Pima Community College is an equal opportunity affirmative action employer and educational institution committed to excellence through diversity.
INTRODUCTION

Pima Community College (PCC) is accredited by the Commission on Institutions of Higher Education, North Central Association of Colleges and is approved by the Arizona State Board of Directors for Community Colleges. The program is accredited by:
The Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, Illinois 60606-3182
312-704-5300

The Radiologic Technology Program embraces the mission and vision statements of Pima Community College. The Radiologic Technology Program is an integral part of the college and the general policies formulated for all students who apply to the Radiologic Student Rights and Responsibilities Program. Policies for all Pima College students are found in the PCC Student Handbook, which contains the Code of Conduct. The radiologic technology student is required to follow the Arizona Medical Radiologic Technology Board of Examiners policies and the Division Standard Practice Guide for Students. There are additional policies specific to the Radiologic Technology Program. The purpose of this handbook is to communicate the specific policies of the Pima Community College Radiologic Technology Program.

The Pima Community College Radiologic Technology Program reserves the right to make changes as Program needs require, and to change without notice any information, requirements and regulations published in this handbook.

Admission to Pima Community College does not automatically guarantee admission to the Radiologic Technology Program.

Student Advising Center

Advising 206-6699
In order to register for any radiography course, a student must be admitted into the program. Graduation from the college is not the sole criteria for obtaining qualification to practice Radiologic Technology in the state of Arizona. Licensing requirements are the exclusive responsibility of the American Registry of Radiologic Technologists (ARRT) and the Arizona Medical Radiologic Technology Board of Examiners (MRTBE).

Radiologic Technology students should expect to spend approximately 40 hours per week in class and clinical activities. Clinical assignment requires considerable preparation. Thus, any additional activities or employment should be kept at a minimum.

ADA Statement
Pima Community College is committed to providing accommodations for qualified individuals with disabilities in a timely and effective manner. To request a reasonable accommodation, students must be registered with the campus Disabled Student Resources (DSR) office. Accommodations will be made based on eligibility determined by Disabled Student Resources. Services can be requested at any time during the semester. Requesting services well in advance will help to ensure that resources are available when needed. Please contact a DSR office at 206-6688 (West Campus), 206-5151 (Desert Vista) or DSRhelp@pima.edu.
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I. PROGRAM GOALS, LEARNING OUTCOMES, ASSESSMENT PLAN, and CURRICULUM

The program curriculum is reviewed every two years by the faculty with input from the Advisory Clinical Instructors Committee members and aligned with the American Registry of Radiologic Technology (ARRT) content specifications. The Program director submits course revisions to the west campus curriculum specialist, for approval by the College Curriculum Council. The Program director reviews all course syllabus content prior to student distribution on My Pima.

The Advisory Clinical Instructors Committee members participate in the Student Learning Outcomes (SLO) and assessment plan during the annual fall meeting and documented in the meeting minutes. Additionally the Program mission, goals and (SLO) are discussed with staff and managers during the regularly scheduled faculty Clinical Education Center (CEC) assignments. The assessment plan is reviewed and discussed at the regularly scheduled faculty meetings.

Students are advised of the SLO results and recommendations on a regular basis by the assigned faculty and during the Advisory Clinical Instructors Committee meetings. Program Effectiveness data is located on the RAD program web Site.

A. RADIOLOGIC TECHNOLOGY PROGRAM MISSION STATEMENT

The Radiologic Technology Program upholds the mission statement of Pima Community College by providing for the preparation of highly qualified, entry level radiographers. The program will meet the radiologic health needs and expectations of the community through partnerships in clinical education with regional healthcare facilities. The program faculty intends to guide the student in achieving the following skills, knowledge and values:

B. PROGRAM GOALS

Students demonstrate effective communication skills with the patient and health care team.
Students demonstrate clinical competency requirements of an entry- level radiographer.
Students demonstrate the critical thinking and problem solving skills that not only involve technical imaging considerations but also those related to patient needs and clinical restrictions.
Students demonstrate professional behavior and values consistent with the rules and code of the American Registry of Radiologic Technologist and the code of ethics of the American Society of Radiologic technologists.

C. PROGRAM LEARNING OUTCOMES

Goal: Students will be clinically competent.
Student Learning Outcomes: Apply positioning skills, select technical factors, utilize radiation protection, and be competent in the clinical setting.

Goal: Students will demonstrate communication skills.
Student Learning Outcomes: Demonstrate written and oral communication skills.
Goal: Students will develop critical thinking skills.
Student Learning Outcomes: Critique images to determine diagnostic quality. Adapt standard procedures for non-routine patients.

Goal: Students will model professionalism.
Student Learning Outcomes: Demonstrate work ethics and the value of lifelong learning.

D. Programmatic Assessment Student Learning Outcomes

Goal: Students will be clinically competent.
Student Learning Outcomes: Apply positioning skills, select technical factors, utilize radiation protection, and be competent in the clinical setting.

- Critique radiographic images for positioning accuracy. RAD 170, 171, 174, 173, 176, 183, 186.
- Select appropriate technical factors. RAD 170, 173, 171, 174, 175, 176, 177, 183, 186, 186.

Goal: Students will demonstrate communication skills.
Student Learning Outcomes: Demonstrate written and oral communication skills.

- Demonstrate written communication competence. RAD 171, 174, 182.
- Demonstrate effective oral communication skills. RAD 181, RAD 184, 173, 176, 177, 183, 186.

Goal: Students will develop critical thinking skills.
Student Learning Outcomes: Critique images to determine diagnostic quality. Adapt standard procedures for non-routine patients.

- Differentiate factors affecting image quality and image production. RAD 172, 175, 182, 173, 176, 177, 183, 186.
- Demonstrate critical thinking and problem solving skills in the clinical setting. RAD 173, 176, 177, 183, 186.

Goal: Students will model professionalism.
Student Learning Outcomes: Demonstrate work ethics and the value of lifelong learning.

- Demonstrate professionalism, interpersonal skills and initiative in the clinical setting.
  RAD 173, 176, 177, 183, 186.
- Summarize professional obligations as a radiographer. RAD 170, RAD 185.
E. RAD PROGRAM TECHNICAL STANDARDS

Pima Community College
Associate Degree Radiologic Technology Program

Technical Standards
(Functional Abilities Essential for Radiologic Technology Practice)

The purpose of the Radiologic Technology Program is to educate students to meet the program outcomes and to ensure that no graduate will pose a danger to the patient. Radiologic Technology students will receive both classroom and clinical instruction in entry-level radiography and will be required to demonstrate competency in multiple examinations and procedures.

In order to provide safe and effective patient care in the Radiologic Technology Program, the student must be able to demonstrate, with or without reasonable accommodation, physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the program curriculum and clinical agency requirements. Any applicant who has met the necessary academic prerequisites and can, with or without reasonable accommodation, meet and/or perform the Radiologic Technology Program Technical Standards will be accepted for admission.

Students admitted to the Radiologic Technology Program gain experience in many settings that can be physically demanding, e.g., hospitals, outpatient and urgent care centers, and college labs. During each clinical experience, the Radiologic Technology student is assigned to a clinical education center that will require direct patient care. Students will be expected to adhere to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 which safeguards patient confidentiality.

Transportation to and from health care facilities is the responsibility of the student.

Please carefully read the Radiologic Technology Program Technical Standards

<table>
<thead>
<tr>
<th>Functional Ability</th>
<th>Standard</th>
<th>Examples of Required Activities</th>
</tr>
</thead>
</table>
| Gross Motor Skills | Gross motor skills sufficient to provide the full range of safe and effective patient care examinations | • Move within confined spaces such as examination room or operating suite  
• Assist with turning and lifting patients  
• Administer CPR |
| Fine Motor Skills  | Fine motor skills sufficient to perform manual psychomotor skills | • Pick up and grasp small objects with fingers such as x-ray identification markers. |
| Physical Endurance | Physical stamina sufficient to remain continuously on task for up to a 12-hour clinical shift while standing, sitting, moving, lifting, and bending to perform patient care examinations | • Walk/stand for extended periods of time; turn, position, and transfer patients.  
• Wear lead aprons, and thyroid collars for extended periods of time  
• Manually resuscitate patients in emergency situations |
| Physical Strength | Physical strength sufficient to perform full range of required patient care activities | • Push and pull 250 pounds on wheeled bed or gurney  
• Push and pull radiographic mobile equipment for extended periods of time  
• Lift and move heavy objects up to 50 pounds |
<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>Mobility</td>
<td>Physical ability sufficient to move from room to room and maneuver in small spaces; full range of motion to twist/bend, stoop/squat, reach above shoulders and below waist and move quickly; manual and finger dexterity; and hand-eye coordination to perform Radiologic Technology activities</td>
<td>• Move around in work area and treatment areas. Position oneself in the environment to perform duties without obstructing the position of other team members or equipment</td>
</tr>
<tr>
<td><strong>Functional Ability</strong></td>
<td><strong>Standard</strong></td>
<td><strong>Examples of Required Activities</strong></td>
</tr>
</tbody>
</table>
| Hearing           | Auditory ability sufficient for physical monitoring and assessment of patient health care needs | • Hear normal speaking level sounds  
• Hear auditory alarms (monitors, x-ray exposure indicator  
• fire alarms, call bells)  
• Hear cries for help |
| Visual            | Normal or corrected visual ability sufficient for accurate observation and performance of Radiologic Technology duties | • See objects up to 20 feet away  
• Visual acuity to set exposure factors and operate computer keyboard  
• Assess skin color (cyanosis, pallor) |
| Tactile           | Tactile ability sufficient for physical monitoring and assessment of health care needs | • Feel vibrations (pulses)  
• Detect temperature changes  
• Palpate anatomical landmarks during radiographic positioning |
| Smell             | Olfactory ability sufficient to detect significant environmental and patient odors | • Detect odors from patient (foul smelling drainage, alcohol breath)  
• Detect smoke |
| Emotional/Behavioral Professional Attitudes and Interpersonal Skills | Emotional stability and appropriate behavior sufficient to assume responsibility/accountability for actions  
Present professional appearance and demeanor; demonstrate ability to communicate with patients, supervisors, co-workers to achieve a positive and safe work environment. Follow instructions and safety protocols | • Establish rapport with patients, instructors and colleagues.  
• Respect and care for persons whose appearance, condition, beliefs and values may be in conflict with their own  
• Deliver Radiologic Technology exams regardless of patient’s race, ethnicity, age, gender, religion, sexual orientation or diagnosis  
• Conduct themselves in a composed, respectful manner in all situations and with all persons  
• Work with teams and workgroups  
• Establish and maintain professional boundaries  
• Demonstrate emotional skills to remain calm |
<table>
<thead>
<tr>
<th>Honesty and integrity beyond reproach</th>
</tr>
</thead>
<tbody>
<tr>
<td>and maintain professional decorum in an emergency/stressful situation</td>
</tr>
<tr>
<td>- Demonstrate prompt and safe completion of all patient care responsibilities</td>
</tr>
<tr>
<td>- Adapt rapidly to changing environment/stress</td>
</tr>
<tr>
<td>- Exhibit ethical behaviors and exercise good judgment</td>
</tr>
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<table>
<thead>
<tr>
<th>Communication</th>
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<tbody>
<tr>
<td>Oral communication skills sufficient to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team, including non-verbal communication, such as interpretation of facial expressions, affect and body language</td>
</tr>
<tr>
<td>- Give verbal directions to or follows verbal directions from other members of the healthcare team and participate in health care team discussions of patient care</td>
</tr>
<tr>
<td>- Elicit and record information about health history, current health state and responses to treatment from patients or family members</td>
</tr>
<tr>
<td>- Convey information to patients and others as necessary to teach, direct individuals in an accurate, effective and timely manner</td>
</tr>
<tr>
<td>- Recognize and report critical patient information to other caregivers</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Cognitive/Quantitative Abilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading comprehension skills and mathematical ability sufficient to understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis</td>
</tr>
<tr>
<td>- Calculate appropriate technical factors given specific patient parameters.</td>
</tr>
<tr>
<td>- Analyzes and synthesize data and develop an alternative means to obtain the necessary radiographic images.</td>
</tr>
<tr>
<td>- Collect data, prioritize needs and anticipate reactions.</td>
</tr>
<tr>
<td>- Transfer knowledge from one situation to another</td>
</tr>
<tr>
<td>- Accurately process information on medication container, physicians' orders, monitors, equipment calibrations, printed documents, medication records, medical records and policy and procedure manuals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conceptual/Spatial Abilities</th>
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</thead>
<tbody>
<tr>
<td>Conceptual/spatial ability sufficient to comprehend three-dimensional and spatial relationships</td>
</tr>
<tr>
<td>- Comprehend spatial relationships in order to properly perform radiographic exams, assist with intravenous lines, catheters etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Reasoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to reason across time about a patient's changing condition and/or changes in the clinician's understanding</td>
</tr>
<tr>
<td>- Evaluate patient or instrument responses, synthesize data, draw sound conclusions</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Flexibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapt to Radiologic Technology Department course scheduling policy</td>
</tr>
<tr>
<td>- Available to work the hours of an assigned schedule.</td>
</tr>
</tbody>
</table>

After admission to the Radiologic Technology Program, the student is responsible for notifying the Program Director and the Clinical Education Center Instructor of conditions that impact the student’s
ability to meet the Radiologic Technology Program Technical Standards. Any change in the student’s ability to meet and/or perform the Radiologic Technology Program Technical Standards would require the student to provide appropriate documentation (as identified by the Radiologic Technology Program) that they once again meet Technical Standards.

If an accommodation is necessary to participate in the Radiologic Technology Program, participation is dependent on the identification of a reasonable accommodation. Reasonableness is determined by the Disabled Student Services (DSR) Office and the Radiologic Technology Program on a case-by-case basis utilizing the Radiologic Technology Program Technical Standards. The accommodation needs to be in place prior to the start of the program or it may delay your ability to start the program. Pima Community College provides reasonable accommodations to those students who qualify under the Americans with Disability Act, as amended (ADA). Appropriate documentation will be required to determine eligibility to receive accommodations. It is the student’s responsibility to contact the DSR Office and request accommodations in a timely manner.

E. PROGRAM COST AND CORE COURSE INFORMATION

Pima Community College Radiologic Technology Program determines its enrollment data based on the number of students registered the day after the drop/refund date of the first summer RAD 170 course.

Differential tuition link
https://www.pima.edu/paying-for-school/costs/2017-tuition-resident.html

Costs differential and fees
http://pima.edu/paying-for-school/costs/index.html

Fingerprint Clearance................................................................. $65.00
Annual Random Drug Screen .................................................. $40.00
RAD Program Name Badge....................................................... $20.00
Uniforms- 3 uniform sets for RAD173 and additional 3 sets for RAD 177 .................................................. $350.00
Books RAD 170 approximate cost $430, fall semester $244, RAD 177- $82 .................................................. $656.00
Application to ARRT Registry Exam ........................................... $200.00
Clinical Course Fees (ICN Badge Fee)......................................... $180.00
Semester Processing Fee $10.00 per semester X 5 .................................................. $50.00
PCC ID Card ................................................................................ $10.00
Degree Application ....................................................................... $15.00
Castle Branch fee ....................................................................... $39.00
RAD 185 fee ................................................................................ $80.00

Approximate Tuition @ 60 Credits 105.50 per cr as of spring 2016 x 60 credits = $6330.00

*Total Approximate Cost
$8133.00

*Above cost does not include CPR, immunizations, physical, flu shot, and health insurance and CEC placement fee.
Curriculum Sequence

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Days/hrs.</th>
<th>fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Core Courses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAD 170/170LB (Summer) 5 weeks</td>
<td>Medical Imaging Fundamentals</td>
<td>3</td>
<td>M –Th 23days</td>
<td></td>
</tr>
<tr>
<td>RAD 171/171LB (Fall)</td>
<td>Radiographic Positioning I</td>
<td>4.5</td>
<td>M/W</td>
<td></td>
</tr>
<tr>
<td>RAD 172/172LB (Fall)</td>
<td>Medical Imaging Technology I</td>
<td>3.5</td>
<td>M/W</td>
<td></td>
</tr>
<tr>
<td>RAD 173LC (Fall)</td>
<td>Clinical Education I</td>
<td>6</td>
<td>T/Th/F 24 hrs</td>
<td>Semester ID Markers and ICN $55</td>
</tr>
<tr>
<td>RAD 174/174LB (Spring)</td>
<td>Radiographic Positioning II</td>
<td>4.5</td>
<td>M/W</td>
<td></td>
</tr>
<tr>
<td>RAD 175/175LB (Spring)</td>
<td>Medical Imaging Technology II</td>
<td>3.5</td>
<td>M/W</td>
<td></td>
</tr>
<tr>
<td>RAD 176LC (Spring)</td>
<td>Clinical Education II</td>
<td>6</td>
<td>T/Th/F 24 hrs</td>
<td>Semester ICN $25</td>
</tr>
<tr>
<td>RAD 177LC (Summer)</td>
<td>Clinical Education III</td>
<td>6</td>
<td>M-F 40 hrs. approx. 6 wks.</td>
<td>Semester ICN $25</td>
</tr>
<tr>
<td>RAD 180 (Fall)</td>
<td>Introduction to Radiation Biology</td>
<td>1</td>
<td>Th</td>
<td></td>
</tr>
<tr>
<td>RAD 181 (Fall)</td>
<td>Radiographic Positioning III</td>
<td>4</td>
<td>T/Th</td>
<td></td>
</tr>
<tr>
<td>RAD 182 (Fall)</td>
<td>Medical Imaging Technology III</td>
<td>3</td>
<td>T/Th</td>
<td></td>
</tr>
<tr>
<td>RAD 183LC (Fall)</td>
<td>Clinical Education IV</td>
<td>4</td>
<td>M/W 16 hrs.</td>
<td>Semester ICN $25</td>
</tr>
<tr>
<td>RAD 184/184LB (Spring)</td>
<td>Radiographic Positioning IV</td>
<td>3.5</td>
<td>T/Th</td>
<td>$ 80.00</td>
</tr>
<tr>
<td>RAD 185 (Spring)</td>
<td>Senior Seminar</td>
<td>2.5</td>
<td>T x13 wks.</td>
<td>Semester ICN $50</td>
</tr>
<tr>
<td>RAD 186LC (Spring)</td>
<td>Clinical Education V</td>
<td>6</td>
<td>M/W/F 24 hrs</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal  60

Tuition cost located at: [http://pima.edu/paying-for-school/costs/differential-tuition.html](http://pima.edu/paying-for-school/costs/differential-tuition.html)

Each student admitted into the Radiologic Technology Program has access to program faculty during scheduled office hours to serve as an academic advisor in addition to the student counseling and advising center.

