Baptist Health College Little Rock

Baptist Health College Little Rock
School of Radiography

JULY 1, 2024 – JUNE 30, 2025

11900 Colonel Glenn Road
Little Rock, AR 72210
Phone: 501-202-6200
www.bhclr.edu

CERTIFICATION STATEMENT

Baptist Health, its schools and their administrators reserve the right to restrict or limit enrollment in any course and make changes in the provisions (organization, fees, program offerings, curricula, courses, requirements and so forth) in this handbook when such action is deemed to be in the best interest of the student or a particular school. The provisions herein do not represent, in any way, a contract between the student, prospective or otherwise, and the administration of a school. This handbook replaces all handbooks previously published.

FOREWORD

This handbook is provided to the student to serve as an overall guide to the Baptist Health College Little Rock - School of Radiography. Policies contained herein are current at the time of printing; however, policies, procedures and information contained within require continual evaluation, review, and approval. Therefore, the faculty and administration of the program reserve the right to change the policies, procedures, and general information at any time without prior notice, according to policy; all new and revised policies are posted on appropriate and designated student bulletin boards, for a defined period of time or students receive electronic notification of new or revised policies. Additionally, changes will be made on the website version. Students are expected to remain informed by checking the college website regularly at www.bhclr.edu.

STATEMENT REGARDING STUDENT HANDBOOK

Students enrolled in the Baptist Health College Little Rock are responsible for information contained in the current *Student Handbook* and current *Catalog*. Students enrolled in a program of study are expected to comply with all policies: a) Baptist Health College Little Rock, b) all institutions with which the programs are affiliated, and c) the respective program of enrollment. Additional details of policies that specifically pertain to a student's specific program of enrollment are applicable and are located herein in the programs respective programmatic section.

STATEMENT REGARDING DISCRIMINATION

Baptist Health does not exclude or discriminate on the basis of race, color, creed, religion, gender, national origin, age, disability, genetic information, or veteran status in accordance with applicable federal, state and local laws. Student recruitment and admission is non-discriminatory and in accordance with existing government regulations and those of the sponsor.

First Printed in 1953

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Baptist Health College Little Rock
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Little Rock, AR 72210
501-202-6200

Baptist Health College Little Rock
School of Radiography
Programmatic Student Handbook

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New Student Welcome

The Baptist Health College Little Rock (BHCLR) - School of Radiography and the Baptist Health Medical Center Radiology Department welcome you as a student. Your purpose in coming here is to learn about the interesting career which you have chosen and the important place this profession plays in helping humanity.

The BHCLR - School of Radiography is approved and accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), and its purpose is to promote academic excellence, patient safety, and quality healthcare. The program is also accredited by the Accrediting Bureau of Health Education Schools (ABHES), whose purpose is to enhance the quality of education and training and promotes institutional and programmatic accountability through systematic and consistent program evaluation. Our focus is to educate the technologist to give competent assistance to the Radiologists. The professional Radiographer often supplies the information upon which the physician bases his/her judgment in the diagnosis and treatment of a disease or condition.

As you progress, the knowledge gained in the didactic components of the program, combined with the practical clinical experiences obtained, will provide you with the knowledge needed to serve in the best interest of humanity.

The purpose of the *Student Handbook* is to acquaint you with the policies and procedures of the BHCLR- School of Radiography, familiarize you with the objectives of the academic and clinical laboratory portions of the program, and to review the evaluation processes which will determine your progress in the program. Please feel free to address questions or concerns you may have with the program faculty. As a student, you will be held accountable for all information related to you in this *Student Handbook*, so please pay close attention as we review it together.

My hope is that you will find fulfillment in this profession and acquire all the knowledge and skills needed to lead you in becoming a successful healthcare professional.

All My Best,

Suzy Bullard

Suzy Bullard, MHA, RT(R), ARRT, ASRT
Program Director
Baptist Health College Little Rock - School of Radiography

INTRODUCTION

HISTORY

The Baptist Health College Little Rock - School of Radiography was established in 1953. The program is certified through the Arkansas Division of Higher Education (ADHE) and accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) along with the Accrediting Bureau of Health Education Schools (ABHES) and articulated with the University of Central Arkansas and Henderson State University. The articulation culminates in a baccalaureate degree from that university.

PROGRAM OVERVIEW

The President of BHCLR has overall administrative authority and responsibility for all programs and employee development within the department. The Program Director has overall operational responsibility with specified administrative authority.

BHCLR-School of Radiography is comprised of faculty, students, administrative support staff and a Program of Studies that reflects a curriculum model for a student to achieve the educational goal of a Radiographer.

Faculty are responsible for planning, implementing and evaluating the total Program of Studies in accordance with the Standards for an Accredited Educational Program in Radiography published and adopted by the Joint Review Committee for Education in Radiologic Technology (JRCERT).

The program is committed to providing the highest standards of education, clinical training, and continuous development opportunities for the students, and attracts highly qualified applicants because of its reputation for excellence.

The program exemplifies the philosophy and Values of Baptist Health by emphasizing the values of Service, Honesty, Respect, Stewardship, and Performance, and a commitment to providing quality patient care.

Christian beliefs, attitudes, spiritual perspectives as they apply in providing care for the ill are emphasized, as well as personal and professional conduct.

A competent Radiographer in the healthcare field of today must prove to be proficient in the profession, possess an appreciation of his or her role within the healthcare field and demonstrate an understanding of the organizational culture within the setting of practice.

The faculty is committed to providing entry level, job competent graduates to the healthcare community by promoting high standards of education and the professional development of students.

MISSION STATEMENT

The School supports the following Baptist Health mission statement: “Baptist Health exists to provide quality patient centered services; promote and protect the voluntary not-for-profit healthcare system; provide quality health education and respond to the changing health needs of the citizens of Arkansas with Christian compassion and personal concern consistent with our charitable purpose”.

The Baptist Health tradition of excellence includes the BHCLR- School of Radiography. The program shares the philosophy and mission of Baptist Health and through continuous quality improvement is committed to employers, students, and patient satisfaction.

BHCLR - School of Radiography Mission Statement: To prepare competent graduates who possess skills, knowledge, and professional values to begin a career as an entry-level, certified radiographer.

These dedicated radiographers, as employees, with their talent and willingness to serve, will provide the highest quality care for patients in any institution. They exemplify the Baptist Health Values of Service, Honesty, Performance, Respect and Stewardship and enthusiastically fulfill the program's mission in the profession at the local, state, and national levels.

VALUES

The BHCLR - School of Radiography supports the Values and Code of Ethical Conduct of Baptist Health. These Christian values of Service, Honesty, Respect, Stewardship and Performance provide the framework for all operations within the school.

Service – Students are expected to have a desire and commitment to serve others.

Honesty – Students are expected to adhere to the moral values of fairness, integrity and honor in all relationships.

Respect – Students are expected to treat all individuals with courtesy, thoughtfulness, dignity, compassion and concern.

Stewardship – Students are expected to use talents and resources in an effective and efficient manner.

Performance – Students are expected to perform at the highest possible level but never at the expense of the values of the organization. This includes initiative, dedication, talent and knowledge tempered by common sense. Innovation and progress should prevail over complacency and mediocrity.

