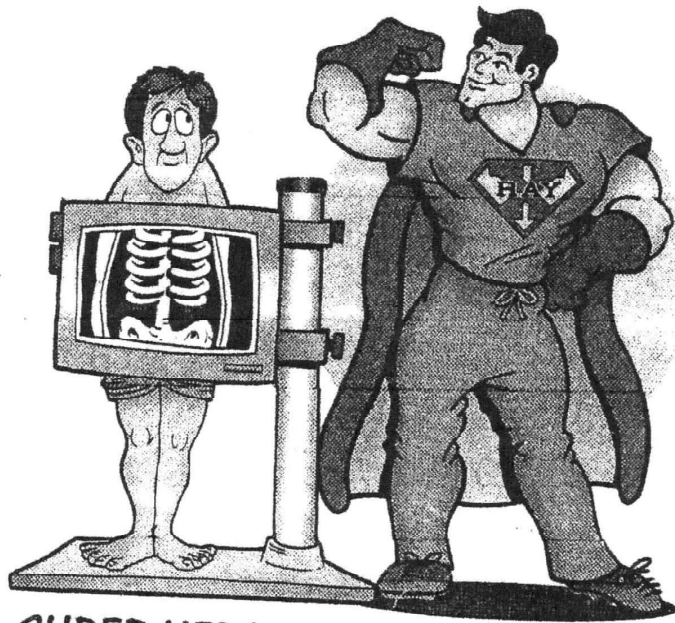


HINDS COMMUNITY COLLEGE  
RADIOLOGIC TECHNOLOGY PROGRAM  
STUDENT MANUAL 2025



**SUPER HEROES AREN'T THE ONLY  
ONES WITH X-RAY VISION!**

T-shirts designed by the RGT class of 2006

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Dear RGT Student:

Welcome to Hinds Community College and congratulations on being admitted to the Radiologic Technology Program. As you begin this new phase of your life, you will be faced with many new challenges. You will also experience a great deal of personal growth. We want you to know that we are dedicated to helping you grow as a student and a professional so that you will also continue this process of growth in a successful career.

The next two years will also be very rewarding in many aspects. Your life will be filled with new friendships, new experiences, fun, and lots of hard work. You will eventually come to a point in your studies where you will be able to look back and be amazed at how much you have learned and accomplished. The key to your success in the Radiologic Technology program is to: study and ask questions; follow the rules and guidelines; always be professional and courteous.

The Radiologic Technology program is a technical program and should not be compared with general academic classes. The Radiologic Technology program is a two-year, lock-step program; therefore, courses must be completed consecutively. We want you to realize that all programs at Hinds Community College Nursing Allied Health Center are different. Each program may have some similarities, but each program has their own set of guidelines for the students to follow in order to complete the program.

Therefore, the information contained in this student manual is designed to provide specific information about the program, as well as, behavioral guidelines. Following these guidelines will make your educational experience more productive and pleasant. You are expected to be aware of and comply with the guidelines and procedures contained in this manual. At the end of this manual we ask that you sign the agreement for us to keep in your file. The program faculty can answer any questions regarding this information.

Again, we are excited to have you in the program. We are looking forward to a great next two years with you. We look forward in assisting you to be successful in this program and your career. GOOD LUCK!

Jennifer B. Davis, M.S.M.L., R.T. (R)(N) CNMT  
Department Chair

Crystal Sumrall, B.S.R.S., R.T. (R)  
Clinical Coordinator

Elisa Oswald, B.S.R.S., R.T. (R)(M)  
Instructor

Nanci Scoles, R.T. (R)(M)  
Clinical Instructor

Elyse Everett R.T. (R)(M)  
Instructor

# RADIOLOGIC TECHNOLOGY PROGRAM FACULTY

## INSTRUCTOR OFFICES

Students are asked not to use class time to discuss individual program questions or personal problems. However, students are encouraged to come to instructors' offices at any time to ask program questions or discuss any problems. Students should see the appropriate instructor with course-specific questions.

Instructor's offices are located on the 2<sup>nd</sup> floor. Students are not allowed in the instructors' office unless an instructor is present. Instructors are available during office hours or by appointment. Office hours are posted on the instructor's office door and are subject to change each semester.

## MESSAGES FOR THE INSTRUCTOR

Instructors may be contacted on their office phone or by email. Messages may be left on the instructor voice mail. When leaving a message on voice mail, please leave name, date, time, then message and any return call phone numbers. Emails will be returned within 24 hours or the next business day if over the weekend.

Some instructors may be reached by cell at any time during office hours. If the instructor is in class/lab when called, you must leave a voicemail and the instructor will return the call as soon as the class/lab is over.

**Instructors may be contacted after office hours in emergencies only.**

Jennifer Davis  
Department Chair  
Office RM #2255  
Office Phone #376-4826

Crystal Sumrall  
Clinical Coordinator  
Office Rm #2252  
Office Phone #376-4830

Elisa Oswalt  
Instructor  
Office Rm #2253  
Office Phone #376-4836

Nanci Scoles  
Clinical Instructor  
Office Rm. #2254  
Office Phone #376-4835

Elyse Everett  
Instructor  
Office Rm. #2251  
Office Phone #376-4814

Jennifer Davis  
Radiation Safety Officer  
Office RM # 2255  
Office Phone # 376-4826

**2025 RADIOLOGIC TECHNOLOGY PROGRAM APPROXIMATE TWO (2) YEAR  
COST FOR STUDENTS**

**TUITION**

MS Resident Tuition – Fall, Spring (\$3,700.00) and 1st Summer (\$660.00) =	\$4,360.00
2nd Summer (\$1850.00), Fall and Spring (3700.00)	<u>\$5,550.00</u>

**2-year Total: \$9,910.00**

Non-MS Residents Tuition- Fall, Spring (\$6750.00) and 1 <sup>st</sup> Summer (\$1,160.00) =	\$7,910.00
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2 <sup>nd</sup> Summer (\$3,375.00) and Fall, Spring (\$6,750.00) =	<u>\$10,125.00</u>
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**2-year Total: \$18,035.00**

**ADDITIONAL HCC FEES**

Registration Fee (\$150.00/semester) \$450 per year	\$900.00
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Lab Fees (\$40.00 x 6)	\$240.00
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Technology Fee (\$80.00 1 <sup>st</sup> semester, \$150.00/ x 5 sem.)	\$830.00
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Insurance/Liability (\$15.00 per semester)	\$90.00
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Parking Decal (\$50.00 per year)	\$100.00
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Books (approximately)	<u>\$1,200.00</u>
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**2-year Total: \$3,360.00**

**Healthcare Professional Fees:**

Radtechbootcamp	\$264.00
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Trajecsyst (\$150.00 for 2 years)	\$150.00
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Drug Screening (\$50.00) 2-3 times total program length	\$150.00
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Dosimeter/Landauer	\$300.00
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OSHA/HIPAA Training (\$10.00 per year)	\$20.00
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Background checks	\$60.00
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Xitracs (Clinical Records Repository) \$40.00 per year	\$80.00
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MS State Board of Health Licensure Fee	\$25.00
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Graduation Pin	\$10.00
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Background checks \$60.00

**2-Year Total: \$1,119.00**

**MISCELLANEOUS EXPENSES**

Uniforms, Lab Coats, Shoes (approximately)	\$375.00
TC's Uniforms SanMar Fleece Jacket (Optional)	\$50.00
Hinds ID Badge FREE (\$5.00 if lost) -0-	
Hinds Radiology Program monogram (each) \$10.00	\$40.00
Personal Markers	\$35.00
Health Screening Physical, lab work, (cost will vary) 200.00	\$200.00
Hepatitis B Series (3 shots) (cost will vary) (optional) 210.00	\$210.00
TB Test QuantiFERON, TDAP, Varicella, MMR	\$425.00
Chest X-ray (If positive TB skin test)	\$45.00
Varicella Titer Immunization (2 required with negative result)	\$40.00
<u>ARRT Registry Test Fee</u>	<u>\$225.00</u>

**Total: \$1,645.00**

**\*\*OPTIONAL EXPENSES: State Review MSRT Conference \$550.00**

**Grand Total for MS Residents: \$16,584.00**

**Grand Total for Non-MS Residents: \$24,709.00**

# **HINDS COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY**

## **MISSION STATEMENT**

The mission of the radiologic technology program is to provide students with an academic and clinical environment conducive to learning the skills necessary to become competent in medical communication, patient care procedures, radiographic procedures, imaging equipment, radiation protection, evaluation of radiographs, as well as to provide the necessary learning experiences that enable radiologic technology graduates to provide safe and competent care and become an effective member of the health care team.

## **STUDENT GOALS AND LEARNING OUTCOMES**

**Information compiled using revisions made in September 2019 Outcomes Assessment Committee Meeting**

1. Students will be clinically competent and develop the ability to function as a radiologic technologist.

Student Learning Outcomes:

- Students will demonstrate competency and safe practice of radiologic procedures.
- Students will demonstrate proper use of equipment.

2. Students will use critical thinking and problem-solving skills.

Student Learning Outcomes:

- Students will adapt technique for body size and pathology.
- Students will be able to perform well under pressure.

3. Students will communicate effectively in written, verbal and non-verbal communication.

Student Learning Outcomes:

- Students will be able to explain procedure and/or instructions to patient prior to and during exam.
- Students will be able to demonstrate effective written and oral communication skills.

4. Students will exhibit professionalism and quality patient care.

Student Learning Outcomes:

- Students will develop safe, competent patient care skills.
- Students will demonstrate professional behavior.

**Outcomes Assessment Plan  
Hinds Community College  
Radiologic Technology Program  
Spring 2024 – Spring 2025  
Graduates of 2025**

<b>Goal 1– Students will be clinically competent and develop the ability to function as a radiologic technologist</b>					
<b>Student Learning Outcomes</b>	<b>Measurement Tools -</b>	<b>Timeframe –</b>	<b>Benchmark -</b>	<b>Actual Data Results</b>	<b>Past 3 – 5 years of Data Results –</b>
1.Students will demonstrate competency and safe practice of radiologic procedures	Procedure final competency checkoffs (Terminals)	Measured in the 2 <sup>nd</sup> year - Spring Semester	100% of students will score 90 or higher	Goal Met n= 20 Mean: 95.43 range: 90-98 20 students scored 90 or higher on final procedure checkoffs.	2025: 95.43 n = 20 2024: 95.97 n = 18 2023: 95.76 n = 17 2022: 96.9 n=13 2021: 96.0 n=15
	Clinical Exit Competency Evaluation	Measured in the 2 <sup>nd</sup> year – Spring Semester	100% of students will score 90% or higher	Goal Met N=20 Mean: 3.89 (97%) Range: 3.71-4.0  100% of students scored 3.65 or higher on the clinical exit competency survey	2025: 3.89/4.0, n=20 2024: 3.89/4.0, n=18 2023: 3.88/4.0 97% n = 17 2022: (3.90/4.0) 98%, n= 13 2021: (3.96/4.0) 99% n=15
2 Students will demonstrate proper use of equipment	Trajecsys Competency Assessment #8: “Sets control panel correctly and operates equipment satisfactorily”	Measured in 1 <sup>st</sup> year – Spring Semester	Average class score of 8.5 or higher (10-point scale) 1 <sup>st</sup> year  <b>(we raised this from 8.5 to 9.0 for the second year)</b>	Goal Met n=20 mean: 9.95 100% scored >8.5	2025: 9.95 & 9.95 n=20 2024: 9.88 & 9.95 n+ 18 2023: 9.90 & 9.92 n= 18 & 17 2022: 9.97 & 9.87 n=13 2021: 9.94 & 9.95 n=15
		Measured in 2 <sup>nd</sup> year – Fall Semester	Average class score of 9.0 or higher (10-point scale) 2 <sup>nd</sup> year	n=20 mean: 9.95 100% scored >9.0	
	Trajecsys Evaluation Positioning #2: “Demonstrates proper use of equipment according to student’s level of training”	Measured in 1 <sup>st</sup> year- Spring Semester	Average class score of 3.5 or higher (4-point scale) for 1 <sup>st</sup> year	<b>Goal Not Met</b> n=20 mean: 3.82 85% scored > 3.5 15 % scored < 3.5	2025: 3.82 & 3.94 n=20 2024: 3.72 & 3.92 n=18 2023: 3.93 & 3.90 n= 18 & 17 2022: 3.90 & 3.99 n=13 2021: 3.73 & 3.91 n=15
		Measured in 2 <sup>nd</sup> year Fall Semester	Average class score of 3.5 or higher (4-point scale) for 2 <sup>nd</sup> year	<b>Goal Met</b> n=20 mean:3.94 100% scored > 3.5	

