Lamar Institute of Technology

Radiologic Technology

Revised Spring 2025

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ORGANIZATION CHART
Lamar Institute of Technology

The following organization chart identifies those individuals and offices responsible for the attainment of the Lamar Institute of Technology mission statement.

Texas State University System
Board of Regents

Lamar Institute of Technology
President
Sidney E. Valentine, Ph.D.

Vice President of Instruction/Provost
Angela J. Hill, Ph.D.

Dean of Strategic Initiatives &Accreditation
Ken Mason M.S.

Dean of Instruction
J. Allen Welch, LP, B.A.A.S.

Department of Allied Health & Sciences
Chair
Richard Fruscione MA, CST, FAST

Radiologic Technology Program
Program Director
Brenda Barrow, M.Ed., R.T. (R) (CT)

Clinical Coordinator
Sheryl Nance, B.A.A.S., R.T. (R) (CT)

Clinical Instructor
Gina Johnson, B.A.A.S., R.T.(R)

Clinical Instructor
Griselda Thornton, A.A.S., R.T.(R)

Clinical Instructor
Nikki Dupuis, A.A.S., R.T.(R)

Clinical Instructor
April Smith, B.A.A.S., R.T.(R)

Clinical Instructor
Bailey Jackson, A.A.S., R.T. (R)

Clinical Instructor
Michelle Falcone, A.A.S., R.T.(R)

VISION AND MISSION STATEMENTS

LAMAR INSTITUTE OF TECHNOLOGY (LIT)

Vision Statement
Lamar Institute of Technology: focusing on innovative education, training, and career development for tomorrow's workforce

Mission Statement
Lamar Institute of Technology provides innovative teaching and learning for tomorrow's workforce.

Lamar Institute of Technology provides quality education and training that enable a diverse student population to achieve its educational goals. Programs are enhanced by developing and maintaining partnerships with business, industry, and the community. Faculty are dedicated to teaching, advising, and scholarship. Both faculty and staff work to serve the Institute and the community.

Allied Health & Sciences Department
The Department of Allied Health provides graduates that work to better protect the health of people within the area, state and nation.

RADIOLOGIC TECHNOLOGY PROGRAM

Mission Statement
The Radiologic Technology Program prepares students for entry level positions in hospitals, clinics, and doctor's offices performing procedures that produce images of patients for diagnosis by physicians.

Program Goals and Student Outcomes
1. Graduates will demonstrate clinical competence.
   Student Learning Outcomes
   - Students will select appropriate technical factors.
   - Students will apply proper positioning skills.
   - Students will demonstrate proper patient care & education.

2. Students will develop effective communication skills.
   Student Learning Outcomes
   - Students will demonstrate appropriate communication skills in a laboratory course.
   - Students will demonstrate appropriate communication skills in a lecture course.

3. Students will develop effective critical thinking and problem solving skills.
   Student Learning Outcomes
   - Students will exhibit critical thinking and problem solving skills on a written test/assignment.
   - Students will exhibit critical thinking and problem solving skills on task analyses.

4. The program will satisfy the community's need for qualified radiographers.
   Student Learning Outcomes

- Students will complete the program.
- Students will pass the ARRT exam.
- Students will be adequately prepared to be entry level technologists.

FACULTY

There are full-time and part-time (adjunct) radiologic technologist faculty members to assist in the instruction, supervision and evaluation of the radiologic technology students. All faculty are hired by LIT. The faculty consists of:

Brenda Barrow, M.Ed., Lamar University, B.S., Midwestern State University, A.A.S., Lamar University. Registered Technologist, Registered C.T. Technologist, Program Director Radiologic Technology and Didactic Instructor.

Sheryl Nance, B.A.A.S., Lamar University. Registered Technologist, Registered C.T. Technologist, Clinical Coordinator, Clinical Instructor, Medical Center of Southeast Texas, Port Arthur and Didactic Instructor.

Gina Johnson, B.A.A.S., Lamar University. Registered Technologist, Clinical Instructor, Christus St. Elizabeth Hospital, Beaumont.

April Smith, B**.**A.A.S. Lamar University. Registered Technologist, Clinical Instructor, Christus St. Elizabeth Hospital, Beaumont.

Griselda Thornton, A.A.S., R.T. (R). Lamar University. Registered Technologist, Clinical Instructor, Christus Beaumont Bone and Joint & Medical Center of Southeast Texas.

Nikki Dupuis, Adjunct Clinical Instructor. A.A.S., R.T.(R). Lamar Institute of Technology. Registered Technologist.

Michelle Falcone, Adjunct Clinical Instructor. A.A.S., R.T.(R). Lamar Institute of Technology. Registered Technologist.

Jackson, Bailey, Adjunct Clinical Instructor. A.A.S., R.T. (R). Lamar Institute of Technology, Registered Technologist.

LAMAR INSTITUTE OF TECHNOLOGY
DEPARTMENT OF ALLIED HEALTH
RADIOLOGIC TECHNOLOGY PROGRAM

PROFESSIONAL ETHICS AND STUDENT CONDUCT

We are pleased that you have chosen the field of Radiologic Technology as your profession. We look forward to accepting you as a member of this chosen profession upon completion of your training. As professional members of the health care team, you are expected to uphold the professional responsibilities inherent in this field. As trainees of this profession, you have accepted the same professional responsibilities as a registered technologist. Your ability to fulfill these responsibilities will be observed and evaluated throughout your training to aid in your professional development.

Students **will not be considered for admission** to the Lamar Institute of Technology Radiologic Technology Program if they have been dismissed from any other program for ethical or moral violations (i.e. cheating, lying, drug abuse, sexual harassment, etc.).

The Code of Ethics of the American Registry of Radiologic Technologist reflects the rules and standards that govern the conduct of the professional technologist. Student radiographers should strive to appreciate, and value these standards. To this end, program faculty has outlined the standards of conduct required for all radiography students. Violations of published standards may result in disciplinary action and/or dismissal from the Program.

CODE OF ETHICS

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

7. The radiologic technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession, and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgement and/or ability to practice radiologic technology with reasonable skill and safety to patients.

PROFESSIONAL CONDUCT IN CLINIC

As is the case with all health-related areas, patient care, comfort and safety are the primary concerns. The primary responsibilities of health care workers, whether registered technologists or students, lies in assuring at all times that these patient concerns are fulfilled.

In order to enhance your entrance into the patient oriented clinical settings, the following considerations inherent in basic professional conduct and good patient care are hereby offered:

1. Be on time, report to the clinical setting 10 minutes prior to the scheduled time so that you are ready to begin your clinical experience at the assigned time. If unable to attend clinic it is **mandatory** that you call prior to the scheduled time.
2. Report to the clinical instructor or designated supervisor upon arrival, and then proceed to your assigned work area.
3. Any departure from the assigned work area should be cleared with the clinical instructor or designated supervisor.
4. Of utmost importance are patient comfort, and safety. Basic steps for good patient care include the following:
    a. Use **two patient identifiers** prior to bringing the patient to the department and/or x-ray room i.e. armband, birth date, other hospital specific identifier.
    b. Make certain that the patient is properly dressed before bringing into an x-ray room.
    c. Examine all transportation equipment prior to using for patient transport, with particular emphasis regarding safety and cleanliness. That is:
        1. use of safety straps and rails is imperative.
        2. cover stretcher patients with a sheet; cover the knees of wheelchair patients.
        3. make certain while accompanying the patient from the waiting area to the radiographic room, that physical assistance of the patient is always maintained.
5. The patient should never be allowed to hold or view any patient charts, records and/or radiographs at any time.
6. Assist the patient to and from the exposure site, maintain safety and comfort of the patient at all times.

7. At no time should a student leave a patient unattended in the radiographic room. Lawsuits have sometimes resulted from negligence, and student technologists may be sued.
8. No patient should be allowed to enter a radiographic room until proper sanitary procedures have been completed. That is:
    a. soiled linens must be removed from the premises and replaced with clean ones.
    b. any barium, contrast, or residual materials must be cleaned up.
    c. bathrooms in the radiographic area should be checked and attended to following any usage.
9. Radiographic rooms to which students are assigned must be restocked daily before going off assignment.
10. All property must be returned to the patient before dismissing the patient from the radiographic room.
11. Any accident or incident involving a patient in the radiographic room must be reported immediately to the clinical instructor. Written accident and/or incident reports must be filed at once by persons witnessing the event.
12. No unnecessary conversation should be held within the hearing of a patient. This includes conversations about patient conditions, coffee breaks, lunch plans, dates, etc.
13. Always exhibit friendliness--"be friendly but not familiar."
14. Obtain a complete medical history on each patient **before** proceeding with any examination.
15. Do not discuss or diagnose any patient's illness or condition with the patient or with others.
16. Doors to the radiographic rooms must remain closed during a procedure.
17. Offer immediate assistance to anyone entering the department.
18. Always address the patient by their last name, that is: Mr. Smith.
19. Follow all recommended infection control policies to ensure the safety of the patient and to protect yourself. Report any variations of the policy to your clinical instructor.
20. **No** smoking, eating, drinking or gum chewing is allowed by students in the radiology department.

ACCREDITATION STANDARDS AND INFORMATION

The program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wacker Dr. Suite 2850 Chicago, IL 60606-3182, (312)704-5304. www.jrcert.org. In 2023 the program was awarded an 8-year accreditation. The next self-study and site visit is tentatively set for spring 2031. The JRCERT is responsible for assuring that the Radiologic Technology Program is meeting the standards of practice as defined by the American College of Radiology and the American Society of Radiologic Technology. The Program also has the responsibility of meeting the needs of the community and the public. JRCERT Standards for Accreditation of Radiologic Technology programs are on file in the Program Director's office, MPC 232, for students who wish to view these documents.

PROGRAM CONCERNS

Students are advised that any concerns they have related to the Accreditation of the Radiologic Technology Program can be addressed to:

Joint Review Committee for Education in Radiologic Technology
20 N. Wacker Dr., Suite 900
Chicago, IL. 60606
Phone: 312-704-5300

Fax: 312-704-5304
www.JRCERT.org

STATE LICENSURE
Students wishing to work in the State of Texas must apply for a license through the Texas Medical Board, Medical Radiologic Technologists Program. The program will supply the student with the online link to appropriate forms. Mrs. Barrow will help students that wish to work outside of Texas contact the appropriate State to determine if the State requires a license to work. Mrs. Barrow has Louisiana State license applications.

NON-DISCRIMINATION POLICY
Lamar Institute of Technology is an equal opportunity/affirmative action educational institution and employer. Students, faculty and staff members are selected without regard to their race, color, creed, handicap, age, sex or national origin, consistent with the Assurance of Compliance with Title VI of the Civil Rights Act of 1964; Executive Order 11246 as issued and amended; Title IX of the Education Amendments of 1972, as amended; and Section 504 of the Rehabilitation Act of 1973.

LIT RADIOLOGY PROGRAM CONTINGENCY PLAN

Lamar Institute of Technology may utilize the following steps if extenuating catastrophic circumstances (i.e., mass casualty event, pandemic, natural disaster, etc.) impact LIT operations. All students, faculty, and staff should maintain access to a computer and internet connection. Student, faculty, and staff safety is a priority. Monitor LIT social media and local news media for information on local conditions regarding weather and/or safety. If this plan is put into action, expect program officials to communicate in a timely fashion. Monitor LIT email accounts and radiology class GroupMe for updates.

The program is committed to the professional development of students. It is our mission to do everything possible to ensure students graduate on time. However, extenuating catastrophic circumstances may extend the program requirements beyond the expected graduation date. It is possible student access to clinical sites may be affected. The radiology program will ensure that all graduates meet graduation requirements, including ARRT required competencies and successful completion of all coursework.
The program may utilize the following steps to allow continued operation of the program:
Clinical modifications with appropriate notification include:
• Assigned clinical site changes
• Assigned clinical schedule (date and time) changes
• Modifications to student clinical participation expectations
• Extension of clinical course requirements beyond the expected completion date

Didactic modifications with appropriate notification, include:
• Class meeting location changes (synchronous course lectures through Blackboard Collaborate if remote education is necessary)
• Class meeting schedule (date and time) changes
• Temporary utilization of distance learning tools and programs for class meetings typically delivered face-to-face
• Extension of course requirements beyond the expected completion date

CHEMICALLY IMPAIRED STUDENTS POLICY

DRUG SCREENING

The Radiologic Technology Program faculty believes they have a professional and ethical responsibility to provide a safe teaching and learning environment to students and to patients. To fulfill this purpose, radiology students must not be chemically impaired during participation in any learning experience, including classroom, laboratory, and clinical settings. All students admitted the Radiologic Technology Program will be required to have a drug screen performed at their expense prior to the first fall semester and again in the summer before the second year. Students that have a positive result on the drug screen may not be permitted by the clinical sites for admittance to their facilities. During the Program students may be required to submit a drug screen if students are suspected of substance abuse that may interfere with patient care and clinical performance.