PHILOSOPHY

The Baptist Health College Little Rock - School of Radiography exists to enlist and teach those called to the healing arts, encouraging their maximum development in talent and skill and providing the setting within which these may be performed as ministries of the highest order. Through these interactions the school strives to bring people into a saving relationship with God through faith in Jesus Christ by means of direct personal witness as occasion permits, and by a positive Christian interpretation of the experiences of disease, disability, and death.

The School utilizes a didactic and competency based program of clinical education designed to prepare a student to achieve the proficiency required of a professional radiographer in an orderly and progressive manner. The system allows the student to progress at a rate which is consistent to the student's ability and skills. Faculty and Staff are committed to providing competent, entry-level job

graduates to Baptist Health and the healthcare community through its high standards of professional education.

BELIEF

The BHCLR - School of Radiography shares the values of Baptist Health. Baptist Health is more than a business; it is a healing ministry. Our healing ministry is based on the revelation of God through creation, the Bible and Jesus Christ. At Baptist Health, care of the whole person, body, mind and spirit, is an expression of Christian faith. We are instruments of God's restorative power and are responsible for giving compassionate care.

PROGRAM GOALS

Fulfillment of the program's mission is assessed by the degree to which the program achieves the following goals:

Goal 1. Students will possess the knowledge and clinical skills needed for an entry-level radiographer.
Student Learning Outcomes:

- Students will show evidence and understand the importance of radiation protection for the patient and self.
- Students will demonstrate proper patient positioning, central ray, tube angulation, and body rotation.

Goal 2. Students will be prepared to critically think and problem solve effectively.
Student Learning Outcomes:

- Students will utilize proper exposure factors to achieve optimal image quality.
- Students will be able to adapt positioning for varying patient conditions, i.e. trauma, fractures, patient abilities, etc.

Goal 3. Students will be able to communicate appropriately in a healthcare setting.
Student Learning Outcomes:

- Students will develop and demonstrate effective communication skills with patients and peers.
- Students will demonstrate professional and ethical conduct.

PLAN OF ACTION

In order to achieve its mission, goals and student learning outcomes, the program and its faculty will strive to:

1. Nurture the student with the Baptist Health philosophy, values, mission, and Code of Ethical Conduct.

2. Maintain the excellent relationship with BHMC-LR radiology department and radiologists, along with other clinical sites, in an effort to ensure a high quality clinical education, which

is a basis for clinically qualified radiographers, including clinical sites that utilize current and emerging technologies.

3. Recruit, attract and select the most qualified applicants to enroll into the program.

4. Offer a comprehensive and up-to-date radiography curriculum as suggested by the fields recognized professional organizations.

5. Ensure that students understand the importance of being a member of and maintaining membership in professional societies by being a student member of both the ASRT and ArSRT.

6. Create interpersonal relationships between students and faculty to maximize open and clear lines of communication, which encourage student success and personal growth and an eagerness for lifelong learning.

7. On a regular and consistent basis, review and evaluate student competency examinations for proper positioning, exposure factors, evidence of radiation protection, patient care, and other affective and cognitive domain objectives for the program.

The educational process for this program strives to provide a balance between the didactic and clinical experiences for the students, allowing the student to apply knowledge and skills attained in the didactic portion to aid in the development of cognitive, psychomotor, ethical, and professional skills in the clinical portion in a progressive manner.

STANDARDS

CODE OF ETHICAL CONDUCT

The BHCLR - School of Radiography has high expectations of professional behavior for its students. As a member of the Baptist Health family, it is the student's personal duty and responsibility to comply with all regulatory requirements, standards, policies and procedures. "Ethical Conduct" means doing the right thing. It is very important to remember that members of the Baptist Health family are expected to follow the rules because our values tell us it is the right thing to do, not simply because it is required. Students in health professions are held to higher standards of integrity due to their unique relationships with society. Radiography students are guided by the ethical principles and standards adopted by the American Society of Radiologic Technologists (ASRT) and the American Registry of Radiologic Technologists (ARRT). Conforming to the policies and procedures will assist the student in obtaining the necessary affective behaviors needed to perform the professional duties and responsibilities of a radiographer.

Violation of these standards include but are not limited to lying, cheating, plagiarism, fraud or other act(s) of ethical misconduct. The program has developed consequences for the violation of established professional standards which can result in point deductions, probation, suspension, and/or dismissal.

Definition of Cheating:

Dishonesty of any kind on examinations and written assignments such as: unauthorized possession of course examinations, possessing notes or other cuing during an examination, obtaining information during an examination from another student (includes but not limited to looking at/on answer sheet of another student, text messaging and so forth), or assisting others to cheat. Complete honesty is required in the presentation of all course work. This applies to examinations, written and computerized work, reports, papers and so forth.

Ethical misconduct can result in sanctions by the American Registry of Radiologic Technologists (ARRT), www.ARRT.org.

The BHCLR - School of Radiography Advisory Board Committee endorses and supports the enforcement of the program's Code of Ethical Conduct in order to instill professional behaviors, honesty, and integrity of its students.

ADMINISTRATIVE INFORMATION

ACCREDITATION, APPROVAL, LICENSURE AND MEMBERSHIP

The BHCLR - School of Radiography is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and the Accrediting Bureau of Health Education Schools (ABHES) and is certified by the Arkansas Division of Higher Education (ADHE). Additional information about the program and the JRCERT Standards, as well as educational requirements published in the *Student Handbook*, may be obtained by contacting the accrediting agency:

Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone 312-704-5300
Fax 312-704-5304
E-Mail: mail@jrcert.org
Web Address: www.jrcert.org

Accrediting Bureau of Health Education Schools (ABHES)
7777 Leesburg Pike, Suite 314
N. Falls Church, Virginia 22043
Phone 703-917-9503
Fax 703-917-4109
E-Mail: info@abhes.org

Arkansas Division of Higher Education (ADHE)
423 Main Street
Little Rock, Arkansas 72001
Phone 501-371-2000
Web Address: www.adhe.edu

ACADEMIC AFFILIATIONS Resulting in Bachelor of Science Degree

University of Central Arkansas
Conway, Arkansas

Henderson State University
Arkadelphia, Arkansas

CLINICAL AFFILIATIONS

1. BHMC-LR
2. BHMC-NLR
3. Arkansas Children's Hospital
4. OrthoArkansas
5. Radiology Consultants
6. BH Imaging Center - Kanis
7. BHMC-Conway
8. CARTI Cancer Center
9. BH Orthopedic Clinic
10. GME Family Residency Clinic/NLR

ADMINISTRATION

Troy Wells .....CEO & President, Baptist Health

Greg Crain, MHSA, FACHE .....President, Baptist Health Central Arkansas Region

Mike Perkins, MS, MHSA .....President, BHMC-LR

Joel Hicks, Ph.D, RT(R).....President, BHCLR

Karen James, Ph.D., OTR/L, CAPS ..... Program Director, Baptist Health College Little Rock-School of Occupational Therapy Assistant, & Coordinator, Schools of Allied Health

Jamie Clark, Ed. D, MBA ..... Coordinator, Campus & Financial Services

Greg Baden, M.D..... Chief, Baptist Health Medical Center - LR Radiology Department and Medical Advisor, School of Radiography

Suzanne Bullard, MHA, RT(R) ARRT, ASRT ..... Program Director, Baptist Health College Little Rock - School of Radiography

Tracy Hawkins MBA, RT(R), ARRT .....Director of Radiology, BHMC-LR

FACULTY

Suzanne Bullard, MHA, RT(R), ARRT, ASRT ..... Program Director, Baptist Health College Little Rock - School of Radiography, B.S., University of Central Arkansas, 1995, Certificate in Radiography from BHCLR, 1995, MHA, Webster University, 2013; served as Clinical Coordinator from 2001- 2018, current position since 2018.