**Goal 2– Students will use critical thinking and problem-solving skills**

<b>Student Learning Outcomes</b>	<b>Measurement Tools -</b>	<b>Timeframe –</b>	<b>Benchmark -</b>	<b>Actual Data Results</b>	<b>Past 3 – 5 years of Data Results –</b>
1. Students will adapt technique for body size and pathology	Trajecsys Competency Assessment #2 “Properly assesses patient) evaluates and determines the status of the patient, ex. Pregnancy) and prepares the exam room accordingly.	Measured in the 1 <sup>st</sup> year - Spring Semester	Average class score of 8.5 or higher (10-point scale) 1 <sup>st</sup> year	Goal Met n=20 mean: 9.98 100% scored >8.5	2025: 9.98 & 9.99, n=20 2024: 9.93 & 9.97, n=18 2023: 9.94 & 10.00, n=18 & n=17 2022: 9.99 & 9.98 n=13 2021: 9.98 & 9.97 n=15
		Measured in the 2 <sup>nd</sup> year - Fall Semester	Average class score of 8.5 or higher (10-point scale) 2 <sup>nd</sup> year	Goal Met: 9.99 n=20 mean: 9.99 100% scored >8.5	
	Trajecsys Evaluation Positioning #3: All Students: (applies proper radiographic positioning appropriate to the level of instruction)	Measured in 1 <sup>st</sup> year-Spring Semester	Average class score of 3.5 or higher (4-point scale) for 1 <sup>st</sup> year	<b>Goal Not Met</b> n=20 mean: 3.82 90% scored > 3.5 10% scored < 3.5	2025: 3.82 & 3.95, n=20 2024: 3.78 & 3.90, n=18 2023: 3.91 & 3.92 n= 18 & n= 17 2022: 3.93 & 3.98 n=13 2021: 3.77 & 3.83 n=15
		Measured in 2 <sup>nd</sup> year Fall Semester	Average class score of 3.50 or higher (4-point scale) for 2 <sup>nd</sup> year	<b>Goal Met</b> n=20 mean: 3.95 100% scored > 3.5	

2 Students will be able to perform well under pressure	<b>Old: Graduate Survey #11</b>	Measured in 1 <sup>st</sup> year-Spring Semester	Average class score of 2.5 or higher (4-point scale) for 1 <sup>st</sup> year	<b>Goal Not Met of</b> 95% average scores of 2.5 or higher (95% >2.5 and 5% < 2.5) <b>Goal Met:</b> 100% scored >3.5	2025: 3.5 & 3.97, n=20 2024: 3.73 & 3.85, n=18 2023: 5.0, n = 17 2022: 5.0 n=13 2021: 4.93 n=15
	<b>New: Trajecsys Evaluation # 16</b> “Performs well under pressure”	Measured in 2 <sup>nd</sup> year Fall Semester	Average class score of 3.50 or higher (4-point scale) for 2 <sup>nd</sup> year		
	Image Analysis Critique Final Competency Check-off, Average of all students	Measured in 2 <sup>nd</sup> year Spring Semester	100% of Students will score 85.0 or higher	<b>Goal Not Met</b> n= 20 mean: 88.033 range: 76.23 - 95.76 17 students scored above 85 and 3 students scored below (85% met goal)	2025: 88.03, n=20 2024: 88.74, n=18 2023: 91.35 n= 17 2022: 89.86 n=13 2021: 88.35 n=15

Goal 3– Students will communicate effectively in written, verbal and non-verbal communication					
Student Learning Outcomes	Measurement Tools -	Timeframe –	Benchmark -	Actual Data Results	Past 3 – 5 years of Data Results –
1. Students will be able to explain procedure and/or instructions to patient prior to and during an exam	Trajecsys Evaluation Patient Care #9 “Explains the procedure prior to the exam and/or gives proper instructions to the patient during the exam”	Measured in the 1 <sup>st</sup> year - Spring Semester	Average class score of 3.0 or higher (4-point scale) 1st year  This was changed from 2.0 to 3.0	Goal Met n=20 Mean: 3.83 100% scored >3.0	2025: 3.83 & 3.98, n=20 2024: 3.81 & 3.91, n=18 2023: 3.96 & 3.95 n=17 2022: 3.91 & 4.00 n=13 2021: 3.90 & 3.99 n=15
		Measured in the 2 <sup>nd</sup> year - Fall Semester	Average class score of 3.5 or higher (4-point scale) 2 <sup>nd</sup> year	n=20 mean: 3.98 100% scored >3.5	
	Trajecsys Competency Assessment #3: introduces themselves and explains the exam in terms the patient fully understands)	Measured in 1 <sup>st</sup> year-Spring Semester	Average class score of 8.5 or higher (10-point scale) for 1 <sup>st</sup> year  These were changed from 6.5 to 8.5 for first years and from 8.5 to 9.0 for second years)	Goal Met n=20 mean: 9.98 100% scored > 8.5	2025: 9.98 & 9.98, n=20 2024: 9.92 & 9.98, n=18 2023: 9.95 & 10.00 n=17 2022: 9.99 & 9.92 n=13 2021: 9.94 & 9.98 n=15
		Measured in 2 <sup>nd</sup> year Fall Semester		Goal Met: n=20 mean: 9.98 100% scored > 9.0	
			Average class score of 9.0 or higher (10-point scale) for 2 <sup>nd</sup> year		
2 Students will be able to demonstrate effective written and oral communication skills	<b>New:</b> Ethics Oral Presentation	Measured in 2 <sup>nd</sup> year Fall Semester	100% of Students will score a level 2 or higher on course rubric	Goal Met, n=20 with 100% of student scores of 2 or higher. (20 of 20 students)	2025: 100% n = 20 2024: 94% n = 18 2023: 88% n = 17 2022: 100% n=13 2021: 93% n=15
2 Students will be able to demonstrate effective written and oral communication skills	<b>New:</b> Ethics Paper	Measured in 2 <sup>nd</sup> year Fall Semester	100% of Students will score a level 2 or higher on course rubric	Goal Met n= 20 20 of 20 students scored 2 or higher (100%)	2025: 100% n = 20 2024: 100% n = 18 2023: 82% n = 17 2022: 85% n=13 2021: 40% n=15

**Goal 4– Students will exhibit professionalism and quality patient care**

<b>Student Learning Outcomes</b>	<b>Measurement Tools -</b>	<b>Timeframe –</b>	<b>Benchmark -</b>	<b>Actual Data Results</b>	<b>Past 3 – 5 years of Data Results –</b>
1. Students will develop safe, competent patient care skills	Trajecsys Student Evaluation Question #8 (Patient Care) “Correctly identifies patient using clinical site protocol”	Measured in the 1 <sup>st</sup> year - Spring Semester  Measured in the 2 <sup>nd</sup> year - Fall Semester	Average class score of 3.0 or higher (4-point scale) for 1 <sup>st</sup> year (This was changed from 2.5 to 3.0)  Average class score of 3.5 or higher (4-point scale) for 2 <sup>nd</sup> year	Goal Met n=20 Mean: 3.87 100% scored >3.0  n=20 mean: 3.99 100% scored >3.5	2025: 3.87 & 3.99, n=20 2024: 3.90 & 3.93, n=18 2023: 3.98 & 3.96 n= 17 2022: 3.96 & 4.00 n=13 2021: 3.98 & 3.99 n=15
	Trajecsys Student Evaluation Question #11 (Patient Care): Is attentive to the patient’s needs patient cleanliness, proper housekeeping, etc.)	Measured in 1 <sup>st</sup> year- Spring Semester  Measured in 2 <sup>nd</sup> year Fall Semester	Average class score of 2.5 or higher (4-point scale) for 1 <sup>st</sup> year  Average class score of 3.5 or higher (4-point scale) for 2 <sup>nd</sup> year	Goal Met n=20 mean: 3.80 100% scored > 2.5  Goal Met n=20 mean: 3.99 100% scored > 3.5	2025: 3.80 & 3.99, n=20 2024: 3.88 & 3.92, n=18 2023: 3.98 & 3.95, n=17 2022: 3.97 & 3.99 n=13 2021: 3.94 & 3.95 n=15

2 Students will demonstrate professional behavior	Trajecsys Student Evaluation Question #15 (General): “accepts constructive criticism with a positive attitude”)	Measured in 1 <sup>st</sup> year- Spring Semester  Measured in 2 <sup>nd</sup> year Fall Semester	Average class score of 3.5 or higher (4-point scale) for 1 <sup>st</sup> year  Average class score of 3.5 or higher (4-point scale) for 2 <sup>nd</sup> year	Goal NOT Met n=20 mean: 3.82 85% scored > 3.5 15% scored<3.5  Goal MET n=20 mean: 3.99 100% scored > 3.5	2025: 3.82 & 3.99 n=20 2024: 3.89 & 3.93 n=18 2023: 3.96 & 3.95 n= 17 2022: 3.95 & 3.99 n=13 2021: 3.94 & 3.91 n=15
	Student Disciplinary Referral Form	Measured in 1 <sup>st</sup> year- Spring Semester Through the 2 <sup>nd</sup> year Spring Semester	100% of Students will receive no more than 2 write ups for the indicated time frame	Goal not Met for the timeframe n= 20, 11 students had no more than 2 write ups (55%)  9 students had more than 2 write ups (45%)	2025: 55%, n=20 2024: 83%, n=18 2023: 83%, n=18 2022: 92% n=13 2021: 100% n=15

## **COLLEGE SUBSTANCE USE AND COURSE-WITHDRAWAL POLICY**

### **Smoking/Tobacco Use**

Effective January 1, 2015, Hinds Community College declared all campuses tobacco-free. The use of all tobacco and smoking products to include cigarettes (also electronic), cigars, pipes, and dipping products inside and outside of any facility owned or operated by the College are not permitted. This includes college owned vehicles, sidewalks and parking lots. Penalties for smoking and littering are described in the current College Student Handbook. The Tobacco-free Campus policy is part of the college's commitment to creating a healthy and productive environment for students, employees and visitors of our campus community. Smoking guidelines of each clinical agency must also be observed.

### **Parking**

All students are required to purchase a parking decal which can be purchased from the Cashier on any College campus. Police Officers will issue tickets for parking violations or moving violations on campus. Vehicles parked on the street will be ticketed by the respective police departments. A temporary decal may be issued for up to five days if a student has to drive a different vehicle from the one registered.

Students with a documented disability may park in the designated parking spaces. Students must request a permission card from the Administration Office, by bringing documentation of disability and the number on your handicap tag or decal. Students cannot utilize a disability designated parking space based on a tag or decal that is registered in another name. Tags/decals will be verified by the police office. The permission card must be posted in the left front window of the vehicle.

Student Traffic Citation Appeals are handled differently on each campus. Appeals forms are available in the following locations:

Nursing/Allied Health Center Student Services Office (Anderson Hall, 1st Floor)

Rankin Campus Student Services Office (Administration-Classroom Bldg.)

Vicksburg Campus Dean's Office (Banks Administration Bldg.)

### **Class/Clinical Variation**

Class and clinical days and hours may vary from those stated in the College Catalog and Registration Schedule in order to meet student and program needs. This schedule will not exceed the maximum course hours required by the college. Scheduled changes will be made in writing in the format identified by the program. The changes should not conflict with other class schedules. If a conflict occurs, the student should contact the program director/chairperson.

### **Drug and Alcohol Abuse Guidelines**

All students in nursing and allied health programs are required to meet the Drug Free Environment Statement as published in the College Student Handbook. Resources for students are available in the Drug and Alcohol Awareness Booklet which can be found on the College website, [www.hindscc.edu](http://www.hindscc.edu), > Offices > Campus Police. Note that the Booklet documents the following College Policy: "All students found guilty of violations resulting from substance use or abuse may be suspended or expelled from school and/or the residence hall for one semester or more as decided at the hearing. (August 1, 1990) Alcohol is considered a controlled substance under this policy." Students must report all current controlled drugs on their health form and must update their records as changes occur. Although some controlled drugs can be purchased over-the counter in limited quantities, nursing and allied health students must have a current prescription for any controlled drug.

## **COLLEGE SUBSTANCE USE AND COURSE-WITHDRAWAL POLICY**

### **Course Failure**

Students who fail a health program course are required to meet with the program director/chairperson to complete an exit interview.

### **Course Withdrawal Procedures**

Approved dates for withdrawal are published in the College catalog and will be strictly enforced. Withdrawal from a nursing or allied health course is a two-step process. If a student wants to withdraw from a course(s), the student must begin the process with the program director/chairperson by completing an exit interview form. If the student is current with all fees, has no restrictions, and has not been dropped with an "F" for excessive absences, the student can withdraw on-line or seek assistance from a counselor.

### **Scholastic Probation and Suspension**

Students must maintain at least a 1.75 GPA during any semester. Failure to do so will result in scholastic probation. Students placed on scholastic probation must enroll in EDU 1413, Improvement of Study. This course is designed to improve study habits and academic success. Students placed on scholastic suspension must follow college policies and procedures regarding enrollment requirements. (See College Catalog for the most current policies, procedures, and requirements.)

