

**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
AT SAYRE**

STUDENT POLICIES MANUAL

Revised 4/20/2009

The Mission of the Radiologic Technology Program

The mission of the Southwestern Oklahoma State University at Sayre Radiologic Technology program is to provide an undergraduate level program of higher education that will produce competent, knowledgeable graduates with the entry level skills required for a Radiologic Technologist. The following components are also considered an essential part of the mission of the SWOSU program. In order to determine that the program's mission is being met, these goals must be achieved:

Goal #1 The student/graduate will develop and demonstrate effective communication skills

Goal #2 The student will develop problem solving and critical thinking skills

Goal #3 Students will demonstrate professional development and growth

Goal #4 Graduate radiographers to meet the needs of the health care community

Goal #5 Students will become competent radiographers

Meeting the mission and goals of this program also ensures congruence, compatibility and uniformity with the mission and goals of Southwestern Oklahoma State University at Sayre.

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General Information

The Radiologic Technology Program at Southwestern Oklahoma State University offers a program curriculum leading to an associate in allied health degree. In addition, the program is recognized and accredited by the JRCERT (Joint Review Committee on Education in Radiologic Technology). Successful graduates will be eligible to take the American Registry of Radiologic Technologists (ARRT) exam, which qualifies the graduates as registered technologists in medical radiography.

The program tries to maintain a class size of thirty-four; seventeen freshmen and seventeen sophomores. New classes begin each August, with applications accepted for admission through the 3rd Friday of April annually. A

maximum of 30 students will be interviewed each year. If there are not enough suitable candidates by the end of April to make a full class for the fall, the program director reserves the right to allow other candidates to submit applications later than the end of April and still be accepted into the current year's class.

Students obtain considerable clinical experience at our affiliate hospital in western Oklahoma and the Texas panhandle. Clinical affiliates offer access to modern equipment, highly skilled health care professionals, and in addition to basic radiography, offer modalities such as Nuclear Medicine, Mammography, Ultrasound, Computed Tomography, Radiation Therapy, Digital Angiography and Heart Catheterization. All information contained in this manual is subject to revision at anytime.

The following hospitals and locations make up the primary clinical affiliates currently utilized by this program.

Elkview General Hospital	Hobart, OK	2 Students
Grady Memorial Hospital	Chickasha, OK	2 Students
Great Plains Regional Medical Center	Elk City, OK	2 Students
Integris-Baptist Medical Center	Oklahoma City, OK	2 Students
Integris-Clinton Regional Hospital	Clinton, OK	2 Students
Integris-Southwest Medical Center of Oklahoma	Oklahoma City, OK	2 Students
Jackson County Memorial Hospital	Altus, OK	2 Students
McBride Clinic	Oklahoma City, OK	1 Student
Memorial Hospital of Texas County	Guymon, OK	2 Students
Midwest City Regional Hospital	Midwest City, OK	2 Students
Ochiltree General Hospital	Perryton, TX	1 Student
OU Medical Center	Oklahoma City, OK	1 Student
Southwest Orthopedics	Altus, OK	1 Student
Southwestern Memorial Hospital	Weatherford, OK	2 Students
Woodward Regional Hospital	Woodward, OK	2 Students

COMPLETION REQUIREMENTS

Minimum achievement or completion of the following criteria determines successful completion of this program:

- ◆ Completion of all academic program requirements under criteria established
- ◆ Completion of all degree program requirements
- ◆ Completion of certification in CPR (under established guidelines)
- ◆ Completion of all scheduled clinical hours
- ◆ Completion of all required exam proficiencies (individually and collectively with appropriate simulation rate)
- ◆ Completion of (5) five clinical evaluation forms (P&P's)
- ◆ Documented attendance at (6) six professional meetings, mainly from OSRT conventions
- ◆ Participation in (2) OSRT annual conventions
- ◆ Participation in graduation ceremonies

This program adheres to the "Code of Ethics" and the "Rules of Ethics" of the American Registry of Radiologic Technologists (ARRT).

**ACADEMIC REQUIREMENTS
PROFESSIONAL CURRICULUM**

The Radiologic Technology professional courses follow a progressive intense course of study. Adequate completion of each previous semester's professional courses is necessary prior to advancement to the next semester. Professional courses are offered only in the appropriate semester, as listed on the checklist, and at present, there are NO requirements or provisions for accelerated completion, or remedial or extra credit instruction.

GRADING SCALE

The Radiologic Technology professional courses require a higher level of minimum achievement than most other courses, including general education courses. The standardized grading scale for all Radiologic Technology professional courses is as follows:

93 - 100 = A

86 - 92 = B

77 - 85 = C

Below 77 = Unacceptable

Grades are determined by points earned divided by points possible for that course.

At the beginning of each professional course, students will receive a copy of the course syllabus. Included in the syllabus will be detailed objectives for that course, which may also function as a study guide for successful completion of assignments, tests, etc. Objectives will be reviewed prior to each scheduled examination.

Also included in each syllabus are the required or optional texts, information about the instructor, and other pertinent information regarding that particular class. The instructor will review syllabi with each class during the introduction to that class.

PROGRAM PROBATION

If a student fails to complete a professional Radiologic Technology course, including Anatomy and Physiology, with the minimum 2.0 GPA, that student will be placed on program probation. This student will not progress to the following clinical assignment or any further in the program until successful completion of that course(s).

When that particular course is routinely offered again, according to the checklist, that student has the option of retaking the course(s). If that course is successfully completed, that student may rejoin program progression with that class that the course was successfully completed.

A student has 36 months to attain their degree. If a student does not complete courses in one semester and has to wait until the next year to repeat the course, the student must not fail any other course since the allotted time will be exceeded. This will then require the student to reapply for admission in the program.

Permanent suspension from the program negates any previously attained professional course completions, and makes it necessary for that student to (1) reapply for admission to the program, (2) be accepted again, after an interview, (3) and complete again, all of the professional course work.

The university's established policies regarding academic probation will be utilized for insufficient progress in general education class regarding the degree program.

- ◆ Students are ineligible for registry examination until completion of all degree requirements.

ACADEMIC STANDARDS

A 2.0 GPA (C) must be maintained overall, and a 2.0 cumulative course completion grade is required in each of the professional Radiologic Technology courses. If a student fails to meet these requirements, he/she will be subject to academic probation and/or program probation, and must repeat the professional courses.

Maintaining assigned clinical hours throughout the training program is mandatory. A student who fails to maintain assigned clinical hours may be placed on academic probation or subject to suspension from the program.

SOUTHWESTERN OKLAHOMA STATE UNIVERSITY AT SAYRE
 RADIOLOGIC TECHNOLOGY EVALUATION
 ASSOCIATE IN APPLIED SCIENCE DEGREE

Last Name	First	Middle or Maiden
FIRST YEAR		
FALL SEMESTER		
_____ 1062	*Intro to Radiologic Tech	2
_____ 1021	*Radiation Safety & Protection	1
_____ 1071	*Patient Care	1
_____ 1082	*Radiographic Exposure I	2
_____ 1053	*Radiographic Positioning I	3
_____ 2205	Human Anatomy & Physiology	5
_____ 1113	English Comp I	3
		17
SPRING SEMESTER		
_____ 1116	*Clinical Practice I	6
_____ 1126	*Clinical Practice II	6
_____ 2142	*Film Recognition & Critique	2
		14
SUMMER SEMESTER		
_____ 1063	U.S. History	3
_____ 1131	*Radiographic Exposure II	1
_____ 1142	*Imaging & Processing	2
_____ 1151	*Radiographic Positioning II	1
_____ 1162	*Radiologic Pathology	2
		9
SECOND YEAR		
FALL SEMESTER		
_____ 2116	*Clinical Practice III	6
_____ 2216	*Clinical Practice IV	6
		12
SPRING SEMESTER		
_____ 1103	American Govt. & Politics	3
_____ 1213	English Composition II	3
_____ 2443	Medical Terminology	3
_____ 1513	College Algebra or 1143 Math	3
_____ 2223	*Intro to Radiologic Physics	3
_____ 2121	*Radiation Biology	1
_____ 2132	*Special Procedures & Mod.	2
_____ 2221	*Registry Prep I	1
_____ 2231	*Quality Assurance & Control	1
		20
SUMMER SEMESTER		
_____ 2315	*Clinical Practice V	5
_____ 2242	*Registry Prep II	2
		7

*Radiology courses must be completed with no less than a "C" and a cumulative GPA of 2.50.

Course substitutions must be approved by the Dean, Director of Radiologic Technology, and Registrar and recorded in the Registrar's Office.

REGISTRY - Only students who meet graduation requirements may take the ARRT Registry Exam.

HRS. COMPLETED		
HRS. ENROLLED		
REQ. HRS. NEEDED		
TOTAL HRS NEEDED		
OVERALL GPA		

2.00 GPA REQUIRED FOR GRADUATION

Revised as of 6/18/2002

DISCIPLINARY ACTION

Any infraction of the policies of the Radiologic Technology program, and/or any infraction of the policies and regulations of the hospital in which the student is assigned will warrant disciplinary action. The type of action taken will depend upon the seriousness of the infraction.

If the problem should develop within the assigned hospital, the hospital will notify the university and the program through the appropriate channels. This notice shall identify the problem and any circumstances surrounding the infraction.

The program faculty shall investigate the situation, decide upon the appropriate disciplinary measure to pursue, and notify the student and hospital by letter and meeting. Disciplinary action shall fall into one of the following categories:

WARNING

The program faculty will discuss the problem with the student and suggest some remedial action in a letter to the student.

PROBATION

Length of probation will be decided upon by the program director. The problem will be discussed with the student and the terms of probation specified in a meeting with the student and in a letter to the student.

SUSPENSION

The student will be suspended from the program for severe infractions of program/hospital policies. Suspension may be permanent, indefinite, or of a specified period of time as specified by the program director and as indicated by meeting with the student and in a letter to the student.

Clinical affiliate hospitals may request the removal of a student(s) for infractions of hospital policies, etc. If such request is made, and the student is eligible for placement in another clinical affiliate, reassignment of that student may be made to an alternate facility. Suspension and or reassignment will be decided by the program director and addressed in a meeting and a letter to the student.

APPEALS

The student has the option of an appeal to the Dean of the Sayre campus of Southwestern Oklahoma State University. The Dean will hear both sides of the question, and the decision previously rendered in regards to suspension. If readmission is possible, the Dean may set guidelines for readmission.

STUDENT GRIEVANCE GUIDELINE

Any student of the Radiologic Technology program has 5 working days from the time of an occurrence to bring any grievance to the attention of a program faculty member to be addressed and the issue resolved. Any situation brought to the attention of a program faculty member after this time period will be addressed at the discretion of the program faculty.