Suzanna Haskin, MBA, RT(R), ARRT, ASRT ..... Clinical Coordinator, Baptist Health College Little Rock - School of Radiography, B.S. in Radiologic Technology, University of Arkansas for Medical Sciences, 1999, MBA, Columbia Southern University, 2022, position date 2018.

Heather Cain, BS, RT (R)(M), ARRT, ASRT ..... Adjunct Faculty-Plus, Baptist Health College Little Rock - School of Radiography, B.S., University of Central Arkansas, 2019, Certificate in Radiography from BHCLR, 2019, position year 2021.

ACADEMIC FACULTY

Suzanne Bullard, MHA, R.T.(R)
Daniel Guffey, MBA, R.T.(N)(CT), CNMT
Christina Olascuaga, R.T.(R) (CT), RDMS
William Morgan, BS, R.T.(R)
Michael Daugherity, BS, R.T.(R)(CI)
Melody Etherton, BS, R.T.(N), CNMT
Suzanna Haskin, MBA, R.T.(R)
Heather Cain, BS, R.T.(R)(M)
Jay Moffett, BS, R.T.(R)
Taylor McElhaney, BS, R.T.(R)
Hope Coleman, Ph.D. Chaplain and Counselor
Heather Hartness, MSN, RN

CLINICAL INSTRUCTORS

Judy May, R.T.(R)
Janet Jackson, BS, R.T.(R)
Kirsten Langston, BS, R.T.(R)(M)
Jay Moffett, BS, R.T.(R)
Cori Teel AS, R.T.(R)
Hannah Brannan, BS, R.T.(MR)
Shana Raymond, AS, R.T.(R), RDMS
Amy Beck, BS, R.T.(R)
Linsey Brahler, R.T.(R)
Jessica Douthit, BS, R.T.(R)
William Morgan, BS, R.T.(R)
Jenny Nichols, BS, R.T.(R)
Kim Ramer, R.T.(R)
Angela Cook, BS, R.T.(R)(CT)
Felicia Dyal, AS, R.T.(R)
Rhonda Kelsey, R.T. (R)(CT)
Jennifer Gainer, BS, R.T.(R)

ACADEMIC COMPONENT

PROGRAM EDUCATIONAL OBJECTIVES

1. **Enable the student to grasp clearly and skillfully the technical and theoretical knowledge and practice necessary for competency as a graduate radiographer who will produce the best diagnostic quality radiographs with as little radiation dosage as possible, as quickly and gently as possible.**

2. Aid the student in understanding and appreciating the radiographer's responsibility entailed as a member of the medical team.

3. Teach ethical principles related to radiography.

4. Encourage an interest in, and a desire for, further professional growth.

5. Teach Baptist Health Values and Code of Ethical Conduct, which the student will apply in the radiography service for the patient.

6. Teach personal and professional conduct.

7. Teach teamwork.

8. Facilitate the development of a well-rounded, professional personality, which is necessary in the career of the radiographer.

FUNDAMENTAL ESSENTIAL FUNCTIONS:

Essential functions are the physical, intellectual, and communication standards required to practice radiography.

The essential functions for the Baptist Health College Little Rock - School of Radiography are established criteria that all applicants must meet in order to be admitted to the program. These standards are the minimum requirements to achieve the graduate competencies necessary to practice the art and science of radiography.

The standards addressed in this document are:

1. Observation
2. Speech/Hearing
3. Physical Abilities/Fine Motor Touch
4. Intellectual/Conceptual/Cognitive
5. Communication/Behavior
6. Metallic Implants/Safety

Applicants who do not meet these standards will be considered ineligible for admission into this educational program.

1. Observation:

Student is able to see and read printed materials including but not limited to clinical documents, course materials, computer screens, syringes, medicine vials, etc. This includes the ability to see and work in dimly lit rooms when performing fluoroscopic/radiographic procedures.

2. Speech/Hearing:

Student is able to speak clearly and be understood. Student is able to hear and interpret voices as well as loud, soft, or muffled sounds.

3. Physical Abilities/Fine Motor Touch:

Student is able to walk, lift in excess of 50 lbs, use both hands simultaneously, push, pull, reach, sit and stand for long periods of time when necessary.

Student is able to move heavy objects by bending, stooping, reaching or moving side to side.

Student is able to use fingers for fine motor dexterity and manipulating small objects.

Student is able to gather information (ex: temperature/pulse) by using the sense of touch.

Student is physically able to work on or with equipment following proper training.

Student has the physical use of the following: fingers, hands, arms, feet, legs, back and neck.

4. Intellectual/Conceptual/Cognitive:

Student is able to do basic mathematical calculations (add, subtract, multiply, divide).

Student is able to recognize emergency situations and take appropriate actions as taught.

Student is able to comprehend and process verbal and written information.

Student is able to organize and prioritize job tasks.

5. Communication/Behavior:

Student is able to read and write legibly, and type information in an efficient manner.

Student is able to verbally communicate in the English language.

Student is able to legibly communicate in writing using the English language.

Student is able to assess or interpret nonverbal communication such as facial expressions, hand signals for help, etc.

Student is able to demonstrate and maintain psychological and emotional stability.

Student is willing and able to behave in a professional and respectful manner, and willing to project a professional appearance.

Student is willing and able to comply with the Baptist Health Values: Service, Honesty, Respect, Stewardship, and Performance.

Student is willing and able to follow all expectations, policies and procedures outlined by the college, and take responsibility for their own actions.

Student is able to follow organizational policies which maintain safety for patient(s), self, and others.

6. Metallic Implants/Safety

Metallic implants- All students have clinical rotations in Magnetic Resonance Imaging (MRI). Radiographers must be able to assist patients while around a strong magnetic field.

Certain metallic implants could prevent a student from participating in this clinical rotation. **You must inform the program director if you have any metallic implants. You must also notify the program director should anything change while enrolled in the program.**

MRI staff will complete an MRI Safety screening form on each student prior to rotations to determine the safety of this rotation for the student. If determined unsafe, a student will be assigned to another clinical area.

These standards address not only the image that the program wishes to project, but the reputation that it wishes to protect.

Revised: Spring 2024/SB
Reviewed 05/23 SB
Revised: 2/2013 (BHSR Faculty)

ACADEMIC GRADING SCALE:

Grade	% Range	Value
A	94 – 100	4
B	86 – 93	3
C	77 – 85	2
D	70 – 76	1
F	0 – 69	0
I	Incomplete	0
W	Withdrawal	0
WX	Administrative Withdrawal	0
CR	Credit	0
NC	No Credit	0

Final course grades are calculated by using scores from written tests and clinical evaluations. Incomplete 'I' grades are made up at the discretion of the program director. If the incomplete course work is not made-up according to directions and within the established time-frame, the 'I' becomes a final grade of "F".