1. The Radiologic Technology Program follows LIT's policy prohibiting the illegal possession, use, or distribution of drugs and/or alcohol by students on college property or as a part of any college affiliated academic activity, including off-campus clinical learning experiences.
2. The radiology faculty defines the chemically impaired student as a person who, while in the academic or clinical setting, is under the influence of or abusing, either separately or in combination: alcohol, over-the-counter medication, illegal drugs, prescribed medications, inhalants (including vaping products), or synthetic designer drugs.
3. A student is considered under the influence if they have consumed any mind altering substance, regardless of whether the substance has been prescribed by a physician.
4. All students are subject to drug testing if a reasonable suspicion of use exists.

SEXUAL HARASSMENT

The LIT Radiologic Technology Program does not tolerate sexual harassment. The program follows the sexual harassment policy as outlined in the LIT Catalog/ Student Handbook. For additional information refer to the policy located in the LIT Catalog/ Student Handbook.

PRIVACY OF RECORDS

In accordance with the "Federal Family Educational Right and Privacy Act of 1974" (Buckley Amendment), all student records are kept strictly confidential. No information is released regarding grades or disciplinary actions without the student's written permission.

TERMINAL COMPETENCIES:

Student successfully completing the Radiologic Technology Program at Lamar Institute of Technology will have mastered the following terminal competencies before graduation.

1. Communicate effectively with patients and healthcare professions verbally, nonverbally and in written medical communication.
2. Demonstrate the ability to perform life support procedures such as CPR.
3. Demonstrate knowledge of infection control and practice standard precautions.
4. Apply knowledge of basic nursing procedures and body mechanics when interacting with diverse populations.
5. Demonstrate an understanding of human anatomy and physiology and the way in which each system is affected by pathological processes.
6. Demonstrate knowledge of technical factors and equipment manipulation necessary to produce

diagnostically acceptable images.
7. Exhibit proper operation of medical imaging equipment and utilization of accessory devices.
8. Position patients using acceptable positioning principles and techniques.
9. Recognize emergency patient conditions and adapt positioning and technical factors to accommodate those conditions.
10. Understand the principles of radiation biology and the effects produced by ionizing radiation.
11. Practice radiation protection for oneself and the patient.
12. Possess basic understanding of contrast media administration and adverse reactions occurring with administration.
13. Recognize safe limits of equipment operation and troubleshoot equipment malfunctions.
14. Demonstrate basic knowledge of quality control procedures.
15. Demonstrate competence in analyzing digital images for diagnostic quality.
16. Demonstrate an understanding of exposure index by calculating correct techniques when exposure index is out of range.
17. Utilize techniques that correspond to current ARRT/ASRT guidelines for optimizing quality while reducing patient dose. (i.e., higher kvp-lower mas using 15% rule)
18. Exhibit the ability to retrieve images from PACS and print them to hard copy or other media (CD, DVD etc.)
19. Competently performs operations of a digital image plate reader and/or direct digital equipment.
20. Show proper use of annotations, image rotation and flipping.
21. Demonstrate empathy for the patient.
22. Demonstrate independent judgment in the performance of work assignments.
23. Support the professional code of ethics and comply with the professional scope of practice.
24. Competently perform a full range of radiographic procedures on children and adults.
25. Demonstrate the ability to adequately perform radiographs on difficult patients using both fixed and portable equipment.
26. The student will demonstrate during off-hour rotations the following:
    a. Successfully performing radiographs on difficult patients, i.e., trauma uncooperative patients, etc.
    b. Make independent judgments in the areas of technique, positioning and image quality
    c. Demonstrate speed and accuracy from start to finish when radiographing patients.

New policies will added to the program as needed and will be distributed to students to allow them to read, ask questions, and then sign the new policy.

CLINICAL POLICIES

- Dosimeters must be worn at ALL times during clinic. They should be worn outside the apron at collar level.
- Identification badges must be worn at all times with the name clearly visible.
- Students will abide by ALL handbook policies.
- Student's failure to abide by handbook policies MAY RESULT in the clinical grade being lowered one full letter for each occurrence.

CRIMINAL BACKGROUND SCREENING

All students admitted to any Allied Health Program will be screened for a criminal background. All students

having contact with patients must be free of any past or present criminal behavior that might jeopardize the welfare of the patient or personnel.

To comply with this requirement, the following criminal histories may disqualify an individual from consideration for admission into any clinical facilities used by the program, denial of license by the Texas Medical Board for Medical Radiologic Technologist, and/or denial of admission to sit for the national registry exam by the American Registry of Radiologic Technologists.

1. Misdemeanor conviction/deferred adjudication or felony conviction/deferred adjudication involving crimes against persons (physical or sexual abuse).
2. Misdemeanor conviction/deferred adjudication related to moral turpitude (prostitution, public lewdness/exposure, etc.).
3. Misdemeanor conviction/deferred adjudication or felony conviction/deferred adjudication for the sale, possession, distribution, or transfer of narcotics or controlled substances.
4. Registered sex offenders.

PROFESSIONAL LIABLILTY INSURANCE

Due to direct patient contact, it is mandatory that students have professional liability insurance. The Radiologic Technology Program will provide students with the necessary information to purchase liability insurance prior to clinical assignment and upon renewal in their second year.

ASSIGNMENT TO CLINICAL FACILITIES

Students enrolled in LIT's Radiologic Technology Program will be assigned to one primary clinical affiliate or home base. Students will be required to complete rotations through additional affiliates that will require travel to locations other than the primary facility. Transportation to and from all clinical assignments is the responsibility of the student. Assignments are the ultimate responsibility of the Program Director & Clinical Coordinator.

CLINICAL HOURS

In order to meet clinical competency requirements all students enrolled in the program must complete all scheduled clinical hours. Clinical hours will vary according to clinical site and available workload. Students may be scheduled for clinic *any time between* 7:00 am - 4:00 pm for the day shift and 10am to 9:00pm for the evening and 7:00 am-9:00 pm for the weekend rotation.
Policies will added or revised as needed and will be distributed to currently enrolled students to allow them to read and sign the new/revised policy.

In order to maintain a good working relationship with the clinical facilities, Students are not allowed to visit the department at their clinical facility when not attending clinic. Any socializing with hospital personnel must be done outside of the clinical setting.

ATTENDANCE POLICY:

Be on time, report to the clinical setting 10 minutes prior to the scheduled time so that you are ready to begin your clinical experience at the assigned time. If unable to attend clinic it is **mandatory** that you call prior to the scheduled time. Students who are unable to arrive at clinic within one hour of their scheduled time will not be

allowed to attend clinic.

1. For students in the radiology program to acquire the necessary clinical competency outlined in our curriculum, it is necessary that students complete all assigned clinical hours. Therefore, students missing **any** clinical hours will be required to make-up time missed at the end of the semester. Time will be made up after the last scheduled clinic day or at the discretion of the clinical instructor. Students not completing make-up time before the grades are due for the semester, will receive an incomplete (I) in the clinical course.
2. Any absence while assigned to a specialty area or off-hour rotation will require the clinical instructor to adjust the clinical schedule to assure all students meet the accreditation guidelines. For example, a student missing a day when assigned to an evening shift will have one of the future clinical days changed to an evening shift. The schedule adjustments will be made by the clinical instructor at their discretion.
3. Students who have tardy time totaling at least one (1) hour will be required to make-up all the missed time at the end of the semester. When a student is tardy he/she will not be allowed to make-up the time that day. If a student leaves clinic early for any reason, it will be added to the total tardy time.
4. If a student is unable to arrive at clinic within one hour of their scheduled time they will not be allowed to attend clinic on that day.
5. Students who miss a total of 24 hours during a Fall or Spring semester or 21 hours in the Summer semester **will receive a warning with the Disciplinary Action Form (DAF)**. **When a fourth day is missed a DAF will be filled out and the Student's clinical grade will be lowered one full letter grade. Each subsequent absence may result in dropping of a letter grade pending a review by department committee**.
6. Students who exhibit excessive tardiness will receive a warning with the DAF. Further tardiness will result in disciplinary action which may include an attendance contract and/or lowering of the student's clinical grade.
7. Students who fail to follow proper call-in procedures when unable to attend clinic will have their clinic grade lowered one full letter grade for EACH day they fail to follow proper call-in procedure.
8. Extenuating circumstances will be taken into account. Extenuating circumstances may include funeral of immediate family, maternity, illnesses, hospitalizations etc. A faculty committee will determine if an absence is an extenuating circumstance.

GRADE SCALE:

The program uses an elevated grade scale. Lecture courses have one consistent grade scale and practicum courses have a consistent grade scale.

- Lecture courses – RADR 1201, RADR 1203, RADR 1313, RADR 1411, RADR 2217, RADR 2309, RADR 2401, RADR 2305, RADR 2313, RADR 2333, RADR 2335
    - Grade Scale:
        - A = 93-100
        - B = 84-92
        - C = 77-83
        - D = 65-76
        - F = 0-64
- Clinical courses – RADR 1266, RADR 1366, RADR 1367, RADR 2366, RADR 2367

- **GRADING SCALE:**
  - A = 95 - 100
  - B = 87 - 94
  - C = 80 - 86
  - D = 70 - 79
  - F = 0 - 69

INCLEMENT WEATHER POLICY:

In the event of inclement weather and Lamar Institute of Technology is forced to cancel classes, radiology classes and clinicals will be canceled without penalty. Students should be aware that clinic starts at 7:00. It is often later in the morning before LIT Administration officially cancels class, so use your best judgment in regards to your safety.

- Announcements will be broadcasted on local television stations.
- Students will have access to LIT information through the LIT website, Blackboard and Facebook.
- When information is available the Program Director will inform the Clinical Instructors by text message and/or telephone.
- Clinical Instructors once informed contact their students. If the students are already at clinic students will be dismissed if it is safe to leave.
- Student should make sure their Clinical Instructors have updated contact information at all times.
- Under most circumstances, clinical assignments will resume when classes resume.

PROFESSIONAL APPEARANCE AND UNIFORM POLICIES

The following uniform guidelines were established to encourage the student radiographer to promote a professional appearance which projects pride in the profession of Radiologic Technology. Students must also abide by each clinical facility's dress code.

I. All students will wear Royal Blue uniforms approved by program officials.

A. Uniforms

1. must fit properly.
2. conservative styles are required.
3. tops should be well fitted with an appropriate neckline for a professional setting.
4. dress length should be no shorter than (2) inches below the knee.
5. tops may be worn tucked in **only** if a lab coat is worn.
6. tops should cover the derriere.
7. pants must be to the top of the shoes or one-half inch longer.
8. jogger scrub pants with elastic ankles are allowed.
9. sagging or low-riding pants are not allowed.
10. appropriate undergarments must be worn but should not be visible.
11. undergarments used for warmth must be white, black, or match uniform color.
12. jumpsuits are not acceptable.
13. with the exception of head coverings related to a Student's religion, illness or disability, bandanas, headscarves, are not permitted. Caps are not permitted unless it is required as part of the uniform (i.e. surgical caps in surgery department).

B. Lab Coats
1. all students will have a WHITE or BLACK lab coat.
2. good heavy uniform type material.
3. lab coats must cover the derriere.

C. Shoes
1. White, grey or black leather shoes are to be worn by all students. If canvas, cloth, or mesh is worn it is at the risk of the student. No clog or high top shoes may be worn.
2. Shoes with colored inserts, emblems and product names should be kept to a minimum and not distracting or offensive.
3. All shoes must cover the entire foot. Open toes or open backs on shoes will not be allowed.
4. Shoes should be skid-resistant.

II. Accessories for all students

A. All students will wear the Lamar Institute of Technology Allied Health Sciences emblem as part of the uniform. The emblem must be properly applied to uniforms and lab coats. The patch should be sewn on (1) one inch below the shoulder in the center of the left sleeve.

B. The Program will provide students with an official identification badge to be worn at all times during clinical rotations. If a student elects to wear a badge reel it may not be distracting or offensive in nature.

C. A radiation monitoring device will be provided by the program. The radiation monitor **must** be worn by the student at all times during clinical training. There will be grade and monetary consequences if a student loses their dosimeter. Each dosimeter is a three month record of their occupational radiation dose. A lost badge removes three months of the lifetime occupational exposure from their record. If it is lost and cannot be replaced.

D. Students are encouraged to wear a watch with a second hand. Watches should be of conservative style and color. No oversized or brightly colored watches will be allowed.

E. Students **must have** a pen and lead markers.

F. Students may carry cellphones in their pockets during clinic time if they follow these guidelines
a. Must be on silent or vibrate at all times
b. May NEVER be used in front of patients
c. Used only for communication related to clinic
d. No photos may be taken with cell phone cameras
e. ANY breach of HIPAA will result in IMMEDIATE dismissal from the program

G. Laptops will not be allowed in clinic.

III. Grooming

A. Fingernail polish is not to be worn and fingernails should not extend more than approximately 1/8" beyond the finger tips. No sculptured nails are allowed due to infection control policies.

B. Hairstyles are expected to be conservative, clean and well kept. Hair color must also be conservative, no unconventional hair colors will be allowed (i.e., purple, green, streaked, etc.) Hair must be worn away from the face so that it will not come in contact with the patient and/or interfere with patient care. Neutral color or hair color barrettes, clips, or other similar products may be used to tie back hair. Scarves, ribbons, or other decorative ornaments are not acceptable.

