Bethesda College of Health Sciences

BAPTIST HEALTH SOUTH FLORIDA

RADIOGRAPHY PROGRAM HANDBOOK

2020 - 2021

PROVIDES THE POLICIES AND PROCEDURES SPECIFIC TO THE RADIOGRAPHY PROGRAM.

Bethesda College of Health Sciences
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INTRODUCTION

The Student Handbook and Policy Manual are designed to give you an overview of the Radiography Program structure, philosophies and policies. You should familiarize yourself with the contents and keep the Handbook as a reference during your enrollment in the Program. Students in the Radiography Program also follow the policies and procedures of Bethesda College of Health Sciences found in the Academic Catalog, available online at:

http://www.bethesdacollege.net

Bethesda Hospital East is a not-for-profit hospital established in 1959 to serve the community. The hospital has approximately 400 beds and provides a wide range of services to a diverse patient population. Bethesda Hospital West is an 80-bed, state-of-the-art hospital serving the western communities of Boynton Beach. The mission statement and values of the hospital are below. As a student in the Bethesda College of Health Sciences Radiography Program you will help us represent the hospital to the community and uphold the mission statement and values.

Hospital Mission Statement

Our mission is to provide quality health services in a caring manner.

Values: **Quality** - consistently meets or exceeds standards of excellence

Caring - consistently practices hospitality

Service - consistently exceeds customer expectations

Bethesda College of Health Sciences was licensed in October of 2011 by the Florida Department of Education.

Mission & Vision of Bethesda College of Health Sciences

Vision

To create a collaborative interdisciplinary workforce that can provide evidence based practice in an ever-changing health care environment.

Mission

To prepare competent and caring health professionals by bridging the gap between education and practice disciplines.

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The Bethesda Hospital Radiography Program was begun in 1968 to educate students in the profession of radiologic technology. We began as a hospital-based radiography program, but we are now an Associate of Science degree Program that is accredited by the Joint Review Committee on Education in Radiologic Technology under the authority of the U.S. Department of Education (www.jrcert.org). The JRCERT ensures compliance with specific standards of education. These Standards are available at:

http://www.jrcert.org/programs-faculty/jrcert-standards/

The Program is licensed by the Florida Department of Education via the Commission for Independent Education (http://www.fldoe.org/cie/). The Radiography Program Director, faculty and clinical instructors meet or exceed the academic and professional qualifications prescribed by the Joint Review Committee for Education in Radiologic Technology Standards for Radiography (http://www.jrcert.org/programs-faculty/jrcert-standards/).

Below are the mission statement and goals for our program.

Program Mission Statement

Our mission is to provide the opportunity for students to develop into competent, knowledgeable radiographers who provide quality radiological services in a caring manner.

Everything you are about to learn can be directly connected to one of two main things:

1. the patient
2. the diagnostic image

You will learn how to produce a quality radiologic image with the least amount of radiation dose to the patient. This requires you to achieve the specific learning outcomes that are listed below.

Student Goals and Learning Outcomes

The goals we desire our students to achieve and the student learning outcomes (SLOs) are listed below.

Goal One: Students will competently perform radiological procedures.

SLOs
Students will position properly for radiological procedures.
Students will calculate appropriate technical factors and correctly relate these factors to image quality
Students will utilize the as low as is reasonably achievable (ALARA) concept.

Goal Two: Students will use critical thinking skills.

SLOs
Students will manipulate technical factors for different patient populations.
Students will modify positioning for a variety of patients.

Goal Three: Students will use appropriate communication skills for the healthcare profession.

SLOs
Students will use appropriate oral communication skills.
Students will use appropriate written communication.

Goal Four: Students will demonstrate professionalism.

SLOs
Students will exhibit professionalism in the clinical area.
Students will appreciate the value of professional growth.

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ADMISSION CRITERIA

See Academic College Catalog for admission criteria.

Once the admission criteria have been met, the individual will qualify for an interview.

After all admission criteria have been met, a point system is utilized for selection.

ADMISSION POINT SYSTEM

Criteria:	Points Allotted:
□ Cumulative GPA ……	2.5 – 4.0 (x 2)
□ College Education – earned from a regionally accredited institution (one only)	
Up to 30 credits	1
31 credits and including AS or AA degree	2
Bachelor's degree	3
Master's degree or higher	4
□ Residency	
Palm Beach County	1
Florida	1
□ Healthcare Employment Experience - provide employer document with dates of employment (if not Bethesda) (circle maximum of two categories)	
Employee of Bethesda Health Inc./BHSF for more than 1 year	2
LPN/Paramedic/Respiratory Therapist	3
CNA/EMT/Surgical Tech	2
Coding/Billing/Medical Records/ Central Supply/Clerical	1
□ Interview (grid available upon request)	0-10
□ Essay (grid available upon request)	0-5
Maximum Points Possible	**34**

Tie breaker: In the event of a maximum point tie, the following, in order of priority, will be used:

1. Pre-admission examination composite score
2. Science GPA (Anatomy/Physiology with Lab I & II AND Microbiology with lab)

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Curriculum

Pre-requisites:

- HSC 1000 or H.S. Health Science Core (3 credits)
- BSC 1085 Anatomy & Physiology 1 3 credits
- BSC 1085L Anatomy & Physiology 1 Lab 1 credit
- BSC 1086 Anatomy & Physiology 2 3 credits
- BSC 1086L Anatomy & Physiology 2 Lab 1 credit
- ENC 1101 English Composition 3 credits
- MAC 1105 College Algebra 3 credits
- PSY 1012 General Psychology 3 credits
- CGS 1100 Microcomputers 3 credits
- Elective Humanities (art, literature, music) 6 credits

TOTAL GENERAL EDUCATION CREDITS: ***26***

Radiography Core Courses: (College Lab= 3 hours/credit) ***(Clinic = 7 hours/credit)***

Course # & Title	Credit Hours	Theory Clock Hours	College Lab Hours	Clinical Clock Hours
YEAR ONE: Fall Semester	***(12)***			
RTE 1000 Introduction to Radiologic Technology	3	45		
RTE 1503 Radiography Procedures 1	3	45		
RTE 1503L Radiography Procedures Lab 1	1		45	
RTE 1614 Radiologic Physics	2	30		
RTE 1804 Radiography Clinical Education 1	3			315
YEAR ONE: Spring Semester	***(12)***			
RTE 1418 Radiographic Techniques 1	3	45		
RTE 1418L Radiographic Techniques 1 Lab	1		45	
RTE 1513 Radiographic Procedures 2	4	60		
RTE 1513L Radiographic Procedures 2 Lab	1		45	
RTE 1814 Radiography Clinical Education 2	3			315
YEAR ONE: Summer Semester	***(3)***			
RTE 2130 Pharmacology in Radiology	1	15		
RTE 1824 Radiography Clinical Education 3	2			210
YEAR TWO: Fall Semester	***(12)***			
RTE 2523 Radiographic Procedures 3	4	60		
RTE 2523L Radiographic Procedures 3 Lab	1		45	
RTE 2473 Radiographic Quality Management	3	45		
RTE 2473 L Radiographic Quality Management Lab	1		45	
RTE 2834 Radiography Clinical Education 4	3			315
YEAR TWO: Spring Semester	***(12)***			
RTE 2533 Radiographic Procedures 4	3	45		
RTE 2533L Radiographic Procedures 4 Lab	1		45	
RTE 2385 Radiobiology and Radiation Safety	3	45		
RTE 2580 Digital Imaging	2	30		
RTE 2844 Radiography Clinical Education 5	3			315
YEAR TWO: Summer Semester	***(3)***			
RTE 2854 Radiography Clinical Education 6	3			315
Column Total	54	465	270	1785
Total Credit Hours		**80**		

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Semester Distribution of Courses

The classes should be listed in the schedule exactly how they are listed above.

FALL SEMESTER

DAY	TIME	JUNIOR CLASS	SENIOR CLASS
MON/WED	7:30-4:00pm		Radiography Clinical Education 4
	9:00-10:30am	Intro. To Radiologic Technology	
	10:30-11:30am	Radiologic Physics	
	12:30-2:00pm	Radiographic Procedures 1	
	2:00-3:30pm	Radiographic Procedures 1 Lab	
TUES/THU	7:30-4:00pm	Radiography Clinical Education 1	
	8:30-10:00am		Radiographic Quality Management
	10:00-11:30am		Radiographic Quality Management Lab
	12:00-2:00pm		Radiographic Procedures 3
	2:00-3:30pm		Radiographic Procedures 3 Lab
FRIDAY	7:30-1:00pm		Radiography Clinical Education 4
	12:00-4:00pm	Radiography Clinical Education 1	

NOTE: Beginning in the 2nd semester of the 1st year students are assigned to 11am – 7pm clinical rotation. This will occur 2 to 3 weeks per semester.

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SPRING SEMESTER

DAY	TIME	JUNIOR CLASS	SENIOR CLASS
MON/WED	7:30-4:00pm		Radiography Clinical Education 5
	8:30-10:00am	Radiographic Techniques 1	
	10:00-11:30am	Radiographic Techniques 1 Lab	
	12:00-2:00pm	Radiographic Procedures 2	
	2:00-3:30pm	Radiographic Procedures 2 Lab	
TUES/THURS	7:30-4:00pm	Radiography Clinical Education 2	
	9:00-10:30am		Radiobiology and Radiation Safety
	10:30-11:30am		Digital Imaging
	12:30-2:00pm		Radiographic Procedures 4
	2:00-3:30pm		Radiographic Procedures 4 Lab
FRIDAY	7:30-1:00pm		Radiography Clinical Education 5
	12:00-4:00pm	Radiography Clinical Education 2	

SUMMER SEMESTER

DAY	TIME	JUNIOR CLASS	SENIOR CLASS
MON/WED/FRI	7:30am-4:00pm		Radiography Clinical Education 6
WED	9:00 – 10:00 am	Pharmacology in Radiology	
TUES/THURS	7:30am-4:00pm	Radiography Clinical Education 3	

Hours of the Program
Clinical education is given during weekdays only. The hours are either 7:00am-3:30pm or 7:30am-4:00pm or 11:00am – 7:00pm depending on the rotation. Didactic classes are conducted during weekdays and the hours are usually 9:00am-4:00pm.

Attendance
Students are required to attend all classes for which they are registered and may not attend classes for which they are not registered. Students are responsible for any and all coursework and may not use college-sponsored activities as pleas for extension of time to complete assignments or for permission to take makeup examinations or quizzes. A
calculation of absences begins from the first class meeting for students whose names appear on the initial class roster.

Classroom, Lab and Clinical Courses:
Attendance is expected in all classroom, lab and clinical activities. In the event of an absence due to extenuating circumstances, the student is expected to notify the College Administrative Assistant and the Radiography Program Director **by phone (561-364-3064) (561-737-7733 ext.84792), or email (VivianLo@BaptistHealth.net) and (WilliamAs@BaptistHealth.net) no later than 9:00 AM.**

The following is the attendance policy of the College:

Absence
- Maximum of two (2) absences per course/semester in didactic or lab courses.
- Maximum of one (1) absence in clinical courses per semester.
- Those who exceed the maximum number of absences must meet with the program director for counseling and/or dismissal from the program.
- Unexcused absences are not permitted and may be grounds for course dismissal. An unexcused absence is defined as non-notification by the student of the absence according to the policy.
- If students are found sleeping during classroom, clinical or lab, they will be asked to leave the classroom or clinical and the entire instructional time will be posted as an absence.

