pull(s) draw sheet to slide patient across slider board or slide mat onto bed/table. Team member on stretcher side assists and ensures that patient's head and feet move with the torso. Team member on the stretcher side moves stretcher out of the way and stands at stretcher side of bed/table. Team		

member(s) on bed/table side use draw sheet to roll patient one quarter turn toward their side of bed/table. Team member on opposite side removes slider board or slide mat. Team member(s) holding patient, relax grip on draw sheet, allowing patient to return to supine position.		
<i>If slider board or sliding mat is not used:</i> Two team members are positioned on the bed/table side. Team members grasp the draw sheet handholds on one or both sides of the patient and slide the patient onto the bed/table, taking care that patient's head and legs move with the torso.		
Team members situate patient comfortably on bed/table, with pillow and cover and raise bed side rails.		
Proper body mechanics. Lifting with legs, and center of gravity.		
Wheelchair Transfer		
Preparation		
Performs hand hygiene.		
Greets patient, checks identification, and assesses patient's abilities.		
Explains procedure.		
Brings wheelchair to position parallel to bedside or table with back of chair toward foot of bed/table.		
Checks wheelchair for safety while locking brakes and moving leg and footrests out of the way.		
Lowers height of bed/table, if possible.		
Transfer from bed/table to wheelchair.		
Assists patient to elevate upper body and sit on the side of the bed/table. If patient is in bed, first lowers side rails and elevates head of bed. (At this point may assist patient with robe and slippers.)		
Uses face-to-face assist to help patient stand.		
Assists patient to pivot one-quarter turn so that backs of knees are against front edge of wheelchair seat.		
Assists patient to a sitting position in the wheelchair.		
Uses sheet or bath blanket to cover patient's lap and legs		
Adjusts leg and footrests.		
Releases brakes to move wheelchair.		
Transfer from wheelchair to bed/table.		
Lowers height of bed/table if possible.		
Locks wheelchair brakes and moves leg and footrests out of the way. Removes lap blanket.		
Uses face-to-face assist to help patient stand.		
Assists patient to sit on the side of the bed/table.		
Supports patient's shoulders while raising legs and pivoting patient into supine position on bed/table		
Provides cushions under patient's head and knees. Covers patient with blanket.		
Uses good body mechanics when assisting patient to sit, stand, and lie down.		

Comments:

Evaluator's Signature: _____ Score: _____/90= _____%

Repeat Skill Required: Yes or No If yes, Which ones? _____

Student's Signature: _____ Date: _____



Baton Rouge General Medical Center- School of Radiologic Technology
RADS 105 Pharmacology, Medication Preparation, Contrast Media Competency

Name: _____

Date: _____

Did the student radiographer: (5pts each)	Competent	Repeat Skill Required
Performs hand hygiene		
Observes the 6 Rights		
Right patient (checks armband)		
Right drug (checks order)		
Right time		
Right route		
Right dose		
Records medication correctly		
Drawing up medications (Solutions from a vial or bottle)		
Lifts up metal tab without contaminating the rubber stopper, or wipes stopper with alcohol swab if previously opened.		
Selects correct size syringe and insert needle or needleless device into end of syringe without contaminating syringe or needle/needleless device.		
Draws air into the syringe equal to the amount of medication to be withdrawn.		
With vial on flat surface, inserts needle into the vial without contaminating and injects air into vial's airspace.		
Inverts the vial with non-dominant hand, keeping firm hold on syringe and plunger with dominant hand.		
Keeps tip of needle below fluid level and pulls back on plunger to withdraw correct amount of medication.		
Removes the needle from the vial and holds syringe so that needle points upward.		
Taps on side of barrel to move any air bubbles toward top of syringe and ejects air from syringe.		
Covers needle with its cap.		
Preparation of Contrast Media for Radiologic Examinations		
Review Request and Patient History for Exam and Contrast appropriate		
Selection of correct contrast media and volume		
Preparation of media amount and correct selection of route of administration		
Explanation of Contraindications or Adverse Reactions Possible or Probable with Contrast Media selection and patient's risk factors		
Proper patient instructions following contrast administration selection		
Proper contrast media disposal methods for contrast media selection		
Documentation and Billing for equipment used and contrast media type		