C. Beards, sideburns and mustaches are acceptable but must be neat and well-trimmed.

D. Cosmetics must be used moderately and attractively. Perfumes are to be avoided as patients are particularly sensitive to strong fragrances.

E. Jewelry must be worn in moderation and at your own risk. Acceptable jewelry and accessories are wrist watch, engagement or wedding band, class rings, small gold, silver, pearl or diamond stud earrings

(one per ear).
F. Necklace, if worn, must be worn inside the uniform. Only one necklace is allowed. Bracelets, hoop earrings, nose rings and tongue rings are not allowed.
G. Tattoos and body piercing must be covered by the uniform or undergarments.
H. Eyewear (glasses and contact lenses) must be conservative. No unconventional or extreme eyewear will be allowed.
I. Personal hygiene should include daily clean teeth, body, and hair as well as daily use of deodorants and mouthwashes.
J. Uniforms must be kept clean, neat, and have no obvious signs of wear. Shoes should be clean, polished and well maintained. Shoelaces should be washed frequently.
K. Uniforms and lab coats that wrinkle **must** be neatly ironed.

L. Students not complying with the uniform policy as outlined by the Program and/or the clinical instructor will be sent home to remedy such infractions. The time missed by the student must be made up in accordance with the attendance policy.

Social Network Policy

Lamar Institute of Technology (LIT) and the Radiologic Technology Program respects the right of students to use Internet –based communications such as social networking sites, personal websites and blogs as a method of self-expression. However, there are numerous areas in which a student's use of such social network media may impact the integrity of clinical facilities, the radiology program and the Institute.

1. There is no such thing as a "private" social media site. Search engines can turn up posts years after the publication date. Comments can be forwarded and/or copied. Archival systems save information even when a post has been deleted. Students are encouraged to think carefully about what they post and whether it reflects a professional demeanor. Students should assume that electronic communication may be circulated to important constituencies, such as their clinical instructors, didactic instructors and clinical facility personnel.
2. Students may not use the name, trademarks, logos or other copyright protected material of LIT or the Radiologic Technology Program without permission.
3. Students must make it clear in any online activity that their views and opinions are their own and do not represent the views of LIT or the Radiologic Technology Program
4. Students may not discuss any information in any forum which could be construed as Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA). Protected health information is any information about health status, provision of health care, or payment for health care that can be linked to the individual. As a general rule, students should avoid any discussions regarding patient care in a social networking forum.
5. Students shall remain respectful of both LIT and the Radiologic Technology Program's vision and mission and have a responsibility to preserve the professional reputation of each entity. It is violation of this policy to denigrate or disparage LIT or the Radiologic Technology program in any social networking forum.

RADIATION PROTECTION PRACTICES

The radiation monitoring dosimeter is a part of the professional radiographer's uniform. The dosimeter will be furnished by the Program and must be worn on the collar of the uniform when engaging in an examination utilizing ionizing radiation. During fluoroscopic procedures the badge should be worn on the outside of the lead apron. Students should notify the Program Director if a badge is lost or otherwise needs to be replaced. Students should not hold patients for radiographic procedures.

Operating and Safety Procedures

I. Personnel Monitoring:

a. Our facility uses the standard clip-on type radiation monitoring badges. These badges are provided by Landauer and are exchanged quarterly.

b. The control badge is stored in MPC, room 232 for diagnostic radiology.

c. The radiation monitoring badge is to be worn on the collar and outside the lead apron when an apron is worn. Only the employee or student to whom it is assigned will wear the badge. When leaving the assigned facility for the day the employee or student will leave the badge in the designated storage area (unless they are scheduled at another facility the following day). If an employee or student is employed in another facility and assigned a radiation monitoring badge by that facility, a copy of their periodic exposure report from that facility will be kept on file at this facility. A copy of the employee's report from this facility will be furnished to the other employer.

d. Radiation monitoring badges are important for ensuring the safety of personnel working around ionizing radiation. A record of cumulative dose is required by both state and federal law for the lifetime of an individual. Anyone caught tampering in any way with a radiation monitoring badge will be dismissed from the program.

e. Radiation dosimetry reports will be reviewed and initialed by employees and students on a quarterly basis. Any employee or student with a quarterly dosimetry report above 5 mSv (500mrem) will be counseled by the Radiation Safety Officer (R.S.O.) Brenda Barrow.

f. Past exposure histories will be requested from all previous employers by letter. The occupational dose received will be sent to Landauer to be included on each employee or student's exposure reports. All correspondence will be kept with the exposure reports.

g. The Program prohibits minors under the age of 18 from working in radiation areas.

h. Female employees or students are strongly encouraged to report pregnancy as soon as possible to the R.S.O.

i. When a pregnancy is declared, a "Baby Badge" will be issued. This radiation monitoring badge will be worn at the pelvis until the pregnancy has ended. The badge will be closely monitored by the R.S.O. Should the radiation dosimetry report exceed 0.5 mSv/month (.05 rem/month), the pregnant employee or student will not be permitted to continue to work in a radiation area.

II. Training

a. Students receive training through the respective academic courses RADR 1201 & RADR 2313.

b. Additional written material will be distributed within the student's respective Student Handbook and documentation will remain in each student's file.

c. All students will be familiar with the Operating and Safety Procedures and the Radiation Protection Program.

d. All students will demonstrate competence in using the x-ray equipment and such will be documented in each student's folder.
e. All energized lab experiments will be directly supervised by the instructor.
f. Students must wear their dosimeter during energized lab experiments.
g. All students must document competence in performing radiographic procedures in the lab and or on phantoms before being allowed to perform procedures on human patients.
h. Students will never be allowed to hold patients or image receptors except in the direst of extenuating circumstances.

III. Posting/Labeling

a. All x-ray machines must have proper, legible warning label affixed to the control panel.
b. All entrances to radiation areas will be properly posted with "Caution Radiation Area" sign.
c. Notice to Employees from the Texas Department of Health must be posted.
d. Equipment registration must be posted.
e. The location of the Texas Regulations for the Control of Radiation must be posted
f. Darkroom No Admittance sign must be placed on the darkroom doors.

VI. Compliance with Dose Limits to the Public

a. Monitoring must be done periodically in the public access areas adjacent to x-ray rooms.
b. If radiation levels are not within State requirements adjustments will be made to the lead levels within the walls
c. All patients will be shielded while being x-rayed during dental procedures. No humans will be x-rayed in the non-dental x-ray rooms (diagnostic rooms 163 A & B).
d. Students will not allow any other member of the public to be in the room during a dental x-ray.
e. Pregnant females will not be allowed in the x-ray room during procedures.

V. Inspections/Audits: The Texas Department of Health Bureau of Radiation Control will periodically survey the Radiation Program at this facility. Any discrepancies will be corrected in a timely manner and corrections reported to the Agency by letter.

MRI SAFETY

All students are provided an orientation to the MRI environment during hospital orientation procedures at LIT by the clinical instructors. This orientation is **prior** to their first day of clinical experience. During this orientation, the ACR guidelines for safety are explained and students complete an MR Screening form to assess any potential interference with the MR environment. It is **mandatory** for students to inform the program of a change in any item on screening form for their safety. Students must read and sign the MRI Orientation Documentation Form at the completion of their orientation. As a follow-up, students will complete another MR Screening form in the summer of their second year to assure no changes have occurred.

SUPERVISION

The activities of a student radiographer must be monitored by an appropriately credentialed clinical staff person. Until a student demonstrates competence in a given diagnostic procedure, all of the student's clinical assignments must be directly supervised. **Portable/mobile radiography always requires direct supervision.** Students **must not** hold image receptors during any radiographic procedure. Students **should not** hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. The

following definitions will be utilized in the supervision policy:

Direct Supervision:
The parameters of direct supervision require the staff technologist or the instructors to:

1. review the request for examination in relation to the students achievements
2. evaluate the condition of the patient in relation to the students' knowledge
3. be present in the room during the examination
4. review and approve the radiographs

Indirect Supervision:
Means that a qualified radiographer reviews, evaluates, and approves the procedure as indicated above and is immediately available to assist students regardless of the level of student achievement.

Immediately Available:
Is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This applies to all areas utilizing ionizing radiation.

Repeat Supervision Policy:
In support of professional responsibility for the provision of quality patient care and radiation protection, unsatisfactory radiographs must be repeated only in the presence of a qualified radiographer, regardless of the student's level of competency.

Patient Transport Policy:
In order to facilitate the working relationship between staff and students within the clinical setting, the radiology program has instituted the following guidelines regarding students transporting patients.

1. Students will rotate through patient transport during their first semester in the program. This two-week rotation will enable the students to familiarize themselves with the hospital and the proper procedure for transporting patients to and from the radiology department.
2. Students will not be allowed to transport patients unsupervised until the completion of the transport rotation.
3. Students may only transport those patients that they are competent to radiograph.
4. While assigned to a specialty area, students should not transport patients unless they are assisting the technologist with a difficult patient.
5. At no time will a student be removed from a radiographic procedure to transport a patient.
6. Students may be used as a last resort to transport patients when all escorts and technologists are unavailable

PROGRAM EXPENSES

There are certain expenses that students need to be aware of that are Program specific. These costs are in addition to the tuition, fees and books necessary for attendance at the Lamar Institute of Technology.

Liability Insurance: Due to direct patient contact, it is mandatory that students have professional liability insurance. The Radiologic Technology Program will provide students with the necessary information to purchase liability insurance prior to clinical assignment and upon renewal in their

second year.

Hepatitis B Vaccine: Due to direct patient contact and the increasing prevalence of Hepatitis B among patients and healthcare workers the State of Texas mandates all students in healthcare programs must receive the Hepatitis B vaccine (Texas Administrative Code Title 25 Rule §97.64). Students who are unable to receive the vaccine due to allergy or sensitivity may obtain a waiver from the program director. **No student will be allowed to attend clinical practice without documentation of at least two Hepatitis B injections.** Students are responsible for the cost incurred to take this vaccination. Information about the cost of the vaccine, where it can be obtained and when to start the injections will be given to the students upon acceptance into the program.

Uniforms: All students must purchase uniforms, shoes, lab coats and patches before entering the clinical component of the curriculum which begins in the Fall. The uniforms, lab coat and shoes must meet the Program uniform policy. Information about specific uniform requirements will be given in RADR 1201 Introduction to Radiography.

Transportation: Students are responsible for transportation to and from all clinical assignments. During the course of the two year Program, students may be required to do rotations at several different clinical sites.

Other fees: Examination and application fees will be required during the final semester in order for the student to graduate and work in the profession.

ACADEMIC POLICIES

ACADEMIC PROGRESS

In order to progress within the program the following conditions must be satisfied.

1. Maintain a 2.0 G.P.A
2. Make a minimum grade of "C" in all courses taken that are required for the Associate Applied Science Degree in Radiologic Technology.
3. All Radiology courses must be taken in sequence and as listed in the current degree plan.
4. Complete all non-radiology course requirements, before entering the summer of the second year.

A. If a student withdraws or fails a course in their first year/fall semester, the student will be required to re-apply to the program the following year and will, if accepted, repeat all courses from that semester.

B. If a student withdraws or fails a course in their first spring semester, the student may be allowed to re-enter the program one year later if clinical space is available. The student will be required to repeat the clinical course, positioning lab, and any other course(s) failed. If no clinical space is available the student will need to reapply to attempt to enter the program and start over.

C. If a student withdraws or fails during their second year, the student will be allowed to complete the clinical component of the program and repeat only the didactic course the following year. (If the course failed is a clinic course, it will be the decision of a faculty committee whether the student will be advised to withdraw or return in one year.)

D. Students who leave the program for one year will be required to take a competency exam to assess the retention of basic skills (clinical, laboratory and didactic). The exams will include the content for all courses completed within the program. The exams will have written and skills components. Failure to meet the minimum score of 80% on these exams may prohibit the student from eligibility to re-enter the program or if allowed to re-enter the program may require the student to repeat a course(s) in order to regain the skills and knowledge necessary to progress in the program.
E. After more than one year from withdrawal or failure of a course(s) from the program, the student will be required to re-apply to the program and start from the beginning.
F. Students that withdraw or fail a course(s) must schedule a readmission interview with the program director.

EXAM POLICY

1. Everything must be on in the front of room, i.e. purses, books/book bags, water/drink bottles etc.
2. Students are not allowed to use anything other than their brain to answer questions on the exam
3. No smart watches, cell phones or other electronic media on the desk
4. Scratch paper will be provided by the instructor and must be turned in at the end of class
5. If a calculator is required it cannot be programmable and you cannot use your cell phone, instructor has the right to examine all calculators
6. All exams will be taken in pencil on a scan-tron from 882 or through BlackBoard unless informed otherwise by the instructor.
7. All changed answers must be erased completely.
8. Cheating will not be tolerated and will result in immediate dismissal from the program.
9. Students must read and abide by the Academic Dishonesty Policy in the LIT Catalog and Student Handbook.
10. Any student who fails to pass a Unit test will be required to attend mandatory tutorial. This may be done before or after class or at lunch break. The tutorial may be individual or in a group session.