Tardiness
- Students are considered tardy when they arrive to class, lab or clinical after the scheduled start time.
- Tardiness is not accepted.
- For didactic or lab courses, two (2) instances of tardiness per course/semester equals one (1) absence.
- If you are tardy, you must notify the College Administrative Assistant *(by phone or email as above*) **ahead of time** to report your tardiness
- Tardiness is not permitted on clinical days. On-time attendance is expected at all clinical activities. ***Tardiness will count as an ABSENCE and the student will not be allowed in the clinical area.***

Illness/Accident

- For students who become ill or find themselves hospitalized or challenged due to an accident, course faculty will attempt to develop with the student a plan for course/clinical completion. In some situations the options may include an incomplete ("I"), or a course withdrawal.
- In all cases, physician's documentation will be required for the student's return to class or clinical, which must be presented to the Dean, or designee who will have it reviewed by the Employee/Student Health Nurse at Bethesda Health, Inc. for approval prior to admission to class, lab or clinical.
  Please refer to each of the program handbooks for further information on attendance.

NOTE: PLEASE REFER TO THE COURSE SYLLABUS FOR SPECIFIC ATTENDANCE POLICY SINCE IT MAY VARY BY COURSE.

Bereavement leave

Students receive three days bereavement leave for the death of an immediate family member. Immediate family member is defined as spouse, child, sibling, parent, grandparent, grandchild, step-parent, or parent-in-law.

Parking

All students must park at the Bethesda College of Health Sciences in the designated parking areas; the area at the college is located in the back of the campus. The BCHS student area for Bethesda Hospital West is the employee designated parking space and at Bethesda Hospital East it is the 4th floor of the parking garage or one of the back (west) lots. Students are not allowed to park on the 1st, 2nd, or 3rd floor of the parking garage or in any patient parking areas. Parking in an off limits area may result in the student's car being "booted" and a suspension from the Program.

Parking Decal:

The student must hang the parking decal from their rear view mirror visible from the front of the vehicle. Failure to have the decal properly placed in the vehicle or parking in undesignated areas will result in:

1st Offense – verbal warning
2nd Offense – warning sticker placed on the vehicles' window
3rd Offense – disciplinary action including a $10.00 fine

If the student loses or needs to replace the parking decal there is a $5.00 replacement fee.

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Dress Code

The purpose of the dress code is to present a professional appearance to the patients. This is extremely important in gaining the confidence and respect of our patients/customers.

College ID: The approved College photo-ID badge is to be worn at all times on College and Hospital premises. It must be visible and worn with the photo side displayed with no object obscuring the photograph or name. Only College approved pins and/or stickers may be affixed to the badge.

Hygiene: Good personal hygiene habits must be maintained. Effective deodorants and breath fresheners should be used; hands and nails should be clean with nails trimmed; objectionable body odor, heavy perfume and cologne are not acceptable; makeup should be appropriate for daytime wear, regardless of the shift.

Facial Hair: Beards, sideburns and mustaches are permitted as long as they are neatly trimmed and well groomed and do not interfere with any isolation personal protective equipment (PPE) that is required to be worn for patient care; otherwise students must be clean shaven.

Cosmetics: Cologne/perfume/aftershave are not permissible. Strong scents may be offensive to patients, other students and faculty. Make-up is permissible in moderation. Application of dramatic colored eye shadows, rouges, blushes, nail polish, lipsticks, or artificial eyelashes is unacceptable. Tattoos will need to be covered up at all times.

Hair: Hair must be neat and clean and not in a style or length that would interfere in the performance of job duties or create a safety hazard. No extreme styles or colors (e.g., Mohawks, Punk) are permitted. When providing direct patient care, hair that is shoulder length or longer, falls forward, or is so full that it does not present a professional appearance must be secured off the shoulders and away from the face. Mustache and/or beard are permissible providing it is well trimmed and groomed.

Headwear: Hats, caps, headbands across forehead, bandannas, visors and other headpieces are not authorized. For safety and sanitary reasons, protective hard-hats, caps and/or hairnets may be required for specific duties and areas.

Nails: Fingernails must be clean and neatly maintained. They must be trimmed to a length that will not interfere with performance of duties or create a safety hazard. Dark, dramatic nail polish is not acceptable nor any chipped nail polish. Nail ornaments are considered enhancements and may not be worn. **Artificial nails are not permitted.**

Underwear: Appropriate undergarments are to be worn under all clothing. No colored, patterned or thong underwear may be visible through outer clothing.

Uniform: Nursing students will wear a uniform with the college's logo on it. A **white** lab jacket may be worn over the uniform. No other outerwear is acceptable. A **white** long sleeve collarless shirt may be worn under the uniform. The uniform must be clean and wrinkle free. The uniform patches need to be worn on your uniforms at all times the college logo on your left armband and the student identification on the right armband.

Hose: Socks or hosiery must be worn at all times, by clinical students and must correspond to the white or black shoes color respectively. Hose must be flesh colored.

Shoes: Clean comfortable professional shoes or athletic-type shoes. Safety, comfort, and appearance are the main considerations. No clog or crocs. They must be white or all black and be fully laced with corresponding laces. "High-tops" may be worn only with long pants. Sandals, platforms, beach shoes and thongs are not permitted.

Jewelry: Jewelry should be worn conservatively and must not interfere with patient care. **Students providing direct patient care may not wear hand, wrist, or nail jewelry with the exception of a plain wedding band and a watch.** Earrings may not exceed 1 inch in length or diameter. Body jewelry such as nose rings or jewelry for tongues, lips or face as must be removed during school hours.

Piercing: No visible body piercing other than two earrings per ear is allowed. Tongue rings, nose rings and eyebrow rings are not permitted.

Tattoos: Tattoos must be covered. This is easily accomplished by wearing the approved College lab coat. If tattoos are on other exposed areas, they must be covered with bandages in the least conspicuous manner.

Medical Condition: Medical conditions, such as pregnancy, are not a reason for non-compliance of dress code.

Students that fail to follow the appropriate dress code described above will be sent home and counted as absent for that day.

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Criminal Background and Drug Screening Requirement Policies

Criminal Background Checks:

Health professions are committed to providing excellence in patient care and services in a safe, productive and quality conscious environment. As such, BCHS and Bethesda Hospital, Inc. require students to meet standards, similar to employees, for criminal offenses and use of illegal substances.

Therefore, students are required to be screened through the Florida Department of Law Enforcement (FDLE) or comparable checks from State(s) of prior residence and the Federal Bureau of Investigation (FBI). An independent drug screen is also required.

The BCHS and Bethesda Hospital, Inc. will conduct a background check on each student assigned to the program. The background check for students shall include, at a minimum, the following:

(i) Criminal Search (7years or up to 5 criminal searches);
(ii) Violent Sexual Offender and Predator Registry Search;
(iii) HHS/OIG (Department of Health and Human Services/Office of Inspector General Services) List of Excluded Individuals/Entities.

Criminal Offenses:

Most Florida Professional Boards under the Florida Department of Health and national registries perform computerized background checks on all applicants to determine eligibility for licensure. This background check may include the record for all arrests, not merely convictions. Therefore, students will be held to the same standard(s) as set forth for nursing homes in the Florida Statutes 400.211.

> Judgments of guilty or pleas of *nolo contendere* to the following crimes will disqualify students from entering the nursing program: murder; manslaughter; vehicular homicide; killing of an unborn child by injury to the mother; assault, if battery; kidnapping; false imprisonment; sexual battery; prohibited acts of persons in familial or custodial authority; prostitution; lewd and lascivious behavior; lewdness and indecent exposure; arson; theft; robbery; and related crimes, if offense was a felony; fraudulent sale of controlled substances, only if the offense is a felony; incest; abuse or neglect of a disabled adult or elderly person; exploitation of a disabled adult or elderly person; aggravated child abuse; child abuse; negligent treatment of children; procuring sexual performance by a child; sale, possession or use of obscene literature; violation of drug abuse prevention and control laws, only if offense was a felony or if any other person involved was a minor and has not been judicially determined to have committed abuse or neglect against a child as defined in F.S. 3901(2) and (47); does not have a confirmed report of abuse, neglect, or exploitation as defined in F.S. 415.102 (6), or abuse or neglect as defined in F.S. 415.503(6), which has been uncontested or upheld under F.S. 415.1075 or F.S. 415.504; does not have a proposed or confirmed report that remains unserved and is maintained in the central abuse registry and tracking system pursuant to F.S. 415.1065 (2)(c); and has not committed an act that constitutes domestic violence as defined in F.S. 741.128.

All records will be sent directly from the FDLE to Bethesda College of Health Sciences and will be kept in a confidential file. These files will not be part of the student's college record. No faculty or staff will have access to the record without the written permission of the student. These records will become the property of the College when submitted and will not be available for copying or for use to meet the requirements of outside employers.

The student is responsible for notifying the Program Director of any arrests, regardless of adjudication, that occur after beginning the program. Failure to promptly notify the program director shall be grounds for dismissal from the Program. After acceptance into the Program, the student must not be found guilty, regardless of adjudication, of an offense that would disqualify the student under the above stated standard(s). If this occurs, the student will be subject to dismissal from the Program. (FS 400.211). The student will be required to sign an attestation to this effect, annually and have it notarized. See Appendix #3.

If a criminal offense deems a student ineligible for admission to or continuation in the Program, an appeal can be filed. The appeals process follows the College grievance process. The appeals committee will follow the industry standard for employment in the profession as the guide for considering the grievance.

Drug Screening:

Bethesda College of Health Sciences and Bethesda Hospital, Inc. are drug free environments. BCHS and Bethesda Hospital, Inc. will require a drug screening for all college students. The college follows the guidelines set by Bethesda Health, Inc. and can be found in the Human Resource Manual under Policy #bhsf-6150. Therefore, students will be provided with a drug screening test by the Department of Employee Health of Bethesda Hospital, Inc. These results are essential for clinical rotations, and subsequent completion of the program.

Only Laboratories licensed by the State of Florida Department of Health and Rehabilitation and approved by the National Institute of Drug Abuse will be utilized for testing. Such laboratories are required to and shall comply with Florida law and the rules established by the Department of Health and Rehabilitative Services. All levels equal to or exceeding the following levels shall be reported as positive. The drug screen will be conducted for at the least, the following drugs:

Alcohol…… 0.02 g/dl%
Amphetamines…….. 1,000 ng/ml
Cannabinoids…….....50 ng/ml
Cocaine……300 ng/ml
Phencyclidine…….....25 ng/ml
Methaqualone……300 ng/ml
Opiates……....2,000 ng/ml
Barbiturates…….....300 ng/ml
Benzodiazepines…….....300 ng/ml
Synthetic Narcotics:
Methadone.....….300 ng/ml
Proposyphene.....300 ng/ml
***ng/ml = Nanogram/milliliter**

The College will receive final report upon completion of the background check, the health screen, and drug screen findings before the first day of the Program.

All students enrolled in the Program are required to be drug and/or alcohol free when reporting to the College and while at Hospital (including parking lots and grounds). Including but not limited to, when there is reasonable suspicion to believe a student may be impaired,
or is using or has used illegal drugs and/or alcohol, the student may be tested in accordance with the BHS Human Resource policy #bhsf-6150. If tested by the Employee Health Department, the student will notify all clinical faculty members with a copy of all test results. Failure to promptly do so shall be grounds for dismissal from the program. A positive drug or alcohol test or refusal to take the test shall be grounds for the student to withdraw from the Program. Re-admission to the Program can occur only after re-application which includes an advisement in writing by a professional counselor that the student is drug free and it is documented through testing. The student must continue to be monitored by the counseling service while completing the Program or he/she will be dismissed from the Program.

If a positive drug screening deems a student ineligible for admission to or continuation in the Program, an appeal can be filed. The appeal process follows the College grievance process. The appeals committee will follow the industry standard for employment in the profession as the guide for considering the grievance.