The student must also follow the steps outlined in the University Student Handbook which is online at:

<http://www.swosu.edu/resources/policies/handbooks/studenthandbook.pdf>

The student also has the option, if they are not satisfied with the results from the Clinical Coordinator, Program Director, Campus Dean or Vice President of Academic Affairs to file a civil suit.

This program complies with the accreditation requirements of the Joint Review Committee on Education in Radiologic Technology (JRCERT). Information about standards for an accredited program in radiologic sciences or other JRCERT information may be found on their website, **http://www.jrcert.org/acc_standards.html**.

If a student feels the program is not adhering to the Standards set forth by the JRCERT, he/she has the right to address this with the JRCERT, their telephone number is (312) 704 – 5300.

CLINICAL REQUIREMENTS

The clinical experience is a vitally important part of the educational experience of Radiologic Technologists. The clinical semesters are designed to provide each student with optimum exposure to valuable experiences, as well as adequate access to the necessary radiologic examinations. It is essential that students regard clinical assignments as a privilege and responsibility akin to employment. It is to assist you in these experiences that the following rules have been established. Every student is expected to adhere to these policies.

The following are specific responsibilities of Radiologic Technology students at Southwestern Oklahoma State University. A willing attitude of students to accept these responsibilities in a positive manner is partial evidence of your ability and sincere desire to become an effective member of the Radiologic Health care team.

CLINICAL SITE SELECTION

This program currently utilizes several clinical affiliates. Clinical education must be completed through scheduled utilization of JRCERT approved clinical affiliates. Every effort is made to geographically accommodate students in their clinical rotations; however, the program reserves the right to make the final decision of all clinical assignments.

The process for determining clinical site assignment is provided to students in the academic semester prior to the clinical assignment. Each student completes a sheet of clinical site preference under established criteria coordinated by the clinical coordinator.

Site preference is considered, but again, the clinical site assignment remains solely at the discretion of the program faculty. Some clinical affiliates may also require a negative drug screen.

DOCUMENTATION

Verification of experiences gained while in the clinical rotations is essential for maintaining and providing high quality education to the students. It is for this reason that students are required to complete various types of program documentation. It is the students responsibility to maintain their own documentation and records.

Documentation is reviewed with students and clinical personnel prior to each clinical semester, and sample forms and instructions are provided in this manual, as well as the CLINICAL INSTRUCTORS MANUAL. In addition, assistance with documentation is always available from program faculty upon request.

1. Documentation is primarily the responsibility of the student.
2. Responsibility for documentation is as follows:

DAILY

Daily Exam Log
Daily Time Sheet

AS REQUIRED

Proficiency/Competency Forms
Modality Rotation Forms
Variance Forms
Personal/Professional Growth Assessment
Professional meeting attendance Form

3. Students are expected to maintain their documentation up-to-date.
4. Documentation will be collected by program faculty.
5. Documentation that is not kept current, and is unavailable for collection may be penalized.
6. Students are requested to have their documentation for a given day completed prior to leaving for the day. Recognizing that this is not always possible, students are granted a one (1)-day grace period for completion of documentation.
7. After the one (1)-day grace period (for exams dated 21st, must be completed before close of business (22nd), clinical personnel and/or program faculty have NO obligation to recognize or accept this documentation. This MAY require nullification of documented experience or repeat of proficiency.

PROFICIENCY/COMPETENCY SIMULATIONS

Students are required to have a completed proficiency/competency for each of the examinations covered didactically and listed on the Student Clinical Proficiency Log by appropriate semesters.

1. Recognizing that some examinations are not routinely performed at various clinical affiliates, students assigned to these facilities have the option to simulate competency on examinations not available at a particular site.
2. Simulations attained in one semester should be replaced in later semesters with actual competencies when availability exists.
3. In compliance with competency based education, there is no minimum number of examinations required, prior to seeking a competency on that examination. Competency may be gained the first and only time an examination is available, providing that it has been covered didactically.
4. Simulations may be attained only from a member of the program faculty or a designated clinical instructor.
5. Students maintaining a cumulative, excessively high simulation rate at the end of a clinical V may require additional clinical experience to meet minimum requirements.
6. Proficiency forms completed during the course of clinical education must meet minimum requirements. Designated personnel at each clinical affiliate/are eligible to complete proficiency forms. Proficiency forms completed by non-eligible clinical personnel may not be accepted for grade or may not contribute to fulfilling minimum requirements by students. Students are notified as to which clinical personnel are eligible for proficiency completion, and should be aware that a member of the program faculty may also complete proficiency forms.

PROFESSIONAL APPEARANCE

Since Southwestern Oklahoma State University is a professional institution of higher education, students are expected to dress accordingly while representing the university in any professional manner. It is imperative to dress appropriately while in the clinical situation, in order to present yourself in a professional manner, and gain and maintain the respect and confidence of patients, guests, and colleagues.

1. Students are required to wear NAVY BLUE scrub uniforms. White t-shirts may be worn underneath.
2. Shoes must be neat, with no signs of wear, cracking, scuffs, stains, etc.
3. Shoes must be BLACK, BROWN or WHITE only, with the exception of company logos. Absolutely no western boots, platform shoes, tennis shoes, sandals, or like footwear. Aerobic or running shoes are acceptable.
4. Styles must be conservative and stress comfort.
5. Students will wear prescribed name pins, and radiation-monitoring devices at all times in the clinical facility. Nametags are to be purchased by the student. The program will provide radiation-monitoring devices and holders.
6. Hair is to be kept clean, neat and worn in a conservative manner at all times in the clinical facility. Long hair, which becomes a problem in the clinical facility, should be worn restrained while in the clinical facility.
7. Jewelry should not be worn while in the clinical setting, with the exception of a watch and a wedding band. This policy is for the protection of your patient and yourself. EXCESSIVE jewelry will not be tolerated.
8. Eating, drinking (coffee, soda, etc.) and smoking are permitted ONLY in the specified areas of the clinical facility, and ONLY at the discretion of the clinical personnel. NEVER in the patient areas, and NEVER at the

students discretion.

9. Fingernails are to be kept relatively short and well manicured to prevent injury to patients.

10. All students should maintain acceptable personal hygiene standards, especially while in clinical facilities. Avoid excessive fragrances, heavy make-up etc.

11. Professional appearance requirements are not open for interpretation by students.

12. Earrings are also acceptable, but under no circumstances should there be a tongue, lip, nose, eyebrow ring etc. visible. Tattoos must also not be visible.

PROFESSIONAL CONDUCT

The transition from layman to that of an allied health professional is not an easy task. You must strive to acquire the maximum amount of knowledge and skill possible while in school. You must continue to learn new innovations after your graduation. But also, in order to perform the best work possible, it is necessary to gain the confidence, cooperation, and complete trust of every patient. This is why such great importance will be placed upon how you act, talk, look, your reliability, and your entire conduct throughout your Radiologic Technology training. In order to provide your community with technologists of the highest caliber, the program requires the following:

1. Class, laboratory and clinical attendance is required of all students enrolled in the program.

a. Classroom lecture/laboratory attendance: one (1) excused absence is permitted for each credit hour enrolled for each class individually, unless otherwise stated in the course syllabus.

b. Unexcused absence is not permitted.

c. Excessive absenteeism/tardiness of any kind will be reflected upon the final grade for those courses involved, and may result in suspension from the program.

d. **CLINICAL ABSENTEEISM** is not permitted. Any clinical hours missed because of a legitimate reason must be made up during the same semester in which they are missed, and at the same clinical facility.

e. If it is necessary to be absent from, or tardy from any clinical assignment, a Program Faculty member **AND** the Clinical Instructor of the respective clinical site must be promptly notified.

f. Students who fail to notify **BOTH** parties will be considered **UNEXCUSED**.

g. For **UNEXCUSED** absenteeism from a clinical site, the student will be required to make up **DOUBLE** the missed time.

h. Extended absenteeism (more than (1) one day), due to an illness requires a written excuse from your doctor or health care facility.

i. Students are prohibited from working more than 40 hours per week. Students have the option of working in excess of (40) forty hours on a strictly voluntary basis for make up time. This is done **ONLY** for make up time when clinical hours are missed. To do this, the student is required to sign a voluntary Excess 40-hour Week Form, which is kept in the Clinical Instructor's office.

2. It is the responsibility of each student to maintain and turn in all necessary documentation (logs, reports, assessments, etc.) to program faculty.

3. It is the responsibility of the students to maintain acceptable standards, their radiation monitoring device and holder, and have them available for exchange with program faculty.

4. It is the responsibility of each student to acquire and maintain CPR certification through an approved organization prior to their first clinical rotation.

RADIATION MONITORING

Each student will be given a radiation monitoring film badge, which will require exchanging once per quarter. This badge is to be worn at all clinical affiliates and during all energized laboratory sessions on campus. It is the student's responsibility not to lose or damage the film badge. The student will receive instruction in the proper handling and maintenance of the badge. It is the program responsibility to provide each student a quarterly reading of acquired radiation exposure levels. Any film badges lost or damaged through student carelessness may be replaced at student expense. Students CANNOT participate in clinical experiences or energized lab sessions without their film badge.

In the event that a student exceeds the dose limit, 5rem/year or 1.25rem/quarter, an incident report will be filled out during counseling with the student. The excessive dose limit will be discussed and reviewed with the student, program faculty and the respective clinical sites. A student who has an excessive exposure to radiation may be removed from clinical rotations until their dose is below the maximum limit. This may require the student to attend an extra clinical rotation until their clinical competency requirements are met.

All students have the option of receiving a fetal waist badge also. These will be exchanged according to our dosimetry service currently in use.

It is the policy of this program not to accept someone less than 18 years old, unless they will turn 18 before their first required clinical rotation.

**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY AT SAYRE
RADIOLOGIC TECHNOLOGY PROGRAM
PREGNANCY POLICY**

1. The pregnancy policy of this program is such that a female student has the option of whether or not to inform program officials of her pregnancy. If the female chooses to voluntarily disclose this information, it must be done in writing and include the expected date of confinement (delivery). At this point in time, the student will be a Declared Pregnant Student. Without this document and information, a student cannot be considered pregnant.

If a student discloses this information, she has the option of:

1. Continuing the educational program without any modification or interruption.
2. Receiving a modification in clinical assignments
3. Leave of absence from clinical assignments

and/or:

4. Leave of absence from the program

The student will be allowed to make an informed decision based on her individual needs or preferences. The student will not be discriminated against because of her pregnancy.

2. The procedures that a student is removed from, as a result of their voluntary disclosure of information and requesting a modification of their clinical assignments, can be performed after the confinement. This may require the student to attend an extra semester of clinical rotation in order to fulfill all clinical requirements.

Declared pregnant students will be required to wear two radiation monitoring devices, one at the collar and one badge at the waist level.