The student progresses and promotes through the program of study by completing each required course with at least a minimum final grade of "C" (77%) in the theory component of the course. See the BHCLR *Catalog* for Satisfactory Academic Progress and Re-Entry Standards.

ACADEMIC PROGRESS AND PROMOTION

Didactic lecture periods are held at specific intervals during the school week. In general, lecture hours will be on alternating days. **Textbooks are required for didactic lecture periods. Failure to have a textbook in class will result in a three (3) point deduction from that course grade for each occurrence. The student will also be sent home and given an absence for the day.**

A student is required to maintain a minimum cumulative GPA of 2.00, and a minimum of 77% (C) in all educational components. A final grade of 76% or less in a course will result in failure of the course and the student cannot progress.

REMEDIATION

A student will be offered **one** chance at remediation in **theory only**, during the two-year period. This is at the discretion of the program director. **There is no remediation offered should a student fail the clinical portion of the program.** The conditions of remediation are as follows:

1. The remediation assignment must be completed before the student can progress in clinical.

2. The student who opts to take the remediation exam must earn high enough on the exam to make a 77% for the course. For example, a student who scores a 90% on the remediation exam will receive a 77% for the course.

   The maximum final course score that can be earned through remediation is a 77% (C).

3. Failure to do so will result in Administrative Withdrawal.

Students who choose **not** to take the exam will be Academically Withdrawn from the program due to the fact that they will have earned less than a "C" for the course. Students who choose to initiate the grievance process **forfeit** the opportunity to remediate and must abide by the decision of the Grievance Panel. Students choosing to remediate **forfeit** the right to go before the Grievance Panel. **Refer to the BHCLR *Catalog* for the Student Grievance Process.**

GRADING SYSTEM PROCESS

It is the primary responsibility of a student to learn the maximum. It is the primary responsibility of the faculty to evaluate the extent of that learning. Credentialed faculty, with records of long standing experiences in the teaching and evaluation of student learning, judge the quality of student learning and progressive development toward a minimum competency level required for patient safety and public protection. It is the professional faculty who determine the final evaluation of the student's progress and assign the final corresponding grades.

Faculty have discretion, both subjective and objective, in the evaluation and judgment of a student's performance in all areas of learning. Students and graduates, in turn, provide information and data to the college and faculty related to their level of satisfaction regarding the program of studies, teaching and learning environment and the culture within.

The grading system adopted by the faculty and the college is for the purpose of grade determination and ultimately the progression, promotion and graduation of students.

The college utilizes a grading system to signify student progression and the quality of learning as the student progresses through the Program of Study. A final letter grade is determined and assigned based upon criteria outlined in the course syllabi. Decimal point values of five (5) or greater to the nearest hundredths are raised to the next whole number to determine the final grade. Example: 93.45 will be raised to a 94, and 93.2 will remain a 93.

Value points are used in the calculation in determining Grade Point Average (GPA). Student academic and clinical achievement is measured periodically by written, oral and practical examinations.

HONORS

Student recognition for academic excellence is announced during the commencement ceremony. Honors recognition is awarded as follows: **Honors: 3.75 - 3.89 and High Honors: 3.90 - 4.00.**

ACADEMIC ADVISING

Faculty serve as academic advisors to students. A student is notified of advisor assignments at the beginning of each course. A student is expected to contact the assigned advisor for an initial conference. Additional conferences are initiated through advisor-advisee arrangements.

Advising is available to a student in the following areas:

1. Adjustment to student role,

2. Adjustment to clinical area,

3. Study habits,

4. Test taking and,

5. Limited tutoring. If extensive tutoring is needed, the Academic and Spiritual Counselor should be contacted for a reference.

ACADEMIC PROBATION

The status of academic probation indicates that the student's continued enrollment in the school is at risk. Conditions are specified that must be fulfilled before the status is changed.

1. A student is placed on probation for academics, behavior, or clinical reasons by the program director or designee.

2. Probationary terms are determined on an individual basis by the program director or designee.

3. Failure to meet designated probationary terms may result in academic suspension or administrative withdrawal.

4. Each time a student who is on academic probation fails to pass an exam or receives a low clinical grade, they are encouraged to see the program director, clinical coordinator, or course instructor.

5. A student not demonstrating the necessary progressive development shall not be allowed a second probationary period.

MAKE-UP COURSE WORK

Incomplete Grades and Course Make-Up Work

The opportunity to clear incomplete "I" grades and make-up missed work, including examinations, may be available to the student. Faculty has the sole discretion in permitting students to make-up missed course work, including a course examination. The student's follow-through with policy regarding attendance and the student's previous attendance records and academic progress will be considered when making this decision. A student may be charged a make-up fee to offset the school's expenses associated with make-up grading, clinical time, examination preparation, proctoring, and recording.

CLINICAL EDUCATION COMPONENT

BHCLR - School of Radiography utilizes a competency based system of clinical education designed to allow a student to achieve proficiency in the performance of the clinical duties of a radiographer in an orderly and progressive manner. The system allows the student to progress at a rate which is consistent to the student's ability and skills.

To enhance understanding of the system, clarification is needed regarding the difference between two words commonly associated with this type of clinical education: *competency* and *proficiency*. In the program, faculty expect students to become "competent" in a procedure first, with "proficiency" in the procedure being the desired goal. Therefore, *competency* is defined as "having adequate ability or qualities to function or progress in a particular way." This is the goal: a student must become competent in the performance of a procedure(s).

Once a student is deemed competent, the competency must be maintained while continuing to develop and polish those skills. This leads to proficiency, our primary goal in clinical education. *Proficiency* is defined as "having the knowledge and experience needed for success in the profession."

Assignment is made to the various areas in the Diagnostic Imaging Department on a rotational schedule which allows the student to achieve competency and proficiency in an orderly progression. Throughout the clinical education, progress is monitored and evaluated closely. Clinical evaluations reflect the student's ability to relate the information received in the classroom to the actual performance in the clinical setting. The evaluations also reflect progress in cognitive and psychomotor skills, and the affective domain with emphasis on professional and personal behavior.

As a student progresses through the different levels of achievement in clinical competencies, each successive level attained moves that student toward the goal of proficiency in the terminal competencies.

CLINICAL SUPERVISOR/INSTRUCTOR RESPONSIBILITIES AND EVALUATION POLICIES

Clinical hours (8-hours per day) are devoted to the student acquiring the practical aspect of the progression in clinical education. This learning occurs under the direction of radiologists, radiologist assistants, and radiographers in the Radiology Department. Each professional radiographer takes an active interest in the student's professional development and does everything possible to promote the

student's maximum learning and clinical performance. The staff radiographers of Baptist Health are the clinical supervisors or clinical preceptors of the School of Radiography.

When a radiographer is employed at Baptist Health, it is understood that part of their job is to teach student radiographers. These responsibilities are specifically noted in the job description and are used when the radiographer is evaluated on the Baptist Health standards of performance systems.

It is our belief that the records of the graduates of the Baptist Health College Little Rock - School of Radiography in relation to the didactic and clinical performance attest to the excellence of using staff radiographers as clinical preceptors and supervisors. It has been evident in other Radiology Departments where clinical instructors have been identified, separate from the Radiology Department, that the technical staff take the position of "they are your students, you teach them". This type of atmosphere limits the students and is not deemed conducive to learning.

