Evolving and Transforming

RADIOGRAPHY PROGRAM
Student Handbook
Class of 2019-2020

Reviewed and/or Revised 8/19
Anthony Kapadoukas Ph.D., RTR, Program Director
Cheryl Burke, Cheryl Burke, B.S., RTR

MASSASOIT COMMUNITY COLLEGE
NURSING AND ALLIED HEALTH DIVISION
Massasoit Community College
One Massasoit Blvd.
Brockton, MA 02302
NON-DISCRIMINATION POLICY

http://www.massasoit.edu/affirmativeaction

Massasoit Community College is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion or handicap status in its education programs or in admission to, access to, treatment in, or employment in its programs or activities as required by Title VI, Civil Rights Act of 1964; Title IX, Education Amendments of 1972 and Section 504, Rehabilitation Act of 1973 and regulations promulgated there under; 34 CFR part 100 (Title VI), Part 106 (Title IX) and part 104 (Section 504).

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT
STUDENT ACCESS TO RECORDS

http://www.massasoit.edu/academics/policies/student-records-FERPA/index

The Family Education Rights and Privacy Act (FERPA) provide the student with a right to privacy and access to his/her school records. The Radiologic Technology Program will comply with this Act. Access to student records is carefully controlled to maintain confidentiality. Students may view records held by the Program Director during posted office hours in H 337. Students wishing to view their records may do so by requesting access from the Program Director. Clinical records held by clinical instructors may be viewed at a mutually agreed on time. MCC transcript records may be viewed in cooperation with the Office of the Registrar. College health and CORI records are confidentially maintained by the Division Dean of Nursing and Allied Health.

Members of the site visitation team of the Joint Review Committee on Education in Radiologic Technology will have temporary access to all records only during an actual onsite visitation. This is for the purpose of accreditation only. Student records will not be shown to anyone or mailed to any other institution without the written consent of the student.

DISABILITY STATEMENT

http://www.massasoit.edu/academics/academic-resource-center/disability/index

“Students in need of classroom or testing accommodations are encouraged to contact Disability Services at the beginning of each semester. For Brockton or Middleboro Campus, please contact Andrea Henry at extension 1805 or Julie McNeill-Kenerson at extension 1426. For Canton Campus, please contact Andrea or Julie at extension 2132.”

PREGNANCY

Notification must be made in writing to the program director

Female students who become pregnant or suspect pregnancy are encouraged by the National Council on Radiation Protection and Measurements (NCRP) to notify ‘declare’ the Program Director or Instructor immediately! Notification must be made in writing. A student also has the right to ‘undeclare’ her pregnancy at any time. Notification must be made in writing to the program director. Once a student has undeclared her pregnancy in which case, the student will be treated as though she were not pregnant. This is in accordance with Federal and State laws. Confidentiality is assured if necessary.
TABLE OF CONTENTS

Up to date information refer to the Massasoit Community College website Radiography

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Discrimination Policy, Family Education Rights and Privacy Act</td>
<td>1</td>
</tr>
<tr>
<td>(Availability of Records), Disability Statement, Pregnancy Declaration</td>
<td></td>
</tr>
<tr>
<td>Welcome and Program Officials</td>
<td>4</td>
</tr>
<tr>
<td>Radiologic Technology Organizational Chart</td>
<td>5</td>
</tr>
<tr>
<td>Massasoit Community College Administration</td>
<td>6</td>
</tr>
<tr>
<td>Program Mission Statement, Goals, and Program Effectiveness</td>
<td>7</td>
</tr>
<tr>
<td>Program Philosophy</td>
<td>8</td>
</tr>
<tr>
<td>Practical Standards</td>
<td>9</td>
</tr>
<tr>
<td>Code of Ethics</td>
<td>11</td>
</tr>
<tr>
<td>Explanation of Handbook</td>
<td>12</td>
</tr>
<tr>
<td>Introduction</td>
<td>13</td>
</tr>
<tr>
<td>Massasoit’s Guidelines of Civility</td>
<td>14</td>
</tr>
<tr>
<td>Professional Behaviors</td>
<td>15</td>
</tr>
<tr>
<td>Clinical Education Centers and Instructors</td>
<td>17</td>
</tr>
<tr>
<td>JCERT/Accreditation</td>
<td>18</td>
</tr>
<tr>
<td>National / State Registry</td>
<td>20</td>
</tr>
<tr>
<td>Professional Societies</td>
<td>21</td>
</tr>
<tr>
<td>Program Overview</td>
<td>22</td>
</tr>
<tr>
<td>Academic/Graduation Requirements</td>
<td>23</td>
</tr>
<tr>
<td>Degree Evaluation/Directions for Degree Evaluation</td>
<td>24</td>
</tr>
<tr>
<td>Intent to Graduate, Clinical Warning, Failure of Radiology Course,</td>
<td>25</td>
</tr>
<tr>
<td>Readmission</td>
<td></td>
</tr>
<tr>
<td>Readmission, Unscheduled Leave and Death in Family Leave</td>
<td>26</td>
</tr>
<tr>
<td>Military Leave, Make up</td>
<td>27</td>
</tr>
<tr>
<td>Grade Policy/Grade Appeal Process</td>
<td>28</td>
</tr>
<tr>
<td>Disciplinary Action/Grievances – Academic and Clinical Dismissal</td>
<td>29</td>
</tr>
<tr>
<td>Student Grievance Procedure</td>
<td>30</td>
</tr>
<tr>
<td>Student Services-Advisement &amp; Counseling, Disabilities</td>
<td>33</td>
</tr>
<tr>
<td>Pathways to Success</td>
<td>34</td>
</tr>
<tr>
<td>Library Services, Academic Resource Center, Veterans, Financial Aid</td>
<td>35</td>
</tr>
<tr>
<td>Alcohol and Drug Policy, Sexual Harassment/Harassment Policy, Tuition/Fees</td>
<td>36</td>
</tr>
<tr>
<td>Student Health Physical Examination</td>
<td>37</td>
</tr>
<tr>
<td>Medical Insurance, CORI/SORI, Liability, Hepatitis B</td>
<td>38</td>
</tr>
<tr>
<td>Students Working As Radiology Aides, School Records</td>
<td>39</td>
</tr>
<tr>
<td>Confidentiality Statement</td>
<td>40</td>
</tr>
<tr>
<td>General Safety Rules</td>
<td>41</td>
</tr>
<tr>
<td>Standard Precautions and Goggles, Exposure Incident Management Protocol</td>
<td>42</td>
</tr>
<tr>
<td>Student Safety Policy for Ebola Care and Facial Safety Devices</td>
<td>43</td>
</tr>
<tr>
<td>Recommendation to All Health Care Providers/Communicable Disease Reporting</td>
<td>44</td>
</tr>
<tr>
<td>Hazardous Materials Policy and Hand Hygiene</td>
<td>46</td>
</tr>
<tr>
<td>Latex Sensitivity and Allergy Policy</td>
<td>47</td>
</tr>
<tr>
<td>Radiation Safety/Monitoring</td>
<td>48</td>
</tr>
<tr>
<td>Student Pregnancy Policy</td>
<td>54</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Protective Measures for the Pregnant Student</td>
<td>55</td>
</tr>
<tr>
<td>Direct Vs. Indirect Supervision/Repeat Policy</td>
<td>56</td>
</tr>
<tr>
<td>Radiology Dosages/Exposure</td>
<td>57</td>
</tr>
<tr>
<td>Regulatory Limits</td>
<td>58</td>
</tr>
<tr>
<td>U.S. Nuclear Regulatory Commission Regulatory Guide</td>
<td>59</td>
</tr>
<tr>
<td>Failure of a Radiography Course</td>
<td>61</td>
</tr>
<tr>
<td>Conduct</td>
<td>62</td>
</tr>
<tr>
<td>Student Practice, Policy on Clinical Emergencies</td>
<td>63</td>
</tr>
<tr>
<td>Trajecsys Reporting System</td>
<td>64</td>
</tr>
<tr>
<td>Correlation with Instructors</td>
<td>65</td>
</tr>
<tr>
<td>Orientation to Clinical Site</td>
<td>66</td>
</tr>
<tr>
<td>Student Orientation to Clinical Setting</td>
<td>67</td>
</tr>
<tr>
<td>Consideration for the Patient</td>
<td>68</td>
</tr>
<tr>
<td>Clinical Experience Policies</td>
<td>69</td>
</tr>
<tr>
<td>Alternate Shift Policy</td>
<td>70</td>
</tr>
<tr>
<td>Clinical Transfer Policies</td>
<td>71</td>
</tr>
<tr>
<td>Social Media Policy/Confidential Information</td>
<td>72</td>
</tr>
<tr>
<td>Dress Code – Clinical</td>
<td>73</td>
</tr>
<tr>
<td>Repeat Radiography Policy, Clinical Supervision</td>
<td>74</td>
</tr>
<tr>
<td>Evaluation of Clinical Performance</td>
<td>75</td>
</tr>
<tr>
<td>Clinical Evaluation Process</td>
<td>76</td>
</tr>
<tr>
<td>Clinical Grading Process</td>
<td>77</td>
</tr>
<tr>
<td>Cancellation of Classes, Clinical Attendance Policy</td>
<td>81</td>
</tr>
<tr>
<td>Transportation, Parking, Hospital Visiting</td>
<td>82</td>
</tr>
<tr>
<td>OSHA, Student Clinical Records and Monitoring Badges</td>
<td>83</td>
</tr>
<tr>
<td>Didactic and Clinical Competency Requirements</td>
<td>84</td>
</tr>
<tr>
<td>Imaging Procedures</td>
<td>86</td>
</tr>
<tr>
<td>Clinical Instructor Imaging Procedure Record</td>
<td>89</td>
</tr>
<tr>
<td>Radiographic Anatomy &amp; Positioning MCC Laboratory</td>
<td>91</td>
</tr>
<tr>
<td>Academic Warning</td>
<td>92</td>
</tr>
<tr>
<td>Clinical Warning</td>
<td>93</td>
</tr>
<tr>
<td>Significant Incident Report</td>
<td>94</td>
</tr>
<tr>
<td>Waiver for Radiology Aide Employment</td>
<td>95</td>
</tr>
<tr>
<td>Clinical Waiver Form</td>
<td>96</td>
</tr>
<tr>
<td>Acknowledgement of Radiation Risk During Pregnancy</td>
<td>97</td>
</tr>
<tr>
<td>Rules for Clinical Sites</td>
<td>98</td>
</tr>
<tr>
<td>Checklist for Prior to Performing the X-ray Exam</td>
<td>99</td>
</tr>
<tr>
<td>Confidentiality Agreement</td>
<td>100</td>
</tr>
<tr>
<td>Student Handbook Acknowledgement/Agreement</td>
<td>101</td>
</tr>
<tr>
<td>Appeals Process</td>
<td>102</td>
</tr>
<tr>
<td>Academic Calendar</td>
<td>103</td>
</tr>
<tr>
<td>Campus Map</td>
<td>106</td>
</tr>
</tbody>
</table>

**In addition, to the radiography program policies and procedures.**
Welcome

The Radiography Program faculty welcomes you as a new or returning student. Our goal is to provide you with a high quality education in radiography that will prepare each of you to be a caring and competent radiographer in today’s high-tech health-care workplace, and we will work with you to achieve this goal.

We wish you every success in your educational experience.

MASSASOIT COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

PROGRAM OFFICIALS

INTERIM DEAN OF NURSING & ALLIED HEALTH
Susan Clover, MS, RN, ACM  sclover@massasoit.mass.edu
Office: H 336 – x1789

PROGRAM MEDICAL DIRECTOR
Jane Auger, M.D.
Caritas Norwood Hospital

PROGRAM DIRECTOR/DEPARTMENT CHAIR
Anthony Kapadoukas, Ph.D. R.T (R)  akapadoukas@massasoit.mass.edu
Office: H 337 - x1784

CLINICAL COORDINATOR AND INSTRUCTOR
Cheryl Burke, B.S., R.T.(R)(M)(CT)  cburke6@massasoit.mass.edu
Office: H 331 - x1764

Trajecsys Website: https://www.trajecsys.com

ADMINISTRATIVE ASSISTANTS NURSING & ALLIED HEALTH
Theresa Willis: H333 twillis@massasoit.mass.edu
Kathleen O’Neil: H554 koneil9@massasoit.mass.edu
RADIOLOGIC TECHNOLOGY ORGANIZATIONAL CHART
MASSASOIT COMMUNITY COLLEGE ADMINISTRATION

PRESIDENT
Dr. Gena Glickman
http://www.massasoit.edu/about-massasoit/president-office/index

PROVOST/V.P. OF ACADEMIC AND STUDENT AFFAIRS
Dr. Deanna Yameen

INTERIM DEAN OF NURSING & ALLIED HEALTH
Susan Clover, MS, RN, ACM

DEAN OF STUDENTS
Slandie Dieujuste

CHIEF DIVERSITY OFFICER
Yolanda Dennis

STUDENT SERVICES
http://www.massasoit.edu/students-and-parents/student-services/index

STUDENT LIFE
http://www.massasoit.edu/students-and-parents/student-life/index

ACADEMIC RESOURCE CENTER (ARC)
http://www.massasoit.edu/academics/academic-resource-center/

FINANCIAL AID INFORMATION
http://www.massasoit.edu/students-and-parents/paying-for-college/financial-aid/index
PROGRAM MISSION STATEMENT

The Radiology Program of Massasoit Community College serves the radiologic medical community and the population of greater Brockton, Southeastern Massachusetts, Cape Cod and the Islands by preparing competent entry-level radiologic technologists who are competent in the performance of radiographic examinations, demonstrate critical thinking and problem solving skills in their practice of radiology procedures, communicate effectively with staff and patients, employ radiation safety practices, foster professional development and growth and are prepared to achieved certification and employment in the field of radiology.

The clinical affiliations are the foundation of the program. They provide a clinical instructor to supervise the students, staff who have an important role in the success of the student’s clinical education, and a diverse patient population. The faculty of the program is committed to promoting in its students the concepts of: professional development, ethical and moral behaviors, a high quality work ethic, and compassion and care to culturally diverse populations.

GOALS:

1. **Students will be clinically competent.**
   1.1 Students will apply positioning skills.
   1.2 Students will select appropriate technical factors.
   1.3 Students will demonstrate appropriate radiation safety practice.

2. **Students will effectively utilize critical thinking and problem-solving skills.**
   2.1 Students will demonstrate adaptability and flexibility when met with a new circumstance related to the radiographic exam, difficult cases or variations from the routine.
   2.2 Students will evaluate images for diagnostic quality.

3. **Students will demonstrate effective oral and written communication skills.**
   3.1 Students will use effective oral communication skills.
   3.2 Students will demonstrate professional decision-making.

4. **Students will participate in professional activities.**
   4.1 Students will practice written communication skills.
   4.2 Students will participate in professional activities.

PROGRAM EFFECTIVENESS:

1. **Student and community needs will effectively be served by the program.**
   1.1 Annual program completion rate of 75% or better
   1.2 Five-year average credentialing examination pass rate of 75% or better for first attempt
   1.3 Five-year average job placement rate of 75% or better
PROGRAM PHILOSOPHY

The Radiology Program at Massasoit Community College bases its foundation on which the program functions by the following:

❖ The belief that a student can succeed in the program if the student employs the tools available for student success and program faculty supports the student.

❖ The belief that the clinical affiliates play an integral role in the program’s success.

❖ The belief that radiographers must demonstrate ethical, moral, and professional standards when serving the population of the community and other healthcare members.

❖ The belief that the program must graduate entry-level technologists who promote professional development in order to produce images of high quality.

❖ The belief that as a professional a radiographer one must be able to employ critical thinking and problem solving skills in order to render quality images, deliver compassionate patient care and judicious exposure.

PINNING CEREMONY

At the completion of the program, you are encouraged to participate in a Pinning Ceremony held in your honor. As part of the ceremony, students will be required to purchase a program pin, participate in the planning and execution of the ceremony.

*It is encouraged that the first-year radiography students assist with and participate in this ceremony.*
PRACTICAL STANDARDS

Technical Standards

Individuals admitted to Massasoit Community College’s Radiography program must possess the capability to complete the entire curriculum. The curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills. Therefore, applicants must review the following clinical standards to determine their ability and compatibility with the physical requirements of radiographers. If you have any questions regarding these standards or your ability to meet these standards, you should contact the Program Director at 508-588-9100, ext. 1784.

Physical Activity Requirements

Occasional
- Crouching—positioning patients for exams and stocking supplies.
- Repetitive motions—entering computer data.
- Grasping—positioning patients for exams and procedures.
- Pulling—moving items that can weigh as much as 100 pounds.

Frequent
- Pushing—transporting patients in wheelchairs or on carts using 25 pounds of force. Moving portable and C-arm equipment with 20 pounds of force to areas of the hospital.
- Pulling—assisting and moving patients off and onto carts using 8 to 24 pounds of force.
- Lifting—moving patients (who can weigh more than 50 pounds) from wheelchairs/carts off and onto exam tables.
- Fingering—entering computer data and setting techniques for exams.
- Carrying—carrying cassettes that can weigh as much as 25 pounds.

Routine
- Stooping—positioning of exams and assisting patients in and out of wheelchairs.
- Reaching—positioning patients and manipulating portable equipment.
- Standing—all clinical assignments require standing and walking for 80% of clinical time.
- Walking—transporting and assisting patients into dressing/exam rooms. Walking to other areas of the department and hospital to do exams or have images interpreted.
- Talking—must be able to communicate verbally in an effective manner with patients, co-workers, and physicians.
- Hearing—perceiving the nature of sounds at normal range; ability to receive detailed information through oral communication, and to make fine discriminations in sound, during auscultation and percussion.
- Feeling—perceiving attributes of patients and objects such as when positioning patients for procedures or palpating veins for IV insertion.

Visual Acuity Requirements
- During clinical assignments, students are required to use a computer terminal and set the proper exposure techniques on the x-ray equipment.
- Clinical assignments require critiquing of radiographs.
- Clinical assignments require working with printed and/or written documentation.
- Students must be able to assess patient’s condition, i.e., color, respiration, motion, etc.
Intellectual and Emotional Requirements

- Students must be able to assess radiographs and determine diagnostic quality.
- Students must be able to make adaptations and respond with precise, quick and appropriate action during emergency situations.
- Students must maintain patient confidentiality.
- Students must be able to maintain a high standard of courtesy and cooperation in dealing with co-workers, patients, and visitors and satisfactory performances despite the stress of a hospital work environment.
- Students must be able to learn to analyze, synthesize, solve problems and reach evaluative judgment.
- Students are expected to be able to learn and perform routine radiographic procedures. In addition, students must have the mental and intellectual capacity to calculate and select proper technical exposure factors according to the individual needs of the patient and the requirements of the procedure’s standards of speed and accuracy.
- Students must be able to accept criticism and adopt appropriate modifications in their behavior.
- Students must demonstrate emotional health required for utilization of intellectual abilities and exercise good judgment.

Clinical Situations

- Students are subject to electrical, radiant energy, and chemical hazards.
- Persons in radiology sciences have been identified as having the likelihood of occupational exposure to blood or other potentially infectious materials and, therefore, are included in the OSHA Exposure Control Plan with its specifications to prevent contact with the above materials.
Preamble
Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care.

Adherence to the code of ethics is only one component of each radiologic technologist’s obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

Code of Ethics

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


The information contained within this handbook is not intended to be wholly independent, but instead, a complement to the MCC Catalog as well as the MCC Student Policy Manual maintained and published by the Massasoit Community College.

The information in this handbook is current at the time it is printed. However, policies, guidelines and procedures are subject to change.

Final interpretation of the program policies and procedures will be made by the program’s faculty.

This handbook contains extremely important information relating to the curriculum of Radiologic Technology at Massasoit Community College. It is your responsibility to become familiar with the contents of this handbook.

Always refer to the most current online volume of the Handbook, MCC Catalog, and the MCC Student Handbook.

Radiologic Technology Department Faculty

Anthony Kapadouakis Ph.D., RTR, Program Director
Cheryl Burke, B.S., RTR, Clinical Coordinator

Reviewed: 3/2020
INTRODUCTION

Welcome to the Massasoit Community College Radiologic Technology Program!

Welcome to Massasoit Community College’s radiography program. We’re pleased to have you in the program and feel that you have selected a very exciting and rewarding career. To make the next two years as uncomplicated as possible, we have designed this handbook to be a quick reference concerning your responsibilities as a radiography student.

As a student of Massasoit Community College, you are expected to observe all rules and regulations of the college. These can be found in the MCC Student Handbook and the college catalog, both can be found on the Massasoit Community College website, massasoit.mass.edu. Please take some time to review them. Rules, regulations, policies and procedures set forth in this handbook must be followed while on the college campus and at the clinical sites. All clinical sites are considered to be an extension of the college while students are present. Please be aware that these policies and procedures are designed to ensure the safety of both our students and patients, as well as to adhere to JRCERT Standards.

The signing of the last page of this handbook represents a contractual agreement between MCC and the radiography student from the time of first class attendance. Failure to comply with the rules and regulations may affect student evaluations, grades and could lead to dismissal from the radiography program.

This handbook may not be the source of all needed information; but, it should answer many of the questions that may arise on a daily basis. Since the radiography program is continually evolving and improving, the radiography faculty reserves the right to make changes without prior notice in all policies, faculty assignments, time schedules, course assignments, courses, grading, curricula and all other matters contained in this handbook. When changes occur, the students and clinical instructors will promptly be given updated replacement pages or a new issue of the handbook and/or verbally advised.

If at any time the student has a question or concern that cannot be resolved through the use of this handbook, he or she should not hesitate to contact a MCC radiography program faculty member. We are here to assist you in reaching your highest potential and career goals.

We hope this handbook will acquaint you with the Radiologic Technology program and provide you with an understanding of our policies. This handbook should help you realize what is expected of you as a student in a health care profession. Not every eventuality can be foreseen, therefore, areas not covered in this handbook will be dealt with on an individual basis.
MASSASOIT’S GUIDELINES OF CIVILITY

By virtue of your being accepted as a student at Massasoit Community College, YOU are now part of our learning community.

Be courteous and respectful to everyone.
*Treat others the way you want to be treated.*

Respect this campus.
*Put trash in its proper place. Leave places better than you found them.*

Come to class on time and do not leave early.
*If you know in advance you must leave class early, inform the professor and sit near an exit.*

Attend class, pay attention, and be prepared.
*Sleeping, reading the newspaper, doing work for another class are unacceptable.*

Do not talk while the professor or other classmates are speaking.
*It’s rude and disruptive to everyone in the class.*

Turn off all electronic devices – cell phones, pagers, beepers, IPODs, MP3 players – in classrooms, labs, and library. *No text messaging while in class. No Audio or Video recording of Classes*
*If you foresee extenuating situations, inform your professor ahead of time and set devices so as to be unobtrusive.*

Refrain from using profanity and degrading language.
*On a college campus, the words we use set the tone.*

Smoke only in designated areas.
*Look for no smoking signs and smoking receptacles.*

Refrain from yelling in corridors, cafeteria, student lounge, and quadrangle.
*We all need to create a learning environment where students can study and learn.*

Be responsible.
*Take ownership for your actions and choices.*

*How we conduct ourselves has an impact on others. Let’s make it a positive one!*
PROFESSIONAL BEHAVIORS

1. **Students must respect the confidentiality of their PATIENTS, fellow STUDENTS, and FACULTY.** The student is required to respect the dignity, individuality, privacy and personality of each and every individual. Information about a patient should be shared on a “need to know” basis only, and not for reasons of a personal interest. In other words, in order to provide services, it is necessary for various professional personnel to know personal information about a patient. If a patient’s information is discussed related to official class business (e.g., during class), the patient’s identity must remain anonymous; and information about the patient that is not necessary to the learning situation must not be shared, (e.g., identify of known relative, legal or moral issues not related to RAD services being rendered). This is also true about personal discussions that students participated in during class time. Students are expected to respect the confidentiality and privacy of your classmates. Health Insurance Portability and Accountability Act (HIPAA) guidelines must be adhered to at all times.