GRADUATION

Students are required to fulfill all requirements as listed in the LIT catalog. In addition to the Institute requirements for graduation Radiologic Technology students must:

1. Make no grade less than a "C" on all courses on the student's degree plan.
2. Return radiation monitoring badge and holder to program director.
3. Turn in all official transcripts as requested to the registrar's office.

JOB PLACEMENT

The Institute of Technology operates a job placement center. The center is located in Student Services in the Beeson Building. The Program Director and Instructors are contacted by different agencies when positions become available. This information is made available to students in their last semester and is sent to previous graduates. If you need additional assistance feel free to contact a faculty member.

STUDENT GRIEVANCE PROCEDURE

Academic Grievance Procedure

The Department of Allied Health and Sciences subscribes to the Lamar Institute of Technology procedure for students in reference to alleged grievances as outlined in the LIT Catalog and Student Handbook.

Grades remain as recorded and can be changed only by the Instructor. In the absence of the Instructor, the Department Chair and Dean of Academic and Student Success are charged with the responsibility for changing grades. All academic grades and grading methods are subject to review by the Dean when review is requested by a student regarding a specific grade.

If a student wishes to dispute a grade the following procedure should be followed:

- Within five working days the student must file a written grievance with the instructor of record
- The Instructor will have five working days to schedule a meeting with the student
- If a resolution is not reached the student has five working days to file a written grievance with the program director
- The program director has five working days to schedule a meeting with the student
- If a resolution is not reached the student has five working days to file a written grievance with the department chair
- The department chair has five working days to schedule a meeting with the student
- If a resolution is not reached the matter will be referred to the Student Faculty Relations Committee as stated in the LIT Catalog and Student Handbook and LIT Faculty Handbook

The Student-Faculty Relations Committee should be involved in an alleged grievance only after normal procedures for resolving issues have been exhausted. If the Program Director cannot resolve the issue, the matter should be referred to the Student-Faculty Relations Committee. (Students should refer to the LIT Catalog and Student Handbook which may be obtained online at www.lit.edu.)

Clinical Grievances

Students having any problems at the clinical site should report them to the clinical instructor. In the absence of the clinical instructor, the student should report to the supervisor on duty. The clinical instructor will take the necessary steps to resolve the problem. If the problem cannot be resolved at the clinical site, then the clinical instructor will ask the clinical coordinator to intervene. If the problem remains unresolved a conference with the Program Director will be scheduled. It is imperative students follow the proper channels of communication to facilitate resolution of clinical issues.

Other Grievances

Students who have complaints regarding services, activities, faculty and staff should follow the complaint policy outlined in the LIT Catalog and Student handbook.

WITHDRAWAL/DISMISSALS

I. The Program Director has the right to initiate the administrative withdrawal of any student whose attendance, conduct, scholastic abilities, or lack of aptitude for Radiologic Technology in a specific course make it inadvisable for the student to continue in the Program. Withdrawal proceedings will be

initiated after consultation with the student, clinical coordinator and clinical instructor and a grade of "Q" will be assigned. If the Institute deadline for withdrawing from a course has passed, the student will receive a grade of "F" for the course he is being withdrawn from.

II. Dismissal from Program
   A. Immediate dismissal from the program may follow documented evidence of:
      1. Insubordination
      2. Willful lying or deceit
      3. Verbal or physical abuse of patients
      4. Verbal or physical abuse of faculty or hospital staff
      5. Falsification of records
      6. Cheating
      7. Stealing
      8. Misuse of drugs and/or alcoholic beverages
      9. Failure to conform to hospital and/or Program policies and procedures
      10. Tampering with the integrity of radiation monitoring badges
   B. Students dismissed for any of the above stated reasons are not eligible for reinstatement in the program.

BLACKBOARD LEARNING SYSTEM

The Lamar Institute of Technology's Radiologic Technology Program utilizes the Blackboard learning system. This allows on-line communication between faculty and students and enhances the course content. Each semester there are assignments posted on Blackboard which are required for course completion.

Lamar Institute of Technology Student Services

LIT offers a wide variety of student services. These services are outlined in the following chart. Students may also contact any faculty member for assistance with student services.

Service	Location & Phone	Hours
Dental Clinic	MPC Bldg. Room 131 880-8860	Call for schedule during Fall and Spring semesters
Financial Aid	LIT Eagle's Nest 880-2137	Mon.-Fri. 8:00am-5:00pm
Health Services & Counseling	Lamar University 857 E. Virginia 880-8466	Mon.-Thu 8am-5:15pm Friday 8am-2:30pm
Housing	Lamar University, Beaumont 880-8111	Mon.-Fri. 8:00am-5:00pm
Learning Lab Computer access and tutoring	Eagle's Nest, Room 101 Computer Lab MPC Media Center Room 155 880-2976	Mon.-Thu. 7:30am-7:00pm Fri. 8:00am-5:00pm (Summer Hours Differ) Mon. – Fri. 8:00am -5:00pm

Learning Assistance Center Educational, diagnostic, & career testing	LIT Testing Center 839-2027 or 880-8687 Eagle's Nest, Room 101 Computer Lab MPC Media Center Room 155 880-2976	Mon.-Fri. 8:00am-5:00pm Mon.-Thu. 7:30am-7:00pm Fri. 8:00am-5:00pm (Summer Hours Differ) Mon. – Fri. 8:00am -5:00pm
Limited English Proficiency (LEP) Coordinator	Eagle's Nest, Room 129 880-2018	Mon.-Fri. 8:00am-5:00pm
Mary & John Gray Library	Lamar University, Beaumont 880-8128 Lamar State College Port Arthur and Orange Libraries are also available	Mon.-Thu. 7:30am-12mid. Fri. 7:30am-5:00pm Sat. 9:00am-5:00pm Sun. 2:00pm-12 mid. *computer lab closes 1 hour prior to library closing
Placement Center Career counseling, resumes, interviewing, & job placement assistance	LIT Beeson Bldg. Room 122 880-8189	Mon.-Fri. 8:00am-5:00pm
Special Populations Services	Eagle's Nest, Room 129 880-2018	Mon.-Fri. 8:00am-5:00pm
Fitness Center Sheila Umphrey Recreational Sports Center	Lamar University 4100 University Drive 880-2306	Mon.-Fri. 6am-10pm Sat./Sun. 1pm-6pm

INFECTION CONTROL POLICIES

The following policy is in place to ensure the safety of patients, students, faculty, family members and the community. As healthcare professionals, it is our ethical responsibility to protect each other and our immune compromised patients to the best of our ability. For exposures that occur outside the clinical setting, the concern is that these exposures may occur with no personal protective equipment and may be in closer contact than others and may be more than a one-time exposure. Due to the fact that information on COVID-19 is fluid, this policy may be amended if necessary.

COVID-19 EXPOSURE GUIDELINES

LIT has a COVID-19 Campus Plan with guidelines that apply to didactic and practicum courses.

EXPOSURE TO COMMUNICABLE DISEASES

If a student is exposed to a communicable disease*****, the imaging director of the clinical affiliate will notify the student and the clinical instructor as soon as possible after the exposure. A Hospital Variance Report and an Allied Health Incident Form will be filled out immediately, to document the type of exposure. Once the student has been informed of the exposure, he/she will report to the Student Health Center for medical evaluation. The student will have the option of being evaluated and treated by their personal physician. The student should bring their incident form with them when they visit the doctor. At the health center the student will fill out a

Campus Accident Report. The physician will evaluate the seriousness of the exposure and treatment will be administered as needed. **Any cost associated with the evaluation and treatment will be incurred by the student**. The physician will document any treatment received on the incident form and the Campus Accident Report and sign both forms. Copies of both forms will be made. The Allied Heath and Sciences Department will get their original form and a copy of the health center report. The Student Health Center will receive their original and a copy of the Allied Health Incident Form. A copy of the incident form will be sent to the clinical coordinator and the program director. The clinical instructor will provide a copy of the incident form to the imaging director of the clinical affiliate where the exposure occurred.

***Communicable diseases are defined as those diseases which may be transmitted directly or indirectly from one individual to another. These diseases include meningitis, tuberculosis, measles, chicken pox, and all other infectious diseases.**

EXPOSURE TO BLOOD BORNE PATHOGENS

If a student is exposed to a blood borne pathogen (hepatitis B (HBV) and (HIV)) by way of blood or body fluids, the exposed area should be immediately washed thoroughly. The incident will be reported to the clinical instructor and imaging director. A Hospital Variance Report and an Allied Health Incident Form will be filled out immediately. Medical evaluation should be sought as soon as possible after the exposure. The student may seek evaluation at the Student Health Center, their personal physician, or the hospital emergency room. **Any cost associated with the evaluation and treatment will be incurred by the student**. At the Student Health Center the student will fill out a Campus Accident Report. The student will bring his/her incident form to the health center. The physician will evaluate the injury and treatment will be administered as needed. Documentation of treatment will be made on both the health center report and the incident form. The student will be advised:

1. to obtain HBV/HIV testing from the City Health Department immediately and at intervals of 6 weeks, 12 weeks and 6 months following the exposure incident.
2. to obtain copies of the reports from the testing to be placed in the student's clinical folder. The clinical coordinator will make copies to be forwarded to the student health center and the hospital where the incident occurred.
3. to report any febrile illness that occurs within 12 weeks of the exposure incident.
4. to use safe and effective post-exposure measures:
    a. avoid activities that expose others to direct contact with their body fluids.
    b. abstain from or use barrier methods (condoms with nonoxinyl 9) with all sexual contact.
    c. if breast feeding, discontinue and contact your pediatrician immediately.
    d. if pregnant contact your personal physician immediately.
5. counseling is available at the student health center if needed.

The physician should sign the incident form and the accident report after documentation has been made on both forms. Copies of each report will be made. The Allied Health Department will get their original and a copy of the Health Center report. The Student Health Center will keep their original report and a copy of the Allied Health Incident Form. A copy of the Allied Health Incident Form will be sent to the imaging director of the affiliate where the exposure occurred.

ILLNESSES
Students who are unable to attend clinic as scheduled are required to call the clinic **before** the start of their clinical assignment. An incident report will be filled out if the absence is due to a medical condition and is to be more than three (3) consecutive days. A full medical release signed by a physician will be required before the student will be allowed to return to the clinical setting.

Students who arrive at the clinic ill or become ill* while at clinic will be sent home immediately in order to prevent the spread of illness among fellow students, hospital employees and patients. An incident form will be filled out to document the illness and the number of absences. If more than three (3) consecutive days are missed, a full medical release signed by a physician will be needed in order for the student to return to the clinical setting. Students who exhibit symptoms of illness, as defined below, will not be allowed to attend clinic.

***Ill, as defined by the Program, is any person exhibiting the following symptoms: vomiting, fever, diarrhea, and/or any other symptoms that will interfere with the student's ability to perform radiographic procedures, or put a patient at risk.**

STANDARD PRECAUTIONS
The purpose of this policy is to reduce the spread of infection among patients and students in the health care setting. It is aimed at reducing the rate of nosocomial infections caused by student/patient interaction.

Every patient is considered a potential source of infection. Isolation no longer depends on diagnosis. Students **must** protect themselves from exposure to all body fluids; i.e. blood, feces, urine, saliva, **etc**.

1. **WEAR GLOVES**-when coming in contact with any body fluids; when assisting with starting and discontinuing IV's; when performing enemas, handling blood products, urine, feces, sputum, amniotic fluid, spinal fluid, handling newborns and when cleaning x-ray tables and equipment.
2. **WEAR GLOVES, GOWN, AND MASK OR GOGGLES**--when the possibility of being splashed occurs; i.e. surgery, special procedures, and the emergency room.
3. **DISPOSE OF NEEDLES AND SHARPS PROPERLY**--Do not recap!!! Place used needles and sharps in containers provided.
4 **RESUSCITATION**--Use mouthpiece resuscitation bags, or other ventilator devices.
Students are not encouraged to perform mouth-to-mouth breathing.
5. **WASH HANDS**--Before and after contact with each patient, and after contamination. When gloves are used, wash hands before applying and after removing.
6. **CLEAN SPILLS**--Any blood or body fluids spills should be cleaned up properly, using gloves and a disinfectant solution provided by the health care agency.
7. **SPECIMENS**--Any body fluids specimens should be considered **BIOHAZARDOUS!!!** Gloves should be worn when collecting and transporting specimens.
8. In addition, students are expected to follow institutional guidelines of affiliated facilities.
9. In the event that an incident should occur, report immediately to the clinical instructor.

INJURIES AND ACCIDENTS
Students are required to fully understand the safest methods of correctly performing routine radiographic

procedures before undertaking them. It is essential that students become familiar with the hospital policies regarding infection control, fire, illness, and safety procedures. All students will attend hospital orientation on the first day of their first fall semester. Clinical instructors will cover all policies for all clinical facilities. All accidents that occur while on clinical assignment resulting in patient, hospital personnel, personal injury and/or damage to equipment must be reported immediately to the clinical instructor and the imaging director of the affiliate. If the injury is a medical emergency, the student will be treated in the nearest emergency room. If the injury is not life-threatening, but requires medical attention the student has the option of being treated at the Lamar University Student Health Center or by their personal physician. **Any cost for evaluation and treatment by a physician shall be incurred by the student**. A Hospital Variance Report and an Allied Health Incident Form (see attached forms) should be filled out as soon as possible after the incident. The incident form will serve as documentation of the accident and/or injury. The form will also serve to document any medical treatment received and/or any absences from the clinical environment due to the incident. Any absence of more than three (3) consecutive days will require a full medical release signed by a physician in order for the student to return to the clinical environment.