Student Health Screening & Physical Exam

College Student Physical*:* All students attending Bethesda College of Health Sciences will receive a physical assessment, provided by the Department of Employee Health at Bethesda Hospital, Inc., as required by Florida law. There is no fee for the physical exam.
This is not a student health insurance program. Students are still required to provide their own health coverage during the Program.
College Students will have the following health records completed and available for inspection prior to the Program commencement:

1. Tuberculin skin test within the past 12 months or documentation as a previous positive reactor; and
2. Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR; and
3. Varicella immunity, by positive history of chickenpox and or proof of varicella immunization; and
4. Proof of Hepatitis B immunization or declination of vaccine, if patient contact is anticipated, and
5. One time dose of Tdap (for pertussis) following completion of primary 3-dose series of DPT (Diphtheria, Pertussis, Tetanus,)
6. Negative drug screen

The College and Hospital provide the Hepatitis B and Flu Vaccination at no charge to the student.

Students who do not meet the standards of good physical and mental health, as required by clinical facilities for safe patient care, may reapply and be considered for admission to continuation in the Program after resolution of the health problem. An updated health record, verified by a licensed physician, ARNP or PA must be submitted.

Pregnancy

Should a student become pregnant during enrollment in the Program, the student may voluntarily declare the pregnancy. The voluntary declaration of the pregnancy should be in writing and include the estimated date of confinement. (See Appendix)

The student will be counseled concerning the current knowledge of risk and dose limits for the embryo and fetus. A retrospective review of the student's dosimetry will be discussed and a review of radiation protection principles including the ALARA concept will be done.

After this discussion the student may exercise one of several options:

1. continue in the program with no change in clinical rotations
2. avoid fluoroscopy and mobile radiography rotations which may result in extension of the student's clinical education past the normal 24 months.
3. take a leave of absence from the program and reenter at a later date (this option assumes that the student leaves in good standing)

Should the student decide to exercise either option 1 or 2 above, a pregnancy dosimeter will be worn in addition to the student's own dosimeter.

The student may withdraw declaration of the pregnancy at any time after voluntary declaration. The withdrawal of declaration of pregnancy is also documented in writing. (See Appendix)

DIDACTIC EXPECTATIONS

The didactic portion of the program includes the classroom activities that are conducted in the Radiography classroom located in the Education Resource Center on the lower level of Bethesda Hospital East. Orientation and occasional classes are held at the main College campus in the Bethesda Service Center. During the didactic portion of the program you will be in class for lectures, discussions, labs, and testing. Students are required to attend all didactic sessions at the scheduled times. It is the student's responsibility to know the schedule of classes and be punctual.

The student is responsible for keeping up with all the assigned reading material and class room material. This material will be included on the tests. Outlines, objectives and a review sheet are handed out at the beginning of each unit. These handouts should be used in organizing your study and review. Most of the units are presented on PowerPoint in the class room. The main method of instruction is the interactive lecture and active learning. Students are expected to come to class prepared to discuss the material.

Tests

Generally, there will be a test on each of the individual units in the course. The tests, which are mostly multiple-choice and short-answer type, will cover lecture notes, handouts and the assigned reading material. In addition to the unit tests, there are cumulative exams given at midterm and at the end of each semester.

The end-of-semester final exams are cumulative and consist of multiple-choice questions. A passing score is 75 or higher.

In the event of an absence, the student is responsible for obtaining the lecture notes for class that day from a classmate. Should the absence fall on a test day, that test must be made up within one week.

Grading scale

The program uses the following grading scale:

A = 93 - 100
B = 88 - 92
C = 80 - 87
D = 75 - 79
F = 0 - 74

Classroom etiquette

The small class setting provides opportunities for interactions that are not possible in a larger class. For example, there is a greater opportunity for individualized instruction that recognizes different learning styles. Students are allowed freedom to express opinions and are encouraged to ask questions from each other as well as the instructor. Differences in learning styles and the subject matter will result in some students "getting it" at different points in the discussion of the material. Students are expected to be patient with each other and show mutual respect during the learning process.

Active learning is used in the classroom. This means that the students must be prepared to discuss the material during class. The curricular content requires more than rote memorization in order to understand and apply the concepts necessary to become a professional radiographer.

Eating is not allowed in the classroom except during special occasions. Drinks may be brought in but students are expected to keep the classroom clean and neat.

Sleeping is not allowed in the clinical area or the classroom. A student that cannot stay awake during class will be dismissed from the classroom.

Cells phones and all personal electronic equipment, including computers, must be turned off in the classroom to avoid unnecessary distractions.

Academic Policies

Students should consult the Academic Catalog, page 20, for the academic policies of the Bethesda College of Health Sciences. Radiography students are expected to review and comply with these policies and procedures. The Academic Catalog is available at:

http://www.bethesdacollege.net

Academic Calendar

The College academic calendar is found on page 78 of the Academic Catalog. The Academic Catalog may be accessed from the above link or from the home page of the Bethesda College of Health Sciences web site: www.bethesdacollege.net.

Suggestions for Maximizing Learning in the Classroom

You are about to learn a discipline specific body of knowledge that is usually of a technical nature, requiring considerable concentration and effort to master. We move through the individual units at a fairly rapid pace and the students are expected to be prepared in class for discussion of the material. The didactic method that is most often used in the classroom is the interactive lecture. This is an active learning process. Students are not expected to have mastered the material before class, but they are to be prepared to participate in the discussion of the material and to ask questions. Below are some suggestions that can help you make more effective use of your study time and increase the retention of the material that you learn.

The SQ3R Method

The SQ3R strategy is an excellent method for reading scientific or technical textbooks. It will get you ACTIVELY involved in learning and prevent you from being just a passive reader; and active participation is vital if true learning is to take place. SQ3R stands for:

Survey
Question
Read and underline
Recite and write
Review

Survey: Spend about ten minutes looking over the unit objectives and review questions. This will help you to focus on the main points to be learned in the material. Also, look over the chapter outline in the book or handout to get an overview of the content. This important step should not be skipped because it prepares your mind for what you are about to read and can provide an overall framework upon which concepts may be built.

Question: Read with the intent of answering specific questions. Before you begin a section, formulate a question or two based on the section heading. Questions should be simple and begin with words like "who, what, where, when, why" or "how." This is one way to become actively involved in what you read.

Read and underline: After reading the material the first time, go back and underline or highlight the main points. Emphasize definitions, bold print items, main ideas and answers to the questions that you formed in the first step. Don't underline everything or you'll defeat the purpose of focusing only on the main points. Another good idea is to write recall phrases in the he margins. The recall cues condense the main points into just a word or a few words.

Recite and write: After rereading and highlighting main ideas, recite out loud or in your mind the main points and answers to your questions. Then outline or summarize the material in your notes. Also, jot down questions that are still unclear to you so that you can ask them in class.

Review: This is the final and most important step in increasing your comprehension and retention of the material; it is also the most frequently omitted step. Look over your outline and reread your notes. See how much of the material you can recall. Go back over areas that were particularly difficult to understand. Your review sheet can serve as a guide during this step. Review is what moves the content you are learning from short-term memory into long-term memory where you can access it at a later time (like the final exam).

Review should be an ongoing process, not just a one-time event. In addition to studying the current unit, it is important to periodically go back to previous units and review that material as well. It shouldn't take much time to do this, maybe fifteen or twenty minutes a night, but this time will reinforce your learning and significantly increase your memory of the material.

Distributed learning

Spacing out your study sessions with a break in between will increase the effectiveness of your learning. Studying straight through for five hours is usually not as productive as spending about one hour of concentrated study, then taking a thirty or forty minute break. Your attention and concentration will begin to wane after about one and a half hours of continuous study, so even taking short breaks between sessions can improve your efficiency.

Break it down

Dividing the material into smaller more manageable parts for learning can be helpful, particularly with difficult or complex content. However, you should still begin with a survey of the whole material first to see how the parts relate to each other. Learn the first part; then learn the second part. Next, recite both parts together. Continue learning and adding the individual parts until you have the whole picture.

In summary, the didactic portion of the program is designed to instill within you the knowledge and understanding with which your clinical skills and abilities may be developed. You should strive for comprehension of the material covered in class and not just be content with simple recall of facts. An emphasis will be placed on the development and use critical thinking skills throughout the program.

CLINICAL EXPECTATIONS

The clinical portion of the program involves supervised education of the students in the actual clinical skills, critical judgments and problem-solving skills that are required in a radiographer. The clinical education requires interactions with patients, physicians and radiology department staff, as well as hospital personnel in many other departments. The clinical lab and the didactic curriculum are integrated to facilitate your clinical education.

Just as in the didactic portion of the program, the clinical education of the students is a joint effort between the individual student and the program personnel. In the course of your clinical education you will also be placed in the role of a health care provider with a level of responsibility that increases in proportion to your developing competencies. The following guidelines are provided to help each student understand how the objectives of clinical education may be obtained while delivering a high level of professional health care to the patients.

In general, students are to function under the same policies that apply to Bethesda Hospital personnel. The patient's care and welfare are of primary importance. Proper use of the available facilities should be aimed at achieving a diagnosis of the patient's condition as quickly, as safely, as comfortably and as economically as possible.

Clinical Competency

The students' achievement of clinical competency is one of our chief goals. Reaching this goal is a joint responsibility the program shares along with the student. Our responsibility is to provide the students with instruction, supervision, evaluation and opportunities for practicing clinical skills in the clinical area. The student's responsibility is to take full advantage of these opportunities by showing enthusiasm, an eagerness to participate in the procedures and exams, a dedication to developing proficiency in clinical skills and by exhibiting a professional attitude.

Achieving clinical competency is an incremental process that is based on a logical progression of clinical skill development and clinical reasoning and problem solving. The program makes a distinction between **clinical practice** and **clinical competency**. Clinical practice is a necessary step that precedes clinical competency and a process that continues after competency has been achieved. In the early stages of clinical practice that occur before clinical competency, students observe clinical exams and then assist in the performance of the exams. During the observation and assistance phases the student learns the purpose of the exam, the equipment and materials necessary to perform the exam, the positioning and imaging requirements for the exam and the patient care and assessment necessary for the exam.

In the next phase the student begins performing the exam with the assistance of the technologist. During this part of clinical practice the student must be under **direct supervision** (defined below). The cognitive knowledge for performing clinical exams is developed in the didactic portion of the program and the clinical lab provides opportunities for the development of psychomotor skill; however, it is during this phase of clinical practice under direct supervision that the student gains the experience and develops the skills that eventually lead to clinical competence. Also, during this phase of clinical practice the student develops skills

in the affective domain such as professional behavior and compassionate patient care. When a student performs an exam under **direct supervision** with assistance from the technologist, clinical practice is documented on the Clinical Practice and Competency Form. **A student must document two clinical practices before a clinical competency may be attempted.** For low volume or rare exams, clinical practice may be done on the phantoms.

Once the student has received the didactic education, passed the clinical lab session for a particular clinical exam and had sufficient clinical practice, then under the parameters of **direct supervision** the student may then perform the exam without any assistance from the technologist. If the student performs the exam successfully, a clinical competency form is completed by the student and signed by the technologist responsible for the direct supervision. This form is then turned in to the Clinical Coordinator or the Program Director. A copy of the clinical competency form and a list of competencies required by the American Registry of Radiologic Technologists (ARRT) and the Program is included in the Appendix.

After competency has been achieved, students are allowed to perform exams on patients under **indirect supervision**, which is described in detail below. This responsibility should not be taken lightly. As a member of the Bethesda health care team, you will represent the hospital to the patient and the community. If you are ever in a situation where you are unsure of how to proceed or what action is appropriate, it is your responsibility to stop and seek assistance or advice. The request for assistance is not a sign of ignorance or weakness, but instead, indicates good judgment and concern for patient care.