All RAD courses must be taken in the sequence found at: [https://www.pima.edu/programs-courses/credit-programs-degrees/health-professions/radiologic-technology/index.html](https://www.pima.edu/programs-courses/credit-programs-degrees/health-professions/radiologic-technology/index.html)

The student is responsible for all recorded documentation, verifying all program requirements are met and maintaining and updating current phone and address via My Pima Profile.

The student assumes the ultimate responsibility for meeting graduation requirements.

II. COMMUNICATION CHANNELS
A.  RADIOLOGIC TECHNOLOGY PROGRAM OFFICES AND PHONE NUMBERS

   Allied Health Support staff:  206-6916  
   Program Director:  206-3105

B.  VOICE MAIL

In order to decrease the number of calls into the Allied Health office and to expedite communication,  
students are encouraged to directly dial the faculty and staff’s voice mail. All radiologic technology  
faculty have voice mail. The following is a list of the faculty and staff with their voice mail numbers.

<table>
<thead>
<tr>
<th>Instructor</th>
<th>Voice Mail</th>
<th>E-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cate O’Brien</td>
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</tr>
</tbody>
</table>

RAD class schedule can be viewed at:  
https://www.pima.edu/programs-courses/credit-programs-degrees/health-professions/radiologic-technology/index.html

III.  RULES & CODE OF ETHICS FOR RADIOLOGIC TECHNOLOGIST LICENSURE

The Program faculty assumes the responsibility for making available to applicants of the Radiologic Technology Program the following information regarding legal limitations for licensure:

The ARRT and MRTBE may deny licensure if the applicant commits an act of unprofessional conduct.  Two  
forms of documentation to verify proof of citizenship must be provided upon application to the MRTBE.

A.  ARRT STANDARDS of ETHICS


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

1.  Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain:  
    reinstatement of certification or registration as issued by ARRT; employment in radiologic technology;  
or a state permit, license, or registration certificate to practice radiologic technology. This includes  
altering in any respect any document issued by the ARRT or any state or federal agency, or by indicating  
in writing certification or registration with the ARRT when that is not the case.
2. Subverting or attempting to subvert ARRT’s examination process. Conduct that subverts or attempts to subvert ARRT’s examination process includes, but is not limited to:

   a. Conduct that violates the security of ARRT examination materials, such as removing or attempting to remove examination materials from an examination room, or having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination of ARRT; or disclosing information concerning any portion of a future, current, or previously administered examination of ARRT; or disclosing what purports to be, or under all circumstances is likely to be understood by the recipient as, any portion of or “inside” information concerning any portion of a future, current, or previously administered examination of ARRT.

   b. Conduct that in any way compromises ordinary standards of test administration, such as communicating with another Candidate during administration of the examination, copying another Candidate’s answers, permitting another Candidate to copy one’s answers, or possessing unauthorized materials; OR Impersonating a Candidate or permitting an impersonator to take the examination on one’s own behalf.

3. Convictions, criminal proceedings, or military court-martials as described below:

   a. Conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. Offenses that occurred while a juvenile and that are processed through the juvenile court system are not required to be reported to ARRT.

   b. Criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest); [Interim] or where the individual enters into a pre-trial diversion activity.

   c. Military court-martials that involve substance abuse, any sex-related infractions, or patient-related infractions.

4. Failure to report to the ARRT that:

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

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

6. Engaging in unprofessional conduct, including, but not limited to:

   a. A departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;

   b. Any radiologic technology practice that may create unnecessary danger to a patient’s life, health, or safety; OR Any practice that is contrary to the ethical conduct appropriate to the profession that results in the termination from employment. Actual injury to a patient or the public need not be established under this clause.
7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient’s life, health, or safety. Actual injury to a patient need not be established under this clause.

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

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

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

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

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

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

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

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

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

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

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

19. Making a false statement or knowingly providing false information to ARRT or failing to cooperate with any investigation by ARRT or the Ethics Committee.
20. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding the individual’s education, training, credentials, experience, or qualifications, or the status of the individual’s state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

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

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

23. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT’s Continuing Education (CE) Requirements for Renewal of Registration. Conduct that subverts or attempts to subvert ARRT’s Continuing Education Requirements includes, but is not limited to:
   a. providing false, inaccurate, altered, or deceptive information related to CE activities to ARRT or an ARRT recognized CE record keeper.
   b. assisting others to provide false, inaccurate, altered, or deceptive information related to CE activities to ARRT or an ARRT recognized CE record keeper.
   c. conduct that results or could result in a false or deceptive report of CE completion; or (iv) conduct that in any way compromises the integrity of the CE Requirements such as sharing answers to the post-tests of CE self-learning activities, providing or using false certificates of participation, or verifying CE credits that were not earned.

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

B. ASRT CODE OF ETHICS

Preamble

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care. Adherence to the code of ethics is only one component of each radiologic technologist’s obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities. By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.
CODE OF ETHICS

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

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

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

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

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

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

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

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

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

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

C. STANDARDS OF PROFESSIONAL CODE OF ETHICS

The code of ethics for each Health Related Professional identifies the fundamental moral and ethical values necessary in clinical practice. This code serves as the basis for evaluations of the personal qualities the student is expected to develop throughout the course of study.

Radiologic Technology students are expected to adhere to the following standards of professional conduct as an integral aspect of professional socialization.

Accountability - Answering for one’s action to self, the patient, the profession and the college.
Ethical - Adhering to the Radiologic technologist’s Code of Ethics
Legal - Operating with the standards of care related to the radiology student role.
Honesty - Practicing fairness and truth in conduct and truthfulness.
Dependability - Being trustworthy and reliable.
Respect - Treating others and self with consideration and courtesy.
Responsibility - Performing duties associated with the radiologic technologist’s particular role, and scope of responsibility.
Confidentiality - Respecting the privacy of patients by respecting privileged information.
Punctuality - Arriving on time for all classroom and clinical assignments.
Professional Appearance - Adhering to established dress code at all Pima College activities.

IV. JRCERT AND PCC CEC SCHEDULE / ATTENDANCE / EXAM RESTRICTIONS

A. ATTENDANCE/TARDINESS

Attendance at each clinical assignment is required.

The clinical assignment and evaluation is the responsibility of the faculty. Assignment modification will be allowed only when needed for the student’s achievement of competencies. Students cannot modify their assigned times or schedules without the permission of faculty and the CEC clinical instructor.

Clinical assignments are Monday thru Sunday, with evening and weekend assignments as required by some Clinical Education Centers.
A maximum of 25% (450 hours) of the student’s total clinical clock hours may be spent in evening and weekend assignments.

Absences can be made up on a day or evening shifts, Monday through Sunday, as long as they stay in compliance with the JRCERT traditional assignment requirements. If there are more than 16 hours of absence, the student is required to notify the program clinical coordinator and complete the CEC make up hours form with the CEC instructor approval. Students may not change their day and/or time schedules without the permission of a CEC instructor. (See Section B: JRCERT CEC SCHEDULE POLICY.)

Students are not permitted to work more than 40 hours per week (clinical plus didactic) and no more than 10 hours per shift. The total required days/hours for each semester is stated in the clinical education course objectives. (See section B for JRCERT definition of traditional assignment)

The clinical instructor or a designee is required to maintain the attendance sheet at each CEC. Clinical instructors should designate absenteeism with the initial A, on the attendance sheet under the date in place of the number of hours. The attendance sheet must be kept up-to-date and posted for review and verification by the program faculty and appropriate technical staff at the Clinical Education Center.

Students must contact the clinical instructor and assigned faculty if they are going to be late or absent from the clinical or classroom assignment. Failure to contact the Clinical Instructor when late or absent will result in the student being dismissed from the program. Three unexcused absences from lecture or lab will result in the student being dismissed from the program.

Any absence that reduces the total required days must be made up with the approval of the clinical instructor. Absences 16 hrs or more requires the student to notify the assigned faculty and meet to discuss a plan of action. Students must keep track of all nontraditional hours using the semester attendance sheet and the calculation form below. Each semester the faculty performing the written evaluation will verify student records.

Orientation to class, college labs and clinical assignment are critical to your ability to perform.
Orientation to the CEC will vary depending on the CEC policy. Orientation information and documents will be provided to students prior to the students start date. Absence from any of these orientations may necessitate an instructor-initiated withdrawal from the course.

A request for leave of absence during clinical semesters must be submitted in writing to the program director for consideration.

**B. JRCERT CEC SCHEDULE POLICY**

JRCERT policy states that students may not exceed the 40 hours total per week that includes didactic and clinical hours. JRCERT defines a **traditional assignment** as any scheduled clinical hours between **5:00 AM and 7:00 PM weekdays**.

JRCERT policy requires:

1. A maximum of 25% (450 hours) of the student’s total clinical clock hours may be spent in evening and weekend assignments.
2. Student to qualified staff ratio of 1:1 must be maintained at all times.
3. Students must be allowed to complete clinical competencies during these assignments.
4. Utilization of clinical assignments must be equitably applied to enrolled students.
5. Repeat radiographs must be performed under the direct supervision of a certified technologist.
6. The timing of assignments must be correlated with the didactic curriculum.
7. A student’s combined didactic and clinical contact hours must not exceed 40 hours per week. It is also suggested that the combined hours not exceed 8 hours per day. Furthermore, consideration should be given to the amount of free time available to a student between the end of a particular clinical assignment and the start of the following clinical assignment or classroom experience.
8. Program total capacity cannot be increased through the use of evening and/or weekend assignments.

**DOCUMENTATION OF UTILIZATION OF EVENING AND/OR WEEKEND ASSIGNMENTS**

The following information in support of the program’s utilization of evening and/or weekend assignments must be made available to the site visit team at the time of the on-site evaluation:

**Evening and/or Weekend Assignment Clock Hours Calculation:**

<table>
<thead>
<tr>
<th>Total number of clinical hours required by the program</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Total number of clinical hours complete during the evening and/or weekend*</td>
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</table>

Calculation: Divide the evening/weekend hours by the total number of clinical hours.
C. ADVANCED MODALITY ASSIGNMENTS

The Program will facilitate advanced modalities assignments in the last semester if clinical hours and required exam competencies have been completed. The rotations will be determined by clinical center availability and additional fee may be incurred by the student to the CEC.

All students, male and female, will be offered the opportunity to participate in mammography clinical rotations if the above criteria is completed. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students. Advanced Modality assignments/observations can be performed at the CEC when the diagnostic area is slow and if approved by the CI and department supervisor. Advanced modality observation assignment is afforded to those students that have completed the required number of clinical competencies, and have up to date attendance and in good standing academically and clinically.

D. CLINICAL NOTEBOOK

The clinical notebook must be kept in a secure place at the clinical site and must be maintained by the student. The College Faculty will review the workbook for completeness and organization on a regular basis. The clinical workbook will be transferred to the second clinical site and collected at the end of program for storage.

JRCERT the CEC must assure the security and confidentiality of student’s records, instructional materials, and other appropriate program materials. The clinical notebook should be kept at the CEC in a secure area. This is the responsibility of the CEC instructors and students. The student is responsible for returning the notebook and ICN badge to the college within a week of withdrawing or prior to graduation.

C. RELIGIOUS HOLIDAYS

The student must notify the instructor of a conflict between a scheduled class and an observable holiday of their religious preference. At least one week prior to the holiday, the student shall submit to their instructor(s) a written statement that contains both the date of the holiday and the reason why a class absence is requested. An alternate learning activity may be assigned based on the individual learning needs of the student.

D. BEREAVEMENT POLICY

Students will be allowed 5 days for immediate family bereavement. Immediate family includes spouse, child, father, mother, sister, brother, grandparents. Make up of all didactic instruction and tests are the student’s responsibility.

E. PIMA COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM CHEMICAL IMPAIRMENT POLICY

Pima Community College and the Radiologic Technology Program require that students provide safe, effective and supportive client care. To fulfill this purpose, it is the policy of Pima Community College that students not be chemically impaired during participation in any part of their college program including classroom, laboratory, and clinical settings. The student is tested upon entry into the program in the summer and then in the beginning of their second year. The clinical education centers may have institutional random drug testing policies that would include students assigned to the facility.
Abuse Prevention and Control Act of 1970, 21 U.S. C. § 812), prescribed medications, inhalants or synthetic designer drugs. A student is —under the influence— if they are affected by the use of alcohol, drugs or medication, and the use may adversely affect the student’s performance in the classroom, laboratory or clinical setting. Abuse of the substances includes episodic misuse or chronic use that has produced psychological and/or physical symptomology.

A chemically impaired student is identified by things such as, but not limited to, the perceived odor of alcohol, drugs or medication, slurred or rapid speech, unsteady or staggering gait, dilated or pinpoint pupils, blood-shot eyes, fine motor tremors, difficulty in calculation, inability to follow directions, confusion, nausea, vomiting or sweating. If faculty suspect that a student is chemically impaired while participating in any part of the student’s college program, the faculty will take the following steps:

1. Remove the student from the classroom, laboratory or clinical setting.
2. Immediately consult with another faculty or agency supervisor/designee for verification of reasonable suspicions. The verification will be conducted in a confidential and respectful manner.
3. If the second person confirms a reasonable suspicion of chemical impairment, immediately inform the student as to why the student is being removed from the classroom, laboratory or clinical setting.
4. Ask the student to consent to a drug/alcohol screen.
   a. If the student consents, have the student sign a Student Disclosure Form, Consent to Transport Form, and a Release and Consent Form, consenting to the screen and transportation. Make photocopies of all forms.
   b. Call the PCC Police (206-2700) to perform required testing or transport student to laboratory for testing.
   c. Notify facility security.
   d. DO NOT allow student to leave a faculty member’s presence or ingest any substances until the screening procedure is complete.
5. **If the student refuses screening:**
   a. Remove the student from patient care or from the academic setting.
   b. The faculty will inform the Dean of and of the circumstances. The Campus Police will be notified for transportation needs.
   c. The student will be required to make an appointment with the Dean within 24 hours.
   d. Dismissal from the program will be the consequence for refusal to participate in testing. If a student refuses transportation home by Campus Police, document with a witness.
6. Inform the Dean of and to let the Dean know of the situation and that a student is being tested for chemical impairment —for cause // or that the student refused screening. Documentation of the incident
will be forwarded to the Dean of and. Make an appointment for the student to meet with the Dean of and on the next working day (Monday-Friday).

7. Have the student call family, friend or cab company to arrange transportation home after the screening.

8. If a student is unwilling or unable to arrange transportation home, Campus Police may be used for their safe transportation.

9. The student will not return to the classroom, laboratory, or clinical setting until the test results are available and the student’s status in the program is determined. The Dean of and will consider the screening results, or the student’s refusal to consent to screening (if applicable) in determining the student’s status in the program.

H. Confidentiality

All communications received by Pima Community College relevant to drug/alcohol screening conducted pursuant to this Chemical Impairment Policy will be treated as confidential. Such communications will not be disclosed, except:

1. To the tested student or any other person designated in writing by the student.

2. To individuals designated by the College to receive and evaluate test results or hear the student’s explanation.

3. If the student is a Certified Assistant or Licensed Practical Nurse, notification of positive screening results will be sent to the Arizona State Board of or other jurisdiction where the student is registered, certified, or licensed (ARS 32-1601, 1602 et seq., Arizona Administrative Code R4-19-403).

4. In a proceeding related to an action taken by the College or student arising out of this Chemical Impairment Policy.

5. To an arbitrator or mediator, or a court or governmental agency as authorized by state or federal law.

The tested student has a right of access to the written screening results that pertain to that individual, subject to the maintenance of confidentiality for other individuals.

I. Positive Drug/Alcohol Screens

1. All positive results will be reviewed by the college and the Dean of and.

2. If the results indicate the presence of illegal drug(s), a positive blood alcohol concentration or the presence of prescription medication(s) of a quality or quantity not disclosed in the Student Disclosure Form (a —positive screen) or if the student refused screening, the student will be given an opportunity to explain the screening results or refusal to submit to screening.

3. The student will be withdrawn from the program for a period of one year in the event of a positive screen.

4. Permanent dismissal from the program will be warranted for refusal to submit to screening without adequate explanation.
J. Re-Entry of a Radiologic Technology Program Student after a Positive Drug/Alcohol Screen

A student withdrawn from the Radiologic Technology Program may re-enter after the withdrawal period has expired (which is one year), according to the following guidelines:

1. Follow the Re-Entry Policy for the Radiologic Technology Program. Re-entry is based upon space availability.

2. Provide satisfactory evidence of rehabilitation related to the student’s prior chemical impairment. The Dean of and will determine successful rehabilitation for re-entry. Evidence of rehabilitation may include any of the following:
   a. Documentation of a completed rehabilitation or substance abuse treatment program.
   b. Proof of regular attendance in a —12 Step Anonymous Program or similar therapeutic program.
   c. Evidence of after-care attendance upon completion of a rehabilitation or substance abuse treatment program.

3. Letter from treatment facility and/or therapist stating the student would be able to function effectively and provide safe and therapeutic care for clients in a clinical setting.

4. Students requesting readmission must have a repeat screening for drugs and/or alcohol immediately prior to readmission.

5. Students requesting readmission must agree to submit to random alcohol/drug screening, at student expense, for one year following readmission to the Radiologic Technology Program. If a student applying for re-entry to the Radiologic Technology Program under this Policy: 1) has a positive result on the screening immediately prior to readmission, 2) has a positive result on a random screen, or 3) refuses to submit to random drug screening or screening immediately prior to readmission, the student will be permanently dismissed from the radiology program.

K. Negative Drug/Alcohol Screen After Being Suspected of Chemical Impairment

If the drug/alcohol screen is negative for the presence of illegal drug(s), blood alcohol, or the presence of prescription medication(s) of a quality or quantity not disclosed in the Student Disclosure Form, the student will meet with the Dean of and within 24 hours to discuss the circumstances surrounding the suspicion of chemical impairment.

1. If the indicator was the odor of alcohol, the student may be required to discontinue the use of whatever may have caused the alcohol-like odor before being allowed to return to the classroom, laboratory or clinical setting.

2. If the indicator was behavioral, consideration must be given to the symptoms. A medical referral for evaluation may be indicated.

3. The Dean of and will make a decision regarding returning to the classroom, laboratory, or clinical setting based on all information available to them at this meeting.

L. Appeal Statement

The student has the right to participate in an Appeal Process as outlined in the Student Code of Conduct Complaint Procedure.
V. HEALTH POLICIES/INSURANCE

A. GENERAL POLICIES

1. All students must meet health requirements prior to clinical experiences.
2. In circumstances of student illness, injury or other health limitations, the student must obtain appropriate release to return to work and education center.
3. If illness occurs during clinical assignment, the student should inform the instructor and be excused from clinical.