2. **Class and clinical attendance is required.** Students are expected to provide advance notice of absences or a reasonable explanation to the faculty member whose class is missed as soon as possible (and not later than 24 hours) after the missed class. Clinical absences require notification prior to the start of the shift to the clinical supervisor and the clinical coordinator of the radiography program. In case of serious illness, or other emergencies, the student will need to directly inform his/her instructor via personal e-mail or phone. If the faculty member is not available, the student will need to leave a message. Missed clinical time may be required to be made-up. In the event of serious illness or emergency, the student and instructor will develop a written plan for making up missed clinical time.

3. **E-Mail Requirements.** Upon registration in the program, each student is assigned an e-mail account through MCC. Students will be required to use their e-mail accounts for registration purposes, and to receive messages from the Radiography Program. Students are expected to check their e-mail at least daily.

4. **In Class/Clinical Computer Use:** Courses may require the use of computers for classroom and clinical activities. When electronic devices are used in class or clinical, it is expected to be for school classroom activities only. Any student using an electronic device for non-school related activities will be excused from the class or clinic. Students failing to comply with this policy will be reported to the Dean’s office for appropriate disciplinary action and may be subject to dismissal from the program.

5. **Student purchase of textbooks is required.** Each semester, students are provided with a book list needed for each course for the upcoming semesters. Textbooks are indicated as being required or recommended. Students must obtain all required books for each semester, as assigned readings must be completed before coming to the class session. The majority of the books purchased will be used over multiple semesters and will be excellent resources for clinical work and registry review.
6. **Cell phones are to be turned off during all classes/clinical and during all meetings with faculty.** In the rare case of an emergency, the student is to ask for permission from the faculty member in charge of a given class or meeting to keep a cell phone on vibrate in order to receive the emergency call. **NO Phone or tape recording.**

7. **Proper attire is required for clinical.** The handbook contains the proper uniform for clinical. Proper uniform must be worn, or the student will be sent home for the day (and will need to make up the day).

8. **Unprofessional, unethical, and illegal conduct** of any kind, including cheating on examinations or classroom assignments, plagiarism, and theft, etc., will subject the offending student to appropriate disciplinary measures that can include dismissal from the program.

9. **Hall Conduct.** Students need to be cognizant when talking and gathering in the halls that noise travels easily. We ask that you make an effort to keep the noise at a minimum, particularly since we share the floor with other classrooms.

10. **Classrooms.** Students are expected to demonstrate respect for the School and courtesy to others. Students are expected to take adult responsibility for keeping the classroom free of trash and debris, i.e., soft drink cans, papers, etc. If you take films out of the film cart, please make sure to put those back at the end of the class. The classroom and lab appearance shall remain professional at all times.

11. **The use of alcohol and tobacco are prohibited** in classroom buildings, laboratories, auditoriums, library buildings, faculty and administrative offices, clinical sites and all other public campus areas including parking lots.

12. **The use of, possession of, or being under the influence of alcohol** and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled or illegal drugs is prohibited while at clinical, school, or school related activity.

13. **We are committed to a violence free campus.** It is illegal and expressly prohibited to engage in the unauthorized carrying of a firearm or a dangerous weapon, by a student or non-student on campus property at any time unless you have a concealed weapons permit and then you are only allowed to carry it in a closed container in a locked vehicle.

14. Although Massachusetts law permits the use of medical marijuana and the possession, use, distribution and cultivation of marijuana in limited amounts, federal law, including the Federal Controlled Substances Act of 1970, the Drug Free Workplace Act of 1988 and the Drug Free Schools and Communities Act of 1989, prohibits the possession, use, distribution and/or cultivation of marijuana at educational institutions. Further, as marijuana remains classified as an illegal narcotic under federal law, institutions of higher education that receive federal funding are required to maintain policies prohibiting the possession and use of marijuana on their campuses. Accordingly, the possession, use, distribution or cultivation of marijuana, even for medical purposes, is prohibited on all Community College property or at College sponsored events and activities. Also prohibited is the operation of a motor vehicle while under the influence of marijuana on Community College property or at College sponsored events or activities. Further, this policy prohibits the possession, use, or distribution of all marijuana accessories and marijuana products. Marijuana accessories shall include, but are not limited to, any devise or equipment used for ingesting, inhaling, or otherwise introducing marijuana into the human body. Marijuana products shall include, but are not limited to, products that are comprised of marijuana and other ingredients and are intended for use or consumption, such as, but not limited to, edible products. Violations of this policy by any student or employee shall result in disciplinary action, up to and including expulsion or termination in accordance with applicable College policies or collective bargaining agreements.
# CLINICAL INSTRUCTORS

<table>
<thead>
<tr>
<th>INSTRUCTORS</th>
<th>CLINICAL EDUCATION CENTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ella Penny, R.T.(R)(M), R.N.</td>
<td>BROCKTON HOSPITAL <em>Signature Healthcare</em></td>
</tr>
<tr>
<td></td>
<td>680 Centre Street</td>
</tr>
<tr>
<td></td>
<td>Brockton, MA 02401</td>
</tr>
<tr>
<td>Teresa Cronin, R.T.(R)</td>
<td>ST. LUKE’S HOSPITAL</td>
</tr>
<tr>
<td>508-973-5339</td>
<td>101 Page Street</td>
</tr>
<tr>
<td></td>
<td>New Bedford, MA 02740</td>
</tr>
<tr>
<td>Dan Dubovy, R.T.(R)</td>
<td>88 Washington Street</td>
</tr>
<tr>
<td>508-828-7200</td>
<td>Taunton, MA 02780</td>
</tr>
<tr>
<td>Kerri Brennan, B.S., R.T.(R)(M)</td>
<td>SOUTH SHORE HOSPITAL</td>
</tr>
<tr>
<td>781-624-3360</td>
<td>55 Fogg Road</td>
</tr>
<tr>
<td></td>
<td>South Weymouth, MA 02190</td>
</tr>
<tr>
<td>Annamarie Dwyer, R.T.(R)</td>
<td>GOOD SAMARITAN MEDICAL, <em>A Steward Family, Inc.</em></td>
</tr>
<tr>
<td>508-427-3112</td>
<td>235 North Pearl Street</td>
</tr>
<tr>
<td></td>
<td>Brockton, MA 02401</td>
</tr>
<tr>
<td>Lynne Fillion, R.T.(R)</td>
<td>FALMOUTH HOSPITAL</td>
</tr>
<tr>
<td>508-457-3777, ext. 75061</td>
<td>Ter Heun Drive</td>
</tr>
<tr>
<td></td>
<td>Falmouth, MA 02540</td>
</tr>
<tr>
<td>Zachary Desroches, R.T.(R)</td>
<td>ST. ANNE’S HOSPITAL A Steward Family Hospital, Inc.</td>
</tr>
<tr>
<td>508-674-5741, ext. 2307</td>
<td>795 Middle Street</td>
</tr>
<tr>
<td></td>
<td>Fall River, MA 02721</td>
</tr>
<tr>
<td>Cheryl Economos, R.T.(R)</td>
<td>CHARLTON MEMORIAL HOSPITAL</td>
</tr>
<tr>
<td>508-973-7265</td>
<td>363 Highland Ave.</td>
</tr>
<tr>
<td></td>
<td>Fall River, MA 02720</td>
</tr>
<tr>
<td>781-278-6429</td>
<td>800 Washington Street</td>
</tr>
<tr>
<td></td>
<td>Norwood, MA 02062</td>
</tr>
<tr>
<td>Elizabeth Hayden R.T. (R)</td>
<td>CAPE COD HOSPITAL</td>
</tr>
<tr>
<td>508-771-1800</td>
<td>27 Park Street</td>
</tr>
<tr>
<td></td>
<td>Hyannis, MA 02601</td>
</tr>
<tr>
<td>Dawn Briand, R.T.(R)</td>
<td>BETH ISRAEL DEACONESS, <em>PLYMOUTH</em></td>
</tr>
<tr>
<td>508-830-2132</td>
<td>275 Sandwich Street</td>
</tr>
<tr>
<td></td>
<td>Plymouth, MA 02360</td>
</tr>
</tbody>
</table>
ACCREDITATION

College
Massasoit Community College is accredited by the New England Commission of Higher Education.
New England Commission of Higher Education
3 Burlington Woods Drive, Suite 100
Burlington, MA 01803-4514

In addition, Massasoit Community College is approved by the Massachusetts Rehabilitation Commission; the United States Department of Education for listing in the Directory of Higher Education and for federal assistance from any unit of the Department of Education; and for Veterans’ Training.

Radiography Program
The program is accredited by the Joint Review Committee on Education in Radiologic Technology.

Joint Review Committee on Education in Radiologic Technology (JRCERT).
20 North Wacker Drive, Suite 2850
Chicago, Illinois 60606-3182
(312) 704-5300
www.jrcert.org

The Radiologic Technology Program is accredited by:
• Joint Review Committee on Education in Radiologic Technology (JRCERT)
• Radiologic Technology Board of Examiners (ARRT)
• Department of Environmental Protection
• Massachusetts Radiation Protection Program

Affiliate Hospitals, acting as clinical education centers, are accredited by the Joint Committee on Accreditation of Hospitals (JCAH).

Adheres to the American Society of Radiologic Technology (ASRT) curriculum and accreditation is given following successful program review by the Joint Review Committee on Education in Radiologic Technology. Programs in Radiologic Technology must comply with the published Standards by the Joint Review Committee on Education in Radiologic Technology in order to receive and maintain accreditation.

Accreditation is a process of voluntary, external peer review in which a non-governmental agency grants public recognition to an institution or specialized program of study that meets certain established qualifications and educational standards, as determined through initial and subsequent periodic evaluations. The goals of the accreditation process are to protect the student and the public, identify outcomes by which a program establishes and evaluates its assessment policies and procedures, stimulate programmatic self-improvement, and provide protective measures for federal funding or financial aid.

Accreditation is assurance of acceptable educational quality since accredited programs are required to meet national standards established by radiologic technology professionals and communities of interest.
Compliance with JRCERT Standards Policy

The Radiologic Technology program strives at all times to be in compliance with the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences, effective January 2014. If an individual believes, at any time, the program is not in compliance with any standard, a complaint can be brought to the program’s attention by using the “JRCERT Standards Non-Compliance Allegations Reporting Form” located in the Forms section of this Handbook. The form used is derived from the form used by the JRCERT for direct reporting of allegations.

In order for one to make a non-compliance allegation, one must be aware of the standards. Copies of the detailed descriptions of each standard may be found in the program’s Master Plan of Education located in the program director’s office or located on the official web-site for the JRCERT, http://www.jrcert.org.

Upon receipt of the allegation form, the program director will review it, and share it with the program faculty to determine if the non-compliance issue exists. Within ten (10) days after receiving the complaint form, a meeting will be scheduled with the individual filing the allegation to discuss the complaint.

If the complaint is legitimate, the program faculty will develop a plan to bring the situation into compliance. If the party filing the complaint is not satisfied with the results, a meeting will be scheduled with the Department Head to determine if non-compliance still exists. This meeting will be scheduled within twenty (20) days of the original meeting. If the Department Head determines non-compliance is still present, a plan will be drafted to solve the non-compliance issue. If the results of this meeting are still unsatisfactory to the party filing the complaint, a meeting can be scheduled with the Academic Dean for the College of Health Sciences, and/or the JRCERT.
The American Registry of Radiologic Technologists (ARRT) is the only examining and certifying body for radiographers in the United States.

To become a Registered Technologist in Radiography, R.T. (R) (ARRT), you will have to successfully complete the ARRT examination.

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

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

**MASSACHUSETTS STATE LICENSURE**

To work as a registered radiologic technologist in a hospital located within Massachusetts, you are required to hold a valid license granted by the state.

Successful completion of the American Registry of Radiologic Technologists’ (ARRT) examination in radiography and payment of a licensure fee will enable you to work at a hospital in the state and other states.

From the time you graduate the program until your registry results are sent to the Massachusetts State Radiologic Technology Board of Examiners, Executive Office of Health and Human Services (EOHHS) (EOHHS, [http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/radiation/radiologic-technologist/](http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/radiation/radiologic-technologist/), you will be able to work under a temporary permit. The temporary permits are issued one time and one time only. Graduates are advised to apply for a temporary permit regardless of the date they expect to complete the ARRT registry or begin working.

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

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

MANY ORGANIZATIONS PLAY KEY ROLES IN THE PROFESSIONAL LIVES OF RADILOGIC TECHNOLOGISTS.

The national society is the American Society of Radiologic Technologists (ASRT; http://www.asrt.org ). The ASRT has student memberships available for a reduced fee, as well as, student internships, grants, and scholarships. For more information, see the ASRT website or the Program Director.

Phi Theta Kappa (ΦΔΚ) / Student Life

Upon acceptance to the Radiologic Technology Program, each student may become a member of Phi Theta Kappa and the Student Senate. The purpose of this organization is to promote professionalism in the medical field, stimulate interest in the area of radiology, and contribute to the health and wellbeing of the public. The President or a Representative of the senior and junior classes are invited to attend the Radiologic Technology Faculty meetings to provide the faculty with suggestions and concerns the students have in regard to the policies and procedures of the Radiologic Technology Program.

The state society is the Massachusetts Society of Radiologic Technologists (MSRT; http://www.msrt-ma.org ). All professional students are required to join the MSRT. The MSRT conducts two educational meetings per year; the Seminar and the Annual Conference. Student membership is available for a reduced fee. The MSRT also has student scholarships available. For more information, see the MSRT website or the Program Director.

(NHSRT ; http://www.nhsrt.net/index.html ), (CSRT: http://www.csrt.us/ )

Student Attendance at Professional Functions / Meetings

Students enrolled in the Radiologic Technology program at MCC are required to attend any mandatory function or meeting related to Radiologic Technology. This will likely include program related events that may occur on or off-campus, which may be during or outside of scheduled class/clinic times.

Students are required to participate in professional annual meetings of the MSRT; this includes Annual Meeting. The students will assume all responsibilities regarding personal conduct, transportation, and expenses at all required functions/meetings.

The dates of these events will be posted. Refer to (MSRT; http://www.msrt-ma.org/ ).

21
PROGRAM OVERVIEW

The Radiologic Technology Program is a 21-month program that is designed to prepare students for careers as radiologic technologists. The skills developed in the program will prepare the graduating student to perform imaging examinations and radiologic procedures under the direction of a physician.

The radiologic technologist is able to apply principles of radiographic exposure with knowledge of anatomy, physiology and positioning to determine the best demonstration of anatomical structures.

The technologist is also responsible for the care, protection and comfort of the patient. Additionally, he/she is responsible for ongoing monitoring of equipment safety and quality. This requires a level of professional judgment, which necessitates quality academic and clinical training. Radiologic technologists are employed by hospitals, clinics, and private contractors.

According to the Standards of the JRCERT, Programs in radiography education must be based on studies comprising both academic and clinical education. Following the completion of this 21-month course of study, students are awarded an Associate in Science Degree by Massasoit Community College. Upon completion of the program’s requirements the student can apply to the American Registry of Radiologic Technologists to take the national comprehensive exam.

The Radiologic Technology Program at Massasoit includes courses in English, Math, Psychology or Sociology, and Anatomy and Physiology, as well as the Radiologic Technology curriculum.

The Clinical Experience courses run for four consecutive semesters, during two academic years, and include one 5 days 10-week summer rotation following the freshman (1st) year. Freshman (1st) students attend classes at the College on Monday, Wednesday, and Friday, with Clinical Experience scheduled in 7.5-hour days shifts on Tuesday and Thursday. Sophomore (2nd) year, students attend academic classes on Tuesday and Thursday, with clinical scheduled on Monday, Wednesday, and Friday. This schedule prevents overcrowding of any clinical facility, and allows the Clinical Instructors to respond to the needs of their individual classes. Up-to-date information go to Radiography webpage Radiography Degree.

Students are evaluated and graded in clinical courses as in academic courses, and receive college credit for these courses as well. The student’s combined clinical and academic hours CANNOT exceed 40 hours at any time.

The national certification examination for radiologic technologists is administered by the American Registry of Radiologic Technologists (ARRT). Successfully passing the examination entitles the technologist to use the initials “RT” after their name signifying “Registered Technologist”. (a conviction of, or a plea of guilty to, or a plea of nolo contendere to a crime which is either a felony or a misdemeanor must be investigated by the ARRT in order to determine eligibility).
ACADEMIC AND PROGRAM POLICIES

Students must maintain a satisfactory cumulative grade point average as defined in the Massasoit Community College Catalog in order to remain in the Program. Students must achieve a grade of 78% or higher in all radiologic technology courses. Students not maintaining minimum requirement will revert to NON-MATRICULATING STATUS and must apply for readmission.

GRADUATION REQUIREMENTS OF THE PROGRAM

POLICY: A student must complete the graduation requirements of the program to be awarded an Associate of Science Degree by the college. Students must also meet the College’s requirements prior to graduation.

RULES:
1. The school account must be paid in full.
2. All program courses must be satisfactorily completed, with a passing grade.
3. All required make-up time must be completed.
4. Students will demonstrate all terminal competencies, to include the ability to:
   - use oral and written medical communication;
   - demonstrate knowledge of human structure, function, and pathology;
   - anticipate and provide basic patient care and comfort;
   - apply basic principles of body mechanics;
   - perform basic mathematical functions;
   - operate radiographic imaging equipment and accessory devices;
   - position patient and imaging system in order to perform radiographic examination and procedures;
   - modify standard procedures to accommodate patient’s condition and other variables;
   - process radiographs;
   - determine exposure factors in order to obtain diagnostic quality radiographs;
   - adapt exposure factors to various patient conditions, equipment, accessories, and contrast media so as to maintain appropriate radiographic quality;
   - practice radiation protection for patient, self, and others;
   - recognize emergency situation, and initiate first aid and basic life support procedures;
   - evaluate radiographic images for appropriate positioning and image quality;
   - evaluate performance of radiographic systems, know safe limits of equipment operation, and report malfunctions to the proper authority;
   - demonstrate knowledge and skill relating to quality assurance;
   - exercise independent judgment and discretion in the technical performance of medical imaging procedures.
5. Requirements of the radiographic review course must be met prior to graduation.
The following requirements must be completed:

1. All clinical competency examinations required by the program.
2. All rotational objectives for Clinical Experiences I-V.
3. All clinical objectives as outlined on syllabi Clinical Experience I-V.
4. All program’s curriculum class either taken at MCC or transferred from other institutions.
5. All ARRT required objectives.

DEGREE EVALUATION

In the third semester, before meeting with an advisor, the students should perform a degree evaluation through DegreeWorks. This should be done before registration for final semester courses to ensure that the student is aware of all of the graduation requirements that remain. This can also be done by going on to My Massasoit Portal and going to Degree Works.

DIRECTIONS FOR DEGREE EVALUATION

You can access Degree Evaluation, Student Records, Registration, Financial Aid, Waive Student Health Insurance Fee, Direct Deposit, Enrollment and Changes and NBS Payment Plan through Degree Works. This is an excellent tool and simple to navigate. Log onto My Massasoit Portal, enter user name and password. Go to student page and click on Degree Works (box in upper left hand corner of page). Once you enter Degree Works, all of the entries will be on the home page. When you log onto Review Degree Evaluation, it will provide you with all the classes you have completed with grades, classes transferred, and classes you need to complete to graduate from the program. Scroll through the entire evaluation to make sure that you agree with the document. If there are discrepancies you need to go to the Registrar’s office.
INTENT TO GRADUATE

In order for a student to graduate, an intent to graduate form must be completed and submitted to the Registrar’s Office. Students must complete the form and submit it so that a review of the student’s transcript will be completed. A letter will then be sent to the student indicating what courses need to be completed in order to graduate. The link to the intent to graduate form is: https://massasoit.edu/Assets/documents/college-forms/registrar/Intent-to-Graduate.pdf Remember, this is your responsibility. Failure to complete the form could prevent you from graduating on time with your class. It is strongly suggested that you discuss this with your advisor during the third semester. This is the responsibility of the student, not the advisor or program officials.

ACADEMIC AND CLINICAL WARNING

Any student in danger of falling below minimum standards in a didactic course will be notified in writing by the instructor. The instructor must complete the “Academic Warning” form.

Any student in danger of falling below minimum standards in a clinical course will be notified in writing by the instructor. The instructor must complete the “Clinical Warning” form. This is done to allow the student and instructor to address the situation before it becomes critical. The clinical coordinator must be notified immediately that a warning was issued. The instructor must prepare and give to the student and clinical coordinator a set of goals and objectives that the student must meet in order to meet the requirements for passing the clinical course.

FAILURE OF RADIOLOGIC TECHNOLOGY COURSE

Radiologic technology courses are sequential, and are offered once per year. Therefore, failure of a radiologic technology course necessitates reversion to NON-MATRICULATING STATUS. Students may apply for readmission to the Program for the following year.

READMISSION TO THE RADIOLOGIC TECHNOLOGY PROGRAM

Students who have left the Program, or who have reverted to non-matriculated status due to unsatisfactory academic progress, may apply for readmission to the program using standard College procedures. Students who have failed the same radiography course twice, failed two different radiography courses, or have been dismissed from the program for disciplinary action or for lack of reasonable skills in regard to patient safety will not be readmitted to the Program. Students who meet eligibility requirements for reapplying to the program may only do so once.
READMISSION OF ELIGIBLE STUDENT TO THE PROGRAM

Students who are eligible to be readmitted to the program may apply for readmission (in admissions office) on a space-available basis using standard College procedures. In order to be considered for readmission the student must demonstrate retention of didactic and clinical components prior to formal acceptance. The program director and/or faculty must assess and determine whether the student has retained prior knowledge and skills by evaluating:

- The student’s current didactic and clinical knowledge and skills will be assessed. Assessment testing will include, but is not limited to, written examinations and a laboratory practical.
- The student must show retention of knowledge and skills consistent with previously completed semesters by receiving a cumulative grade of 80% or higher in the assessment testing process.

**FULL-TIME PROGRAM:** All students matriculated into the Radiologic Technology Program must complete the 21-month course of study as it is published. Radiology Technology courses are not offered on a part-time basis and non-matriculated students may not be enrolled in these courses. The Radiology Technology curriculum encompasses 5 days per week for 21-months.