The documentation of clinical competence does not end clinical practice. Following documentation of competency students should continue to perform exams on a variety of patients in order to maintain competency and increase efficiency.

Supervision policies
The policies for the supervision of students are described below. We expect the students to assist the program personnel in the enforcement of these policies. These policies are to protect the patient from unnecessary radiation and injury and to provide students with a safe environment for achieving clinical competency.

Direct supervision
Until competency has been demonstrated and documented, students are to be under direct supervision, which means a qualified radiographer:

- reviews the procedure in relation to the student's level of achievement

- evaluates the condition of the patient in relation to the student's knowledge

- is physically present in the room during the conduct of the procedure

- reviews and approves the procedure and images

- is present during student performance of any repeat of any unsatisfactory radiograph

After a student has competently performed a procedure under these guidelines, documentation of the performance is recorded on the Clinical Practice and Clinical Competency Form. It is the student's responsibility to secure documentation.

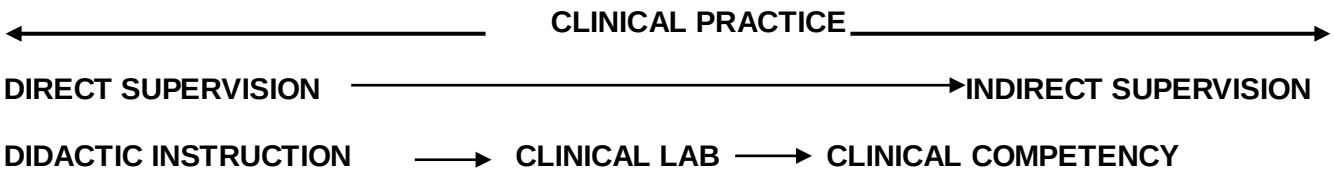
Only after competency has been achieved and documented can a student perform procedures under indirect supervision. Even then the student should always seek assistance or advice when appropriate.

Students in the surgery, portable and interventional radiology clinical areas are always under direct supervision.

Indirect supervision
Indirect supervision means that qualified radiographer is immediately available to assist the student regardless of the level of that student's achievement. "Immediately available" means that a qualified radiographer is adjacent to the room or area where the procedure is being performed. This applies to all areas where radiologic imaging is done, except for the areas mentioned above, which are always under direct supervision.

Repeat policy
Images sometimes have to be repeated for a variety of reasons, even by seasoned radiographers. If a student has to repeat an unsatisfactory radiograph, a qualified radiographer must be present and must evaluate the final image. This policy applies to all students regardless of the length of time the student has been in the Program.

Summary of Competency-based Clinical Education



Sequence for Achieving Clinical Competency

1. Pass the Unit Test in didactic portion of Program
2. Pass clinical skills test in Clinical Lab portion of Program
3. Document one successful practice under direct supervision (may be done concurrently with steps 1 and 2)
4. Perform exam/procedure successfully under direct supervision
5. Pass image review on exam/procedure

Competency Forms must be correctly and completely filled out and must be legible. A student must announce the intent to document a practice or competency **prior to the beginning of the procedure.**

General clinical guidelines

Your clinical education depends greatly upon the clinical rotations through all the different areas of radiology. The specific objectives for each clinical area are found elsewhere in this Handbook. In the most general sense, your clinical education is based upon three logical steps: observation, participation and performance.

In the beginning of a procedure that is new to you most of your attention will be focused on observation of the procedure. During this time you should take notice of:

- materials necessary for the procedure
- objectives of the procedure
- technologist responsibilities for the procedure
- patient care and management
- radiographic positions used
- clean-up of the room after procedure

A pocket spiral notepad is very useful for jotting down some of the information you need to remember for each procedure.
Participation in assisting the technologist perform the procedure should immediately follow your observation. In fact, participation at some level is always expected. Even in the beginning you can help set up the room and change linens or process the images. Your degree of participation should increase as you spend more time in each of the clinical areas and become more familiar with the protocols and procedures.

Occasionally during the daily operations of the department, the patient caseload may become very busy. At these times the technologist may have less time to instruct the students or answer questions. As always, the welfare and care of the patient is primary. You should make every effort to assist the technologist through the "rush times" and take full advantage of the slower workload periods to ask questions, practice your clinical skills, and review images.

You should remain in your assigned clinical area at all times unless instructed to go to another area by the technologist in charge. If there are no procedures being done in your clinical area, you should use the time to ask questions, review images on the monitors, or observe in another area. However, you must communicate with the technologist in your assigned area so that you are available for any patients that may arrive.

Your conversation in the clinical areas is a matter of professionalism and courtesy that demands attention. At all times your speech should be professional and polite. Remember that the patient is probably able to hear most of what is being said and this can have a strong impact on the perception of our hospital and the quality of care we provide. **Personal cell phones and personal electronic equipment are not allowed to be used in the clinical area.**

There is to be no eating or drinking in the patient care areas.

When you arrive in the morning you should punch in and then report to the supervisor at the front desk or the technologist in charge of your clinical area. Before the first patient is brought in for a procedure, the room should be fully stocked with necessary supplies and linens. You should learn which supplies are necessary for each area and make stocking the room the first priority in the morning. Any stock in the hallway should be stored in the appropriate place in the supply closets.

Professionalism and Customer Satisfaction Reminders

1. Break the ice: Make eye contact - smile, introduce yourself - call people by name...extend a few words of concern.
2. Does someone look confused? Stop and try to help.
3. Courtesy: Kind gestures, polite words make people feel special.
4. Explain what you are doing. People are always less anxious when they know what's happening.
5. Anticipate: You'll often know what people want before they have to ask...Act.
6. Timeliness is everything: When people are worried or sick, every minute is an hour.
7. Respond quickly.
8. Privacy and confidentiality: Watch what you say and where you say it. Show respect...Knock as you enter.
9. Dignity: That patient could be your child, your spouse, your parent. Give choices, close curtains...See the person.
10. It's everyone's job: Just because it's "Not your job" doesn't mean you can't help or find someone who can.
11. Treat patients as adults. Your words and tone should not insult.
12. Listen: If a person complains, don't be defensive.
13. Help each other and you help a patient.
14. Keep it quiet. Noise annoys! It also shows a lack of consideration.
15. Phone skill: When you're on the phone, our reputation is on the line...sound pleasant... be helpful...listen with understanding.
16. Dress professionally. You're part of a long proud medical tradition ...look the part.

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Academic Honor Code

Bethesda College of Health Sciences recognizes that honesty and integrity is an essential factor relating to the academic purpose and function of the institution. Therefore, it is expected that all students maintain a high standard of individual honor in all academic endeavors.

Academic dishonesty includes (but is not limited to):

- Cheating
- Plagiarism
- Forgery
- Collusion
- Credential misrepresentation
- The submission for credit of any work or material that are attributable in whole or in part to another person
- Taking an examination for another person or any act designed to give unfair advantage to a student or the attempt to commit such acts.

Students who are found guilty of any form of academic dishonesty will be subjected to disciplinary action, including loss of credit, suspension, or immediate dismissal from the College.

Cheating - The use or attempt to use unauthorized materials, information, study aids, or computer-related information. This includes giving or receiving, offering or soliciting information on tests or written assignments, and/or using notes or books other than those explicitly permitted by the instructor during an examination.

Plagiarism - Representation of words, data, works, ideas, computer programs, or anything not generated in an authorized fashion properly cited as one's own. In order to prevent plagiarizing utilize American Psychological Association (APA) formatting for general guidelines for papers. When referring to an idea from another work or directly quoting from that work, follow the guidelines for APA formatting for in-text citations and reference list. Please refer to the Ethical Agreement item #9 found in the BCHS Nursing Student Handbook, Appendix, for further explanation. Furthermore, a resource for APA formatting can be found at: http://owl.english.purdue.edu/owl/resource/560/08/.

Forgery – the willful misrepresentation or altering of documents with intent to defraud. It is a crime punishable by law. Its most common occurrence among students includes, but is not limited to, the misrepresentation of signatures (especially that of an academic advisor) on official documents of the College or the attempt to cash checks that are not lawfully their own.

Collusion - Cooperation of student(s) with staff personnel in securing confidential information/material (tests, examinations, etc.); bribery by student(s) or staff personnel to change examination grades and or grade point average(s); cooperative efforts by students and student assistant(s) in gaining access to examinations or answers to examinations for distribution; resubmission of term papers and/or reports that have been submitted previously and graded, but have been secured and re-circulated among students; and falsification of clinical records (i.e. clinical competencies, time cards, etc.)

Credential Misrepresentation - Use of untrue written statements regarding matters of fact in order to gain admission to the institution. This also includes misstatements of fact, distribution of false printed material, and conduct manifestly intended to deceive or mislead.

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Social Media

6 Tips for Radiography Students Using Social Media

1. Students must not transmit or place online individually identifiable patient information.
2. Students must observe ethically prescribed professional patient — nurse boundaries.
3. Students should understand that patients, colleagues, institutions, and employers may view postings.
4. Students should take advantage of privacy settings and seek to separate personal and professional information online.
5. Students should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Students should participate in developing institutional policies governing online conduct.

6 Tips to Avoid Problems

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the radiographer-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to enhance or undermine not only the individual radiographer's career, but also the radiography profession.

References:

American Nurses Association. (2011, September). Principles for social networking and the nurse. Silver Spring, MD: Author.
National Council of State Boards of Nursing. (2011, August). White Paper: A nurses's guide to the use of social media. Chicago, IL: Author.

According to Operations Regulation, policy 1009, Internet and E-mail Use, Unacceptable use of Internet, e-mail services or social media include, but are not limited to , transmitting protected health information or confidential information without password protection beyond the internal organization, accessing any material of a sexual nature, online shopping, and online gaming. The following items require the Dean's approval before use occurs: video/audio streaming, downloading of programs, videoconferencing, and teleconferencing.

Bethesda Healthcare System's policies against sexual or other harassment apply fully to the Internet, e-mail systems and posting of messages on any Social Networking sites associated with Bethesda. Any violation of those policies may be grounds for discipline, up to and including dismissal from the College. Discipline for misuse of these services will be conducted in accordance

with the disciplinary policy as set forth in the program handbook and the Academic Catalog policies and procedures.

Therefore, no e-mail or social networking messages should be created sent or received if they contain defaming, intimidating, hostile or offensive material concerning sex, race, color, national origin, religion, sexual orientation, age, marital, disability or any other classification protected by law.

Disciplinary Policy

Students are expected to exhibit professionalism, good judgment and responsibility during their education. Students are expected to adhere to the Hospital policies and the policies mentioned in this handbook and the BCHS catalog. Unacceptable behavior will be dealt with in the following manner.

1. Verbal reprimand for the first offense
2. Written reprimand for the second offence
3. Suspension or dismissal from the program

Certain infractions are of such a serious nature that immediate dismissal from the program is indicated. However, most problems that arise are of a minor nature and are usually handled by just counseling the student.

Student Grievance Policy

All students have the right to expect to be treated fairly and equitably. A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. In the event that a grievance needs to be filed, the following procedure applies:

1. First discuss the issue with the course instructor.
2. If resolution does not occur, submit a written grievance to the Program Director who has fifteen (15) days to respond.
3. If resolution does not occur, appeal the ruling to the Dean of the College who has fifteen (15) days to respond.
4. If resolution does not occur, appeal to the College Student Appeals Committee. The student may bring persons to the meeting for support,
   but none will be permitted to speak. The decision regarding the grievance at this level is final.
5. Students who feel a grievance is unresolved, even after the final decision, may refer their grievance to:

Commission for Independent Education
325 West Gaines Street, Ste. 1414
Tallahassee, FL 32399-0400
Telephone: (850) 245-3200
Toll free: (888) 224 6684
Web site: www.fldoe.org/cie

Complaint Policy

A complaint is defined as any constraint, behavior, action or environment that can reasonably be interpreted as interfering with a student's ability to learn or participate in the Program. Examples are temperature of classroom, noisy environment during class or testing, and lack of secure locker or storage space during clinical rotations. If resolution of the complaint cannot be achieved through informal mechanisms, complaints may be formally lodged according to the following policy, which is accessible via the Hospital Intranet:

Bethesda Hospital, Inc. Operations Reg. 1112- Customer Complaint Management System.