Injuries that occur outside the scope of Lamar Institute of Technology should also be reported to the clinical instructor as soon as possible if the injury will result in absences from the clinical setting. An incident form will be filled out to document the injury and any absences that occur due to the injury. A full medical released signed by a physician will be needed in order for the student to return to the clinical setting if more than three (3) consecutive days of clinic are missed. All medical releases will be attached to the incident form and placed in the student's clinical folder. Copies of all forms will be sent to the clinical coordinator and the Program Director. The imaging director of the clinical affiliate will also receive a copy of the incident form for accidents and injuries that occur at the clinical facility.

Due to the physical nature of the profession of Radiography, students may not be allowed to attend clinic if an injury requires them to have a cast, sling, crutches or any other apparatus that interferes with the student's ability to perform radiographic procedures or puts a patient at risk. Students will be allowed to attend clinic if they provide a full medical release signed by a physician and are able to meet ALL the clinical objectives.

PREGNANCY POLICY

Pregnant radiologic technology students **may continue enrollment in the educational program without modification or interruption**. Other options can include leave of absence from clinic and/or leave of absence from the program. **Disclosure of Pregnancy is strictly voluntary.** If the student chooses to disclose a pregnancy it must be **done in writing**. It is the individual student's responsibility to read and adhere to the guidelines set forth in this policy for radiation protection of the embryo-fetus. Once the student declares herself pregnant, she may **withdraw the declaration** at any time in writing to the Radiation Safety Officer/Program Director.

GUIDELINES

1. Each student radiographer is encouraged to report any suspected condition of, or known pregnancy to the Radiation Safety Officer/Program Director so that additional protective measures can be taken.
2. Disclosure of pregnancy is strictly voluntary but if the student chooses to declare herself pregnant it must be done in writing.
3. At any point during the pregnancy the student can withdraw her declaration of pregnancy in writing to the

Radiation Safety Officer/Program Director.

4. The Radiation Safety Officer/Program Director will counsel the pregnant student radiographer concerning the effects of ionizing radiation in-utero and the additional protective measures necessary to protect the embryo-fetus.
5. The pregnant student radiographer will acknowledge by signature, comprehension of the instructions received during the counseling session regarding the mutual responsibilities for protection of the embryo-fetus during her pregnancy.
6. In agreement with the Nuclear Regulatory Commissions (NRC) Regulatory Guide 8.13, the embryo-fetus is regarded as a separate entity, distinct from the woman bearing it. Thus, the embryo-fetus carried by a woman who is a radiation worker is not regarded as subject to the occupational limits, but rather to lower limits that are necessary for its adequate protection.
7. In compliance with NRC Code of Federal Regulations (CFR) 10 part 19 and 20, and the Texas Department of Health (TDH), Texas Regulations for Control of Radiation §289.202, the total dose equivalent limit (excluding medical exposure) to an embryo-fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, shall not exceed .5 rem (5 mSv). Once a pregnancy becomes known, exposure of the embryo-fetus shall be no greater than 0.05 rem (0.5 mSv) in any month (excluding medical exposure).
8. In compliance with NRC and TDH regulations, the pregnant radiography student will be provided a second personal monitor to assure that the dose equivalent to the embryo-fetus does not exceed 0.05 rem (0.5 mSv) in a month. This monitor should be worn at waist level, under the apron while in the clinical education setting. The second monitor for the embryo-fetus should not be mixed up with the collar monitor worn by the pregnant student radiographer.
9. The pregnant student's schedule will not be modified. However, it is not recommended that the pregnant radiography student perform radiographic procedures on patients receiving therapy with intra cavity or interstitial sources of radiation. If fluoroscopy or mobile radiography procedures are performed, the pregnant radiography student must wear two (2) lead aprons (one draped to the front and the second draped to the back) with a minimum of 0.5mm lead equivalent. (Reference: Radiologic Science for Technologists, by Stewart C. Bushong, 11th Edition, 2017)
10. The quarterly radiation monitoring exposure reports are available for viewing in the office of the Radiation Safety Officer/Program Director, Multi-Purpose Center, Room 232.
11. The student will inform the RSO in writing after completion of the pregnancy or anytime they wish to terminate fetal monitoring.
12. The radiography student may resume training, with a written release from her doctor, at the earliest possible semester after the delivery or birth of the baby. All other clinical education competencies and course requirements are expected to be accomplished. All time missed will be treated like any other illness.
13. See Attendance policy.

DECLARATION OF PREGNANCY (see Program Director/RSO for official form)

I (please print)_____declare to the Radiology Program that I am pregnant. I understand that this declaration is strictly voluntary. And I can withdraw it at any time in writing. I understand it is my responsibility to ensure that the dose to the embryo/fetus during the entire pregnancy due to occupational exposure, does not exceed 0.5 rem (5mSv). Therefore, in order for the Radiology Program to provide a complete record of exposure to the embryo/fetus, I estimate that the date of conception was approximately .

Student Signature: _____

_____

Date:_____

Program Director Signature: _____

(Institute Use Only)

Baby Badge Assigned _____Yes ____No If no, explain:
If yes, date badge assigned:_____ ID No. of dosimeter
Total exposure to student's whole body badge from approximate date of conception until issuance of baby badge_____REM. (This exposure information should be added to the total REM received during the remainder of the pregnancy to the baby badge since it is the only measure of exposure to that point)

Date pregnancy conceded:_____

Total dose to the embryo/fetus during entire gestation period_____REM.

The licensee or registrant shall maintain the records of dose to the embryo/fetus with the records of dose to the declared pregnant woman. The declaration of pregnancy, including the estimated date of conception, shall also be kept on file, but may be maintained separately from those dose records.

LIT Radiology Program
MRI Orientation
ACR Guidelines

MRI stands for Magnetic Resonance Imaging. It uses a very powerful magnet to create images for diagnosis. There are safety guidelines that must be followed to ensure that patients and staff are safe in the MRI area. The following is a brief overview of the most important safety hazards.
The most important item to remember is…the magnet is **ALWAYS** on!! Even if the computer is off or it is quiet in the MRI suite this does not mean the magnet is off. Always assume the magnet is on and follow protocols so there are no injuries to yourself or others.

Anyone that enters the MRI department must be screened by trained personnel. Best practice is NOT to bring anyone to the MRI department. As a student, you are not trained to screen patients or visitors. The first item you should learn about your MRI department is where non-screened patients and visitors are allowed to go. You will learn about different zones. If you are ever unsure if it is safe to enter a certain zone-DO NOT ENTER!!

There are Four Zones in the MRI area:
Zone 1- Public areas (not screened)
Zone 2- Front Desk (it is monitored so no one will go into Zone 3)
Zone 3-MRI Control Room (must be screened to be in this area)
Zone 4- MRI Scan Room (must be screened)

There are 3 major areas of injury that can occur in MRI. The most dangerous is having metal objects in the scan room. They can be violently pulled to the magnet which can cause serious or deadly injury. Objects such as wheelchairs, oxygen tanks, and stretchers can become deadly projectiles. Fatal injuries have occurred. Patients and staff are at risk. Smaller metal objects implanted in patients can also be very dangerous. One example is aneurysm clips in a patient's brain. Movement caused by the magnet can cause irreparable damage. Watches can be damaged due to the magnet and may not work properly after exposure to the magnet.

The second type of injury is caused by metallic objects moving in or on the person and causing heat which can cause thermal injuries. Tattoos can have metal in the ink and so can tattooed eyeliner. Some clothing has copper or silver in the fabric that can create heat. Transdermal drug patches may also contain metallic components.

The third type of concern in MRI is regarding the loud noises during scanning. Patients wear ear protection due to the loud knocking that occurs.
Be sure to ask what you can have on your person near the MRI scanner. You will need to empty your pockets and take off your watch before entering. Remember body piercings, hair clips, pens, and paperclips. These are common items to have in your pockets. Do not wear magnetic eyelashes to clinic to prevent any issues in MR.

It is mandatory and vitally important to your health to inform the program of any changes that would alter the answers to any item on the MRI Screening Form. For example, if you have a pacemaker implanted this would be extremely important.

MRI Orientation Documentation

If you have any questions regarding MRI safety, ask your clinical instructor or MR technologist.
By signing below, this is documentation that I had an explanation of MR safety and have watched the following during LIT Hospital Orientation video **prior** to my first day of clinic. This link will be posted in Blackboard in your clinic course (RADR 1366).

https://www.radiologyinfo.org/en/info.cfm?pg=safety-mr

I am aware that I should inform the program if any item on my screening form changes.
It is mandatory and vitally important to your health to inform the program of any changes that would alter the answers to any item on the MRI Screening Form. For example, if you have a pacemaker implanted this would be extremely important.

Date _____

Print Name _____

Sign Name _____

MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR STUDENTS

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

***Note: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.**

Date ___/____/____ Name _____ Age _____

Month Day Year Last name First name Middle Initial

Address _____ Telephone (home) (___) _____- _____

City _____ Telephone (cell) (___) _____- _____

State _____ Zip Code _____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ❑No ❑Yes
   If yes, please indicate date and type of surgery: Date ___/___/___ Type of surgery_____
   Did they implant any metal in your body during this surgery?_____ ❑No ❑Yes
2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body) ?❑No ❑Yes
   If yes, please describe: _____
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.) ? ❑No ❑Yes
   If yes, please describe: _____
4. Are you pregnant or suspect that you are pregnant? ❑No ❑Yes

WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

Please indicate if you have any of the following:

❑ **Yes** ❑ **No** Aneurysm clip(s)

❑ **Yes** ❑ **No** Cardiac pacemaker

❑ **Yes** ❑ **No** Implanted cardioverter defibrillator (ICD)

❑ **Yes** ❑ **No** Electronic implant or device

❑ **Yes** ❑ **No** Magnetically-activated implant or device

❑ **Yes** ❑ **No** Neurostimulation system

❑ **Yes** ❑ **No** Spinal cord stimulator

❑ **Yes** ❑ **No** Cochlear implant or implanted hearing aid

❑ **Yes** ❑ **No** Insulin or infusion pump

❑ **Yes** ❑ **No** Implanted drug infusion device

❑ **Yes** ❑ **No** Any type of prothesis or implant

❑ **Yes** ❑ **No** Artificial or prosthetic limb

❑ **Yes** ❑ **No** Any metallic fragment or foreign body

❑ **Yes** ❑ **No** Any external or internal metallic object

❑ **Yes** ❑ **No** Hearing aid

❑ **Yes** ❑ **No** Other implant _____

❑ **Yes** ❑ **No** Other device _____

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: _____ Date: ___/___/_____

Form Information Reviewed by: Print name: _____

Signature: _____

The above information was reviewed by:

❑ **Program Director**

❑ **Clinical Coordinator**

❑ **Clinical Instructor**

CLINICAL EVALUATION

RATIONALE FOR CLINICAL EVALUATION

The purpose of this clinical evaluation package is not to assess performance of only one clinical skill, but to evaluate all areas of diagnostic procedures.

The diagnostic radiographic procedures will be broken down into five domains as follows:

1. Skull
2. Thorax and Abdomen
3. Contrast Studies
4. Extremities
5. Spine

This evaluation will be utilized during the clinical rotation. To choose the procedure to be evaluated in the particular domain, random selection will be used from all the procedures in the designated domain.

First year students will only be evaluated with patients who do not deviate from the norm. A normal patient will be defined as follows:

1. conscious and cooperative.
2. able to respond to verbal instructions given by students.
3. physically able to be positioned properly for routine projections.
4. no pathology that requires a change in technical factors.

Second year students will be evaluated on normal patients and patients who deviate from the norm. Patients who deviate from the norm will be defined as those who cannot be included in the above specified criteria for a normal patient.

ALTERNATIVE EVALUATION PROCEDURES

There are four methods that can be used to evaluate clinical performance by a student radiologic technologist. They are as follows:

1. paper and pencil test
2. evaluation of clinical performance in a laboratory, using a phantom
3. evaluation of x-ray film taken by the student
4. evaluation of performance in a radiographic room with patients selected by the evaluator.

A paper and pencil test is not a valid test in assessing clinical performance.

The use of a phantom in the laboratory would evaluate all desired performances; however, this should be done prior to bringing the student into the clinical area.

The evaluation of x-ray films alone would not allow evaluation of every aspect of positioning skills and radiation protection. Therefore, the opinion of the faculty is that the fourth alternative when combined with evaluation of x-ray films is the most accurate way to evaluate desired teaching outcome.

EVALUATIONS
Students will be evaluated using four evaluation instruments: "Task Analysis", "Clinical Behavior Report", written tests and the "Special Assignment Evaluation".