**UNSCHEDULED LEAVE**

**POLICY:** Sick leave will be granted to individuals who require time off for medical reasons.

**RULES:**
1. If a student is unable to attend he/she must contact an instructor prior to assigned starting time on the day of absence. If the instructor has voice mail a message is acceptable notice. Failure to call in will result in a written warning of potential dismissal from the program.
2. A medical certificate is required if extended periods of absence occur.
3. Time missed: All students are allowed one (1) day off per semester. Any additional missed clinical will be made up prior to the following semester. Student will be able to make up days during finals week. Times and dates will be approved by the clinical instructors and the clinical coordinator.
4. Students will not be required to exceed forty (40) hours in one week to make up time.
5. Failure to report or call in for three days will result in immediate dismissal from the program.
6. Students who have an identified need for absence, i.e. surgery, may, with permission from the faculty, build up time in advance of the absence.

**Death in the Family:** In the unfortunate event of a death in the family, the student will be given time off without penalty. The relative must be a member of the immediate family. Three (3) clinical days are allowed for a mother, father, spouse, or sibling, one (1) day for a grandparent. The program director and/or clinical supervisor, at their discretion, could grant more time if the student feels it is necessary, with the understanding that the time would be made up in the future.

**Military Leave:** Federal law prohibits reservists from being required to make up any time missed due to their military obligation.
MAKE-UP WORK

POLICY: Students who are obliged to miss class will be allowed to make up those assignments that they miss.

RULES:
1. The student will be held responsible for instruction missed regardless of the reason for missing the class.
2. It is the student’s responsibility to seek out the instructor and obtain assignments, notes, or projects related to the class missed. If, for example, a test is announced and the student does not obtain that information, he/she is still required to take the exam with the rest of the class.
GRADE POLICY

POLICY: A high level of academic performance is expected. Grades will be determined according to an organized plan.

RULES:
1. Grades are assigned according to the following scale:

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Quantitative Equivalent</th>
<th>Quality Points Earned per Credit Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>94-100 %</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>90-93 %</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>87-89 %</td>
<td>3.3</td>
</tr>
<tr>
<td>B</td>
<td>84-87 %</td>
<td>3.0</td>
</tr>
<tr>
<td>B-</td>
<td>80-83 %</td>
<td>2.7</td>
</tr>
<tr>
<td>C+</td>
<td>77-79 %</td>
<td>2.3</td>
</tr>
<tr>
<td>C</td>
<td>74-76 %</td>
<td>2.0</td>
</tr>
<tr>
<td>F</td>
<td>Less than 75 %</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>No Grade</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawn</td>
<td>No Grade</td>
</tr>
<tr>
<td>AU</td>
<td>Audit</td>
<td>Non-Credit*</td>
</tr>
</tbody>
</table>

2. An automatic probation period begins if a student’s average in any course is below 2.0. If the student fails to bring the grade up to 2.3 by the end of the course, probable termination will result.

3. Students may view their course grades on line at any time. A formal discussion of progress is conducted at the end of each semester. Any additional discussion may take place by appointment. Individual grades are kept for two weeks following the final. Any contest of a grade must be made prior to that date.

*Non-credit courses are not figured into the Quality Point Average.

4. Incomplete grades are not given. A passing grade is required in all courses.

5. If an exam or assignment is missed due to absence, it is the student’s responsibility to make arrangements to take the exam or complete the assignment on the next day of attendance. Failure to take the exam or complete the assignment on the next day of attendance will result in a grade of zero (0) for that exam.

6. Clinical evaluation grades are assigned every rotation. It is the student’s responsibility to make certain the paper work is turned in on time. Failure to check clinical paper work for completeness may result in termination. See also mandatory competencies per semester.

Grade Appeal Process: An appeal procedure is available should a student feel that a grade is not justified. Appeals must be taken seriously and should only be made when the student feels there is strong evidence of unfairness or bias.

1. The student must discuss his/her concerns with the instructor.
2. If no agreement can be reached with the instructor, the student may appeal to the Program Chair.
3. Finally, the student may continue the grievance/appeal process by contacting the Dean of the School of Health.
4. PLEASE NOTE: PASSING GRADE FOR ALL RADIOLOGIC TECHNOLOGY COURSES IS 78/C+. CLINICAL EXPERIENCE GRADES WILL BE ADMINISTERED ON A PASS/FAIL BASIS, WITH A CLINICAL NUMERICAL GRADE OF 78% OR GREATER TO RECEIVE A PASS.

28
DISCIPLINARY ACTION/GRIEVANCES

Dismissal from the Radiologic Technology Program may result from failure to maintain good standing in either the academic or clinical portion of the program.

1. ACADEMIC DISMISSAL

Students who have been dismissed for academic failure may make an application for readmission into the Program. Eligible students may be readmitted once. Non-eligible students may not be readmitted, and include those:

- Students who have failed the same radiography course twice, failed two radiography courses, have been dismissed from the program for disciplinary action will not be readmitted to the Program.

Students who feel that dismissal was unjustified may meet with the Program Director, Division Dean and program faculty to discuss the situation and possible remedies. If no satisfactory agreement is reached by this method, the student may file a grievance in accordance with the published College procedures as outlined in the MCC Catalog and this handbook.

2. CLINICAL DISMISSAL

Clinical dismissal may result from a student’s disregard for the policies and procedures of clinical education included in this handbook, the policies and procedures of the affiliated facility and violation of any of the areas outlined in “RADIOLOGIC TECHNOLOGY CONDUCT AND CLINICAL PERFORMANCE POLICY” as stated below.

Prior to dismissal, the student will have the opportunity to meet with Program officials. Dismissal notifications will be made in writing by the Program Director. As previously stated, students may appeal dismissal through the grievance procedure outlined in the MCC Catalog and this handbook.

Massasoit students are accepted as “guests” in the affiliated institutions, whose major responsibility is patient care. The Affiliation Agreement between the College and each affiliate site allows for the immediate removal of any student deemed “unacceptable or undesirable” to the hospital. The clinical affiliate reserves the right to dismiss any student who engages in any activity deemed unprofessional or non-conducive to proper patient care. The radiology student is a guest of the affiliate, and must adhere to all hospital policies and procedures as well as those of the Program. A student can file a grievance in accordance with the published College procedure. Below is only a partial list of what would constitute unprofessional or non-conducive to proper patient care. Individual cases will be reviewed by the clinical affiliate and program officials.
DISMISSAL DUE TO REPEATED INFRACTIONS POLICY

Students who repeatedly ignore the standards of clinical behavior will have disciplinary action instituted as follows:

1st occurrence – Verbal warnings by clinical instructor; written report to the Program Director
2nd occurrence – Written warnings by clinical instructor; meeting between student, Program Director and Clinical Coordinator
3rd occurrence – Written documentation by (clinical) instructor; dismissal following meeting among student, clinical instructor, clinical coordinator and Program Director

STUDENT GRIEVANCE PROCEDURE

The Student Grievance Procedure may be used by a student to address complaints concerning the alleged abridgment of the student's rights, as stated in the College's Student Handbook and/or Policy Guide. The student Grievant or the Responding Party may consult with the Student Grievance Officer at any time. The College's Student Grievance Officer is the Dean of Students. The following is the adopted Student Grievance Procedure policy for Massasoit Community College. 

POLICY GOAL: CONFLICT RESOLUTION

STUDENT GRIEVANCE PROCEDURE
The School of Radiography at Massasoit Community College has established a grievance procedure to insure that students receive fair and equitable treatment as well as timely and appropriate resolution of complaints and other allegations relating to JRCERT Standards One, Objective 1.6 - Has a grievance procedure that is readily accessible, fair, and equitably applied.

Before invoking the Student Grievance Procedure, a reasonable effort shall be made by those involved in a dispute to resolve it amicably. A dispute is most effectively handled and resolved by those closest to the problem, having the best understanding of the issues, and having the ability to formulate a mutually acceptable resolution.

Therefore, it is in the best interest of the student, the potential subject of a grievance, and the College to resolve disputes through open and cooperative dialogue.

Only when such efforts are unsuccessful should the Student Grievance Procedure be invoked.

Throughout all phases of the Student Grievance Procedure, all reasonable efforts shall be made to maintain confidentiality in accordance with applicable law.

Step 1 - Immediate Supervisor, Clinical Instructors, Faculty
Every reasonable effort should be made by the immediate supervisor and student to resolve any question, problem or misunderstanding that arises. This discussion should take place at the time of the occurrence.

Step 2 - Program Director within ten (10) days
If a student’s grievance is not resolved using Step 1, the student should take the problem to the program director. It is the responsibility of the program director to review the matter and render a fair and equitable decision within two working days of the time that the matter was first presented to him/her. If the director is involved in the grievance, omit Step 2 and go to Step 3.

Step 3 – Division Dean
If the concern is still not resolved after Step 2, the program director will make an appointment for the student and will provide written information to the Division Dean regarding the grievance within two working days. After reviewing the matter with the student, the Division Dean will render a written decision within two days of the interview.

Step 4 – Vice President of Academic Affairs
Should the student determine that his/her grievance has still not been satisfactorily resolved; an appointment will be made for the student with the Vice President regarding the grievance within seven working days. After reviewing the facts, the Vice President will render a decision within two working days. This decision will be final and binding on all concerned.

A copy of record of such complaints and their resolutions will be kept on students folder at the office of Nursing & Allied Health.

For those issues concerning non-compliance with JRCERT standards, JRCERT Policy 80.000 Procedure 80.001E states “The JRCERT notifies the chief executive officer of the sponsor and the program director of the substance of the allegations and requires a written response to the complaint be submitted within thirty (30) business days following receipt of complaint.” submit a report and documentation within thirty (30) working days of notification, demonstrating that the allegations have been corrected.
STUDENT GRIEVANCES

PROVOST/VICE PRESIDENT OF ACADEMIC AND STUDENT AFFAIRS
Dr. Deanna Yameen

DIVISION DEAN OF NURSING & ALLIED HEALTH
Susan Clover, MS, RN, ACM
Office: H 336 – x1789

PROGRAM DIRECTOR/DEPARTMENT CHAIR
Anthony Kapadoukakis, Ph.D. R.T (R) akapadoukakis@massasoit.mass.edu
Office: H 337 - x1784

CLINICAL COORDINATOR AND INSTRUCTOR
Cheryl Burke, B.S., R.T.(R)(M)(CT) cburke6@massasoit.mass.edu
Office: H 331 - x1764

CLINICAL INSTRUCTOR
(from you designated clinical site)

DEFINITIONS

1. COMPLAINT: the informal, unwritten stage of an allegation of mistreatment.
2. GRIEVANCE: a written complaint filed by a student with the person designated by the President as the Student Grievance Officer specifically alleging an abridgment of his or her rights as a student.
3. GRIEVANT: the student or students filing the complaint or grievance. The Grievant must have been a registered student of the College at the time of the alleged mistreatment.
4. RESPONDING PARTY: the person against whom a complaint or grievance is directed.
5. STUDENT GRIEVANCE OFFICER: a College employee assigned responsibility for administering the Student Grievance Procedure, including the maintenance of specified records. The Student Grievance Officer shall ordinarily be the Senior Student Affairs Officer. If this individual is the person against whom the grievance is filed, the President shall designate another College official to act as the Student Grievance Officer.
6. TIME: the number of days indicated at each level shall be considered as a maximum. All reasonable efforts shall be made to expedite the process, but the President or his/her designee may extend the time limits in extenuating circumstances with notice to both parties in writing, or by mutual written agreement between the Grievant and the Responding Party.
7. DAY: as used in this policy, shall mean a calendar day.
8. SENIOR OFFICER: senior level employee who reports to the President for the Responding Party's work area.
9. INSTRUCTIONAL PERIOD: the academic semester, summer session or intersession when a Grievant knows or should have known of a grievable act or inaction. The Instructional Period shall end on the last day of final exams.

WITHDRAWAL
A student may withdraw his/her complaint or grievance at any time. Withdrawal must be accomplished in writing or by oral agreement confirmed in writing.
STUDENT SERVICES
http://www.massasoit.edu/students-and-parents/student-services/index
Services provided to students at Massasoit Community College are described in detail in the College Catalog. Services include:

ADVISEMENT & COUNSELING CENTER
The Advisement & Counseling Center offers comprehensive support services which help students obtain their educational career and life goals, and facilitate their growth and development. By making an appointment, students can receive assistance in the following areas:

- Transfer Information and Counseling – for students going on to four-year colleges
- Planning courses for upcoming semester(s)
- Program of study selection/changes
- Course selection/sequencing
- Course load management
- Navigating academic challenges

ACCOMMODATIONS STATEMENT
http://www.massasoit.edu/academics/academic-resource-center/disability/index
Disability Services provides accommodations to students who qualify for services based on a documented learning, physical, or psychological disability. Students interested in accessing classroom or testing accommodations must contact Disability Services directly. In effort to avoid any lapse in services, new and returning students are encouraged to contact Disability Services at the beginning of each semester to receive an Accommodation Letter for the current semester. Students may contact Andrea Henry at extension 1805, Julie McNeill-Kenerson, extension 1424, or Jennifer Pike, extension 1425. Additionally, you may contact disabilityservicebrockton@massasoit.mass.edu for further information or questions.
Pathways to Success  
For  
Radiology Students in Need of Additional Support Services

### ACADEMIC DIFFICULTY

<table>
<thead>
<tr>
<th>TUTORING</th>
<th>ARC Tutor</th>
</tr>
</thead>
</table>
| **REFERRAL TO ARC FOR SERVICES** | Group study skills  
Test taking skills  
Test anxiety |
| **MEETINGS:** | (as appropriate)  
Program Director  
Clinical Coordinator |

### CLINICAL DIFFICULTY

| TUTORING          | Program Director  
Clinical Coordinator  
Clinical Instructor  
Academic Instructor  
ARC Tutor |
|-------------------|------------------|
| **MEETINGS:** | (as appropriate)  
Program Director  
Clinical Coordinator |

### PERSONAL DIFFICULTY

<table>
<thead>
<tr>
<th>PEER SUPPORT GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to Counseling Department</td>
</tr>
</tbody>
</table>

**Referral to Counseling Center for counseling, anxiety management and assertiveness training**

<table>
<thead>
<tr>
<th><strong>SUBSTANCE ABUSE</strong></th>
</tr>
</thead>
</table>
| **MEETINGS:** | (as appropriate)  
Division Dean  
Program Director  
Clinical Coordinator  
Clinical Instructor |
|                     |
| **MEETINGS:** | Intervention and follow-up according to Department Policy and College Guidelines |

### LANGUAGE DIFFICULTY

<table>
<thead>
<tr>
<th><strong>Referral to the ARC</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptive Equipment Required</td>
</tr>
</tbody>
</table>

**ESL Support**

<table>
<thead>
<tr>
<th><strong>PHYSICAL DIFFICULTY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MD note with Recommendations and Limitations</td>
</tr>
</tbody>
</table>

**MEETINGS:**

| Program Director  
Dean of Students |

### PHYSICAL DIFFICULTY

**MEETINGS:**

| (as appropriate)  
Program Director  
Clinical Coordinator  
Health Services  
Disabilities College Representative |

### FINANCIAL DIFFICULTY

| **MEETINGS:** | (as appropriate)  
Program Director  
Dean of Students |

**MEETINGS:**

| (as appropriate)  
Program Director  
Clinical Coordinator  
Disabilities College Representative |

**MEETINGS:**

| (as appropriate)  
Program Director  
Clinical Coordinator  
Disabilities College Representative |

In addition to tutorial services, students can utilize the ARC for access to computers for word processing and tutorials in certain subject areas.
LIBRARY SERVICES
The College maintains comprehensive and professionally staffed libraries at the Brockton campus located in the Student Center and at the Canton campus in the Academic Wing. The libraries’ materials are carefully chosen to meet the needs of the programs of the College. They contain a large and growing collection which includes reference and circulating materials, periodicals, newspapers and full-text computer databases. These are supplemented by back issues of periodicals in microfilm and collections such as the New York Times from 1851 to date, News Bank, and SIRS.

The libraries aim to serve the whole academic community and to integrate their functions into the educational experiences of the College. The staff assists students and faculty in their search for information and instructs them in the use of the sources in their designated subject areas.

ACADEMIC RESOURCE CENTER (ARC)
The Academic Resource Center offers a full range of tutoring and academic support services. Individual and small group tutoring is available in most subject areas, and students can work with certified special needs or learning disabilities tutors. The focus of most tutoring is on helping the student become a more effective, more independent learner. In addition, students are encouraged to come to the ARC to study, either individually or with a classmate. Walk-in tutoring is available in several subject areas, and there are a number of study groups, some with tutors and some without, running out of the ARC. The ARC provides a peer tutor or a graduate radiology tutor for radiology students. Below is the guideline for students to follow for program success.

VETERANS CENTER
http://www.massasoit.edu/students-and-parents/veterans/index
The Massasoit Community College Veterans Center and its staff are dedicated to assisting those who served and is open to all military members, veterans and their families attending the College. The Veterans Center is a one-stop location with: Veterans Affairs certifying official to assist with educational/financial benefits and college administrative issues.

For more information or any questions/issues, please contact the Veterans Counselor, Student Center, room SC181, 508-588-9100, ext.1063.

FINANCIAL AID
http://www.massasoit.edu/students-and-parents/paying-for-college/financial-aid/index
Massasoit Community College participates in a number of financial aid programs to assist students in financing the costs of their education. Financial aid awards (scholarships, grants, loans and employment awards) are made when personal and family resources are not sufficient to pay educational expenses. The difference between the total cost of education (tuition, fees, books, transportation and living expenses) and the total family contribution is expressed as financial need. In general, higher family income requires greater expected contributions to educational costs. Particular family circumstances and student earnings also have a bearing on financial need.

Massasoit Community College will attempt to provide financial assistance to all students with demonstrated need. All programs are administered without regard to race, color, handicap, religion, sex, national origin or age.

*Also included in the College Catalog is information regarding withdrawal, tuition and refunding.
ALCOHOL AND DRUG POLICY

No alcoholic beverages may be consumed, served, sold, stored, or used by students of the program at the College or clinical education center. You will be dismissed from the program.

No unlawful drugs or illegal substance may be consumed, served, sold, stored or used by students of the program at the College or clinical education center. You will be dismissed from the program.

Massasoit Community College is subject to various state and federal laws that deal with the abusive use of alcohol, drugs and chemical substances. Any person actually observed consuming, selling, or storing alcoholic beverages on College property or a clinical education property in violation of the College’s Alcohol and Drug Policy or applicable state laws, or any person actually observed consuming, serving, storing or using unlawful drug or illegal substance on College property or a clinical education property will be required to immediately leave the property of the College or clinical education center. Such individuals are subject to arrest and criminal penalties as provided by the state law, and the College may report such apparent violations to law enforcement authorities for further investigation and prosecution. In addition, students are subject to civil penalties as may be deemed appropriate, under the particular circumstances, by the President of the College, including the distinct possibility of temporary suspension or even permanent dismissal from attendance to the College or the clinical education center.

The program officials abide by the College’s Alcohol and Drug Policy located in the Massasoit Community College’s Student Handbook which is on the college’s website, at http://www.massasoit.edu/Assets/documents/student-handbook/student-handbook.pdf.

SEXUAL HARASSMENT POLICY/HARASSMENT POLICY

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

The program abides by the College’s Sexual Harassment Policy located in the Massasoit Community College Student Handbook which can be found in the Massasoit student handbook with complete policy http://www.massasoit.edu/Assets/documents/student-handbook/student-handbook.pdf. Information concerning the College’s policy and procedures for registering a complaint may be obtained by contacting the College’s Affirmative Action Officer.

TUITION AND FEES:

Tuition and fees for each semester must be paid in full at the time of registration for each semester. They are subject to increase without notice.

2019-2020 Tuition Rates for up to date visit the MCC website: http://www.massasoit.edu/students-and-parents/admissions/tuition-fees/index
NOTE: Federal Tax Credits may be available to students or parents who are eligible under the guidelines. Contact the IRS for more information.

Students who have their own health insurance can waive the fee by completing the online waiver form. The link is located within the portal, under the Student Home Tab, Student Accounts Office section.

A person is considered a resident if residency or domicile is bona fide and has been maintained for six continuous months. Residency can be determined by one of the following: copies of state income tax form or rent/mortgage receipts or utility receipts or school/college transcripts or verification of Massachusetts employment (earning statements).

REFUND SCHEDULE

For up to date visit the MCC website:
http://www.massasoit.edu/students-and-parents/registrar/deadline-refund/index

College Policies
http://www.massasoit.edu/academics/policies/index

STUDENT HEALTH

POLICY: Students shall be informed of and have access to the usual student health services of Massasoit Community College.

RULES:
1. Students are required to be tested for TB for the assigned clinical site when they enter the program. A second PPD test will be required the following year.
2. Students are responsible for securing their own physician or dentist when in need of health care.
3. Appointments with physicians should not be made during class or clinical time except in emergencies.
4. It is not ethical for students to discuss their personal medical problems with physicians while in their assigned areas.
5. In case of injury or other disabling conditions, a doctor’s permission may be required to continue in school.
6. In emergency situations or if the personal physician is not available, the student should report to the Trauma Center or Emergency room at their own expense.
7. Students are responsible for the cost of their own medical care including injuries received during clinical.

PHYSICAL EXAMINATION

Students who have been admitted to health care programs at Massasoit Community College must return a completed health examination form prior to enrolling in the program. Evidence of routine childhood inoculations, and titers showing immunity and tuberculosis test must be included. A student’s acceptance into the program is based upon the return of the completed health form.
MEDICAL INFORMATION RELEASE

Hospitals may require the radiology program to submit student health examination results to the hospital prior to the students attending the hospital orientation. All health examination information is kept in strictest confidence (locked up), and will only be sent with student permission. Students must sign and return a health examination information release form granting the Radiology Program permission to send health examination information to the hospital.

MEDICAL INSURANCE

Students must provide documentation of health care insurance. Medical insurance is available through the Colleges’ Group Plan for a reasonable cost. Prior to the beginning of each semester, the student must provide the program director with a copy of his or her health insurance card. Failure to do so will prevent the student from attending his or her clinical assignment.

C.O.R.I. and S.O.R.I.

C.O.R.I. (Criminal Offender Record Information) and S.O.R.I (Sexual Offender Record Information) checks will be done on all students admitted to the Radiology Program on acceptance and prior to the summer clinical experience. Unsatisfactory C.O.R.I. or S.O.R.I. status may prohibit participation in clinical experience therefore, program requirements cannot be completed.

LIABILITY INSURANCE

Health care students at Massasoit Community College are provided by the College a yearly liability insurance form the College’s blanket carrier. This policy provides coverage in the event of student involvement in a clinical mishap.

HEPATITIS (B) VACCINATION

Hepatitis is a term with which most of us are familiar; it means inflammation of the liver. There are many different causes of hepatitis, including alcohol, drugs, chemicals and infection. One of the infectious agents is a virus called the Hepatitis B virus; it causes Hepatitis B, a specific illness, which is being diagnosed quite often in the 1990’s. Because Hepatitis B is becoming more frequent, and can have severe consequences including death, and because it is often spread in the medical work-place environment, and because it is largely preventable, Hepatitis B has become an occupational problem that requires special attention.

As a radiologic technology student and later as an employee in the medical field you may have frequent, if not daily, encounters with blood and body fluids. Given the Center for Disease Control estimate on the frequency of Hepatitis B infection within the general populace of 1%, a medical worker theoretically can encounter the virus once in every 100 patients.