Community Service

Students are required to serve at least 8 hours per year volunteering at the community service selected by the class at the beginning of the program. An organization will be selected by the class and approved by the Program Director and the Dean. Documentation of service must be provided to the college by the students at the time of completion.

Graduation Requirements

In order to graduate the student must complete each didactic course with a minimum passing grade of 75% and have a cumulative GPA of at least 2.0, complete each clinical semester with a passing grade, complete all clinical education hours, and document competency on all ARRT-specified competencies and Program competencies.

After successfully meeting all program requirements, the graduate is eligible to sit for the national certification exam administered by the American Registry of Radiologic Technologists.

Student benefits

Students in Bethesda's Radiography Program are entitled to the benefits listed below:

-discount in the hospital cafeteria with BMH ID badge

-discount in the hospital gift shop with badge

Bethesda College of Health Sciences
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OBJECTIVES FOR SUCCESSFUL COMPLETION OF CLINICAL TERMS

1. Completion of competencies

In each clinical term the student must achieve a minimum number of competency exams and practice cases in order to matriculate to the next clinical semester. These procedures also include mobile radiographic and fluoroscopic studies. The minimum standards are as follows.

SEMESTER	MINIMIM STANDARD	EXAM TYPES AVAILABLE
Radiography Clinical Education I	5 competencies and 5 practices	Chest, abdomen and extremities
Radiography Clinical Education II	15 competencies and 10 practices (including recomps)	Same as above, plus spine, bony thorax, and GI studies
Radiography Clinical Education III	20 competencies and 10 practices (including recomps)	Same as above
Radiography Clinical Education IV	30 competencies and 5 practices (including recomps)	Same as above, plus skull and GU studies
Radiography Clinical Education V	35 competencies and 5 practices (including recomps)	Same as above
Radiography Clinical Education VI	45 competencies (including recomps)	Same as above

Please note that the list of competencies required to graduate from the program differs from the ARRT's list of competencies. This Program requires a higher number of competencies to be earned to qualify for graduation from the program. Please refer to the ARRT competency list as well as the Bethesda Radiography Program's competency list for more information.

2. Clinical image analysis evaluations

The student, upon successful completion of a competency exam, is expected to know and answer questions related to that examination. These questions can include anatomy, radiographic positioning, pathology, exposure analysis, and patient care questions. These evaluations are given throughout the course of each clinical semester.

3. Clinical quizzes

Throughout the term oral quizzes will be given to the student in their assigned rotation. Quizzes will focus on knowledge of all equipment and supplies in the radiographic exam room.

4. Clinical instructor challenge competencies

Throughout their senior year, students will be challenged to do a competency on an exam of the clinical instructor's choosing. The exam will be one that the student already has completed the initial competency on.

5. Clinical presentations

Throughout their senior year, students will be presenting cases to the junior class. Cases will be graded by the faculty.

6. Professional evaluations

The students will be obtaining a minimum number of evaluations by the technologists throughout the program.

7. Attendance

Clinical attendance, including being tardy or leaving early, will be factored into the grade for each term.

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The American Registry of Radiologic Technologists (ARRT)
Radiography Didactic and Clinical Competency Requirements

In order to be eligible to take the ARRT Radiography Examination, applicants must meet certain education, ethics and examination requirements. These may be found on the ARRT web site (https://www.arrt.org/Certification/Radiography) Students are encouraged to read the information contained there in the very beginning of the Program and at regular intervals thereafter, to ensure compliance with all eligibility requirements.

The didactic and clinical competency requirements are found at

https://www.arrt.org/docs/default-source/discipline-documents/radiography/rad-competency-requirements.pdf?sfvrsn=20

This document is also found in the Appendix of this Handbook.

These competencies are the minimum required for certification eligibility by the ARRT. Students are expected to show competency in more exams than this minimum number. Additionally, many of the electives identified by the ARRT are mandatory for our Program. Students should make every attempt to achieve competencies as soon as possible, according to the Program policies previously described. After competencies have been achieved, students are expected to remain competent which is evidenced by "recomping" on procedures that have been previously "comped." Practices are not necessary prior to "recomping" procedures.

Unsuccessful competency attempts are documented on the appropriate form. See the Policy for Unsuccessful competency attempts and Form in the Appendix.

Students are responsible for obtaining documentation and keeping competency documents in a 3-ring binder that is kept in the main radiology department. Copies of completed competencies are placed in the Clinical Supervisor's folder. A master list of clinical competencies is included in the following pages. Use this to document initial competencies for your own records. This will allow you to assess your progress and keep up with which competencies you still need to achieve. You are not expected to complete every competency on the master list; it is simply a comprehensive list of radiological procedures. The Policy for confidentiality of the Clinical Binders is found in the Appendix.

The competency form must be legible. Any forms with inaccurate or illegible information will not be counted. Signatures from staff technologists must be obtained on the same day as the performance of the competency, preferably as soon as the exam has been completed. Forgery of clinical competency forms is grounds for immediate dismissal from the Program.

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BCHS RECORD OF COMPETENCIES

		DATE	ACCESSION #
CHEST & ABDOMEN			
(cannot simulate)	**Ambulatory PA & lat chest**		
(cannot simulate)	**Strecher or wheelchair chest**		
	Chest decubitus		
(cannot simulate)	**Abdomen, single view (KUB)**		
(cannot simulate)	**Abdomen, supine & upright**		
(cannot simulate)	**Acute abdominal series**		
	Abdomen decubitis		
	Other _____		
ORTHOPEDIC			
	Finger or thumb		
	Hand		
	Bone Age		
	Wrist		
	Forearm		
	Elbow		
	Humerus		
	Toes		
	Foot		
	Calcaneus		
	Ankle		
	Tibia & Fibula		
	Knee		
	Patella		
	Femur		
	Hip		
	Pelvis		
	Shoulder		

		DATE	ACCESSION #
	Clavicle		
	Scapula		
	AC Joints		
	Ribs		
	Sternum		
	Soft tissue neck		
	C-spine, 3 views		
	C-spine, 5 views		
	T-spine		
	L-spine, 3 views		
	L-spine, 5 views		
	C-spine, dynamic		
	L-spine, dynamic		
	Sacrum & coccyx		
	SI joints		
	Scoliosis study		
	Skull		
	Paranasal sinuses		
	Nasal Bones		
	Orbits		
	Facial Bones		
	Mandible		
	TM Joints		
	Bone Survey		
	Other _____		
	Other _____		
FLUOROSCOPY			
(cannot simulate)	Video swallow		
(cannot simulate)	Esophagram		
(cannot simulate)	Upper GI		
(cannot simulate)	Small bowel series		

		DATE	ACCESSION #
(cannot simulate)	Enema		
	IVU		
(cannot simulate)	Cystogram or VCUG		
(cannot simulate)	Lumbar puncture or Myelogram		
	Arthrogram		
	T-tube cholangiogram		
	HSG		
	Other _____		

PORTABLE

(cannot simulate)	Portable chest		
(cannot simulate)	Portable abdomen		
(cannot simulate)	Portable upper extremity		
(cannot simulate)	Portable lower extremity		

TRAUMA

(cannot simulate)	Trauma upper extremity		
(cannot simulate)	Trauma lower extremity		
(cannot simulate)	Trauma shoulder		
(cannot simulate)	Trauma hip		
(cannot simulate)	Trauma lateral spine		

OPERATING ROOM

(cannot simulate)	Operative cholangiogram (c-arm)		
(cannot simulate)	Retrograde pyelogram		
(cannot simulate)	Other chest/abdominal (c-arm)		
(cannot simulate)	Orthopedic (c-arm)		
	ERCP		

PEDIATRICS (6 &↓)

(cannot simulate)	Pediatric PA & lat chest		
(cannot simulate)	Pediatric abdomen		
(cannot simulate)	Pediatric portable chest		
(cannot simulate)	Pediatric portable abdomen		

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		DATE	ACCESION #
(cannot simulate)	Pediatric upper extremity		
(cannot simulate)	Pediatric lower extrmity		

NEONATAL

(cannot simulate)	Neonatal chest		
(cannot simulate)	Neonatal abdomen		
(cannot simulate)	Neonatal chest & abdomen		

GERIATRICS (65 & ↑)

(cannot simulate)	Geriatric PA & lat chest		
(cannot simulate)	Geriatric abdomen		
(cannot simulate)	Geriatric upper extremity		
(cannot simulate)	Geriatric lower extremity		

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Clinical Objectives

The clinical rotations offer you the opportunity to practice and develop the skills that are required of an entry level radiographer. Each clinical area has some unique features that distinguish it from the other clinical areas. As you rotate through these different areas, you will develop a diverse set of clinical skills, and in the process, become a competent radiographer.

Below are two important references that will guide you in your clinical education. One is on the ARRT web site. It is a list of tasks that are considered necessary for entry level radiographers and it is also used to build questions for the ARRT Radiography certification exam. The link is:

https://www.arrt.org/docs/default-source/discipline-documents/radiography/rad-task-inventory.pdf?sfvrsn=18

Another resource is found on the ASRT web site. These Radiography Practice Standards define the professional standards of practice and are used for institutional job descriptions and serve as a guide for appropriate practice. This document includes the scope of practice, clinical performance standards, quality performance standards, professional performance standards, and advisory opinion statements. The link is:

https://www.asrt.org/docs/default-source/practice-standards-published/ps_rad.pdf?sfvrsn=2

You should familiarize yourself with both of these links and review them regularly during your education. The clinical objectives on the following pages have been developed from these two references in addition to other resources. References to some of your textbooks are included where applicable.

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Universal Clinical Objectives

These objectives apply to all clinical rotations, although some modifications may be made for some patients or some procedures.

1. Introduce yourself to the patient in a professional manner.
2. Verify the patient's identity with two unique identifiers.
3. Evaluate the patient's mental, physical and emotional status.
4. Obtain a pertinent medical history.
5. Provide the radiologist with the necessary medical history and information, if appropriate.
6. Explain the procedure to the patient in terms that are age and culturally appropriate.
7. Answer any questions the patient asks that are within your realm of knowledge and scope of practice.
8. Verify exam requisition for appropriate procedure, body part, and time.
9. Provide for the patient's comfort, safety, and modesty.
10. Communicate with patient's family in a pleasant and professional manner, as necessary.
11. Communicate with other healthcare workers in a professional manner, as necessary.
12. Escort or transport the patient to the examination room using proper body mechanics.
13. Assist patient into position on the procedure table using proper body mechanics.
14. Position the patient properly for the imaging study.
15. Position the x-ray tube properly for the imaging study.
16. Position the image receptor properly for the imaging study.
17. Restrict the field size to the area of clinical interest.
18. Select the appropriate technical factors for the imaging study. Junior students may use the AEC exposure mode. Senior students must use manual radiographic technique.
19. Instruct patient appropriately for imaging study.
20. Apply radiation safety practices to protect patients, yourself and others using the ALARA concept.
21. Energize the x-ray tube correctly.
22. Evaluate the image for quality and accuracy.
23. Assist patient in leaving the x-ray table.
24. Escort or transport the patient back to the waiting area.
25. Explain any appropriate post procedure instructions to the patient.
26. Follow appropriate infection control practices and guidelines.
27. Use Standard Precautions.
28. Follow all HIPAA regulations.
29. Properly use the HIS, RIS and PACS in managing patient information and images.
30. Wear your radiation dosimeter properly.
31. Use your lead markers on every image.
32. Always practice good customer service.