Comments:

Evaluator: _____ Grade _____/120= _____% Student Signature: _____

Repeat for Competency Required: Yes or No If Yes, Which ones? _____



Baton Rouge General Medical Center- School of Radiologic Technology
RADS 105 Vital Signs Patient Assessment Competency

Name: _____ Date: _____ Patient: _____

Did the student radiographer: (5pts each)	Competent	Repeat Skill Required
Patient Identification and Chart Assessment		
Correctly Identification of patient		
Assessed the surroundings and patient general condition		
Reviewed chart for Prior History and Diagnosis		
Correctly determined If patient has DNR or other Advanced Directive Orders		
Blood Pressure		
Collect and assemble proper equipment		
Wrap cuff around upper arm, tubing in proper direction		
With stethoscope in ears, place diaphragm at brachial pulse		
Inflate cuff to approx. 180 mm Hg		
Release pressure in cuff, noting first and last distinct pulse sounds and the corresponding numbers on gauge		
Release remaining air in cuff		
Remove equipment from patient		
Record the reading systolic/diastolic accurately		
Evaluate reading against accepted normal range		
Compare results of BP with another student's assessment on same patient.		
Pulse		
Identify radial or brachial pulse and gently apply pressure over the artery with tips of two fingers		
Count the beats for 15 seconds and multiply by 4.		
For irregular pulse count beats for full minute.		
Record the reading accurately and evaluate against normal range		
Respirations		
Observe the rise and fall of the chest and count each cycle, while appearing to take pulse.		
Count cycle for a full 1 minute		
Record the respirations accurately and compare to normal range		
Temperature		
Assess temperature using an oral thermometer		
Accurately read thermometer		
Evaluate reading against accepted normal range		
Discuss other methods and correct temperature readings		

Comments:

Evaluator: _____ Grade _____ /120= _____ % Student Signature: _____

Repeat for Competency Required: Yes or No If Yes, Which ones? _____



**Baton Rouge General Medical Center- School of Radiologic Technology
RADS 105 Patient Communication Competency**

Name: _____ Date: _____ Patient: _____

Did the student radiographer: (5pts each)	Competent	Repeat Skill Required
Requisition Assessment prior to accessing patient		
Correctly identified exam ordered and stated history		
Correctly identified patient name and one other method for gathering patient ID		
Reviewed chart/order for prior exams of same type and prior diagnosis		
Correctly determined If patient has DNR or other Advanced Directive Orders		
Greeting patient		
Use of proper and professional voice tone, volume, when calling patient		
Used appropriate methods for greeting patient type		
Used eye contact and pleasant attitude		
Identified self and position or title		
Assisted patient in getting to exam room if necessary		
Correct non-verbals demonstrating respect, confidence, and good patient care		
Patient identification		
Asked patient correct identifier #1		
Asked patient correct identifier #2		
Confirmed the exam procedure with what doctor told patient was being ordered		
History Taking		
Use of non-leading language		
Use of appropriate tone, volume, and word choice for patient type.		
Observed the Sacred Seven for confirmation of diagnosis or Chief Complaint		
Patient Procedure Explanation		
Use of correct terminology for patient type		
Addressed potential concerns or fears typical of the type of procedure being performed for that patient		
Explained needs of patient for procedure to assist in/gain cooperation		
Explained basics of procedure to patient in a way that they are capable of understanding		
Demonstrated understanding of patient consent prior to assisting patient in completing instructions to perform exam (ie. Positioning, transfer to table, etc)		
Patient release		
Used positive and professional tone, volume, and word choice		
Assisting patient in exit following procedure		
Correct release instructions for results to be given		
Protected patient's rights and privacy		

Comments:

Evaluator: _____ Grade _____/100= _____% Student Signature: _____

Repeat for Competency Required: Yes or No If Yes, Which ones? _____

Baton Rouge General Medical Center- School of Radiologic Technology
RADS 105 C-arm/Mobile with Maintenance of Sterile Field Competency Form