## **SOCIAL MEDIA GUIDELINES**

**Social media** includes, but is not limited to, blogs (Blogger, BlogSpot, WordPress, etc.), photo and/or video-sharing sites and apps (YouTube, Flickr, Instagram, Snap Chat, Vine, TikTok, etc.), e-zines (digital magazines), wikis (Wikipedia), social networks (Facebook, Twitter, LinkedIn, Pinterest, etc.), video and audio podcasts posted to the web or hosted by applications (ex.: iTunes), ratings sites and apps (Urban spoon, Yelp, Rate My Professor, etc.), and discussion sections of web pages or applications (comment section under articles on news or information websites).

Hinds Community College recognizes that social media is an important and timely means of communication. However, those who use social media must be aware that posting certain information is **illegal**. Offenders may be subject to criminal and civil liability, and adverse institutional actions.

Students must make every effort to present themselves in a mature, responsible, and professional manner when utilizing social media. Communications must always be civil and respectful. Please be aware that no privatization measure is perfect and undesigned persons may still gain access to your networking site. Further, litigation involving such issues is complex, as the content on social media sites is easily misconstrued, permanent, discoverable by courts, and utilized in these adversarial proceedings. Any digital exposure can “live on” beyond its removal from the original website and continue to circulate in other venues.

Therefore, **think** carefully before you post any information on a website or application, and consider your goals in participating. Students SHOULD NOT post illegal activities, bullying communication, negative/derogatory comments regarding the institution, program of study, classes, and/or instructors. Students should not retweet or repost thoughts of others that might be inflammatory. Once someone posts something that someone else has said, the student owns that post as if they had been the original poster themselves. Make sure you are choosing the most relevant platform and **adding value** to the discussion. **Listen** before you engage and always be modest, respectful, and professional in your actions. To help facilitate these goals, the following **best practices** are encouraged:

- A. Make sure your posts are relevant and accurate.
- B. Make it clear that you are speaking for yourself and not on behalf of Hinds Community College.
- C. Seek permission from your fellow students prior to posting any personal information or photographs related to HCC activities.

You may **NOT** photograph or post the personal information of any patient at clinical sites. Removal of an individual's name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, types of treatment, or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader to recognize the identity of a specific individual. Posting of patient information could violate state or federal laws such as the Health Insurance Portability and Accountability Act (HIPAA).

You may **NOT** post vulgar, false, obscene, harassing statements, or statements disparaging the race, religion, age, sex, sexual orientation or disability of any individual with whom you come into contact as a result of your student role in this program.

You may **NOT** represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions included herein.

**FAILURE TO COMPLY WITH THESE GUIDELINES WILL RESULT IN DISCIPLINARY ACTION.**

## CLASS/LAB GUIDELINES

### CLASS GRADING GUIDELINES

1. Grade scale for classes in the Radiologic Technology Program is:
  - A. 100 – 93 = A
  - B. 92 - 85 = B
  - C. 84 – 78 = C
  - D. 77 – 0 = F
2. In order to remain in the Radiologic Technology Program, The student must maintain a grade of **“C”** in each of the Radiologic Technology courses and the required academic courses for each semester. Failure to do so will necessitate dismissal from the entire Radiologic Technology Program
3. Some classes are a combination of a lecture and a lab. Therefore, the lecture grade and the lab grade will each be a percentage of the final grade for the class.
4. The Action Plan for Improving the Graduation Rate of the Radiologic Technology program, required by the JRCERT is:

If a student scores below 85% on any academic test, the student will be required to do the following:

- 1) Re-write the missed questions
- 2) Write the correct answers
- 3) Write an explanation as to why the answers are correct
- 4) Write the textbook source and page number for all missed questions

All questions will be corrected either online or on campus, as outlined in the instructor of that course prefers. The student must follow-up with instructor within one (1) week after test is returned. If assignment is not completed correctly, at instructor’s discretion, student may be given one (1) additional attempt. If corrections are not completed properly or by assigned date, five (5) points will be deducted from the original grade. Online courses will follow the same format except that the student may make corrections off campus and corrections will be submitted via email or Canvas.

### GENERAL CLASS GUIDELINES

1. The Radiologic Technology program is not permitted to schedule a student for more than **40** hours/week for clinical and didactic classes.
2. Attendance guidelines may vary; see course syllabus for details.
3. Books and workbooks are required for each class meeting. E-books will not be permitted.
4. Three tardies equal one absence.
5. A student who misses more than **15 minutes** is considered absent and if a test is being given the student will be given a **zero** due to unexcused absence.
6. During class, the student may be assigned homework to be completed by a given date. These may be turned in or graded in class.
7. Missed homework assignments are subject to penalties as outlined in the instructor’s course syllabus.

## CLASS/LAB GUIDELINES

8. If the student has an **excused absence**, the homework will be turned in by the next class meeting in order to be graded.
9. All **unexcused absences** on days of homework, quiz and test will be given a **zero**.
10. Quizzes and tests will need to be made up the next class meeting for students with **excused absences**.
11. On test days, students need to bring a laptop to take tests in Canvas.
12. Students will not be allowed to get up during testing. Students should use the restroom before testing begins.
13. All cell phones or any other communication device (smart watch) must be **turned off** during class and lab **and put away in purse or book bag** unless recording instructor. Use of any communication device or disturbance by one during class or lab will result in a \$100 fine for the first offense. There will be \$100 fine for the second offense. The third offense will result in disciplinary action by being sent to the Dean or Disciplinary Committee with possible suspensions.
14. During class, give your instructor your undivided attention. Sleeping during class is not acceptable and the student will be dismissed from class.
15. Maintain a friendly and courteous attitude during each class period.
16. Dress attire for class should follow uniform/professional dress guidelines. **(Please see Student Uniform)**.
17. Course guidelines are developed at the instructor's discretion. Therefore, each course will have its own syllabus outlining the specific guidelines of the course. This can be found on Canvas under the syllabus tab.
18. **NEVER COPY OR HELP ANOTHER PERSON TO CHEAT!**
19. See **HCC student handbook** and **college calendar** at **hindsc.edu**. The **NAHC student manual** is available at: **hindsc.edu/Documents/Departments/HealthRelatedProfessions**
20. Go to **my.hinds** web site to view mid-term & final grades. Instructions on how to log in can be found in the College Catalog or **www.hindsc.edu/online/**.
21. Students should check **Canvas** on a regular basis for announcements or assignments posted & also **Hinds e-mail**. Login instructions can be found at **www.hindsc.edu/online/**.
22. The Hinds Photo ID badge must be worn on your lapel with your picture visible to security, patients and other personnel. This is required **AT ALL TIMES** to be allowed on campus, into the classroom, to take tests and to be allowed in the clinical sites. If the student does not have the HCC Photo ID badge properly displayed, he/she will receive a fine for each offense as stated in the HCC Student Handbook.
23. If any of the events listed in #22 above occur, the student will have the option of purchasing another ID and allowed to continue with campus/clinical activities and if a test is scheduled, the student will be allowed to take the test within the remaining allotted time. If the student chooses not to purchase another ID, he/she will be dismissed for the day, receive an unexcused absence and any assignments for the day, a grade of "0" will be recorded.

## CLASS/LAB GUIDELINES

### GENERAL LAB GUIDELINES

1. During any lab work, students must be in **FULL** school uniforms, wearing Hinds ID badge and **radiation dosimeter badge**. If student does not comply with this guideline, he/she will be marked absent and asked to leave lab. (**See Student Uniform**)
2. Lab schedules, including locations and times, are subject to change from time to time. Students will be notified of all changes prior to lab.
3. Students must report to lab on their scheduled day. No switching lab days, unless approved by the instructor.
4. Attendance to the lab is essential in completing the course. Absence from the lab will count as a class absence in the course (refer to HCC attendance policy).
5. A. Procedure Practice lab schedule:
  1. Excused Absences will be allowed to be made up as scheduled with instructor.
  2. Unexcused Absences -the student will be responsible for learning that material for that class (Instructor will not be responsible for providing information).B. Procedure Check off lab schedule:
  1. Excused Absences – the student will be required to make up missed lab day on the next scheduled lab day, if not you will receive a “0” (i.e., lab day on Monday, check off on Thursday or lab day on Tuesday check off on Wednesday). If the student is to remain in the program, he/she will be required to satisfactorily complete competency (85%) within **one week** of original check off day. He/she will be dismissed if not completed.
  2. Unexcused Absences – the student will receive a “0”, but he/she must complete the competency within **one week**. If not, student will be dismissed from the program.
6. Students will not be able to leave lab early, unless given permission by the instructor.
7. After class assigned instruction on correct positioning of a given part, the student will be given an individual procedure grade and film grade during the lab setting. This procedure grade requires a minimum competency of **85%** and film grade requires a **78%** or higher. This grade will count toward the procedure class grade. If a procedure grade of 85% or a film grade of 78% or above is not obtained on the first try, the student will be required to recheck off. He/she should be prepared to perform any positions or critique any films associated with that anatomy. This must be done by the next lab day (i.e., lab day on Monday, check off on following Monday, or lab day on Tuesday, check off on following Tuesday, etc.) If the student is absent, after 15 minutes of scheduled repeat time, unexcused, ten (10) points will automatically be deducted from initial failing grade and the student will be rescheduled at a later time the same day). If the student does not pass after the second try on positioning or film critiquing, he will not be able to complete the program. Students may be required to repeat procedures at the instructor’s discretion even if the grade was 85% or above.
8. Students will draw for sequence of their check-off.
9. Students will critique images that coincide with the lab procedure.

## CLASS/LAB GUIDELINES

10. Good housekeeping is the responsibility of everyone using the lab. Clean, organize, and return all equipment used to its proper place.
11. Noise pollution is prohibited. Skills should be practiced quietly.
12. Students may not bring their children to lab.
13. Students must schedule any lab time for phantom imaging, practice or grade, with an instructor within, a minimum of one (1) day in advance. If the scheduled student is absent from either of the above scheduled events, after 15 minutes of scheduled time, unexcused, ten (10) points will be deducted from two (2) image series but will not affect the outcome of the competency image series grades.
14. When working on phantom work, student must have indirect supervision (instructor in their office/lab).
15. Phantom pre-comps may be performed in lab with DR.
16. Phantom comps may be performed in lab with CR.
17. Everyone must **work alone** on phantom pre-comps and comps & no repeating films unless given permission by instructor.
18. Do not use positioning books on phantom work.
19. If caught cheating or helping another student, you or all who were involved, for the first commission, will be given the option of receiving a zero on the particular assignment, withdrawal from the course, or failure in the course. The instructor will also refer the matter for possible further action, including possible suspension or dismissal from the program of study or from the college. The penalty for subsequent commissions will be failure in the course and possible dismissal or suspension from the program of study or from the College.

## CLINICAL REQUIREMENTS

Before a student may enter a clinical facility, he/she must have the following documentation completed in full and entered into Exxat (health record computer program), by assigned date given during orientation.

1. Complete health record.
2. A physical examination by a physician/Certified Nurse Practitioner (Annually).
3. Specified lab-work or clinical tests
4. Complete immunization record.
5. Background check.
6. Verification of American Heart Association BLS Provider Certification, which includes adult, infant, and child techniques. Students must keep CPR certification current throughout the entire program.

The following documentation completed in full must be returned to your Program Director by assigned date given during orientation:

1. Clinical site orientation packets.
2. Signed pregnancy policy statement of understanding.
3. In order to assure that all students who are enrolled in a health care program at HCC are sufficiently protected from risk due to exposure to blood-borne pathogens, the students must validate by signature that they have been informed of the blood-borne pathogen standard and all components involved. Students will turn in test and signed documentation of blood-borne pathogens/infections materials training.
4. Documentation of having received the Hepatitis B vaccine series (Optional) or have signed and submitted a declination statement to the Program Director.
5. In the event a student fails to complete the above and/or fails to update Exxat with current records as required, disciplinary action (including, but not limited to unexcused absences from clinical and/or a write up), will be taken at the discretion of the program chair and clinical coordinator.

## CLINICAL DRESS CODE

Patients and visitors to hospitals are frequently unfamiliar with medical procedures, and therefore, are prone to judge the hospital by what they see and hear. Attire, grooming and manner can serve to reassure patients, their families and visitors that you are competent and careful in the performance of your clinical duties. Attire also contributes to the maintenance of a clean and safe environment for patients, visitors, staff and other students. For these reasons, personal appearance and hygiene requirements have been established and are a matter of all hospital policies.

Students will report to the assigned clinical site clean, well-groomed, and in complete uniform. For the required student uniform, please see the **Student Uniform** section.

## CLINICAL AFFILIATES

Students may receive their clinical experience at any of the following sites. The student will follow the guidelines above along with hospital department policies of each clinical site during their assigned clinical rotations.