3. Radiation to the abdomen includes probable exposure to the embryo or fetus. The embryo/fetus is more radiosensitive than an adult. This sensitivity is not uniform during the entire gestation period. The interval of real consequence extends from 10 to 40 days post-conception. The NCRP (National Council on Radiation Protection and Measurements) has made specific recommendations in keeping with the concept of ALARA.

4. Dose limits for pregnant students will be monitored according to the guidelines established by the National Council on Radiation Protection and Measurements (NCRP):

A. The total equivalent dose to the fetus from occupational exposure of the expectant mother should not exceed 0.5 rem (500 mrem, 5 mSv, or .005 Sv) during an entire period of gestation.

B. The monthly dose limit for the fetus is 0.05 rem (50 mrem or 0.5 mSv).

5. All declared pregnant students in the Southwestern Oklahoma State University Radiography Program will be given a copy of the USNRC Regulatory Guide 8.13 which concerns prenatal radiation exposure. The pregnant student must make the final decision as to their acceptance or non acceptance of this minimal risk. All declared pregnant students must have a note from their physician stating that they are allowed to participate in clinical rotations including any restrictions.

6. In the event that the clinical site or sponsoring institution determines a pregnant student is not acquiring the maximum educational benefits during the course of their clinical rotations, they may be required to take a leave of absence from their clinical assignment until they are able to fulfill the responsibilities of a normal job description for their chosen profession and clinical site. Even though a student may request a modification of their clinical assignment this does not give her the right to neglect all other responsibilities or aspects associated with her chosen career field.

7. The program reserves the right to remove a pregnant student if they are unable to fulfill the normal clinical duties associated with an educationally valid clinical experience. The normal clinical duties or responsibilities are determined to be those set forth in a job description kept on file at each individual clinical affiliate.

8. Because a student has the right to make an informed decision based on her individual needs or preferences, she will also assume responsibility for any consequences associated with her decision. The student is also aware of the fact that neither the clinical affiliate nor the sponsoring institution will be liable for any financial or other restitution because of her informed decision. By signing this document, the above mentioned information is acknowledged by all parties.

Program Director

Date

Clinical Coordinator

Date

Clinical Instructor

Date

Pregnant Student Radiographer

Date

Dean of College of
Associate and Applied Programs

Date

Regulatory Guide 8.13 - Instruction Concerning Prenatal Radiation Exposure

(Draft was issued as DG-8014)

Revision 3

June 1999

[Availability Notice](#)

A. INTRODUCTION

The Code of Federal Regulations in [10 CFR Part 19](#), "Notices, Instructions and Reports to Workers: Inspection and Investigations," in [Section 19.12](#), "Instructions to Workers," requires instruction in "the health protection problems associated with exposure to radiation and/or radioactive material, in precautions or procedures to minimize exposure, and in the purposes and functions of protective devices employed." The instructions must be "commensurate with potential radiological health protection problems present in the work place."

The Nuclear Regulatory Commission's (NRC's) regulations on radiation protection are specified in [10 CFR Part 20](#), "Standards for Protection Against Radiation"; and [Section 20.1208](#), "Dose to an Embryo/Fetus," requires licensees to "ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv)." Section 20.1208 also requires licensees to "make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman." A declared pregnant woman is defined in [10 CFR 20.1003](#) as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

This regulatory guide is intended to provide information to pregnant women, and other personnel, to help them make decisions regarding radiation exposure during pregnancy. This Regulatory Guide 8.13 supplements [Regulatory Guide 8.29](#), "Instruction Concerning Risks from Occupational Radiation Exposure" (Ref. 1), which contains a broad discussion of the risks from exposure to ionizing radiation.

Other sections of the NRC's regulations also specify requirements for monitoring external and internal occupational dose to a declared pregnant woman. In [10 CFR 20.1502](#), "Conditions Requiring Individual Monitoring of External and Internal Occupational Dose," licensees are required to monitor the occupational dose to a declared pregnant woman, using an individual monitoring device, if it is likely that the declared pregnant woman will receive, from

external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv). According to Paragraph (e) of [10 CFR 20.2106](#), "Records of Individual Monitoring Results," the licensee must maintain records of dose to an embryo/fetus if monitoring was required, and the records of dose to the embryo/fetus must be kept with the records of dose to the declared pregnant woman. The declaration of pregnancy must be kept on file, but may be maintained separately from the dose records. The licensee must retain the required form or record until the Commission terminates each pertinent license requiring the record.

The information collections in this regulatory guide are covered by the requirements of [10 CFR Parts 19](#) or [20](#), which were approved by the Office of Management and Budget, approval numbers 3150-0044 and 3150-0014, respectively. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

B. DISCUSSION

As discussed in [Regulatory Guide 8.29 \(Ref. 1\)](#), exposure to any level of radiation is assumed to carry with it a certain amount of risk. In the absence of scientific certainty regarding the relationship between low dose exposure and health effects, and as a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of these effects increases as the dose increases. At the occupational dose limit for the whole body of 5 rem (50 mSv) per year, the risk is believed to be very low.

The magnitude of risk of childhood cancer following in utero exposure is uncertain in that both negative and positive studies have been reported. The data from these studies "are consistent with a lifetime cancer risk resulting from exposure during gestation which is two to three times that for the adult" (NCRP Report No. 116, Ref. 2). The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in [10 CFR 20.1208](#) provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers associated with radiation exposure during pregnancy.

In order for a pregnant worker to take advantage of the lower exposure limit and dose monitoring provisions specified in [10 CFR Part 20](#), the woman must declare her pregnancy in writing to the licensee. A form letter for declaring pregnancy is provided in this guide or the licensee may use its own form letter for declaring pregnancy. A separate written declaration should be submitted for each pregnancy.

C. REGULATORY POSITION

1. Who Should Receive Instruction

Female workers who require training under [10 CFR 19.12](#) should be provided with the information contained in this guide. In addition to the information contained in Regulatory Guide 8.29 (Ref. 1), this information may be included as part of the training required under 10 CFR 19.12.

2. Providing Instruction

The occupational worker may be given a copy of this guide with its Appendix, an explanation of the contents of the guide, and an opportunity to ask questions and request additional information. The information in this guide and Appendix should also be provided to any worker or supervisor who may be affected by a declaration of pregnancy or who may have to take some action in response to such a declaration.

Classroom instruction may supplement the written information. If the licensee provides classroom instruction, the instructor should have some knowledge of the biological effects of radiation to be able to answer questions that may go beyond the information provided in this guide. Videotaped presentations may be used for classroom instruction. Regardless of whether the licensee provides classroom training, the licensee should give workers the opportunity to ask questions about information contained in this Regulatory Guide 8.13. The licensee may take credit for instruction that the worker has received within the past year at other licensed facilities or in other courses or training.

3. Licensee's Policy on Declared Pregnant Women

The instruction provided should describe the licensee's specific policy on declared pregnant women, including how those policies may affect a woman's work situation. In particular, the instruction should include a description of the licensee's policies, if any, that may affect the declared pregnant woman's work situation after she has filed a written declaration of pregnancy consistent with [10 CFR 20.1208](#).

The instruction should also identify who to contact for additional information as well as identify who should receive the written declaration of pregnancy. The recipient of the woman's declaration may be identified by name (e.g., John Smith), position (e.g., immediate supervisor, the radiation safety officer), or department (e.g., the personnel department).

4. Duration of Lower Dose Limits for the Embryo/Fetus

The lower dose limit for the embryo/fetus should remain in effect until the woman withdraws the declaration in writing or the woman is no longer pregnant. If a declaration of pregnancy is withdrawn, the dose limit for the embryo/fetus would apply only to the time from the estimated date of conception until the time the declaration is withdrawn. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

5. Substantial Variations Above a Uniform Monthly Dose Rate

According to 10 CFR 20.1208(b), "The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section," that is, 0.5 rem (5 mSv) to the embryo/fetus. The National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit of 0.05 rem (0.5 mSv) to the embryo/fetus once the pregnancy is known (Ref. 2). In view of the NCRP recommendation, any monthly dose of less than 0.1 rem (1 mSv) may be considered as not a substantial variation above a uniform monthly dose rate and as such will not require licensee justification. However, a monthly dose greater than 0.1 rem (1 mSv) should be justified by the licensee.

D. IMPLEMENTATION

The purpose of this section is to provide information to licensees and applicants regarding the NRC staff's plans for using this regulatory guide.

Unless a licensee or an applicant proposes an acceptable alternative method for complying with the specified portions of the NRC's regulations, the methods described in this guide will be used by the NRC staff in the evaluation of instructions to workers on the radiation exposure of pregnant women.

FORM LETTER FOR DECLARING PREGNANCY

This form letter is provided for your convenience. To make your written declaration of pregnancy, you may fill in the blanks in this form letter, you may use a form letter the licensee has provided to you, or you may write your own letter.

DECLARATION OF PREGNANCY

To: _____

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

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

(Your Signature)

(Your Name Printed)

(Date)

LIABILITY INSURANCE

Each and every student in the Radiologic Technology program is required to subscribe to and maintain a personal liability insurance of a minimum value of \$1,000,000 for each incident or occurrence and \$3,000,000 in the aggregate. This is done to protect each student in the event that they are involved in any sort of litigation during the assigned clinical experience.

Insurance information will be provided at the beginning of training. Each student must take out a policy before his or her clinical experience begins, and maintain the policy actively throughout duration of the program.

PART-TIME EMPLOYMENT

Southwestern Oklahoma State University and the Radiologic Technology program have no objections to part-time employment or training. The fact is recognized that part-time employment is the only way some students can stay in college. HOWEVER, part-time employment must not interfere with academic or clinical performance. Any student working, as an employee in any clinical affiliate, must keep that employment outside the context of the program, and such clinical employment may not be applied to the training requirements of the program.

It is the official position of this program that at NO time prior to successful completion of an accredited 2-year radiography program are any students competent to work in any capacity as a Radiologic Technologist. Students and/or hospitals involved in the employment of students, as technologists should be aware of the following rules:

1. The terms of employment of a student by a hospital, clinical affiliate or not, are strictly a matter between that student and the hospital, as long as said employment does not interfere with scheduled clinical rotations.
2. Clinical time/examinations and employment time/examinations will remain totally separate, and will not count toward completion of program requirements.
3. Clinical affiliates are re-informed that student liability insurance coverage is only for university sponsored and approved, scheduled clinical rotations and will therefore be inactive for employment.
4. Preference for clinical site assignment will NOT be based upon employment, either past, present or pending.
5. Infractions of the above policies are subject to disciplinary actions.

NON-FTE POLICY

Students in clinical rotations are not to be utilized as FTE's (full time employees). In order to avoid inappropriate utilization of students, the program monitors student utilization through (1) student exam logs, (2) clinical site evaluation by students, (3) scheduled and non-scheduled clinical visits by program faculty, and (4) radiation exposure reports.