Task Analysis:
The Task Analysis evaluates the student's ability to perform radiographic procedures within the clinical facilities. Students are required to successfully complete a predetermined number of procedures each semester from the previously defined domains of diagnostic radiographic procedures.

Clinical Behavior Report:
The Clinical Behavior Report evaluates the student's ability to conform to the conduct needed to be a successful radiographer.

Written Tests:
Written tests are used to evaluate the student's problem solving and critical thinking skills. These tests are administered each semester. Some of these tests may be administered through the Blackboard learning system. Patient history questions, common medical terms and abbreviations as well as film critique, anatomical identification and room set-up procedures are all subjects that may be used on written tests.

Special Assignment Evaluation:
The special assignment evaluation is used to evaluate the student while outside the diagnostic radiology department and during off-hour rotations.

TASK ANALYSIS OF A CLINICAL PROCEDURE
This is a general task analysis, as it has to be, to include all of the five domains specified for diagnostic radiology. The tasks are listed in the order in which they are to be performed.

1. Evaluate requisition.
2. Prepare room (turn on machine and get necessary accessory equipment if required)
3. Pre-set technique.
4. Adjust tube.
5. Select proper image receptor, collimated field size and properly identify film.
6. Correctly identify patient and bring him into examination room.
7. Question patient on history.
8. Remove foreign objects (gown patient).
9. Measure patient.
10. Adjust pre-set techniques if necessary.
11. Position patient.
12. Center tube to part and adjust tube height.
13. Center film to part and use bucky lock.
14. Proper beam restriction and/or gonadal shielding.
15. Instruct patient in proper breathing procedures and give command.
16. Expose image.
17. Rebreathe patient.
18. Make sure patient is safe and comfortable.
19. Remove exposed cassette and place in pass box/digital image reader.

20. Technically critique completed radiographs.

SCORING SYSTEM

A. Scores

The following criteria will be used to score the task analysis form. The content is divided into eleven areas.

1. Evaluation of Requisition.
2. Equipment and Room Preparation
3. Positioning Skills
4. Identification markers
5. Equipment manipulation.
6. Select technique factors.
7. Evidence of radiation protection
8. Patient Care.
9. Professional demeanor
10. Percentage of repeats
11. Image evaluation

B. Scoring: Superior = 3, Acceptable = 2, Unsatisfactory = 1

C. A student may be given the opportunity to repeat 1 task analysis during a long semester at their instructor's discretion.

TASK ANALYSIS

Student_____ Grade_____

Area (Rm)_____ Procedure_____

Evaluator_____ Date_____

EVALUATION CRITERIA	S=3	A=2	U=1
1.Evaluation of Requisition	//////////////////		
2.Equipment and Room Preparation	//////////////////		
3. **Positioning Skills**: Centering			
Part Position			
4. Identification Markers			
5. Equipment Manipulation	//////////////////		
6. Select Technique Factors			
7. Evidence of Radiation Protection			
8. Patient Care			
9. Professional Demeanor	//////////////////		
10. Percentage of Repeats			
11. Image Evaluation			

Extra difficulty +0.5 pt. _____

Comments:_____31=97

_____30=94

_____29=91

_____28=88

_____27=84

_____26=81

_____25=78

Student's Signature

EVALUATION CRITERIA

1. Evaluation of requisition

Identify patient	2	Identified patient-checks armband or other suitable means of identification.
	1	Improperly identifies patient or does not use suitable means of identification.
Identify procedure to be performed	2	Correct procedure performed
	1	Incorrect procedure performed
Documents room #, tech & student initials, other required documentation	2	All documentation is correct
	1	Some documentation is incorrect or missing

2. Equipment and room preparation

Machine turned on and technique preset for all projections.	2	Machine on and techniques preset.
	1	Machine not on and/or does not preset technique.
Image receptors and accessory equipment necessary for exam are present (Contrast, needles, sandbags, lead shield, etc.)	2	Image receptors and accessory equipment are available for entire exam.
	1	Image receptors and equipment are not available for entire exam.
Room cleaned and stocked prior to patient entering room	2	Table and room cleaned, stocked, and in order.
	1	Table and room not clean or linens not available or room is messy.
Tube and table in correct position	2	Table and tube in correct position for procedure to be performed
	1	Table or tube in improper position and poses problem for patient (i.e.: may hit head when getting on table)

Image receptor readiness	2	Image receptor is charged, screen is on a blank image, and not in screen save mode (i.e, waiting or sleep), no exposure hold or red lights and ready for use for all

	1	projections. IR is not ready (can be any/all of above) for all projections of the exam.

Positioning

3. Centering

Centers anatomical part to be demonstrated in the middle of the image receptor.	3 2 1	Perfectly centered. Part slightly off center but still visible and diagnostic. The part of interest is cut off requiring a repeat image.
Centers central ray to center of image receptor.	3 2 1	Perfectly centered. Centered well enough to demonstrate part of interest. Not centered or anatomy is clipped requiring a repeat image.

Part position

Proper body position (AP/PA/oblique)	3 2 1	Perfect body position. Part slightly off but still visible and diagnostic. The part of interest is not in the correct position requiring a repeat image.
Rotate part correctly (inversion of feet for pelvis, 45 degree oblique for lumbar, etc.) Tube angle	3 2 1 2 1	Perfectly rotated. Rotated well enough to demonstrate part of interest. Not rotated correctly requiring a repeat image. Correct tube angle (degree & direction) Incorrect tube angle (degree or direction)

4. Identification markers

Right or left or other identification marker in place	3 2 1	Correct marker on image in correct spot for that facility. Correct marker on image but not in designated spot for that facility. Identification marker not used, wrong marker used, or L or R does not show on image.

5. Equipment manipulation

Turn tube from horizontal to vertical and vice versa	2 1	Can move tube from horizontal to vertical and use locks to hold desired angle. Cannot move or utilize locks.
Center film	2 1	Move the bucky tray and lock to center IR to patient. Does not use bucky tray lock or center to patient properly.
Utilize tube locks	2 1	Locks tube to desired detent (distance and center). Tube not locked.
Select proper image receptor Correct image tag/algorithm	2 1 2	Proper image receptor chosen for procedure placed and locked in bucky tray in the **proper orientation (CW/LW)** and removed from bucky following procedure (if applicable). Correct orientation (ex.with blue strip) so it does not need to be rotated. Not one or more of the above. Wrong IR used or **not in the proper orientation** or not removed from bucky following exposure (if applicable). Proper image tag is chosen to ensure the image is

	1	processed properly before it is sent to PACS. Incorrect image tag is chosen.

6. Select technique factors

Manual	3	Sets correct kvp, ma, & time (or mas) for **all** projections.
	2	Sets correct kvp, ma & time (or mas) for **some but not all** projections.
	1	Does not set correct factors for any of the exam.
AEC	3	Selects optimum kvp, photo cells, and density selector, & focal spot size for **all** projections.
	2	Selects optimum kvp, photo cells, and density selector, & focal spot size for **some but not all** projections.
	1	Does not select proper kvp, photo cells, or density selector, or focal spot size for **any** projections.

7. Evidence of radiation protection

Beam restriction	3	Collimated to correct field size or part.
	2	Collimation present but needed to be tighter.
	1	No evidence of collimation (if not a full screen projection) or does not know how to manipulate collimator (i.e., switch manual to PBL).
Gonad shields	3	Gonad shields used on exams not including pelvis.
	2	Gonad shield used appropriately on one projection but not all.
	1	Gonad shields not used on exam not including pelvis. Gonad shields used on pelvis procedures.

Protection of self	3	Student wears lead aprons and stands behind control panel or appropriate location (if in fluoro rm.) and has dosimeter in proper location.
	2	Student wears lead aprons and dosimeter in wrong

		location.
	1	Student does not wear lead apron or does not stand behind control panel or stands in an inappropriate location or does not wear dosimeter.
Verification of LMP/pregnancy	3	Verifies **and** records the female patient's LMP/pregnancy status and applies proper protocol for facility.
	2	Verifies **or** records **(not both)** the female patient's LMP/pregnancy status and applies proper protocol for facility.
	1	Does not verify or record the female patient's LMP/pregnancy status or does not apply proper protocol for facility.

8. Patient care

Cover patient	2	Covers patient with a sheet when appropriate and sheet does not interfere with procedure (i.e. cause the patient to be at risk for fall or cause an artifact.
	1	Does not cover patient with a sheet when necessary or it causes an artifact on the image.
Patient movement	2	Locks wheelchair, stretcher, or table before patient gets in/out or on/off.
	1	Does not lock wheelchair, stretcher or table as needed.
Patient assistance	2	Assists patient on and off wheelchair or table as appropriate.
	1	Does not assist patient appropriately.
Patient history	3	Takes appropriate history for exam and documents patient history.
	2	Takes history but does not document it properly.

	1	Does not take patient history accurately or at all.
Time management	2 1	Completes exam in a reasonable amount of time. Does not complete the exam in an appropriate amount of time.

9. Professional demeanor

Student demonstrates a working knowledge of procedure to be performed	2	Student demonstrates working knowledge of procedure.
	1	Does not demonstrate working knowledge of procedure.
Student introduces self to patient	2	Student makes introduction of self and radiologist.
	1	Does not make introductions properly.

Student demonstrates a caring and sincere attitude toward patient	2	Student demonstrates caring attitude.
	1	Does not demonstrate caring attitude.
Explains procedure to patient	2	Student explains the procedure effectively to patient (**including proper breathing instructions)** informs patient if leaving room, and informs patient of reason for waiting.
	1	Does not explain procedure sufficiently, or does not inform patient if leaving room, or does not inform patient of reason for waiting or does not give appropriate breathing instruction.
Assisted patient with changing and removing foreign objects	2	Student assists patient and gives proper gowning instructions and assures that foreign objects are removed from the area being imaged.
	1	Student does not assist patient or does not give proper instructions for gowning or does not make sure foreign objects are removed from the area being imaged.

10. Percentage of repeats

Percentage of repeat images in the exam	3	Less than 30% of images repeated.
	2	30-49% of images repeated.

	1	50% or more of images repeated.

11. Image Evaluation

Contrast and image receptor exposure & exposure index evaluation		**Able to identify if image has:** **a) Optimal diagnostic level of contrast and image receptor exposure.** **b) Checks exposure index or deviation index to assure it is within range.**
	3	Does **all** of above on **all** projections.
	2	Only does so on **some** projections **not all**.
	1	Does not do any identification or does them all wrong.
Anatomical identification	3	Student demonstrates **complete** knowledge of all anatomy and artifacts **(i.e. clothing, foreign objects, graininess, etc.)** present on images.
	2	Student demonstrates **partial** knowledge of anatomy and artifacts present on images.
	1	Student **does not demonstrate any** knowledge of anatomy or artifacts present on images.
Annotation	2	Includes correct annotation (when appropriate) i.e., Scout, Upright, Decub, Time
	1	Omits needed annotation or uses the wrong text

CLINICAL BEHAVIOR REPORT

The second instrument used in evaluating clinical performance is the "Clinical Behavioral Report." This instrument measures the affective domain of the student's performance. The students are evaluated at least two times during a long semester and at least once during a summer session using this form.

CLINICAL BEHAVIOR REPORT SCORING SYSTEM

The scoring system of this instrument is quantified so that it generates a numerical grade for the student. The student's performance is evaluated in twelve categories and the level of performance ranges from Superior to Poor. Students having areas of weakness in the below average or poor categories will be given written notification using the student disciplinary action form. A copy of this notification signed by the instructor and student will be sent to the program director and clinical coordinator. The Clinical Behavior Report is designed to measure the affective domain of knowledge and the work ethics dimension of the student's performance. This instrument acts as both a tool of evaluation and a counseling tool. Specific behavioral descriptions for each of the areas to be evaluated will be included in the handbook for students to review.

CLINICAL BEHAVIOR REPORT FORM

An example of the "Clinical Behavior Report" form with the criteria used is attached.

LAMAR INSTITUTE OF TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL BEHAVIOR REPORT

STUDENT_____ SEMESTER_____
DATE _____ FACULTY_____
CLINICAL _____

Evaluation Area:	**Superior (5)**	**Above Average (4.5)**	**Average (4)**	**Below Average (3.5)**	**Poor (3)**
Attendance					
Professional Appearance					
Professional Judgment					
Professional Ethics (professional standards)					
Initiative/Motivation (energies applied to clinic performance)					
Quality of Work (practical application of knowledge)					
Quantity of Work (productivity)					
Cooperation and Attitude					
Dependability					
Patient Rapport					
Self Confidence					
Organization of Work					
TOTAL BY COLUMN					

TOTAL POINTS = ( ) DIVIDED BY .6 ( ) AVERAGE = LETTER GRADE

Clinical Grading System 95-100 = A 80-86 = C
87-94 = B 70-79 = D Below 70 = F

*Students receiving evaluations in the below average or poor category will be given notice using the student disciplinary action form.

Student Signature_____ Date_ _____

CLINICAL BEHAVIOR REPORT CRITERIA FOR EVALUATION

ATTENDANCE: The faithfulness of coming to work daily and conforming to clinic requirements and reporting to clinic promptly as scheduled.