Mississippi Baptist Medical Center	Merit Health – River Region
Baptist – Madison Radiology	Merit Health – River Oaks
Baptist – Rankin Radiology	G.V. (Sonny) Montgomery VA Medical Center
St. Dominic Hospital	Lackey Memorial Hospital
St. Dominic Cancer Center	Scott Regional Hospital
St. Dominic - Madison Medical Imaging	TrustCare Express Medical Clinics
Merit Health - Central	

### ***Mississippi Baptist Medical Center***

Bethany Kelly - Rad. Dept. 601-968-1722/Outpatient Radiology 601-968-1775  
Stacey Birdwell - Premier 601-968-3282

### ***Baptist – Madison Radiology***

Brittany Reeves - Rad. Dept. 601-499-2010

### ***Baptist – Rankin Radiology***

Kim Giachelli - Rad. Dept. 601-973-1568

### ***St. Dominic Hospital***

Charla Edwards & Mia Davis  
Dominican Plaza (Ambulatory) 601-200-4933/Main Hospital Rad. Dept. 601-200-6157

### ***St. Dominic Cancer Center***

Bryan Winn - Rad. Dept. 601-200-3070

### ***St. Dominic – Madison Medical Imaging***

Melody Henry- Rad. Dept. 601-853-9149

### ***Merit Health - Central***

Andrea Sims - Rad. Dept. 601-376-1794

### ***Merit Health - River Region***

Dawn Flowers - Rad. Dept. 601-883-5811 or 601-883-5824

### ***Merit Health - River Oaks***

Shelby Wilkerson – Rad. Dept. 601-936-1202

### ***G.V. (Sonny) Montgomery VA Medical Center***

Jason Hannis - 601-362-4471 Ext.55730

### ***Lackey Memorial Hospital***

Hannah Sanders - Rad. Department 601-469-9944

### ***Scott Regional Hospital***

Justin Beard - 601-732-1055

### ***TrustCare Express Medical Clinic***

Flowood Location 601-487-9191/Lake Harbour Location: 601-499-0022

## CLINICAL AFFILIATES

### **Hinds Community College School of Radiology Clinical List**

#### **Baptist**

Clinical Instructor: Bethany Kelly

[Bethany.Kelly@bmhcc.org](mailto:Bethany.Kelly@bmhcc.org)

Front Desk (Viola) 601-968-1722

ER 601-968-1180

Routine/Port./Surg. 601-968-4196

CT (Jennifer) 601-968-1723

ER CT 601-968-1726

Specials (JoLynn) 601-968-4198

Nuclear Medicine 601-968-1288

MRI 601-968-1161

Ultrasound 601-968-1329

#### **Outpatient Radiology**

Front Desk 601-968-1775

#### **Premier Medical Group**

Clinical Instructor: Stacy Birdwell

Front Desk 601-968-3282

#### **Merit Health River Region**

Clinical Instructor: Dawn Flowers

[Dawn.Flowers@mymerithealth.com](mailto:Dawn.Flowers@mymerithealth.com)

Front Desk 601-883-5811

Work Area 601-883-5824

#### **St. Dominic Jackson Memorial Hospital**

Clinical Instructor: Charla Edwards/ Mia Davis

[cedwards@stdom.com](mailto:cedwards@stdom.com)

[jubilee82@gmail.com](mailto:jubilee82@gmail.com)

Work area/Fluoro 601-200-6157

Ambulatory 601-200-4933

ER(James) 601-200-2009

Surgery 601-200-3998

CT 601-200-6154

MRI 601-200-6158

Ultrasound 601-200-6156

Nuclear Medicine 601-200-6168

Rad. Therapy (Bryan) 601-200-3070

#### **St. Dominic – Madison Medical Imaging**

Clinical Instructor: Melody Henry

[Melody.Henry@fmolhs.org](mailto:Melody.Henry@fmolhs.org)

Department 601-853-9149

#### **G.V. (Sonny) Montgomery VA Medical Center**

Clinical Instructor: Jason Hannis

[jason.hannis@va.gov](mailto:jason.hannis@va.gov)

Department 601-362-4471 Ext.55730

#### **Merit Health River Oaks**

Clinical Instructor: Shelby Wilkinson

[Shelby.wilkinson2@mymerithealth.com](mailto:Shelby.wilkinson2@mymerithealth.com)

Front Desk 601-936-2276

CT 601-936-5517

#### **Merit Health Central**

Clinical Instructor: Andrea Sims

[Andrea.Sims@mymerithealth.com](mailto:Andrea.Sims@mymerithealth.com)

Front Desk 601-376-1747

ER 601-376-1794

CT 601-376-1765

MRI 601-376-2091

Nuclear Med. (Janet) 601-376-2716

#### **Baptist – Madison Radiology**

Clinical Instructor: Brittany Reeves

[brittany.reeves@bmhcc.org](mailto:brittany.reeves@bmhcc.org)

Front Desk 601-499-2010

#### **TrustCare Express**

Clinical Instructor:

[@trustcareclinics.com](mailto:@trustcareclinics.com)

Flowood Location 601-487-9191

Lake Harbour Location 601-499-0022

#### **Lackey Memorial Hospital**

Clinical Instructor: Hannah Sanders

[mboles@lackeymemorialhealth.com](mailto:mboles@lackeymemorialhealth.com)

Department Phone: 601-469-9944

#### **Scott Regional Hospital**

Clinical Instructor: Justin Beard

[justin.beard@ochsner.org](mailto:justin.beard@ochsner.org)

Department Phone: 601-732-1055

## GENERAL INFORMATION

The student is expected to demonstrate loyalty and cooperation so that the Radiology Department may fulfill its obligations for adequate patient care and proper student training.

1. To the radiologists (and all other physicians using the facility of Radiology), the student owes loyalty and obedience in all matters pertaining to the Department of Radiology. Respect and courtesy are expected as a member of the medical profession:
  - A. Always address them by the title of “doctor”
  - B. Willingly conform to their directions
  - C. Accept their corrections
2. Answer all phones in the Radiology department “Radiology” and give your name.
3. Students must have their clinical notebook with clinical guidelines with them during clinical rotations. Failure to do so will result in disciplinary action.
4. Do not eat, drink, or chew gum in the diagnostic areas.
5. The student will endeavor to instill within herself/himself the highest ideals and charity toward the sick. Failure to do any of the following may result in disciplinary actions.
  - A. Treat the patient in a warm, friendly, and professional manner.
  - B. Explain the procedure to them and answer their questions.
  - C. Clothe them and perform the examination with the utmost regard to modesty.
  - D. Carefully watch the aged, unconscious, mentally disturbed and children.
  - E. Anticipate the patient’s needs, because they are your first concern.
  - F. Determine the requested procedure and appropriate information from the requisition and maintain the patient’s confidentiality.
  - G. Establish priorities with your assigned procedures and return your patient to his/her room/area in a timely manner.
  - H. Maintain a neat and clean procedure room and work area. Aid in replacing and/or replenishing all used articles before leaving the room.
6. Stay in your assigned clinical rotation area and perform procedures only in your assigned clinical rotation area. Students must adhere to the following:
  - A. Please do not call other students out of their areas to get grades until approved by instructors. Failure to do so may result in disciplinary actions.
  - B. Report to the technologist or clinical instructor before leaving the assigned clinical areas for breaks, lunch and at the end of clinical. Failure to do so may result in disciplinary actions.
  - C. Report to the Department Chair or Clinical Coordinator before leaving the assigned clinical rotation area for any reason other than breaks, lunch, class or end of clinical.
  - D. **Leaving any clinical site Radiology Department (during assigned clinical hours) without notifying the Department Chair or Clinical Coordinator will result in disciplinary action. The student must clock out anytime he/she leaves the clinical site.**
7. Reserve departmental telephone lines for business use. Ask friends and relatives to call only in emergencies. Incoming callers may be asked to leave their name, number, or a message. Failure to do so will result in disciplinary action.

## GENERAL INFORMATION

8. Apply rules of safe handling of the equipment and accessories as instructed at all times. Operate and maintain radiographic equipment with utmost care as instructed. Immediately report any corrective or preventative maintenance needed for assigned areas, emergency rooms, portable units and equipment to the supervisor, R.T. in charge.
9. Apply radiation safety measures and regulations to yourself, your patients, and other personnel, as instructed, to prevent radiation overdose with serious effects. Demonstrate moral and legal obligations to properly apply radiation protection measures as instructed. Failure to comply with radiation safety guidelines may result in disciplinary action.
10. Obtain a written or verbal order from a physician prior to any patient exposure for all radiographs. This means that x-raying of patients, employees, students, family, pets and friends without a doctor's order is not permitted. **FAILURE TO DO SO MAY RESULT IN DISMISSAL.**
11. Refer all questions from the patient regarding radiographic findings and interpretation to the patient's physician or radiologist. Maintain strict patient confidentiality in a professional manner. **FAILURE TO DO SO MAY RESULT IN DISMISSAL.**
12. Students are bound by the same code of ethics as employees and must respect the patient's right to privacy. Do not discuss the patient or patient cases in public areas of the hospital (cafeteria, hallways, elevators, etc...). Do not falsify records and patients' names should also not appear on films or reports used for student presentations. Failure to do so will result in disciplinary action.
13. If the student is injured at clinical, first report to your clinical instructor. There will be an accident report filed **NO MATTER HOW SMALL** it may seem. Immediate care may be rendered in the emergency room if the radiologist feels it is necessary. If further attention is required, you will be referred to a private physician. Hospitals are not liable for accidents not reported **AT THE TIME THEY OCCUR.**
14. Patient accidents **MUST** be reported **IMMEDIATELY, NO MATTER HOW MINOR.** Accident reports are to be filed before the patient leaves the department and they should be reported to a clinical instructor.
15. Cell phones or other communication devices, including smart watches of any type as well as laptops/tablets, are not allowed during clinical rotations. They must be put away in purse, book bag or designated area (not in pockets of scrubs or lab coats). Cell phones must be on **OFF** position. Use of any communication device or disturbance by one at clinical will result in a \$100.00 fine and disciplinary action.
16. During down time you should stock additional supplies, clean rooms, practice positioning, review notes on positioning & techniques as well as general studying of Radiology material. Under no circumstances should there be any reading of unrelated outside materials such as: novels, magazines, etc. Sleeping during clinical hours will result in disciplinary action to include possible **Dismissal.**
17. If charges are so severe that a hospital administrative investigation results in denial of clinical privileges, that student will be unable to complete their training and will be dismissed from the program.

## AREA ROTATIONS

1. Students will be assigned to different areas of the radiology department at each site on a rotational basis. The student will report to clinical from 8:00 a.m. - 3:00 p.m. on their assigned days (Monday and Thursday for first year students and Tuesday, Wednesday, and Friday for second year students). A 30-minute lunch break will be allowed as well as a 15-minute morning and afternoon break.
2. At **no time** shall a student be pulled from one area to cover another area. During the clinical time, the student shall abide by the policies and procedures of HCC and of the clinical affiliation in which they are assigned. If the student is unsure about policies or procedures, the student should contact the clinical coordinator or program director immediately.
3. Students will use Trajecsys to record in and out each day.
  - A. If a student fails to record in or out on Trajecsys, the student will be written up on the first offense and second offense they will be counted absent for that day. Also, the student will be required to file a time exception. In the event more than 3 exceptions are filed per semester, the student will be written up.
  - B. If a student is caught recording in or out for another student (in any way) both students will be written up as well as face possible dismissal from the program.
  - C. **After recording in, the students MUST report to their assigned rotation area.** Eating breakfast after recording in is not allowed and the student will be written up should this occur.
  - D. Students must record in and out from a desktop computer at the assigned site. In the event there is a discrepancy in IP addresses, the student will be marked absent for the day, written up, and will be required to make up that day.
  - E. If a student records in or out at the wrong site, the must notify the clinical coordinator immediately.
4. Students will be assigned to a clinical instructor or supervising technologist while in the assigned rotation area. The student will be under supervision of the technologist at all times during clinical. Under direct/indirect supervision students will observe, learn, and recall different levels of each exam performed in that area. If the student is presenting a problem (behavioral or otherwise) during clinical, the technologist/supervisor may refer the student to the clinical coordinator or program director to be sent home. Students who are caught performing exams on patients without supervision will be written up and possibly dismissed from the program.

## ATTENDANCE

The faculty believes the avoidable absence from clinical reflects a lack of responsibility or accountability and should be evaluated. Therefore, any student who is absent from, or tardy to a clinical for any reason, will be required to explain the reason to the clinical instructor/coordinator. Each case will be decided on its own merits. Job conflicts, business/pleasure trips, and demands of other course work are not valid reasons.

Clinical assignments are a necessity for each student to develop intellectually and build confidence and competence of radiographic procedures performed during school. In order to do this:

### GENERAL

1. The Radiologic Technology program is not permitted to schedule a student for more than 40 hours/week for clinical and didactic classes. Makeup time is performed on a voluntarily basis and agreed upon by the student.
2. Any student reporting for the wrong shift or to the wrong clinical site should notify the clinical coordinator immediately. The student will be sent home, marked absent for that day and is responsible for making up a complete shift at their assigned clinical site.
3. Changes in the clinical schedules are to be made only by the Clinical Coordinator or Program Director for EMERGENCIES only. **Employment will be scheduled around clinical schedules.**

### ABSENCES AND TARDIES

1. Attendance makes up a portion of the student's final clinical grade each semester. (Clinical I-IV = 20%, Clinical V = 15%, See specific course syllabus for details). Student will be allowed 1 excused absence (see definition for excused) per semester that does not have to be made up (but still goes towards the total clinical absences for the semester).