B. PERSONAL HEALTH AND CLINICAL ASSIGNMENT REQUIREMENTS

Immunizations and CPR

The student needs to understand that there are health risks involved in the pursuit of a career in Radiologic Technology. (See Health Risk-Statement of Understanding in Appendix B.)

Prior to: 1) entry into the radiologic program, and 2) entry into all health facilities for clinical laboratories, the student must update, keep current and provide the radiology Program with the following documentation:

- Signed Immunization and Health Declaration Form. (Copy for master file and one in the clinical notebook.)
- Current American Heart Association (AHA) CPR for health care providers (adult, child, infant and AED) certification. (Copy for master file and one in the clinical notebook.) Only a valid card from the AHA will be accepted. **Online CPR courses are not accepted.**

The Radiologic Technology Program follows the Pima County Health Program, as well as the individual health facility guidelines regarding Tuberculin screening. Since some health facilities may have guidelines or policies different than the Health Related Profession Program policies, the student will be notified of any additional requirements before entering the health facilities for assigned clinical assignment experiences.

- **Negative PPD Tuberculosis:** Negative initial two-step skin (a five 5 minimum and 21 day maximum between the first and second skin test) OR
- If positive results provide the following:
  - Documentation of a clear Chest X-Ray (done after the date of positive PPD and within the last 5 years) AND
  - Completed 2 page TB form (form must indicate clear Chest X-Ray results, date of positive PPD and MUST be completed, signed and dated by healthcare provider.) Form is available in RAD handbook.

  - If the requirement expires between January 1st and June 30th, renewal date will be set at January 1st.
  - If the requirement expires between July 1st and December 31st, renewal date will be set at July 1st.

- Upon renewal, one of the following is required:
cob

☑ 1-Step skin test OR
☑ Quantiferon Gold blood test OR
☑ If past positive results, TB Questionnaire MUST be completed, signed and dated by healthcare provider. Form is available in RAD handbook.

- Documentation of TDaP (tetanus/diphtheria/pertussis) in the front of the clinical notebook.
- Documentation of Varicella/chicken pox immunization/vaccine x 2 (or positive serology results to this disease; See Health Declaration Form) in the front of the clinical notebook.
- Documentation of measles, mumps and rubella immunization (MMR) x 2 (or positive serology results to these diseases) in the front of the clinical notebook.
- Documentation of hepatitis B immunization (series of three injections) with serology results.
- Influenza vaccination, one injection within the last year that does not expire until after the last day of the current semester.
- It is the student’s responsibility to provide private health insurance and current American Heart Association CPR for healthcare provider’s documentation and health declaration forms in the front of their clinical notebook on the first day of class each semester.
- A current copy of student fingerprint card from the Arizona Department of Public Safety is submitted to the lead faculty prior to entering the program.
- Verification of health insurance by an insurance card. Students must provide a current personal health insurance card. Students will be asked to sign a form verifying and agreeing to maintain personal health insurance while in the program. Discount or sliding scale fee cards are not accepted.
- Signed copy of Student Code of Conduct

C. PREGNANCY POLICY

(See Pregnancy Policy form in Appendix B.)

D. NRCP GUIDELINES FOR PREGNANCY

The National Council for Radiation Protection report #39 recommends that the fetus be limited to not more than 0.5 rem during the period of pregnancy. Aprons worn during pregnancy must contain 1mm Pb at fetal level.

E. INFECTION CONTROL POLICY

(See Standard Precautions in Appendix B.)

F. STUDENT HEALTH INSURANCE

Students must have current health insurance coverage and will be required to sign, verifying coverage. Documentation of current health care coverage must be placed in the front of the clinical notebook. NO discount insurance card accepted. (See Verification of Personal Health Insurance form in Appendix B.)
VI. CLASSROOM/COLLEGE ASSIGNMENT/CLINICAL ASSIGNMENT

A. METHODS OF INSTRUCTION

Classroom
- Simulations
- PowerPoint presentations
- Lectures
- Printed handouts
- Guest speakers
- Group discussion
- Critical thinking exercises/Computer related assignments
- Self-paced learning, online activities and research
- Internet assignments
- Individual written and oral presentations
- My Pima Assignments
- Portfolios

LAB Assignment
- Simulations
- Role playing
- Small group discussion
- Critical thinking exercises
- Image critique
- Practicum experiences

Clinical Assignment/Assignments
- Small group discussion
- Shadowing/Observation
- Skills competencies
- Image Evaluation
- Verbal evaluations with faculty and clinical instructor
- Direct and indirect supervision during radiographic examinations.
- Selected clinical experiences
- Student, CI faculty evaluation conferences

B. REPEAT EXAMINATIONS

In support of professional responsibility for provision of quality patient care and radiation safety:

JRCERT STANDARD FOUR Objective 4.6, “Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images. The technologist assures safety; proper educational practices must be physically present and approve procedure.”

To monitor the repeat image policy the student must complete the form for all images repeated. The technologist signature is required. This form will stay in the CEC notebook and will be reviewed by the faculty on a regular basis. (See form in Appendix)

C. ADMINISTRATION OF PHARMACOLOGIC AGENTS: INTRAVENOUS AND ORAL CONTRAST MEDIA
The goal is to ensure the highest quality of patient care and safety while providing maximum learning experience. Students are not allowed to start intravenous lines or inject contrast media.

The level of required supervision of contrast media preparation and assisting in the administration in the clinical sites varies according to the course level of the student, and the Clinical Education Center policies.

1. Students will be supervised during the preparation of injectable contrast media.
2. The student will not start I.V.’s or administer I.V. contrast media.

D. ILLNESS/ACCIDENTS AND/OR INJURIES IN THE CLINICAL ASSIGNMENT

Students must use good judgment when illness occurs. In order to protect patients, staff, and peers, students with fever and/or symptoms of infectious disease must NOT report to the clinical assignment setting. If in doubt, the student should consult with the clinical instructor prior to the start of the clinical day. The clinical instructor may dismiss a student from the clinical assignment setting if in his/her judgment the student poses a risk of infecting others. Clinical assignment, absence hours will be recorded for students dismissed from clinical assignment because of illness. When a student experiences a serious illness, injury or a pregnancy which may hinder his/her ability to perform in the clinical setting, the Radiologic Program reserves the right to require a physician’s statement authorizing that the student can safely continue to give patient care at required competency levels. Each case will be considered on an individual basis. Specific release guidelines may be required in the physician’s statement for situations involving back injury, surgery, communicable diseases, etc. The following guidelines will outline the process to be followed should an injury occur in the clinical assignment setting:

1. A student who is injured (this includes exposures to body fluids) in the clinical assignment should immediately notify his/her clinical instructor and program director.
2. A written summary of the occurrence and care rendered will be completed on the appropriate CEC form if the incident occurred at the CEC. If an incident occurred at Pima Community College a Student Accident Report Form obtained from the Dean office or campus police will be completed and submitted to Campus Police.
3. If the injury is life threatening the student will be seen in the Emergency Room of the facility or by calling 911.
4. If the injury is NOT life threatening, the student shall contact their personal physician for immediate care and follow-up.
5. The college and the clinical facility are not responsible for any claims for expenses that result from an action of a student in the clinical site setting.
6. A copy of the summary/incident must be forwarded to the Lead Faculty of Radiologic Technology Program.
7. Any further questions can be answered by the program faculty.

E. CLINICAL INCIDENT REPORTS
Incident reports are utilized in the clinic site when an error or accident has occurred (e.g., incident involving student, patient, staff, visitor, etc). In the event that an accident or error occurs, the student will:

1. Immediately notify the clinical instructor and site supervisor. The physician will then be notified according to hospital protocol.

2. Be responsible for completing both the incident report per facility and program report found in the RAD Handbook appendix.
3. Forward a copy of the incident report to the Radiologic Technology Associate Degree Program Director.
4. Further discuss the incident with the clinical supervisor and Program director who may assign subsequent documentation that explains:
   
   A. The precipitating events that led to the incident.
   B. How and why the incident occurred.
   C. How the student intends to avoid this situation in the future.
   D. The commitment from the student to prevent this or similar incidents from happening.

F. SUPERVISION & RESPONSIBILITIES OF STUDENTS

Standards for an accredited educational program require documentation and compliance for the following objectives by the Joint Review Committee on Education in Radiologic Technology (JRCERT). (See position description below.)

It is the student’s responsibility to follow the clinical education center and PCC Radiologic Technology Program policies and procedures.

1. Students shall not take the responsibility or the place of qualified staff. Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographers. All radiographic Images must be reviewed by a qualified radiographer before the patient is dismissed or images sent to PACS. Unlike other exams Portable exams require direct supervision regardless of competency status.

   The parameters of direct supervision are:
   a. A qualified radiographer reviews the request for examination in relation to the student's achievement
   b. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge
   c. A qualified radiographer is present during the conduct of the examination, and a qualified radiographer reviews and approves the radiographs.
   d. After demonstrating competency, students may perform procedures with indirect supervision.
   e. Indirect supervision is defined as that supervision provided by a qualified radiographer IMMEDIATELY AVAILABLE to assist students regardless of the level of student achievement.
   f. "IMMEDIATELY AVAILABLE" is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use including mobile radiography, emergency room procedures, and procedures performed in surgery.
Students are directly supervised by a qualified radiographer when repeating unsatisfactory radiographs.

G. CLINICAL INSTRUCTOR POSITION DESCRIPTION

JRCERT Objective 3.8- Documents that the responsibilities of faculty and clinical staff are delineated and performed.

JRCERT Objective 3.9- Evaluates program faculty and clinical instructor performance regularly to assure instructional responsibilities are performed.

JRCERT Objective 4.3- Assures that students employ proper radiation safety practices.
JRCERT Objective 4.4- Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

JRCERT Objective 4.5- Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

JRCERT Objective 4.6- Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory radiographs.

JRCERT Objective 4.7- Assures sponsoring institution’s policies safeguard the health and safety of students.

JRCERT Objective 4.8- Assures that students are oriented to clinical education setting policies and procedures in regard to health and safety.

POSITION SUMMARY: In the clinical setting, provides education and supervision for the radiologic technology student, consistent with the established standards of medical care in radiological services. The clinical instructor ensures that the clinical staff understands the clinical competency system, requirements of the student, and supports the educational process, and policies.

H. DUTIES AND RESPONSIBILITIES:

1. Demonstrates knowledge of PCC RAD program goals, clinical objectives, and clinical evaluation systems.

2. Provides students with appropriate and adequate clinical supervision, both direct and indirect supervision in accordance with documented student competencies.

3. Provides students with appropriate and adequate clinical instruction.

4. Performs clinical progress and competency evaluation for each student assigned to their supervision.

5. Exhibits a positive professional attitude toward students and the learning process.

6. Participates in continuing education to improve and maintain competence in evaluation and professional skills.
7. Meets regularly with program faculty to communicate student progress, strengths, and weaknesses.
8. Provides a positive role model for students of the radiologic science profession.
9. Maintains confidentiality in accordance with program policy.
10. Participates in clinical instructors and advisory meetings.
11. Facilitates proper student rotations in the clinical setting to achieve course objectives.
12. Utilizes positive interpersonal communication skills.
13. Maintains competency within the relative discipline.
14. Instrumental in providing student access to written departmental policies/procedures.
15. Implements or promotes diligent compliance with radiation monitoring procedures.
16. On a regular basis, updates the staff technologists on PCC program policies and procedures.
17. Maintains proper release time from staff duties for student related activities.

I. QUALIFICATIONS

1. Shall be credentialed in good standing by the respective credentialing agencies ARRT and MRTBE.
2. Shall meet the criteria for the position as established by the sponsoring institution and JRCERT.

J. STUDENT CEC NOTEBOOK POLICY

JRCERT requires that the CEC must assure the security and confidentiality of student’s records, instructional materials, and other appropriate program materials. The clinical notebook should be kept at the CEC in a secure area. This is the responsibility of the CEC instructors and students. ICN badge, and lead markers should be placed in the clinical notebook at the end of the shift.

K. STUDENT RADIOGRAPHER HOLDING PATIENT/IMAGE RECEPTOR POLICY

To ensure the health and safety of the student and to demonstrate compliance with JRCERT Standard Four Objective 4.3, assures that students employ proper radiation safety practices. Students enrolled in the Pima Community College Radiologic Technology program may not at any time hold or immobilize a patient during a radiographic examination when ionizing radiation is being utilized. Failure to comply with this policy may result in dismissal from the Program.

L. STUDENT TRANSPORTATION POLICY

Students are responsible for their own transportation to and from clinical sites. Students must be able to attend a clinical assignment at any of the clinical facilities used by the Radiologic Technology Program during any
semester. Student’s personal convenience cannot be accommodated. Students will be required to sign the Radiologic Technology Program Scheduling Policy. (See form in Appendix A)

Occasionally it will be necessary to make changes after registration to accommodate the learning needs of all students admitted to the Radiologic Technology Program. The radiologic technology faculty guarantees a clinical assignment to all students admitted but there is NO guarantee to get assigned to a specific clinical site. It is mandatory that all radiologic technology students have malpractice insurance. The liability malpractice insurance fee is automatically added to your tuition costs for the radiography courses. Therefore, all students MUST have paid fees receipts for the radiography courses to attend any part of the Radiologic Technology Program. If your tuition is not paid, you will not be allowed to attend any radiologic technology class.

M. ELECTRONIC DEVICES (CELL PHONES, PDAS, SMART PHONES, LAPTOP COMPUTERS, ETC.)

1. Cell phones are not to be used during CEC shifts and must be stored away for use only breaks in a non-patient/visitor area. Students will not access their wireless devices in the classroom, college laboratory or any clinical facility unless given permission by the CEC CI or faculty.

2. Text messaging may only be done during breaks, not while students are in the classroom, college laboratory or clinical laboratory.

3. During class times, laptop computers are to be used to access course materials only. Instructors may require students to turn off all electronic devices, including computers, during class, clinical, or laboratory.

4. Electronic devices will be turned off (NOT put in vibrate mode) during examinations.

5. Students identified as accessing their wireless devices in the classroom, college laboratory or any clinical facility will be required to meet with the Program within five business days and may result in dismissal from the program, depending on the circumstances.

VII. DOSIMETRY BADGE POLICY

1. Dosimetry badge – Must be worn whenever the student is training at the clinical education center. Failure to comply may result in the student being sent home to return with badge and make-up lost time. In the event that a badge is lost or misplaced the student is responsible for notifying the Clinical instructor and the faculty immediately and a new badge is ordered at the student’s expense. Under no circumstances is the student to work around ionizing radiation in the event that the badge is not appropriately being worn.

2. The dosimetry badge is to be worn on the neck collar or chest outside of the lead apron at all times. The image badge is to be handed in to the Faculty the first week of the new month. Failure to do so will result in delayed or no dosimetry reading.

3. Monthly reports will be posted in lab for student review. Faculty review monthly reports and investigates readings over 125 (MREM) with the applicable clinical education center and student with findings documented. (See appendix for form)

VIII. UNIFORM POLICY

A. UNIFORMS
The delivery of competent Radiologic care depends in part on personal adjustment and self-discipline to meet ethical and personal appearance standards of the profession. The complete Radiologic Technology student uniform is to be worn at all times when you are representing Pima Community College in the clinical sites. Only the assigned uniform color (burgundy) can be worn. No brightly decorated or other scrub colors will be acceptable. Purchase three uniforms for the first fall semester. In the third summer semester you will need to purchase an additional two uniforms.

1. Uniforms are to be clean, well fitting, non-stained, pressed and in good repair. No cleavage or chest body hair exposed. Any student not properly attired may be sent home from a clinical education center.

2. Name Pin - nametag must be properly displayed and worn at all times while attending the CEC. The nametag must have the following information. The nametag must be worn when at the Clinical Centers.

   Badge must have:  
   1st Line: CC logo  
   2nd Line: Radiologic Technology Program Student  
   3rd Line: Student First Name

3. Shoes - clean, white or black, unadorned shoes with closed toe and heel. White leather athletic shoes may be worn.

4. Undergarments - men and women are to wear appropriate undergarments (bra, panties, jockey or boxer shorts) with uniforms. No visible bikini lines print or colored underwear are permitted. Undergarments MUST be worn and not be visible.

5. Lab Coats - when approved by the clinical site a lab coat is acceptable.

B. GENERAL APPEARANCE

1. Appropriate hygiene measures should be followed. These measures include daily bathing/showering and use of an effective deodorant or antiperspirant. Absence of body odor is required. Odors that may be offensive to patients are not allowed. This includes, but is not limited to, cologne, perfume, fragrant hairspray and smoke. Breath mints or breath freshener should be used after smoking and as needed.

2. Makeup should be minimal and a natural look suitable for daytime use.

3. Hair should be clean, restrained and controlled so it is out of the face and does not hang forward. Hair accessories should match the color of the hair and appropriate for a professional look.

4. Men should be clean-shaven neatly trimmed mustaches (even with the upper lip), beards (no whiskers on the neck) and/or sideburns (no longer than the ear lobes and non-flared).

5. Nails must be clean and well manicured. No acrylic nails. If polish is worn, it must be clear. To ensure patient safety and practice infection control nails should not exceed the tip of the finger no longer than ¼ inch.

6. Jewelry should be minimal. Metal wedding rings without stones may be worn. No bracelets or necklaces may be worn. One pair of small stud earrings may be worn. A professional watch may be required.
7. No gum chewing is allowed during clinical education assignments.

8. Pagers are allowed in the non-auditory mode ONLY. No cellular telephones are to be used in the CEC.

IX. TESTING and GRADING POLICIES

A. TESTING POLICIES

1. No credit is given for incorrect or incomplete marks, more than one mark for a single question or blanks. In the case of scantron answer sheets, a poor erasure on the answer sheet may result in a loss of credit for a correct response.

2. Tests will not be reviewed until all students have taken the test.

3. If a hardship (e.g., surgery, serious illness, accident, and death in the family) prevents a student from taking a test, the student may petition the lecture instructor(s) for approval to take a makeup examination. The lecture instructor(s) will determine whether or not the student is eligible for a make-up test and when the test is to be scheduled. The instructor may request documentation of the student’s circumstances prior to approving such a request.

   In the event of an emergency, the student may petition the lecture instructor(s) for approval to take an examination before the scheduled date. The student is to submit the request in writing, explaining the reason for the request. The lecture instructor(s) will determine whether or not to grant the request.

4. Testing Center use is allowed under the following guidelines:

   A make up test for sickness, bereavement, or emergency situations only. Testing time is the same as the time allowed in class unless directed by DSR guidelines. Students will sit in assigned seats and may not leave the testing center during the testing period.