Therefore, all students enrolled in the radiology program MUST be immunized against Hepatitis B. Unfortunately, the Massachusetts Department of Public Health does not provide free vaccine for this purpose. We suggest that you discuss this with your health insurance representative and ask whether the
insurance plan you are enrolled in will cover the cost of immunization by your private health care professional. If you do not belong to an insurance plan that provides Hepatitis B immunization, but want to be immunized, this can be arranged through your employer, your private physician or from the Department of Public Health via their local Boards of Health.

STUDENTS WORKING AS RADIOLOGY AIDES

Massachusetts licensure law for Radiologic Technologists does not allow unlicensed radiographers to operate radiation equipment in the Commonwealth of Massachusetts. Students only receive a temporary license on completion of the requirements of the radiography program. Therefore, while students are enrolled in a radiography program, they are unlicensed and should not be employed as technologists.

Massasoit Community College students who are employed in medical facilities, as radiology aides, must comply with the following:

1. They are not to take radiographic exposures.
2. They must be issued a separate radiation monitoring device (dosimeter).
3. They are not working as students in the MCC radiology program and should not wear their MCC identification nametag or display the MCC patch.
4. As tech aides they are employees of the hiring facility and are not covered by their MCC liability insurance policy.
5. They must notify the program director and sign the official MCC form for “Student Working As Radiology Aide” (see page 43 of this handbook). This waiver states that Massasoit Community College is not responsible for the student’s actions while employed as a tech aide.

SCHOOL RECORDS

POLICY: Students are guaranteed access to and privacy of their school records.
RULES:

1. Students are guaranteed the right to see their own school records.
2. Students are permitted to contest the accuracy of any entry in their records through the grievance procedure.
3. The program will obtain written consent from the student before releasing personally identifiable data to anyone other than to:
   - program accreditation agencies
   - school officials within the institution
   - another school in which the student intends to enroll.
4. All school records are maintained
CONFIDENTIALITY STATEMENT
CLINICAL AND COLLEGE

The Radiology Program at Massasoit Community College requires that students safeguard the confidentiality of health care information as it relates to individual patients while cooperating with all parties that have a legitimate interest in health care records. It is the responsibility of the student to protect the confidentiality of health care information and the rights of the patient.

DEFINITIONS

Confidential Health Care Information - All information (verbal, written or in electronic media format), relating to a patient’s health care history, diagnosis, condition, treatment or evaluation, obtained from a radiology student who has treated the patient

CONFIDENTIALITY OF HEALTH CARE INFORMATION

According to HIPAA, personal information regarding a patient is absolutely confidential and must never be discussed with anyone other than those who are directly responsible for the patient’s treatment. All requests for confidential health care information outside of the normal exchange of information which occurs in the daily line of duty necessary for patient care must be referred immediately to the Clinical Instructor or Supervisor.

Students failing to uphold the confidentiality of health care information will be subject to disciplinary actions and/or subject to withdrawal from the Radiology Program. Clinical education centers have the right to ask program officials to remove a student if there is an incident of violation of this policy.

CONFIDENTIALITY OF STUDENT/EMPLOYEE INFORMATION

Personal data regarding a student/employee is absolutely confidential and must never be discussed with anyone.

HEALTH CARE INFORMATION SYSTEMS - CONFIDENTIALITY OF PASSWORDS

To maintain security and confidentiality of the computer information systems, passwords are confidential and the sharing or use of another student/employees password is prohibited.

CONFIDENTIALITY STATEMENT OF THE COLLEGE:

To maintain security and confidentiality of the computer information systems within the college, passwords are confidential and the sharing or use of another student’s password is strictly prohibited.
GENERAL SAFETY RULES

Faculty and Student Responsibilities
The student shall be the person most concerned for his/her own safety. In addition, each student has certain duties to assure safety for the general public, patients and other personnel. These include:
1. The use of safe practices at all times.
2. Reporting all unsafe conditions and practices observed to their supervisor immediately.
3. Never use unsafe equipment that could endanger themselves or others.
4. Assuming his/her share of responsibility for failure to report any condition that may cause injury to themselves or fellow employees.
5. Complying with the occupational safety policies as specified.
6. Thinking safely and acting safely in performing any duties assigned to them.

Patient, Faculty & Student Safety
I. Upon arrival in the Radiology Department, the safety of the patient is the responsibility of the Radiology Department.
A. Upon arrival in the Radiology Department, the technologist/student is to perform the patient's examination.
B. Ambulatory patients shall sit in the waiting room until a technologist is ready to take the patient into the appropriate room.
C. An aide will stay with any critically ill patient.
D. All emergency room patients will remain in the ER until the x-ray room is ready.
E. Patients who are difficult to move should remain on the x-ray table (with supervision) until the technologist checks the images.
F. Critical patients and patients having special examinations should not be left unattended in the x-ray rooms while waiting for exam to be complete.
G. A technologist/student will secure help in moving patients who come to their work area in wheelchairs and are difficult to move.
H. Wheelchairs should be locked before patients are helped on or off the x-ray table.
I. The technologist/student should lock the stretcher when moving patients onto the x-ray table or any other kind of table to prevent the stretcher from moving.

II. Employee and Student Safety
A. A good employee or student will not try to lift or do any job that is beyond his or her physical capabilities.
B. Remember basic rules of proper lifting.
   1. Use leg and arm muscles to avoid straining the back.
   2. Do not carry loads you cannot see over.
   3. Watch your footing.

ENVIRONMENTAL SAFETY CONDITIONS
Candidates, once accepted into the program, may be exposed to blood and body fluids during clinical rotations. In addition, students may be exposed to potentially hazardous ionizing radiation, radioactive pharmaceuticals, electrical hazards, and high intensity magnetic fields. Students are advised to follow all safety precautions to minimize hazardous exposure.
HEALTH POLICIES OF THE COLLEGE, DIVISION AND THE PROGRAM

STANDARD PRECAUTIONS

Standard precautions are in place in all clinical education centers affiliated with Massasoit Community College. These precautions provide guidelines for safe practice of health-care workers, and include:

- Treatment of all human bodily substances as “contaminated” materials.

- The use of protective apparatus such as gloves, gown, and goggles are where contamination with blood or other bodily products is likely (e.g. operating suites, angiography suites).

- Safe handling of needles and other sharps, with one-way disposal devices.

- General “good housekeeping” techniques practiced by all.

Students are expected to comply with the safety regulations in place at each clinical site for personal safety as well as that of patients and co-workers. Students will routinely come in contact with patients carrying communicable disease pathogens, and are expected to use appropriate PPE precautions to reduce the risk of exposure. Students are expected to give equitable, adequate, and ethical care to all patients, regardless of diagnosis.

EXPOSURE INCIDENT MANAGEMENT PROTOCOL

Policy: All occupational, accidental exposures of faculty/students to chemicals, airborne particulate, blood and other infectious body fluids, are reportable and necessitate the initiation of this protocol. An incident report must be completed. The involved party will be referred to the most appropriate service provider.

Purpose: To ensure safety of all MCC students/faculty.

Definition: Exposure is contact with a chemical, airborne, or blood borne pathogen by any person. This exposure may be chemical, active (needle stick only), or passive (any other exposure other than chemical or needle stick) and may be categorized as actual (source patient has a definitive diagnosis) or potential (source patient does not have a definitive diagnosis). The four routes of potential exposure are splashing in eyes, contact with skin, ingestion, and inhalation.

Protocol: All MCC Programs have the responsibility to ensure the safety of their students and faculty.

1. Student and Faculty Responsibilities
   A. If exposure is bloodborne, wash/irrigate the exposed area immediately. If chemical, flush with continuous water flow for 15 minutes. If exposure is airborne (fumes, vapors or particulate matter), immediately remove self from area to source of fresh air.

   B. Notify your instructor or supervisor immediately.

   C. Follow directives of the institution for treatment.
STUDENT SAFETY POLICY FOR EBOLA PATIENT CARE

Students in the Nursing Education, Respiratory Care, Medical Imaging, Dental Assisting, Medical Assisting and Phlebotomy Programs are matriculated in pre-licensure and pre-certification programs. Care of patients suspected or diagnosed with the Ebola virus is out of the scope of practice of these students. No student or faculty member within the Nurse Education, Medical Imaging, Respiratory Care, Dental Assisting, Medical Assisting and Phlebotomy Programs of Massasoit Community College should directly participate in the diagnostic testing or care of patient with suspected or actual contamination with the Ebola virus.

SAFETY FACIAL DEVICES

Students must purchase goggles for wear at the clinical site.

They should be considered part of the student’s uniform; therefore, they should be accessible to the students at all times. Goggles should be worn in compliance with OSHA Standards for the treatment of all human bodily substance (refer to Standard Precautions Statement shown above). Goggles may be purchased at the uniform shop. In addition, safety facial precaution devices may be hospital supplied.
Due to the significant time constraints, persons being treated for exposure should be treated through the EMERGENCY DEPARTMENT and triaged immediately to a Health Care Provider.

All Exposures:

Inform all exposed persons that there is a two hour window for starting prophylaxis treatment.

Exposures to Blood borne

Offer HIV testing and discuss post exposure prophylaxis (PEP) with party. At present, AZT should be considered for all PEP regimes because AZT is the only agent for which data supports the efficacy of PEP in the clinical setting. Lamivudine (3TC) (Epivir) should usually be added to AZT for increased anti-retroviral activity and activity against many AZT-resistant strains. A protease inhibitor, preferably Idinavir (IDV) (Crixivan) should be added for exposures with the highest risk for HIV transmission. PEP should be initiated promptly, preferably within 1-2 hours. If the source patient of the exposed student/faculty’s HIV status is unknown, initiating PEP should be done on a case-to-case basis, based on the exposure risk and likelihood of HIV infection unknown or possible source patients. Remind student/faculty with 1 1/2 hour post exposure, the availability of the medication and the option to take the first dose and then reconsider continuing treatment.

Laboratory Tests for the following areas should be considered:

- Hepatitis B, C or Antibody
- Hepatitis B Surface Antigen
- Hepatitis B Surface Antibody
- Hepatitis C Virus Antibody

In addition:

- HIV Testing, only after consent form is signed.

Treatment

Depending upon the results of the medical evaluation and blood test, prescribed immune globulin, Hepatitis B Vaccine, Hepatitis B Immune globulin as needed and/or anti-retroviral drugs as desired may be required. If anti-retroviral drugs are prescribed, the student/faculty will need additional blood work and teaching. If PEP is used, drug toxicity monitoring should include a CBC, and renal and Hepatic chemical function tests at baseline and 2 weeks follow up after starting PEP.

Exposure is Airborne

Dependent upon the specific type of airborne exposure, testing and/or referrals will be ordered as deemed necessary by the Health Care Provider.
Exposure is Chemical

Dependent upon the specific chemical and the route of exposure, testing and/or referrals will be ordered as deemed necessary by the Health Care Provider.

All Exposures

- Provide appropriate counseling/medical advisement regarding exposure.
- Instruct student/faculty to follow-up with Health Care Provider as soon as possible. This appointment is imperative to maintain medical management and counseling.
- Record all details of counseling and treatment information given, medication received, student/faculty’s consent or refusal and the date and time.

Follow Up Recommendations

- If the student/faculty has opted to take HIV PEP, he/she will be followed every 2 weeks for development of any adverse drug reactions and appropriate lab tests should be drawn at scheduled intervals.
- If the source patient is seronegative for Hepatitis B and C, no further follow-up of the student/faculty is necessary. All exposed student/faculty are encouraged to be tested for seroconversion of HIV as recommended by the CDC.
- HIV testing should be performed at 6 weeks, 12 weeks, 6 months, and 12 month intervals. It is the student/faculty responsibility to schedule these follow-up appointments with their primary care provider.
- If the source patient is Hepatitis C Positive, the student/faculty will be advised to consult with their primary care provider.

COMMUNICABLE DISEASE REPORTING

Despite routine practice of standard precautions, students will occasionally be exposed to communicable disease. “Exposure” in the context means an actual risk of contracting the pathogen due to inadequate protection. In order to best maintain the health and safety of students, staff, and patients, students are required to report immediately any untoward exposure to communicable disease (Hepatitis, Tuberculosis, Acquired Immune Deficiency Syndrome, etc.) to the clinical instructor and the program director. Students are expected to observe infection control protocols established by the clinical affiliate facilities.

Examples

**REPORTABLE**
- Chest radiograph patient coughs in student’s face; is later found to have tuberculosis (TB).

**NON-REPORTABLE**
- Known Tb patient, wearing mask is imaged by a student wearing mask.
HAZARDOUS MATERIALS POLICY

To comply with federal regulations issued by the Occupational Safety and Health Administration regarding hazardous communication all radiology students will attend the OSHA in-service during orientation week.

Their clinical instructor during clinical orientation should show students the location of the MSDS Manual.

Students should report a spill of a hazardous chemical to the appropriate department personnel and should not be involved with the cleanup of the spill.

If a student is known or suspected to have been exposed to a hazardous material, and is in need of medical attention, the student will be sent immediately to the clinical education center’s Emergency Room for treatment. The student will then follow the Allied Health Division’s Exposure Incident Management Protocol as to the follow-up.

Program officials must be notified immediately and an incident report must be completed by the clinical instructor, signed by the student and then mailed or faxed to the program director.

HAND HYGIENE

The Centers for Disease Control (CDC) has suggested that “healthcare workers who wear artificial nails are more likely to harbor gram-negative pathogens on their fingertips than those who have natural nails, both before and after hand washing. Personnel wearing artificial nails also have been epidemiologically implicated in several other outbreaks of infection”.

The Centers for Disease Control (CDC) has issued a set of recommendations for all health care facilities regarding hand hygiene in an effort to prevent the spread of infections. Since radiology students at Massasoit Community College have direct patient contact, the following policy is in place:

- Artificial fingernails are prohibited. Natural fingernails should be short and well-trimmed. Polish should be of a neutral shade and free of chipping.
LATEX SENSITIVITY AND ALLERGY POLICY

Latex products are common in the medical environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life threatening anaphylactic shock. Guidelines have been established at Massasoit Community College to provide information to potential allied health and nursing program applicants/students who are sensitive to latex.

Latex free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves is still exposed to latex residue of others working in the area or to latex present in the equipment, models and mannequins. Although latex gloves are the most prominent source of latex allergen, many other products contain latex including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors and wound drains
- Stethoscopes, catheters, respirators, and goggles
- Oral and nasal airways, surgical masks, and electrode pads
- Endotracheal tubes, syringes, IV tubing, and tourniquets

Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist for evaluation prior to enrollment in the Radiologic Technology Program. If a student is already admitted to a health science program, he/she must consult a qualified allergist for evaluation of latex allergies should signs and symptoms develop. All such evaluations are at the student’s expense. If it is determined that a student suffers from a latex sensitivity/allergy and the student desires an academic adjustment, including auxiliary aids or service, or reasonable accommodation due to this condition, the student must contact the College’s Disability Counselor.

As with all matters related to one’s health, the utmost precautions should be taken by the student to reduce the risk of exposure and allergic reactions. This may include the carrying of an epinephrine-pen by the individual or other precautions as advised by the student’s health care provider. It is the responsibility of the student with a latex sensitivity to understand and acknowledge the risks associated with continued exposure to latex during a clinical education, fieldwork, and healthcare career, even when reasonable accommodations are made and to regularly consult with his/her health care provider.

In an effort to minimize the presence of latex in the lab facilities, Massasoit Community College will provide latex-free and powder-free gloves in all College lab facilities. Should a clinical agency site not provide latex-free gloves, the College will provide latex-free gloves for clinical use. Additionally, the College is taking the following steps to minimize latex in its lab facilities: 1) replacement of all gloves in use by faculty and students with nitrile or vinyl gloves; 2) maintaining an inventory of products/equipment and supplies in the radiology program that contain or could contain latex; and 3) future purchasing of latex-safe supplies and equipment whenever possible.

As with all students in the Radiologic Technology Program, a student with a latex sensitivity or allergy is required to satisfactorily complete all requirements and technical standards of the program to which they have been accepted.

Developed: February 3, 2010
RADIATION PROTECTION

Concept of “ALARA”

RADIATION SAFETY/MONITORING

General Rules:

Ionizing radiation is hazardous to living tissue and is government regulated. The following guidelines have been established to ensure radiation safety to all patients and personnel.

1. NEVER become careless or complacent while working with radiation. Ionizing radiation can destroy body tissue; it is a powerful weapon and must be treated with respect.
2. A radiation-monitoring device (film badge) must be worn while in the clinical area.
3. Students are forbidden to hold patients during radiographic exposures.
4. Radiography room doors must be closed during exposures.
5. Personnel must remain behind a lead barrier when an exposure is being made.
6. Lead aprons, thyroid shields and gloves must be worn when no other lead barrier is available.
7. NEVER stand in the path of the primary beam.
8. Exposure must be withheld until all persons are adequately protected.
9. Written authorization from a physician is required for radiographic examinations. Exposures cannot be made until proper authorization has been obtained.
10. Exposure must be restricted to the anatomical area of interest.
11. Refer all radiation protection questions to program faculty. DO NOT proceed until you are sure of the proper procedure.

Monitoring Devices:

No students will be permitted in the clinical or Lab area without a radiation- monitoring device. While in the clinical setting the badge must be worn on the collar, outside the lead apron/thyroid shield. This device must be placed on the space provided when the student leaves the clinical area - do not take badges home. Any student present without his or her dosimeter will be required to leave, retrieve their badge, and return to the clinical area. Time lost in this endeavor must be made up. This applies regardless of the type of rotation to which the student has been assigned. Student radiation exposure shall be consistent with the ALARA concept (“as low as reasonably achievable”).
The monitoring device must be turned in each month for processing and dose assessment. The monthly dosimetry report and individual student exposures will be reviewed by the Program Director. All students are required to review and sign program reports monthly to indicate their awareness of radiation exposure. A copy of the monthly report can be viewed in the radiography lab. The signed original monthly results will be filed and maintained. Upon graduation, the individual cumulative result will be kept in the student’s file.

All students are required to wear dosimeters whenever they are in the Radiology Department.

All students must exercise safe radiation protection practices at all times. At no time may a student participate in a procedure using unsafe radiation protection practices. **Unsafe radiation protection practices are grounds for dismissal from the radiography program.** These unsafe practices include, but are not limited to:

1. Taking exposures intentionally or unintentionally, on another student or while student is in the energized laboratory.
2. Attempting any procedures under indirect supervision until competency has been achieved.
3. Repeating films without the direct supervision of a radiographer.

**ALL EXPOSURES ON HUMAN BEINGS ARE TO BE TAKEN FOR MEDICALLY VALID REASONS ONLY.**

**RADIATION PROTECTION POLICY**

**BASIC PRINCIPLES OF RADIATION PROTECTION FOR STUDENTS**

### I. RADIATION SAFETY ORIENTATION

All student radiographers will be instructed in basic radiation safety procedures prior to the Clinical site. The student must pass the radiation safety examination with a **minimum grade of 80%** prior to attending clinical. The exam will be administered the day after the radiation safety class in the first semester.

The radiography program has established the following exposure limits, and student records will be carefully monitored to ensure compliance.

In the event that a badge report should exceed .0.333mSv (33mrem) quarterly a (0.83/month 20% of the NRC Monthly Occupation Dose Limit) during a clinical rotation, the program director will aid in determining the cause and make corrective measures as needed. All radiation incidents involving students require the completion of a Student Radiation Incident Report. Meetings will be set with the Program Director, Clinical Coordinator, Clinical Instructor, student and to determine the cause and if need be, a physicist will be consulted to investigate further. Upon determining the causative factor/s, a counseling session will be held with the student to reduce future exposures. Documentation of the session will be placed in the student file.
Understanding of the following must be demonstrated and will be assessed of the student:

a. Questioning of females of child-bearing age regarding possible pregnancy
b. Terminology of basic radiation units
c. Concept of “ALARA”
d. Concept of effective dose equivalent limit
e. Acceptable exposure limits for radiation workers yearly, quarterly and per gestation
f. Purpose and application of personal monitoring
g. Use of patient and employee shielding devices

2. PERSONAL MONITORING DEVICES

All students will be provided a dosimeter, a personal radiation monitoring device, by Massasoit Community College. The following regulations will apply to these devices:

1. Dosimeters will be worn on the right collar during routine radiographic work.
2. Dosimeter will be worn outside the lead protective apron at neck level during fluoroscopic examinations.
3. In order to avoid loss or accidental exposure from non-radiation sources, dosimeters should not be removed from the hospital except for collection at the College. Each site should provide a central location for storage of student’s dosimeter so that the clinical coordinator may have access to them.
4. The dosimeter must be worn by the student while engaged in the clinical experience portion of the Radiologic Technology Program. Any student working in radiology outside of the program must be provided a separate personnel monitoring device by his or her employer.
5. Additionally, dosimeters must not be worn by the student while undergoing diagnostic or therapeutic radiation procedures. Occupational exposure must be kept separate from that which is medically prescribed.
6. Dosimetry reports are received by the Program Director on a quarterly basis. After the report is reviewed and initialed by the Program Director, it is then reviewed and initialed by the individual students. Copies of the initialed report without student’s social security number are sent to the clinical instructors.
7. Lab reports will be initialed by the student. Lab reports are not posted nor sent to the clinical instructors.

Any single quarterly reading of 100 mrem is reported immediately to the student and his/her Clinical Instructor. Readings of 100 mrem and above require a review of radiation safety practices with the student and Program Director. Accidental exposures due to badges left on aprons, etc. will be documented where proven.

Cumulative Exposure Report:
In compliance with regulations published by the Massachusetts Department of Environmental Protection, the program will supply a duplicate copy of the cumulative record of radiation exposure to each student leaving the program. This cumulative record will contain:

- Name and address of monitoring company
- Program account number
- Student badge number
- Student name
- Date of birth
- Social security number
- Period monitored
- Cumulative record of radiation exposure
- Occurrence of high/unusual exposure and documented reason

3. **SAFE PRACTICE**

In order to keep the radiation exposure to patient, student, and staff “As Low As Reasonably Achievable” (ALARA), the following rules of safe practice should be observed:

1. **DO NOT** hold the patient for a technologist during an exposure for positioning, patient care, or any other reason.
2. Students may have to assist a patient during fluoroscopy procedures, if the patient can remain in position while the radiologist obtains the required images for the examination, then the student does not have to hold the patient. If the patient needs assistance to remain in position while the radiologic technologist obtains images for the examination, students should use positioning aids if possible in this situation or employ lead gloves when holding the patient.
3. Remember that the patient is the source of radiation during fluoroscopy therefore, increase your distance to the source when not providing patient care and do not turn your back to the source.
4. Always wear protective aprons, gloves, etc. when not behind a protective barrier (mobile, surgery, fluoro).
5. Thyroid shields and lead gloves should be worn when holding a patient during fluoroscopy examinations.
6. Not make an exposure while a technologist holds the patient.
7. Provide protective lead shielding (aprons, gloves, etc.) to the person who holds a patient during a procedure.
8. Provide protective shielding for ALL patients except in cases where the area of interest would be adversely affected.
9. Use leaded personnel protection devices (aprons, gloves, barriers) conscientiously.
10. Use gonadal shields on all persons (especially those of childbearing age) when they are not contraindicated.
11. Use ionizing radiation producing equipment only under proper supervision as defined by the clinical instructor.
12. Apply the principles of radiation control - minimized time, maximized distance, and appropriate shielding.
13. Wear lead aprons and extend the exposure cord at least 6 feet on all mobile radiography.
14. Don’t allow familiarity to result in false security.
15. Never place yourself in the primary beam.
16. Always question female patients of childbearing age about the possibility of being pregnant and utilize the ‘ten day rule’ prior to performing any procedure.
17. Always collimate to the smallest field size appropriate for the procedure.
18. Use high kVp and low mAs to reduce patient dose whenever possible.
19. Never repeat a film without direct supervision.
20. Ensure proper technique prior to exposures and mark the image correctly.
21. Close doors to radiographic rooms prior to making exposures.
22. Remove visitors from the radiographic room prior to exposures unless they are required to hold the patient.
23. Know what you are doing before attempting a procedure, you have a legal and a moral responsibility.
24. Not repeat unsatisfactory radiographs without a licensed radiographer present.
25. Not perform a radiographic examination unless deemed competent for the examination.
26. Never allow a pregnant mother to hold a child for an exposure.
27. Students aren’t allowed to perform any radiographic examinations on female patients who have had their pregnancy confirmed by either the patient or a physician's order. If a student has been made aware of the patient's pregnancy they must bring the request to the staff technologist to whom they have been assigned. This policy has been placed on the staff page and the students' page of the Trajecsys monitoring system.