**Any days missed beyond this point (either excused or unexcused) AS WELL AS ALL UNEXCUSED must be made up before the end of the semester and will result in an attendance grade deduction, thus resulting in a final clinical grade deduction.**

The student will receive a grade of 100 for attendance for only missing the 1 excused absence or for perfect attendance. Any absences beyond this point (either excused or unexcused) as well as all unexcused will result in a 5-point deduction for a half day absence and a 10-point deduction for a whole day absence.

Deductions will continue until the student has reached the maximum number of absences (Clinical I, II, III max absence is 3 days (one more time than the class meets/week) - Clinical IV and V max absence is 4 days (one more time than the class meets/week). Should the student exceed the maximum number of absences, the student will be withdrawn from the course for excessive absences.

2. In the event, a student is going to be absent or tardy; he/she must notify, by calling (NOT TEXTING) the clinical coordinator **before** the start of the clinical day (8:00 a.m. SP & Fall, 7:30 a.m. SU). Also, it is the responsibility of the student to contact the clinical site by the same time. Failure to call both within the time frame will result in the student being written up.

## ATTENDANCE

3. Clinical assignments are made prior to each shift and any tardies disrupt the smooth operation of the department. If you are going to be tardy more than 15 minutes you must notify your assigned clinical instructor immediately. Students who arrive late (15 minutes or later without notification or valid excuse) will receive a clinical absence for the day. The student will be required to make up the day.
4. Notice of Absence- A notice of absence (NOA) is sent to a student who has been marked absent for 5% or more of the total class meetings in the course for nursing and allied health programs. The NOA is sent to the student's College issued email account via the online attendance system. The student is required to contact the instructor immediately upon receipt of the notice of absence to discuss the student's attendance and options regarding the course.
5. Excessive Absence- Nursing and Allied Health Programs/Courses allowable number of absences are more stringent than other courses offered at Hinds Community College. The number of allowed absences will be specifically outlined in the course syllabus and/or the Program Handbook and will be reviewed with students. Students missing more than the number of allowable absences in a Nursing and Allied Health Course/Program will have to exit the program. The instructor will record a student's grade as either "WP" or "WF" for the course. "WP" is defined as withdrawal passing; "WF" is defined as withdrawal failing.
6. Notification of tardiness is still considered a tardy. If notified, the student will be able to make up that time. A tardy is considered being more than 4 minutes late. Three (3) tardies will be counted as an absence.
7. Any absence occurring without notification will be brought to the attention of the Department Faculty Hearing Committee, the student will be written up and the privilege to continue in the program will be evaluated by: student's academic performance, student's clinical performance, reason for absence, and/or time available for make-up.
8. Students should not leave clinical or record out before 3:00 p.m. unless given permission by the program director or clinical coordinator. Doing so will result in a tardy, clinical absence or the student being written up.

## SPECIAL CONSIDERATIONS

1. For continuation in the program following an extended illness, pregnancy, or trauma, the student must furnish the program a release from the physician before returning to clinical sites. No light duty assignments are accepted.
2. Students who declare pregnancy are encouraged to "bank" clinical days early in the pregnancy to avoid owing more time than can be made up by the end of the semester. Student must schedule time with Clinical Coordinator. All clinical absences, due to pregnancy and recovery time, must be approved by the Program Director and Clinical Coordinator.
3. Special consideration will not be given to students who live outside the Jackson area or to those students with children. At some point during the clinical experience, students will have to travel outside of the Jackson area and will need to make the necessary arrangements for work or childcare.

## MAKE UP DAY GUIDELINES

The scheduling of make-up time will be determined at the discretion of the Clinical Coordinator. If make-up time were to put a student in class/clinical more than 40 hours/week, it would be on a voluntary basis.

1. Students will be allowed one excused absence due to illness (with an official doctor's note) or due to death in the immediate family that will not have to be made up. All other absences (excused or unexcused) will have to be made up by the end of the semester, if not, a grade of "F" will be recorded for the course and the student will be unable to continue in the program. To be reported as an excused absent, the Clinical Coordinator must receive the proper verification within **one week** of absence.
2. Students who miss a clinical day will be required to submit a make-up day request form to the Clinical Coordinator for approval. These can be found on Canvas in the clinical courses. Make up day request forms must be submitted no later than 1 week after the date of absence. Available make up days are found in the clinical memo. If the request is not submitted by required date, a date for the make-up day will be assigned by the Clinical Coordinator. If the student is unable to attend clinical on the assigned make-up day, it will be recorded as an unexcused absence and will be counted as an additional day added to the total absence time and the student will be written up.
3. Once a make-up day request is submitted and approved, the student is then committed to that day as their make-up day. This make up day will be treated as any other clinical day and all clinical guidelines apply. If the student is going to be absent on this approved make up day, the same procedures will need to be followed as on any other clinical day. Unexcused absences will be counted as an additional day added to their total absence time and the student will be written up. If a student is tardy on their approved, make up day this will be counted towards their total number of tardies in the semester.
4. Students may not make up more than 8 hours per make up day.
5. Students may make up days on Saturdays only if there are no available days during the week. Saturdays used for make-up days will be limited to certain areas and must be approved by the Clinical Coordinator. Sundays will not be used for make-up time.
6. If students know in advance of time needed off for a medical appointment (doctor's appointment, surgery, pregnancy or hospitalization), they can make up that time prior to the appointment or surgery (completion of make-up time within that semester, or at the discretion of the Department Chair/Clinical Coordinator).
  - Emergencies - time would be made up after the absence at the discretion of the Department Chair/Clinical Coordinator.
  - The male parent will be allowed a maximum of three (3) clinical days off after the delivery of their child. If not already used, an excused day may be used for 1 day, and remaining days will be made up. If excused day has been used – all days missed will be made up (within that semester).
  - All advance time must be requested as voluntary make-up. The program is not responsible for reimbursing any unused time.
7. All make up time will be completed in the rotation area in which the student missed. The hours requested to make up should be concurrent to the hours missed.
8. Time missed from clinical must be in half day or whole day increments (not 30 min or 1 hour etc...)
9. Make up days, due to excessive tardies, may be in any rotation area and hours of the student's choice, with the Clinical Coordinator's approval.

# SUPERVISION AND REPEAT GUIDELINES

## POLICY FOR DIRECT SUPERVISION

Until a student achieves competency of performing radiographic procedures, direct supervision of a student by a qualified radiographer available to assure patient safety and proper educational practices. This is achieved by:

- 1) A qualified radiographer reviews the procedure in relation to the student's achievement.
- 2) A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
- 3) A qualified radiographer is physically present during the conduct of the procedure.
- 4) A qualified radiographer reviews and approves the procedure and/or image.

## POLICY FOR INDIRECT SUPERVISION

If the student has been deemed competent by completion of each required radiographic procedure; the radiographer must be immediately available to assist the student regardless of the level of student achievement. "Immediately available" is interpreted as "the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients."

## POLICY FOR REPEAT RADIOGRAPHS

When the student is required to perform a repeat radiographic examination, "a qualified radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to the re-exposure". If an image was repeated, it must be recorded immediately on his/her weekly student log in Trajecsys. The student will have 10 points taken off clinical evaluation grade if not logged **correctly**.

## POLICY FOR ADVANCED IMAGING MODALITY ROTATIONS

Clinical IV and Clinical V will encompass a rotation in each the following advanced imaging modalities: CT, MRI, Ultrasound, Interventional (Specials), Radiation Therapy, Nuclear Medicine. Mammography rotations may be considered in accordance with JRCERT and clinical site policy. The student must be directly supervised by a qualified radiographer at all times during these rotations. The student will be given objectives to complete in each of these areas.

# CLINICAL GRADING GUIDELINES

## GENERAL

Grading scale for each clinical level in the Radiologic Technology Program:

100 – 95 = A                      94 – 90 = B                      89 – 85 = C                      84 or below = F

1. The clinical experience grade will be determined by various components such as: image grade, competency grade, clinical evaluations, attendance, and others as outlined in the course syllabus.
2. On an interim basis and following each area rotation, the student will be expected to have completed certain levels of clinical competency. There are four levels of clinical competency:
  - A. Clinical performance objectives for each rotation area
  - B. Image/Film competencies of radiographic procedures
  - C. Performance competencies of radiographic procedures
  - D. Weekly clinical evaluations filled out by the clinical instructor/supervising technologist
3. If the student fails to complete clinical performance objectives, the student will be required to repeat the rotation area. Failing to turn in all objectives by a given date before graduation may result in dismissal from the program.
4. Certain clinical competencies set forth by the ARRT must be completed in order for the student to be eligible to sit for the national registry exam. In addition to those competencies, students must also complete certain clinical competencies set forth by the program in order to meet graduation requirements. A list of mandatory and elective requirements will be given to each student.
5. It is the responsibility of the student to ensure proper documentation of each exam in Trajecsys.
6. Simulated exams will only be permitted for students assigned to Lackey Memorial Hospital, Scott Regional Hospital, Merit Health Central, Merit Health River Region, Merit Health Madison, and Merit Health River Oaks. In order to do so, the student will be required to obtain proper documentation regarding lack of exams from the clinical instructor and schedule lab time with the Clinical Coordinator. The student will be allowed to perform a maximum of 5 elective comps during the last two weeks of the semester as approved by the Clinical Coordinator. Exams may only be performed on procedures that have been checked off on in lab. All other students will be allowed to begin simulated comps during the last semester, with faculty discretion.

## PRE-COMPETENCIES (PRACTICES)

When the student has practiced in lab under supervision of the instructor, the student will be allowed to perform this procedure for a pre-comp under the direct supervision of a technologist. When the student feels confident to perform the procedure for a pre-comp, the student must inform the technologist prior to performing the exam. The student will perform the pre-comp under direct supervision and may have assistance from a technologist during the exam. The student will log the pre-comp in Trajecsys for documentation.

# CLINICAL GRADING GUIDELINES

## COMPETENCIES (GRADES)

When the student has successfully passed with 85% or above on the procedure check off in lab under the supervision of the instructor and has tested on the material, the student will be allowed to perform the procedure in clinical under the **direct** supervision of a registered technologist. The technologist must be informed that the student is performing the exam for a comp. When performing an exam for a **comp**, the student **must** be under **direct** supervision of a registered technologist and **will not have assistance**. If the student has to **repeat a position/projection**, the technologist will need to **directly** supervise the repeat. **5 points** will be deducted from the image grade for each image repeated. After the student has completed an exam for a comp, the technologist will complete a comp assessment and procedure sheet, if necessary, in Trajecsys. Again, it is the responsibility of the student to ensure that the technologist has completed this documentation in Trajecsys.

1. For a student to perform a comp, they must perform all exams ordered on the patient.
2. If a student requests to perform a procedure for a comp, they must follow through or 10 points will be deducted from the image grade.
3. At the end of each rotation (weekly) the student will be evaluated on their performance by the technologist/clinical instructor. These will be for immediate review on Trajecsys.
4. Each student is required to keep an exam log in Trajecsys that will be monitored by the clinical coordinator. These logs must be completed by Monday at 8:00 a.m. for the previous week. Failure to complete logs within the allotted time will result in a 10 point deduction from the rotation area evaluation for that week. Failure to enter any logs for a clinical day will result in a 30-point deduction from the area evaluation for that week.
5. Exams turned in for a comp with incorrect information will be subject to a 5-point deduction from the final grade at the instructor's discretion. Since the technologist inputs this information, the student is responsible for checking the information for accuracy\*\*\*

## SPECIAL CONSIDERATIONS

1. Some exams will require a **Procedure Sheet** (see master comp sheet) and must be performed with a comp and not a pre-comp (if applicable)
2. **BE comps** must have at least **two** different projections, not to include the scout and the post evac, and **UGI comps** must have at least **two** different projections, not to include the scout. For a **BE with Air**, one decubitus can be used for an Abdomen decubitus **pre-comp**. The other decubitus can be used for a **comp**. The images taken of the BE can be used for a **comp or pre-comp for a BE**.
3. At faculty discretion, Chest and Abdomen Decubitus pre-comps may be performed on the phantom.
4. For **trauma** exams, the **tube** and/or image receptor must be **manipulated** and manual techniques must be set.
5. 5 view C-spine/L-spine **pre-comps** can be used also for a **3 view pre-comp**. **5 view C-spine/L-spine. Comps can be used also for a 3 view comp.**
6. Exposing the patient to any unnecessary radiation in order to obtain a comp or pre-comp is strictly prohibited.
7. Comps may be simulated during the last semester at the discretion of the clinical coordinator and according to the ARRT guidelines.