HEPATITIS B VACCINATION

Working in a health care facility makes it necessary for students to be vaccinated against Hepatitis B. Vaccinations will be started prior to the first clinical assignment, and completed in the appropriate manner. Vaccinations are not necessary for those students tested and certified to possess Hepatitis B antigen. Information regarding vaccinations will be provided by the program, or may be sought by the students from their own health care provider.

ILLNESS/INJURY

Students who become injured during the course of their clinical rotation may receive emergency treatment from the clinical affiliate for the purpose of stabilization for transport to the care of the student's personal physician. Student's who are assigned to clinical rotations and are exposed to a contagious condition should be removed from all direct patient/peer contact until such time as determination can be made as to the state of the condition.

Students with an actively contagious condition will be removed from clinical rotation until such time as the condition is no longer contagious. Such a student will be granted an extended, excused absence from clinical rotation upon receipt of official notification of such a condition. Re-instatement into full, active clinical rotation will be only upon receipt of a release from the student's physician.

Students may be required to complete additional clinical time during later semesters to make up lost time due to extended or contagious illness.

Students are expected to use good judgment and inform all necessary personnel (clinical and program faculty) when a situation for exposure to contagious conditions is relevant.

TB POLICY

All students will be required to provide the program with the results of a current PPD screen documenting status prior to their first clinical rotation. Deadlines for submission will be announced during the course of the first semester (fall).

Students, who are exposed to known, active tuberculosis without benefit of a proper mask, should undergo a PPD, if asymptomatic. If results are negative, a follow up test is recommended in 12 weeks, if still asymptomatic. If symptomatic, student should seek immediate diagnosis/treatment (to include chest x-ray) and be referred to the appropriate County/State Health Department or to their private physician.

Students diagnosed with active TB will be temporarily removed from clinical rotation for not less than (2) two weeks following the beginning of chemical therapy. After the two weeks of treatment, or when determined to be non-communicable, they are eligible to be returned to a clinical rotation, depending on the individual's condition/symptoms. Extended absences for communicable diseases may necessitate an additional semester in order to acquire necessary hours/exams.

PHYSICAL EXAMINATIONS

Students are expected to maintain themselves in good physical condition, in order to protect themselves and to avoid endangering patients already in a weakened state. In some instances, clinical education centers require that an equivalent pre-employment physical be completed prior to placement of students in that facility. If assigned to these facilities, it will be necessary for the student to complete and satisfactorily pass a physical examination, to include routine lab work and chest radiograph. Again, assignment to clinical facilities will not be altered upon this provision. Students may submit a copy of the required program physical for acceptance by the clinical affiliate; however, the hospital may require additional testing.

CPR CERTIFICATION

It is the policy of this program that all students become certified in the practice of Cardiopulmonary Resuscitation (CPR), through an approved program, and maintain that certification throughout the remainder of the program. Because a radiologic technologist often works closely with gravely ill patients, and often in isolated situations, students are required to gain this certification before the beginning of their first clinical semester. Failure to gain certification by this date will result in a delay of clinical assignments.

While some hospitals and/or clinical affiliates routinely offer access to a certification process, the students are reminded that it is not a requirement that hospitals offer this to students as an inservice. If this is the case, students are required to seek this training individually and independently. Recommended programs include American Red Cross and American Heart Association Basic Life Support.

VARIANCE FORM

The variance form is to provide an opportunity for students and technologists in a clinical situation to recognize actions or events, which are out of the ordinary.

A variance form will have no direct effect on disciplinary action, grades, clinical assignments, evaluations (student or employee), etc. It can serve as recognition of extra or commendable effort on an individuals part, or of single, occasional lapses of unsatisfactory behavior.

Reports submitted will be reviewed and retained on file by the program director, available for future reference. The purpose of retaining reports is to monitor and/or identify any recurring situations or problems, which can later be addressed.

Behavior and events are noted, but confidentiality is respected unless there is an accompanying request for official action and/or disciplinary action.

A sample form is provided here, and forms are readily available to both students and technologists at all clinical affiliate sites. A brief in-service is provided to all students/technologists to explain the utilization, purpose, and varying examples of how the form can benefit.

RADIOLOGIC TECHNOLOGY PROGRAM

VARIANCE FORM

Date: _____ Hospital: _____

Persons involved: _____

Event: _____

Do you wish this report to be: _____ kept confidential
_____ officially addressed (action taken)

Date received: _____

PROFESSIONAL ORGANIZATIONS

Students are encouraged to participate in professional organizations and become active members. Active membership in the Radiologic Technology club is required. Applications are provided to students, which are also required to join the Oklahoma Society of Radiologic Technologists.

Students are kept informed as to local, area and state meetings, as well as any pertinent continuing education program or presentation, and are encouraged to attend regularly, and participate whenever possible. Scheduling is such as to allow all students in the program, access to the annual state convention, and information is provided regarding participation in the exhibit, essay and trivia competitions respectively. Competition forms are available on the OSRT website at www.osrt.net.

Financial assistance for attendance of such meetings is provided through the Radiologic Technology club. In order to meet program requirements, students are required to attend (6) six professional meetings.

MODALITY ROTATIONS

During their final clinical semester, students are expected to attain experience in various radiologic modalities, of the manner specified below. In order to acknowledge experience gained, students are required to participate in a minimum number of examinations of each modality type. If access to specific types of examinations are unavailable, the following two options will apply:

1. Students may apply for a temporary clinical rotation for a limited time to a facility which supplies those examinations, or
2. Examinations of that modality may be substituted to reach minimum qualifications.

MODALITY EXAMINATION LOGS

Modality Examination Logs are provided to students for each of the designated modalities, and minimum requirements are specified below.

SPECIAL PROCEDURES:

Students will participate in a minimum of (5) special procedures. They must be from the list provided below.

Sialography/Dacrocystography	Needle Aspiration/Localization
Bronchography	Colonoscopy/Endoscopy
Lymphangiography	Arteriography/DSA/Heart Catheterization
Myelography	Arthrography
Venography	Hysterosalpingography

NUCLEAR MEDICINE:

Students will participate in a minimum of (10) procedures; one from each of the categories below, with additional examinations to come from any category in Nuclear Medicine.

Bone Scan	Lung Scan
Hepatobiliary Scan	Thyroid Scan
Cardiac	Other

ULTRASOUND:

Students will participate in a minimum of (5) procedures; one from each of the categories below, with additional examinations to come from any category in Ultrasound.

Obstetrics (OB)	Pelvic
Abdominal	Venous/Carotid
Head	Other

COMPUTED TOMOGRAPHY:

Students will participate in a minimum of (5) procedures; one from each of the categories below, with additional examinations to come from any category in CT. Examinations must include at least 5 with contrast media.

Head	Spine
Thorax	Abdomen/Pelvis
Other	

MAGNETIC RESONANCE IMAGING:

Students will participate in a minimum of (5) procedures; one from each of the categories below, with additional examinations to come from any category in MRI.

Head	Spine
Knee	Other

RADIATION THERAPY:

Radiation Therapy is optional. Not all clinical sites have this capability. If a student wishes to participate in or observe this modality, arrangements will be made.

MAMMOGRAPHY: (revision date 4/20/2009)

In order to avoid any discriminatory program policies, it is the policy of this program that no student, male or female, shall be allowed to participate in, assist with or observe mammography. All relevant information about mammography will be discussed in a didactic, classroom setting. Students will be cognitively evaluated on their knowledge of relevant material presented in class. This policy becomes effective beginning June 2, 2009.

RADIOLOGIC TECHNOLOGY CLUB

PURPOSE

The Radiologic Technology club promotes the advancement of our chosen field, to include active participation in professional organizations, attendance at scheduled professional meetings, both regionally and statewide, and the sponsorship and support of educational seminars.

GUIDELINES

1. The Radiologic Technology club will consist of all active members of the Radiologic Technology program, in addition to (2) two program faculty members acting in the capacity of sponsors.
2. The Radiologic Technology club is a non-profit, professionally affiliated organization.
3. Member's dues will consist of (\$5) five dollars per semester per member. Maximum contribution not to exceed \$15 annually.
4. The club officers shall consist of President, Vice-President, Secretary, Treasurer, and a faculty sponsor. Duties of each officer are described below.

OFFICERS:**PRESIDENT**

A sophomore student elected annually by majority vote of members. Duties shall include conducting of scheduled meetings, acting as a liaison between the club and other organizations, coordination of club-sponsored activities, etc.

VICE-PRESIDENT

A freshman student elected annually by majority vote of members. Duties shall include conducting of meetings in the absence of the president and assisting the president in various ways.

SECRETARY

A freshman student elected annually by majority vote of members. Duties shall include the taking of minutes at scheduled meetings, all correspondence and announcements pertinent to the club, etc. (On occasion when the secretary is unavailable for meetings, the faculty sponsor will be responsible for the duties of the secretary).

TREASURER

A sophomore student elected annually by majority vote of members. Duties shall include: maintaining an accurate accounting of funds and reporting of financial status at scheduled meetings and acceptance of dues, co-maintenance of the checking account for the club.

SPONSOR

The club sponsor shall be a member of the program faculty, either the Program Director or the Clinical Coordinator depending upon availability. Duties to include: supervision and promotion of the club and its activities.

- 1) Meetings will be scheduled a maximum of three times per semester, with proxy votes secured from students in clinical and/or unavailable to attend meetings in voting situations.
- 2) Fund-raising activities will be planned and/or initiated approximately once per semester not to exceed 4 per year.
- 3) Fund-raising activities approved by majority vote will utilize fund clubs for expenses, with proceeds to supplement club funds.
- 4) Members deficient in membership dues, and/or non-participatory in fund raising activities will be excluded from utilization of club funds, and may be assessed a penalty.
- 5) Club funds will be utilized for promotion of career field, humanitarian efforts, and for financing expenses for attendance at professional organized meetings.
- 6) A checking account will be utilized for maintenance of club funds, and for necessary expenditures. The account will be a joint account, requiring the signature of a program faculty member.

COMMUNICATION HIERARCHY**Clinical Rotations**

If any situation should arise that should be brought to the attention of the Radiologic Technology Program Faculty or the officials at the sponsoring institution, the following hierarchy should be utilized for such action:

1. Students should notify the facility's designated clinical instructor about the situation.
2. The designated clinical instructor will refer any matters requiring further action to the chief technologist at that facility, if that is the policy of the department.