References:

https://www.arrt.org/docs/default-source/discipline-documents/radiography/rad-task-inventory.pdf?sfvrsn=18

https://www.asrt.org/docs/default-source/practice-standards-published/ps_rad.pdf?sfvrsn=2

Introduction to Radiologic Sciences and Patient Care, 6th ed., Adler & Carlton

In addition to these general objectives, each clinical rotation has particular objectives that are listed below.

General Radiography

1. Stock the room with clean linens and necessary supplies.
2. Clean the room and the x-ray table after every patient.
3. Adapt radiographic positioning and technique to accommodate atypical patients.
4. Review radiologic images on monitor during slow times.
5. Use table top technique for extremities.
6. Use the appropriate focal spot size for the procedure.
7. Perform chest radiography and sinus radiography upright whenever possible.
8. Include both joints for all long bone studies.
9. Restrict the x-ray field size to the area of clinical interest.
10. Learn the protocols for orthopedic, chest and abdominal radiography.
11. Learn the anatomy demonstrated on each radiographic study.
12. Adapt positioning and technique to different age groups.
13. Review radiographic anatomy and positioning in your Pocket Guide to Radiography during slow times.

Fluoroscopy

1. Prepare the room with contrast and other supplies before the morning schedule commences.
2. Mix barium in the barium room for any scheduled studies.
3. Learn the patient preps for each fluoroscopic exam.
4. Learn the anatomy demonstrated on the fluoroscopic study.
5. Learn the pre-procedure and post-procedure instructions for each exam.
6. Keep patients informed and comfortable during lengthy exams.
7. Clean and disinfect the room, table, and bathroom after every patient.
8. Learn the protocol preferences for each radiologist.
9. Practice appropriate medical and surgical asepsis as appropriate.
10. Never turn your back to the x-ray tube during fluoroscopic procedures.
11. Anticipate patient and radiologist needs.
12. Learn the protocols for the various fluoroscopic procedures.
13. Provide support and encouragement to the patient during fluoroscopic procedures.
14. Take notes in a small spiral notebook.

Portable Radiography

1. Students must always be accompanied by a technologist for portable radiography.
2. Pay strict attention to SID, and tube-part-IR alignment.
3. Be observant and careful around IVs, chest tubes, ET tubes, and other equipment in the patient's room.
4. Observe and obey all isolation precautions.
5. Be careful in the newborn nursery to practice good infection control, and to maintain warmth and safety of the infants.
6. Cooperate and communicate with the nurses and other staff when imaging patients on the floors and in the ICUs.
7. Wash your hands between patients.
8. Knock before entering a patient's room. Introduce yourself and greet the patient before you begin positioning. Explain what you are about to do. This also applies to patients that are unresponsive.
9. Decontaminate the portable machine after leaving isolation rooms.
10. Leave the patient in the same position he/she was in prior to the procedure.
11. Annotate time and other appropriate data on the image.
12. Drive the portable machine safely.
13. Manipulate portable machine accurately and precisely.

Surgical Radiologic Procedures

1. Students are to always be under direct supervision in the surgery department.
2. Accurately and precisely manipulate the mobile fluoroscopy unit.
3. Observe and maintain surgical asepsis at all times.
4. Properly set up C-arm prior to surgical procedure.
5. Perform mobile fluoroscopy for orthopedic procedures.
6. Perform mobile fluoroscopy for abdominal and thoracic procedures.

Transport (one-time rotation)

1. Practice transferring patients using proper body mechanics.
2. Learn safe usage of stretchers and wheelchairs.
3. Learn safe usage of accessory devices such as: IV poles, oxygen tanks, and chest tubes.

Front Desk (one-time rotation)

1. Practice proper phone etiquette.
2. Greet patients and answer basic questions.
3. Properly access PACS and RIS systems.
4. Burn CDs for patients.

RADIATION PROTECTION PRINCIPLES

The didactic curriculum includes an introductory unit on radiation protection in the first part of the first semester and a comprehensive coverage of radiation protection practices toward the end of the first year. However, there are some basic principles that the student should know from the beginning. These principles are designed to keep the radiation dose to the patients, personnel and students as low as is reasonably achievable (ALARA).

The three cardinal principles of radiation protection are: time, distance and shielding. The shorter the length of time of exposure at a given dose rate, the lower the radiation dose. Just as decreasing the exposure time in the sun decreases the risk of damage to the skin, decreasing the time of exposure to ionizing radiation decreases the risk from radiation.

Radiation intensity decreases dramatically as the distance from the source of radiation increases. The distance from the source of radiation should be maximized whenever practical to reduce the radiation dose.

The greatest protection from radiation is afforded by shielding. At the beach, sunscreen decreases the sun exposure to the skin. In the radiology department lead is used as a shielding material in the walls, gloves, aprons and other protective apparel that are worn at certain times.

Students will receive a dosimetry badge to wear in the clinical area. The badge measures any radiation that the students may receive in a radiation area. The badge must be worn at the collar outside the lead apron. It is very important for the students to be conscientious about wearing the dosimeter as this will allow us to track radiation exposure. Doses received by students are generally less than 300 mrems per year. The annual background radiation dose received in the USA is 300 mrems, so the amount received by radiographers is considered to be very low.

The main concern is how to reduce dose to the patients. This is done by following the ALARA philosophy and by taking specific actions to protect the patient. Lead shielding, beam restriction and low-dose imaging systems are all utilized to accomplish this goal.

Specific applications of these and other radiation protection practices will be shown in the clinical portion of the program. However, the students should feel free to ask any questions that interest them in this area. Chapter 8 in Introduction to Radiologic Sciences and Patient Care on basic radiation protection and radiobiology is a good resource you should read before beginning clinical rotations.

APPENDIX

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Radiography

1. Introduction

Candidates for certification and registration are required to meet the Professional Education Requirements specified in the *ARRT Rules and Regulations*. *ARRT's Radiography Didactic and Clinical Competency Requirements* are one component of the Professional Education Requirements.

The requirements are periodically updated based upon a practice analysis which is a systematic process to delineate the job responsibilities typically required of radiographers. The result of this process is a task inventory which is used to develop the clinical competency requirements (see section 4 below) and the content specifications which serve as the foundation for the didactic competency requirements (see section 3 below) and the examination.

2. Documentation of Compliance

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

Candidates who complete their educational program during 2017 or 2018 may use either the 2012 Didactic and Clinical Competency Requirements or the 2017 requirements. Candidates who complete their educational program after December 31, 2018 must use the 2017 requirements.

3. Didactic Competency Requirements

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

4. Clinical Competency Requirements

The purpose of the clinical competency requirements is to verify that individuals certified and registered by the ARRT have demonstrated competency performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the radiography examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements. Candidates may wish to use these pages, or their equivalent, to record completion of the requirements. The pages do NOT need to be sent to the ARRT.

4.1 General Performance Considerations

4.1.1 Patient Diversity

Demonstration of competence should include variations in patient characteristics such as age, gender, and medical condition.

4.1.2 Simulated Performance

The ARRT requirements specify that certain clinical procedures may be simulated as designated in the specific requirements below. Simulations must meet the following criteria:

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

4.1.3 Elements of Competence

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

4.2 Radiography-Specific Requirements

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

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

These clinical activities are listed in more detail in the following sections.

4.2.1 General Patient Care

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

General Patient Care Procedures	Date Completed	Competence Verified By
CPR Certified		
Vital Signs – Blood Pressure		
Vital Signs – Temperature		
Vital Signs – Pulse		
Vital Signs – Respiration		
Vital Signs – Pulse Oximetry		
Sterile and Medical Aseptic Technique		
Venipuncture		
Transfer of Patient		
Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)		

4.2.2 Imaging Procedures

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

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

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

Demonstration of competence must include:

- patient identity verification
- examination order verification;
- patient assessment;
- room preparation;
- patient management;
- equipment operation;
- technique selection;
- patient positioning;
- radiation safety;
- imaging processing; and
- image evaluation.

4.2.2 Imaging Procedures (continued)

Imaging Procedures	Mandatory or Elective		Date Completed	Patient or Simulated	Competence Verified By
Chest and Thorax	Mandatory	Elective			
Chest Routine	✓				
Chest AP (Wheelchair or Stretcher)	✓				
Ribs	✓				
Chest Lateral Decubitus		✓			
Sternum		✓			
Upper Airway (Soft-Tissue Neck)		✓			
Upper Extremity					
Thumb or Finger	✓				
Hand	✓				
Wrist	✓				
Forearm	✓				
Elbow	✓				
Humerus	✓				
Shoulder	✓				
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	✓				
Clavicle	✓				
Scapula		✓			
AC Joints		✓			
Trauma: Upper Extremity (Non Shoulder)*	✓				
Lower Extremity					
Toes		✓			
Foot	✓				
Ankle	✓				
Knee	✓				
Tibia-Fibula	✓				
Femur	✓				
Trauma: Lower Extremity*	✓				
Patella		✓			
Calcaneus		✓			

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

4.2.2 Imaging Procedures (continued)

Imaging Procedures	**Mandatory or Elective**		**Date Completed**	**Patient or Simulated**	**Competence Verified By**
Head – Candidates must select at least one elective procedure from this section.	**Mandatory**	**Elective**			
Skull		✓			
Paranasal Sinuses		✓			
Facial Bones		✓			
Orbits		✓			
Zygomatic Arches		✓			
Nasal Bones		✓			
Mandible		✓			
Temporomandibular Joints		✓			
Spine and Pelvis					
Cervical Spine	✓				
Thoracic Spine	✓				
Lumbar Spine	✓				
Cross-Table (Horizontal Beam) Lateral Spine	✓				
Pelvis	✓				
Hip	✓				
Cross-Table (Horizontal Beam) Lateral Hip	✓				
Sacrum and/or Coccyx		✓			
Scoliosis Series		✓			
Sacroiliac Joints		✓			
Abdomen					
Abdomen Supine (KUB)	✓				
Abdomen Upright	✓				
Abdomen Decubitus		✓			
Intravenous Urography		✓			

4.2.2 Imaging Procedures (continued)

Imaging Procedures	Mandatory or Elective		Date Completed	Patient or Simulated	Competence Verified By
Fluoroscopy Studies – Candidates must select either upper GI or contrast enema plus one other elective procedure from this section.	Mandatory	Elective			
Upper GI Series, Single or Double Contrast		✓			
Contrast Enema, Single or Double Contrast		✓			
Small Bowel Series		✓			
Esophagus		✓			
Cystography/Cystourethrography		✓			
ERCP		✓			
Myelography		✓			
Arthrography		✓			
Hysterosalpingography		✓			
Mobile C-Arm Studies					
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	✓				
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	✓				
Mobile Radiographic Studies					
Chest	✓				
Abdomen	✓				
Orthopedic	✓				
Pediatric Patient (Age 6 or Younger)					
Chest Routine	✓				
Upper Extremity		✓			
Lower Extremity		✓			
Abdomen		✓			
Mobile Study		✓			
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)					
Chest Routine	✓				
Upper Extremity	✓				
Lower Extremity	✓				

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DECLARATION OF PREGNANCY FORM

I, _____, am declaring my pregancy. My estimated date of confinment is _____. I am aware of the fetal dose limit of 50 mrem/month and the total gestational dose limit of 500 mrem. I have received current information about the fetal risks of radiation exposure and dose reduction methods.

I am exercising the following option:

_____ I am continuing in the Radiography Program with no change in my clinical rotations.

_____ I am electing to not participate in clinical rotations that involve fluoroscopy and mobile radiography. I realize that this may extend my clinical education past the normal completion date.