## **Student Uniform**

The official student uniform is to be worn for ALL class, lab, clinical, and community activities, and consists of the following:

1. Maroon/Burgundy scrub suits with appropriate monogram.
2. Proper undergarments with a visible solid **white, black, or gray crew-neck** short-sleeve or long-sleeve t-shirt will be worn under the scrubs and tucked in. If a short-sleeved t-shirt is worn, the sleeves are not to extend beyond the sleeves of the uniform. The scrubs need to be kept clean and pressed.
3. **White, or black, or brown** closed-toe shoes of impervious material such as leather (no mesh). No shoe may have an open heel. **White, gray, or black** socks or support hose will be worn with shoes.
4. White lab coats or solid color maroon, with appropriate monogram, may be worn in the clinical areas. In addition, Sanmar soft shell jackets may be purchased from TC's Uniform. Females must purchase the fitted style and the males must purchase the unisex style. The jacket must be monogrammed with the specifications on file at TC's. Any other type of lab coat or jacket (to include monogramming) will NOT be allowed during lab or clinical assignments.
5. A solid black, white, or gray sweatshirt or jacket, or a Hinds sweatshirt, can be worn over the scrub top in the **classroom setting only**.
6. Students reporting to the clinical site not in required dress will be subject to disciplinary action as outlined at the end of the clinical dress code section. If assigned to an area that requires surgery scrubs to be worn, the student must still wear appropriate clinical dress to clinical site. The student will change into and out of the surgery scrubs at the site.
7. Hinds ID Badge must be worn on the lapel with the student's picture visible to patients and other hospital personnel. The student's radiation dosimeter badge **must** also be worn. Both of the aforementioned badges are **required** to be worn at all times during clinical rotations.
8. Lead markers are one of the most valuable pieces of equipment to the student; therefore, the student must have a set at all times. Markers are for legal reasons. It is important that a lead marker is included for every anatomical part of the body being radiographed as it indicates the left or right side. These are to be purchased at the beginning of the program and must be replaced by the student if lost. The use of markers other than those belonging to the student (example: another student or technologist), is strictly prohibited.
9. Hair is an important part of a student's appearance. Hair must be a natural growing color. It must be clean, neat and worn in a manner that will not create a health or safety hazard for the student and the patient. Hair longer than shoulder length must be pulled **completely** back (ponytail, bun, braid, or any other style in which hair is pulled completely back) so that it does not fall toward the patient or pose a safety hazard when operating or working near equipment in lab, clinical, community or patient care setting.
10. Mustaches, beards, and sideburns should be kept clean and neatly trimmed.
11. All **tattoos** must be covered if visible. Sleeves used to cover tattoos must be neutral, gray, black, or white in color.
12. Sculptured or artificial nails are not to be worn. Fingernails shall be no longer than 1/8 in. from fingertips. Only **clear fingernail polish** may be worn in lab or clinical setting.

## **Student Uniform**

13. Make-up should be worn in good taste. Please do not overdo.
14. **Earrings, necklaces, and bracelets** are not to be worn in the clinical or lab setting by males or females. Rings are against infection control standards in some areas and should be limited to plain wedding bands only. A simple wristwatch may be worn and is recommended. No smartwatches permitted (see clinical guidelines).
15. No odors such as perfume, body spray, scented lotion, cologne, aftershave, cigarette smoke, or body odor are permitted while in uniform. These can be an irritant and may cause allergic reactions.
16. Smoking is prohibited on campus and all clinical sites, and the students will be required to adhere to each clinical site's policy regarding this matter.

**FAILURE TO COMPLY WITH ANY OF THE ABOVE WILL RESULT IN DISCIPLINARY ACTION, which will lead to the student being written up, sent home, or POSSIBLE DISMISSAL FROM THE PROGRAM.**

## DISCIPLINARY GUIDELINES

Disciplinary write-up guidelines are based on program length, two years, and are as follows:

First time disciplinary write up will result in a 1-point deduction from the final clinical average for the semester in which the write up occurred. The second write up will result in a 2-point deduction from the final clinical average in which the write up occurred. The third write up will result in a 3-point deduction from the final clinical average in which the write up occurred. Note: If any of the above result in the same semester, the points would be in addition to what has already been deducted.

Example: If write-up 1, 2, and 3 occurred in the same semester, a total of 6 points would be deducted from the final clinical average for that semester.

In addition, the third write up will also require that the student present before the RGT Faculty Hearing Committee. The committee can either:

- A) Require the student write a formal action plan and bring it before the committee on a given date determined by the committee
  - B) Refer the student for disciplinary action (BIT, Official Behavior Warning, and/or Request Student Conduct Hearing) by completing a Conference, Warning Behavior/Student Conduct Hearing Referral Report
- If the student's behavior never required disciplinary action (committee determined A from above), the student would be allowed a fourth write-up. If a fifth write up were to occur, a disciplinary hearing would be requested. If a sixth write-up were to occur, regardless of the outcome of the disciplinary hearing, the student would be automatically dismissed from the program and receive a grade of "F" in each of the semester's courses.
  - If the student's behavior required disciplinary action (committee determined B from above) and a fourth write-up were to occur, a disciplinary hearing would be requested. If a fifth write-up were to occur, regardless of the outcome of the disciplinary hearing, the student would be automatically dismissed from the program and receive a grade of "F" in each of the semester's courses.

## **Master Competency Evaluations**

Per the ARRT Clinical Competency Requirements, clinical competence means that the student has performed the ARRT required procedures as well as any additional program required procedures independently, consistently, and effectively during the course of his/her formal education.

- Terminals will begin after Spring Break. Names will be drawn every Monday and Thursday morning at random... those chosen will be notified that morning. Each student should present in full lab attire on their assigned lab day and be prepared to stay for check-offs should their name be drawn.
  - Terminal check offs make up 25% of the final Clinical V score and consist of 2 components; a positioning component and a corresponding film critique component.
  - Students will draw one exam from each of the categories below:
    1. Upper Extremities (no fingers)
    2. Lower Extremities (no toes or heel)
    3. Head (facial, nasal, sinuses only)
    4. Spine (to include obliques)
    5. Fluoro (UGI, BE only)
    6. Thorax (Ribs- upper or lower)

**\*\*Example:** if a student draws a hand out of the upper extremity envelope, he/she will position for a hand during the positioning portion of the check off and will critique films on the hand during the film critique portion of the check off.

- Students must score at least 85% on the positioning component and at least 78% on the film critique component.
- If a student is unsuccessful (scores lower than 85%) on any of the initial positioning component attempts, he/she will be automatically dismissed; therefore, not able to complete the program.
- One additional attempt will be permitted for students who are unsuccessful (score lower than 78%) on any of the initial film critiques.
  - i. On a day determined by the instructor, the student will repeat this portion. The student will only re-draw from the category/categories in which they were unsuccessful. The student will critique the films that correspond with the exam that was re-drawn.
  - ii. If the student is unsuccessful on this additional attempt, he/she will be automatically dismissed; therefore, not able to complete the program.
- Just like any other checkoff, this is considered a test. Any discussion regarding terminal check-offs is considered cheating and will be treated as such. (see HCC handbook, program handbook, and course outline regarding the college's policy regarding cheating).

### **Master competencies shall include, but are not limited to, the objectives listed below:**

- Use oral and written medical communication.
- Demonstrate knowledge of human structure, function and pathology.
- Anticipate and provide basic patient care and comfort.
- Apply principles of body mechanics.
- Operate radiographic imaging equipment and accessory devices.
- Position the patient and imaging system to perform radiographic examination and procedure.
- Modify standard procedures to accommodate for patient condition and other variables.
- Determine exposure factors to obtain diagnostic quality radiographs with minimum radiation exposure.
- Adapt exposure factors for various patient conditions, equipment, accessories and contrast media to maintain appropriate radiographic quality.
- Practice radiation protection for the patient, self and others.
- Recognize emergency patient conditions and initiate first aid and basic-life support procedures.
- Exercise independent judgment and discretion in the technical performance of medical imaging procedures.

## RADIATION SAFETY GUIDELINES

Apply radiation safety measures and regulations to yourself, your patients, and other personnel, as instructed, to prevent radiation overdose. Demonstrate moral and legal obligations to properly apply radiation protection measures as instructed. Failure to comply with radiation safety guidelines may result in disciplinary action. ALARA states that the Annual Investigation Levels (12 months) be based on **10%** of the occupational limit. Hinds Community College Radiologic Technology program will require that if the student exceeds **50 mrem(0.5 mSv)/monthly**, the level will be considered excessive. A notification will be sent to the student from the Radiation Safety Officer and their doses will be closely monitored for the remainder of the calendar year. The program faculty will discuss with the student methods for limiting the potential dose. Embryo/Fetus doses of “Declared” pregnant students, will also be monitored by ALARA levels. If these levels exceed **5 mrem(0.05 mSv)/monthly**, the level will be considered excessive and notification will be sent to “Declared” student and doses will be closely monitored for the remainder of the gestation period.

### RADIATION SAFETY

1. **Students shall not hold image receptors during any radiographic procedure.**
2. Student will wear a dosimeter badge to monitor the amount of radiation received. It is to be worn on the collar at all times while in the clinical and laboratory setting. This badge will be issued and monitored monthly. In order to receive an accurate reading, do not:
  - A. Leave in vehicle
  - B. Wear while personally receiving an x-ray examination
  - C. Expose to water (laundry, rainy weather, etc.)
  - D. Leave in an exam room
  - F. Leave near a television, microwave oven or cell phone
3. Wear lead aprons whenever you are in a radiographic or fluoroscopic room during x-ray exposure.
4. Wear lead gloves whenever holding patients during an x-ray exposure.
5. Stand at the end of the table during fluoroscopy whenever possible.
6. Never allow anyone to be in the x-ray room, fluoroscopic room or in the room when a portable examination is taking place unless the person is protected by a lead apron.
7. Never allow a pregnant person to hold a child or even be in the room during an x-ray examination.
8. When anyone holds a patient (baby, etc.), they must wear lead gloves.
9. In examination of a pregnant female, place the lead shield over the abdomen and pelvis of the patient during x-rays unless this is the area of examination.
10. Strict limitation of field size to the area necessary for the examination must be routinely practiced.
11. Limit x-ray exposure factors to produce optimum diagnostic images.
12. Whenever possible, the x-ray beam should not be directed toward radiology personnel.
13. Adequate gonad shields should be used unless they interfere with the proposed examination.
14. During portable radiography, the exposure cord must extend a minimum of six (6) feet from the tube head.
15. Time, distance and shielding are the three factors that reduce exposure to the individual.

# Magnetic Resonance Screening Form for Students

Magnetic resonance (MR) is a medical imaging system in the radiology department that uses a magnetic field and radio waves.

This magnetic field could potentially be hazardous to students entering the environment if they have specific metallic, electronic, magnetic, and/or mechanical devices. Because of this, students must be screened to identify any potential hazards of entering the magnetic resonance environment before beginning clinical rotations.

**Pregnancy Notice:** The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

		Circle Yes or No	
1. Have you had prior surgery or an operation of any kind?	Yes	No	
If yes to question 1, please indicate the date and type of surgery: Date: _____ Surgery Type: _____			
2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)?	Yes	No	
If yes to question 2, please describe: _____			
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?	Yes	No	
If yes to question 3, please describe: _____			
Please indicate if you have any of the following:			
Aneurysm clip(s)	Yes	No	
Cardiac pacemaker	Yes	No	
Implanted cardioverter defibrillator (ICD)	Yes	No	
Electronic implant or device	Yes	No	
Magnetically-activated implant or device	Yes	No	
Neurostimulator system	Yes	No	
Spinal cord stimulator	Yes	No	
Cochlear implant or implanted hearing aid	Yes	No	
Insulin or infusion pump	Yes	No	
Implanted drug infusion device	Yes	No	
Any type of prosthesis or implant	Yes	No	
Artificial or prosthetic limb	Yes	No	
Any metallic fragment or foreign body	Yes	No	
Any external or internal metallic object	Yes	No	
Hearing aid	Yes	No	
Other device: _____	Yes	No	

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. Should any of this information change, I will inform my program director.

Student Signature : \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The student has not identified any contraindications to entering MR Zone III or IV.

The student has identified contraindications to entering MR Zones III and IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical setting.

Form Information Reviewed By: \_\_\_\_\_  
Print name
Signature
Title
Student Initials

This form is provided by the JRCERT as a resource for programs. Programs are encouraged to personalize the form prior to use.

**Remember: The magnet is always on!**

# Hinds Community College

## Radiologic Technology Program

### Mammography Procedure

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The radiologic technology program sponsored by Hinds Community College has revised its procedure, effective **January 9, 2017**, regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging. (Additionally, the procedure may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.)

Under the revised procedure, all students, male and female, will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting procedures that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

The change in the program's procedure regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is included as Addendum A to the program's policy and is also available on the JRCERT Web site, [www.jrcert.org](http://www.jrcert.org), Programs & Faculty, Program Resources.