B. GRADING POLICY

1. The Program is designed so that each semester RAD courses be done in sequence building on the previous content. A minimum grade of “C” must be achieved in all RAD courses in order to advance to the next semester.

2. If a student fails (less than 75%) the first two didactic tests in any RAD course, they will be considered unsafe or unprepared to continue in the clinical course as well and therefore will be removed from the clinical component.

3. If a student fails any of the RAD courses in the first summer or first fall semester of the Program, including co-requisite courses, they must re-apply on-line, be re-admitted and repeat all of the RAD courses from the beginning.

4. If a student needs to withdraw from any RAD course for any reason (academic failure or personal) prior to the end of the semester, the student will be withdrawn from all RAD courses in that semester.

It is important for each student to be familiar with the grading policy.
Successful completion of each RAD course requires a passing grade in classroom theory, college assignment and clinical Labs.

*Please refer to the course syllabus for specific grading scale for RAD 185.*

**Grading Scale:**

- **A** 92 - 100
- **B** 84 – 91
- **C** 75 – 83
- **D** 66 – 74 Failure
- **I** – Incomplete

1. **Incomplete Grade (I)**
   
   Components for an incomplete grade will consist of all of the following:
   
   a. Student must be achieving satisfactory work in the course in which he/she is currently enrolled.
   
   b. An Incomplete grade (I) may be considered for lecture or clinical course following the PCC I grade procedure.

**RAD Program Re-Entry Policy**

A student withdrawal from the Program for non-cognitive reasons will be considered on an individual basis. Request for re-entry must be completed and submitted to the program director within ten (10) business days of the student withdrawal. Requests for re-entry to the RAD Program are carefully considered. Students may be allowed to re-enter only if there is evidence that the conditions which caused the student’s withdrawal have been resolved and there is clinical space available. Only 1 RAD semester can be repeated. Re-entry into the Program must be the following year. If students choose to sit out greater than one year, they must re-apply on-line, be re-admitted and repeat all of the RAD courses from the beginning.

**C. CLINICAL ASSIGNMENT EVALUATION/GRADING**

Individual course clinical assignments evaluation forms are found in each course syllabus, evaluation forms will be found in the RAD Handbook

1. If a student fails (less than 75%) the first two didactic tests in any RAD course, they will be considered unsafe or unprepared to continue in the clinical course as well and therefore will be removed from the clinical component.

2. Mid and Final semester student progress evaluation will involve student self-assessment with review and feedback from faculty, clinical instructor and staff. The student will complete a Clinical Progress self-evaluation and submit it to the Clinical Instructor one week prior to the scheduled due date. The CI will gather input from staff and management to assist faculty in the completion of the evaluation. A clinical instructor can review the evaluation prior to the assigned ate if approved by the assigned faculty. The college faculty is ultimately responsible for the student final grade.

3. Attendance at all class and clinical sessions to meet the objectives of the course.

4. The student must complete all clinical education objectives and competencies and satisfactorily fulfill the requirements in order to receive a grade of C or higher.

5. 100% of the competency must be completed. If a student does not complete the required number of competencies and re-checks each semester, the students must inform the clinical instructor and college faculty member as to the specifics of the deficiencies. An action plan must then be implemented until the
required number of competencies has been completed. Failure to complete required competencies and hours per semester will be reflected on your written evaluation, which may give you a failing grade.

6. An Incomplete grade (I) may be considered for completion of required semester clinical hours in cases of severe illness, pregnancy. (unavoidable life event)

7. Missed clinical hours must be made up by the end of the semester.

D. STUDENT OFFICIAL WITHDRAWAL FROM CLASS

A student may withdraw him/herself from the class by the Student Withdrawal Deadline listed above and a grade of ‘W’ will be recorded on the transcript. It is strongly recommended that you speak with faculty and a financial aid staff member before deciding to withdraw. Visit [http://www.pima.edu/paying-for-school/financial-aid/managing-award/dropping-or-withdrawing.html](http://www.pima.edu/paying-for-school/financial-aid/managing-award/dropping-or-withdrawing.html) to determine how dropping or withdrawing from class may have a negative impact your Standards of Academic Progress, financial aid, and/or scholarships. Review the Standards of Academic Progress at [http://www.pima.edu/new-students/register-for-classes/academic-progress.html](http://www.pima.edu/new-students/register-for-classes/academic-progress.html) to understand the criteria required for and consequences of official withdrawals.

E. ACTIONS RELATED TO ACADEMIC OR LABORATORY DEFICIENCIES

1. Any student who earns less than a C grade on any test in any course will be considered to be at academic risk. The student will be referred by the course instructor(s) to the Program Director. A conference may be held for the purpose of clarifying the student’s standing in the class and identifying areas where the student needs assistance.

2. Academic dishonesty such as cheating on exams, knowingly assisting another to cheat, or failure to report observed cheating by other students, plagiarism or other dishonest activity will jeopardize continuation in the program. Refer to Pima Community College Student Handbook Termination Policy.

F. ACTIONS RELATED TO CLINICAL DEFICIENCIES/CONDUCT

The clinical coordinator/ Program Director reserve the right to remove from the Clinical Education Centers any student who presents a danger to self or others. Failure to abide by PCC Code of Conduct and or RAD polices may result in a student being removed from the RAD program.

Following is a list of reasons, which constitute clinical performance deficiencies and may become the basis for dismissal. Refer to Student Code of Conduct, and Unsafe Practice Act Policy for examples of inappropriate conduct. This list is not intended to be exhaustive.

1. Failure to achieve a grade of "C" or higher on the written: clinical evaluation component of a given radiology course.

2. Failure to immediately report a patient-care error to the clinical instructor and/or responsible radiology personnel. (wrong exam/ wrong patient, markers, exposure to a pregnant patient)

3. Any verbal communication or any written material that is fraudulent, untruthful, and/or dishonest.

4. Lack of adequate theoretical knowledge for application to patient care.
5. Violations of principles of confidentiality.
7. Lack of ability to set priorities, inability to handle stress, lack of judgment, lack of confidence,
8. Any performance, which could jeopardize life, impedes recovery, or interferes with the maintenance of the patient’s current health status. Not preventing or reporting patient injury.
9. Not maintaining current CPR and health immunizations, private health insurance.
10. Non-compliance with Repeat Exposure Policy
11. Not following the policies and procedures of the Clinical Education center.
12. No call, no show in the clinical center may result in removal from the course.
13. Unprofessional use of electronic media (phone, computer, face book, twitter, texting etc.)
   a. Unprofessional comments or sharing of information pertaining to clinical assignments institutions, co-workers, patients, or colleagues.
14. The student is required to disclose any changes in status related to Department of Safety (DPS) clearance to the Radiologic Technology Program. Failure to self-disclose will result in termination from the program.
15. Entering students with a positive urine drug/alcohol screen are terminated from the program. Students with a positive urine drug/alcohol screen must reapply to the program through the West Campus Admissions office.
   a. Entering students, including students on the alternate list, failing to test during the date and time documented on the Drug Testing Form do not meet the requirement for drug testing and will be withdrawn from the Radiologic Technology Program.
   b. Returning students failing to test during the date and time documented on the Drug Testing Form do not meet the requirement for drug testing and will be immediately withdrawn from all courses for a period of one year and are subject to the same policy as positive drug/alcohol screens. Please see Section X – Re-entry of a Radiologic Technologist Student after a Positive Drug/Alcohol Screen.
   c. Permanent termination from the Radiology Program will be warranted for refusal to submit to drug/alcohol screening without adequate explanation.
   d. If a student reapplying for re-entry to the Radiologic Technology Program has a positive result on the screening immediately prior to readmission, has a positive result on a random screen, or refuses to submit to random drug/alcohol screening, the student will be permanently terminated from the Radiology Program.
16. Clinical Performance:
   a. All matters relating to clinical performance will be handled initially through the Radiologic Technology Program.
b. A conference will be held with the student, clinical instructor, coordinator and Lead faculty. If the student is identified through Disabled Student Resource (DSR), the DSR specialist can be included in this process.

c. Based upon the outcome of the conference, written recommendations(s) may include, but are NOT limited to: warning, increased supervision, temporary exclusion, probation, or dismissal.

d. Due process to students is described in the Student Rights and Responsibilities.

X. PIMA COMMUNITY COLLEGE STUDENT SERVICE POLICIES

A. GRADE APPEALS/COMPLAINT PROCEDURE: ACADEMIC AND GRADE REGULATIONS/ STUDENT CODE OF CONDUCT VIOLATIONS

Academic Ethics Offenses
Pima Community College provides a safe and stimulating environment for the exchange of knowledge. We encourage reasoned discussion, intellectual honesty, and a respect for the rights of all persons. The Student Code of Conduct provides you with information about your responsibilities as a student in regard to appropriate behavior and respect for others in the College community.

https://www.pima.edu/current-students/code-of-conduct/
https://www.pima.edu/current-students/code-of-conduct/docs/Student-Code-of-Conduct.pdf

Academic Ethics Violations:
A student shall not:
1. Copy from another student’s test/quiz paper or knowingly allow one’s own test/quiz paper to be copied.
2. Use materials during a test/quiz that were not clearly authorized by the person giving the test/quiz.
3. Collaborate with another student during a test/quiz without permission.
4. Knowingly use, buy, sell, offer, transport, or solicit any of the contents of a test/quiz.
5. Take a test/quiz for another student or permit another student to take a test/quiz in one’s place.
6. Bribe or attempt to bribe another person to obtain a passing grade or a better grade on a test/quiz or for a course.
7. Intentionally misstate facts or events on a graded exercise or assignment in a manner that affects the grade.
8. Engage in plagiarism, which includes representing the work of another person as one’s own, including information downloaded from the Internet. The use of another person’s words, ideas, or information without proper acknowledgement also constitutes plagiarism.
9. Obtain from or give to another student unauthorized assistance on any course work.
10. Compromise instructional and test/quiz materials by acquiring, using, or providing to others unauthorized instructional and/or testing/quizzing materials.

Violations Other Than Academic Ethics Violations
In Addition to Academic Ethics, students are expected to adhere to other ethics and behavioral codes also found in the Student Code of Conduct. They include but are not limited to:
A. Disruption, Assault and Related Offenses
B. Tobacco, Alcohol and Drug Offenses
C. Offenses Involving College IT Systems (Computers, Networks and Telephones)
Revised 4/20/17

D. Discrimination, Harassment, and Sexual Offenses
E. Offenses Involving Weapons
F. Property and Related Offenses
G. Offenses Involving the Violation of a Local, State or Federal Law
H. Offenses Related to Disciplinary Sanctions and Proceedings
I. Attempted Misconduct and Conspiracy Offenses

Complaint Process
https://www.pima.edu/current-students/complaint-processes/index.html

SEXUAL HARASSMENT
https://www.pima.edu/about-pima/policies/board-policies/BP-1503.html

PCC Emergency Safety and Security Policies
https://www.pima.edu/administrative-services/college-police/emergencies.html

B. APPEAL OF ACADEMIC DISQUALIFICATION

A student who has been academically disqualified must follow established College appeal procedures for reinstatement.

C. REINSTATEMENT

Students appeal the academic disqualification in accordance with established College appeals procedures. (See the Student Rights and Responsibilities Policy)

D. GRADE/APPEALS
https://www.pima.edu/current-students/complaint-processes/grade-related-complaints.html

There is an appeal process for grade challenges. Please refer to the Student Rights and Responsibilities Policy which can be obtained from the offices of the Campus Deans of Student Development and Deans of Instruction, campus advising and counseling centers, and campus libraries, or on-line.

E. WITHDRAWAL FROM THE RAD PROGRAM

Student Initiated Withdrawal (W)

1. Students who withdraw from a radiologic technology course must notify their instructor(s) of their intent prior to missing the next scheduled class or clinical day.
2. The student is responsible for contacting Admissions/Registration to withdraw. Please see grading policy.
3. Students must return ICN badge to RAD office within 5 days of withdrawing.
4. Students must return the CEC ID badge to CEC within 24 hours of withdrawing from program.

XI. RAD PROGRAM MISCELLANEOUS INFORMATION

A. ADVANCED STANDING (Transfer Policy)
Advance placement is contingent upon appropriate clinical site availability. It is recommended the applicant contact the Program Director to determine if space is available before starting the process detailed below. Applicant must complete the following for consideration into the PCC Radiologic Technology Program.

1. PCC admissions, and transfer credit must meet the PCC requirements for the Associate of Applied Science in Radiologic Technology. (Refer to PCC admissions and transcripts policy)

2. Graduates of radiography programs outside the United States must complete a credentials application form and submit it to Academic Credentials Evaluation Institute Inc. (ACEI). Forms are available from the PCC International Student Services Office. The request for evaluation must include course listings, United States Semester Units of Credit, and United States Grades. ACEI should be directed to send the evaluation to the PCC District Office of Admissions and Records. The applicant must complete a PCC “Request for Transcript Evaluation” form and send it to the PCC District Office of Admissions and Records.

3. The applicant must meet with the PCC Radiologic Technology Program Director and satisfactorily demonstrate in the radiography laboratory, radiographic positioning skills and knowledge of radiographic principles.

4. The applicant must demonstrate satisfactory communication skill in the English language.

5. An opening must exist in one of the clinical education centers that are appropriate for the advance students training.

6. The applicant must provide the PCC Radiologic Technology Program Director with course descriptions and if possible, course syllabi, from the previous Program(s) attended.

7. The Program Director has the responsibility to review Radiologic Technology specific courses being transferred, and will make the final decision as to the transfer status of the potential student into the RAD program.

8. Upon approval the applicant is responsible for purchasing the RAD handbook and completing the required forms. Fingerprinting, drug screen, immunizations, CPR, Health Declaration, and HIPAA, must be completed prior to being admitted to the Program.

The Radiologic Technology Program Director reserves the right to refuse advanced placement admission to any applicant who proves to be incompatible with the goals and objectives of the program.

B. JRCERT ALLEGATIONS OF NON-COMPLIANCE POLICY

1. Complaints and allegations of non-compliance by the program of JRCERT standards may be communicated directly by students to the JRCERT by calling their office at (312) 704-5300.

2. It is the policy of the Radiologic Technology Program to work with the JRCERT if and when the program is in non-compliance with the JRCERT standards. The program will investigate and where appropriate make the revision necessary to come into compliance. The program is committed to informing the students, clinical centers and advisory board members of the JRCERT standards.

3. Complaints that point to non-compliance are brought to the Lead faculty’s attention. With the Department Chair and the faculty member’s involvement, a plan of action is developed and
implemented. If the issue is not resolved, the Dean is consulted. Complaints or allegations are documented and addressed by the Lead Faculty.

C. STUDENT EVALUATION OF COURSE, INSTRUCTORS AND CLINICAL ASSIGNMENT SITES

Annually students anonymously complete written course/faculty evaluations. Results are shared with faculty during the annual collegial conference by the dean of HRP. Conferences are performed post semester grade posting. Student evaluation of CEC sites and CI are performed once a year. Results are summarized by institutional research and forwarded to the lead faculty. Survey results are discussed with the faculty, dean of HRP, and Advisory members and distributed during the yearly Advisory meeting. Input from the advisory and clinical instructors are obtained on an on-going basis and modifications to program are implemented as warranted. The Campus president receives Advisory Committee meeting minutes.

D. RAD LABORATORY POLICY

1. Visitors are not permitted in RAD labs or the clinical assignment.
2. All labs will be supervised by the assigned faculty. Students will not make exposures without faculty approval and supervision.
3. C-arm and Portable labs will be supervised by faculty with the use of appropriate shielding and radiation monitoring (ICN badges worn).
4. ICN monthly reports will be posted in the labs for review.
5. No open toe shoes in lab.

E. PROTECTIVE DEVICES MAINTENANCE

Lead Aprons checked annually for defects with all disposals being handled by Plants Operations Hazard Material officer. Lead aprons must now contain .5mm Pb. Aprons worn during pregnancy must contain 1mm Pb at fetal level.

F. GRADUATION REQUIREMENTS

Verification of completion of the program is required before the student can sit for the national boards and be certified in the state of Arizona, therefore the student must be responsible for their records and seek advising on an on-going basis.

The student will be responsible for:
1. ensuring that all records are correct
2. submitting the signed application to the Admissions Office by the deadline date, and
3. payment of graduation fees. (See the college catalog for specific graduation requirement information and dates.)
4. perform Graduate Degree Check and give a copy to Program Director and complete the CEC survey.

Graduates are encouraged to participate in the Pima College graduation ceremony.

G. ARRT EXAMINATION

Electronic application for the ARRT Examination will be distributed to the second year students in the spring semester. ARRT and MRTBE application process will be reviewed in RAD 185.
APPENDIX A
**CLINICAL SITE ORIENTATION**

Student Name ______________________________ CEC __________________

The following topics need to be discussed with students assigned to your Clinical Education Center within the first **2 weeks**.

<table>
<thead>
<tr>
<th></th>
<th>Students Signature (SIGN CLEAR)</th>
<th>Technologist Signature</th>
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<tbody>
<tr>
<td>1.</td>
<td><strong>General Orientation to the Hospital</strong></td>
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<td></td>
<td>a. Parking</td>
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<td>b. Hospital Entrances</td>
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<td></td>
<td>c. Hospital Layout/ Hospital Map</td>
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<td>d. Policy for students answering the phone</td>
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<td>2.</td>
<td><strong>Department Orientation</strong></td>
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<tr>
<td></td>
<td>a. Radiographic Rooms</td>
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<td>b. PACS System</td>
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<td>c. Front Desk System /Radiologist's Offices</td>
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<td>d. Exam Protocol book</td>
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<td></td>
<td>e. Storage/Linen cart/cleaning supplies</td>
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<td></td>
<td>f. Transportation Procedures</td>
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<td>g. Line of command/chain of authority for dept./</td>
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<td>h. Technique charts/ Identification needed on each radiograph, Marker Rt /Lt policy</td>
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<td>3.</td>
<td><strong>Department Policy and Procedure manuals</strong></td>
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<td></td>
<td>a. Department Safety, Fire, OSHA, Quality Assurance, Department Specific Policies</td>
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<td></td>
<td>b. Set up for Special Radiographic Examinations to include oxygen/BP equipment/suction policies and procedures.</td>
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<td>c. Incident reports/ Standard Precautions for Disease Prevention (eg. gloves, eye glasses, hand washing)</td>
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<td>d. Procedure for responding to a codes, (cardiac, Respiratory, Fire, etc.) crash cart location</td>
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<td>4.</td>
<td><strong>Time Accountability—break and lunch assignments</strong></td>
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<td></td>
<td>a. Make-up-time</td>
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<td>b. Punctuality</td>
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<td></td>
<td>c. Attendance</td>
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<td></td>
<td>d. Absenteeism (who to contact) Plus faculty!</td>
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<td></td>
<td>Students Signature (SIGN CLEAR)</td>
<td>Technologist Signature</td>
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<tr>
<td>e. Room Assignments/Breaks/Lunch Assignments. CEC Workbook/Storage Area</td>
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<td>f. Where the schedule and time sheets will be posted.</td>
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<tr>
<td>10. CR and DR System Orientation</td>
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<td>11. S, DI, DE, REX ranges and target number</td>
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<td>12. Emergency Room exam protocol/procedures</td>
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<td>13. RIS System operation and access functions</td>
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<td>15. Patient ID verification policy and procedure</td>
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<td>a. Restraints secure/ wheelchairs locked, stretcher side rails up</td>
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<td>b. Ask women of childbearing age if there's any chance of pregnancy. (What is the radiology department's procedure?)</td>
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<td>c. Exam history documentation policy</td>
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<tr>
<td>d. A radiographer must be present with the student on a repeat examination.</td>
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<tr>
<td>e. When in question <strong>ASK</strong>.</td>
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</tbody>
</table>

This form will be maintained in student clinical notebook at CEC. For review by college faculty.
NOTICE OF UNSAFE OR UNACCEPTABLE PRACTICE ACT

Student: ____________________________ Date: __________________________

Clinical Instructor: ____________________________ Course: __________________________

Location of Occurrence ______________________________________________________________

This is UPA (____#1 DATE_____) (____#2 DATE_____) (____#3 DATE_____) (____#4 DATE_____) (____#5 DATE_____)

A “UPA” is an action, which potentially or actually jeopardizes patient safety, or an action that demonstrates poor judgment in areas which the student has had previous opportunities for learning, and may result in exclusion from the clinical area. Unsafe or improper actions will result in a “clinical contract” and may result in withdrawal from the clinical area.