Name: _____ Date: _____ Exam Type: _____

Did the student radiographer: (10pts each)	Competent	Repeat Skill Required
Student Review Radiology Exam Order for Surgery Case and Correctly Identified what equipment would be needed to complete request		
Gather all proper equipment and gowned properly for Surgery Suite Access		
Entered the Surgery Suite, added sterile cover for Radiologic Equipment properly, and set up the equipment properly for requested procedure		
Maintain the Sterile Field during set up, exposure request, and take down.		
Exit the Surgery Suite, remove draping/covers properly and disposed properly, Correct clean up and placement of equipment following completion of procedure		

Comments:

Evaluator: _____ Grade _____ /50= _____ % Student Signature: _____

Repeat for Competency Required: Yes or No If Yes, Which ones? _____



Incident Reporting

All accidents, unusual occurrences, or misadministration of radiation in the clinical setting whether harm was caused or not must be reported to the Clinical Coordinator. Whether these accidents involve the student, patient, or any other person, all must be documented. The Incident Reporting form (located in the Forms section of this Handbook) can be used for documentation purposes. Students involved in the incident will be held responsible for notifying their clinical coordinator, clinical instructor, and chief technologist at the site. If the clinical instructor reports with their CES through an online system, we will ask to be kept informed of the incident progress. If the clinical instructor reports through a paper-based system, copies should be sent for all student-involved incidents.

Accidents or unusual occurrences include but are not limited to:

- Patient Falls
- Needle sticks
- Contrast/Medication errors
- Patient Abuse (battery or assault)
- Gross post collimation
- Incorrect marking
- Patient Complaint
- Student holding/exposure
- Injury to student in clinical setting
- Near misses

Students that fail to report accidents or unusual occurrences to their clinical coordinator or clinical instructor on or before the following school day will lose 10 points from their “Professional Responsibility” section of their clinical grade.

If the accident or unusual occurrence is reported in a timely manner, no points will be deducted unless the student is found to be at fault for accident or occurrence.

If the student is found to be at fault, the consequences will range from points deducted from “Professional Responsibility” in their clinical grade to dismissal from the program depending on the severity and intent of the infraction.

DEQ’s Rules and Regulations (Title 33, Part XV Radiation Protection, Chapter 6, Section 613, Part A, Page 184) under “Notifications, Reports, and Records of Medical Events” states:

“A registrant shall report any medical event, except for an event that results from patient intervention, in which the administration of radiation involves the wrong patient, a procedure other than that which was authorized by the licensed practitioner of the healing arts, or a body site different from that which was authorized and intended to be exposed by the authorized x-ray procedure.”

Misadministration of radiation includes but is not limited to:

- Imaging of the wrong part
- Imaging of the wrong patient
- Any incident of excessive radiation or unnecessary radiation exposure

DEQ requires that these events are reported in a timely manner. Citations and fines are given to sites that do not report the misadministration of radiation within 24 hours of the occurrence.

If the student reports the event within 24 hours of the incident, the student will only lose 5 points from the “Professional Responsibility” section of their clinical grade.

If the student reports the event more than 24 hours after the incident but before 3 days, the student will lose 20 points from the “Professional Responsibility” section of their clinical grade.

If the student does not report the event, the student may be dismissed from the program for breach of ethical standards.

Your signature below indicates that you understand the following changes to the policy of incident reporting, understand the standards, and understand the consequences for not abiding by this policy.

Student Name (printed)	Signature	Date
------------------------	-----------	------

Program Director Signature	Date	Clinical Coordinator Signature	Date
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Open Lab Policy/Procedures

Open lab is a time outside of class for students to work on their problem areas with the instructors. They are offered as scheduled by the instructor. Students may request an alternate time, but it is at the discretion of the instructor.

Signing up for open labs:

Scheduled open lab times are posted for the students to see. Each lab section must have a minimum of 2 and a maximum of 4 students attending. Labs with less than two people signed up one day prior to the scheduled lab will be cancelled.

Cancelling:

Once a student signs up for a lab, they must mark their name out with a single line no later than one day prior to the open lab. If the student must cancel the day of the scheduled open lab, then they have to let the laboratory instructor know by phone or by email at least 30 minutes prior to the lab start time. If the student misses the lab without following the proper cancelling instructions, then 2 points will be deducted from professional responsibility of your RADS 120, 220, 320, or 420 course section.