3. The designated clinical instructor will notify the faculty clinical coordinator about situations requiring university involvement, and in all situations requiring disciplinary action.
4. The faculty clinical coordinator will inform the program director about situations requiring university involvement, and in all situations requiring disciplinary action.
5. The faculty clinical coordinator will schedule a meeting with the student(s) involved in this situation, as well as the facility's clinical instructor and the chief technologist (if that is the policy of the department).
6. The program director will notify the appropriate university officials in situations requiring further university involvement. It is recommended that the appropriate university hierarchy of communication be observed whenever possible.
7. Students are expected to utilize this hierarchy in its appropriate order whenever possible.
8. The Program Director, Clinical Coordinator and Dean of the Sayre campus, utilize an "open door" policy in regard to students.

SUPERVISION

Below is a synopsis of the policy pertaining to student supervision while in the clinical affiliate.

1. Students placed in the clinical affiliates are required to work under the DIRECT supervision of registered technologists (regardless of status, 1st or 2nd year student).
2. DIRECT supervision is defined as having a registered technologist immediately accessible (in the room) during the performance of an examination.
3. DIRECT supervision must continue for all examinations for which the student has not successfully completed a proficiency/competency evaluation.
4. It is suggested that a student perform a minimum of (2) two exams of each type prior to requesting a proficiency evaluation. However, students may request a competency evaluation at anytime after completion of coverage of that exam by university instruction and laboratory simulation.
5. After successful demonstration of competency, students may perform that exam with INDIRECT supervision by registered technologists.
6. INDIRECT supervision is defined as having a registered technologist available in the vicinity (in the department).
7. REPEATS, regardless of student status or competency, must be done only under the DIRECT supervision of a registered technologist.

REPEAT POLICY

1. ALL REPEAT RADIOGRAPHS WILL BE PERFORMED ONLY IN THE PRESENCE OF A REGISTERED TECHNOLOGIST. The technologist must be present in the radiographic room and/or the control room during the repeat procedure regardless of the reason for the repeat.
2. This repeat procedure consistently applies to all students, regardless of 1st/2nd year status, and regardless of whether a prior competency has been obtained.
3. Students who knowingly repeat a radiograph with a technologist in the vicinity, but not in the actual room during the repeat procedure will be liable for disciplinary action.
4. Students have the right to refuse a repeat under situations, which do not adhere to the specified policies.

5. Students in direct violation of the repeat policy will be subject to disciplinary action as follows:
 - a. First offense - A formal letter of reprimand will be placed in that student's permanent file and the student will be counseled.
 - b. Second offense - Student will be immediately suspended for a period of 30 days. During this suspension, the student is counseled on the offense, and is afforded the opportunity to reapply for placement after the 30 days. If no re-application is received, the student will be permanently removed from the program.
 - c. Third offense - Student is immediately and permanently removed from the program.
6. ALL students will be required to have a signed copy of the repeat policy form on file with the program director.
7. ALL Clinical Instructors will be required to read and confirm understanding of the repeat policy by also having a signed form on file with the program director.
8. A copy of the requested policy will be provided to all clinical sites and to all students by the program.

SOUTHWESTERN OKLAHOMA STATE UNIVERSITY AT SAYRE RADIOLOGIC TECHNOLOGY PROGRAM

REPEAT POLICY

All student repeat radiographs will be performed under the DIRECT supervision of a registered technologist, regardless of the status of the student (first or second year) and regardless of the type of examination being done (proficiency or not).

This repeat policy supercedes all other policies regarding supervision, and violations of this policy will result in disciplinary action for the student and could constitute grounds for removal from the program.

Students and clinical instructors are required to read and document proof of review of the above program repeat policy. If you have read and understand the above policy, please sign and date the statement below, which will be kept on file with program documentation.

I, _____, have read and understand the repeat policy as it pertains to students enrolled in the Radiologic Technology Program at Southwestern Oklahoma State University at Sayre.

Signature

Date

UTILIZATION OF THE ENERGIZED LABORATORY

Forward:

This data was assembled in order to assure safe and correct use of the potentially energized x-ray laboratory. These rules and procedures are to be strictly followed by all faculty and students. The laboratory facility is here to facilitate instruction and/or research and shall be used only for these purposes.

Description:

The laboratory is located in Room 140 of Mackey Hall on the Sayre campus of Southwestern Oklahoma State University. The energized unit consists of a high frequency generator, control panel, bucky table and wall board. In addition, there are numerous positioning aids and radiation protection devices. There is a six-film viewbox in the

adjacent classroom, room 109. The darkroom facility is located in Room 126 of Mackey Hall.

Rules & Procedures:

1. The door to the laboratory is to remain locked at all times, except during scheduled utilization.
2. NEVER make energized exposures with any person either in the laboratory room, or without checking for personnel in the area.
3. All students and faculty will wear film badges during all energized lab sessions.
4. Keep the door between the laboratory and the classroom closed during all energized exposures.
5. Do not remove anything from this lab facility.
6. Put all accessories, positioning aids, linens, etc. away in their proper place when you have finished utilizing them.
7. No food or beverages are to be taken into the laboratory or the darkroom.
8. Students are absolutely forbidden to make radiographic exposures on human subjects (including themselves) in the laboratory. To do so violates departmental policy and state regulations, and could subject the student to immediate dismissal from the program.
9. All accidents, no matter how minor, must be reported to the supervising faculty member immediately, and the use of the equipment discontinued until the problem is corrected. This includes all areas, laboratory, darkroom, and classroom 109.
10. No holding of radiographic phantoms during exposure. All persons must fit completely behind the protective barrier during any exposure.
11. During energized exposures, only people essential to performance of the exam should remain in the laboratory. For the purpose of observation, only those persons who fit completely behind the barrier are permitted to remain in the laboratory during exposures. All other persons will exit the laboratory and remain in Room 109 until the exposure(s) is/are completed.
12. No exposures will be made which exceed the recommended tube capacity. Personnel will refer to the tube-rating chart when in doubt.
13. Violations of rules and procedures, or unauthorized use of laboratory facilities will result in disciplinary action and/or possible dismissal from the program.

RADIOLOGIC TECHNOLOGY PROGRAM - CLINICAL I & II

TERMINAL OBJECTIVES

At the completion of the clinical I & II: (spring - 1st year)

1. The student will demonstrate professionalism--i.e. attendance, promptness, attire, attitude, as addressed by Affective Domain objective.
2. The student will familiarize himself with the emergency cart and procedures of the hospital where he is located.
3. The student will familiarize himself with the policy manual of the hospital where he/she is located.
 - a. Code red
 - b. Code green
 - c. Code gray
 - d. Code black
 - e. Code blue
 - f. Code yellow
 - g. Condition 99
4. The student will be able to answer questions, written or oral, related to department routines, fluoroscopic procedures and orientation information.
5. The student will demonstrate proper patient care and communication as discussed in the classroom including:
 - a. Clinical data

- b. Procedure explanation
 - c. Transportation and safety
 - d. Radiation protection
 - e. Patient comfort
6. The student will demonstrate proper body mechanic, in moving and transferring patients.
 7. The student will assist with each radiographic procedure under direct/indirect supervision, which have been covered to date including:
 - a. Patient positioning
 - b. Equipment manipulation
 - c. Selection of appropriate technique
 8. Given a request for a specific x-ray examination, the student will be able to demonstrate minimum proficiency by:
 - a. Indicate whether a grid (bucky) or screen is necessary
 - b. Indicate the most appropriate size of cassette and correct placement of markers
 - c. Position the patient so that the part, cassette, and x-ray beam are in correct alignment
 - d. Measure the part correctly
 - e. Locate the proper technical factors on the technique chart
 - f. Collimate to the area of interest, and provide proper shielding
 - g. Instruct the patient so that there is a full technologist/patient communication and cooperation and that there is as little voluntary motion on the part of the patient as possible
 - h. Explain exposure variation for various patient types
 - i. Explain technique variation to decrease motion in uncooperative patients
 - j. Accurately label all radiographs
 9. Given the finished radiograph, the student will be able to:
 - a. Identify which view is demonstrated
 - b. Identify the major anatomical parts shown
 - c. Critique the radiograph for positioning, and if unsatisfactory, be able to suggest corrections
 - d. Critique the radiograph for correct exposure factors
 - e. Identify motion or any other cause of poor definition
 - f. Evaluate the film for correct patient identification.
 10. The student will demonstrate all office procedures--i.e. filling out a requisition, locating films, filing films, etc.
 11. The student will demonstrate all darkroom procedures as covered in the classroom
 12. The student will locate supplies within the department and identify the purpose of the supplies.
 13. The student will turn in all completed proficiency evaluations/assignments required for that clinical semester.
 14. The student will turn in the exam logs for that semester upon completion of that sheet

RADIOLOGIC TECHNOLOGY PROGRAM - CLINICAL III & IV

TERMINAL OBJECTIVES

At the completion of the Clinical III & IV unit: (Fall, 2nd year)

1. The student will become certified in approved CPR through either a hospital inservice or individual instruction.
2. The student will demonstrate professionalism--i.e. attendance, promptness, attire, attitude, as addressed by Affective Domain Objectives.
3. The student will familiarize himself/herself with the emergency cart and procedures of the hospital where he/she is located.
4. The student will familiarize himself/herself with the policy manual of the hospital where he/she is located:
 - a. Code red
 - b. Code green
 - c. Code blue
 - d. Code gray
 - e. Code black
 - f. Any other applicable codes
5. The student will answer written questions related to department routines, advanced procedures and trauma radiography.
6. The student will demonstrate proper patient care and communication as discussed in the classroom including:
 - a. Clinical data
 - b. Procedure explanation
 - c. Transportation and safety
 - d. Radiation protection
 - e. Patient comfort
7. The student will demonstrate proper body mechanics, in moving and transferring patients.
8. The student will assist with each radiographic procedure assigned to that room under direct/indirect supervision including:
 - a. Patient positioning
 - b. Equipment manipulation
 - c. Selection of appropriate technique
9. Given a request for a specific x-ray examination, the student will be able to demonstrate minimum proficiency by:
 - a. Indicate whether a grid (bucky) or screen is necessary
 - b. Indicate the most appropriate size of cassette and correct placement of markers
 - c. Position the patient so that the part, cassette and x-ray beam is in correct alignment
 - d. Measure the part correctly
 - e. Locate the proper technical factors on the technique chart
 - f. Collimate the area of interest
 - g. Instruct the patient so that there is full technologist/patient communication and cooperation and that there is a little voluntary motion on the part of the patient as possible
 - h. Explain exposure variation for various patient types
 - i. Explain technique variation to decrease motion in uncooperative patients
 - j. Accurately label all radiographs.

10. Given the finished radiograph, the student will be able to:
 - a. Identify which view is demonstrated
 - b. Identify the major anatomical parts shown
 - c. Critique the radiograph for positioning and if unsatisfactory, be able to suggest corrections
 - d. Critique the radiograph for correct exposure factors
 - e. Identify motion or any other cause of poor definition
 - f. Evaluate the film for correct patient identification
11. The student will demonstrate all office procedures--i.e. writing up a requisition, looking up a film, writing up films etc.
12. The student will demonstrate all darkroom procedures as covered in the classroom.
13. The student will locate supplies within the department and identify what supplies are on the supply cart.
14. The student will turn in all completed proficiency examinations/assignments required for that clinical semester.
15. The student will turn in their exam log in a timely manner.
16. The student will learn the special view of the extremities, sometimes requested with routine examinations.