You may have COMMITTED A “UPA” IN THE CATEGORY CHECKED BELOW.

YOU HAVE FAILED TO PROPERLY:
   1. Warn personnel in close proximity when doing a portable X-Ray exposure.
   2. Shield gonads of pediatric/child bearing age patient.
   3. Practice radiation protection.
   4. Ascertain if patient is pregnant
   5. Inquire if patient has allergies prior to radiopaque contrast media (ROCM) administration
   6. Identify a patient before beginning a procedure
   7. Practice standard precautions
   8. Elevate side rails of patients who are confused, medicated, or a loss of consciousness (ALC).
   9. Restrain confused or irrational patients
   10. Check physician’s orders before beginning procedure, and obtain pertinent history.
   11. Recognize and report important patient changes: Respiration, color, bleeding, emotional state.
   12. Perform a repeat exposure without proper supervision
   13. Inability to demonstrate appropriate level of judgment, confidence, and professionalism.
   14. Inability to prioritize and or handle stress.
   15. OTHER

USAFE PRACTICE ACTS

A. Maintain patients legal rights:
   1. Maintain patient confidentiality
   2. Provide for client privacy
3. Initiate and correctly perform life support measures (CPR)  
4. OTHER

B. Meet Student Role Requirements:
   1. Recognize own limitations: perform procedures not competent to perform without instructor.
   2. Demonstrate inappropriate professional behavior that could jeopardize patient safety: tardiness, excessive absences, inappropriate grooming/dress/interpersonal behavior, reporting to clinical under the influence of alcohol or drugs, stealing or lying regarding medications, possessions (staff or patient) or treatments in the clinical experience, not following policy of Pima Community College and the Radiologic Technology Program.
   3. OTHER

C. Description of Deficiency (include names of persons involved):
____________________________________________________________________
____________________________________________________________________

D. This UPA results in (please check those that apply):
   _____ 1. 1% point reduction in final clinical grade
   _____ 2. “Clinical Contract”: Student may be placed on a clinical contract based on the nature of the problem.
   _____ 3. Exclusion from the clinical area. Justification:
   ___________________________________________________________________

The UPA committee will consist of: clinical instructor, technologist, clinical coordinator, Lead faculty, and when applicable student DSR specialist. If the student disagrees with the committee decision he/she may appeal the decision by following the process outlined in the Student Rights and Responsibilities document. The student will not be allowed to return to the CEC until all appeals have been completed.

Statement of Contractual Agreement

I, ________________________________, understand and agree to the following:

Target Behavior:
____________________________________________________________________
____________________________________________________________________

Student Signature_________________________ Date_________________________

Clinical Instructor_________________________ Date_________________________

Clinical Coordinator_________________________ Date_________________________

Lead Faculty______________________________ Date_________________________
Radiographic Procedures Clinical Competency Requirements and Process

The clinical competency requirements include 10 general patient care activities and 57 radiographic procedures for a total of 62 competencies. Demonstration of competence should include variations in patient characteristics (e.g., age, gender, medical condition). Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements.

1. **General Patient Care**
   
   **Requirement:** Students must be CPR certified and demonstrate competence in the remaining nine (9) patient care activities listed below. The activities should be performed on patients; however, simulation is acceptable.

2. **General Performance Considerations:**
   Demonstration of competence should include variations in patient characteristics such as age, gender, and medical condition.

3. **Simulated Performance**

   **Simulations must meet the following criteria:**
   - The student must simulate the procedure on another person with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. Examples of acceptable simulation include positioning another person for a projection without actually activating the x-ray beam.
   - The program director must be confident that the skills required to competently perform the simulated procedure will transfer to the clinical setting, and if applicable, the candidate must evaluate related images.

4. **Imaging Procedures**

   As part of the PCC Radiologic Technology program, students must demonstrate competence in the clinical activities identified below:
   - Ten mandatory general patient care activities;
   - 37 mandatory imaging procedures;
   - 15 elective imaging procedures selected from the list of 34 procedures;
   - One of the 15 elective imaging procedures must be selected from the head section; and
   - Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section, one of which must be either upper GI or contrast enema.

   Students must demonstrate competence in all 37 procedures listed as mandatory. (A maximum of eight mandatory procedures may be simulated if demonstration a patient is not feasible)

   Students must demonstrate competence in 15 of the 34 elective procedures. (If demonstration on patients is not possible electives may be simulated.)

   **Total number of competencies required is 62.**
Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation.

*Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc. Exp. (Orthogonal views using the IR and tube instead of the patient part)

Once a competency has been achieved, the student will require indirect supervision by a certified R.T., for that examination (except for examinations that are repeated and portable exams). Re-Check competencies are performed and documented just like original competency exam.

**Note:** To ensure the highest level of quality and consistency throughout the Clinical Education Centers, the following process must be adhered to:

- Only the PCC faculty and the designated clinical instructor at the CEC can sign on the master competency form.
- A competency is not completed until the CEC instructor or the faculty reviews the competency form and the images with the student. (Image evaluation and oral critique sessions)
- Competencies can be achieved in areas that have not been formally taught in the classroom, if didactic instruction has been provided at the CEC. Appropriate documentation is noted on the back of the competency form. It will be the responsibility of the clinical instructor and PCC faculty to note the delivery of didactic instruction and verification of student understanding through oral testing, (image critique).
PCC RAD Program Master Competency Requirements Check sheet

<table>
<thead>
<tr>
<th>Imaging Procedures</th>
<th>Patient or Simulated</th>
<th>Date Completed</th>
<th>Competence Verified by</th>
<th>Re-Check</th>
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</thead>
<tbody>
<tr>
<td><strong>Upper Extremity</strong></td>
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<tr>
<td>Trauma Upper Extremity (Non-Shoulder) 2 views (M)</td>
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<tr>
<td>Finger or Thumb (M) 3 views</td>
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<tr>
<td>Hand (M) 3 views</td>
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<tr>
<td>Wrist (M) 3 views</td>
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<tr>
<td>Forearm (M) 2 views</td>
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<tr>
<td>Elbow (M) 3 views</td>
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<tr>
<td>Humerus (M) 2 views</td>
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<tr>
<td>Shoulder (M) 2 views</td>
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<tr>
<td>Trauma Shoulder (Y view, transthoracic, or axillary) (M) 1 view</td>
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<tr>
<td>Clavicle (M) 2 views</td>
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<tr>
<td>Scapula (E) 2 views</td>
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<tr>
<td>Acromioclavicular Joints (E) 2views</td>
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<tr>
<td><strong>Lower Extremity</strong></td>
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<tr>
<td>Foot (M) 3 views</td>
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<tr>
<td>Os Calsis (E) 2 views</td>
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<td>Toe(s) (E) 3 views</td>
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<tr>
<td>Ankle (M) 3 views</td>
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<tr>
<td>Tibia and Fibula (M) 2 views</td>
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<td>Knee (M) 3 views</td>
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<tr>
<td>Patella (E) 1 view</td>
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<tr>
<td>Trauma Lower Extremity (M) 2views</td>
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<tr>
<td>Hip (M) 2 views</td>
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<tr>
<td>Hip (trauma) (cross-table lateral) (M)</td>
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<tr>
<td>Femur (M) 2 views</td>
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<tr>
<td>Pelvis (M) 1 view</td>
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<tr>
<td><strong>Chest</strong></td>
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<tr>
<td>Chest PA &amp; LAT routine (M)</td>
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<tr>
<td>Chest Lateral Decubitus (E)</td>
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<tr>
<td>Chest AP Wheelchair or Stretcher(M)</td>
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<tr>
<td><strong>Abdomen</strong></td>
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<tr>
<td>Abdomen Supine (M)</td>
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<td>Abdomen Decubitus (E)</td>
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<td>Abdomen Upright (M)</td>
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<tr>
<td><strong>Bony Thorax</strong></td>
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<tr>
<td>Ribs (M) 3 views</td>
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<td>Sternum (E) 2 views</td>
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<tr>
<td>Sternoclavicular Joints (E) 3 views</td>
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<td>Larynx (soft tissue neck) (E) (1 view)</td>
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<tr>
<td><strong>Spines</strong></td>
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<tr>
<td>Cervical Spine (M) 5 views</td>
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<tr>
<td>Thoracic Spine (M) 2 views</td>
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<tr>
<td>Lumbar Spine (M) 5 views</td>
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<tr>
<td>Trauma Cervical Spine Cross Table Lateral or Swimmers Lateral (M)</td>
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<tr>
<td>Scoliosis Series (E)</td>
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<td>Sacrum and /or Coccyx 3 views (E)</td>
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<tr>
<td>Sacroiliac Joints (E) 2 views</td>
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<tr>
<td>Imaging Procedures</td>
<td>Patient or Simulated</td>
<td>Date Completed</td>
<td>Competence Verified by</td>
<td>Re-Check</td>
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<tr>
<td><strong>Head</strong> <em>(Must demonstrate one E from this section)</em></td>
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<tr>
<td>Skull (E) 2 views</td>
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<tr>
<td>Facial Bones (E) 3 views</td>
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<td>Paranasal Sinuses (E) 3 views</td>
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<td>Nasal Bones (E) 3 views</td>
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<td>Mandible (E) 4 views</td>
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<td>Orbits (E) 3</td>
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<td>Temporomandibular Joints (E)</td>
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<td><strong>Pediatric Age 6 years or younger</strong></td>
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<tr>
<td>Mobile Study (E)</td>
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<tr>
<td>Chest 2 view (M)</td>
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<tr>
<td>Abdomen 1 view (E)</td>
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<tr>
<td>Upper extremity 2 view (E)</td>
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<tr>
<td>Lower extremity 2 view (E)</td>
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<tr>
<td><strong>Geriatric Patient</strong> <em>(At least 65 years old and physically or cognitively impaired as a result of aging)</em></td>
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<tr>
<td>Chest Routine (M)</td>
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<tr>
<td>Upper Extremity (M)</td>
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<td>Lower Extremity (M)</td>
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<tr>
<td><strong>Fluoroscopy Studies</strong> <em>(Must select either upper GI or contrast enema, plus one other elective procedure from this section)</em></td>
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<tr>
<td>Upper Gastrointestinal Series Single or Double (E)</td>
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<tr>
<td>Contrast Enema, Single or Double (E)</td>
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<tr>
<td>Small Bowel Series (E)</td>
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<tr>
<td>ERCP (E)</td>
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<tr>
<td>Myelography (E)</td>
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<tr>
<td>Arthrography (E)</td>
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<tr>
<td>Esophagus (E)</td>
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<tr>
<td>Cystography/Cystourethrography (E)</td>
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<tr>
<td>Hysterosalpingography (E)</td>
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<tr>
<td><strong>Mobile C-Arm Studies</strong></td>
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<tr>
<td>Surgical C-Arm Procedure requiring manipulation around a sterile field. (M)</td>
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<tr>
<td>C-Arm Procedure requiring manipulation to obtain more than one projection (M)</td>
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<tr>
<td><strong>Mobile Radiographic Studies</strong></td>
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<tr>
<td>Chest 1 view (M)</td>
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<tr>
<td>Abdomen 1 view (M)</td>
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<tr>
<td>Orthopedic 2 view (M)</td>
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</tbody>
</table>
**GENERAL PATIENT CARE**: Clinical Competency Requirements
The student must demonstrate competence in the following **10 general care activities**. Demonstration of competence should include variations in patient characteristics (e.g., age, gender, medical condition). Clinical Instructors will oversee the instruction and verify the following General Patient Care areas: care of patient medical equipment, transfer of patient, and sterile and aseptic technique. PCC faculty will be responsible for instruction and verification of: vital signs, venipuncture and CPR.

<table>
<thead>
<tr>
<th>General Patient Care</th>
<th>Date Completed</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of patient; tubes, catheters, medical equipment (e.g. oxygen tank, IV tubing)</td>
<td></td>
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<tr>
<td>CPR certified</td>
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<tr>
<td>Vital Signs – Blood Pressure</td>
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<td></td>
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<tr>
<td>Vital Signs- Temperature</td>
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<td></td>
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<tr>
<td>Vital Signs - Pulse</td>
<td></td>
<td></td>
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<tr>
<td>Vital Signs - Respiration</td>
<td></td>
<td></td>
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<tr>
<td>Vital Signs – Pulse Oximetry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile and aseptic technique</td>
<td></td>
<td></td>
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<tr>
<td>Transfer of Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venipuncture</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VITAL SIGNS
Objectives Check off Form

Student ____________________________ Date Completed __________________
Evaluator __________________________
Objectives Completed _____Yes _____No

THE STUDENT IS ABLE TO:

_____ a. Define vital signs

_____ b. List the normal rates/limits of temperature, pulse, respiration, and blood pressure

_____ c. Demonstrate proper oxygen mask or cannula placement and oxygen gauge

_____ d. Identify various pulse sites

_____ e. Accurately read a clinical thermometer

_____ f. Accurately monitor pulse rate to be done clinically

_____ g. Accurately monitor respirations

_____ h. Accurately monitor blood pressure
Pima Community College District
West Campus
Radiologic Technology Program

STERILE AND ASEPTIC TECHNIQUE
Objectives Check off Form

Student _____________________________ Date Completed _____________
Evaluator ____________________________

Objectives Completed   _____ Yes   _____ No

THE STUDENT IS ABLE TO:

_____ A. Demonstrate the proper hand-washing technique that is accepted as medically aseptic when working with patients

_____ B. Demonstrate the proper method of putting on a mask

_____ C. Demonstrate the correct method of putting on a sterile gown and sterile gloves

_____ D. Demonstrate the ability to locate infectious control measures on patient Requisitions

_____ E. Demonstrate proper infectious control measures when working with patients

_____ F. Demonstrate the correct method of opening a sterile pack and of placing a sterile object on a sterile field

_____ G. Demonstrate the skin preparation for a sterile procedure

_____ H. Demonstrate the correct method of removing and reapplying a dressing

_____ I. Identify areas in the operating room that are considered sterile and those that are not

_____ J. Demonstrate the correct method of passing by a sterile person
VENIPUNCTURE
Objectives Check off Form

Student ____________________________ Date Completed ____________________

Evaluator ____________________________

Objectives Completed _____ Yes _____ No

THE STUDENT IS ABLE TO:

_____ A. Demonstrate the proper hand-washing technique that is accepted as medically aseptic when working with patients

_____ B. Demonstrate the proper method of putting on a mask

_____ C. Demonstrate the correct method of putting on a sterile gown and sterile gloves

_____ D. Demonstrate the ability to locate infectious control measures on patient Requisitions

_____ E. Demonstrate proper infectious control measures when working with patients

_____ F. Demonstrate the correct method of opening a sterile pack and of placing a sterile object on a sterile field

_____ G. Demonstrate the skin preparation for a sterile procedure

_____ H. Demonstrate the correct method of removing and reapplying a dressing

_____ I. Identify areas in the operating room that are considered sterile and those that are not

_____ J. Demonstrate the correct method of passing by a sterile person
TRANSFER OF PATIENTS
Objectives Check off Form

Student _______________________________ Date Completed ___________
Evaluator ________________________________

Objectives Completed ______Yes ______No

THE STUDENT IS ABLE TO:

A. Correctly assess patient’s need for assistance
   • Assess patient’s physically condition
   • Assess patient’s cognitive status for impairment
   • Assess patient for geriatric status
   • Assess patients range of motion and weight-bearing ability
   • Assess patient’s strength and endurance
   • Assess patient’s ability to maintain balance
   • Assess patient’s ability to understand what is expected during transfer
   • Assess patient’s acceptance of the move
   • Assess patient’s medication history

B. Demonstrate the correct method of moving and positioning a patient to prevent injury
to patient and to the student

C. Demonstrate the safety measures that must be taken when transferring a patient from
a stretcher to the radiographic table
   • Secure all locks
   • Provide appropriate assistance to patient
   • Enlist technologist assistance when necessary
   • Enlist assistance and demonstrate a sliding board transfer
   • Enlist assistance and demonstrate a sheet transfer

D. Demonstrate the safety measures that must be taken when transferring a patient from
a wheelchair to the radiographic table
   • Secure all locks
   • Provide appropriate assistance to patient
   • Enlist technologist assistance when necessary
CARE OF PATIENT: OXYGEN THERAPY
Objectives Check off Form

Student ________________________________ Date Completed _____________
Evaluator ______________________________

Objectives Completed ______ Yes ______ No

THE STUDENT IS ABLE TO COMPLETE THE FOLLOWING:

Oxygen Therapy

A. Explain the potential hazards of oxygen administration
   - Oxygen toxicity
   - Combustible/flammable

B. Identify the common types of oxygen administration equipment
   - Nasal Cannula
   - Nasal Catheter
   - Face Mask
   - Oxygen Tent

C. Identify the common oxygen delivery systems
   - Oxygen tank
   - Oxygen wall outlet

D. Demonstrate the procedure for turning an oxygen tank and wall outlet mechanism on and off

E. Properly regulate the prescribed flow of oxygen

F. Determine the amount of oxygen indicated on the gauge of the oxygen tank
PimaCommunityCollegeDistrict
West Campus
Radiologic Technology Program

CARE OF PATIENT: CATHETERS / TUBING/ Devices
Objectives Check off Form

Student ___________________________ Date Completed ________________
Evaluator __________________________
Objectives Completed _____ Yes _____ No

THE STUDENT IS ABLE TO COMPLETE THE FOLLOWING:

NASOGASTRIC AND NASOENTERIC TUBES
Date Completed:
__________ A. Demonstrate the proper care and handling of nasogastric and nasoenteric tubes

TRACHEOSTOMIES
Date completed:
__________ A. Demonstrate care in not dislodging tracheostomy
__________ B. Recognize breathing difficulties and alerts appropriate personnel

MECHANICAL VENTILATORS
Date Completed:
__________ A. Demonstrate care in not dislodging endotracheal tube or tracheostomy
__________ B. Understand the need for assistance to move patient safely
__________ C. Demonstrate care in not placing tension on any intravenous tubing or tubing to the ventilator
__________ D. Recognize patient distress and act appropriately

CHEST TUBES/ Porta- Catheters/ Insulin pumps
Date Completed:
__________ A. Determine if and when the device can be exposed to x-ray.
__________ B. Keep tubing from pleural cavity to drainage chamber as straight as possible keeping the water-sealed chamber below the patient chest
__________ C. Recognize patient distress and act appropriately

TISSUE DRAINS
Date Completed:
__________ A. Demonstrate care to prevent tension on tissue drains
__________ B. Demonstrate proper infection control techniques to prevent infection

IV TUBING
Date Completed:
A. Recognize signs of infiltration of fluid into surrounding tissues
PimaCommunityCollegeDistrict  
West Campus  
Radiologic Technology Program

STUDENT RADIOGRAPHER CLINICAL PROGRESS EVALUATION

Student ____________________________ Clinical Site ____________________________ Date ____________

Mid-Term Grade ______ Final Grade _______ Total deficient hour’s ____________________________

A = 113-123 pts. B = 105-112 pts. C = 93-104 pts. D = 92 or less pts.