4. **RADIATION SUSCEPTIBILITY**

It is important to note that there is additional, non-pregnancy, medical conditions that may render a student more susceptible to potential damage from chronic exposure to ionizing radiation. Any student who has been treated with radiation therapy or chemotherapy or has been diagnosed as having cancer, immunosuppressive disorders or aplastic anemia should notify the program director prior to attending clinical experience. An appointment with a hospital Radiation Safety Officer (RSO) will be made available to the student so that radiation protection measures can be tailored to the individual needs of the student. Students in this category should also discuss the potential occupational risks with their physicians.
RADIATION SAFETY POLICY FOR THE RADIOLOGY ENERGIZED LAB (X-Ray Unit)

The following are the rules for usage of the radiology lab.
1. The usage of the radiology lab by a student is not allowed unless a faculty member is present. Violation of this rule will be cause for immediate dismissal from the program and this will include all parties involved in the incident.
2. Before making a radiation exposure, be sure the door to the energized lab is closed tightly and the control panel is set properly.
3. Do not, under any circumstances, energize the unit and radiograph another classmate in the lab.
4. Exposures will only be made on the phantoms or Pixy doll. Violation of this rule will be cause for immediate dismissal from the program and this will include all parties involved in the incident.
5. All students must be inside the control area when exposures are taken.
6. All students will ask permission from the faculty member prior to making an exposure.
7. All students must wear the assigned lab dosimeters when attending lab.
8. All dosimeters are to be worn outside the apron at collar level.
9. All lab dosimeters must not be removed from the designated area of the radiology classroom.
10. The general pregnancy policy as outlined in the Radiology Student Handbook applies to the lab.
11. Be sure to familiarize yourself with, and utilize the appropriate positioning locks on the lab equipment before attempting to move/use the unit. This will help prolong the life of the equipment.
12. While positioning the phantom or a fellow classmate can be fun, do not lose sight of the fact that you are working with heavy (not to mention costly) electrical equipment and injuries can occur. Therefore, good conduct is required when operating the unit. Should injury occur, please report it to the instructor at that time.
13. Food and drink are not allowed in the energized x-ray lab room.
14. Obey safety rules when working with any equipment. Report all defects in the operation of equipment to program faculty.
15. Any violations of the above rules, except for the first two stated, will require the student to write a five page paper on radiation protection to be presented within one week of the incident.
Radiation exposure to an unborn fetus has been associated with an increase incidence of birth defects. The fetus is particularly susceptible during the first trimester of pregnancy. For this reason, any student who suspects that she may be pregnant is strongly encouraged to inform the program director in writing. Disclosure of pregnancy by the student is voluntary. It is recommended by the NRCP that the dose equivalent limit to the fetus should be limited to 0.5 rem (5mSv) for the pregnancy or 0.05 rem (0.5mSv) per month. The process, if a student voluntarily declares pregnancy is:

1. Immediately confirm pregnancy status through official medical testing.
2. Submit to the Program Director a statement from her physician verifying pregnancy, expected due date and if she has any physical limitations. It is the student’s decision to choose one of the following options in regards to her education.
   a. The student may request, in writing, a leave of absence from the program. If a student takes a leave of absence from the program, upon return to the program she:
      ▪ Must reapply to the program under the guidelines established and outlined in the program’s handbook.
      ▪ Be evaluated for retention of competencies and course materials and placed accordingly in the academic semester.
      ▪ Comply with current program policies.
      ▪ May continue with the general education requirements of the program.
   b. Continue full-time status, with limited rotations, excluding fluoroscopy and surgery.
   c. Continue full-time status with no modification in student’s clinical rotation.

If a student maintains full-time status in the program, she will be required to:
   ▪ Adhere to all safety precautions for protection purposes.
   ▪ Wear two personnel monitoring devices, one on the collar and one on the abdomen for fetal monitoring. Readings will be monitored and the student will be subject to immediate leave of absence from the clinical environment if at any time the dose to the embryo/fetus during the entire pregnancy exceeds 500mrem (5millisieverts).
   ▪ Students who are pregnant must meet the standards set for all students; attendance, completion of competency examinations and rotational objectives, and the behavioral evaluation in regard to their clinical education grade. Students are advised that pregnancy could interrupt completion of their educational process.
   d. A student can withdraw her declaration at any time in writing.

3. Complete and return the Declaration of Pregnancy Form (pg. of this handbook).
4. Meet with the program director and medical director, if necessary, regarding the biological effects of radiation to the unborn fetus and radiation during pregnancy. At this time the student will receive a copy of the applicable state regulations which deal with exposure to embryo/fetus.
5. Meet with the program director and clinical coordinator of clinical education to discuss clinical experience and academic options.

Massasoit Community College and its clinical affiliates will not be held responsible for injury to mother or child due to radiation exposure during a student’s pregnancy.
PROTECTIVE MEASURES FOR THE PREGNANT STUDENT

- Always be aware of radiation exposure.
- Never hold patients for any reason while you are pregnant.
- Always wear two badges: one at the collar to monitor your exposure, the other at the waist to monitor fetal exposure.
- When wearing an apron, wear the fetal badge under the apron at the waist.
- The fetal badge measures dose to the mother’s pelvis, the fetal dose will be 25-50% of this value.
- Always wear your badges and change them on time.
- When in fluoro, you may wish to wear two aprons, although it is not required (You may be able to check one out from school and keep it with you in clinical for this purpose).
- When using mobile equipment in surgery or on the floor, always wear an apron and extend the exposure cord as far as possible.
- It will not be possible to prevent your exposure to infectious patients, but you may use masks, gloves, and protective clothing.
- Discuss with your personal physician about any restrictions for clinical education. If you are provided with specific information, it will be your responsibility to follow his/her instructions. This may require you to seek special accommodations. See Pregnancy Policy.
- Remember that you are the only one who can protect your baby.

The ASRT position statement on wearing radiation monitoring devices clearly states "radiation workers wear a personal monitoring device outside of the apron at the level of the thyroid to approximate the maximum dose to the head and neck. In specific cases such as pregnancy, high-dose fluoroscopy or high-dose-rate brachytherapy, a second monitor may be indicated. The monitor should be worn at the waist under protective apparel, if appropriate." It is important to understand your state’s guidelines and institution’s policies and limits. Each state regulates radiation monitoring of health care personnel, and the guidelines can vary. Some facilities are not regulated by NRC. Your institution’s radiation safety officer can best answer who should be wearing badges, what type of badge is appropriate and how often they should be exchanged. Radiation dose is cumulative over a lifetime. If you change jobs, ensure your new employer has documentation of your prior readings.

The U.S. Nuclear Regulatory Commission sets the following annual exposure limits:
- Whole body, blood-forming organs, gonads - 5,000 mrem/year.
- Lens of eye 15,000 mrem/year.
- Extremities and skin 50,000 mrem/year.
- Fetal-500 mrem/gestation period.
- General public 100 mrem/year.
- MCC students 100 mrem/year.
DIRECT VS. INDIRECT SUPERVISION / REPEAT POLICY

In order to promote the health, safety, and optimal use of ionizing radiation for our students, patients, and the general public in accordance with JRCERT Standards, the following practices must be enforced.

ALL medical imaging procedures must be performed under the Direct Supervision of a qualified technologist prior to the student proving competency in that particular procedure.

To provide DIRECT SUPERVISION the technologist must:

- Review the request with the student
- Evaluate patient with the student
- BE PRESENT during all phases of the exam
- Review and Approve the Images prior to release of the patient
- BE PRESENT for any REPEAT images deemed necessary
- Direct supervision needs to be implemented when students perform exams on children while being held by a person, even if the student has been competently cleared for performing that particular exam.

Once the student achieves competency of a particular imaging procedure, it may be performed by the student under Indirect Supervision. Indirect supervision means the technologist is ‘Immediately Available’ to the student which means a qualified technologist is adjacent to the area the imaging procedure is being performed.

To provide INDIRECT SUPERVISION the technologists responsibilities include:

- Always be IMMEDIATELY AVAILABLE to student
- Review the requisition and condition of patient prior to the student beginning the procedure
- Review and approve the images with the student prior to the release of the patient
- BE PRESENT for any REPEAT images deemed necessary

Regardless of the student’s level of achievement or knowledge – ALL REPEATS must be performed in the presence of a qualified technologist – NO EXCEPTIONS!

The student has the responsibility in the absence of appropriate supervision to:

1. Refuse to perform the procedure and explain to the technologist that he/she would be violating MCC’s policy on Direct/Indirect supervision.
2. Notify the Clinical Instructor immediately.
3. If the Clinical Instructor is not available, notify the Lead Technologist or Department Manager.
4. If the issue is not resolved, contact the Program Director or Clinical Coordinator at MCC who will contact the department.

Violation of these Clinical Supervision Policies will result in:

First Offense: The completion of a Clinical Warning Form which will be placed in the student’s clinical file. Suspension from clinical site and meeting with the Program Director prior to re-entering clinical. All missed hours must be made up according to policy.

Second Offense: Will be cause for removal from the program.
RADIATION DOSE

The average dose per person from all sources is about 620 mrems per year. It is not, however, uncommon for any of us to receive less or more than that in a given year (largely due to medical procedures we may undergo). International Standards allow exposure to as much as 5,000 mrems a year for those who work with and around radioactive material.

The units used to measure radiation are the rem and the

**millirem (1/1,000th of a rem).**

The international unit for measuring radiation exposure is the

**sievert (Sv), and 1 Sv = 100 rems.**

To convert from the mrem values above to mSv (millisievert), divide the value by 100.

http://www.ans.org/pi/resources/dosechart/

Title 10, Part 20, of the **Code of Federal Regulations** (**10 CFR Part 20**), "Standards for Protection Against Radiation," establishes the dose limits for radiation workers. Although the limits vary, depending on the affected part of the body, the annual total effective dose equivalent (**TEDE**) for the whole body is 5,000 mrem (5 rem).

Industrial radiography using gamma ray sources is regulated by the U.S. Nuclear Regulatory Commission (NRC) or, in many states, by the individual states themselves. Industrial radiography using x-ray machines and accelerators is regulated by state regulatory agencies or by the federal Occupational Safety and Health Administration (OSHA).
Regulatory Limits for Occupational Exposure
Many of the recommendations from the ICRP and other groups have been incorporated into the regulatory requirements of countries around the world. In the United States, annual radiation exposure limits are found in Title 10, part 20 of the Code of Federal Regulations, and in equivalent state regulations. For industrial radiographers who generally are not concerned with an intake of radioactive material, the Code sets the annual limit of exposure at the following:

1) the more limiting of:
   - A total effective dose equivalent of 5 rems (0.05 Sv)
   - The sum of the deep-dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 50 rems (0.5 Sv).

2) The annual limits to the lens of the eye, to the skin, and to the extremities, which are:
   - A lens dose equivalent of 15 rems (0.15 Sv)
   - A shallow-dose equivalent of 50 rems (0.50 Sv) to the skin or to any extremity.

The shallow-dose equivalent is the external dose to the skin of the whole-body or extremities from an external source of ionizing radiation. This value is the dose equivalent at a tissue depth of 0.007 cm averaged over and area of 10 cm².

The lens dose equivalent is the dose equivalent to the lens of the eye from an external source of ionizing radiation. This value is the dose equivalent at a tissue depth of 0.3 cm.

The deep-dose equivalent is the whole-body dose from an external source of ionizing radiation. This value is the dose equivalent at a tissue depth of 1 cm.

The total effective dose equivalent is the dose equivalent to the whole-body.

Declared Pregnant Workers and Minors
Because of the increased health risks to the rapidly developing embryo and fetus, pregnant women can receive no more than 0.5 rem during the entire gestation period. This is 10% of the dose limit that normally applies to radiation workers. Persons under the age of 18 years are also limited to 0.5 rem/year.

Non-radiation Workers Students and the Public
The dose limit to non-radiation workers and members of the public are two percent of the annual occupational dose limit. Therefore, a non-radiation worker can receive a whole body dose of no more than 0.1 rem/year from industrial ionizing radiation.

This exposure would be in addition to the 0.3 rem/year from natural background radiation and the 0.05 rem/year from man-made sources such as medical x-rays.
INJURY IN THE CLINICAL SETTING
If a student is injured while on a clinical rotation, the CI should handle the injury in the same manner as they would for a staff. The student must take responsibility for any financial burden, which may be encountered from necessary treatment. An incident report MUST be completed and a copy should be immediately forwarded to the program office. The program faculty should be notified ANY TIME a student becomes sick or is injured in the clinical setting.

INCIDENT REPORTING
All incidents occurring in the clinical education center for which a report is written should be reported to the program office within 24 HOURS of the incident. Incident reports MUST be made in writing for the following:
· INJURY TO A PATIENT
· INJURY TO A STUDENT
· LOSS OF A PATIENT'S PERSONAL BELONGINGS
· EQUIPMENT MISUSE
· Any incident in which a student may be involved or have observed AND any unusual occurrences
The American College of Radiology created a multidisciplinary blue ribbon panel to address critical issues in MR safety. Initially published in the American Journal of Roentgenology in June 2002, updated in May 2004, March 2007, and then markedly expanded and updated in 2012 (for 2013 publication in the JMRI), the ACR Guidance Document for Safe MR Practices: 2013 addresses numerous MR safety related topics, such as:

- Static magnetic field-related issues such as translational and rotational forces on ferromagnetic materials
- Time-varying magnetic field-related issues such as induced voltage, auditory considerations, and thermal issues
- Personnel qualifications and training
- Site access restrictions
- Pregnancy-related issues
- Guidelines on claustrophobia, anxiety, sedation, analgesia, and anesthesia
- Contrast agent safety
- An entirely re-written section on the safety of MR scanning of device patients, such as patients with cardiac pacemakers, implanted auto-defibrillators, etc.
- MR siting considerations
- Emergency preparedness planning

THERE ARE POTENTIAL risks in the MR environment, not only for the patient (1,2) but also for the accompanying family members, attending health care professionals, and others who find themselves only occasionally or rarely in the magnetic fields of MR scanners, such as security or housekeeping personnel, firefighters, police, etc. (3–6). There have been reports in the medical literature and print-media detailing Magnetic Resonance Imaging (MRI) adverse incidents involving patients, equipment and personnel.

For further information refer to the American College of Radiology (ACR)

FAILURE OF A RADIOGRAPHY COURSE

The passing grade in all Radiography courses is 78 (C+). Students who did not achieve 78 (C+) will NOT be able to continue in the program. Radiography grades include didactic and clinical practice. Clinical Experience courses are sequential and graded on a pass/fail basis. A "pass" grade must be received in each clinical course prior to advancement to the next level. A "pass" grade is achieved by 100% completion of assigned clinical competencies and clinical objectives as documented by the Clinical Instructor.

Students must pass the semester specialty clinical rotations in order to pass the course. Each level of Radiography is a prerequisite to the next level.

Students who fail any Radiography semester cannot continue in the Radiography Program at the College. If they wish to stay at the College and take non-Radiography courses, they must change their program of study through the Registrar’s Office. If a student wishes to repeat the failed Radiography course, he/she must request readmission to the Radiography Program through the Admission’s Office. All applications for readmission to the Radiography Program are on a space available basis.

Any student who has failed any Radiography course twice, has failed two Radiography courses, or withdraws failing from a second Radiography course will not be readmitted to the Radiography Programs at Massasoit Community College.

Students who fail will be seen by an instructor and receive a letter from the Department Chairperson which will indicate faculty recommendations and suggestions regarding career goals.

Any time that a student is judged to be a danger to themselves, patients, other students or professionals while in the clinical area by his/her instructor, that instructor will temporarily terminate the student’s clinical experience pending careful review by the appropriate team with the department chairperson.

Any time that a student is judged to be a danger to themselves, patients, other students or professionals while in the clinical area, regarding radiation safety, resulting in two (2) significant incident reports by the student, will be dismissed from the program.

Further action, up to and including dismissal from the Radiography Program will be determined by the course team in consultation with the department chair and division dean. Students will have the right to appeal the decision through the department and/or division dean. The student grievance procedure is also available as an avenue of appeal.
CONDUCT

As practice in a clinical agency is designed to be a rehearsal for the professional role, the student is expected to meet the same standards of conduct required when joining the work force. These include punctuality and satisfactory attendance, completion of assigned duties, honesty, responsibility for one’s actions and acceptance of agency policies. A professional respects and protects the right of others and maintains confidentiality with respect to information acquired while providing service.

The student technologist should be deeply conscious of the responsibility of his or her position and in no case should the student technologist be guilty of carelessness or neglect any duty that technical skill, attention or fidelity upon his or her part should bestow.

Every patient committed to the student technologist for examination should be treated with attention, steadiness and humanity. Although proper firmness may be necessary, it should never be allowed to degenerate into severity, and reasonable indulgence should be granted to the caprices of the sick, more especially those whose mental powers are affected. Too great intimacy between the patient and the student technologist is not to be encouraged. The obligation of secrecy extends beyond the period of technical services, none of the privacies of personal domestic life, no infirmity, disposition or flaw of character, observed during technical procedures, should ever be divulged by the student technologist, unless circumstance arise which render such course an imperative duty. The same rule holds also with respect to the patient’s ailments. Patients and their affairs should not be made a subject of conversation or discussion between technologists, whether RT’s or students.

The student technologist has an obligation to uphold the dignity and honor of their profession through their personal and professional life and to demonstrate to those standards which will enhance and promote the status of both to the end that an optimum contribution to society will result. This implies that the student technologist:

- Perform radiography in accordance with recognized and accepted practices.
- Support and cooperate with local, state, and national societies which strive to advance the quality of radiologic technology and to increase the sphere of usefulness of the profession and of themselves by broadening their understanding of radiologic technology and of its developments and by cooperating in programs of research which aim to improve the art and science of radiography.
- Do all they can to embody in themselves that state of physical and emotional health which will make possible their maximum proficiency and their own personal, professional, social and economic security.
- Respect the dignity and individuality of every human being regardless of race, creed, sex, nationality, color, economic or other status and be willing to serve and cooperate with all as needs demand.
- Interpret, whenever appropriate, the art and science of radiography, its role and functions to individuals and to the public so that a better understanding of radiologic technology may be secured and greater interest in radiography may lead to a steady flow of qualified individuals into the profession.
STUDENT PRACTICE CLINICAL

Clinical experience courses are credited academic courses that provide the student with the opportunity to employ didactic concepts in a radiology environment. The clinical education centers of the program must provide the student with the opportunities to obtain the skills necessary to complete the clinical requirements of the program. At NO time should a student be used to replace a technologist, nor be placed in non-educational experiences, or exceed 40 hours of clinical and didactic.

POLICY ON CLINICAL EMERGENCY (STUDENT)

1. In the event of an emergency, illness or accident involving a student, the clinical instructor or designee should make sure the student is stabilized and then brought to the hospital emergency department for appropriate evaluation. The hospital will provide access to emergency care for students, but bears no responsibility for costs incurred. The student must provide appropriate insurance information. The college also bears no responsibility for cost incurred.

2. The Radiologic Technology Department at Massasoit Community College should be immediately informed:
   - Program Director: Anthony Kapadoukakis (508) 588-9100, Ext. 1784
   - Clinical Coordinator: Cheryl Burke (508) 588-9100, Ext. 1764

   If unable to reach the Program Director or Clinical Coordinator, call the Division Dean, Susan Clover at (508) 588-9100, Ext. 1789.

3. Students under the age of 18 must provide the name and phone number of a parent or guardian to be notified in such cases. Students 18 and over should provide the name and phone number of a designated contact person.

4. A program incident report must be completed for each such event.

5. Students discharged by the emergency room will be advised as to whether or not a designated driver is required.

6. If a student refuses medical treatment or insists on driving against medical advice, this should be documented and signed by the student.

7. All records of incidents will be kept on file by the Radiologic Technology Department, with copies sent to their clinical coordinator.
Students are required to utilize the Trajecsys Reporting System. The cost of this reporting system is paid by the Radiologic Technology Program. The fee includes system access for the length of the professional program.

Throughout the clinical requirements of this handbook, specific mention of the Trajecsys Reporting System can be found. Students will utilize this system to:

• Access the system daily for clinical announcements / updates, clinical documents, etc.

• Clock In/Out from clinical

• Enter Daily Log Sheets of all work/exams done in the clinical setting

• Access monthly evaluations and specialty rotation evaluations

• Submit competency attempts and view completed competencies. The Trajecsys Reporting System website can be found at https://www.trajecsys.com.

• Access general objective forms

• The program log-in page can be found at https://www.trajecsys.com/programs/login.aspx.

Using Trajecsys. All users must first register in the system by selecting the “Registration” link on either of the web pages above and completing the required information. Once this has been entered, the Clinical Coordinator will add each Registrant to the system. Following this step, complete access will be granted. Orientation for this system will be completed prior to attending clinic during the first semester.

Students are required to enter all exams performed at clinic in the Daily Log Sheet section of Trajecsys. Students are encouraged to maintain an unofficial log sheet, preferably the daily log sheet form found in the Forms section of this handbook, so that entries can be made at a later time. Students are advised to complete this during “down-time” at clinical, or immediately following clinical outside of the CES. When completing these log sheets, students are also required to enter supervising technologists, number of repeats, and total time of exam. Failure to maintain daily log sheets will result in a deduction of 5 Professional Responsibility Points for each occurrence. Instances of entering false data will be considered falsification of records, resulting in disciplinary action, including possible dismissal from the professional program.
INTRODUCTION

This section is intended for clinical instructors/preceptors to give them better insight into their responsibilities and role as a clinical instructor. Students are welcome (and encouraged) to review this section. Clinical instructors/preceptors should also review the policies and procedures throughout this manual. As always, clinical instructors should contact program faculty if there are any questions about the information in the handbook.

CORRELATION WITH INSTRUCTORS

Instructors are people. They are an integral part of your education. Here are some suggestions for forming a good working relationship with them.

1. Be attentive. Daydreaming, sleeping or having side conversations in class will insult your instructor. Besides, you miss what’s happening. Side conversations also disturb other students.