Losing open lab privileges:

Open lab time is a privilege not a right. Students who have cancelled their open lab on the day of 2 times or have missed their open lab without calling 2 times will not be allowed to sign up for an open lab for the rest of the semester. The reason of the cancellation is not dependent on excused or unexcused. Both types will be considered the same when calculating for loss of lab privilege.

Student Signature: _____ **Date:** _____

Program Director: _____ **Date:** _____

BATON ROUGE GENERAL SCHOOL OF RADIOLOGIC TECHNOLOGY



ASSOCIATE DEGREE REQUIREMENT FORM

I, _____,
Print your full Name

understand the ARRT (American Registry of Radiologic Technologists) requirements and documentations of completion of an Associate's Degree in addition to documentation of successful completion of Baton Rouge General School of Radiologic Technology Professional Certificate Program, in order to be eligible for National ARRT Registry/Certification testing.

As a member of the SORT Class of 2018, I hereby acknowledge the following:

_____ I, hold a minimum of an Associate's degree from, _____,
(Accredited Institution) received, the _____ (day) of _____ (month),
_____ (year).

A copy must be presented to School of Radiologic Technology prior to January 14, 2021.

_____ I, agree to enter the SORT professional program without an Associate's degree or higher and agree to complete the required additional courses with Northwestern State University, utilizing the articulation agreement in place during my two (2) year certification program with BR General SORT.

_____ I, agree to enter the SORT professional program without an Associate's degree or higher and agree to complete the required additional courses with _____, (Accredited Institution),
obtaining the required minimum of an Associated Degree, prior to **August 1, 2022**, during my two (2) year certification program with BR General SORT.

Graduates qualify for examination through the American Registry of Radiologic Technologists (ARRT) and are also eligible to apply for a Radiologic Technology License through the Louisiana State Radiologic Technology Board of Examiners.

SORT Students plan or desire to complete Associate Degree requirement must be signed by student and on record with registrar before January 14, 2021. SORT graduation is contingent on Associate Degree completion on or before August 2022.

Student Full Name

Date

Student Signature

SORT Registrar



Baton Rouge General School of Radiologic Technology Goals, Strengths, and Weaknesses Reflection Evaluation



Name _____

Title of Paper _____

Components	Excellent	Above Average	Average	Below Average
Grammar and Spelling	Entirely free of grammatical errors. No spelling or punctuation errors. 8	Contains a few grammar errors, which may annoy the reader but not impede understanding. No spelling errors. 6	Contains several grammatical errors which may temporarily confuse the reader but not impede the overall understanding. Several spelling concerns. 4	Contains many grammatical errors, impossible for the reader to follow the thinking from sentence to sentence. Too many spelling errors for expected level of writing. 2
Length of Paper	Paper is the required number of specified full pages. 8	Paper is the number of required pages, although last page not all full. 6	Format of paper is altered for effect of reaching required number of pages. 4	Paper too long or too short (One page or less) 2
Use of References & Reference page	Paraphrasing used appropriately with limited direct quotes. Attributions are clear and represented. Reference Page (Publishable in Quality). 8	Paraphrasing used appropriately, although direct quotes overused. Attribution is, for the most part, clear and represented. Contains minor errors in citing resources only 6	Attempts at paraphrasing are weak. Direct quotes overused. Attributions are used, although without purpose of the citing. Reference page is recognized although layout is not entirely correct. 4	Weak attempt to paraphrase relying too heavily on direct quotes. Although attributions are occasionally given, many statements seem unsubstantiated and are not recognized within either reference page or layout of paper. 2
Use of APA	APA format is used accurately and consistently in the paper and on the Reference Page (Publishable in Quality) 8	APA format is used correctly in regards to layout. Contains minor errors. 6	APA format throughout paper recognized although layout is not entirely correct 4	Unsuccessful APA format not correct and recognizable within the paper. 2
Overall Impression	Excellent first draft. Demonstrates good student effort. 8	Good first draft, but could have shown better effort. 6	Average first draft. 4	Weak attempt at first draft. 2

Date _____ Instructors Signature _____ Grade _____

Comments:



Oral Presentation Rubric G/S/W Reflection Paper (**RADS 120 ONLY**)

Name _____ Date _____

Title of Presentation _____ Grade _____

	4	3	2	1
Introduction	The introduction gets the audience's attention and is well developed. Mentioned why topic was chosen.	The introduction gets audience attention but needs some development.	The introduction is underdeveloped or irrelevant. Did not mention why topic was chosen.	No introduction. No background for topic.
Content	Main points are clear. Supporting material is logical and relevant. Smooth transitions used.	Main points not always clear. Supporting material needs some development. Transitions awkward.	Main points are difficult to identify. Inappropriate supporting material. Transitions inadequate.	Main points are unidentified. No transitions used.
Organization	Presentation is clear, logical and organized. Listener can follow line of reasoning.	Presentation is generally clear and well organized. A few minor points may be confusing.	Listener can follow presentation only with effort. Some arguments are not clear. Organization seems haphazard.	Listener is unable to follow presentation. No organization.
Style and delivery	Excellent style involving matching verbal and nonverbal style, good projection with inflection, spontaneous speaking. Speaks at a rate that enables audience to follow.	Generally good delivery and spontaneity but could improve.	Either fluent delivery but reading, or awkward delivery but spontaneous. Slight use of "Umm."	Poor style (long pauses, reading speech, excessive use of "Umm..." and other mannerisms, monotone, etc.) Speaks too fast or too slow.
Enthusiasm	Student very enthusiastic about topic.	Student shows acceptable enthusiasm for topic.	Student shows little enthusiasm for topic.	Student shows no enthusiasm or interest for topic.
Visual Aids	Visual aids enhance the presentation and are prepared in a professional manner. Large font used.	Visual aids contribute to the quality of presentation. Font size appropriate. Some material is not supported by visual aids.	Visual aids are poorly prepared or used inappropriately. Font is too small. Too much information included. Unimportant information highlighted.	Visual aids are distracting and detract from the presentation.
Body Language/ Eye Contact	Student appears relaxed using facial expressions appropriate for content. Excellent eye contact. Student dressed appropriately. Professional appearance.	Uses occasional gestures and occasionally appears nervous but is not distracting. Good eye contact.	Gestures and movements jerky or excessive and are distracting for audience. Poor eye contact.	Slouching or leaning. Extremely nervous appearance. No eye contact. Student dressed inappropriately. Unprofessional appearance.
Vocabulary	Fluent vocabulary and pronunciation. No slang used.	Good use of terms. Some jargon used.	Terminology misused or mispronounced. Very little jargon used.	Little or no attempt to include terms or concepts.

Integration of Sources	One source cited, included, and used appropriately.	One source cited included with minor errors.	Sources cited, included, but used inappropriately.	Sources not mentioned in presentation.
Conclusion	Well developed, summary of presentation and main points summarized.	Developed but lacks summary of presentation with only main points summarized.	Underdeveloped with no reflection of presentation or main points.	No conclusion.
Goals- Introduction	Goals clearly stated with measuring devices used.	Goals clearly stated but not measuring devices.	Goals slightly unclear, no measuring devices indicated.	Goals not clear or unstated.
Goals- Reflection	Goal results clearly stated with demonstration of data used.	Goal results clearly stated without demonstrating data used.	Goal results slightly unclear.	Goal results not clear or unstated.
Strengths	Strengths clearly stated with reflection.	Strengths clearly stated but no reflection.	Strengths slightly unclear, with no reflection.	Strengths not clear or unstated.
Weaknesses	Weaknesses clearly stated with reflection.	Weaknesses clearly stated but no reflection.	Weaknesses slightly unclear, with no reflection.	Weaknesses not clear or unstated
Overall Impression	Excellent/Above Average	Average	Below Average	Poor

Instructor Signature _____

Time _____



Baton Rouge General School of Radiologic Technology Research Paper Grading Evaluation