It is possible for a student to earn an (A) regardless of the stage or level of training/education. Students will perform a self evaluation (in pencil) and give it to the CI or assigned designee one week prior to due date. The assigned faculty will, in conjunction with CEC staff and CI input, determine the final grade.

Grading Scale: 3-0 please put the appropriate number in each box. Total each section for final score. More than 2 infractions for criteria 15 will necessitate a score of zero. Any infractions for criteria 40, 41 will result in a score of 0.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Positioning and Organizational Skills</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = 3</td>
<td>Student requires minimal direction and demonstrates consistent performance. Above average performance. <em>(Based on level of training)</em></td>
<td></td>
</tr>
<tr>
<td>B = 2</td>
<td>Student requires some direction and occasional inconsistent performance. Average performance. <em>(Based on level of training)</em></td>
<td></td>
</tr>
<tr>
<td>C = 1</td>
<td>Student demonstrates competency only when direct guidance/instruction provided. Not consistent in performing skills. Needs improvement. <em>(Based on level of training)</em></td>
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<tr>
<td>D = 0</td>
<td>Unacceptable performance Not able to demonstrate tasks even when direction is given. <em>(Based on level of training, needs major improvement)</em></td>
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</tr>
</tbody>
</table>

1. Exhibits understanding of classroom knowledge as it relates to positioning skills
2. Follows through on assigned tasks follows instructions
3. Effectively using clinical time, actively seeking radiographic assignments
4. Proper use of tube, table and bucky locks
5. Completed required competencies and re-check
6. Completes work tasks in a timely manner
7. Completes exams with acceptable level of accuracy
8. Demonstrates ability to QC radiograph and determine image acceptableness.
9. Maintains, cleans, and stocks work station before and after each exam. Demonstrates an organized
<table>
<thead>
<tr>
<th>Grade</th>
<th>Professionalism, Interpersonal Skills and Initiative</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15. Regular attendance/Punctuality/ and making up of absences. <strong>More than 2 absences, tardy, or non timely make up hours will earn a score of zero.</strong></td>
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<td></td>
<td>16. Ability to set priorities and make good professional judgment.</td>
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<td></td>
<td>17. Demonstrates appropriate level of confidence and decision making when performing duties.</td>
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<td></td>
<td>18. Offers assistance to staff: Teamwork, Promotes understanding/cooperation with staff, technologist, and physicians</td>
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<td></td>
<td>19. Accepting constructive criticism and suggestions by taking responsibility for errors</td>
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</table>

<table>
<thead>
<tr>
<th>Grade</th>
<th>Patient Care Skills</th>
<th>Comments</th>
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<tbody>
<tr>
<td></td>
<td>25. Addresses patient by name, verification of ID by at least two forms.</td>
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<td></td>
<td>26. Introduces self to patient and effectively evaluates the patient to determine if he or she is physically or cognitively impaired due to age, and effectively determine geriatric status.</td>
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<td></td>
<td>27. Verifies exam type, obtains relevant medical history for exam, and explains procedure to patient.</td>
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<td></td>
<td>28. Maintains patient’s modesty, comfort, and confidentiality (HIPAA)</td>
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<td></td>
<td>29. Adapt positions and sequence to cause no further injury to patient. (assesses patient capability, patient transfer techniques)</td>
<td></td>
</tr>
</tbody>
</table>
30. Knowledgeable of department policies: codes red, blue, yellow, restraint, etc.

31. Knowledge of department emergency equipment and usage: O2, Suction policies

32. Practices Universal Standards: gloves, gowns, hand-washing

33. Demonstrates proper sterile technique and aseptic technique.

34. Communicates with patient with an appropriate vocal tone and volume.

35. Assists patients as needed (clothing, bedpans, directions etc)

### Critical Thinking/Problem Solving

<table>
<thead>
<tr>
<th>Grade</th>
<th>Critical Thinking/Problem Solving</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.</td>
<td>Applies didactic coursework to properly select and modify technical factors for patient body habitués, age and patient condition.</td>
</tr>
<tr>
<td>37.</td>
<td>Demonstrates the ability to modify positioning techniques to accommodate the patient conditions, age, and pathology.</td>
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<tr>
<td>38.</td>
<td>Demonstrate the ability to recognize and evaluate problems and use proper channels to communicate concerns.</td>
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<tr>
<td>39.</td>
<td>Effectively assesses ones actions and modifies future behavior.</td>
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</tbody>
</table>

### Dress Code and Personal Appearance By:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Dress Code and Personal Appearance By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>40.</td>
<td>Wears appropriate uniform, name tag, TLD badge Any infractions for criteria 40 will result in a score of 0.</td>
</tr>
<tr>
<td>41.</td>
<td>Maintains good body hygiene- no excessive scents, and OSHA guidelines regarding artificial finger nails etc. Any infractions for criteria 41 will result in a score of 0.</td>
</tr>
</tbody>
</table>

The following space is for the Clinical Instructor and assigned faculty to make notes. If not already noted by the clinical instructor the assigned faculty is responsible for writing an explanation in the space below on criteria with a score of 2 or less.

**Student's Strengths:**

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Scores = Section 1______ Section 2______ Section 3______ Section 4______ Section 5______
Total = __________
Areas for Improvement: ____________________________________________

______________________________________________________________________________

______________________________________________________________________________

I certify that this evaluation represents the view of staff technologist that has worked with the student and my best judgment as a Clinical Instructor.

Clinical Instructor Signature ___________________________________________ Date _______________________________

Per policy the final grade is the responsibility of the program faculty in consultation with the CI staff and student.

Faculty Signature ___________________________________________ Date _______________________________

I have read and received feedback on my performance. I understand my strengths and will address the areas noted that need immediate improvement.

Student Signature ___________________________________________ Date _______________________________

Student Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I request a discussion with Program Clinical Coordinators’ and Director (check if necessary)
COMPETENCY EVALUATION FORM

Student: ___________________________ Date: ___________________________
Evaluator: ________________________ File # __________________________

Competency Form for CR and DR Radiography

The student must notify the clinical instructor (CI) or designated technologists before the examination is to be attempted for a competency or re-check. The clinical instructor or the college faculty will review exam competency/ images and sign off on the Master Competency Form.

A competency is not completed until the CEC instructor or the faculty reviews the competency form and the images with the student during the image evaluation and image critique meetings. Once a competency has been achieved, the student will require indirect supervision by a certified R.T. for that examination (except for examinations that are repeated and portable exams). Re-Check competencies are performed and documented just like original competency. All radiographs must be approved by a certified R.T. prior to patient leaving the department or sending to PACS.

Competencies can be achieved in an area that has not been taught in the classroom in limited situations. When requested by the clinical instructor, student and approved by clinical coordinator the didactic instruction will be given during the faculty student scheduled image evaluation critique meetings. Faculty is responsible for providing course objectives and assignments. Appropriate documentation of delivery of didactic instruction and verification of student understanding through oral and written testing and image/competency critique will be provided by the faculty. Documentation is attached to the competency and kept in the CEC notebook.

<table>
<thead>
<tr>
<th>Performance Evaluation</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perform the Radiological Procedures listed demonstrating appropriate: (1-17)</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Type of EXAM:</td>
<td>Projection</td>
<td>Projection</td>
<td>Projection</td>
<td>Projection</td>
</tr>
<tr>
<td>1. Evaluation of requisition and verified patient I.D., and LMP status</td>
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<tr>
<td>2. Room readiness, and Portable, C-arm cleanliness</td>
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<tr>
<td>3. Patient care and management. Effectively evaluates the patient to determine if he or she is physically or cognitively impaired due to age, and effectively determine geriatric status.</td>
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<td>4. Obtained and documented exam related history.</td>
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<tr>
<td>5. Correct positioning skills. CP/ alignment.</td>
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<tr>
<td>7. Correct use of collimation, shields, aprons, and monitoring badge. ALARA</td>
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</tbody>
</table>
### Performance Evaluation

<table>
<thead>
<tr>
<th>Type of EXAM:</th>
<th>Projection</th>
<th>Projection</th>
<th>Projection</th>
<th>Projection</th>
</tr>
</thead>
</table>

8. Evaluate whether the resulting images demonstrate proper image identification (patient I.D. and correct marker, artifacts).

9. Demonstrated professional behavior and attitudes when dealing with the patient and family. Demonstrates ability to prioritize and handle stress.

10. Released patient and properly completed paperwork.

11. Evaluate whether the resulting images demonstrate proper anatomical part(s), key anatomy, and significant pathology.

12. Evaluate whether the resulting images demonstrate proper radiographic technique.

13. Performed exam in a timely manner. Demonstrates ability prioritize, and make sound decisions in a timely manner.

14. Demonstrate Digital/CR equipment set up, Includes KVP, MAS, SFS, LFS, Fluoro timer, etc.

15. Demonstrate understanding of “S” and “D” number and optimization of image prior to sending to PAC’s.

16. Demonstrated competence in the functions and use of all control buttons and settings window, brightness, contrast, and orientation. (level and window controls)

### COMPETENCY EVALUATION GRADE SHEET

1. The Competency Evaluation Grade Sheet has been designed for evaluating a maximum of four projections per radiographic examination.

2. The evaluator will mark each area with an X to indicate the point value.

3. Passing score for a 1 projection exam a minimum of 29 out of 32 possible points.
   - Passing score for a 2 projection exam a minimum of 58 out of 64 possible points.
   - Passing score for a 3 projection exam a minimum of 86 out of 96 possible points.
   - Passing score for a 4 projection exam a minimum of 115 out of 128 possible points.

\[
\text{STUDENT’S TOTAL POINTS ÷ TOTAL POSSIBLE POINTS} = \underline{\text{_______________}}\%
\]
C-ARM COMPETENCY EVALUATION FORM

Student: ___________________________  Date: ___________________________
Evaluator: ___________________________  File #: ___________________________

**Competency Form for C-Arm Procedure**

The student must notify the clinical instructor (CI) or designated technologists before the examination is to be attempted for a competency or re-check. The clinical instructor or the college faculty will review exam competency/images and sign off on the Master Competency Form.

A competency is not completed until the CEC instructor or the faculty reviews the competency form and the images with the student during the image evaluation and oral critique meetings. Once a competency has been achieved, the student will require indirect supervision by a certified R.T. for that examination (except for examinations that are repeated and portable exams). Re-Check competencies are performed and documented just like original competency. All radiographs must be approved by a certified R.T. prior to patient leaving the department or sending to PACS.

Competencies can be achieved in an area that has not been taught in the classroom in limited situations. When requested by the clinical instructor, student and approved by clinical coordinator the didactic instruction will be given during the faculty student scheduled image evaluation critique meetings. Faculty is responsible for providing course objectives and assignments. Appropriate documentation of delivery of didactic instruction and verification of student understanding through oral and written testing and image/competency critique will be provided by the faculty. Documentation is attached to the competency and kept in the CEC notebook.

0=Not Acceptable  1=Requires Minor Improvement  2=Acceptable

<table>
<thead>
<tr>
<th>Performance Evaluation:</th>
<th>A</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluate the requisition for the required examination and properly verify patient identification</strong></td>
<td></td>
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<tr>
<td><strong>Demonstrate the appropriate steps for turning on and off the C-Arm.</strong></td>
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<tr>
<td><strong>Demonstrates the ability to handle stress and prioritize the physician needs.</strong></td>
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<tr>
<td><strong>Understand and demonstrate proficiency in setting exposure factors (i.e., regular, lo-dose, pulse) on the control panel.</strong></td>
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<tr>
<td><strong>Demonstrate proper maneuverability of the C-Arm during the examination including applicable locks and pedals.</strong></td>
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<tr>
<td><strong>Apply pertinent patient identification for final image processing</strong></td>
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<tr>
<td><strong>Manipulate post processing parameters to improve the diagnostic quality of the resultant images</strong></td>
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<tr>
<td><strong>Demonstrate proficiency in retrieving previous images and sending resultant images to and from PAC’s, or printing if applicable.</strong></td>
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<tr>
<td><strong>Maintain appropriate radioprotective guidelines such as; employing the use of dosimetry, documenting fluoro time, and providing radioprotective apparel for all personnel in the exam room.</strong></td>
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<tr>
<td><strong>Properly disinfect the C-Arm before and after the procedure</strong></td>
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<tr>
<td><strong>Demonstrate the standard principles of surgical asepsis throughout the procedure</strong></td>
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</tbody>
</table>

**COMPETENCY EVALUATION GRADE SHEET**

The Competency Evaluation Grade Sheet has been designed for evaluating competency in use of the C-Arm. The evaluator will mark each area with an X to indicate the point value.

A minimum of 15 points out of 20 possible must be scored to demonstrate competency.

Student’s Total Points / Total Points Possible = _____________%
RADIOGRAPHIC IMAGE EVALUATION RAD 173, 176, 177, 183, 186

This form is used when performing Image Critique and Competency verification by the clinical coordinator at the CEC.

I. Patient’s Clinical and Physical, Cognitive Conditions
   A. Medical history
   B. Clinical indications for procedure
   C. Patient’s mental state during procedure
   D. Body habitus

II. Technique Used
   A. Factors
   B. Source image-receptor distance (SID)
   C. Adjustments
   D. Grids
   E. Cassettes / Image receptors
   F. Ranges for S # DI value and ranges for body part examined

III. Collimation and Shielding
   A. IR size and alignment
   B. Field size
   C. Radiation protection devices
   D. Markers
   E. Annotation

IV. Positioning
   A. Basic positioning
   B. Devices
   C. Adjustments

V. Radiographic Anatomy
   A. Radiographic anatomy
   B. Anatomical anomalies
   C. Pathology

VI. Radiographic Quality
   A. Density/ Brightness
   B. Contrast
C. Resolution
D. Distortion and magnification
E. Mottle
F. Artifacts
G. S value/ Dose index/ Exposure Index
H. Magnification

1. Evaluate orally the images based on the image evaluation form layout.
2. Present information related to patient’s clinical and physical condition.
3. Describe technical errors present in radiographs due to improper technique, poor positioning, or extrinsic factors.
4. Describe adjustment of technique or position to enhance or improve the image.
5. Identify radiation protection devices utilized during the procedure.
6. Describe radiographic anatomy and pathology pertinent to the exam.
RADIATION SAFETY REVIEW FORM

__________ has exceeded the maximum dose equivalent of 125mrem during the following month _______. The dosimeter report has been reviewed and signed by the student. He/she has been given a radiation safety review and can describe means in which to adhere to the concept of ALARA and understands the importance of practicing good radiation safety measures.

CEC where the radiation incident occurred ____________

CEC notified on ________________ (date)

Possible Activity that led to the reported incident:

__________________________________________________________

Suspected Date(s) during the report period that the incident may have happened:

__________________________________________________________

Actions Taken:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Student Signature

__________________________________________________________

Faculty Signature

__________________________________________________________

Program Director Signature
CLINICAL EDUCATION ABSENCES RECORD

Student __________________________ Course __________________________
Clinical Education Center (CEC) __________________________ Semester __________________________

Complete the following form to record only your ABSENCES. Absences can only be made up with the approval of the clinical instructor. All absences must be reported to the CEC clinical instructor and assigned faculty prior to the start of the shift. The absences can be made up on a day or evening shift Monday through Sunday. (See JRCERT Policy) Please complete the bottom of this form after you have met with the clinical instructor and have approval to make up dates. Students absent 16 hours must inform faculty and met to discuss plan of action.

<table>
<thead>
<tr>
<th>Date of Absence</th>
<th>Number of Hours Missed</th>
<th>Absence Was Made Up On</th>
<th>Signature of CE Instructor To Verify Absence Was Made Up</th>
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</table>

I understand that not completing the required days will impact my final grade, and will require an Incomplete (I) grade be submitted at end of semester. If I receive an "I" in this course I will not be able to register for the next semester until my hours have been completed and approved by the CEC Instructor and faculty.

Students Signature _________________________________________ Date _________________________________________

I had more than two (2) absences and I met with (Instructor’s name) _____________ on (date) ______________ _______ to discuss absences.

Instructor Comment: _________________________________________

Instructor Signature _________________________________________ Date _________________________________________
APPENDIX B
SCHEDULING POLICY

Schedules for radiology courses (lectures, college assignment, and clinical assignments) are established at the discretion of the Radiologic Program and College Policy. Individual student requests for schedules will not be guaranteed. Clinical assignments are Monday thru Friday, with evening and weekend assignments as required by some Clinical Education Centers.

Radiologic schedules are dependent on clinical site and instructor availability and are always subject to change. Clinical site rotation sites and shifts may be changed from the original designated clinical site/shift at the discretion of the CEC and Program. Students are responsible for Clinical Education Center placement fees and additional immunizations.