_____ I am electing to voluntarily withdraw from the Radiography Program. I have the option of reentering the Program at a later date, providing a student position is available.

Signed: _____

Date: _____

Program Director: _____

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WITHDRAWAL OF DECLARATION OF PREGNANCY FORM

I, _____, withdraw my declaration of pregnancy effective on this day, _____.

Signed: _____

Date: _____

Program Director: _____

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BLOOD BORNE PATHOGENS - EXPOSURE CONTROL PLAN

Purpose:
To fulfill the requirement that a health program have an Occupational Exposure to Blood Borne Pathogens plan. This plan includes, as a minimum; the elements defined in the Federal register 29C FR 1910.1030. Please refer to the complete detailed manual at Bethesda Intranet website under Policies Exposure Control Plan.

Objective:
The faculty of Bethesda College of Health Sciences is committed to limit occupational exposures to blood and other potential infectious materials to students and faculty.

Authority and Responsibility:
The Exposure Control Plan of the Bethesda College of Health Sciences is considered to be an extension if the Bethesda Hospital, Inc. Exposure Control Plan. The Program Director has the responsibility for the assurance of a comprehensive Exposure Control Plan. All faculty members are responsible for assuring compliance regarding OSHA requirements for blood borne pathogens.

Scope:
This plan covers all faculty and students who could, as the result of performing their job/educational requirements, be "reasonably anticipated" to have direct contact with blood and other potentially infectious material.

Definitions:

Blood borne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Contaminated: Indicates the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Sharp: Defined as any contaminated object with the potential ability to penetrate or lacerate the skin including, but not limited to needles, scalpels, broken or intact glass and broken or intact hard plastics.

Engineering Controls: A means to isolate or remove the blood borne pathogens from the work place, (e.g., sharps, disposal containers, self-sheathing needles).

Occupational exposure: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Personal Protective Equipment: Specialized clothing or equipment worn by faculty and/or students for protection against a hazard. General work clothes, (e.g., uniforms, pants, shirts, lab coats, scrubs) not intended to function as protection against a hazard is not considered to be personal protective equipment.

Potentially Infectious Material:
1. The following fluids: semen, vaginal secretions, cerebrospinal fluids (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluids that are visibly contaminated with blood and in situations where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed tissue or organ (other than intact skin) from human (living or dead).
3. HIV or HBV containing cell or tissue cultures, organ cultures, and culture medium or other solutions.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps and pathological and micro biological waste containing blood or other potentially infectious materials.

Standard Precautions: An approach to infection control that treats all human blood and certain human body fluids as if known to be infectious for HIV, HBV or other blood borne pathogens.

***Work Practice Controls*:** Controls that reduce the likelihood of exposure by altering the Manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Implementation Procedures:
1. Faculty and students will practice Standard Precautions to prevent or minimize contact with blood or other potentially infectious materials (i.e.: semen, vaginal secretions, cerebrospinal fluids (CSF) synovial fluids, amniotic fluids, pleural fluids, pericardial fluids, peritoneal fluids, any body fluids that are visibly contaminated with blood and in situations where it is difficult or impossible to differentiate between body fluids).
2. Students and faculty will have on hand the following supplies at all times during a clinical rotation: gloves, goggle, masks, gown and aprons.
   A. Aprons and goggles will be worn when potential for splash exists.
   B. Resuscitation equipment will be available and will be utilized in accordance Bethesda Hospital, Inc. guidelines for clinical experience.
   C. In areas where blood spills bleach will be available (to be diluted to 1:9 at time of use) and gloves used for clean-up will follow the guidelines for Bethesda Hospital, Inc. clinical experience.
3. After initial orientation, the Program Director is responsible for ensuring that each faculty member receives annual education regarding Blood Borne Pathogens.
4. All faculty members are responsible for ensuring the education is provided for each student during orientation and annually thereafter.
5. Faculty will routinely monitor student compliance with Standard Precautions while in the clinical area

Clinical Practices:
Specific practices *will* be adhered *to so that faculty/student exposure can be eliminated or minimized:*
1. Eating, drinking, and applying cosmetics or lip balm and handling contact lenses are prohibited where there is a reasonable likelihood of occupational exposure to blood or other potentially infectious materials.
2. Food or beverages will be consumed only in safe designated areas.
3. Students and faculty will wash hands immediately or as soon as feasible, after the removal of gloves or other personal protective equipment.
4. The mucous membranes (eyes, nose and mouth) will be protected when there is a likelihood of spatters or splashes from blood or body fluids. All procedures involving blood or other potentially infectious materials will be performed in a manner, which minimizes splashing, spraying, spattering and the generation of droplets of these substances.
5. Contaminated needles or other contaminated sharps will not be bent, recapped, sheared, broken or removed. Immediately, or as soon as possible after use, contaminated sharps will be placed in containers, which are puncture-resistant, leak-resistant and properly labeled, or color-coded.
6. In **the event that an exposure occurs,** faculty and/or student will wash exposed areas of the body with soap and water; or flush the mucous membranes with water immediately, or as soon as possible following contact with blood or other potentially infectious materials.

Faculty and students will follow the Bethesda College of Health Sciences OSHA - Blood Borne Pathogens Post-Exposure Evaluation and Follow-up Guidelines.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Policy:
All students and faculty will appropriately report incidents, be treated and obtain follow-up care as necessary according to Bethesda College of Health Sciences along with Bethesda Hospital's Blood Borne Pathogen Exposure Control Plan Evaluation and Follow-up procedures.

Procedure:
The **student** will:
1. Report incident to instructor. If instructor is not available on site, report to nursing unit supervisor.
2. Receive emergency treatment, either at the Employee Health Department or Emergency Department of the Hospital.
3. Complete incident report.
4. Contact Employee/Student Health Nurse for any additional evaluation, testing, counseling, treatment, and follow-up for exposure incident.
5. Obtain and maintain any and all documents relating to health care services received.

The **instructor** will:
1. Direct student to emergency care in accordance with BCHS and Bethesda Hospital procedures.
2. Notify BCHS Administrative Assistant or Dean of exposure incident.
3. Review with student the BCHS and Bethesda Hospital procedures for post-exposure evaluation and testing.
4. Assist student to complete the BHCH and Bethesda Hospital incident reports.
5. If victim, her/himself, of exposure, the instructor will receive emergency treatment in accordance with BCHS and Bethesda Hospital Exposure Control Plan Procedures.

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THIS FORM IS FOR THE BETHESDA COLLEGE OF HEALTH SCIENCES. THE STUDENTS AND FACULTY WILL FOLLOW THE SAME POLICY AND PROCEDURES FOR EXPOSURE CONTROL PLAN. THIS PLAN WILL BE EXPLAINED IN DETAIL AT STUDENT ORIENTATION.

INFORMATION FOR STUDENT ACKNOWLEDGMENT

I have read and understand the ***INFORMATION FOR STUDENT EXPOSED TO BLOOD OR BODY FLUIDS***. I have been given the opportunity to ask any questions I may have and they have been answered to my satisfaction. I have been given a copy of this material for my future reference.

_____	_____
Student Signature	Witness Signature
_____	_____
Date	Date

Bethesda College of Health Sciences
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ETHICAL AGREEMENT

Because the nursing & radiography programs at Bethesda College of Health Sciences are a part of Bethesda Hospital, Inc. expectations for behavior and attitude are significant and stringent. This agreement is both a ***contract*** and ***a code of conduct for the student*** while in the clinical setting, lecture, skills lab, and any other time the student is under the auspices of BCHS and Bethesda Hospital, Inc. Acceptance into these programs does not automatically guarantee that each student will be able to perform in a manner befitting of their respective profession. These rules are designed to benefit Bethesda College of Health Sciences Programs, its students and faculty, as well as patients, hospital staff, and other individuals who are exposed to students during the course of their enrollment.

By signing this contract, the student agrees to its conditions and restraints on the student's behavior. All students, while under the sponsorship of BCHS respective programs, will behave in such a manner so that no persons shall be embarrassed, harassed, endangered or upset by the student's behavior. In a question or conflict between an instructor or staff member and the student, regarding a student's behavior or attitude, the benefit of the doubt will initially always go to the instructor. All parties will be consulted in an effort to resolve the conflict. The appropriate communication channel for students always begins with the immediate faculty member, followed by the chain of command. If a resolution is not reached within the respective program, then the Student Grievance Policy, as stated in the *BCHS Academic Catalog,* will be initiated.

This Ethical Agreement is made in accordance with the “policies" as set forth in the *Bethesda College of Health Sciences Academic Catalog – Academic Honor Code and Bethesda Health, Inc. Human Resource Policy #bhsf-1250 & bhsf-5100.* All such provisions of these policies are incorporated herein by reference and made a part
of this agreement.

1. Sexual harassment. No student shall engage in sexual harassment, i.e., no flirtation, propositions, innuendos, or inappropriate comments shall occur.
2. Inappropriate language. No student shall use foul or vulgar language.
3. Illicit substances. No student shall have in their possession, or be under the influences of any controlled substance or alcohol, except for those substances prescribed by a physician. Students shall not consume intoxicants to the extent that evidence of such consumption is apparent. Students who appear intoxicated will be subjected to drug testing pursuant to Bethesda Health, Inc. Human Resource Policy #bhsf-6150.
4. Weapons. No student shall have in their possession any lethal weapons, which include firearms, but are not limited to guns, knives, explosives, ammunition or a weapon-like device, any knives, guns, or other lethal weapon. Personal protective devices, such as MACE is restricted from clinical units.
5. Leaving the clinical area. No student will leave his or her assigned area unless authorized by the instructor.
6. Patient Assessments. Students will assess patients of the opposite sex within the scope of the course and clinical objectives, and at the discretion of the clinical instructor. A third person may be included in the assessment process.
7. Inappropriate behavior. Students will not direct disrespectful or abusive behavior toward any College guest, faculty, BCHS and Bethesda Hospital, Inc. employee or student, patient or employee and/or patient of any hospital or other health care facility. Instructor and health care employees will be treated with the respect their positions deserve and the student will abide by any rules governing a Bethesda Hospital, Inc. staff.
8. Disputes. In the event of a dispute or observed incident between a student and a hospital employee, student shall contact the clinical instructor, who is the first link in the chain of command. The clinical instructor will attempt to resolve the problem. Students are not to become involved in or attempt to resolve such conflicts independently.
9. Plagiarism. Plagiarism is defined as "the conscious or unintentional use of words, phrasing, or ideas of another person without acknowledging the source, thereby attempting to receive

undeserved credit. Conscious plagiarism is evidenced of intellectual dishonesty; unintentional plagiarism indicates intellectual laziness. One must put other's words in quotation marks and cite the source(s) and must give citations when using other's ideas, even if those ideas are paraphrased in your own words.