It is felt that the student will gain more in creativity and independent judgment from the experience of observing, assisting, and performing with radiographers of different backgrounds and education than being with just one clinical preceptor. The unique situation here at this institution is that the radiographers, radiologists, cardiologists, and others allow our students to participate fully in the procedures performed in the department. The staff radiographers serving as clinical preceptors and supervisors are responsible for providing the students clinical instructions and for ensuring that the students learn the following:

A. THE EQUIPMENT WITHIN THE PRECEPTOR'S AREA:

The student is to learn the operation of each piece of equipment within your area, to include the control panel, the table and tube mobility, the identification system, scanners, and any other equipment that is brought in the area to perform a procedure. The student is to learn and keep in order the necessary supplies within this area.

B. THE PROCEDURES AND EXAMINATIONS PERFORMED WITHIN THIS AREA:

The student is to learn the proper positions, proper radiation protection measures, correct receptor size and placement, and correct technical factors for each examination. Due to our use of automatic exposure devices, students should be taught this method as well as the manual setting. As they progress in their training, the students should be required to use manual settings for the purpose of experience in this method.

Coordinated with didactic education, students should be shown how to do each examination (perhaps several times). Then they should be allowed to perform the examination under direct supervision until the student can do the examinations without benefit of changes being made by the radiographers and with only about 20% repeats. When this level of proficiency has been reached, the student should progress to performing the examination under variable supervision with the radiographer nearby to assist on difficult patients or examinations. Daily critiques and counseling should be used to assist the student in learning, and the students who have persistent problems should be given added attention. The list of examinations that the student has been taught and positioned for the instructor is located on the student board.

C. THE PATIENT CARE IN THIS AREA:

The student should learn the necessary explanations for the different examinations. They should learn how to communicate with the patient and provide appropriate patient education so as to provide enough knowledge to enlighten the patient, which will in turn make the procedure easier. The student should learn the necessities of safety and how to provide it for the patient. The student should learn how to provide comfort during the examination and provide for the patient's modesty. The student should learn a professional manner that is necessary to provide not only good public relations, but the best of patient care.

D. A STANDARD OF PERSONAL BEHAVIOR THAT IS CONSISTENT BOTH WITH THE RADIOLOGY DEPARTMENT AND THE BAPTIST HEALTH MEDICAL CENTER'S POLICY:

The student should have, or acquire, the cooperation and attitude that is necessary to become a good member of the medical team. The student should have, or acquire, the initiative and responsibility to accomplish the objectives and obtain results in regard to technical knowledge and to see that the requirements of the entire department are achieved. The student should acquire a personal appearance that will meet the standards of the program, the Radiology Department and the Institution.

The staff radiographer (clinical preceptor/supervisor) is responsible for completing evaluations and grading the knowledge acquired and progress made by the students in all of the above listed areas while in your specified area utilizing Trajecsys. As a reminder to the preceptor, this evaluation is an important aspect of the student's permanent record. It is used not only as a method for grading, but also as a tool to assist the student during their entire rotation in your area and to evaluate for the record how the student has responded to these i instructions.

In areas where the student is deficient, the staff radiographer should select the appropriate number and make comments using constructive feedback, which will help to improve student performance. On qualities numbered 6 and 7, a senior student should be evaluated from the standpoint that an awareness already exists of what has to be done and whether they are accepting this responsibility (i.e., A senior student should be asking for the next examination to be done, instead of you having to tell them things to do that they already know). The staff will utilize Trajecsys to complete the weekly evaluation. By Friday, the evaluation should be completed, and counseling with the student should have taken place if needed.

The criteria listed below may be used as a guide for evaluation of the cognitive, psychomotor and affective aspects of the program.

1. <u>EVALUATION OF EXAM ORDER</u> (COGNITIVE DOMAIN)

The student is able to:

a. Identify procedures to be done,
b. Give patient's age and name,
c. Identify mode of travel,
d. Call the patient's name.

2. ROOM AND EQUIPMENT PREPARATION (PSYCHOMOTOR DOMAIN)

The student is able to:

a. Keep table clean and cabinets orderly,
b. Have appropriate size and type image receptor available,
c. Have emesis basins, bedpans, IV poles ready,
d. Know location of crash cart,
e. Apply suction and O2,
f. Have syringes and needles ready for injection using aseptic technique,
g. Have machine turned "on" and warmed up, ready for exposures,
h. Have tube and table in position and ready for exam,
i. Restock linen when necessary.

3. PATIENT CARE AND PROFESSIONAL RELATIONSHIPS (AFFECTIVE DOMAIN)

The student is able to

a. Select the correct patient,
b. Assist safely, the patient to the radiographic room and the radiographic table,
c. Explain the examination to the patient,
d. Give proper instructions for moving and breathing,
e. Talk with the patient in a gentle manner and be aware of their rights,
f. Have patient gowned properly,
g. Keep patient covered for privacy,
h. Practice good medical asepsis,
i. Show courtesy to the patient, patient's family, physicians and technologist,
j. Exhibit an ethical and professional demeanor,
k. Follow proper procedure for isolation procedures of patients.

4. **POSITIONING SKILLS (PSYCHOMOTOR DOMAIN)**

The student is able to:

a. Select proper image receptor size,
b. Correctly mark the image receptor with lead markers. (Right, Left, Erect, Lat. Decubitus, etc.)
c. Provide patient identification on image,
d. Angle the tube correctly, if necessary,
e. Position the patient correctly on table (head at the right end, prone, supine, erect, lateral or correct obliquity, if necessary),
f. Align center of part to be demonstrated to either the center of image receptor or table,
g. Center image receptor (Bucky tray) to body part longitudinally,
h. Remove unnecessary anatomical parts or material from the radiographic area.

5. EQUIPMENT MANIPULATION AND TECHNICAL FACTORS (PSYCHOMOTOR DOMAIN)

The student is able to:

a. Turn the tube from horizontal to vertical (and vice versa),
b. Correctly identify and utilize tube locks,
c. Move the cassette tray and utilize locks,
d. Insert and remove CR cassettes from Bucky tray,

e. Utilize CDs (when required),
f. Operate scanners for computed radiography,
g. Operate computers for receiving and sending images,
h. Measure the patient correctly,
i. Use technique chart; if available,
j. Select the correct factors at the control panel (mAs, kVp, automatic timing, when necessary),
k. List the necessary items on the exam order,
l. Adapt technical changes due to (SID, Pathology, Grids, Collimation, Motion), etc.,
m. Communicate correct breathing procedures to patient,
n. Operate computer correctly/look–up table (LUT), recognize proper histogram for part being examined
o. Assist the physician with surgical procedures.

6. EVIDENCE OF RADIATION PROTECTION (PSYCHOMOTOR DOMAIN)

The student is able to:

a. Select accurate receptor size and collimation for part,
b. Use gonad shielding, if possible,
c. Wear lead apron and gloves when appropriate,
d. Provide protection for other personnel in area (lead apron, gloves, distance, notification),
e. Complete pregnancy forms,
f. Wear personal dosimeter as directed,
g. Select technical factors and position accurately to facilitate few, if any repeats.