## **PREGNANCY POLICY**

### **TEACHING GUIDE**

- I. Be able to differentiate between radiation and non-radiation worker.
- II. Be able to differentiate between declaring and not declaring a pregnancy.
- III. Understand radiation dose limits for declared worker and non-declared worker.
- IV. Understand the radiosensitivity of the embryo-fetus
- V. Identify radiation risks to the embryo-fetus
- VI. Identify non-radiation risks to the embryo-fetus
- VII. Understand the NRC position of radiation protection to the unborn fetus

## PREGNANCY POLICY

### STATEMENT OF UNDERSTANDING

I, the undersigned, was presented specific instructions about the possible risks to the embryo/fetus caused by radiation and non-radiation as given in the U.S. Nuclear Regulatory Commission's REGULATORY GUIDE. I was given the opportunity to ask questions about any item of misunderstanding. I fully understand that I have the right to declare or not declare if I was to become a pregnant student at Hinds Community College Radiologic Technology program.

I understand that if I do not declare a pregnancy, the Radiologic Technology program will maintain its normal "Standards for Protection Against Radiation".

I understand that if I declared a pregnancy, (notification must be in writing) I would have the option of: Academically – 1) to continue with courses under all college policies or 2) withdraw from the program and be accepted as a deferred student the following year. Clinically - 1) if I continued with the program, I would have the option of having my clinical rotations reassigned to low-radiation risk areas during my first trimester and complete all phases of required clinical competencies during remainder of pregnancy without modification or 2) continue with my regularly scheduled clinical rotations throughout my entire pregnancy. Records of radiation doses to the embryo/fetus will be maintained during my pregnancy. Confidentiality is assured, if necessary.

I understand that if I have declared a pregnancy, I have the right to withdraw my declaration of pregnancy (in writing) at any time. This is in accordance with federal and state law.

SIGNED: \_\_\_\_\_  
(Student's Name)

DATE: \_\_\_\_\_



quired form or record until the Commission terminates each pertinent license requiring the record.

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

## B. DISCUSSION

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

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

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

## C. REGULATORY POSITION

### 1. Who Should Receive Instruction

Female workers who require training under 10 CFR 19.12 should be provided with the information contained in this guide. In addition to the information

contained in Regulatory Guide 8.29 (Ref. 1), this information may be included as part of the training required under 10 CFR 19.12.

### 2. Providing Instruction

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

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

### 3. Licensee's Policy on Declared Pregnant Women

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

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

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

The lower dose limit for the embryo/fetus should remain in effect until the woman withdraws the declaration in writing or the woman is no longer pregnant. If a declaration of pregnancy is withdrawn, the dose limit for the embryo/fetus would apply only to the time from the estimated date of conception until the time the declaration is withdrawn. If the declaration is

not withdrawn, the written declaration may be considered expired one year after submission.

### **5. Substantial Variations Above a Uniform Monthly Dose Rate**

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

### **D. IMPLEMENTATION**

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

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

### **REFERENCES**

1. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.
2. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.

## APPENDIX

### QUESTIONS AND ANSWERS CONCERNING PRENATAL RADIATION EXPOSURE

#### 1. Why am I receiving this information'?

The NRC's regulations (in 10 CFR 19.12, "Instructions to Workers") require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women.

The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/fetus. This instruction provides information to help women make an informed decision whether to declare a pregnancy.

#### 2. If I become pregnant, am I required to declare my pregnancy?

No. The choice whether to declare your pregnancy is completely voluntary. If you choose to declare your pregnancy, you must do so in writing and a lower radiation dose limit will apply to your embryo/fetus. If you choose not to declare your pregnancy, you and your embryo/fetus will continue to be subject to the same radiation dose limits that apply to other occupational workers.

#### 3. If I declare my pregnancy in writing, what happens'?

If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisievert) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year. If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy. In addition, JO CFR 20.1208, "Dose to an Embryo/Fetus," requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy.

This may mean that, if you declare your pregnancy, the licensee may not permit you to do some of your normal job functions, if those functions would have allowed you to receive more than 15 mrem, and you may

not be able to have some emergency response responsibilities.

#### 4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared'?

A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

#### 5. What are the potentially harmful effects of radiation exposure to my embryo/fetus'?

The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Exposure" (Rev. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer,

#### 6. Are there any risks of genetic defects?

Although radiation injury has been induced experimentally in rodents and insects, and in the experiments was transmitted and became manifest as hereditary disorders in their offspring, radiation has not been identified as a cause of such effect in humans. Therefore, the risk of genetic effects attributable to radiation exposure is speculative. For example, no genetic effects have been documented in any of the Japanese atomic bomb survivors, their children, or their grandchildren.

#### 7. What if I decide that I do not want any radiation exposure at all during my pregnancy'?

You may ask your employer for a job that does not involve any exposure at all to occupational radiation dose, but your employer is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/fetus will receive some radiation dose (on average 75 mrem (0.75 mSv)) during your pregnancy from natural background radiation.

The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit

provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

**8. What effect will formally declaring my pregnancy have on my job status?**

Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status.

In many cases you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job.

If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

**9. What information must I provide in my written declaration of pregnancy?**

You should provide, in writing, your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may use that letter, use a form letter the licensee has provided to you, or write your own letter.

**10. If I declare my pregnancy, do I have to have documented medical proof that I am pregnant?**

NRC regulations do not require that you provide medical proof of your pregnancy. However, NRC regulations do not preclude the licensee from requesting medical documentation of your pregnancy, especially if a change in your duties is necessary in order to comply with the 0.5 rem (5 mSv) dose limit.

**11. Can I tell the licensee orally rather than in writing that I am pregnant?**

No. The regulations require that the declaration must be in writing.

**12. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?**

No. The lower dose limits for pregnant women apply only if you have declared your pregnancy in writing. The United States Supreme Court has ruled (in *United Automobile Workers International Union v. Johnson Controls, Inc.*, 1991) that "Decisions about the welfare of future children must be left to the parents who conceive, bear, support, and raise them rather than to the employers who hire those parents" (Reference 7). The Supreme Court also ruled that your employer may not restrict you from a specific job "because of concerns about the next generation." Thus, the lower limits apply only if you choose to declare your pregnancy in writing.

**13. If I am planning to become pregnant but am not yet pregnant and I inform the licensee of that in writing, do the lower dose limits apply?**

No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

**14. What if I have a miscarriage or find out that I am not pregnant?**

If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you need not inform the licensee of your nonpregnant status.

**15. How long is the lower dose limit in effect?**

The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

16. If I have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant'!

Yes, you may. Your choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

**17. What if I work under contract at a licensed facility'!**

The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.

18. Where can I get additional information'?

The references to this Appendix contain helpful information, especially Reference 3, NRC's Regulatory Guide 8.29, "Instruction Concerning **Risks** from Occupational Radiation Exposure." for general information

on radiation risks. The licensee should be able to give this document to you.

For information on legal aspects, see Reference 7.. "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and The Unborn Children-What Can the Employer Do'!" which is an article in the journal *Radiation Protection and Management*.

You may telephone the NRC Headquarters at (301) 415- 7000. Legal questions should be directed to the Office of the General Counsel, and technical questions should be directed to the Division of Industrial and Medical Nuclear Safety.

You may also telephone the NRC Regional Offices at the following numbers: Region I (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100. Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Nuclear Materials Safety.

## **PREGNANCY DECLARATION FORM**

I, \_\_\_\_\_, would like to declare my pregnancy to the Hinds  
(Please Print Name)

Community College Radiologic Technology program. I understand that the program will immediately order a fetal dosimeter for me to wear during my gestation period while I attend my clinical education courses.

By declaring my pregnancy, I am requesting the Radiologic Technology program to:

\_\_\_\_\_ 1) have my clinical rotations reassigned to low-radiation risk areas during my first trimester and complete all phases of required clinical competencies during remainder of pregnancy without modification  
or

\_\_\_\_\_ 2) continue with my regularly scheduled clinical rotations throughout my entire pregnancy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Approximate Conception Date: \_\_\_\_\_

Approximate Delivery Date: \_\_\_\_\_

## **PREGNANCY DECLARATION REVOCATION FORM**

I wish to formally notify the Radiation Safety Officer (RSO) that, as of this date I am revoking the Declaration of Pregnancy I filed with RSO. Included with this notice are any unreturned fetal dosimeters that were still in my possession. Please arrange to end the issuance of any additional fetal dosimeters.

I have read and understand the written material regarding the potential health effects from exposure to ionizing radiation published in Regulatory Guide 8.13 by the Nuclear Regulatory Commission and distributed by RSO. I also have read and understand the written explanatory information on this form. The decision to revoke my prior declaration of pregnancy to Radiation Safety Officer is a personal choice that I have made freely.

I understand that by making this declaration, the fetal dose limits specified in 10 CFR 20.1208 would no longer be applicable for any remaining period of gestation. This revocation terminates any previous restrictions on school I perform using ionizing radiation, that had been imposed by RSO, for the sole purpose of ensuring compliance with the embryo/fetal dose limits specified in 10 CFR 20.1208.

Declarant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RSO Representative Signature: \_\_\_\_\_

Date Received at RSO: \_\_\_\_\_

The Revocation of Pregnancy Declaration Form provides the formal means by which a pregnant occupational radiation worker voluntarily notifies the Radiation Safety Officer of her choice to revoke her previous election to apply federal and/or state radiation dose limits to an embryo/fetus as a condition of her radiation related work at Hinds Community College School of Radiologic Technology. Notice of revocation of declaration of pregnancy to the School of Radiologic Technology Radiation Safety Office (RSO) can only be made by use of this form. Complete and submit this form only if you knowingly and voluntarily intend to revoke your previous declaration of pregnancy to RSO.

The choice of whether to declare one's pregnancy is a personal one. No explanation for the revocation need be given. The choice also is to be an informed one. A pregnant occupational radiation worker needs to be cognizant of information supplied by the NRC, Hinds Community College School of Radiologic Technology RSO as to the potential health effects and will assist the pregnant worker in understanding the material contained therein so as to allow her to make an informed choice. It is important to understand that revocation does not terminate or otherwise affect other applicable federal and/or state imposed dose limits established by regulation to protect occupationally exposed individuals. If you have any questions or concerns, please contact RSO at 601-376-4826 before completing and submitting this form.



# HINDS COMMUNITY COLLEGE

## Radiologic Technology Program

Jennifer B. Davis, M.S.M.L., R.T. (R)(N) CNMT, Chairperson  
Nursing /Allied Health Center • Jackson Campus  
1750 Chadwick Drive • Jackson, Mississippi 39204-3490

Date: \_\_\_\_\_

As part of the Radiologic Technology curriculum, each student is required to position each other, set technical factors, and position and expose phantoms. Positioning each other will require you being touched by another student or the faculty. Touching WILL be done in a professional manner and is necessary to complete lab procedures. These legal clinical performance skills are required prior to each student performing these skills in clinical rotations. This exposure provides each student with direct hands-on learning experience that is vital to obtain quality skills for a clinical environment.

Please read the following information carefully so you will understand the conditions under which students will be treated.

1. This is an educational setting; therefore, students will complete procedures, under the direct supervision of HCC Radiologic Technology faculty, to the highest possible standards. All OSHA infection control guidelines will be strictly followed.
2. Procedures will be performed on each student based on course requirements.
3. Students have already completed a health history form upon admission to Hinds; if there are any additional conditions or reasons why these procedures should not be performed, please list below. All medical information is confidential and considered essential for safe clinical practice. If additional information concerning your medical history is needed, HCC faculty will contact your personal medical care provider.

Conditions:

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4. Fellow students depend upon you to complete course requirements and use their time productively.
5. There is always a certain risk in any clinical procedure.

Having read the above information, I verify that I understand the contents and am willing to have the previously mentioned clinical procedures performed.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Faculty: \_\_\_\_\_

# ETHICS FOR THE HEALTHCARE PROFESSIONAL

Students enrolled in health related programs at the Nursing/Allied Health Center are expected to conduct themselves with integrity and honesty at all times. Cheating, lying, stealing, misrepresentation, false documentation, or any other form of dishonesty in the class or clinical area will be cause for immediate disciplinary action.

## **Eight Cardinal Rules of Academic Integrity**

1. **Know Your Rights.** Do not let other students in your class diminish the values of your achievement by taking unfair advantage. Report any academic dishonesty you see.
2. **Acknowledge Your Sources.** Whenever you use words or ideas that are not your own when writing a paper, use quotation marks where appropriate and cite your source in a footnote, and back it up at the end with a list of sources consulted.
3. **Protect Your Work.** In examinations, do not allow your neighbors to see what you have written; you are the only one who should receive credit for what you know.
4. **Avoid Suspicion.** Do not put yourself in a position where you can be suspected of having copied another person's work, or of having used unauthorized notes in an examination. Even the appearance of dishonesty may undermine your instructor's confidence in your work.
5. **Do Your Own Work.** The purpose of assignments is to develop your skills and measure your progress. Letting someone else do your work defeats the purpose of your education, and may lead to serious charges against you.
6. **Never Falsify a Record or Permit Another Person To Do So.** Academic records are regularly audited and students whose grades have been altered put their entire transcript at risk.
7. **Never Fabricate Data, Citations, or Experimental Results.** Many professional careers have ended in disgrace even years after the fabrication first took place.
8. **Always Tell the Truth When Discussing Your Work With Your Instructor.** Any attempt to deceive may destroy the relationship of teacher and student. (Used by permission of Dr. Dan Garrison, Northwestern University, and Evanston, Illinois)

I understand the above rules and pledge to adhere to them.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Program: \_\_\_\_\_

## **PROFESSIONAL BEHAVIOR EXPECTATIONS**

During clinical assignments in the Radiology department, the student will learn how to perform and function in the field of Radiology. The student is there to gain valuable clinical experience by participating in exams and performing radiographic procedures on patients, under supervision at all times. The student is not an employee of the hospital during clinical hours and should not be left unsupervised at any time while performing a radiographic procedure.