2. Get to know your instructor. Students talk about teachers, and you may hear conflicting reports. Decide for yourself. Perhaps they are unapproachable, brilliant, boring, demanding, eccentric, etc. Assume nothing. Get to know your teacher first-hand. Take advantage of their office hours. Some teachers best express their love and enthusiasm for their subject in private conversations rather than lectures.

3. Many instructors have special office hours. Most are delighted to talk to students. That’s why they are teachers. Talking to one student allows them to focus on the area that’s critical to that student and their enthusiasm can be contagious. What sounded incomprehensible in class may become clear in a one-to-one exchange.

4. Arrive early for classes. You can visit with your instructor or classmates, review notes, or spend a few minutes relaxing. Being on time demonstrates your commitment and interest.

5. Participate in class discussions. Ask questions. Provide answers. Be ready to debate and discuss. Your instructor will know you are interested and prepared. Asking questions to sidetrack your teacher or just to get noticed, however, wastes everyone’s time.

6. Accept criticism. Learn from your teacher’s comments on your work. It is a teacher’s job to correct. Don’t take it personally.

7. Submit professional work of high quality in both content and form. Prepare papers as if you were submitting them to an employer. Imagine that a promotion and raise will be determined by your work.
ORIENTATION TO THE CLINICAL SITE

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>DATES ATTENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINICAL SITE</th>
<th>CLINICAL INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For first semester students orientation to the clinical site must be completed prior to the beginning of classes in September and should consist of sufficient time to accomplish the following. For second rotation students must complete the following except the second column.

<table>
<thead>
<tr>
<th>Hospital Tour</th>
<th>Radiation Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Include all major departments as well as parking facilities, dining facilities and medical library.</td>
<td>✦ Time, Distance, Shielding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic Safety Protocols</th>
<th>Patient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Fire</td>
<td>✦ Patients Rights/Ethics</td>
</tr>
<tr>
<td>✦ Patient “Code”</td>
<td>✦ Health Insurance Portability And Accountability Act (HIPAA)</td>
</tr>
<tr>
<td>✦ Disaster</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radiology Department Tour</th>
<th>Radiographic Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ Include all divisions (Nuclear Medicine, Ultrasound, Cat Scan, MRI)</td>
<td>✦ Tube/Collimator</td>
</tr>
<tr>
<td>✦ Introduction to each radiography room</td>
<td>✦ Bucky/Grid</td>
</tr>
<tr>
<td>✦ Patient Reception and Dressing Area</td>
<td>✦ Image Receptors</td>
</tr>
<tr>
<td>✦ Film File Area</td>
<td>✦ Table Functions</td>
</tr>
<tr>
<td>✦ Darkroom</td>
<td>✦ Computerized Radiology</td>
</tr>
<tr>
<td>✦ Classroom/Student Area</td>
<td>✦ Fluoroscopy</td>
</tr>
<tr>
<td>✦ Main Control Area</td>
<td>✦ Lead Film Markers</td>
</tr>
</tbody>
</table>

| Department Procedure Manual | |
|----------------------------||
| ✦ Protocol Book for Radiograph Examinations | |
| ✦ Department Policies | |
| ✦ Hospital Policies | |
| ✦ Standard (Universal) Precautions | |
| ✦ MSDS/OSHA Manual | |
| ✦ Emergency Cart Locations | |
STUDENT ORIENTATION TO THE CLINICAL SETTING

Each student who is assigned to a clinical education center should receive an appropriate orientation to the facility. The orientation program shall include an overview of the diagnostic imaging department as well as an introduction to the hospital. Other information to be included in the orientation should include but not be limited to:

• Department policies and procedures
• Lunch and break schedules
• Documentation of attendance
• Lockers, personnel rest rooms, etc.
• Fire and other emergency and disaster procedures
• Hospital protocols
• Tour of the department
• Tour of the hospital
• Introduction to staff technologists
• Introduction to radiologists
• Parking
• Standard precautions (hospital protocol)

To perform effectively in the clinical setting, it is important that all program and departmental expectations be explained to each student assigned to the clinical education center. Adequate time shall be designated for orientation in each clinical education center.

Clinical Instructors/Preceptors shall attend the orientation for Clinical Education I. This orientation introduces students to the clinical education program and demonstrates the relationship between the College and the clinical education settings.

STUDENT CLINICAL ROTATIONS

Clinical rotations are assigned by the program in such a way that each student receives an opportunity to observe and participate in the many facets of diagnostic imaging. During the first year the student is assigned to a clinical education center for observation and participation in the routine areas of the imaging department including but not limited to urography, fluoroscopy, routines including chest, extremity, spine, and portables. While these operations are completed during a very limited time frame (not to exceed two weeks) it is important that the student understand how the entire department works together to deliver quality health care.
CONSIDERATION FOR THE PATIENT

1. When handling patients, students should always exercise the same consideration that they would wish to receive if they were ill. For example, students should be gentle and smile, keep patient comfortable and warm, return patient to the ward quickly, and keep the waiting period before examination to a minimum.

2. Students should always address patients by surname and title to confirm identification, and should introduce themselves to the patient in the same manner.

3. Students should always check for two (2) identifications by checking the ID wrist band and asking identification questions (birthdate, age, etc.) on all hospital patients to assure proper identification.

4. When the radiologist arrives to see the patient, students should perform the introduction.

5. Students should always carefully explain to the patient what they wish the patient to do before carrying out any procedure, thus ensuring the patients’ full cooperation.

6. Students should always be alert to the prevention of accidents to the patient or themselves. For example, students should help patients on and off the table or into and out of their wheelchairs. It is also important that small children as well as unconscious or restless patients are held in place with a safety belt and never left unattended.

7. Students should refrain from whispering, laughing, conducting irrelevant conversation, whistling, singing, or congregating in groups within view or hearing of patients.

8. Students should respect the patients’ privacy and modesty. For example, students should never allow the patient’s genital organs to become exposed. If the patient is wearing a gown or pajamas, he or she should be covered from the waist downward with a sheet. Enema tubes should not be put into the rectum of the opposite sex if he or she is uncomfortable or objects to the procedure.

9. Students should keep conversation with patients to the minimum required to put the patient at ease and inform him/her as to what he/she is required to do, and should tactfully discourage any tendency of the patient to engage in frivolous remarks. Students should be politely evasive in replying to any questions from the patient (or relatives) regarding the condition of the patient, findings on the x-ray film, or the diagnosis for which he or she is receiving x-ray services. It is the attending physician’s responsibility to inform the patient of these matters.
CLINICAL EXPERIENCE POLICIES

Clinical training at local hospital affiliates constitutes a series of five academic semesters which must be completed in sequence with a passing grade. Clinical experience courses are subject to the same policies regarding incomplete and failing grades as other Radiologic Technology courses.

Because this is a competency-based clinical education system, students must successfully complete published objectives prior to advancement to the next level of clinical experience. While at the clinical site, students are subject to the rules and regulations of that facility regarding patient care. Any time a student is judged to be a danger to himself/herself, patients, or co-workers, that student may be removed from the clinical site pending further evaluation. Action up to and including dismissal from the program may result due to dangerous behavior at the clinical site. Students have the right to appeal such decisions. This policy is effective September, 1989, and will be distributed to students, Registrar’s Office and Admissions Office.

CLINICAL POLICY FOR GRADUATION FROM THE PROGRAM

The Massasoit Community College Radiologic Technology Program is a competency based program as outlined by the JRCERT’S policy for radiography demonstration of outcomes. Students must demonstrate competency in the program’s required examinations, Clinical Objectives, General Care Competencies, and satisfactory performance evaluations for graduation, and Monthly Evaluation of Student Performance, Clinical Rotational Objectives and General Patient Care Objectives of the Student Handbook.

At the end of a student’s two years of study in the radiology program, the student must have completed and show proficiency in all required clinical competencies and objectives of the program and those required by the ARRT. Competency examinations must be completed for each semester clinical grade as outlined on the Competency Record form. Students are also required to demonstrate application of skills and knowledge in all working areas of the radiology department and to perform radiographic examinations utilizing techniques that result in the least amount of harm to the patient. A graduating student must be able to function in all entry-level aspects with indirect supervision.

**** A student will be immediately placed on clinical probation for the remainder of the program, and receive a 15 point decrease in overall clinical grade for the semester who:

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

A second incident involving (a) or (b) or (c) will result in clinical failure and academic withdrawal from the medical Radiologic Technology Program.
ALTERNATE SHIFT POLICY

Students may complete **up to 5 alternate shifts** in the last semester if they have completed most of their competency examinations and are proficient in performing other examinations as required by the program for graduation. To maximize the student’s exposure these shifts should be completed within a short time period of each other.

An alternate shift is defined as one that is not the usual 7.5 hour day shift. Example: It can be an evening shift from 2:00 – 10:00 p.m. or 3:00 – 11:00 p.m., or a night shift from 11:00 p.m. – 7:00 a.m., or 12:00 a.m.-8:00 a.m. It can be scheduled as an evening shift or week-end shift. If a week-end shift, it can be a day shift assignment as well as an evening or night shift. A student on an “Alternate Shift” will be excused from normal clinical attendance for equivalent time.

A student may not attend clinical in excess of 10 hours per day or clinical and academic classes at an excess of 10 hours per day or 40 hours of clinical and academic activities per week.

The alternate rotation must provide the student with educational opportunities and will be appropriate to the student’s level of education. The clinical instructor must notify the charge technologist of the student’s clinical rotation so that proper supervision will be insured. The clinical instructor must give the technologist the *Alternate Shift Rotation Objectives* paperwork to be completed and returned to the clinical instructors by the in charge technologist. Students can attempt competency examinations during these shifts if the staff person has been familiarized with the competency examination process.

ALTERNATE CLINICAL ROTATION

Students will be rotated through a second hospital radiology department at the end of Semester III summer session. This will provide an opportunity for the student to experience the atmosphere and procedures of a different institution and to broaden the scope of education. Students will be assigned to facilities which complement their clinical experience according to the needs of the individual students. This rotation will be disclosed after the July 4th holiday.

- **Second Rotation Preliminary Objectives and Competency Examinations** must be completed by the student within the first six weeks of Clinical III. The completion of these objectives and examinations insure that students have adapted and adjusted to their new clinical placement.

- The student’s rotation will be based on clinical objectives, therefore, clinical assignments will not be geographically appointed. **No changes will be made** for personal reasons (ex. babysitting and day care for children, personal work hours, distance to site, transportation problems or other related student problems).
CLINICAL SHIFT HOURS

Unless specified as an “alternate shift” assignment, all clinical experience is based on Monday through Friday shifts of 7.5 hours. Clinical Experience II – III are Monday through Friday shifts. Actual times of arrival and departure will vary from site to site and from rotation to rotation.

Each Clinical Instructor will inform students of shift times. NOT TO EXCEED 40 Hours per WEEK and only when the school is in session. Students must take a lunch break assigned by the clinical site!

CLINICAL VIOLATIONS

More than one (1) “Clinical Warning” of a violation of any clinical policy found within the student handbook will result in dismissal of the program. Clinical violations are located in the Radiologic Technology program student handbook.

Clinical violations include, but are not limited to, dress code, social media, clinical supervision, radiation safety, behavior and clinical competency policies. In the event a clinical education center dismisses a student due to unprofessionalism, objectional behavior or misconduct, it will result in dismissal from the program.

CLINICAL TRANSFER POLICIES

The following are the Radiologic Technology Program’s clinical transfer policies.

1. Request of Transfer of Student by Clinical Administration, Department Administrator, or Clinical Instructor:
   Students are guests of their clinical education center. If at any time a student does not follow the policies of their clinical education center, he or she can be asked to be removed by the clinical instructor, department administrator or the hospital’s administration (this is part of the contract agreement by the college and the clinical education center). Students may be dismissed from the program if the reason warrants such action.

2. Student’s Request for Transfer:
   Students may ask for a transfer from their clinical education center. The request will be reviewed by the Program Director only after the following protocol has been met:
   a. A written request of transfer to be given to the Program Director with stated reason(s) for request of transfer with documentation of reason(s) given.
   b. The student, Program Director and Clinical Coordinator meet to discuss the reason(s) for the request of transfer. The reasons for transfer shall not include:
      1. geographical location of clinical education center
      2. time conflict with assigned shift
   c. The clinical instructor is notified of the student’s request for transfer
   d. The Program Director, Clinical Coordinator, Clinical Instructor and student will meet to discuss the request.
   e. The Program Director’s decision is final.
Students will be reassigned a new clinical based on availability of space at existing clinical sites. Students **cannot** ask for a specific clinical education center.

3. **Program Director’s Transfer:**
   At any time the Program Director can remove student(s) from a clinical education center if she/he believes that the student’s education is being compromised. This action would take place only after the following process has been implemented:
   a. The Program Director meets with the clinical coordinator, clinical instructor and administrator at least one time to discuss her (his) concerns.
   b. The Program Director will meet with the clinical instructor and the department administrator as to the removal of students from the site with an appropriate timeframe as indicated by the affiliation agreement between the college and the clinical education site.

**USAGE OF SOCIAL MEDIA DEVICES**

The following are the policies for usage of social media devices for clinical experience and in the radiology classroom.

- **NO** student may post, release, or otherwise disclose photos, identifiable case descriptions, images or records related to the educational or clinical activities of school via social networking sites (eg. Facebook, Twitter, YouTube, Instagram, group texting, etc.), non-educational blogs, message boards, internet websites, personal emails, student group texting or any other than standard professional means of query and/or dissemination.
- **NO** student may post statements about Massasoit Community College faculty, staff or students that are defamatory, obscene, threatening or harassing.
- At **NO** time a student can record, conceal or post recorded lectures or meetings.
- Failure to comply with this policy may be a violation of legal, professional and ethical obligations. **Violations will result in dismissal from the program. Privacy does not exist in the world of social media.**

**Classroom:** Please put your cell phone on vibrate during scheduled class times. Infraction of the policy by a student may be cause for the instructor to ask the student leave the class. At no time should a student use a cell phone for texting messages during lecture or lab. All other social media devices are prohibited. Please see individual course syllabi for faculty policy on possession of social media devices during examination periods.

**Clinical Experience:** At no time should the student use cell phone devices for making calls, and the cell phone should not be on to accept incoming calls. Also, a student should not use their cell phone for text messaging or recording during clinical time. The student is responsible for giving his/her family members the number of the clinical site in case of an emergency situation. All other social media devices are prohibited.

Infractions of these policies and/or activities or any other policies and/or activities deemed unprofessional or non-conducive to proper patient care may result in disciplinary action, removal from the clinical site, and/or **dismissal** from the program.

**At no time is the usage of texting a means to communicate with your clinical instructor or program faculty member.**
CONFIDENTIAL INFORMATION

Under HIPAA, measures have been taken to protect the identity and confidentiality of individuals receiving health care. Not only are health care providers held more accountable for the storage and transmission of confidential information, but they also may face heavy penalties for failure to abide by specific ethical and legal standards. As a student radiographer, you must understand and abide by the standards set forth under HIPAA.

All medical records and Protected Health Information are to be treated as confidential so as to comply with local, state, and federal laws regarding confidentiality of such records including the Health Insurance Portability and Accountability Act (HIPAA). Violating confidentiality is cause for immediate dismissal from the program. Hospitals have Public Relation Departments to handle all matters of public information and media coverage.

DRESS CODE POLICY FOR CLINICAL EXPERIENCE

Personal appearance is a major factor in the projection of a professional image. Students represent not only Massasoit Community College, but the profession of Radiologic Technology as well. For this reason we have sought to develop a uniform dress code for clinical experience. Students shall wear the designated uniform to the clinical site on all occasions. Students failing to comply with the dress code may be released from clinical by the clinical instructor. This time is to be made up as scheduled by the clinical instructor.

- Dark Gray scrub uniform pants
- Dark Gray scrub shirt (female two pockets, male breast pocket top) with MCC patch on right cap sleeve (if a T-shirt is worn underneath, it must not show)
- Orthopedically sound shoes (heel no higher than one inch), plain white or black sneakers or “nurse” type shoes (no clogs or open-back shoes)
- Watch and technique book are mandatory
- White, medium or long length lab coat (your preference)

- Female students shall wear the program’s school uniform tops and pants. White stockings (support recommended) and plain all white or all black sneakers (or sturdy, leather shoes are recommended) are required. Shoes must be kept clean and polished. Sneakers are not to be worn unless they are all white or all black with no colored writing or logos. Uniforms must be neat, clean, and in good repair.

- Male students shall wear the program’s school uniform men’s top, pants, with black or white shoes. Uniforms must be neat, clean and in good repair. Shoes must be kept clean and polished. Sneakers are not to be worn unless they are all white or all black with no colored writing or logos.

- All students shall wear a personalized Massasoit Community College identification pin and the Massasoit Community College patch and their radiation monitor dosimeter.
- Hair should be neat, clean and conservative in style and color. For example, blue, green or bright shades of purple etc. are not acceptable. Visible tattoos must be covered while the student is at his/her clinical site.
• Fingernails should be kept short and clean. Polish should be a neutral shade. No artificial nails are allowed.
• Make-up should be minimal and tastefully applied.
• No jewelry except one pair of small studs may be worn in ears only. A plain wedding band is acceptable.
• Most clinical sites are “fragrance free” so no scented products (perfume, aftershave, hairspray etc.) should be used or smoke odors detected on student.

Note: During O.R. rotation, scrubs are obtained at the hospital. Students may arrive in their street clothes and then change back into them before leaving the hospital. Hospital scrubs are not to be removed from hospital property. Hospital scrubs are not to be worn outside the OR.

REPEAT RADIOGRAPH POLICY

Unsatisfactory radiographs shall be repeated only in the presence of qualified radiographers, regardless of the student’s level of competency.

The procedure if a problem arises regarding appropriate supervision, the student should:

a. Refuse to perform the examination and explain to the technologist that the reason is “he/she” will be violating the program’s and the JRCERT’s repeat policy.
b. Notify the instructor immediately.
c. If the instructor is not immediately available, notify the floor supervisor and/or department manager.
d. If this is of no avail, call the program director or clinical coordinator at the college. The program official will then contact the department’s supervisor.

CONSEQUENCES IF THE CLINICAL SUPERVISION POLICIES ARE VIOLATED

- A “Clinical Warning” form will be completed by the instructor on a student who fails to abide by the direct and indirect supervision policy and the repeat radiograph policy.

- A student who does not abide by the clinical supervision policies will be suspended from clinical for one day and must meet with the Program Director on the suspended clinical day and the student must make-up the clinical day. The student will write a 5 page paper on Radiation Protection on the day she/he meets with the Program Director.

- Subsequent infractions, after the first incident report will be cause for dismissal from the Program.

CLINICAL COMPETENCY POLICY

Radiologic Technology students must achieve the goal of becoming competent, meticulous, conscientious, confident and professional radiologic technologists.

The American Registry of Radiologic Technologists requires that each student demonstrate competency in radiographic procedures and general patient care activities. All program directors will sign documentation verifying that these requirements have been met before the student will be eligible to take the national certification examination.
According to the new eligibility ARRT requirements, students must demonstrate competency in all 37 mandatory radiological procedures. At least 23 of the 37 mandatory imaging procedures competencies must be demonstrated on patients (not phantoms or simulated). Students must demonstrate competency in at least 15 of the 34 elective imaging procedures. Electives may be demonstrated on patients, on phantoms, or as simulations. Of the electives one must be an imaging procedure from the head section and two elective procedures from the fluoroscopy studies section, one of which must be either and Upper GI or Barium Enema. In addition to the imaging procedure competencies, the six General Patient Care competencies are mandatory and may be simulated.

The core requirements mandated by the ARRT are the minimum clinical competencies necessary to establish eligibility for participation in the certification examination. The ARRT encourages education and experience beyond these requirements. The student’s Clinical Competency Record form when completed will be evidence of compliance to the ARRT requirements for competency in imaging procedures and required imaging procedures by the program.

EVALUATION OF CLINICAL PERFORMANCE

Clinical experience is an integral part of the Radiologic Technology Program at Massasoit Community College. Students are able to apply the didactic knowledge acquired in the classroom to an actual patient-care setting. The practical aspects of radiography education are achieved in the clinical affiliate hospitals under the supervision of the site’s clinical instructor and registered staff technologists. Radiologic Technology students must achieve the goal of becoming competent, meticulous, conscientious, confident and professional radiologic technologists.

The five components of the clinical education plan that contribute to the overall clinical grade for the appropriate clinical semester for passing (78 % or greater) are:

- Clinical Objectives (Levels I-V)
- General Patient Care Objectives
- * Clinical Competency Examinations
- Monthly Evaluation of Clinical Performance by Clinical Instructor
- * Retention Competency Examinations (2nd, 3rd and 4th semester)

* For clarification the following definitions define the terms below:

- Clinical Competency Examinations: Are examinations never previously and successfully attempted by a student for a passing grade.

- Retention Competency Examinations: Are clinical competencies that have been previously and successfully challenged and are now being performed to demonstrate the student’s retention of prior material.
CLINICAL EVALUATION PROCESS

The following is an explanation of the five areas of the student’s clinical evaluation as indicated above.

1. CLINICAL COMPETENCY EXAMINATIONS

Students must be able to demonstrate competency in a wide variety of radiographic examinations in order to meet the requirements for graduation and eligibility for examination by the American Registry of Radiologic Technologists. To this end, the Radiologic Technology program has a system of clinical competency evaluations which must be successfully completed by the student. Evaluations required each semester are published as part of the course syllabi for Clinical Experience I-V. Competency testing is scheduled when the student deems he/she is prepared to challenge the examination and if the clinical instructor/designee deems that an appropriate number of exams have been observed/assisted by the student. Clinical competency is awarded based upon the professional judgment of the evaluator. Students must achieve an overall clinical grade of 78% or better to pass clinical experience. Clinical competency and re-competency examinations are valued at 55% of the final clinical grade.

- THE PROCEDURE FOR CLINICAL EXAMINATION COMPETENCY EVALUATIONS IS AS FOLLOWS:
- The student:
  1. Is instructed in position/procedure during Radiographic Anatomy and Positioning Lecture at MCC.
  2. Is instructed by the lab instructor in Radiographic Anatomy & Positioning Laboratory at MCC.
  3. Is instructed by clinical instructor or designee at clinical site.
  4. Observes and assists in an appropriate number of the particular procedures at clinical site. (“Appropriate number” of examinations is defined according to the judgment of the clinical instructor or designee, and may vary with the skill level of the individual student and the availability of the exam).
  5. May perform patient examination with direct supervision by a registered technologist. Students must first “declare” a competency exam to the person performing such exam by making a verbal announcement of such.
  6. The clinical instructor or staff technologist must evaluate the patient’s condition prior to beginning the competency examination to ensure that the patient’s condition is appropriate to the level of the student’s education.
  7. Successfully challenges clinical competency test administered by clinical instructor or designee using the competency evaluation form.
  8. May perform patient examination with indirect supervision upon passing competency exam.
  9. Students failing a particular competency examination are remediated beginning at Step 3.
  10. Students who do not successfully pass a particular competency examination in 3 attempts may be subject to course failure and subsequent dismissal from the program. Failure of 3rd attempt on a mandatory competency examination is an automatic failure from the program.
  11. If the competency examination is not performed with the clinical instructor he/she, the clinical instructor, must review the images and has final decision as to the student passing the competency examination.
THE PROCESS FOR SUCCESSFULLY CHALLENGING A CLINICAL COMPETENCY EXAMINATION’S IS:

1. The student declares that he/she is prepared to challenge the competency examination to the clinical instructor or the technologist.
2. Automatic failure of a clinical competency examination will occur if any of the red, bolded areas of the competency evaluation form in TrajeSys receive a “no” response.
3. If a student has successfully challenged the examination in the red, bolded areas of the evaluation form they still need to meet the minimum standards for passing the competency. Students will be expected to successfully pass a competency examination with no more than three (3) negative responses on the evaluation form. Four (4) or more negative responses will constitute a competency examination failure.
4. Students are expected to critique their finished images. The guidelines for critiquing images will be those that are outlined in *Merrill’s Radiographic Positioning and Procedures* text.
5. Only successfully completed competency evaluations will be documented on a student’s competency sheet. The clinical instructor will notify the College failed competencies immediately.