7. <u>PROFESSIONAL PERSONAL APPEARANCE AND ATTITUDES (AFFECTIVE DOMAIN)</u>

The student is able to:

a. Support program policies,
b. Show interest in the assignment and duties,
c. Adapt to the situation cheerfully,
d. Cooperate with other students, preceptors, physicians, and hospital personnel,
e. Be responsible for own actions,
f. Look for things to do and do them,
g. Have an overall working knowledge of the function of the entire department,
h. Wear clean and wrinkle free scrubs,
i. Wear clean, white leather shoes, laces and other items,
j. Have hair clean and groomed as written in standards,
k. Use cosmetics and grooming aids (perfume, cologne, deodorant, after shave, make-up, etc.) in a professional manner to conform to the standards,
l. Conform to the dress code with regard to jewelry, fingernails and polish, hand lotion, chewing gum and candy.

8. <u>IMAGE AND PROCEDURE ANALYSIS (COGNITIVE DOMAIN)</u>

The student is able to:

a. State the routine projections and positions for the procedure,
b. Determine necessity for any variation in the position,
c. State the routine technical factors for the position,
d. Determine any compensation necessary to provide correct image quality,

e. Identify anatomical structures,
f. State the evaluation criteria necessary for an acceptable image,
g. Recognize any visible pathological condition.

These evaluations are set up for a possible score of 100 points. The weekly evaluation score is entered into the computer so that we can maintain an average running score of the student's proficiency in the various rotations. Every six months, all evaluations for that student are averaged to determine a numerical measure of their clinical competency for that semester and those rotations to which the student has been assigned.

The program has arrived at what we feel is an acceptable minimum numerical average for clinical ability for each semester by using the mean average score of all students for the past 12 years. We will continue to add each semester's data to this average, which should assist us in arriving at a more accurate minimum numerical average.

These minimum averages for clinical evaluation are:
1st six months' minimum average of 65
2nd six months' minimum average of 75
3rd six months' minimum average of 81
4th six months' minimum average of 85

The student's grades, number and variety of radiographic procedures, and the average of the evaluation are transferred to the Semester Evaluation sheet which is then used as a guide in the semester evaluation and counseling of the student. It provides us and the student with their strengths and weaknesses and can be used to determine whether there has been improvement.

CLINICAL GRADE GUIDELINES

Clinical Evaluation Record: 50 Points Possible

The weekly Clinical Evaluations are averaged per clinical semester. The Clinical Grading Scale per clinical semester is as follows:

First Semester: Clinical I (July – December)

76 & ↑	A	50 points
75 – 71	B	40 points
70 – 65	C	30 points
64 – 60	D	20 points
59 & ↓	F	0 points

Second Semester: Clinical II (January – June)

86 & ↑	A	50 points
85 – 81	B	40 points
80 – 75	C	30 points
74 – 70	D	20 points
69 & ↓	F	0 points

Third Semester: **Clinical III (July – December)**

90 & ↑	A	50 points
89 – 85	B	40 points
84 – 81	C	30 points
80 – 76	D	20 points
75 & ↓	F	0 points

Fourth Semester: **Clinical IV (January – June)**

94 & ↑	A	50 points
93 – 90	B	40 points
89 – 85	C	30 points
84 – 80	D	20 points
79 & ↓	F	0 points

Clinical Policies: **40 Points Possible**

All clinical laboratory policies as printed in the Student Handbook are to be followed by the students at all times. Failure to follow these policies will result in deduction of points, which may affect the clinical grade. Examples of possible deductions are listed below. Other possible deductions are listed in the Student Handbook under Clinical Policies and Dress Code. **This is not a comprehensive list, as it is impossible to list every scenario. Point deductions are at the discretion of the program director and clinical coordinator.**

Possible deductions:

Cell phone in clinical	5 points	Clocking in/out from unapproved location	3 points/each
Leaving clinical early	10 points	Failure to clock in/out on Trajecsys	1 point/each
Not in assigned area	5 points	Gum chewing/drinks/food	3 points
Wearing sweatshirts/jacket	5 points	Shoes not in good repair/not clean	3 points

ARRT Mandatory and Elective Competencies: **30 Points Possible**

The American Registry of Radiologic Technologists (ARRT) requires that all students achieve competency in 51 procedures prior to graduation. Students that have not completed all ARRT competencies at the end of the two-year program may commence, but will not graduate until completed.

First Semester: **Clinical I (July – December)**

18 & ↑	completed	30 points
17 – 15	completed	25 points
14 – 12	completed	20 points
11 & ↓	completed	0 points

Second Semester: **Clinical II (January – June)**

30 & ↑ completed 30 points
29 – 27 completed 25 points
26 – 24 completed 20 points
23 – ↓ completed 0 points

Third Semester: **Clinical III (July – December)**

40 & ↑ completed 30 points
39 – 37 completed 25 points
36 – 34 completed 20 points
33 & ↓ completed 0 points

Fourth Semester: **Clinical IV (January – June)**

51 completed 30 points
50 & ↓ 0 points

Experience Record: **30 Points Possible**

The student's Experience Record is a vital part of the clinical component of the program. Students should obtain 2000 procedure/examination numbers while in the two (2) year program. Number of procedures recorded per semester (please use the **patient's accession number**):

First Semester: **Clinical I (July – December)**

400 & ↑ numbers 30 points
399 – 375 numbers 25 points
374 – 349 numbers 20 points
348 & ↓ numbers 0 points

Second Semester: **Clinical II (January – June)**

1000 & ↑ numbers 30 points
999 – 949 numbers 25 points
948 – 899 numbers 20 points
898 & ↓ numbers 0 points

Third Semester: **Clinical III (July – December)**

1500 & ↑ numbers 30 points
1499 – 1399 numbers 25 points
1398 – 1298 numbers 20 points
1297 & ↓ numbers 0 points

Fourth Semester: **Clinical V (January – June)**

2000 & ↑	numbers	30 points
1999 & ↓	numbers	0 points

Total Points Possible: 150

The total points possible are 150. Total points achieved by the student will be divided by total points possible to derive a percentage grade. (Example: 140 points achieved divided by 150 points possible = 140/150 = 93%.)The percentage grade will then be given a letter grade from the Course Grading Scale. Decimal point values of five (5) or greater to the nearest hundredths are raised to the next whole number to determine the final grade. (Example: 93.45 will be raised to a 94, and 93.2 will remain a 93.)

Course Grading Scale:

100 – 94	A
93 – 86	B
85 – 77	C
76 – 70	D
69 & ↓	F

A given minimum of "C" or greater in clinical education is required. If the weekly evaluation is lower than required, counseling and assistance is given either by the clinical supervisor, clinical preceptor, program director, clinical coordinator, and/or college counselor. Counseling sessions are documented and placed in the Student's Record. Progression of the student is required, and students that do not progress after assistance and counseling will be placed on probation for a specified period. During probation, evaluations are closely monitored and a plan for improvement is implemented.

A student not demonstrating the necessary progressive development in classroom and clinical education shall not be allowed a second probationary period. A student not fulfilling academic requirements is counseled by the program director and may be asked to resign.