**RADIOLOGIC TECHNOLOGY PROGRAM - CLINICAL V
 TERMINAL OBJECTIVES**

At the completion of the Clinical V unit: (Summer, 2nd year)

1. The student will become re-certified in approved CPR through an inservice provided by the hospital or by other means.
2. The student will demonstrate professionalism--i.e. attendance, promptness, attire, attitude, as addressed by Affective Domain Objectives.
3. The student will familiarize himself with the emergency cart and procedures of the hospital where he is located.
4. The student will familiarize himself with the policy manual of the hospital where he is located:
 - a. Code red
 - b. Code green
 - c. Code gray
 - d. Code black
 - e. Code blue
5. The student will answer written questions related to department routines, special procedures, trauma, and special rotations.
6. The student will demonstrate proper patient care and communication as discussed in the classroom including:
 - a. Clinical data
 - b. Procedure explanation
 - c. Transportation and safety
 - d. Radiation protection
 - e. Patient comfort
7. The student will demonstrate proper body mechanics, in moving and transferring patients.

8. The student will assist with each radiographic procedure assigned to that room under direct/indirect supervision including:
 - a. Patient positioning
 - b. Equipment manipulation
 - c. Selection of appropriate technique

9. Given a request for a specific x-ray examination, the student will be able to:
 - a. Indicate whether a grid (bucky) or screen is necessary
 - b. Indicate the most appropriate size of cassette and correct placement of markers
 - c. Position the patient so that the part, cassette and x-ray beam is in correct alignment
 - d. Measure the part correctly
 - e. Locate the proper technical factors on the technique chart
 - f. Collimate the area of interest
 - g. Instruct the patient so that there is full technologist/patient communication and cooperation and that there is a little voluntary motion on the part of the patient as possible
 - h. Explain exposure variation for various patient types
 - i. Explain technique variation to decrease motion in uncooperative patients
 - j. Accurately label all radiographs.

10. Given the finished radiograph, the student will be able to:
 - a. Identify which view is demonstrated
 - b. Identify the major anatomical parts shown
 - c. Critique the radiograph for positioning and if unsatisfactory, be able to suggest corrections
 - d. Critique the radiograph for correct exposure factors
 - e. Identify motion or any other cause of poor definition
 - f. Evaluate the film for correct patient identification

11. The student will demonstrate all office procedures--i.e. filling out a requisition, locating films, writing up films etc.

12. The student will demonstrate all darkroom procedures as covered in the classroom.

13. The student will locate supplies within the department and identify what supplies are on the supply cart.

14. The student will turn in all completed proficiency examinations/assignments required for that clinical semester.

15. The student will turn in the exam log in a timely manner.

**RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL EXPERIENCE OBJECTIVES**

Note: Stated objectives will comply according to each facility's practices.

SPECIFIC RADIOGRAPHIC OBJECTIVES (PSYCHOMOTOR)

The student will:

1. Preparation of the Radiographic room
 - a. Maintain room cleanliness.
 1. Change linens
 2. Maintain aseptic conditions for radiographic equipment and instruments
 - b. Obtain necessary supplies and/or materials for the radiographic examination.
 1. Prepare I.V. solutions
 2. Mix barium for gastrointestinal studies

3. Set up barium mixtures according to examinations
 4. Prepare set-up of instruments and/or trays for special examinations
 - c. Perform tube warm-up when necessary.
2. Preparation of the patient
 - a. Address the patient in the proper manner by use of surnames, title, or complete name
 - b. Check the patient's identification (I.D.)
 1. Identify proper correlation of patient name and examination ordered.
 2. Evaluate exam request with patient complaint
 - c. Assist the patient to the radiographic area
 1. Demonstrate proper handling of wheelchairs and stretchers
 2. Demonstrate proper body mechanics
 - d. Explain the radiographic procedure to be performed
 - e. Remove all unnecessary or interfering clothing and/or accessories (false teeth, jewelry, hairpins, wigs etc.)
 - f. Maintain the modesty of the patient by keeping the patient covered at all times
 - g. Record patient history/information
 1. Ask questions pertinent to the examination
 2. Note pertinent observations (swelling, vomiting, etc.)
 3. Positioning of the Patient
 - a. Manipulate the patient for proper projections required for an examination
 - b. Demonstrate measurement of the part to be radiographed accurately
 - c. Communicate proper instructions to the patient
 1. Express clear, precise, audible instructions
 2. Observe patient's response to the instructions
 3. Select alternative methods of communication when necessary
 - d. Use necessary immobilization properly
 1. Demonstrate accurately the proper placement of immobilizing devices
 2. Select the proper size immobilizing device according to projection and patient
 - e. Apply necessary modifications
 1. Demonstrate proper modifications due to patient condition or body habitus
 2. Provide support (sponges, pillows etc) which may alleviate patient discomfort and/or provide modifications needed for the projections desired
 4. Use of equipment
 - a. Use central ray properly
 1. Align central ray to center the part accurately according to the projection taken
 2. Demonstrate correct usage of angles of the central ray according to the projection taken
 - b. Demonstrate proper focal film distance (FFD) according to the projections taken
 - c. Operate the tube and/or table locks accurately
 1. Manipulate the tube from horizontal to vertical (and vice versa) utilizing the proper locks
 2. Demonstrate proper usage of locks to avoid table or tube movement
 3. Demonstrate proper manipulation of tube and locks on the mobile unit
 4. Manipulate motor drive on mobile unit safely (when applicable).
 - d. Collimate properly
 1. Adjust collimation to accurate exposure area
 2. Demonstrate use of cylinder cones when necessary
 - e. Select the proper cassette
 1. Demonstrate the proper cassette size according to the projection taken
 2. Produce the proper number of combined projections for a cassette
 3. Coordinate the cassette size according to the part size
 - f. Place the cassette properly in the bucky tray or spot film device

1. Demonstrate the proper exposure side of the cassette in the bucky or spot film device
 2. Determine proper placement of nameplates so it will not interfere with an examination
 - g. Operate the automatic filming devices properly
 1. Demonstrate proper loading of film in devices
 2. Coordinated proper advancement of film before and after exposure
 - h. Use necessary film markers accurately
 1. Indicate correctly the right or left side or extremity of the patient using personalized right or left markers
 2. Demonstrate the use of additional markers or indicators (i.e. 30 min., 1 hour, post void, 10 cm, etc.) when recommended for examinations
 - i. Operate control panel accurately
 1. Select proper set-up on the control panel and table for fluoroscopy, tomography, or 35mm, 75mm or 105mm film when applicable
 2. Demonstrate the use of the Bucky when needed for conventional or automatic (phototimed) exposures
 3. Adapt accurate MAS values from MA and time when only the MAS is set instead of the MA and time set separately)
 - j. Make proper exposure according to the technique chart
 1. After measurement of the part, apply the suggested technique from the chart to the control panel
 2. Change technique accordingly for disease processes
 3. Adjust technique accurately when changing grid ratio, distance, time for motion elimination, from moving to stationary grid, and differences in film and screen speed
 - k. Use aseptic or sterile technique when required
 1. Demonstrate proper technique for opening a sterile tray
 2. Perform a surgical scrub on a patient when required
 3. Manipulate sterile instruments without contamination when required
 4. Demonstrate awareness of sterile fields and/or areas
 5. Insert enema tips properly, using aseptic techniques
 6. Demonstrate proper isolation techniques to himself/herself, the patient and the equipment
5. Evidence of radiation protection
- a. Use gonadal shielding when needed
 1. Manipulate floor shields at proper height for chest radiographs
 2. Adjust gonadal shield at proper height for Pigg-O-Stat
 3. Position lead shielding properly for fluoroscopic examinations
 4. Provide lead to gonads when it will not interfere with abdominal radiographs
 - b. Close radiographic doors
 - c. Wear lead apron and/or gloves when appropriate (fluoroscopy and portable radiography)
 - d. Provide radiation protection
 1. Demonstrate cognizance of others during exposures by providing lead aprons or by asking them to leave the area
 2. Ask women of childbearing age if they are pregnant before the examination
 3. Demonstrate proper use of a film badge during any radiography
6. Complete remaining tasks
- a. Turn radiographic equipment off when appropriate
 1. Demonstrate proper side to the pass box
 2. Apply proper name to the cassette for identification of patient data
 3. Properly stamp film with patient identification in the proper corner of the film
 4. Manipulate the film from the cassette without mishandling to the feed tray of the processor
 5. Guide the film into the automatic processor at the appropriate time
 6. Demonstrate proper use of Daylight processing, laser imaging, etc. when appropriate
 - b. Check the quality of the film

1. Evaluate the film for technique
2. Evaluate the film for positioning
- c. When repeating a radiograph, demonstrate the ability to alter improper projections
- d. When repeating a radiograph, demonstrate the ability to alter improper technical factors
- e. Complete necessary paperwork
- f. Discharge the patient according to the procedure of the department

CLINICAL EXPERIENCE

SPECIFIC OBJECTIVES FOR PROFESSIONAL/PERSONAL GROWTH (AFFECTIVE DOMAIN)

Throughout each semester the student will display:

1. Initiative
 - a. Motivation toward clinical experience
 - b. Enthusiasm toward clinical experience
 - c. Willingness to initiate and/or accept assignments
2. Attitude
 - a. Receptivity to suggestions or corrections
 - b. The ability to exercise self-control
 - c. A demonstrated interest in clinical assignments
3. Dependability
 - a. Reliability as a function of completing assignments and projects
 - b. Reliability as a function of remaining in assigned clinical areas
4. Team participation
 - a. A cooperative, courteous attitude toward co-workers
 - b. Consideration for feelings and interests of co-workers
 - c. Acceptance of supervision
 - d. Assistance to others when appropriate (peers, staff)
5. Professional and Ethical Judgement
 - a. Cognition to seek help when appropriate
 - b. Ability to act quickly and appropriately in emergency situations as related to experience
 - c. Respect for confidential patient information and/or radiologic findings
 - d. Professional practice of radiation protection
6. Relationship with Patients
 - a. Courtesy and empathy towards patients
 - b. Ability to establish good rapport with patients
 - c. Effective communication with patients
7. Attendance and Punctuality
 - a. Willingness to observe clinical attendance policies and departmental regulations
 - b. Ethical use of sick leave, vacation, breaks, etc.
8. Professional Appearance
 - a. Appropriate dress, personal hygiene and professional conduct
9. Technical Application
 - a. Knowledge of departmental routine examinations
 - b. Continual proficiency in examinations after evaluations

- c. The ability to alter improper projections
- d. The ability to alter technical factors as needed

10. Efficiency

- a. Ability to evaluate needs of technical situations before procedure
- b. Organization of time effectively to carry out departmental patient care

THE X-RAY TECHNOLOGIST'S PLEDGE

I solemnly pledge that I will cheerfully and willingly assist the Radiologist in all diagnostic and therapeutic Radiological Procedures to the best of my ability.