Name _____

Title of Paper _____

Components	Excellent	Above Average	Average	Below Average
Grammar and Spelling	Entirely free of grammatical errors. No spelling or punctuation errors. 10	Contains a few grammar errors, which may annoy the reader but not impede understanding. No spelling errors. 8	Contains several grammatical errors which may temporarily confuse the reader but not impede the overall understanding. Several spelling concerns. 6	Contains many grammatical errors impossible for the reader to follow. The thinking from sentence to sentence. Too many spelling errors for expected level of writing. 4
Content	Central idea is clearly communicated and developed. Understands and critically evaluates skill fully. 20	Central states the main idea, but may have minor lapses in development. Shows careful reflection but may not evaluate areas critically. 15	Presents central idea in general terms, but weaker and lesser effective. Basic comprehension lapses in understanding. 10	Body strays away from central idea. Paper skips and shifts from one idea to another with no continuity. Often stating information that opposes. 5
Length of Paper	Paper is the required number of specified full pages. 10	Paper is the number of required pages, although last page not all full. 8	Format of paper is altered for effect of reaching required number of pages. 6	Paper too long or too short (One page or less) 4
Use of References (Citing within Content)	Paraphrasing used appropriately with limited direct quotes. Attributions are clear and represented. 20	Paraphrasing used appropriately, although direct quotes overused. Attribution is, for the most part, clear and represented. 15	Attempts at paraphrasing are weak. Direct quotes overused. Attributions are used, although without purpose of the citing. 10	Weak attempt to paraphrase, relying too heavily on direct quotes. Although attributions occasionally given, many statements seem unsubstantiated. 5
Quality of References	Excellent, reliable references. Appropriate number of references used. References are peer-reviewed, professional and approved sources. Ideas are trustworthy and reliable. 10	Although most of the references are professionally legitimate, a few are questionable. Reader uncertain of their reliability. 8	Most of the references are from sources that are not peer-reviewed and have uncertain reliability. Reader doubts the accuracy of the material. Missing some references. 6	All or the majority of references are internet- non-peer reviewed sources. A lack of professional sources. Information is not accurate. Missing several references. 4
Use of APA	APA format is used accurately and consistently in the paper and on the Reference Page (Publishable in Quality) 10	APA format is used correctly in regards to layout. Contains minor errors in citing resources only. 8	APA format throughout paper and reference page is recognized although layout is not entirely correct. 6	Unsuccessful APA format not correct and recognizable with either reference page or layout of paper. 4
Overall Impression	Excellent. Demonstrates good student effort. 20	Good but could have shown better effort. 15	Average draft 10	Weak attempt. Under developed. Attempts to reflect on content of paper without main idea revision. 5

Date _____ Instructors Signature _____ Grade _____

Comments:

School of Radiologic Technology

COMPETENCY CHECKLIST

MANDATORY

Procedure	Min. # Views	Date Cmpl'd.	Pt or Sim	Comp Verified by
Chest/Abdomen				
Chest, Routine (2V)	2			
Chest, w/c or str	1			
Ribs	2			
Abdomen, Supine	1			
Abdomen, Flat/Erect	2			
Upper Extremity				
Finger/Thumb	2			
Hand	2			
Wrist	2			
Forearm	2			
Elbow	2			
Humerus	2			
Shoulder	2			
Lower Extremity				
Foot	2			
Ankle	2			
Knee	2			
Tib/Fib	2			
Femur	2			
Hip	2			
Pelvis	1			
Spine/Craniofacial				
Cervical Spine	3			
Thoracic Spine	2			
Lumbar Spine	3			
Skull or Sinuses	3			
Portable				
Portable Ortho	2			
Portable Chest	1			
Portable Abdomen	1			
Surgical				
C-Arm Orthopedic	1			
Fluoroscopy				
UGI or BE				
SBFT	3			
Pediatric (<6)				
Pedi Chest	2			
Trauma				
Trauma Shoulder	2			
Trauma Hip	2			

ELECTIVE (14 required)