GENERAL CLINICAL AND DIDACTIC EDUCATION PLAN

The student, after completion of the two (2) school years of education in Radiography, may possess and demonstrate knowledge and competency in, but not limited to, anatomical positioning, patient care, principles of radiological exposure, quality assurance, radiation protection, radiological and specialized techniques, and can also safely manipulate and utilize equipment and supplies necessary to demonstrate portions of the human body on an imaging device. The student may, after completion, also be able to instruct and supervise. To attain these results, the school will utilize closely coordinated didactic and clinical education by providing qualified classroom instructors and one radiographer (ARRT) per student to serve as the clinical supervisor or preceptor. The clinical supervisor or preceptor will, according to the level of knowledge of the student, provide the opportunity for the student to observe, assist, and perform each procedure in the assigned room.

FIRST YEAR

After completion of the first year of education, a student is familiar with the routine radiographic equipment within the radiology department, will have attained a minimum of 77% in theory classes, and will have achieved a minimum of 77% proficiency in basic routine radiography. To accomplish this objective, the following theory and clinical educational plans will be utilized.

FIRST SEMESTER

1.1 Assignments to clinical rotations provide an opportunity to acquire basic knowledge of routine radiographic equipment and provide the necessary equipment for the opportunity of learning positioning, technique, patient care and protection for routine procedures such as: chest, abdomen, upper extremity, lower extremity, emergency trauma of these areas and routine procedures using contrast media which include: ESO, UGI, BE, and IVUs. These rotations should be closely coordinated with didactic classes in routine contrast media procedures, radiographic procedures/positioning, anatomy review, exposure technique, patient care, and radiation production and characteristics. These rotations give the student the opportunity to observe, assist, and to perform the examination (according to his or her level of knowledge and clinical competency). The students shall have direct supervision. **All repeat images will be done by a qualified (ARRT) registered radiographer with the student present.**

1.2 Assignments for rotations are coordinated with classes in radiographic procedures, medical terminology, and medical ethics and law. These rotations provide the student the opportunity to observe, assist, and to perform (according to his or her level of knowledge and clinical competency) under **direct supervision**.

One clinical evaluation is completed weekly of all rotations by the supervising radiographer (clinical preceptor). The student must achieve a minimum of 65% for the semester's weekly clinical evaluations in order to receive maximum points and have completed and logged a variety of examinations. The student must successfully complete categories I, II, III, and IV with a minimum score of 77% while working on their ARRT mandatory and elective competencies. Final grades must be 77% or higher in all theory courses.

SECOND SEMESTER

2.1 Assignments to clinical rotations provide an opportunity to acquire basic knowledge of routine radiographic equipment; the opportunity of learning positioning, technique, patient care, and protection for routine procedures such as: hip, pelvis, entire vertebral column, skull, facial bones, sinuses, mandible, and emergency trauma of these procedures. Assignments should be provided to learn pediatric radiography and nuclear medicine procedures.

2.2 Assignments to clinical rotations present a variety of radiographic equipment and provide an opportunity for the student to achieve a greater proficiency in basic procedures learned in the first semester. The student's rotations should be closely coordinated with classes in radiographic procedures/positioning, anatomy review, technique, radiation production and characteristics, patient care, pediatrics, and nuclear medicine. These rotations should give

the student the opportunity to observe, assist, and to perform the examination (according to his/her level of knowledge and clinical competency) and they shall have **direct supervision**. **All unsatisfactory images shall be repeated by a qualified radiographer (ARRT) with the student present.**

One clinical evaluation is completed weekly of all rotations by the supervising radiographer (clinical instructor). The student must achieve a minimum average of 75% for the semester's weekly clinical evaluations in order to receive maximum points and have completed a wide variety of examinations. The student must successfully complete categories V, VI, and VI with a minimum score of 77% and be pursuing completion of category VIII, while working on their ARRT mandatory and elective competencies. Final grades must be 77% or above in all theory courses.

SECOND YEAR

After completion of the second school year, the student is familiar with all equipment within the Radiology Department; has achieved a high degree of proficiency in the more complex procedures and equipment, such as myelography, arthrography, vascular procedures, cardiac procedures, computed tomography (CT) scanning and surgical procedures; acquires a working knowledge of image quality; has familiarity with the equipment and procedures of mammography, magnetic resonance imaging (MRI), sonography, and radiation therapy; gains leadership capabilities, forms organizational habits, reaches a high degree of responsibility, performs independently, analyzes problems and should have some ability to teach others; and is able to make career choices within the Radiology Department. To achieve these objectives, the following theory and clinical educational plans are utilized.

THIRD SEMESTER

3.1 Assignments to clinical rotations provide the necessary equipment for the opportunity to become familiar with sonography, magnetic resonance imaging, radiation therapy, and mammography. These rotations may not promote a high degree of proficiency, but must provide enough activity for the student to observe, assist and have limited performance; to enable the student the opportunity to select any of those areas to continue his or her education. Rotations in CT Scanning, vascular and cardiovascular procedures need to be sufficient in frequency for the students to achieve a high degree of proficiency. These rotations shall have **direct supervision**.

3.1.1 The Baptist Health College Little Rock-School of Radiography in agreement with the Baptist Breast Center, will offer both male and female radiography students the opportunity to complete a one (1) week mammography clinical rotation. This rotation is done to learn the quality assurance measures that take place in mammography. Observation and performance of procedures depends upon patient permission, and is on a case by case basis.

3.2 Assignments to those clinical rotations provide the necessary facilities for the student to acquire a high degree of proficiency in more complex procedures such as myelography, arthrography, and operating room procedures. Assignments to clinical rotations that will provide the necessary equipment to enable the student to achieve and retain a high degree of proficiency in all routine procedures will also be utilized. The clinical rotations are coordinated with classes in radiation therapy, vascular procedures, cardiac procedures, CT

scanning, magnetic resonance imaging, radiographic procedures V, digital image acquisition and display, and radiographic pathology.

The students shall be under **direct supervision. All unsatisfactory images shall be repeated by a qualified radiographer (ARRT) with the student present.**

One clinical evaluation is completed weekly by the supervising radiographer (clinical instructor). The semester's weekly clinical evaluations shall reach a minimum of 81% to receive maximum points. The student must have completed a wide variety of examinations successfully.

The student must have successfully completed categories VIII and IX with a minimum score of 77% and continue to pursue completion of examinations in all categories, while working on completing all required ARRT mandatory and elective competencies. Final grades should be 77% or higher in all theory courses.

FOURTH SEMESTER

4.1 A continuation of assignments in routines, fluoroscopy and in selected clinical areas started in the third semester.

4.2 These assignments may be utilized with less radiographer/instructor supervision to enable the student to achieve a degree of responsibility and leadership. Classes during this semester are not necessarily coordinated. Classes in senior seminars, radiobiology, radiation protection, and review should assist the student in achieving a higher proficiency level. During the last three (3) months, should a student be interested in a particular modality, or have signed a work contract in a specific department or recognized clinical site, they may opt to participate in the Advanced Modality Clinical Rotation Opportunity (AMCRO). The clinical spaces available are on a first come, first serve basis, with those students having signed contracts given first choice. The Program will attempt to accommodate all students if possible. **The supervision during this rotation may be either direct (for all AMCRO rotations) or indirect (diagnostic radiology, not to include mobile, OR, or ED) in the last three (3) months. During this semester, the students may repeat images with direct supervision.**

The clinical evaluation of each rotation is completed weekly by the supervising radiographer (clinical instructor). These weekly evaluations shall reach a minimum average of 85% to receive maximum points, and the student must have completed a wide variety of examinations, encompassing all the categories. All ARRT mandatory and elective competencies must be completed during this semester prior to starting AMCRO. Final grades shall be a minimum of 77% or higher in all theory courses.