- ◆ I will procure the best possible films in all examinations.
- ◆ I will take care to maintain a professional attitude in my relationship with all patients.
- ◆ I will regard as strictly confidential all information regarding each patient coming for examination or treatment.
- ◆ I will not discuss patients nor their affairs outside of the x-ray department. I will not divulge to the patient the results of any examination.
- ◆ I will do all in my power to live up to and improve the highest traditions of my profession.
- ◆ So help me, God

CODE OF ETHICS

Applicants for certification in x-ray technology must, at the time of application, and on subsequent occasions when the certificate is renewed, agree to abide by the following code of ethics:

"In consideration of the granting to me of a certificate of registration or a renewal thereof, by the American Registry of Radiologic Technologists, and the attendant right to use the title "Registered X-Ray Technologist" and its abbreviation "R.T." (ARRT) in connection with my name, I do agree to perform the duties on an x-ray technologist whether as a worker, teacher or supervisor, only under the direction or supervision of a duly qualified physician.

I will not act as owner, co-owner, advisor or employer in connection with any type of enterprise having anything to do with the medical use of ionizing radiation unless it be an affiliated registered technologist and subject to the limitations of such certifications. I will not interpret radiographs or fluoroscopic shadows, treat or advise patients as to x-ray diagnosis or treatment; nor will I teach students in x-ray technology unless under the direct supervision of a duly qualified doctor of medicine who specializes in radiology; and I will abide by this code of ethics, and all other present and future rules and regulations of The American Registry of Radiologic Technologists as long as I retain my certificate."

PRINCIPLES OF PROFESSIONAL CONDUCT

These principles shall serve as a guide by which Radiologic Technologists may evaluate their professional conduct as it relates to patients, colleagues, other members of the medical care team, health care consumers, and employers. The Principles are intended to assist Radiologic Technologists in maintaining a high level of ethical conduct.

PRINCIPLE 1: Radiologic Technologists shall conduct themselves in a manner compatible with the dignity and professional standards of the profession.

PRINCIPLE 2: Radiologic Technologists shall provide services with consideration of human dignity and the needs of the patient, unrestricted by consideration of age, sex, race, creed, social or economic status, handicap, personal attributes, or the nature of the health problem.

PRINCIPLE 3: Radiologic Technologists shall make every effort to protect all patients from unnecessary radiation.

PRINCIPLE 4: Radiologic Technologists should exercise and accept responsibility for independent discretion and

judgement in the performance of their professional services.

PRINCIPLE 5: Radiologic Technologists shall judiciously protect the patient's right to privacy and shall maintain all patient information in the strictest confidence.

PRINCIPLE 6: Radiologic Technologists shall apply only the methods of technology founded upon a scientific basis and not employ those methods that violate this principle.

PRINCIPLE 7: Radiologic Technologists shall not diagnose, but in recognition of their responsibility to the patient, they shall provide the physician with all information they have relative to radiologic diagnosis or patient management.

PRINCIPLE 8: Radiologic Technologists shall be responsible for reporting unethical conduct and illegal professional activities to the appropriate authorities.

PRINCIPLE 9: Radiologic Technologists should continually strive to improve their knowledge and skills by participating in educational and professional activities and sharing the benefits of their attainments with their colleagues.

PRINCIPLE 10: Radiologic Technologists should protect the public from misinformation and misrepresentation.

AFFIRMATIVE ACTION COMPLIANCE STATEMENT

This institution, in compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, and other federal laws and regulations does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

RADIOGRAPHY DIDACTIC AND CLINICAL COMPETENCY REQUIREMENTS



*Eligibility Requirements Effective January 2005**

Candidates for certification are required to meet the Professional Requirements specified in Section 2.02 of the *ARRT Rules and Regulations*. This document identifies the minimum didactic and clinical competency requirements for certification referenced in the *Rules and Regulations*. Candidates who complete a formal educational program accredited by a mechanism acceptable to the ARRT will have obtained education and experience beyond the requirements specified here.

Didactic Requirements

Candidates must successfully complete coursework addressing the topics listed in the *ARRT Content Specifications for the Examination in Radiography*. These topics are presented in a format suitable for instructional planning in the *ASRT Radiography Curriculum (2002)*.

Clinical Requirements

As part of their educational program, candidates must demonstrate competence in the clinical activities identified in this document. Demonstration of clinical competence means that the program director or designee has observed the candidate performing the procedure, and that the candidate performed the procedure independently, consistently, and effectively. Candidates must demonstrate competence in the areas listed below.

- Six mandatory general patient care activities.
- Thirty-six mandatory radiologic procedures.
- Fifteen elective radiologic procedures to be selected from a list of 30 procedures.

Documentation

The following pages identify specific clinical competency requirements. Candidates may wish to use these pages, or their equivalent, to record completion of the requirements. The pages do NOT need to be sent to the ARRT.

To document that the didactic and clinical requirements have been satisfied, candidates must have the program director (and authorized faculty member if required) sign the ENDORSEMENT SECTION of the **Application for Certification** included in the *Certification Handbook*.

* *Note: Candidates who complete their educational program during 2005 or 2006 may use either the previous (2004) requirements or the current (2005) requirements. Candidates who graduate after December 2006 may no longer use the previous (2004) competency requirements.*

Radiography Clinical Competency Requirements

The clinical competency requirements include the six general patient care activities listed below and a subset of the 66 radiologic procedures identified on subsequent pages. Demonstration of competence should include variations in patient characteristics (e.g., age, gender, medical condition).

1. General Patient Care

Requirement: Candidates must demonstrate competence in all six patient care activities listed below. The activities should be performed on patients; however, simulation is acceptable (see endnote) if state or institutional regulations prohibit candidates from performing the procedures on patients.

General Patient Care	Date Completed	Competence Verified By
CPR		
Vital signs (blood pressure, pulse, respiration, temperature)		
Sterile and aseptic technique		
Venipuncture		
Transfer of patient		
Care of patient medical equipment (e.g., oxygen tank, IV tubing)		

Radiography Clinical Competency Requirements (cont.)

2. Radiologic Procedures

Requirement: Candidates must demonstrate competence in all 36 procedures identified as mandatory (M). Procedures should be performed on patients; however, up to eight mandatory procedures may be simulated (see endnote) if demonstration on patients is not feasible.

Candidates must demonstrate competence in 15 of the 30 elective (E) procedures. Elective procedures should be performed on patients; however, electives may be simulated (see endnote) if demonstration on patients is not feasible.

Institutional protocol will determine the positions or projections used for each procedure.

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.

Radiologic Procedure	Mandatory or Elective	Date Completed	Patient or Simulated	Competence Verified By
Chest and Thorax				
Chest Routine	M			
Chest AP (Wheelchair or Stretcher)	M			
Ribs	M			
Chest Lateral Decubitus	E			
Sternum	E			
Upper Airway (Soft-Tissue Neck)	E			
Upper Extremity				
Thumb or Finger	M			
Hand	M			
Wrist	M			
Forearm	M			
Elbow	M			
Humerus	M			
Shoulder	M			
Trauma: Shoulder (Scapular Y, Transthoracic or Axillary)*	M			
Clavicle	E			
Scapula	E			
AC Joints	E			
Trauma: Upper Extremity (Nonshoulder)*	M			

**Radiography
Clinical Competency Requirements (cont.)**

Radiologic Procedure	Mandatory or Elective	Date Completed	Patient or Simulated	Competence Verified By
Lower Extremity				
Foot	M			
Ankle	M			
Knee	M			
Tibia-Fibula	M			
Femur	M			
Trauma: Lower Extremity *	M			
Patella	E			
Calcaneus (Os Calcis)	E			
Toe	E			
Cranium				
Skull	M			
Paranasal Sinuses	M			
Facial Bones	E			
Orbits	E			
Zygomatic Arches	E			
Nasal Bones	E			
Mandible (Panorex acceptable)	E			
Spine and Pelvis				
Cervical Spine	M			
Trauma: Cervical Spine (Cross Table Lateral)*	M			
Thoracic Spine	M			
Lumbosacral Spine	M			
Pelvis	M			
Hip	M			
Cross Table Lateral Hip	M			
Sacrum and/or Coccyx	E			
Scoliosis Series	E			
Sacroiliac Joints	E			
Abdomen				
Abdomen Supine (KUB)	M			
Abdomen Decubitus or Upright	M			
Intravenous Urography	E			

**Radiography
Clinical Competency Requirements (cont.)**

Radiologic Procedure	Mandatory or Elective	Date Completed	Patient or Simulated	Competence Verified By
Fluoroscopy Studies				
Upper GI Series (Single or Double Contrast)	M			
Barium Enema (Single or Double Contrast)	M			
Small Bowel Series	E			
Esophagus	E			
Cystography/Cystourethrography	E			
ERCP	E			
Myelography	E			
Arthrography	E			
Surgical Studies				
C-Arm Procedure	M			
Surgical Cholangiography	E			
Retrograde Pyelography	E			
Mobile Studies				
Chest	M			
Abdomen	M			
Orthopedic	M			
Pediatrics (age 6 or younger)				
Chest Routine	M			
Upper Extremity	E			
Lower Extremity	E			
Abdomen	E			
Mobile Study	E			

* Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc.

Note: The ARRT requirements specify that certain clinical procedures may be simulated. Simulations must meet the following criteria: (a) the student is required to competently demonstrate skills as similar as circumstances permit to the cognitive, psychomotor, and affective skills required in the clinical setting; (b) the program director is confident that the skills required to competently perform the simulated task will generalize or transfer to the clinical setting. Examples of acceptable simulation include: demonstrating CPR on a mannequin; positioning a fellow student for a projection without actually activating the x-ray beam, and evaluating an image from a teaching file; performing venipuncture by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or grapefruit.

**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY AT SAYRE
RADIOLOGIC TECHNOLOGY PROGRAM**

THESE EXAMS MUST BE OBSERVED DURING CLINICAL V

A minimum of 10 of each of the following mandatory exams must be observed and recorded in the exam log.