During the clinical experience the student's attitude and values will affect his/her behavior. Positive work attitudes are important to the success in any job or program, as are technical skills. We ask that the student do his/her part in learning how to function as a professional radiologic technology student. Focus on having good work habits such as: being punctual, communicating with your fellow students and co-workers, being cooperative and following directions, concentrating on your work and caring about the quality of your work, recognizing problems and finding solutions, taking the lead and working hard, being honest and dependable, dressing properly and practicing good grooming.

# **GUIDELINES FOR PROCEDURE CHANGES, APPEALS, GRIEVANCES, AND FUNDRAISING**

## **PROCEDURE CHANGE**

Faculty reserves the right to change procedures as necessary. Written notification of the procedure change will be given or sent to the students and applicants, who are approved for admission. Written notification is sufficient to put into effect the procedure change.

## **APPEALS**

The student, after consulting with the instructor, may file an appeal with the appropriate Department Chairperson and Academic or Career-Technical Dean. The instructor, chairperson and dean will review the appeal and respond to the student within ten (10) school days. The final level of appeal may be made in writing through the Dean of Students/location Dean for review by the Local Student Affairs Committee.

## **COLLEGE GRIEVANCE PROCEDURE**

The student should refer to the N/AHC student manual and college student handbook.

## **PROGRAM GRIEVANCE PROCEDURE**

The Joint Review Committee on Education in Radiologic Technology maintains a website at [www.jrcert.org](http://www.jrcert.org) that contains information regarding accredited programs, accreditation standards, policies and procedures, a listing of Directors and staff, and an allegations reporting form.

If a complaint is to be made regarding allegations of non-compliance with the JRCERT STANDARDS, it must be submitted in writing to the JRCERT; signed, and must relate to the accreditation standards relevant to the particular program. The program will maintain any records of complaints and their resolution.

## **FUNDRAISING**

At program director discretion, fundraisers may be conducted to support student attendance of conferences and/or review seminars. National registry may also be included if monies permit. If conducted, students must commit to the fundraising event and share in the monies collected for the fundraisers. A student who participates, but later is unable to attend an event, forfeits their share of the money. In the event a student is unable to attend the conference/seminar in which fundraising monies were already used (ex: registration, hotels), the student must reimburse the account for exact amount. Further, a student cannot benefit from the proceeds of a fundraiser in which he/she did not participate. Monies are to be placed in the Hinds Community College RGT account.

# ARRT STANDARDS OF ETHICS

Last Revised: September 1, 2020

Published: September 1, 2020

## PREAMBLE

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, "Certificate Holders"), and to persons applying for certification and registration by ARRT in order to become Certificate Holders ("Candidates"). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The *Standards of Ethics* are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

## STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the *Standards of Ethics* is evidence of the possible lack of appropriate professional values.

The *Standards of Ethics* provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

## A. CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

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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.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

## **B. RULES OF ETHICS**

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and registration are methods of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients.

The Rules of Ethics are enforceable. R.T.s are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

Certificate Holders and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

*The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.*

### **Fraud or Deceptive Practices**

#### **Fraud Involving Certification and Registration**

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

#### **Fraudulent Communication Regarding Credentials**

2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

#### **Fraudulent Billing Practices**

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

### **Subversion**

#### **Examination / CQR Subversion**

4. Subverting or attempting to subvert ARRT's examination process, and/or the Structured Self-Assessments (SSA) that are part of the *Continuing Qualifications Requirements* (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR SSA process includes, but is not limited to:
  - (i) disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
  - (ii) soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or
  - (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR

- SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or
- (iv) using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or
  - (v) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or
  - (vi) removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or
  - (vii) having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or
  - (viii) disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR SSA of ARRT; and/or
  - (ix) communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate's or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computers and/or tablets during administration of the examination or CQR SSA; and/or
  - (x) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one's own behalf; and/or
  - (xi) using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

#### **Education Subversion**

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's education requirements, including but not limited to, *Continuing Education Requirements (CE)*, clinical experience and competency requirements, structured education activities, and/or ARRT's *Continuing Qualifications Requirements (CQR)*. Conduct that subverts or attempts to subvert ARRT's education or CQR Requirements includes, but is not limited to:
- (i) providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
  - (ii) assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
  - (iii) conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or
  - (iv) conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

#### **Failure to Cooperate with ARRT Investigation**

6. Subverting or attempting to subvert ARRT's certification and registration processes by: (i) making a false statement or knowingly providing false information to ARRT; or (ii) failing to cooperate with any investigation by ARRT.

### **Unprofessional Conduct**

#### **Failure to Conform to Minimal Acceptable Standards**

7. Engaging in unprofessional conduct, including, but not limited to:
- (i) a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;
  - (ii) any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient or the public need not be established under this clause.

#### **Sexual Misconduct**

8. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

#### **Unethical Conduct**

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

## **Scope of Practice**

### **Technical Incompetence**

10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

### **Improper Supervision in Practice**

11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

### **Improper Delegation or Acceptance of a Function**

12. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

## **Fitness to Practice**

### **Actual or Potential Inability to Practice**

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

### **Inability to Practice by Judicial Determination**

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

## **Improper Management of Patient Records**

### **False or Deceptive Entries**

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

### **Failure to Protect Confidential Patient Information**

16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

### **Knowingly Providing False Information**

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

## **Violation of State or Federal Law or Regulatory Rule**

### **Narcotics or Controlled Substances Law**

18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

### **Regulatory Authority or Certification Board Rule**

19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

### **Criminal Proceedings**

20. Convictions, criminal proceedings, or military courts-martial as described below:
  - (i) conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor. All alcohol and/or drug related violations must be reported; and/or
  - (ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or
  - (iii) military courts-martial related to any offense identified in these Rules of Ethics; and/or (iv) required sex offender registration.

## **Duty to Report**

### **Failure to Report Violation**

21. Knowing of a violation or a probable violation of any Rule of Ethics by any Certificate Holder or Candidate and failing to promptly report in writing the same to ARRT.

### Failure to Report Error

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

## C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in handling challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Certificate Holders and Candidates are required to comply with these Administrative Procedures. All Certificate Holders and Candidates are expected to conduct themselves in a professional and respectful manner in their interactions with the ARRT Board of Trustees, Ethics Committee and/or staff. Failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding involving a challenge or ethics review may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

### 1. Ethics Committee

#### (a) Membership and Responsibilities of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints at least three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. The alternate member will participate on the Committee in the event that one of the members of the Ethics Committee is unable to participate. The Ethics Committee is responsible for: (1) investigating each alleged breach of the Rules of Ethics and determining whether a Certificate Holder or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

#### (b) The Chair of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the *Standards of Ethics*. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the *Standards of Ethics*.

#### (c) Preliminary Screening of Potential Violations of the Rules of Ethics

The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics; or (2) the allegations against the Certificate Holder or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

At the Chair's direction and upon request, the Chief Executive Officer of ARRT shall have the power to investigate allegations regarding the possible settlement of an alleged violation of the Rules of Ethics. The Chief Executive Officer may be assisted by staff members and/or legal counsel of ARRT. The Chief Executive Officer is not empowered to enter into a binding settlement, but rather may convey and/or recommend proposed settlements to the Ethics Committee. The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures.

### 2. Hearings

Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of a Certificate Holder or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Certificate Holder or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in the amount of \$100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Certificate Holder or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing.

A Certificate Holder or Candidate who requests a hearing may elect to appear in person, via teleconference, or by a written submission which shall be verified or acknowledged under oath.

A Certificate Holder or Candidate may waive the 30 day timeframe to request a hearing. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete a Hearing Waiver form that is available on the ARRT website at [www.arrt.org](http://www.arrt.org). The Hearing Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT.

Failure to appear at the hearing in person or via teleconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Chief Executive Officer. The Certificate Holder or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing. The hearing is conducted by the Ethics Committee with any three or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Certificate Holder or Candidate in question. In the event of such disqualification, the President may appoint a Trustee to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Certificate Holder or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Certificate Holder or Candidate in question, by legal counsel or other representative (at the sole expense of the Certificate Holder or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in the Certificate Holder's or Candidate's own defense; to hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. The Certificate Holder or Candidate in question shall have the right to submit a written statement at the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person and teleconference hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question.

In the case of alleged violations of the Rules of Ethics by a Certificate Holder or Candidate, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question. Potential sanctions include denial of renewal or reinstatement of certification and registration with ARRT, revocation or suspension of certification and registration with ARRT, or the public or private reprimand of a Certificate Holder or Candidate. Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Certificate Holder or Candidate in question.

### **3. Appeals**

Except as otherwise noted in these Administrative Procedures, the Certificate Holder or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in the amount of \$250. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice.

A Certificate Holder or Candidate may waive the 30 day timeframe to request an appeal. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete an Appeal Waiver form that is available on the ARRT website at [www.arrt.org](http://www.arrt.org). The Appeal Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT.

In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Certificate Holder or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be

conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Certificate Holder or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe. All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Certificate Holder or Candidate to make an unauthorized publication or revelation of the same, except to the Certificate Holder's or Candidate's attorney or other representative, immediate superior, or employer.

#### **4. Adverse Decisions**

##### **(a) Private Reprimands**

A private reprimand is a reprimand that is between the individual and ARRT and is not reported to the public. Private reprimands allow for continued certification and registration.

##### **(b) Public Reprimands**

A public reprimand is a sanction that is published on ARRT's website for a period of one year. Public reprimands allow for continued certification and registration.

##### **(c) Conditional**

Conditional status may be given for continued certification and registration in those cases where there are additional requirements that need to be met before the ethics file can be closed (e.g., court, regulatory authority and/or Ethics Committee conditions).

##### **(d) Suspensions**

Suspension is the temporary removal of an individual's certification and registration in all categories for up to one year.

##### **(e) Summary Suspensions**

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Certificate Holder, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well-being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Certificate Holder and without a prior hearing, summarily suspend the certification and registration of the Certificate Holder pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of a Certificate Holder in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the Certificate Holder written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the Certificate Holder to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the Certificate Holder. If the Certificate Holder requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than three members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the Certificate Holder's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected Certificate Holder, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

##### **(f) Ineligible**

An individual may be determined ineligible for certification and registration or ineligible for reinstatement of certification and registration. The time frame may be time limited or permanent.

##### **(g) Revocation**

Revocation removes the individual's certification and registration in all categories. The time frame may be time limited or permanent.

##### **(h) Alternative Dispositions**

An Alternative Disposition ("AD") is a contract between an individual and the ARRT Ethics Committee that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements, including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Certificate Holder or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

##### **(i) Civil or Criminal Penalties**

Conduct that violates ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the *Standards of Ethics*, ARRT may, without giving prior notice, pursue civil and/or criminal penalties against the Certificate Holder or Candidate.

#### **5. Publication of Adverse Decisions**

Summary suspensions and final decisions (other than private reprimands) that are adverse to the Certificate Holder or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual's certification and registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons therefore. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected Certificate Holder or Candidate does not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable

decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

**6. Procedure to Request Removal of a Sanction**

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request (“Request”) to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in the amount of \$250. A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the Certificate Holder’s or Candidate’s behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person’s sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration via the policies and procedures in place at that time as stated in Section 6.05 of the *ARRT Rules and Regulations*.

If the Ethics Committee denies a Request for removal of the sanction or modification of a Settlement Agreement, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction or modification of the Settlement Agreement for as long as is directed by the Committee.

**7. Amendments to the Standards of Ethics**

The ARRT reserves the right to amend the *Standards of Ethics* following the procedures under Article XI, Section 11.02 of the *ARRT Rules and Regulations*.

**HINDS COMMUNITY COLLEGE**  
**RADIOLOGIC TECHNOLOGY PROGRAM**

HANDBOOK AGREEMENT

I have read the disciplinary procedures of Hinds Community College district in the Hinds Community College student handbook and the RGT student manual. I am aware that these procedures are applicable to me during activities at the Nursing Allied Health Center at Hinds Community College, and while on official clinical assignment, and any other activity or approved clinical affiliation or an official Hinds Community College activity.

I understand that this handbook and manual serve as my written warnings and that failure to comply with these procedures will result in the disciplinary actions as follows: written write up, suspension (waiting on disciplinary committee hearing), then dismissal as prescribed in the Hinds Community College student handbook and the RGT student manual.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_