2. PROFESSIONAL, BEHAVIORAL, AND PERFORMANCE ASSESSMENT

The professional, behavioral, and performance traits of a health care worker contribute to the projection of a professional and competent image. These affective qualities are as important to the performance of the radiographer as are the technical skills required, and as such must be evaluated as part of the curriculum. The *Monthly Evaluation of Student Performance* form, is completed each month during the following terms: semester I, semester II, semester III, semester IV and semester V, by the clinical instructor, reviewed with the student, and used as a guide to personal goal-setting by the student. A cumulative average of all monthly evaluations in a semester constitutes 45% of a student’s clinical grade in that semester.

3. RETENTION COMPETENCY EXAMINATIONS

The policy for retention competency evaluation is as follows:

- In Semesters II, III, and IV, a student must perform five (5) retention competency examinations from the previous semester’s required competency list as follows:
  - Semester II- 5 retention competency exams from Semester I
  - Semester III- 5 retention competency exams from Semester II
  - Semester IV - 5 retention competency exams from Semester III
- In semester V a student must perform eight (8) retention competency examinations from all previous semesters.
- The clinical instructor will choose the retention competency examinations for each student. The clinical instructor will choose competency examinations that were previously simulated for a grade when possible.
- The retention competency examinations can be administered, at any time, during the semester by the clinical instructor.
- The student will be required to perform the examination when requested by the clinical instructor.
- The competency form and evaluation system for retention competency examinations will be the same as those used for semester clinical competency testing.
4 & 5 CLINICAL AND GENERAL PATIENT CARE OBJECTIVES

The Clinical Objectives and General Patient Care objectives are designed as check-off sheets to document that a particular skill has been accomplished. These skills vary in difficulty levels according to clinical placement. Clinical objectives are written in four general areas, called rotations, in which the student may be expected to learn a variety of different skills.

Over the course of 21 months, the student will rotate through each of the four areas a number of times, each time acquiring skills of a greater degree of difficulty as well as achieving a greater degree of autonomy. These rotations are numbered to designate the degree of difficulty as well as the proper sequence of objectives.

In addition Freshmen students have pre-clinical objectives for Freshman (1st) Orientation. Sophomore students have additional objectives for specialty rotations. Clinical objectives are designed to test the entire range of tasks required to perform radiographic examinations from start to finish, including clerical, patient care, and housekeeping tasks as well as those directly related to the technical production of radiograph.

The General Patient Care Objectives are assigned to a specific semester based upon the students expected skill level. The objectives include:

<table>
<thead>
<tr>
<th>Freshman (1st year)</th>
<th>Sophomore (2nd year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Orientation</td>
<td>General Radiography IV &amp; V</td>
</tr>
<tr>
<td>➢ General Radiography I &amp; II, III</td>
<td>Fluoroscopy IV &amp; V</td>
</tr>
<tr>
<td>➢ Fluoroscopy I &amp; II, III</td>
<td>Mobile/OR IV &amp; V</td>
</tr>
<tr>
<td>➢ Mobile/OR I &amp; II, III</td>
<td>Special Rotation*</td>
</tr>
<tr>
<td>➢ CR/DR Radiography/PACS</td>
<td>Alternate Shift Rotation</td>
</tr>
<tr>
<td>➢ Transfer of Patients</td>
<td>Sterile and Aseptic Technique</td>
</tr>
<tr>
<td>➢ Vital Signs</td>
<td>Care of Patient’s Medical Equipment</td>
</tr>
<tr>
<td></td>
<td>Venipuncture (completed at the college)</td>
</tr>
</tbody>
</table>

*Special Rotations include such modalities as Nuclear Medicine, Ultrasound, Computerized Tomography, etc. Also required are “Alternate Shift” rotations scheduled either during an evening, night, or weekend shift with proper supervision.
CLINICAL GRADING PROCESS

The various areas of the student’s clinical experience evaluations are given a weighted value with all evaluations comprising the student’s final grade for clinical experience.

1. Competency Examinations, Retention Competency Examinations and Removal of Competency Examination: Fifty five percent of the student’s grade is based upon the average grade for assigned clinical competency examinations and retention competency examinations for that semester as well as a five point deduction from the final competency grade for each competency examination that may have been removed during the semester. Each semester a student must complete a specific amount of assigned clinical competency examinations and re-competency examinations.

Example: In Clinical Experience I, you must complete at least 6 competencies (there are no re-competency examinations). If the average grade for the student’s six competencies is 85 points and then multiplied by 55%, the student would receive 46.75 points for the clinical competency examination portion of their final clinical grade.

- Grading scale for competency examinations. Over all passing grade is 80%

  - Passing First Attempt = 100 points minus deductions
  - Passing Second Attempt = 85 points minus deductions
  - Passing Third Attempt = 70 points minus deductions
  - Failing Third Attempt= 0 points

Competency examinations are a required mandatory competency by the ARRT. Any 3rd failed mandatory competency on a specific exam, the student will be subject to course failure and subsequent dismissal from the program. If a student doesn’t complete the number of required clinical competencies for the semester he/she will receive a grade of zero for the exam(s). A student still must demonstrate proficiency for all required, mandatory and elective exams during their clinical education.

- Grading scale for re-competency examinations: Because a student must maintain a level of competency when performing radiographic examinations the grading system for retention competency examinations is as follows: When possible it is encouraged that re-competency examinations be performed on examinations that were previously challenged as “simulations.”

  - First attempt = 100 points minus deductions
  - Second attempt = 70 points minus deductions
  - Third attempt = 60 points minus deductions
  - Failed third attempt= 0 points

Competency examinations are a required mandatory competency by the ARRT. Any 3rd failed mandatory competency on a specific exam, the student will be subject to course failure and subsequent dismissal from the program. If a student doesn’t complete the number of required clinical competencies for the semester he/she will receive a grade of zero for the exam(s). A student still must demonstrate proficiency for all required, mandatory and elective exams during their clinical education.
• A failure of a retention competency examination **during any attempt** will result in the **forfeit** of the original clinical competency examination until **successful re-testing** of the radiographic examination is completed. The re-competency grade for this exam will not be recorded.

• The student will be remediated by the clinical instructor in the positioning of the radiographic examination. Remediation will include:
  a. Review of material by the student
  b. The clinical instructor will give the student a class in positioning of that radiographic examination.
  c. The student observes and assists in an appropriate number of examinations.
  d. The student may perform the examination under **direct supervision** by a registered technologist.
  e. The student successfully challenges the clinical competency test administered by the clinical instructor **only. No official grade will be recorded for this re-testing.**
  f. The student can now perform the exam with indirect supervision.
  g. The student will be given a grade for the re-competency examination according to the attempt number minus any deductions.

• If a student performs an initial simulated evaluation for a mandatory competency he/she must be re-evaluated for that simulated competency on an actual patient if possible. This can be done in the current semester or as a re-competency examination grade in any following semester.

• Simulations for competency examinations may be done in the radiology lab and the grade will be recorded by the faculty evaluating the student. The simulation must be booked with the lab instructor prior to end of the semester.

• **Removal of a Clinical Competency Examination:**

A student may have a competency that has been successfully challenged removed at any time that the instructor or a technologist deems the student is no longer competent to do that examination. The student will **forfeit** the original clinical competency examination until successful re-testing of the radiographic examination is completed. **No official grade will be recorded for this re-testing.** The student will be remediated by the clinical instructor in the positioning of the radiographic examination. There will be a 5 **point** deduction from the student’s **overall clinical competency grade point average** for the semester for **each** competency that has been removed.

2. **Monthly Evaluation of Student Performance:** **Forty-five percent** of the average scores from all of the student’s monthly evaluations by the clinical instructor. The grading for the **Monthly Evaluation of Student Performance** is as follows:

  • Each month the evaluation is completed and grading is scored with points earned.
CANCELLATION/DELAY OF CLINICAL AND ACADEMIC CLASSES

In the case of cancellations or delay of academic or clinical classes due to snow or hazardous conditions, the following policies apply:

1. Cancellation or delay of MCC classes serves as cancellation of clinical attendance as well as academic classes. Students can learn of cancellations due to snow or hazardous conditions through the following media which are reputable sources of information; local radio stations, TV announcements, by checking the MCC webpage, or sign up for cancellations of MCC classes via e-mail or text message to cell phones through the college’s student “Portal System.” A student should not rely upon a fellow student for this information. For more information on cancellation of classes, please see the college student handbook. [http://www.massasoit.edu/Assets/documents/student-handbook/student-handbook.pdf](http://www.massasoit.edu/Assets/documents/student-handbook/student-handbook.pdf)

2. A time delay in classes would be reflected by the following scenario: A two hour time delay for clinical means classes would begin two hours later than the scheduled class time. Two hour delay of academic classes would mean that the 10:00 class would be the first class of the day. Classes prior to 10:00 would be cancelled. This would also mean a two hour delay if a student is working an alternate shift.

3. If the college is not closed and inclement weather is occurring in the area of the student’s clinical center, the decision to attend clinical will be at the discretion of the student. Local school cancellations, is not a criteria for cancellation of MCC classes. The day will be counted as an absence.

4. Students must call their clinical instructor to notify them of the cancellation of clinical class and if they decide not to attend clinical due to hazardous weather conditions.

CLINICAL ATTENDANCE POLICY

Clinical experience is an integral part of Radiologic Technology Program at Massasoit Community College. Students are able to apply the didactic knowledge acquired in the classroom to an actual patient-care setting.

The clinical attendance policy for the Radiology Technology Program is as follows:

- Students are responsible to attend all clinical experience sessions. When attendance is not possible because of serious illness or emergency, the student must notify the clinical instructor or floor supervisor prior to starting time for clinical.
- More than two (2) absences per semester will be reviewed by the Program Director and/or Clinical Coordinator, and Instructor for necessary action. Absences may cause a failing grade and necessitate program dismissal.
- Outside appointments should never be scheduled during clinical time.
- One (1) absence per semester will be permitted with no make-up time required.
- Additional absences of clinical time must be made up.
- Make-up time will be scheduled as follows:
  - On Fridays during the first, second, summer, third and fourth semesters.
  - You must take a meal break.
- All make-up time must be arranged and approved by the clinical instructors.
- Make-up times will be in increments of 7.5 hours.
- No make-up time may be scheduled during holidays or school breaks.
• If it is determined by the appropriate faculty that a student is unable to meet the course objectives due to excessive absences, or tardiness, he/she will be counseled to withdraw from the program. The student must notify the clinical instructor or designee of absence or lateness prior to the beginning of the shift.

• A student who is more than 7 minutes late, more than two times in a semester must make up one full day of clinical. A clinical warning will be given for each additional tardiness after two times, and a student will again make up one full day of clinical. Usage of the unexcused absence is prohibited for this situation. More than two (2) clinical warnings may results in dismissal from the program.

❖ Absence Due to Religious Beliefs
In accordance with Chapter 151C of the Massachusetts General Laws, any student in an educational or vocational training institution, other than a religious or denominational educational or vocational training institution, who is unable, because of his/her religious beliefs, to attend classes or to participate in any examination, study or work requirement, on a particular day shall be excused from any such examination or study or work requirement, and shall be provided with an opportunity to make up such examination, study, or work requirement which he/she may have missed because of such absence on any particular day; provided, however, that such makeup examination or work shall not create an unreasonable burden upon such school.

No fees of any kind shall be charged by the institution for making available to the said student such opportunity. No adverse or prejudicial effects shall result to any student because of his availing himself of the provisions of this section.

TRANSPORTATION
Students are responsible for providing their own transportation. Parking is available at each clinical education center. Specific parking regulations do, however vary and will be explained by the clinical instructor. Travel time is allowed between centers and campus to attend class.

PARKING POLICY
Clinical education centers provide students with parking facilities designated for students and employees. Lots located close to the hospitals are designated for patients and visitor use only. Students should not park in these areas or on the public streets and alleys adjacent to hospital property. Specific rules and regulations will be discussed with the students during orientation. Any fees related to parking are the responsibility of the student.

HOSPITAL VISITING
When visiting patients in the hospital, students must do so on "their own time" (i.e. lunch or prior to or after clinical education hours). Students must comply with hospital policy regarding visiting hours.

HOSPITAL PROPERTY
Equipment and supplies needed in a hospital are expensive and often of limited quantity. They are provided for the care of patients and must not be abused, wasted or taken from the hospital center. Removal of hospital property is immediate cause for dismissal.
OSHA FIRE AND DISASTER PROCEDURES

Each clinical education center has a fire and disaster procedures plan. During orientation each clinical education center will provide the student with pertinent information and responsibilities.

STUDENT CLINICAL RECORDS / RAD BADGES AT THE ASSIGNED CLINICAL SITE

Under no circumstances a student can obtain their clinical record from the clinical instructors office unless the clinical instructor is present. Clinical records held by clinical instructors may be viewed at a mutually agreed on time.

All Radiation badges must be left at a designated place when they leave their clinical site. Students cannot take the badges home.

It is your responsibility to make sure your Radiation badge has been changed on time and worn appropriately.
1. Introduction
Candidates for certification and registration are required to meet the Professional Education Requirements specified in the ARRT Rules and Regulations. ARRT’s Radiography Didactic and Clinical Competency Requirements are one component of the Professional Education Requirements.

2. Documentation of Compliance
To document that the Didactic and Clinical Competency Requirements have been satisfied by a candidate, the program director (and authorized faculty member if required) must sign the ENDORSEMENT SECTION of the Application for Certification and Registration included in the Certification and Registration Handbook.

3. Didactic Competency Requirements
The purpose of the didactic competency requirements is to verify that individuals had the opportunity to develop fundamental knowledge, integrate theory into practice, and hone affective and critical thinking skills required to demonstrate professional competency. Candidates must successfully complete coursework addressing the topics listed in the ARRT Content Specifications for the Radiography Examination. These topics would typically be covered in a nationally-recognized curriculum such as the ASRT Radiography Curriculum. Educational programs accredited by a mechanism acceptable to ARRT generally offer education and experience beyond the minimum requirements specified here.

4. Clinical Competency Requirements
The purpose of the clinical competency requirements is to verify that individuals certified and registered by the ARRT have demonstrated competency performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the radiography examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements.

- General Performance Considerations
- Patient Diversity
  Demonstration of competence should include variations in patient characteristics such as age, gender, and medical condition.
- Simulated Performance

The ARRT requirements specify that certain clinical procedures may be simulated as designated in the specific requirements below. Simulations must meet the following criteria:
- The candidate must simulate the procedure on another person with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. Examples of acceptable simulation include positioning another person for a projection without actually activating the x-ray beam and performing venipuncture by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device;
• The program director must be confident that the skills required to competently perform the simulated procedure will transfer to the clinical setting, and, if applicable, the candidate must evaluate related images.

Elements of Competence

Demonstration of clinical competence requires that the program director or the program director's designee has observed the candidate performing the procedure independently, consistently and effectively during the course of the candidate's formal educational program.

Radiography-Specific Requirements

As part of the educational program, candidates must demonstrate competence in the clinical activities identified below:

• Ten mandatory general patient care activities
• 37 mandatory imaging procedures;
• 15 elective imaging procedures selected from a list of 34 procedures;
• One of the 15 elective imaging procedures must be selected from the head section; and Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section one of which must be either upper GI or contrast enema.

5. Candidates must be CPR certified and demonstrate competence in the remaining nine patient care activities listed below. The activities should be performed on patients whenever possible but simulation is acceptable.

<table>
<thead>
<tr>
<th>General Patient Care Procedures</th>
<th>Date Completed</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR Certified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs — Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs — Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs — Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs — Respiration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs — Pulse Oximetry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile and Medical Aseptic Technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venipuncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer of Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Imaging Procedures

Candidates must demonstrate competence in all 37 procedures identified as mandatory. Procedures should be performed on patients whenever possible. A maximum of eight mandatory procedures may be simulated if demonstration on patients is not feasible.

Candidates must demonstrate competence in 15 of the 34 elective procedures. Candidates must select at least one of the 15 elective procedures from the head section. Candidates must select either upper GI or contrast enema plus one other elective from the fluoroscopy section as part of the 15 electives. Elective procedures should be performed on patients whenever possible. If demonstration on patients is not feasible, electives may be simulated. Institutional protocol will determine the positions and projections used for each procedure.

Demonstration of competence must include: • patient identity verification • examination order verification; • patient assessment; • room preparation; • patient management • equipment operation; • technique selection; • patient positioning; • radiation safety; • imaging processing; and • image evaluation.

<table>
<thead>
<tr>
<th>Imaging Procedures</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Date Completed</th>
<th>Patient or Simulated</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chest and Thorax</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Routine *</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest AP (Wheelchair or Stretcher)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ribs</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Lateral Decubitus</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternum</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Airway (Soft-Tissue Neck)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Upper Extremity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thumb or Finger</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand *</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist *</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forearm</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humerus</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma: Shoulder (Scapular Y, Transthoracic or Axillary)*</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clavicle</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scapula</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AC Joints</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma: Upper Extremity (Non Shoulder) *</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lower Extremity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot *</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ankle *</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tibia-Fibula</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Femur</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma: Lower Extremity*</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patella</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcaneus (Os Calcis)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Head</strong> – Candidates must select at least one elective procedure from this section.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skull</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paranasal Sinuses</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Items</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Facial Bones</strong></td>
<td>Orbits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zygomatic Arches</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nasal Bones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mandible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spine and Pelvis</strong></td>
<td>Cervical Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thoracic Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lumbar Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cross-Table Horizontal Beam Lateral Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pelvis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hip</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cross-Table Horizontal Beam Lateral Hip</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sacrum and/or Coccyx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scoliosis Series</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sacroiliac Joints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Abdomen</strong></td>
<td>Abdomen Supine (KUB) *</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen Upright</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen Decubitus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intravenous Urography</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fluoroscopy Studies</strong></td>
<td>Upper GI Series (Single or Double Contrast)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Barium Enema (Single or Double Contrast)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Small Bowel Series</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Esophagus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cystography/Cystourethrography</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ERCP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Myelography</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arthrography</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surgical Studies</strong></td>
<td>C-ARM Procedure (Requiring Manipulation to Obtain More Than One Projection)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgical C-ARM Procedure (Requiring Manipulation Around a Sterile Field)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mobile Studies</strong></td>
<td>Chest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Orthopedic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pediatrics (Age 6 or Younger)</strong></td>
<td>Chest Routine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upper Extremity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower Extremity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mobile Study</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Geriatric Patient</strong></td>
<td>Chest Routine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upper Extremity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower Extremity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Candidates must select either upper GI or barium enema plus one other elective procedure from this section.*
* **Blue Asterick** Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patient’s condition.

* **Red Asterick** items are due by the end of the first semester.

Required recompetencies per semester

<table>
<thead>
<tr>
<th>Semester</th>
<th>Recompetencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester I</td>
<td>No recomps</td>
</tr>
<tr>
<td>Semester II</td>
<td>5 recomps from semester I</td>
</tr>
<tr>
<td>Semester III</td>
<td>5 recomps from semester II</td>
</tr>
<tr>
<td>Semester IV</td>
<td>5 recomps from semester III</td>
</tr>
<tr>
<td>Semester V</td>
<td>8 recomps from any semester on challenging exams</td>
</tr>
</tbody>
</table>

Recompetencies need only be done on exams not already comped.

**Required Competencies per semester**

Clinical Experience 1 = 6 Clinical competencies required (6 mandatory exams)
Clinical Experience 2 = 12 Clinical Competencies required (9 mandatory exams) 3 electives
Clinical Experience 3 Summer = 12 Competencies required (minimum of 9 mandatory exams) 3 electives
Clinical experience 4 = 10 Clinical Competencies required (minimum of 6 mandatory exams) 4 electives
Clinical Experience 5 = 12 Clinical Competencies required (minimum 7 mandatory exams) 5 electives

* **Blue Asterick** Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patient’s condition.

* **Red Asterick** items are due by the end of the first semester.

A grade will be calculated for any given semester from the first required competencies completed. Any failed competency with in a semester will be calculated as a 0 if the exam has not been successfully challenged within that semester. Any competency acquired beyond the required amount within a given semester, that grade will be used for the subsequent semester. Grades for clinical experience will be calculated from:

55% clinical component
45% monthly evaluation

No maximum amount of competencies are set per semester.
# CLINICAL INSTRUCTOR IMAGING PROCEDURE RECORD

**STUDENT NAME:**

<table>
<thead>
<tr>
<th>SEMESTER 1</th>
<th>Radiologic Procedure</th>
<th>Mandatory or Elective</th>
<th>Date Completed</th>
<th>Attempt</th>
<th>Grade</th>
<th>Patient or Simulated</th>
<th>Recomp Date</th>
<th>Recomp Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Routine Chest</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KUB/Abdomen</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hand</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ankle</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wrist</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foot</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEMESTER 2A</th>
<th>Radiologic Procedure</th>
<th>Mandatory or Elective</th>
<th>Date Completed</th>
<th>Attempt</th>
<th>Grade</th>
<th>Patient or Simulated</th>
<th>Recomp Date</th>
<th>Recomp Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tib/Fib</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Forearm</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elbow</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knee</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shoulder</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wheelchair chest or stretcher chest</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen Series</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finger or Thumb</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>UGI (double contrast or single)</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Esophagus</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decubitus Abdomen</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEMESTER 2B</th>
<th>Radiologic Procedure</th>
<th>Mandatory or Elective</th>
<th>Date Completed</th>
<th>Attempt</th>
<th>Grade</th>
<th>Patient or Simulated</th>
<th>Recomp Date</th>
<th>Recomp Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hip</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pelvis</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lumbar Spine</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cervical Spine</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thoracic Spine</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ribs</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Portable Chest</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Humerus</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Femur</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transthoracic Shoulder or Y Method</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sacrum and/or coccyx</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clavicle</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SEMESTER 3

<table>
<thead>
<tr>
<th>Radiologic Procedure</th>
<th>Mandatory or Elective</th>
<th>Date Completed</th>
<th>Attempt</th>
<th>Grade</th>
<th>Patient or Simulated</th>
<th>Recomp Date</th>
<th>Recomp Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Upper Extremity/ Non-Shoulder</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Lower Extremity</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpal Navicular</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Os Calcis</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercondylloid Fossa</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patella</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skull</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sinuses</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal Bones</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable Orthopedic</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pedi Chest, 6 yr. or under</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pedi upper or lower ext. 6 yr. or under</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SEMESTER 4

<table>
<thead>
<tr>
<th>Radiologic Procedure</th>
<th>Mandatory or Elective</th>
<th>Date Completed</th>
<th>Attempt</th>
<th>Grade</th>
<th>Patient or Simulated</th>
<th>Recomp Date</th>
<th>Recomp Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross Table Lateral Hip</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma: Cervical Spine (cross table lateral only)</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BE(single or double contrast)</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scapula</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternum</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacroiliac Joints</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandible</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Arm Procedure (Orthopedic)</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable Abdomen</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Arm Procedure (non-orthopedic)</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete 2 Minor Special Procedures: Myelogram, ERCP, Arthrogram, Cystourethrogram, Cystogram</td>
<td>1.E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised July 2017
PURPOSE: Allow students to begin the practical application of the information delivered in the Anatomy & Positioning Lecture classes (RADT-133, RADT-134, RADT-137). Provide students the opportunity, through repetition and evaluation, to develop mastery of fundamental skills needed to perform. Enable students to apply acquired skills in a clinical setting.