Mandatory:

Computed Tomography

Magnetic Resonance Imaging

Ultrasound

Nuclear Medicine

Optional:

Radiation Therapy

Cardiac Catheterization

**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL EDUCATION COMPETENCY
EVALUATION FORM**

STUDENT: _____
EXAM: _____
DATE: _____
EVALUATORS INITIALS: _____

NA = Not applicable
2-0 = Not acceptable
4-3 = Needs major improvement
6-5 = Needs significant improvement
8-7 = Needs minor improvements
10-9 = Acceptable

VIEWS:
A. _____ B. _____
C. _____ D. _____
E. _____ F. _____

	A	B	C	D	E	F	COMMENTS
EQUIPMENT UTILIZATION							
POSITIONING SKILLS							
RADIATION PROTECTION							
WORK EFFICIENCY							
FILM/CASSETTE							
IDENTIFICATION							
ANATOMICAL PARTS							
CHECKPOINTS							
PATIENT CARE AND COMMUNICATION							
TECHNICAL FACTORS							

EVALUATION CRITERIA:

1. Equipment Utilization
 - a. Preparation of room/patient
 - b. Manipulate tube/Bucky adequately
 - c. Measure patient correctly
 - d. Proper SID used
 - e. Other
2. Positioning Skills
 - a. Demonstrates proper patient/technologist relationship
 - b. Position patient correctly on table
 - c. Position part correctly
 - d. Center CR to center of film
 - e. Oblique patient correctly if required
 - f. Angle the CR to center of film
 - g. Use immobilization techniques
 - h. Other
3. Radiation Protection
 - a. Cone or collimate to part
 - b. Shield patient when appropriate
 - c. Inquire if female patient is pregnant
 - d. Other
4. Work Efficiency - dependant upon type of exam
 - a. 0-3 minutes = 10-9
 - b. 3-5 minutes = 8-7
 - c. 5-7 minutes = 6-5
 - d. 7-10 minutes = 4-3
 - e. over 10 minutes = 2-0
5. Film/Cassette
 - a. Correct cassette size
 - b. Correct screen speed
 - c. Correct cassette placement
 - d. Proper use of grids
 - e. Other
6. Identification
 - a. Markers properly placed
 - b. Marker not obscuring anatomical parts
 - c. Patient Information visible
 - d. Other
7. Anatomical Parts
 - a. Part shown in proper perspective
 - b. Name anatomy demonstrated
 - c. Other
8. Checkpoints
 - a. Name one or more factors used in determining radiographic acceptability
 - b. Identify artifacts
9. Patient care and communication
 - a. Explain the procedure to patient
 - b. Instruct the patient in breathing when applicable
 - c. Exposure made when observing patient
 - d. Respect patient modesty
 - e. Attending to patient comfort needs
 - f. Properly assist patient with wheelchair, stretcher, etc.
10. Technical factors
 - a. Use technique chart correctly
 - b. Select adequate/appropriate mAs and kVp
 - c. Film demonstrates acceptable contrast/density

PERSONAL & PROFESSIONAL GROWTH ASSESSMENT (Affective domain)

Student's name _____ Mid-term / Final _____

Affiliate _____ Semester / Year _____

Student 1st yr. / 2nd yr. (circle one)

KEY

(U) 0-6 Unacceptable or inadequate.

Unable to complete clinical objectives in a satisfactory manner and/or does not provide safe care.

(D) 7 Adequate-slightly below average

Completes the clinical objectives requiring a high degree of guidance. Provides safe care with continual supervision. Slightly below average student.

(C) 8 Good-minimally acceptable.

Completes the clinical objectives requiring a moderate amount of guidance. Provides safe care. Average student.

(B) 9 Very good.

Consistently completes the clinical objectives appropriately. Provides safe care. Seeks guidance. An above average student.

(A) 10 Excellent, superior.

Completes clinical objectives in a consistent, creative and self-directed manner. Seeks guidance appropriately. Performs safe care consistently at a high level of competence. Outstanding student.

Part I: Please assess each trait by placing 10,9,8,7,6,5,4,3,2,1,0.

1. Initiative:

___ a. Motivation and enthusiasm toward clinical experience

___ b. Willingness to initiate assignments

___ c. Acceptance of assigned task

Comments: _____

2. Attitude and / or Behavior:
- a. Receptivity to suggestions or corrections
 - b. The ability to exercise self-control
 - c. Accepts criticism constructively
 - d. A cooperative, courteous attitude towards co-workers
 - e. Acceptance of supervision

Comments: _____

3. Dependability:
- a. Reliability as a function of completing assignments and projects
 - b. Reliability as a function of remaining in assigned clinical area

Comments: _____

4. Team participation:
- a. Works well with the staff

Comments: _____

5. Professional and Ethical Judgement:
- a. Cognition to seek help when appropriate
 - b. Ability to react quickly and appropriately in medical situations related to experience
 - c. Respect for patient confidential information and/or radiological findings
 - d. Professional practice of radiation protection

Comments: _____

6. Relationship with Patients:

- a. Courtesy and empathy toward patients
- b. Develops cooperative communication with the patient and demonstrates considerate patient care
- c. Ability to explain procedures to the patient

Comments: _____

7. Attendance and Punctuality:

- a. Willingness to observe clinical attendance rules and regulations
- b. Ethical use of arrival/departure/lunch times
- c. Demonstrates minimum absences (excused/unexcused)
- d. Demonstrates minimum tardies (excused/unexcused)

Comments: _____

8. Professional Appearance:

- a. Adherence to uniform policy
- b. Professional conduct in department of patient care areas

Comments: _____

9. Technical Application:

- a. Knowledge of departmental routine examinations
- b. Continual proficiency in examinations after evaluation
- c. The ability to alter improper projections
- d. The ability to alter technical factors as needed
- e. Ability to apply technique chart
- f. Demonstrates general knowledge of radiographic positions

Comments: _____

AGREEMENT TO MAINTAIN CONFIDENTIALITY OF PATIENT PROTECTED HEALTH INFORMATION

Adopted Spring 2003

Maintaining patient information in a confidential manner is important to the School of Radiologic Technology at Southwestern Oklahoma State University. As a student enrolled in the professional Radiologic Technology program it is imperative that you understand the significance of your role in maintaining the confidentiality of all patient information that you encounter. Furthermore, it is important that you recognize those standards, which impose this duty of confidentiality:

1: Ethical Standard

Maintaining the confidences of the patient is an essential tenet of the technologist-patient relationship. The July 2002 Standards of Ethics of the American Registry of Radiologic Technologists reinforces this principle of confidentiality. The Code states: "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." Ethically, the radiologic technologist and radiologic technologist student must confidentially protect patient information.

2: Federal Legislation

The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, HIPAA) identified the importance in maintaining patient confidentiality in light of the current climate of patient records and computerization of patient information. The privacy regulations resulting from this Act required that "covered entities" (which are the facilities that you as a student will enter off-campus) have contracts with their "business associates" (which includes educational groups such as the School of Radiologic Technology). These contracts assure that privacy compliance requirements will be maintained by all those affiliated with the business associate. The School of Radiologic Technology at Southwestern has entered into agreements assuring covered entities that confidentiality compliance requirements will be followed by all the "agents" (or students) of the School.

AGREEMENT

I understand that the information that I will be reviewing at an on- or off-campus facility (or facilities) will contain information of a confidential nature. By signing this document I hereby agree to maintain the strictest confidence of the information obtained and will not divulge such information to another in a manner which could or does breach the patient's right of confidentiality. I agreed to abide by the ARRT Standard of Ethics, and HIPAA statutory and regulatory provisions relating to confidentiality of protected health information (PHI). **I understand that I may be withdrawn involuntarily from this class should it be determined that I have indeed breached a patient's right to have their protected health information maintained in a confidential nature and may receive a penalty, up to a W/F for the course.**

SIGNATURE _____ DATE _____

PRINTED NAME _____

CRIMINAL HISTORY INFORMATION REQUEST

Oklahoma State Bureau of Investigation
Criminal History Reporting
6600 North Harvey
Oklahoma City, Oklahoma 73116

Date: _____

PURSUANT TO PROVISIONS OF TITLE 51, OKLAHOMA STATUTES 1981, SECTION 24A.1 et seq. AND PROCEDURES OUTLINED BY THE OKLAHOMA STATE BUREAU OF INVESTIGATION, I REQUEST A CRIMINAL HISTORY INFORMATION CHECK OF YOUR FILES ON THE FOLLOWING SUBJECT(S). THE PROCESSING FEE OF FIFTEEN DOLLARS (\$15.00) PER SUBJECT FOR A NAME SEARCH OR NINETEEN DOLLARS (\$19.00) PER SUBJECT FOR AN IN-STATE FINGERPRINT SEARCH IS HEREBY TENDERED.

Form of Payment: Cash Business Check Money Order Cashier's Check American Express Visa
 MasterCard Discover Account Number: _____

Cardholder's Signature: _____ Expiration Date: _____

(Requests with no signature will be returned unprocessed.)

NAME OF INDIVIDUAL, BUSINESS,
OR AGENCY MAKING REQUEST: _____

**IF PAYING WITH CASH, MONEY ORDER, CASHIER'S CHECK OR CREDIT CARD,
PLEASE PRINT YOUR NAME AND ADDRESS HERE.**

INDIVIDUAL, BUSINESS,
OR AGENCY ADDRESS: _____

Street Address or Post Office Box

PHONE
NUMBER: _____

City

State

Zip

Purpose of Request: _____

(PLEASE CHECK, ONLY IF APPLICABLE)

This request is being made in compliance with the provisions of the Oklahoma Child Care Facilities Licensing Act, 10 O. S. 1991, Sections 401 through 410; a search of the Oklahoma Department of Corrections Sex Offenders Registration List, 57 O. S. 1991, Section 581 et seq., is required: _____. The sex offender search must be requested at the time the original criminal history record check is submitted; amended replies to include this information will not be furnished free of charge at a later date.)

FOR OSBI USE ONLY; DO NOT WRITE IN THIS SPACE.

Signature of Requestor

SUBJECT TO BE SEARCHED:

(All request forms must be typed or the information legibly printed in ink by the requestor; forms completed in pencil are unacceptable. Handwritten requests which are not easily read will be returned unprocessed.)

NAME: _____
(Last) (First) (Middle)

Alias Names: _____
(includes maiden name, all married names, and any other names used)

RACE: _____ SEX: _____

DATE OF BIRTH OR

AGE (mandatory): _____

(If an age is provided, it must be specific; an age range is not acceptable and will be returned unprocessed. Additionally, customers who submit common names with an age may be required to provide a full date of birth before their request can be processed. See Title 51, Section 24A.5 (2) of the Oklahoma Open Records Act.)

SOCIAL SECURITY

NUMBER: _____

FOR OSBI USE ONLY; DO NOT WRITE IN THIS SPACE.

All criminal history record information provided in compliance with 51 O. S. 1 Section 24A.1 et seq., is based upon fingerprints taken by the contributing law enforcement or criminal justice agency at the time of arrest and/or incarceration. (Form #CHRD01)