Procedure	Min. # Views	Date Cmpl'd.	Pt or Sim	Comp Verified by
Chest/Abdomen				
Chest, Decubitus	1			
Sternum	2			
Abdomen, Decubitus	1			
Upper Extremity				
Clavicle	2			
Scapula	2			
AC Joints	2			
Lower Extremity				
Toes	2			
Calcaneus	2			
Patella	2			
Spine/Craniofacial				
Soft Tissue Neck	2			
Sacrum/Coccyx	2			
SI Joints	2			
Scoliosis Series				
Skull or Sinuses	3			
Zygomatic Arches	2			
Facial Bones	3			
Orbits	3			
Nasal Bones	3			
Mandible	3			
Surgical				
C-Arm Non-Ortho	1			
Fluoroscopy				
UGI or BE				
Arthrogram				
Myelogram				
ERCP				
Cystogram				
IVU	3			
Esophogram				
Pharyngogram				
Pediatric (<6)				
Pedi Abdomen	1			
Pedi Upper Ext	2			
Pedi Lower Ext	2			
Pedi Portable	1			
Special Patient Considerations & Patient Care				
Obese Pt	Date	Pt or Sim	Verified by	

Trauma Upper Ext	2			
Trauma Lower Ext	2			
Trauma C-Spine	1			

All pediatrics must be age 6 or younger.

Trauma C-spine and Trauma Hip must include x-table lateral.

Venipuncture competencies do not count towards your totals for the semester.

Min # Views is for the same part; entire routine must be performed and graded.

Pediatric (<6)			
Geriatric			
Crit. Thinking for condition			

VENIPUNCTURE

		Date Completed	Site	Verified by
1				
2				

School of Radiologic Technology

COMPETENCY CHECKLIST

MANDATORY

Procedure	Min. # Views	Date Cmpl'd	Pt or Sim	Comp Verified by
Chest/Abdomen				
Chest, Routine (2V)	2			
Chest, w/c or str	1			
Ribs	2			
Abdomen, Supine	1			
Abdomen, Flat/Erect	2			
Upper Extremity				
Finger/Thumb	2			
Hand	2			
Wrist	2			
Forearm	2			
Elbow	2			
Humerus	2			
Shoulder	2			
Lower Extremity				
Foot	2			
Ankle	2			
Knee	2			
Tib/Fib	2			
Femur	2			
Hip	2			
Pelvis	1			
Spine/Craniofacial				
Cervical Spine	3			
Thoracic Spine	2			
Lumbar Spine	3			
Skull or Sinuses	3			
Portable				
Portable Ortho	2			

ELECTIVE (14 required)

Procedure	Min. # Views	Date Cmpl'd.	Pt or Sim	Comp Verifie d by
Chest/Abdomen				
Chest, Decubitus	1			
Sternum	2			
Abdomen, Decubitus	1			
Upper Extremity				
Clavicle	2			
Scapula	2			
AC Joints	2			
Lower Extremity				
Toes	2			
Calcaneus	2			
Patella	2			
Spine/Craniofacial				
Soft Tissue Neck	2			
Sacrum/Coccyx	2			
SI Joints	2			
Scoliosis Series				
Skull or Sinuses	3			
Zygomatic Arches	2			
Facial Bones	3			
Orbits	3			
Nasal Bones	3			
Mandible	3			
Surgical				
C-Arm Non-Ortho	1			
Fluoroscopy				
UGI or BE				
Arthrogram				
Myelogram				

Portable Chest	1			
Portable Abdomen	1			
Surgical				
C-Arm Orthopedic	1			
Fluoroscopy				
UGI or BE				
SBFT	3			
Pediatric (<6)				
Pedi Chest	2			
Trauma				
Trauma Shoulder	2			
Trauma Hip	2			
Trauma Upper Ext	2			
Trauma Lower Ext	2			
Trauma C-Spine	1			

All pediatrics must be age 6 or younger.

Trauma C-spine and Trauma Hip must include x-table lateral.

Venipuncture competencies do not count towards your totals for the semester.

Min # Views is for the same part; entire routine must be performed and graded.

ERCP				
Cystogram				
IVU	3			
Esophogram				
Pharyngogram				
Pediatric (<6)				
Pedi Abdomen	1			
Pedi Upper Ext	2			
Pedi Lower Ext	2			
Pedi Portable	1			

Special Patient Considerations & Patient Care

Obese Pt	Date	Pt or Sim	Verified by
Pediatric (<6)			
Geriatric			
Crit. Thinking for condition			

VENIPUNCTURE

		Date Completed	Site	Verified by
1				
2				