PROCEDURE: Each laboratory course will cover a series of radiographic studies in a systematic manner. The instructor will begin by delivering a brief lecture on how to perform the study. The lectures will be augmented by printed materials and workbook assignments. Following lecture, the students will demonstrate their retention of the material by performing the radiographic studies. Students will either simulate the study on a fellow classmate or obtain a radiograph by utilizing available x-ray phantoms. Student performance will be observed by the instructor, who will give corrections as needed. Repetition will be emphasized as a key to success. Open forum discussions will be held during laboratory classes regarding the application of learned skills in a clinical setting.

OBJECTIVES
Students will:
1. display a functional knowledge of human anatomy
2. utilize anatomical knowledge to localize and position areas of interest for examinations
3. display a functional knowledge of x-ray equipment
4. utilize knowledge of x-ray equipment to properly perform radiographic studies
5. evaluate radiographs using established criteria
6. recognize errors on radiographs and be able to correct them
7. adapt to atypical situations in order to successfully complete exams
8. apply radiation safety practices during examinations
9. incorporate general patient care and clinical practices during examinations

AREAS OF INSTRUCTION BY CLASS:
RADT133: Chest, Abdomen, Fingers, Hand, Wrist, Forearm, Elbow, Humerus, Shoulder, Toes, Foot, Ankle, Lower Leg, Knee, Femur, Hip, Pelvis

RADT134: Cervical, Thoracic & Lumbar Spine; Sacrum, Coccyx, Sacroiliac Joints, Scapula, Sternum, Acromioclavicular Joints, Clavicle, Ribs, Skull, Facial Bones, Sinuses

RADT137: Special Views of the Upper Extremity; Special Views of the Lower Extremity; Special Views of the Spine; Special Views of the Skull

METHOD OF EVALUATION: Students will have their workbooks reviewed upon completion of individual assignments. Lab practical exams will be administered to evaluate the student's ability to perform radiographic examinations. A cumulative final exam will be given at the end of the semester which will follow the format of the previous lab practical exams. The form used in administering the lab practical exams follows, and contains a description of the grading process.
ACADEMIC WARNING

Student’s Name: ____________________________________________

Course Name: ____________________ Date: ____________________

Instructor: ________________________

In keeping with the published standards regarding minimum grade requirements in the Radiologic Technology Program curriculum, please be advised that you are academically at risk with the grade average of ____________.

In accordance with program policy you must maintain a 78% average in all radiography courses. Please make an appointment with me to discuss ways in which you can get help to improve your course average in order that you may be successful in this course and in the program. My office hours are posted on the course syllabus.

Please make an appointment with your instructor as soon as possible.

Student Signature: ____________________________

Instructor Signature: ____________________________

Program Director Signature: ______________________

STUDENT/FACULTY COMMENTS:
CLINICAL WARNING

Student’s Name:______________________________

Clinical Affiliation:_________________________

Date:______________________________________

Clinical Instructor:__________________________

In keeping with the published standards regarding minimum grade requirements in the Radiologic Technology Program curriculum, please be advised that you are below acceptable limits in Clinical Experience (I;II;III;IV)_____.

In accordance with program policy you must maintain a 78% average in all radiography courses. Please make an appointment with me as soon as possible to discuss goals and objectives with you to improve deficiencies in your clinical education in order that you may be successful.

Please make an appointment with your clinical instructor as soon as possible.

Student Signature:_____________________________________

Clinical Instructor Signature:___________________________

Program Director Signature:___________________________

STUDENT/FACULTY COMMENTS:
RADIOLOGIC TECHNOLOGY PROGRAM

SIGNIFICANT INCIDENT REPORT

STUDENT’S NAME________________________________DATE OF INCIDENT__________________

CLINICAL INSTRUCTOR________________________SITE________________________________________

Please use this form to document any significant incident occurring in the Student’s Clinical Experience. Incidents may be positive or negative. These reports will be kept confidential as part of the student’s file.

____________________________________________________________________________________

Written Description of Incident:

____________________________________________________________________________________

I have had the opportunity to read and discuss this report.

____________________________________________________________________________________

Student’s Signature ___________________________ Date ___________________________

COMMENTS:
WAIVER FOR RADIOLOGY AIDE EMPLOYMENT

I am fully aware of the Massasoit Community College Radiology Technology Program’s policy (adopted November 21, 1996) on students working outside the scope of student status. Massasoit Community College is not responsible for the student’s actions while employed as a tech aide.

I agree to the policy as written.

____________________________________________
Student’s Name (please print)

____________________________________________
Place of Employment

____________________________________________
Student’s Signature Date

____________________________________________
Program Director’s Signature Date

A copy of this form will be sent to the medical facility where you are employed.

Reviewed July 2019
CLINICAL WAIVER FORM

I, _______________________________ (student name), a student at Massasoit Community College enrolled in the Radiography Program, understand and agree that I am fully responsible for the cost of any physical, emotional or property injury resulting from my transportation, safe conduct, to and from the clinical agency for/or my participation in clinical activities and thus, will no way hold the college or faculty/staff members responsible for any injuries and/or losses incurred during transit, or while participating in any clinical activities including, but not limited to medical and dental expenses incurred as a result of my participation in this program.

Signature _______________________________ Date __________________
Acknowledgment of Radiation Risk during Pregnancy

In accordance with the NRC’s regulations of 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).

________________________________________________________________________________________

STUDENT NAME ID#

DATE OF VOLUNTARY DECLARATION: ____________________________

STAGE OF GESTATION: _______________________________________

REVIEW OF STUDENT PREGNANCY POLICY: _____YES _____NO

IF YES, DATE: _______________________

CONFERENCE WITH CLINICAL COORDINATOR TO DISCUSS OPTIONS: _______________________

COMPLETE COUNSELING SESSION TO REVIEW RADIATION PROTECTION MEASURES:

________________________________________________________________________________________

SENT REQUEST FOR FETAL BADGE: ________________________________

STATUS IN PROGRAM: __________________________________________

I, __________________________________________________________, do acknowledge that I have received counseling from regarding my responsibilities during my pregnancy to protect my unborn fetus from unnecessary exposure to radiation.

______________________________________________________________________________________

STUDENT’S SIGNATURE DATE

______________________________________________________________________________________

FACULTY MEMBER’S SIGNATURE DATE

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter).

Please review the complete Pregnancy policy in the Radiologic Technology Handbook.
MCC
RADIOLOGIC
TECHNOLOGY PROGRAM
Evolving and Transforming

RULES for Clinical Sites

WARNING: All policies will be rigidly enforced. Please read the following statement carefully, and be certain you understand all of its implications before you sign.

You must get along with and be able to work with doctors, hospital staff, patients, and fellow students in the clinical setting, class, and lab. You don't have to like them and they don't have to like you, but you must work with them as a professional. Doctors and hospital staff are not required to be "nice" to you! Don't expect them to be "nice" all the time; you will need to learn to cope with all personality types, patient as well as co-worker.

1. Make tuition payments on time and in the proper manner.
2. Dress professionally: be clean, neat, and fragrance free.
3. Be on time, be quiet, be courteous and be enthusiastic.
4. Do not park in visitor parking areas.
5. Do not eat, drink, or chew gum in front of patients.
6. Study, study, study!! Avoid distractions, and don't fall behind.
7. Review, Review, Review!!
8. Do not have illegal drugs, alcohol, or weapons in school or on clinical grounds.
9. Use film markers on every image.
10. It is your responsibility to be present for all procedures in your assigned area.
11. Never say "I'm checked off, I don't need that procedure." You need to perform every procedure you have the opportunity to carry out before you graduate. Once you've proven competency, performing procedures with indirect supervision builds confidence.

Please don't feel you are "bothering" us with "little" problems. Little problems often become major problems if they are not dealt with in a timely manner.

Please don't assume that we can see the problem! Come and talk to us when you need help or want advice. This is your program, and we are here to help you accomplish your goals.

Student Agreement: In accordance with the policies of the Massasoit Community College School of Radiography, I agree to abide by all the rules and regulations of the institution. I have received a current copy of the school handbook and student policies and will read and abide by the same.

Signature ___________________________________________ Date ____________________

It is agreed and understood that a student may be dismissed at any time for any of the following:
- A failing course grade in any course.
- Unsatisfactory performance in clinical assignments as determined in written evaluations by clinical supervisors and instructors.
- Undesirable conduct, including insubordination, dishonesty, intoxication, or excessive absences for any reason.
- Failure to attend two-thirds (2/3) of classroom hours in any course.

I fully understand the above and will endeavor to become a competent, responsible student Radiologic Technologist.

Signature ___________________________________________ Date ____________________
PRIOR TO PERFORMING THE X-RAY EXAM
ALWAYS CHECK AND DOUBLE CHECK

YOU ARE RESPONSIBLE FOR THE PATIENT CARE.
IF YOU DO NOT FOLLOW THE RULES AND AN INCIDENT OCCURS WITH YOUR PATIENT SUCH AS: PERFORMING THE WRONG EXAM, DOING THE WRONG PERSON YOU WILL BE DISMISSED FROM THE PROGRAM.

PATIENTS NAME
PATIENTS ID NUMBER
EXAM TO BE PERFORMED ‘THE CORRECT BODY PART’
USE THE ‘R’ AND ‘L’ MARKERS
CHOSE THE RIGHT PATIENT ON THE COMPUTER
ASK IF THEY ARE PREGNANT
ALWAYS SHIELD THE PATIENT
ALWAYS USE ‘ALARA’
ADHERE TO HIPAA RULES

- IF YOU PERFORM MULTIPLE TIMES (3) AN EXAM (THE SAME EXAM) AND YOU ARE UNABLE TO COMP. - YOU WILL BE DISMISSED FROM THE PROGRAM.
- LEAVING THE CLINICAL SITE WITHOUT PERMISSION, YOU WILL BE WRITTEN UP- WILL AFFECT YOUR FINAL GRADE AND MAY LEAD TO DISMISSAL FROM THE PROGRAM.
- EXCESSIVE TARDINESS AND ABSENTEEISM WILL AFFECT YOUR FINAL GRADE AND MAY LEAD TO DISMISSAL FROM THE PROGRAM.
- IF YOU DO NOT FOLLOW THE DRESS CODE YOU WILL BE SEND HOME AND IT WILL BE COUNTED AS ABSENTEEISM.
- ALWAYS CALL OR E-MAIL IF YOU ARE GOING TO BE OUT OR LATE- OTHERWISE IT WILL BE COUNTED AS AN INEXCUSABLE ABSENT WITH WILL EFFECT YOUR FINAL GRADE.
- IF YOU HAVE ANY COMPLAINTS- FOLLOW THE GRIEVANCE PROCEDURE IN THE HANDBOOK.
- IF YOU ARE PREGNANT- FOLLOW THE PREGNANCY PROCEDURES IN THE HANDBOOK.
- IF YOU ARE DISMISSED FROM THE PROGRAM YOU MAY PETITION FOR RE- ADMISSION.

I AGREE AND UNDERSTAND TO THE CONSEQUENCES THAT MAY OCCUR.

Signature __________________________________________ Date _____________________
CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement governs the undersigned student access to and use of confidential information including all hardware, software, data and patient information accessed by students during their clinical education.

Student access to confidential information is contingent upon continuous observance of the confidentiality obligations described below:

1. For purpose of this Agreement, “Confidential Information” means any and all information, knowledge or data relating to the clinical education center, its business operations, computing facilities including hardware and software either licensed or developed by the facility, patient care activities including all parts of the patient’s medical record, finances including pricing schedules and patient accounts, and other activities as may be determined for “Official Use Only”, which the student may acquire or obtain by virtue of work performed at the clinical education center.

2. Student agrees not to use the Confidential Information for or divulge Confidential Information to himself/herself or others, or to the detriment of the clinical education center, its patients, employees or agents, as required under the following policies or any other applicable policy of the clinical education center unless disclosure or use it authorized the Administration of the facility.

3. Students shall at all times observe the requirements of the clinical education centers’ policy regarding “Confidentiality of Information”, keeping all Confidential Information concerning the business and patient care activities of the facility strictly confidential as outlined in the policy.

4. Students shall at all times observe the requirements of the clinical education centers’ policy regarding “Release of Information from the Patient’s Medical Record”, respecting all patients’ rights to privacy by keeping all Confidential Information pertaining to patients strictly confidential and referring all requests for disclosure of Confidential Information to the Medical Records Department.

5. Students shall at all times observe the requirements of the clinical education centers’ policy regarding “Computer Security and Data Access”, protecting the corporate data and equipment on which Confidential Information is processed.

6. Student understands and agrees that any actual or threatened unauthorized use or disclosure of Confidential Information will result in the immediate revocation of the students’ access to information as described in this agreement. Additionally, the student may be subjected to legal action and the costs of any such action, including attorney fees, barring the student from the actual and continued use of disclosure of Confidential Information, and/or seeking monetary damages against student for the breach or anticipated breach of this Confidential Agreement.

7. Student understands the HIPAA standards and agrees to abide by them pertaining to any information or situation while engaged in any activity during his/her clinical education.

______________________________________________________
STUDENT’S SIGNATURE

______________________________________________________
PRINT NAME

______________________________________________________
DATE:
RADIOLOGIC TECHNOLOGY STUDENT HANDBOOK ACKNOWLEDGMENT & POLICY AGREEMENT

Massasoit Community College—Department of Radiologic Technology
My signature below indicates that:

• I have been notified of the location, read, and understand the Student Handbook for the Radiologic Technology Program at the Massasoit Community College.

• I have listened to the presentation and explanation of policies and procedures given by the MCC Radiologic Technology Program Faculty.

• I agree to review and abide by the policies and procedures outlined in the handbook.

• I understand I am responsible for reviewing and adhering to the policies and procedures outlined in the handbook as it is updated throughout sequence of the professional program.

I understand that some policies, such as, but not limited to, the Repeat Radiograph Policy, Shielding Policy, Pregnancy Statement Policy (applicable to patients), Pregnancy Policy (applicable to students), and violations of the MCC Student Code of Conduct may result in actions or consequences other than routine deduction of clinical points, including dismissal from the professional program and/or College.

By signing below, I agree to follow all policies of the College, Program, and the Clinical Education Centers.
I understand its content and agree to abide by the policies and procedures set forth during my two-year period.
The program reserves the right to alter policies, procedures, and content.
Updates will be posted on Rad Website, TrajeSys
I also understand that additional information or changes can be found at the:
MCC website: http://www.massasoit.mass.edu/stu_handbook/index.cfm
Program website: http://www.massasoit.mass.edu/acad_depts/nursing_alliedhealth/radtech/index.cfm

Name: _____________________________________________ Date Reviewed ____________

Student’s Signature: ____________________________________________

101
APPEALS PROCESS

When a student seeks a course substitution in his/her program, the student will complete the appeals form which can be found on the Massasoit portal, on DegreeWorks, or on Canvas. The student will complete and sign the form and forward the form via email to the department chair of the department in which the student’s program is housed. Only official Massasoit email addresses must be used throughout the entire process.

If the student indicates on the appeals form that they were misadvised, then he/she must also disclose evidence of the misadvising. This advising should have originated from a Massasoit faculty member or Massasoit staff member. If this information is missing from the form, the department chair will then return the form to the student via email and request that this information be provided before the appeal is considered.

The department chair will then recommend or not recommend the appeal, after which the chair will forward the appeal to the dean of the division of the department in which the student’s program is housed. The dean will then either recommend or not recommend the appeal. To ensure that this process is completed as efficiently as possible, the recommendations of the department chair and dean should generally be made within 10 business days of receiving the completed appeal.

How the appeal then proceeds is determined by whichever of the following scenarios applies:

- **Scenario One:** If both department chair and division dean recommend the appeal, the appeal is then approved. Information regarding appeals that are considered to be more than a course substitution will be furnished to the Appeals Committee so that recommendations for potential program modifications may be made. Such appeals may include, but are not limited to, a difference in credit hours between the required course and the requested substitution, a substitution request for which the program curriculum is at fault such as a program requirement of a course no longer offered or not offered in that particular semester, etc.

- **Scenario Two:** If the department chair and division dean do not agree on a decision for recommendation or denial, the appeal will then be sent to the Appeals Committee for a decision of recommendation or denial.

- **Scenario Three:** If both the department chair and division dean agree to not recommend the appeal, the appeal will be denied.

After all signatures are obtained, all appeals are forwarded to the Vice President of Academic Affairs for final disposition. Completed appeals are to be kept in the office of the Vice President of Academic Affairs with copies sent to the Academic Senate, Appeals Committee, department chair, division dean, and student. The Registrar’s office will notify the student of the decision upon completion of the appeals process. The Appeals Committee will also report annually on the nature of the filed appeals for the academic year.

**Appeals Committee Purpose**

The Appeals Committee will recommend decisions on student appeals that are disputed by the department chair and division dean. The Appeals Committee will also be charged with reviewing reoccurring appeals within programs and making recommendations to department chairs and division deans on potential corrections to program requirements, courses, and curricula. In addition, the committee will be charged with compiling data on the number of appeals that are submitted and courses that are appealed for review and analysis.
### FALL 2019

#### September

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep 2</td>
<td>Mon</td>
<td>Labor Day</td>
</tr>
<tr>
<td>Sep 3</td>
<td>Tue</td>
<td>Convocation</td>
</tr>
<tr>
<td>Sep 4</td>
<td>Wed</td>
<td>Fall classes begin</td>
</tr>
</tbody>
</table>

#### October

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 14</td>
<td>Mon</td>
<td>Columbus Day (no classes)</td>
</tr>
<tr>
<td>Oct 21 - Nov 1</td>
<td>Mon - Fri</td>
<td>Advising period for Spring</td>
</tr>
<tr>
<td>Oct 29</td>
<td>Tue</td>
<td>Advising Day (no day classes)</td>
</tr>
</tbody>
</table>

#### November

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov 4 - Nov 8</td>
<td>Mon - Fri</td>
<td>Priority registration period for Spring</td>
</tr>
<tr>
<td>Nov 11</td>
<td>Mon</td>
<td>Veterans Day (no classes)</td>
</tr>
<tr>
<td>Nov 12</td>
<td>Tue</td>
<td>Spring registration open to all</td>
</tr>
<tr>
<td>Nov 27 - Nov 29</td>
<td>Wed - Sun</td>
<td>Thanksgiving Recess (no classes). Begins at 4pm Wed., Nov. 27.</td>
</tr>
</tbody>
</table>

#### December

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 6</td>
<td>Fri</td>
<td>Last day to withdraw from Fall classes</td>
</tr>
<tr>
<td>Dec 17</td>
<td>Tue</td>
<td>Last day of Fall classes</td>
</tr>
<tr>
<td>Dec 18 - Dec 23</td>
<td>Wed - Mon</td>
<td>Final exams (day, evening, online)</td>
</tr>
<tr>
<td>Dec 25</td>
<td>Wed</td>
<td>Christmas Day</td>
</tr>
<tr>
<td>Dec 31</td>
<td>Tue</td>
<td>New Year’s Eve</td>
</tr>
<tr>
<td>Date</td>
<td>Day</td>
<td>Event</td>
</tr>
<tr>
<td>------------</td>
<td>--------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>Jan 1</td>
<td>Wed</td>
<td>New Year's Day</td>
</tr>
<tr>
<td>Jan 2</td>
<td>Thu</td>
<td>Intersession begins; last day to register for Intersession</td>
</tr>
<tr>
<td>Jan 9</td>
<td>Fri</td>
<td>January conferral date for graduates</td>
</tr>
<tr>
<td>Jan 10</td>
<td>Fri</td>
<td>Last day to withdraw from Intersession classes</td>
</tr>
<tr>
<td>Jan 15</td>
<td>Wed</td>
<td>Last day of Intersession classes</td>
</tr>
<tr>
<td>Jan 20</td>
<td>Mon</td>
<td>Martin Luther King Jr. Day</td>
</tr>
<tr>
<td>Jan 21</td>
<td>Tue</td>
<td>Spring classes begin</td>
</tr>
<tr>
<td>Feb 17</td>
<td>Mon</td>
<td>Presidents' Day (no classes)</td>
</tr>
<tr>
<td>Feb 25</td>
<td>Tue</td>
<td>Convocation (no day classes)</td>
</tr>
<tr>
<td>Mar 15 - 22</td>
<td>Sun - Sun</td>
<td>Spring Break (no classes)</td>
</tr>
<tr>
<td>Mar 30 - Apr 10</td>
<td>Mon - Fri</td>
<td>Advising period for Fall</td>
</tr>
<tr>
<td>Apr 1</td>
<td>Wed</td>
<td>Summer registration begins</td>
</tr>
<tr>
<td>Apr 2</td>
<td>Thu</td>
<td>Advising Day (no day classes)</td>
</tr>
<tr>
<td>Apr 6 - 10</td>
<td>Mon - Fri</td>
<td>Priority registration period for Fall</td>
</tr>
<tr>
<td>Apr 13</td>
<td>Mon</td>
<td>Fall registration open to all</td>
</tr>
<tr>
<td>Apr 20</td>
<td>Mon</td>
<td>Patriots Day (no classes)</td>
</tr>
<tr>
<td>Date</td>
<td>Day</td>
<td>Event</td>
</tr>
<tr>
<td>------------</td>
<td>------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>May 1</td>
<td>Fri</td>
<td>Last day to withdraw from Spring classes</td>
</tr>
<tr>
<td>May 11</td>
<td>Mon</td>
<td>Last day of Spring 2018 classes</td>
</tr>
<tr>
<td>May 12 - 18</td>
<td>Tue-Mon</td>
<td>Final exams (day, evening, online)</td>
</tr>
<tr>
<td>May 21</td>
<td>Thu</td>
<td>Convocation</td>
</tr>
<tr>
<td>May 25</td>
<td>Mon</td>
<td>Memorial Day</td>
</tr>
<tr>
<td>May 29</td>
<td>Fri</td>
<td>Commencement</td>
</tr>
</tbody>
</table>

Up to date calendar can be found on MCC website:  
http://www.massasoit.edu/academics/academic-information/academic-calendar/index
Brockton Campus
Our physical facilities include a 100 acre Brockton campus which offers students a Fine Arts building with two theaters, a T.V. studio and a radio station; a Field House which houses an olympic sized swimming pool, racketball courts and a weight room; modern classroom buildings and laboratory facilities; and an extensive library facility.

When the college is closed there are NO classes or clinical