I have read and understand the above statement. I will sign this statement at the beginning of each and every semester I am enrolled in a radiologic course.

Student Name (Print)          Student ID#

______________________________  ______________________________
Student Signature               Date
RELEASE OF ALL CLAIMS

RELEASE, made by the undersigned, _________________________________________________
of ________________________________________________

(Street Address / City / State / Zip)

In consideration of the privilege and permission granted to me by Pima County Community College District to enroll and participate in the ____________________________________ RAD program.

I, the undersigned, hereby freely agree to the following contractual representations and agreements:

I have received counseling with regard to the above-mentioned program and I am aware of and fully understand the hazards related to clinical training and practices in hospitals and clinical settings. I agree to accept and abide by all safety practices and procedures which will be part of the training program.

My participation in the program is voluntary and motivated by personal interest, and I fully assume the risks associated with clinical training, including those related to the treatment of patients who have contagious illnesses or diseases.

I hereby release and discharge Pima County Community College District, its agents, employees and officers from all claims, demands, actions, judgments and executions which the undersigned may have or the undersigned’s heirs, executors, administrators or assigns may have against Pima Community College District for all personal injuries, arising out of my participation in the clinical training related to the above mentioned program.

I have read the Radiologic Technology Program Student Handbook and I understand and accept unamended the responsibilities and obligation imposed upon me.

I, the undersigned, have read this Release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release on the day and year appearing after my signature.

Print Name ______________________________ Date ______________________________

Signature ______________________________
STANDARD PRECAUTIONS

Since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens, blood and body fluid precautions should be consistently used for all patients. This approach previously recommended by CDC and referred to as —universal blood and body fluid precautions‖ or —universal precautions‖ should be used in the care of all patients, especially in emergency care settings where the risk of blood exposure is increased and the infection status of the patient is usually unknown.

1. Health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when in contact with blood or other body fluids of any patient. Gloves should be worn when exposed to blood and body fluids, mucous membranes or non-intact skin of all patients, handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed and hands washed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membrane of the mouth, nose and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

3. Health care workers should take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

5. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

6. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission.

In the event of accidental exposure to potentially infective material, the student should immediately contact their Clinical Instructor.
HEALTH RISK STATEMENT OF UNDERSTANDING

I understand there is health risks involved as a participant in the Radiologic Technology Program at Pima Community College.
I understand I may come in contact with clients who have contagious or communicable diseases such as AIDS, hepatitis or measles. I will be taught Standard Precautions, but it is possible I will still come in contact with pathogenic organisms.
I understand contact with pathogenic organisms can cause physical complications during pregnancy and/or can cause defects in an embryo or fetus.
I understand to fulfill the requirements of the skills laboratory and clinical laboratory components of the Radiologic Technology Program, students must be able to demonstrate correct lifting and transferring of adult clients.
I understand, to meet the requirements of the program, I will have no restrictions on my ability to lift any amount of weight. I must be physically able to meet the requirements of the program.
I am advised to consult a physician concerning any of these health risks as they apply to me.
Understanding the health risks involved, I choose to pursue the training and education necessary to fulfill the requirements of any of the Radiologic Technology Program at Pima Community College.

__________________________________________________________________________
Student Name (PRINT)                                                     Student I.D. Number

__________________________________________________________________________
Student Signature

__________________________________________________________________________
Date
VERIFICATION OF PERSONAL HEALTH INSURANCE

Verification of health insurance. Students must provide a current personal health insurance card. Students will be asked to sign a form verifying and agreeing to maintain personal health insurance while in the program. Discount or sliding scale fee cards are not accepted.

I understand that:

1. In order to participate in any radiologic course with a clinical component, I must carry personal health insurance; it is my responsibility to have current documentation of insurance in the front of my CEC notebook, and one copy in my master file in the Lead faculty office.

2. By signing this verification, I am stating to the radiologic program and the clinical agencies that I have personal health insurance;

3. Falsification of this document will result in my being processed through the Student Code of Conduct.

_________________________________________  ____________________________
Student Name (PRINT)                          Student I.D. Number

_________________________________________  ____________________________
Student Signature                              Date

_________________________________________
Radiologic Course & Semester
This form must be completed by a licensed health care provider (MD, DO, NP or PA).
Please read and complete all information.

Student Applicant Contact Information

Student Applicant Name: ___________________________ Student Applicant I.D. #: __________________

Street Address: ___________________________ Home Phone: __________________
City, State ZIP: ___________________________ Work Phone: __________________
Email: ___________________________ Cell Phone: __________________

Health Declaration

Radiologic Technology students are required to be able to meet and/or perform the Technical Standards Essential for Radiologic Technology Practice. These technical standards include a number of physical activities that students must perform in the skills lab and clinical portion of the program, with or without reasonable accommodation. These activities may include lifting patients, performing physical activities for several hours at a time without rest, obtaining readings from medical instruments, placing and obtaining objects from areas above the shoulders and below the waist, receiving verbal instructions, and communicating effectively with members of the health care team, patients, and families. The clinical experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

Physical Examination

In conducting your physical examination to determine whether the above-named applicant is capable of meeting the Technical Standards Essential for Radiologic Technology Practice listed on the back of this page, please include an evaluation of the following systems:

- Basic vital statistics to include height, weight, blood pressure, pulse, respiration, and temperature
- Vision (Snellen Chart)
- Hearing (gross –whisper heard at 3 ft.)
- EENT
- Cardiovascular System
- Respiratory System
- G.I. System
- G.U. System
- Neuromuscular System
- Musculoskeletal System
Please read the Radiologic Technology Program *Technical Standards Essential for Radiologic Technology Practice* listed on the back of this page (page 2) and then complete the two questions on page 3.

### Technical Standards Essential for Radiologic Technology Practice

<table>
<thead>
<tr>
<th>Functional Ability</th>
<th>Standard</th>
<th>Examples of Required Activities</th>
</tr>
</thead>
</table>
| **Gross Motor Skills** | Gross motor skills sufficient to provide the full range for safe and effective patients care activities | • Move within confined spaces such as treatment room or operating suite  
• Assist with turning and lifting patients  
• Administer CPR |
| **Fine Motor Skills** | Fine motor skills sufficient to perform manual psychomotor skills | • Pick up and grasp small objects with fingers such x-ray identification markers |
| **Physical Endurance** | Physical stamina sufficient to remain continuously on task for up to a 12-hour clinical shift while standing, sitting, moving, lifting, and bending to perform radiographic examinations and procedures | • Lift and move heavy objects up to 50 pounds  
• Walk/stand for extended periods of time; turn, position, and transfer patients  
• Wear lead aprons, and thyroid collars for extended periods of time  
• Manually resuscitate patients in emergency situations |
| **Physical Strength** | Physical strength sufficient to perform full range of required patient care activities | • Push and pull 250 pounds on wheeled bed or gurney  
• Lift and move heavy objects up to 50 pounds  
• Push and pull radiographic mobile equipment for extended periods of time |
| **Mobility** | Physical ability sufficient to move from room to room and maneuver in small spaces; full range of motion to twist/bend, stoop/squat, reach above shoulders and below waist and move quickly; manual and finger dexterity; and hand-eye coordination to perform Radiologic Technology activities | • Move around in work area and treatment areas. Position oneself in the environment to perform duties without obstructing the position of other team members or equipment |
| **Hearing** | Auditory ability sufficient for physical monitoring and assessment of patients health care needs | • Hear normal speaking level sounds  
• Hear auditory alarms (monitors, x-ray exposure indicator, fire alarms, call bells)  
• Hear cries for help |
| **Visual** | Normal or corrected visual ability sufficient for accurate observation | • See objects up to 20 feet away  
• Visual acuity to set exposure factors and |
<table>
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<tr>
<th>and performance of Radiologic Technology duties</th>
<th>operate computer keyboard</th>
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<tbody>
<tr>
<td>• Assess skin color (cyanosis, pallor)</td>
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<tr>
<th>Tactile</th>
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<tbody>
<tr>
<td>Tactile ability sufficient for physical monitoring and assessment of health care needs</td>
<td>• Feel vibrations (pulses)</td>
</tr>
<tr>
<td></td>
<td>• Detect temperature changes</td>
</tr>
<tr>
<td></td>
<td>• Palpate anatomical landmarks during radiographic positioning</td>
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<thead>
<tr>
<th>Smell</th>
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<tbody>
<tr>
<td>Olfactory ability sufficient to detect significant environmental and patients odors</td>
<td>• Detect odors from patients (foul smelling drainage, alcohol breath)</td>
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<td></td>
<td>• Detect smoke</td>
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<thead>
<tr>
<th>Emotional/Behavioral</th>
<th></th>
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<tbody>
<tr>
<td>Emotional stability and appropriate behavior sufficient to assume responsibility/accountability for actions</td>
<td>• Establish rapport with patients, instructors and members of health care team.</td>
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<td></td>
<td>• Respect and care for persons whose appearance, condition, beliefs and values may be in conflict with their own</td>
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<tr>
<td></td>
<td>• Deliver Radiologic Technology care regardless of patient’s race, ethnicity, age, gender, religion, sexual orientation or diagnosis</td>
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</table>

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<thead>
<tr>
<th>Professional Attitudes and Interpersonal Skills</th>
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<tbody>
<tr>
<td>Present professional appearance and demeanor; demonstrate ability to communicate with patients, supervisors, members of health care team to achieve a positive and safe work environment. Follow instructions and safety protocols</td>
<td>• Conduct themselves in a composed, respectful manner in all situations and with all persons</td>
</tr>
<tr>
<td>Honesty and integrity beyond reproach</td>
<td>• Work with teams and workgroups</td>
</tr>
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<td></td>
<td>• Establish and maintain professional boundaries</td>
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<td></td>
<td>• Demonstrate emotional skills to remain calm and maintain professional decorum in an emergency/stressful situation</td>
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<tr>
<td></td>
<td>• Demonstrate prompt and safe completion of all patients care responsibilities</td>
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<tr>
<td></td>
<td>• Adapt rapidly to changing environment/stress</td>
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<td></td>
<td>• Exhibit ethical behaviors and exercise good judgment</td>
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<tr>
<th>Communication</th>
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<tr>
<td>Oral communication skills sufficient to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the health care team, including non-verbal communication, such as interpretation of facial expressions, affect and body language</td>
<td>• Give verbal directions to or follows verbal directions from other members of the healthcare team and participate in health care team discussions of patients care</td>
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<td></td>
<td>• Elicit and record information about health history, current health status and responses to treatment from patients or family members</td>
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<tr>
<td></td>
<td>• Convey information to patients and others as necessary to teach, and direct individuals in an accurate, effective and timely manner</td>
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<tr>
<td></td>
<td>• Recognize and report critical patients information to other caregivers</td>
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</table>
**Licensed health care provider’s conclusions. Questions #1 and 2 MUST be answered.**

1. To the best of your knowledge, do the results of your physical examination indicate that the student applicant will be able to deliver safe and efficient patient care while in the Radiologic Technology program?
   - [ ] Yes
   - [x] No
   If no, please explain. If additional space is required, please attach your explanation on letterhead stationery.

2. To the best of your knowledge, can the student applicant perform all of the Technical Standards Essential for Radiologic Technology Practice?
   - [ ] Yes
   - [x] No
   If no, please explain which standards the applicant is unable to perform and why. If additional space is required please attach your explanation on letterhead stationery.

**ATTENTION STUDENT APPLICANT:** If the health care provider’s response to Question #1 or Question #2 is “No”, the student must contact the PCC West Campus Disabled Student Resources (DSR) Office to determine if reasonable accommodations can be made. Enrollment into the Radiologic Technology program will be pending evaluation by the PCC West Campus DSR Office and the Radiologic Technology Department.

---

1If you require or believe you may require a reasonable accommodation for a disability, or if you have a question about the Americans with Disabilities Act (ADA) or the Rehabilitation Act (Section 504), please contact the College’s Office of Access and Disability Resources (ADR) at ADRhelp@pima.edu or call ADR Director at (520) 206-3228. Even if a Licensed Health Care Examiner has indicated a belief that you will not be able to function as a student in the program or activity listed above, even with a reasonable accommodation, you are encouraged to contact ADR to discuss further options that may be available to you.

---

**Licensed Health Care Provider (MD, DO, NP or PA)**

Signature of Licensed Health Care Provider: ___________________________ Date: ___

Please PRINT clearly or type:

Name of licensed health care examiner: ________________________________

Title: _____________________ Telephone Number: _______________________

Address: ___________________________________________________________
Clinical Eligibility Immunization Requirements:

All students entering the Radiologic Technology Program must meet eligibility requirements to attend the clinical laboratory. This is essential for the safety of the patients at the clinical facilities used by the Radiologic Technology Department. The student must provide proof of meeting these requirements. Documentation of immunization records and laboratory results of titers must be provided by the student along with the Health Declaration/Physical Examination Form to Castle Branch.

1. MMR (measles/ mumps/rubella): Two doses (4 weeks between doses) or students may provide a copy of laboratory results demonstrating immunity.

2. Varicella (chicken pox): Two doses (4 weeks between doses) or students may provide a copy of laboratory results demonstrating immunity.

3. Hepatitis B series: Three doses or students may provide a copy of laboratory results demonstrating immunity. Hepatitis B series must be completed prior to starting in the program. Please be aware that the hepatitis vaccination is a series of three shots with 1-2 months between the first and second shot and four months between the second and third shot.

4. Tdap (tetanus, diphtheria and pertussis) received within the last 10 years, effective through the last day of the currently enrolled semester. If the immunization expires within the academic semester, the student must be immunized again.

5. Negative PPD Tuberculosis: Negative initial two-step skin test OR

   - If positive results provide the following:
     
     ✓ Documentation of a clear Chest X-Ray (done after the date of positive PPD and within the last 5 years) AND
     ✓ Completed 2 page TB form (form must indicate clear Chest X-Ray results, date of positive PPD and MUST be completed, signed and dated by healthcare provider.) Form is available in RAD handbook.

     ➢ If the requirement expires between January 1st and June 30th, renewal date will be set at January 1st.
     ➢ If the requirement expires between July 1st and December 31st, renewal date will be set at July 1st.

   - Upon renewal, one of the following is required:
     
     ✓ 1-Step skin test OR
     ✓ Quantiferon Gold blood test OR
     ✓ If past positive results, TB Questionnaire MUST be completed, signed and dated by healthcare provider.) Form is available in RAD handbook.
6. Annual flu shot verification. Due at the beginning of each Fall Semester.

**Additional Eligibility Requirements:**
As with the immunizations, **the student is to retain the originals and provide copies of all documentation provided regarding clinical eligibility.**

1. Arizona Department of Public Safety (DPS) Fingerprint Clearance Card and a copy of the card.
2. CPR card Health Care Provider level – infant/child/adult) effective through the last day of the currently enrolled semester and a copy of both sides of the card.
3. Verification of health insurance with insurance card and a copy of the card, effective through currently enrolled semester.
4. PCC student ID card (with picture) and a copy of the ID card.
5. Signed copy of Signature Form from *Radiologic Technology Program Student Handbook.*
Student Immunizations and Health Declaration Form

Student Name:__________________________ Student # ____________

Address __________________________ City ____________ St _____ Zip ________

Home Phone ______________ Work Phone: __________ Cell Phone: __________

Immunizations

Varicella (chickenpox): x2 (with 4 weeks minimum between doses) or titer with proof of immunity
1st Vaccine date ______ 2nd Vaccine date _______ Titer date ______

MMR (Measles, Mumps, Rubella): X 2 (with 4 weeks minimum between doses) or titer with proof of immunity.

Titer:  Date:___________ MMRs: Date:___________ Date: _____________

Results:__________

Negative PPD Tuberculosis: Negative initial two-step skin test (PPD) (a 5 day minimum and
21 day maximum between the first and second skin test)
or if positive PPD provide clear Chest x-ray (done after the date of positive PPD and within the
last 5 years AND
Complete the 2 page TB questionnaire signed and dated by the healthcare provider.)
Upon renewal, one of the following is required:
• A 1-step skin test OR a quantiFERON Gold blood test OR if positive results, a TB
questionnaire.

Date ______ Neg._ _______ Positive ______ Date _______ Neg._ _______ Positive ______

TB check sheet _____ Chest X-Ray Date _______________ Results _______________

Hepatitis B x 3 or titer with proof of immunity must be completed prior to starting the program in June.
Please be aware that the hepatitis vaccination is a series of three shots with 1-2 months between the first and second
shot and four months between the second and third shot.

First Injection date: __________ Second injection date: __________
Third injection date: __________ Date of titer and results: ____________

TDaP (tetanus/diphtheria/pertussis) within the last 10 years. (Current through the last day of semester) _________

Annual Influenza shot ______________ The RAD Program will inform you via your PCC e-mail of the
deadline date. Due each fall semester.
Health Declaration (to be completed by Licensed Health Care Examiner)

It is essential that radiologic technology program students be able to perform a number of physical activities in the clinical portion of the program, with or without reasonable accommodation. These activities may include lifting patients, performing physical activities for several hours at a time without rest, obtaining readings from medical instruments, placing and obtaining objects from areas above the shoulders and below the waist, receiving verbal instructions, and communicating effectively with co-workers and clients. The clinical experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. For further information regarding technical standards for students in the Radiologic Technology Program, please refer to the following page, entitled, “Technical Standards for Students in the Radiologic Technology Program.”

I believe the applicant _____ will _____ will not be able to function as a Radiologic Technology student, with or without reasonable accommodation. If you indicated that this applicant will not be able to function as a respiratory therapy student please explain on letterhead stationery and attach it to this form.

1If you require or believe you may require a reasonable accommodation for a disability, or if you have a question about the Americans with Disabilities Act (ADA) or the Rehabilitation Act (Section 504), please contact the College’s Office of Access and Disability Resources (ADR) at ADRhelp@pima.edu or call ADR Director at (520) 206-3228. Even if a Licensed Health Care Examiner has indicated a belief that you will not be able to function as a student in the program or activity listed above, even with a reasonable accommodation, you are encouraged to contact ADR to discuss further options that may be available to you.

Licensed Health Care Examiner

Print Name: ___________________________________________ Title: ________________________________
Address: ___________________________________________ Phone: ________________________________
Signature: ___________________________________________ Date: ________________________________
Tuberculosis Documentation Record

To be completed by the patient:

Patient Name:__________________________________________________________

Pima ID Number A ________________________________________

To be completed by a licensed healthcare provider (MD/DO/NP/PA):

The above patient cannot receive a PPD due to a previous positive PPD.