(5) (No days missed-No Tardy time) **consistently** prompt and reliable.

(4.5) Very prompt, reliable in attendance. (Normal time 1 day missed--1 Tardy is absent only when necessary)

(4) Usually present on time. (1 or 2 days missed--1 or 2 Tardies)

* (3.5) Frequently late or absent (3 days missed and/or 3 Tardies)

* (3) Consistently absent or late with/without excuse. (more than 3 days missed and more than 3 Tardies) and/or Failure to call in.

PROFESSIONAL APPEARANCE: Consider cleanliness, grooming, neatness and adherence to student dress code outlined in the student handbook.

(5) Consistently presents a professional image, always well groomed and in adherence with the student dress code.

(4.5) Usually well groomed, and careful about personal appearance. One incident of being out of compliance with the dress code.

(4) Satisfactory personal appearance but has to be reminded of the dress code more than once.

* (3.5) Occasionally untidy and careless about personal appearance and personal habits. Problems adhering to student dress code.

* (3) Frequently untidy, personal appearance and personal habits unsatisfactory. Frequently disregards dress code.

PROFESSIONAL JUDGMENT: Ability to think independently and apply acquired knowledge in the clinical setting. (Good common sense)

(5) Always handles difficult situations with ease and confidence.

(4.5) Impressive in thinking things through and making good decisions.

(4) Average in performance. Sometimes becomes frustrated or uses poor judgment in stressful situations.

* (3.5) Frequently uses poor judgment; often becomes frustrated in stressful situations.

* (3) Consistently uses poor judgment in stressful situations

PROFESSIONAL ETHICS: Consider integrity , loyalty, impression the student makes on others and how the student conducts himself in the clinical setting.

(5) Conducts self in a professional manner at all times, respectful of other professionals, fellow students and those in authority.

(4.5) Above average impression. Respectful and complies to accepted professional standards.

(4) Average impression. Adheres to professional standards in an acceptable manner.

* (3.5) Often does not follow professional standards when dealing with others. Difficult to get along with; disrespectful at times.

* (3) Consistently negative attitude, rude, arrogant to patients, technologists and fellow students. Disrespectful in speech and actions to others.

INITIATIVE/ MOTIVATION: Ability to think constructively, originates action in meeting objectives, and shows enthusiasm in pursuing those objectives.

(5) Thinks and acts constructively; looks for things to do; industrious and hard working. Little or no supervision needed.

(4.5) Consistently above average, minimal supervision required; utilizes time effectively.

(4) Average; meets minimum requirements; needs encouragement to fulfill requirements.

* (3.5) Puts forth little effort; frequently has to be told what to do and is happy just getting by. Needs supervision.

* (3) Puts forth no effort; lazy. Requires constant supervision.

QUALITY OF WORK: (In meeting professional standards) Includes positioning progress, radiation protection, patient care, organization of work and knowledge of routine procedures.

(5) Superior, consistently competent, exceptionally high quality of performance in all phases of practical applications.

(4.5) Is exact, precise, requires little correction, consistently above average. Recognizes mistakes and takes corrective measures.

(4) Usually accurate, makes only average number of mistakes.

* (3.5) Careless, makes recurrent errors. Problems with retention and recall.

* (3) Makes frequent errors, demonstrates little retention, poor patient care and organization. Unable to apply knowledge consistently.

QUANTITY OF WORK: Output of satisfactory work.

(5) Superior work; always productive; consistently does more than is required.

(4.5) Very industrious, usually does more than is expected.

(4) Volume of work is satisfactory. Meets the minimal requirements.

* (3.5) Does just enough to get by; rarely does more than what is expected. (Must be told to do a patient)

* (3) Does not meet minimum requirements.

COOPERATION & ATTITUDE: The ability to work with others, take responsibility for one's own actions and to accept instruction and constructive criticism.

(5) Excellent attitude and spirit of cooperation. Excellent leader. Responsible and reliable; utilize instruction and criticism to maximize potential.

(4.5) Above average, (cooperative team leader). Interacts well with staff, fellow students and instructors. Responsible and reliable.

(4) Satisfactory. Does what is required, occasional difficulty in interaction and receiving criticism

* (3.5) Sometimes accepts direction in a manner showing displeasure, can be difficult to work with. Interaction problems with peers and technologist.

* (3) Inclined to be quarrelsome, frequent interaction problems with peers and technologist. Unable to give and receive criticism constructively. Does not take responsibility for their own actions.

DEPENDABILITY: Works conscientiously according to instructions, ability to follow procedures, ability to meet and exceed objectives.

(5) Dependable; consistent top performer.

(4.5) Dependable meets requirements with enthusiasm.

(4) Satisfactory performance.

* (3.5) Needs frequent reminder to follow standard procedures.

* (3) Continuous reinforcement necessary.

PATIENT RAPPORT: Ability to effectively establish communication with the patient that will facilitate the success of the procedure.

(5) Excellent communication skills; interacts with patient in a manner that enhances the procedure. Confident; makes wise decisions; takes charge. Quality patient care

(4.5) Usually self-reliant; requires little help. Good communication skills. Enjoys patient contact.

(4) Average, sometimes hesitant in establishing interaction with patient but is able to

complete required procedures.

* (3.5) Difficulty establishing communication with patient. Afraid to take charge. Often needs assistance in getting patient to cooperate.

* (3) Inadequate communication skills; unable to effectively deal with the needs of patients.

SELF CONFIDENCE: Ability to apply acquired knowledge in a manner that communicates that one is self-assured..

(5) Self-reliant; learns rapidly and has the confidence to implement knowledge. Self-starter.

(4.5) Above average self-esteem, shows only minimal apprehension in completing objectives. Motivated by praise and encouragement.

(4) Average self-assurance; needs encouragement and assurance. Sometimes needs to be motivated.

* (3.5) Below average self-assurance. Often stands back or is the helper and not the doer. Low self-esteem.

* (3) Too independent; ignores policy and procedures; ignores rules and is self-centered.

ORGANIZATION OF WORK: Ability to recognize what needs to be done and prioritize tasks. Insight and perception. Independent thinker.

(5) Superior skills; knows what to do first and does it. Can anticipate what needs to be done. Quick thinker.

(4.5) Above average, needs little help and learns from mistakes.

(4) Average. Occasionally needs assistance in organization of work.

* (3.5) Below average; needs to be told when to do things. Relies on others to think things through.

* (3) Confused; often becomes lost when it is necessary to change from the norm. Dependent thinker.

SPECIAL ASSIGNMENT EVALUATION

The third instrument used in evaluating clinical performance is the "Special Assignment Evaluation". This instrument measures the affective, cognitive and psychomotor domains of the student's performance while outside of the diagnostic radiology department.

SPECIAL ASSIGNMENT EVALUATION RATIONALE

The student's performance is evaluated in four categories and the level of performance ranges from Excellent to Fair. Students having areas of weakness in the Fair category will be given written notification using the student disciplinary action form. This instrument acts as both a tool of evaluation and a counseling tool. Specific behavioral descriptions for each of the areas to be evaluated will be included in the handbook for students to review.

Special Assignment Evaluation

Name_____ Date_____ Area_____

Shows punctuality and availability for exams- reporting to the assigned area promptly as scheduled

- ☐ **Excellent** Consistently punctual and available, no days missed, no tardies
- ☐ **Very Good** Reliable and prompt, is absent only when necessary. 1 or 2 days missed, 1 or 2 tardies
- ☐ **Good** Usually punctual and available, 2 or 3 days missed, 2 or 3 tardies
- ☐ **Fair** Frequently late or absent, 3 or 4 days missed, more than 3 tardies

Demonstrates an interest in the area of rotation- enthusiastic attitude and spirit of cooperation

- ☐ **Excellent** Enthusiastic, excellent attitude
- ☐ **Very Good** Responsible and reliable interacts well, good attitude
- ☐ **Good** Average enthusiasm and attitude
- ☐ **Fair** Needs encouragement to observe exams

Participates, as much as is allowed, in the imaging procedure - acts constructively, shows enthusiasm in meeting objectives

- ☐ **Excellent** Thinks and acts constructively, asks what they can do to help
- ☐ **Very Good** Consistently above average, helps whenever possible
- ☐ **Good** Meets minimum requirements, needs prompting to assist the technologist
- ☐ **Fair** Puts forth little effort, must be told what to do

Effectively communicate/interact with others - ability to facilitate exams by establishing a good rapport with patient and technologist

- ☐ **Excellent** Excellent communication skills, interacts well with patients and technologists
- ☐ **Very Good** Very good communication skills, enjoys working with patients and technologists
- ☐ **Good** Average communication skills, hesitant in establishing interaction with patient
- ☐ **Fair** Difficulty in communicating with patients and technologists

Demonstrate a basic understanding of the examinations performed in this specialty area - Include patient care, radiation protection and knowledge of routine procedures in the specialty area

- ☐ **Excellent** Asks questions to gain basic knowledge, excellent patient care and radiation protection
- ☐ **Very Good** Knowledge of specialty area is adequate, good patient care and radiation protection
- ☐ **Good** Some knowledge of routine procedures in the specialty area, patient care and radiation protection are adequate
- ☐ **Fair** Does not ask questions or try to learn about specialty area, inadequate patient care and radiation protection

COMMENTS

_____

_____

Signature of person completing form _____

DETERMINATION OF CLINICAL GRADE

The student's clinical grade is determined by averaging together the scores of the Task Analysis, Clinical Behavior Report, and written tests. Task Analysis and Clinical Behavior each account for 40% of the grade. Written tests account for 20%.

OTHER FORMS USED BY THE PROGRAM

During the two years a student is enrolled in the Radiologic Technology Program several forms are needed to document the experiences which the student is receiving. In addition a form is also used to inform the students of areas in which they may need remediation before it endangers their grade or puts them in jeopardy of dismissal from the radiography program. Some of the forms used by the program are as follows:

Student Disciplinary Action Form
Clinical Documentation Form
Incident Form
Technologist Task Analysis Form
Program Readmission Standards and Application for Readmission

LAMAR INSTITUTE OF TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM
STUDENT DISCIPLINARY ACTION
WRITTEN NOTIFICATION

STUDENT: _____ DATE: _____
REASON FOR NOTIFICATION:

( ) attendance and punctuality
( ) grades
( ) assignments
( ) clinical behavior
( ) other:

EXPLANATION FOR NOTIFICATION:

ACTION TAKEN:

( ) warning
( ) academic probation
( ) dropped from the course
( ) counseling notes
( ) required remediation
( ) other:

SIGNATURES:

Student: _____ **Date: _____**

Instructor: _____Date: _____

STUDENT COMMENTS:

cc: Program Director and Clinical Coordinator

LAMAR INSTITUTE OF TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL DOCUMENTATION FORM

Name of person completing this form:_____
Initiated by:_____ **Date:**

( ) student
( ) technologist
( ) clinical instructor
( ) department personnel
( ) other

EXPLANATION: (Please include dates and names of persons involved)

ACTION TAKEN:

( ) commendation
( ) counseling for parties involved
( ) reported to department supervisor
( ) no action taken
( ) other:_____**SIGNATURES:**

Student:_____ **Technologist**: _____

Date:_____ **Date:**_____

COMMENTS:

cc: Clinical Coordinator & Program Director

LAMAR INSTITUTE OF TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM
INCIDENT FORM

Student Name:_____ **Clinical:**_____

( ) Accident
( ) Injury
( ) Illness
( ) Exposure to blood borne disease
( ) Exposure to communicable disease
( ) Other

Give a brief description of the incident:

( ) Counseling Date

( ) Sent home Date

( ) Called in sick Date

( ) Returned to clinic Date

( ) Received medical attention Date

( ) Extended illness (more than 3 absences) Date

( ) Full release to return to work signed by physician Date

****

For Physician Use Only

Physician's Signature **Date**

_____ _____

****

Student's Signature **Instructor's Signature** **Date**

_____ _____ _____

Technologist Task Analysis Form

Student	Date	MR#
Examination	Exam Start	Exam Stop

YES NO — If no is checked please explain.

___ ___ 1. Did you witness the exam in its entirety? If not, why?_____
_____

___ ___ 2. Did this exam take a reasonable amount of time? If not, why?____
_____

___ ___ 3. Quality of the patient: ____Good ____Average ____Below Average

___ ___ 4. Was the proper positioning, central ray and S.I.D. used?

___ ___ 5. Student used proper exposure factors?

___ ___ 6. Student displayed good patient care skills?

___ ___ 7. Student showed confidence in equipment manipulation?

___ ___ 8. Student shielded patient?

___ ___ 9. Student could discuss the anatomy of interest?

___ ___ 10. Student could critique film for quality?

___ ___ 11.Were repeat radiographs taken? If so why?_____
_____

___ ___ 12. Were corrections discussed prior to repeat radiographs being taken?

___ ___ 13. Do you feel this student can perform this examination consistently and competently?

Comments
_____

_____ _____
Technologist's Signature Date

The student is to bring the completed form stating how the procedure was performed to a clinical instructor for review and critique of the images.