10. Practicing nursing. Florida Statutes 464.022(3) allows nursing students to practice nursing while enrolled in approved college of nursing. Nursing students may not practice nursing outside the College's approved clinical setting and without an instructor present. Observational experiences do not constitute nursing practice.
11. Confidentiality. The undersigned hereby acknowledges his or her responsibility under Florida law to keep confidential the identities and identifying information regarding any and all patients encountered in the clinical area. No student shall divulge the names of any patient orally, or in writing, during group discussions, presentations, seminar projects, or other activities related to clinical experiences.
    The undersigned further agrees not to reveal to any person or persons, except authorized clinical staff, and associated personnel, any identifying information regarding any such patient.
12. Medical records. Bethesda College of Health Sciences combined with Bethesda Hospital, Inc. Confidentiality Agreement, as set forth in the preceding paragraph, extends to all patient records. In addition, photocopying of medical records, audio taping and/or removing medical records from any hospital department are strictly prohibited. I acknowledge the receipt of my user-id and password to the BHI network and clinical system (eCOS) and understand that:
    a. The user-id and password issued by BHI, via the Information Services security office, is equivalent to my signature.
    b. The user-id and password will not be provided to any other individual.
    c. All reasonable steps necessary will be taken to safeguard the user-id and password from disclosure to unauthorized individuals.
    d. The use of the user-id and password will be strictly limited to accessing patient information. I will not attempt to access any other unauthorized information.
    e. All medical information and data concerning specific patients (including, but not limited to, the identity of the patients), derived from or obtained during the course of accessing the clinical system, shall be treated as confidentiality of patient records, and shall not be released, disclosed, or published to any party other than as required or permitted under applicable laws.
    f. Reproducing any part of the patient record, in print or electronic form, will be treated with the same confidentiality as all other patient records.
    g. If for any reason the confidentiality of the user-id and/or password has been violated, you will contact the BHI Information Services Department's Help Desk at (561)737-7733, extension 84357 for reassignment of a new user-id and/or password.
    h. The use of information technology is a privilege extended by BHI, which may be revised, restricted or withdrawn at any time. These technologies are the property of BHI and are to be used solely for business purposes.
    i. As a safeguard to patient confidentiality, random audits of information access will be conducted to ensure the accountability for any and all access to patient information.
13. Violations of this Agreement. Any violation of the foregoing Ethical Agreement (including infractions to the Academic Honor Code as found in the BCHS Academic Catalog) will result in the student's dismissal from the clinical, lecture, or laboratory setting and referral to the appropriate person in accordance to the chain of command as set forth in the Nursing/ Radiography Student Handbook. In addition, the student may receive a failing grade based on the clinical evaluation and a failure to meet course requirements.
14. Disciplinary Action by the College. If a student is suspended or otherwise formally disciplined by Bethesda College of Health Sciences, the student is subject to permanent dismissal from their respective programs. At the conclusion of the disciplinary period, the student may petition the respective Program for readmission. However, there is no guarantee of readmission.

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If a student violates the "Ethical Agreement" of BCHS the situation in question will come before the Faculty Forum Committee. (Exception: A severe infraction that requires immediate attention). The Faculty Forum will make recommendation for disciplinary action to the Dean. If the student wishes to appeal the decision, he/she must appeal to the Student Appeals Committee, in writing. Please see the Dean for instructions regarding filing the appeal.

Agreed this day of_____, 20___.
Month/day

_____
(Print) Student Name

_____
Student Signature

_____
Witness

Bethesda College of Health Sciences
BAPTIST HEALTH SOUTH FLORIDA

ETHICAL AGREEMENT

I have read the "***Ethical Agreement***" of Bethesda College of Health Sciences.

Agreed to this _____ day of _____, 20____
Day Month Year

_____
(Print) Student Name

_____
Student Signature

_____
Witness

Bethesda College of Health Sciences
BAPTIST HEALTH SOUTH FLORIDA

NOTARIZED STUDENT OATH AND AFFIRMATION
(THIS FORM MUST BE NOTARIZED)

I, _____ as a student of Bethesda College of Health Sciences, swear that I have not been arrested or charged with any crime since the date of my previous background check(s).

I understand that is my responsibility to disclose to Bethesda College of Health Sciences any arrest or criminal charges. Upon disclosure, I understand that I may be required to repeat a background check.

I understand that the disclosure of arrest and/or conviction information could affect my successful progression in the Nursing/ Radiography Program.

_____ _____
Printed or Typed Name of Applicant Signature of Applicant

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before me this day and personally appeared _____Principal (i) I, have personal knowledge of the identity of the principal(s), or (ii) I, have seen satisfactory evidence of the principal(s) identity, by current state or federal identification with the principal(s) photograph in the form of a _____ or a (iii) credible witness has shown to the identity of the principal(s).

Witness my hand and official seal or stamp, the _____ day of _____, in the year_____

(seal or stamp)

_____
Notary Public Official Signature

My Commission Expires_____ _____
Notary Printed or Typed Name

Bethesda College of Health Sciences
3800 South Congress Avenue
Suite 9
Boynton Beach, FL 33426
561-364-3064
www.BethesdaCollege.net

Bethesda College of Health Sciences
BAPTIST HEALTH SOUTH FLORIDA

STUDENT ENROLLMENT AGREEMENT

THIS AGREEMENT, TOGETHER WITH THE COLLEGE CATALOG, CONSTITUTES A BINDING CONTRACT BETWEEN THE STUDENT AND THE COLLEGE and WILL BE SIGNED BY BOTH PARTIES AFTER ACCEPTANCE BY THE COLLEGE AND BEFORE PROGRAM ACCEPTANCE.

READ APPLICATION THOROUGHLY BEFORE ANSWERING QUESTIONS

Student Information

Name: _____

Address: _____
STREET ADDRESS **CITY/STATE** **ZIP/POSTAL CODE**

Name of Parent/Guardian (if student is under 18): _____

Telephone: (Home) _____ (Business or Cellular): _____

Social Security Number: xxx-xx-_____ Date of Birth: _____ Circle One: Male Female

_____

Program Information: Circle One: NURSING RADIOGRAPHY

Length (semesters): _____ *Credit Hours*: _____ *Degree*: Associates in Science

Class Schedule: (X) Full Time ( ) Part Time

All students may be required, due to clinical availability, to attend clinical classes at any time during a 24 hour period, including week-ends. Notification of class days/hours occurs at time of course registration.

Credits per Semester: 3 – 12 *Start Date*: ___/___/___ *Anticipated Ending Date*: ___/___/___

Costs:

Tuition	$ _____	(cost per total credits; cost per credit hour maybe subject to annual change)
Fee(s)	$ _____	(non-refundable Competency Testing & NCLEX/ARRT review, Skills Lab Kit, Skills Lab Fee, Admission Application, Pre-Admission exam, ASRT annual membership, and Graduation)
Books and Supplies	$ _____	(estimated cost of books, uniforms, equipment, supplies, etc.)
Other Costs	$ N/A	(estimated goods and services not included in the tuition or above BUT not including late fees, fines, personal expenses, etc.)

_____Student's Initial

METHODS OF PAYMENT:
All tuition and fees are due and payable at the time of registration each semester.

The College accepts credit card payments only through Authorize.net. The student makes payments through our Orbund/Einstein student information system. American Express, Discover, Visa, MasterCard, and automatic (ACH) checking are accepted. E-Check **will not** be accepted.

All costs and fees for programs are printed in the College Catalog. There are no carrying charges, interest charges, or service charges connected or charged with any of these programs. Contracts are not sold to a third party at any time.

CANCELLATION OF ENROLLMENT AGREEMENT:

Should a student can cancel this enrollment agreement for any reason, all refunds will be made according to the following refund schedule:

1. Cancellation can be made in person, by electronic mail, by Certified Mail or by termination.

2. All monies will be refunded if the student cancels within three (3) business days after signing the enrollment agreement.

3. Cancellation after the third (3rd) Business Day, but before the first class, results in a refund of all monies paid, with the exception of the registration fee (not to exceed $150.00).

4. Refunds will be made within 30 days of termination of students' enrollment.

REFUND POLICY

To request a refund, a *Change/Withdrawal Refund Request Form* **must be submitted to the Dean's Office.**
1. *Partial Withdrawal (course)* – A student who officially *drops a course* during the drop/add period of the semester (first 7 days) will be refunded 100% of the tuition paid. After the drop/add period of the semester, no refunds are issued for partial withdrawals.

2. *Withdrawal from the College (Full semester)* – A student who officially withdraws before the first day of class from all courses will be refunded the total tuition, plus refundable fees. Students who officially withdraw from all courses during the drop/add period (first 7 days) of the semester will receive a 100% refund of tuition. Students who officially withdraw after the first 7 days of the semester and on or before the 10th day after the beginning of the semester will receive a 75% refund of tuition paid. Students who officially withdraw from the College after the 10th day of the semester and on or before the 15th day of the semester will receive a 50% refund of tuition paid. Thereafter, no refunds will be provided.

Termination Date: In calculating the refund due to a student, the last date of actual attendance by the student is used in the calculation.

 _____Student's Initial

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TRANSFERABILITY OF CREDIT
I agree that transferability of credit to other institutions and from other institutions is at the discretion of the accepting institution. It is my responsibility as the student to confirm whether or not another institution of my choice will accept Bethesda College of Health Science credits.

GROUNDS FOR TERMINATION
I agree to comply with the rules and policies as contained in the Catalog and/or respective Program Student Handbook and understand that the College shall have the right to terminate this contract and my enrollment at any time for violation of rules and policies. I understand that the College reserves the right to modify the rules and policies, and that I will be advised of any and all modifications.

GRADUATION REQUIREMENTS
I understand that in order to graduate from the program and to receive a degree, I must successfully complete the required number of credit hours as specified in the catalog and on the Student Enrollment Agreement, pass all written, practical and clinical examinations as described in the College Catalog and satisfy all financial obligations to the College.

EMPLOYMENT ASSISTANCE
I understand that the College has not made and will not make any guarantees of employment or salary upon my graduation. The College will provide me with placement assistance, which will consist of identifying employment opportunities and advising me on appropriate means of attempting to realize these opportunities.

ACKNOWLEDGEMENT
This contract contains the entire agreement between the College and myself, and no further modification or representation except as herein expressed in writing will be recognized.

I understand that the Nursing Program is accredited by Accreditation Commission for Education in Nursing (ACEN).

I understand that the Radiographic Program is accredited by Joint Review Committee on Education in Radiologic Technology (JRCERT).

NOTICE TO PROSPECTIVE STUDENTS: DO NOT SIGN THIS CONTRACT BEFORE YOU HAVE READ IT OR IF IT CONTAINS ANY BLANK SPACES. ALL SIGNERS HAVE RECEIVED AND READ A COPY OF THE BINDING DOCUMENT AND CATALOG AND RESPECTIVE PROGRAM STUDENT HANDBOOK.

Signature of Applicant Date

Signature of Parent/Guardian Date

Print Name of Applicant

Print Name of Parent/Guardian

Signature of College Official Date

Print Name of College Official

NOTE: If the student is under the age of 18, a parent's signature will be required.

Bethesda College of Health Sciences
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REQUEST TO WAIVE A COLLEGE REGULATION

The top portion of this form is to be completed by the applicant/student, and then taken to the appropriate individuals for recommendations, comments, and signatures. If any or all individuals recommend disapproval, this request will continue to the Dean of the College for final determination.

All Information Must Be Typed

Name: First_____MI____ Last_____

Attach a letter outlining the details of your request. The letter must include the regulation/policy/criteria you wish to have waived, the precise action to be taken, and the justification or reason for the request. In explaining the request, you may choose to describe the circumstances that led to this situation, explain why a regulation waiver is the best remedy, and state specific ways an approval would solve the problem.

I recommend the following action:

☐ Approval ☐ Disapproval

Comments (Attach a letter if necessary):

_____
Chairperson, Academic Standards Committee (Print Name)

_____
Chairperson Academic Standards Committee (Signature) Date

I recommend the following action:

☐ Approval ☐ Disapproval

Comments (Attach a letter if necessary):

_____
Dean, College of Health Sciences (Print Name)

_____
Dean, College of Health Sciences (Signature) Date

Bethesda College of Health Sciences
BAPTIST HEALTH SOUTH FLORIDA

ACKNOWLEDGMENT FORM

I have read and have had the opportunity to ask questions regarding the following document(s*): (check all that apply)*

Bethesda College of Health Sciences Academic Catalog _____

Bethesda College of Health Sciences Nursing Student Handbook _____

Bethesda College of Health Sciences Radiography Student Handbook _____

Bethesda College of Health Sciences Faculty Handbook _____

Name: _____Status_____

Signature: _____Date:_____