Date of positive PPD: _______________

Date of negative chest x-ray following the positive PPD: _______________

Healthcare Provider Name (Please Print): ________________________________

Title: ______________________________ Phone: _________________________

Signature: ______________________________ Date: ______________

Address: __________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Pima Community College
Division of Radiologic Technology Program

Tuberculosis Symptom Screen for Persons with Positive PPDs

Dear Healthcare Provider (MD, DO, NP, PA),

Please complete the symptom checklist below:

1. Cough longer than three weeks
   - Yes
   - No

2. Hemoptysis
   - Yes
   - No

3. Shortness of breath
   - Yes
   - No

4. Night sweats
   - Yes
   - No

5. Poor appetite
   - Yes
   - No

6. Unexplained weight loss
   - Yes
   - No

7. Fever/chills
   - Yes
   - No

8. Very low energy/very tired without reason
   - Yes
   - No

__________________________________________, is free of symptoms of tuberculosis and

(Name of Patient)
I do not recommend a repeat chest radiograph.

Healthcare Provider Name (please print): _____________________________________________

Title: ______________________________ Signature ___________________________

Date ________________________________
West Campus
Radiologic Technology Program

PREGNANCY POLICY

The National Council of Radiation Protection (NCRP) advises that control measures should be taken to avoid or reduce the risk of ionizing radiation exposure to the human embryo or fetus. It should be noted that the risks of detectable effects induced by medical diagnostic exposure are very small. The program has established the following policy directed toward the protection of the declared pregnant student and the unborn fetus from the harmful effects of ionizing radiation. The student may elect to voluntarily declare the pregnancy to the program director. The declaration must be in writing. The declared pregnant student has the option to withdraw the declaration of pregnancy at any time. Withdrawal of the declaration must be in writing. In the absence of this voluntary written disclosure, a student cannot be considered pregnant and will continue her educational program without modification. Declared pregnant students are expected to follow additional protective steps detailed below. These measures restrict the fetal radiation dose to not exceed 0.5rem (5mSv), the maximum permissible occupational exposure dose equivalent to the embryo-fetus during the gestational period.

The following procedure shall be followed:

1. The Department Director will review the student’s previous radiation exposure history. The Director will review with the student the NCR Guide 8.13, protective actions and the risks associated with radiation exposure to the fetus. Guide available at: http://www.ehs.ucr.edu/radiation/regulatoryguide8.13.pdf

2. After student consultation with her physician and medical certification that a pregnancy exists, the Program Director will offer two options to the student. Medical forms provided by the Program will need to be completed by the physician.

Option #1 - Leave of Absence During Pregnancy

If the student so decides, she may elect to leave the program during the pregnancy period.

   A. If the student decides to accept this option and leaves the program, she must immediately notify the Program Director in writing.

   B. May postpone entry until the following year if the pregnancy is declared before beginning the program.

   C. An incomplete grade will be awarded for the course(s) in progress. The remaining course work may be completed upon the student’s return; however, it may not be feasible for the student to re-enter the program immediately since all courses are offered chronologically and only once a year.
D. All didactic and clinical course work must be completed prior to completion and graduation from the program.

Option #2 - Remain in the Program During the Pregnancy

If the student so decides, she may continue in the program under the following requirements:

A. The student is required to review and implement radiation safety practices as outlined by NCR Guide 8.13.3.

B. Submit a physical exam report from her physician documenting that she may continue to participate in all aspects of the clinical portion of the Radiologic Technology Program.

C. Follow all policies and procedures of the clinical education affiliate.

D. The student will wear two body dosimetry badges. One badge should always be worn at collar level and the other badge at waist level. The waist level badge should be identified as a fetal badge. When a lead apron is worn, the badge at collar level should be worn outside the apron and the badge at waist level should be worn under the apron.

E. The student should wear a wrap-around lead apron during exposures to radiation. Lead aprons of 1.0 mm Pb, worn at fetal level is recommended.

F. The student is required to participate in all scheduled clinical rotation areas as assigned in order to complete required clinical competency exams with the exception of elective Nuclear Medicine and Radiation Therapy optional rotations.

The student is required to complete and sign documentation acknowledging receipt of all information associated with the pregnancy. This documentation is kept in the student’s secure file.

I have read and understand this pregnancy policy. I accept all risks and all of the responsibilities for my pregnancy,

________________________________________  __________________________
Student Name (PRINT)                                Date

________________________________________  __________________________
Student Signature                                 Date

________________________________________  __________________________
Program Director                                 Date
JRCERT ALLEGATIONS OF NON-COMPLIANCE POLICY

1. Complaints and allegations of non-compliance by the program of JRCERT standards may be communicated directly by students to the JRCERT by calling their office at (312) 704-5300.

2. It is the policy of the Radiologic Technology Program to work with the JRCERT if and when the program is in non-compliance with the JRCERT standards. The program will investigate and where appropriate make the revision necessary to come into compliance. The program is committed to informing the students, clinical centers and advisory board members of the JRCERT standards.

DIRECT/INDIRECT and REPEAT EXAMINATION
Policy Verification

In support of professional responsibility for provision of quality patient care and radiation safety, unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer, regardless of the student's level of competency. Failure to comply with this policy may be grounds for suspension or termination.

JRCERT Objective 4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

JRCERT Objective 4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

JRCERT Objective 4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

HIPAA/Patient Confidentiality

The undersigned hereby recognizes that medical records, patient care information, personnel information, reports to regulatory agencies, conversations between or among any health care professionals are considered privileged and should be treated with utmost confidentiality.

If it determined that a breach of confidentiality has occurred as a result of my action. I can be liable for damages that result from such a breach.

Signature indicates that you have read the above policy and understand your rights and responsibilities as a student radiographer in the PCC RAD program.

MRI Safety

I have viewed the MRI safety video and successfully completed the post test and reviewed the MRI safety checklist. I will comply with all MRI safety guidelines set forth in the instructional video and those protocols designated at the clinical centers. I understand that I am not allowed in the MRI suites at any clinical center without authorization and must have direct supervision when allowed into MRI suites as part of my training.

Student Name (PRINT)
__________________________________________________

Student Signature _______________________________ Date _________________________

Give Copy to Director & Put Copy in CEC Notebook
Pima Community College District
West Campus
Radiologic Technology Program

ACADEMIC /CLINICAL WARNING

Student’s Name: ________________________________________________

Course Name: __________________________________________________

Date: __________________________________________________________

Instructor: ________________________________________________ CI: ________________

In keeping with the published standards regarding minimum grade requirements in the Radiologic Technology Program curriculum, please be advised that you are below acceptable limits in the above course.

In accordance with program policy you must maintain a 75% average in all radiography courses. Please make an appointment with me to discuss ways in which you can improve your course average in order that you may be successful in this course and in the program. My office hours are posted in the course syllabus.

A copy of this form will be given to you and one placed in your file.

Please make an appointment with your instructor within 24 hours.

Student Signature: ______________________________________________

Instructor Signature: __________________________________________

Program Director Signature: _____________________________________

Clinical Instructor Signature: _____________________________________

Dear Student:

You are in jeopardy of failing RAD __________, because of your performance on exam(s)__________.

Comments:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
STUDENT DEFICIENCY NOTICE / LEARNING CONTRACT - CLINICAL

Student Name: __________________________ Date(s) of Deficiency: __________________________

You are in jeopardy of failing the RAD Program, because of your performance in the CEC.

This Student Learning Contract is in effect until you graduate from the program.

Student Signature __________________________ Date __________________________

Faculty Signature __________________________ Date __________________________

Areas of Deficiency

<table>
<thead>
<tr>
<th>Required Goal(s)</th>
<th>Deadline for Meeting Goal(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STUDENT DEFICIENCY NOTICE / LEARNING CONTRACT - CLINICAL

Weekly Progress Report

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature _________________________________ Date ___________________________

Faculty Signature _________________________________ Date ___________________________
RECOMMENDATIONS FOR STUDY

1. ______________________________________________________________

2. ______________________________________________________________

3. ______________________________________________________________

4. ______________________________________________________________

5. ______________________________________________________________

6. ______________________________________________________________

7. ______________________________________________________________

8. ______________________________________________________________

9. ______________________________________________________________

10. ______________________________________________________________
Pima Community College District
West Campus
Radiologic Technology Program

STUDENT CONTRACT

Student ___________________________ Date __________________

___________________________
Faculty Member Signature

__________________________
Date

__________________________
Student Signature

__________________________
Date
STUDENT’S CLINICAL EDUCATION GOALS STATEMENT

Student________________________ Date________________________

CEC __________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

The stated goals must be achieved by: ____________________________

Student Signature_________________________________________Faculty Member Signature_______________________

Date____________________________________________________ Date________________________________________
Clinical Incident Report

Name of person preparing this Incident Report: ________________________________

Date that this Incident Report is being prepared: ______________________________

Name of student involved in the incident being reported: ________________________

Time, date and place of incident being reported: Time:______________ Date:__________

Location where incident occurred: ____________________________________________

Description of the incident (please provide as much detail as possible—use additional sheets if necessary): ________________________________

___________________________________________________________________________

Names of other witnesses to, or persons with information concerning, the incident: ________

___________________________________________________________________________

Clinical Instructor Notified ________________________________________________
CEC Supervisor notified ________________________________________________
Program Director Notified ________________________________________________
Clinical Coordinator notified ________________________________________________

Signature and Contact Information of Person Preparing This Incident Report

_________________________ ______________________________
Signature Telephone number of other contact information

Completed form and related documents specific to the CEC to be copied and provided to the Program Director and CEC RAD department Director.
Environmental Health and Safety (EH&S) Procedure & Guidelines

1. PURPOSE AND OBJECTIVE
The PCC accident reporting procedure ensures that accidents are properly documented and investigated in a timely manner; that all causes (direct and contributory) are thoroughly identified; and that the appropriate corrective actions are taken.

An accident is an undesired event resulting in injury to a person or damage (including fire) to college property. Any accident, near-miss or damage to college property must be reported as soon as possible and no later than 48 hours after the event.

2. REPORTING PROCEDURE
The accident/injury reporting procedure applies to:
- A work-related injury or accident to a PCC employee.
- Injury or accident to a PCC student while participating in a college class or activity.
- Injury or accident to visitors or contractors while on PCC premises.
- Damage that occurs to PCC property including fire.
- A non-injury event that has the potential to cause harm or damage (near-miss).

What to do in the event of an accident?
- In the event of serious injury or immediate danger call 911.
- Attend to any injuries.
- Reporting of injuries/accidents.
  - Employees must notify their supervisor of all work-related accidents/injuries.
  - If you are a student and are injured during a PCC class or activity, notify the supervising faculty member.
  - Visitors or contractors should contact any college employee for a copy of the Accident/Injury Reporting Form.
- Complete an Accident/Injury Reporting Form and submit to EH&S as soon as possible and no later than 48 hours. A copy of this form is available on the PCC Employee Intranet (log in to MyPima) click on Health and Safety. It can also be accessed from the PCC Internet, Facilities Web page.

Environmental Health and Safety Department
Campus Mail: MS-1805
E-mail: EHS-info@pima.edu
Fax: 206-2665
# Accident/Injury Reporting Form

**Section A: General Information**  
(To be filled out by injured/person involved)

- **Name of person involved or injured:**
- **Incident Date:**
- **Time of Incident:**
- **A#:**
- **Employee**
- **Student**
- **Visitor**
- **Contractor**
- **Department:**
- **Position:**
- **Phone:**

**Section B: Description of the Event**  
(To be filled out by injured/person involved)

- **Where did the accident happen?** (e.g. loading dock, office)
  - CC
  - DC
  - DO
  - DV
  - EC
  - MS
  - NW
  - WC
  - Other:
  - Bldg. and Room #:

- **What happened?** (Description of the event and how it occurred, e.g. tripped on stairs while carrying boxes, burned finger while soldering)

- **Actions taken to control effects of incident** (e.g. used fire extinguishers, administered first aid)

- **Describe Injuries** (Include parts of the body, e.g. left elbow, neck)

- **What factors contributed to the event?** (e.g. faulty equipment, wet conditions)

**Section C: Preventative Measures**  
(To be filled out by injured/person involved)

- **What can be done to avoid this situation in the future?**

**Other individuals involved and/or observed incident:**

- **Name:**
- **Name:**
- **Name:**
- **Name:**

- **Did you see a doctor or other healthcare professional for this injury?**
  - Yes
  - No
  - If yes, where?

- **Form completed by:**
- **Telephone Number:**

**Signature:**

*This form should also be used to report "near misses" that address conditions where hazards may exist, but an injury did not occur.*
**Section D: This section to be filled out by supervisor or supervising faculty member**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

Describe what happened:

What actions were taken:

What corrective measures will be taken to prevent this incident in the future?

Signature: ___________________________  Date: ________________

**Section E: Reviewed by Director of Environmental Health and Safety**

Signature: ___________________________  Date: ________________

Comments:

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**If this accident involved a college vehicle or college rental vehicle, you must also complete Appendix A - Automobile Liability Loss Report.**

Send Accident/Injury Reporting Form to Environmental Health and Safety (EH&S) as soon as possible and no later than 48 hours of injury/accident.

Fax: 206-2665  
Campus Mail: MS-1805  
E-mail: ehs-info@pima.edu  
Phone: 206-2765

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**Clinic Information for Employees**

The employee can choose a medical provider for their first doctor’s appointment. Clinics that are familiar with the College and the worker’s compensation process are listed below.

<table>
<thead>
<tr>
<th>U.S. Health Works (formerly Tucson Occupational Medicine)</th>
<th>MBI Occupational Healthcare</th>
</tr>
</thead>
</table>
| 2945 W. Ina Rd – (520) 877-8600  
1661 W. Grant Rd – (520) 628-4340  
888 S. Craycroft Rd – (520) 747-0417 | 1001 E. Palmdale  
(520) 807-1060 |
As a student of Pima Community College you have rights and responsibilities which are listed in the Student Code of Conduct. It is the duty of each student to be aware of the policies that govern behavior and due process at Pima Community College. This important document can be found on the PCC website or by typing the following link into your browser.

http://www.pima.edu/current-students/code-of-conduct/docs/Student-Code-of-Conduct.pdf

As a student in the Pima Community College & Division, you must sign and date the verification below:

**I realize that it is my responsibility to read and understand the information contained in the Student Code of Conduct. I confirm that I have read and understand the Student Code of Conduct.**

Name (Please print): ________________________________

Signature: _________________________________________              ______________ __________

Date:
SUBSTANCE ABUSE (alcohol and drug)

I have read and was given the Substance Abuse Policy the first day of my first class upon entering this program. I am aware that the program will require annual random drug screens and the clinical institutions may have policies requiring random drug testing.

Student Name (PRINT) ____________________________________________

Student I.D. Number _____________________________________________

Student Signature ______________________________________________

Date __________________________________________________________
RELEASE AND CONSENT FORM

I, ________________________________, authorize J2 Laboratory, Pima Community College police or any law enforcement agency deemed appropriate by the Pima Community College police to obtain urine, blood, breath, saliva and/or hair specimens from my body for laboratory analysis for the purpose of alcohol and/or drug screening. I authorize release of the results of the screen(s) to Pima Community College. This release and consent form is subject to the terms and conditions of the Pima Community College Policy on Chemical Impairment.

A photocopy of this authorization shall be the equivalent of the original.

I understand that my refusal to cooperate in such screening will subject me to discipline according to the aforementioned Policy, up to and including permanent dismissal from the Radiologic Technology Program.

Print Name _________________________________________    Date _________________

Signature ___________________  __________________________
RE-ENTRY POLICY

A student withdrawal from the Program for non-cognitive reasons will be considered on an individual basis. Request for re-entry must be completed and submitted to the program director within ten (10) business days of the student withdrawal. Requests for re-entry to the RAD Program are carefully considered. Students may be allowed to re-enter only if there is evidence that the conditions which caused the student’s withdrawal have been resolved and there is clinical space available. Only 1 RAD semester can be repeated. Re-entry into the Program must be the following year. If students choose to sit out greater than one year, they must re-apply on-line, be re-admitted and repeat all of the RAD courses from the beginning.

I am requesting consideration for re-entry into the Pima Community College Associate Degree Radiologic Technology Program.

I understand re-entry is contingent upon space availability and there is no guarantee a seat will be available upon my return. I understand failure to update my contact information may cause me to lose my re-entry seat because I cannot be contacted. Attached is my PCC unofficial transcript and a detailed explanation for how I have corrected the conditions which necessitated my withdrawal from the Program.

________________________________________                                    _______________
Student Signature                                                          Date

________________________________________                                    _______________
Director Signature                                                         Date
PIMA COMMUNITY COLLEGE  
RADIOLOGIC TECHNOLOGY PROGRAM  

REPEAT IMAGE POLICY  

JRCERT STANDARD FOUR Objective 4.6, "Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images. The technologist assures safety; proper educational practices must be physically present and approve procedure."

To monitor the repeat image policy the student must complete the form for all images repeated. The technologist signature is required. This form will stay in the CEC notebook and will be reviewed by the faculty on a regular basis.

Reason for repeat:
- P = Positioning  
- M = Motion  
- TOE = Technique overexposed  
- TUE = Technique under exposed  
- OC = Off Center  
- D = Detent  
- Ant = Anatomy  
- Mesc = Miscellaneous  

STUDENT NAME ___________________  

SEMESTER _______________________

Projection repeated_________ Date__________ Technologist signature____________ Reason for repeat ___________

Projection repeated_________ Date__________ Technologist signature____________ Reason for repeat ___________

Projection repeated_________ Date__________ Technologist signature____________ Reason for repeat ___________

Projection repeated_________ Date__________ Technologist signature____________ Reason for repeat ___________

Projection repeated_________ Date__________ Technologist signature____________ Reason for repeat ___________

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Projection repeated_________ Date__________ Technologist signature____________ Reason for repeat ___________

Projection repeated_________ Date__________ Technologist signature____________ Reason for repeat ___________
SIGNATURE FORM FOR RADIOLOGIC TECHNOLOGY STUDENT HANDBOOK

Printed Name _______________________________ Student Number: __________
Signature _________________________________ Date: ________________

I have received, read, understand and will abide by the Pima Community College Radiologic Program Student Handbook policies. I have attended the orientation, where the entire Handbook was reviewed and discussed.
STUDENT'S PERSONAL DATA

Name: _____________________________ Date: _______________________

Address (Street & Number): __________________________________________

City, State, Zip

Home Phone: _______________ Cell Phone: ____________________________

E-mail: _____________________________

Name of Nearest Relative: ____________________________________________

Relationship: ______________________

Address (Street & Number): __________________________________________

City, State, Zip __________________________

Home Phone: ___________________ Cell Phone: _______________________

E-mail: _____________________________