Program Readmission Standards

STUDENT MAY BE CONSIDERED FOR RE-ADMISSION INTO THE PROGRAM ONE TIME PENDING AVAILABLIITY OF SPACE. The entry point into the Program is considered to be the first fall semester.

I. Students who withdraw from the program due to personal reasons or failure of a course must schedule a readmission interview with the program director. This interview must take place before the student completes the application for readmission.

II. Students who are eligible for readmission must attach a letter of commitment to their application for readmission. If all readmission criteria are met the student may be allowed to re-enter the program if clinical space is available.

III. Student who have been dismissed from the program for the following reasons are NOT eligible for readmission
   A. Willful lying or deceit
   B. Verbal or physical abuse of patients
   C. Verbal or physical abuse of faculty or hospital staff
   D. Falsification of records
   E. Cheating
   F. Stealing
   G. Misuse of drugs and/or alcoholic beverages
   H. Failure to conform to hospital and Program policies and procedures

IV. Evaluation procedures for knowledge and skills retention.
   A. If a student withdraws or fails a course in their first year/fall semester, the student will be required to re-apply to the program the following year and will, if accepted, repeat all courses from that semester.
   B. If a student withdraws or fails a course in their first spring semester, the student may be allowed to re-enter the program one year later if clinical space is available. The student will be required to repeat the clinical course, positioning lab, and any other course(s) failed. If no clinical space is available the student will need to reapply to attempt to enter the program and start over.
   C. If a student withdraws or fails during their second year, the student will be allowed to complete the clinical component of the program and repeat only the didactic course the following year. (If the course failed is a clinic course, it will be the decision of a faculty committee whether the student will be advised to withdraw or return in one year.)
   D. Students who leave the program for one year will be required to take a competency exam to assess the retention of basic skills (clinical, laboratory and didactic). The exams will include the content for all courses completed within the program. The exams will have written and skills components. Failure to meet the minimum score of 80% on these exams may prohibit the student from eligibility to re-enter the program or if allowed to re-enter the program may require

the student to repeat a course(s) in order to regain the skills and knowledge necessary to progress in the program.

E. After more than one year from withdrawal or failure of a course(s) from the program, the student will be required to re-apply to the program and start from the beginning.

F. Students that withdraw or fail a course(s) must schedule a readmission interview with the program director.

V. A Review Committee for Readmission, consists of the program director, clinical coordinator and program faculty members, and they will evaluate the application for readmission. The committee will review each application on an individual basis. The decision of the committee is final. The student is not guaranteed to be placed at the same clinical facility. Placement is determined according to clinical availability.

PHYSICAL REQUIREMENTS FOR RADIOLOGIC TECHNOLOGY

The following are essential physical requirements for any Radiologic Technologists as compiled from observations of a wide variety of job experiences.

1. **VISUAL ACUITY:**
   * Distinguish whether beam is perpendicular, horizontal, or angled through center of anatomical area being x-rayed to center of film.
   * Perform necessary radiographic procedures that involve placement of needles, catheters, etc. into proper anatomic structure of patient.
   * Read protocol for radiographic procedures in the department.
   * Perform data entry tasks using digital and computer terminals.
2. **HEARING ACUITY:**
   * Hearing must be sufficient to communicate with others.
   * Distinguish phonetic sounds either mechanically transmitted or from conversation in order to perform film processing tasks and fluoroscopic procedures in light controlled areas.
   * Hear and retain pertinent information to relay instructions.
   * Hear and respond to patient questions and clinical history while processing a request.
3. **SPEAKING ABILITY:**
   * Speak clearly and loudly enough to be understood by a person in the radiology department, in surgery or on the phone.
   * Good communication skills are also necessary to maintain good interpersonal relationships with patients and peers.
4. **DIGITAL DEXTERITY:**
   * Grasp and manipulate small objects required to perform job function.
   * Operate a variety of x-ray equipment.
   * Arms and hands or functional artificial limbs are essential to perform radiographic procedures and transfer patients.
   * Legs and feet or functional artificial limbs are essential to maintain balance to accomplish required duties and transport patients.
5. **PHYSICAL ABILITY:**
   * Stand for the majority of a normal work day.
   * Maneuver through congested area(s) or unit(s) to perform positioning procedures and transport patients.
   * Raise arm(s) while maintaining balance when positioning a patient, reaching over table, adjusting x-ray tube.
   * Maneuver between different floors of an institution.
   * Pull/Push medical equipment and adjust x-ray tubes to standard focal film distance; transfer of patients to and from unit.
   * Weight must allow free movement within small control booth, move quickly during patient emergencies; squeeze in small areas while performing portable radiography procedures.

Policy For Criminal Background Screening

The Department of Allied Health and Sciences at Lamar Institute of Technology (LIT) adheres to the policies of all clinical facilities with which the Department affiliates for student clinical learning experiences.

Purpose
Some clinical agencies used by LIT stipulate in the clinical affiliation agreements with Programs within the Department of Allied Health and Sciences that students' criminal background be prescreened before they are permitted into the clinical facility. This prescreening requirement is the same as that required for employees of public and private clinical agencies. The rational for this requirement for clinical students is based on the concept of due diligence and competency assessment of all individuals whose assignments bring them in contact with patients or employees. Competency extends beyond technical skills to an individual's criminal history. This approach ensures uniform compliance with Joint Commission standards pertaining to human resource management.

Timing
All background checks will be conducted as a condition of acceptance into one of the Department's Programs. Verification must be received prior to being admitted into one of the programs. The results will be accepted for the duration of the student's enrollment into one of the programs if the participating student has not had a break in enrollment at the Institute and if the student has had no disqualifying allegations or convictions while enrolled. A break in enrollment is defined as nonattendance for one full semester or more.

The Department of Allied Health and Sciences will designate the company or procedure used to do the criminal background screening. The cost will be incurred by the department or the student and in no way will cost be deferred to the clinical affiliates.

Process
Criminal background checks will be performed to review the student's criminal history. The check should include the cities and countries of all known residences. Criminal background checks must include a person's criminal history for seven years prior to the date of admission. The following histories will disqualify an individual from consideration for admission into one of the Allied Health Programs:

1. Misdemeanor convictions/deferred adjudication or felony convictions/deferred adjudication involving crimes against persons (physical or sexual abuse).
2. Misdemeanor convictions/deferred adjudication related to moral turpitude (prostitution, public lewdness/exposure, etc.).
3. Felony convictions/deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances.
4. Registered sex offenders.

Individuals with any of the above histories will not be eligible to enroll in Allied Health Programs that have clinical components, and if the history is discovered or a conviction occurs after enrollment the

student will be required to withdraw from the program. A student who is convicted of a criminal offense while enrolled in one of these programs must report the conviction to the Department Chair within three days of the conviction. The term conviction for these purposes includes probated sentences and deferred adjudications.

A student may be considered for admission or readmission to the program if one of the State of Texas licensing agencies issues a Declaratory Order stating the individual is eligible for initial licensure or national testing.

Notes:

1. It is the student's responsibility to be aware that the disqualifications listed above are used for employment eligibility by most hospitals in Texas.
2. Completion of a specific program will be affected by the student's ability to successfully complete the required clinical rotations.
3. Clinical rotations are completed at sites specified by and contracted with the Department of Allied Health and Sciences at LIT. LIT will not locate or provide alternative sites for clinical rotations for students ineligible to attend clinical rotations at the specified sited due to criminal record.
4. If a program does not have State Licensure then a Declaratory Order from the National Testing Agency will be acceptable.

Compliance and Record Keeping

1. The vendor or person responsible for background checks will notify the Department Chair of Allied Health and Sciences of the results of the criminal background check on all applicants.
2. Verification will include only the student's name and social security number.
3. The Department of Allied Health and Sciences will send verification on adherence to the policy to the clinical affiliate prior to the clinical rotation start date. Verification is accomplished by sending a letter from the Department of Allied Health and Sciences and LIT, on letterhead stating that these standards have been met by the students being assigned to the clinic for rotations. If more than one student is being assigned to the clinical facility the list will be a comprehensive list with names of all students assigned to the clinical facility.

Criminal Conduct Statement

I understand that any conduct or activities that have violated the American Registry of Radiologic Technologists (ARRT) “Rules of Ethics” may impair my application to the program and my eligibility to take the certification examination administered by the ARRT. Violations of the “Rules of Ethics” that must be reported include conviction of a crime such as a felony, a gross misdemeanor, or a misdemeanor with sole exception of speeding or parking violations. All drug and/or alcohol related offenses must be reported.

The ARRT offers applicants for admissions to radiologic technology programs an early review process in order to determine their eligibility to take the certification exam. In order to assure that LIT Radiologic Technology students do not have difficulty obtaining approval to take the American Registry Radiologic Technologists (ARRT) National certification exam, students who have misdemeanor or felony charges or convictions, will be required to complete the ARRT Ethics Review Pre-application. This process must be started in the fall of their first year. This process will take several months.

Students will be allowed to continue in the Radiologic Technology program with misdemeanor charges/convictions while the review is in process. Students with felony charges/convictions will not be allowed to continue until the Review is complete unless the Directors of Medical Imaging at the clinical facilities allow the student admission to the clinical site.

Please note that this does not assure that the student will be allowed to receive a Medical Radiologic Technology license issued by the Texas Medical Board. It does however assist in this process.

Student Signature_____ Date_____

House-bill 1508 regarding Occupational Licenses

As a point of information required by Texas HB 1508 and the Texas Occupations Code 58.001, if you are applying for admission to a program that may prepare an individual for an initial occupational license as defined under Texas Occupations Code 58.001 and/or if you later decide to change to a program that prepares you for an initial occupational license as defined under Texas Occupations Code 58.001, in accordance with state law, please be advised of the following:

1. An individual who has been convicted of an offense may be ineligible for issuance of an occupational license upon completion of the educational program.
2. Each licensing authority that may issue an occupational license to an individual who completes an educational program must establish guidelines which state the reasons a particular crime is considered to relate to a particular license and any other criterion that affects the decisions of the licensing authority.
3. Local or county licensing authorities may issue additional guidelines related to criminal history. Applicants should contact their respective local or county licensing authority for more details.
4. A person may request a criminal history evaluation letter regarding the personal eligibility for a license issued by a licensing authority under Texas Occupations Code 53.102.

Applicants are encouraged to review all applicable eligibility requirements related to the respective occupational license. Questions related to eligibility requirements should be directed to the applicable licensing authority.

Note:

Verification information will be filed in a secured area to ensure confidentiality. In the event that the student feels that an error has been made in the results of the criminal background check, it is the responsibility of the student to contact the vendor or person responsible for a verification check. The student is responsible for any cost associated with this check. There will be no appeal of this policy.

Student Signature_____ Date_____

POLICY FOR CRIMINAL BACKGROUND SCREENING

My signature below indicates that I have read the above policy on Criminal Background Screening and have been provided a copy of it. This form provides my irrevocable consent for the results of the criminal background checks to be released to the Department of Allied Health and Sciences, Lamar Institute of Technology. An additional Criminal Background Screening check can be performed at any time during the Program at the discretion of the Program Director.

My signature below certifies that I do not have any criminal history as listed in the policy that would disqualify me for consideration for a clinical rotation or for enrollment in one of the Allied Health Programs.

My signature below indicates that I am aware that I am responsible for the cost of the criminal background screening.

_____ _____

Signature T-number

_____ _____

First Middle Last Maiden DOB

_____

Date

CLINICAL OFF-HOURS ROTATIONS

I am aware that during my clinical rotations I will be required to rotate on evenings and weekend shifts that may include both Saturday and Sunday. There are clinical sites located in Beaumont, Port Arthur, Orange, Bridge City, and Jasper, Texas. I am aware I will need reliable transportation to these sites throughout the duration of the radiology program.

_____

Student Signature

_____

Date

DOSE TO EMBRYO/FETUS

I understand that the licensee or registrant shall monitor the dose to an embryo/fetus during an entire pregnancy, due to occupational exposure of a declared pregnant woman, to keep the dose below 0.5 rem (5mSv). I also understand that the National Council on Radiation Protection and Measurement recommended in NCRP Report 116 that no more than 0.05 rem (.5mSv) to the embryo/fetus be received in any one month. Therefore, the licensee or registrant shall make efforts to avoid variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in the Texas Regulation for the Control of Radiation Part 21.209(a).

If I become pregnant, I understand that I am strongly encouraged to notify the program director in writing as soon as possible. This constitutes a declaration of pregnancy. Any information that I can provide concerning an approximate conception date will assist the Radiology Program in determining the dose to the embryo/fetus during the entire gestation period.

Print Student Name_____

Student Signature_____

Date_____

RADIOLOGY STUDENT HANDBOOK VERIFICATION FORM

The Lamar Institute of Technology Radiologic Technology Student Handbook contains the policies, procedures and physical standards that pertain to a Radiologic Technology student during the period in which they are enrolled in the Program. The handbook may be changed upon written notice to the student by the Program Director.

After reading the handbook, please sign and date the form below. It will be placed in your student personnel file as verification that you have received and read the policies and procedures pertaining to the Program.

Your signature on this Verification Form indicates that you understand and agree to abide by these standards.

Student Signature_____

Date_____