MAGNETIC RESONANCE IMAGING CLINICAL ROTATION

All students have clinical rotations in magnetic resonance imaging (MRI). Before access to the MRI suite, all students will receive instructions on MRI safety guidelines and must be screened during orientation to detect any pre-existing contraindications. Students with pre-existing contraindications will be assigned to another clinical setting. Students will also be screened prior to beginning their

MRI rotations in the third semester**. Students must notify the Program Director or Clinical Coordinator of any changes.**

MAMMOGRAPHY CLINICAL ROTATION

BHCLR-School of Radiography, in agreement with the Baptist Breast Center (BBC), will offer all students the opportunity to complete a one-week mammography clinical rotation. The purpose of this rotation is to observe/and or perform breast imaging along with bserving/performing equipment quality assurance testing. This rotation will require a clinical start time of **0700** for a portion of the week, as this is when the quality assurance testing is performed.

LEVEL OF SUPERVISION

The JRCERT defines the following according to Standard 5 of *the Standards for an Accredited Educational Program in Radiography*:

1. **Direct supervision:** Student supervision by a qualified practitioner who reviews the procedures in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the procedure, and reviews and approves the procedure.

    a. instruct and demonstrate as the student observes;
    b. provide step by step instruction (if necessary when the student assists or performs);
    c. observe closely the student's performance of the exam.

Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

2. **Indirect supervision:** For radiography, that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use. This may only occur during the last three (3) months of the second year.

Students are only assigned to ARRT registered Radiographers.

Students are not to 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.

Unsatisfactory images shall be repeated by a qualified radiographer (ARRT) with the student present. During the last six (6) months of clinical education, repeats may be performed by the student with a qualified radiographer (ARRT) present.

ARRT RADIOGRAPHY CLINICAL COMPETENCY REQUIREMENTS

There are core clinical competencies that all individuals must demonstrate to establish eligibility for ARRT certification. This document describes the competency requirements for Radiography that became effective January, 1, 2021.

Clinical Requirements:
As part of their educational program, candidates must demonstrate competence in the clinical procedures identified below. These clinical procedures are listed in more detail in the following sections.
Ten (10) mandatory general patient care procedures;

- Thirty-six (36) mandatory imaging procedures;
- Fifteen (15) elective imaging procedures selected from a list of 35 procedures;
- One (1) of the 15 elective imaging procedure must be selected from the head section; and
- Two (2) of the elective imaging procedures must be selected from the fluoroscopy studies section.

General Patient Care
Candidates must be CPR/BLS certified and have demonstrated competence in the remaining nine patient care procedures listed below. The procedures should be performed on patients whenever possible, but simulation is acceptable if state regulations or institutional practice prohibits candidates from performing the procedures on patients.

1. CPR/BLS certified
2. Vital Signs –Blood Pressure
3. Vital Signs – Temperature
4. Vital Signs – Pulse
5. Vital Signs – Respiration
6. Vital Signs – Pulse Oximetry
7. Sterile and Medical Aseptic Technique
8. Venipuncture*
9. Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)
10. Care of Patient Medical Equipment (e.g., oxygen tank, IV tubing)

*Venipuncture can be simulated by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device.

Imaging Procedures
Institutional protocol will determine the positions and projections used for each procedure. When performing imaging procedures, the candidate must independently demonstrate appropriate:

- Patient identity verification;
- Examination order verification;
- Patient assessment;
- Room preparation;
- Patient management;
- Equipment operation;
- Technique selection;
- Patient positioning;
- Radiation safety;
- Image processing; and Image evaluation.

MANDATORY RADIOLOGICAL PROCEDURES

Chest Routine	Chest AP (Str/WC)	Ribs
Thumb/Finger	Hand	Wrist
Forearm	Elbow	Humerus
Shoulder (non-trauma)	Trauma Shoulder	Clavicle
Trauma upper extremity	Foot	Ankle
Knee	Tibia/Fibula	Femur
Trauma lower extremity	Cervical Spine	Thoracic Spine
Lumbar Spine	XTL Spine	Pelvis
Hip (AP & Frog)	Cross Table Lateral Hip	Abdomen (KUB)
C-Arm (Orthopedic)	C-Arm (Surgical)	Abdomen Upright
Portable Chest	Portable Abdomen	Portable upper or lower ext.
Pediatric Chest	Geriatric Chest Routine	Geriatric upper or lower ext.

ELECTIVE RADIOLOGICAL PROCEDURES

Chest Lateral Decubitus	Sternum	Soft-Tissue Neck
SC Joints	Scapula	AC Joints
Toes	Patella	Calcaneus
Skull*	Facial Bones	Mandible
TM Joints	Nasal Bones	Orbits
Paranasal Sinuses*	Sacrum/Coccyx	Scoliosis Series
Sacroiliac Joints	Abdomen Decubitus	Intravenous Urography
Upper GI*	Contrast Enema*	Small Bowel Series
Cystography	ERCP	Esophagus
Myelography	Arthrography	Hysterosalpingography
Pediatric upper or lower extremity		Pediatric Abdomen
Pediatric Mobile Study		Geriatric Hip or Spine

The list of examinations that the student has been taught, and that the student has positioned for the instructor, is on the student board located just outside the image quality area.

Note: The BHCLR-School of Radiography may also require more mandatory competencies than those listed above. (Those with an asterisk (*) are mandatory radiological procedures.).

CATEGORIES FOR CLINICAL COMPETENCY

Category I	**Category II**	**Category III**
Chest (PA and Lat)	Fingers/Thumbs	Toes
Decub CXR	Hand and Wrist	Foot
Abdomen (KUB)	Forearm	Heel
Decub ABD	Elbow	Ankle
	Humerus	Knee
	Shoulder/Scapula	Patella/Notch
	AC Joints	Femur

Category IV	**Category V**	**Category VI**
Small Bowel	Pelvis	Lumbar Spine
IVU	Hip	Thoracic Spine
Esophagus	Frog-Leg Lat	Sternum
Upper GI	XTL Hip	SC Joints
Barium Enema	Sacrum/Coccyx	Cervical Spine
BE with Air	Sacro-Iliac Joints	

Category VII	**Category VIII**	**Category IX**
Skull	Myelogram	Radiation Therapy
Facial Bones	Mammography	MRI
Mandible	Arthrogram	Heart Cath Procedures
Sinuses	Surgical Procedures	Sonography
Nasal Bones		NM Procedures
Orbits		Vascular Lab Procedures
		CT Scanning

GRADUATE COMPETENCIES

Upon completion of all didactic and clinical competencies, a student must be able to demonstrate proficiency and meet the specific behavioral objectives in the following areas:

1. Patient Care and Management competency:
    - 1.1 The graduate anticipates and provides basic patient care and comfort.
    - 1.2 The graduate provides appropriate patient education.
    - 1.3 Curriculum Content:
        - 1.31 introduction to radiography,
        - 1.32 medical ethics and law,
        - 1.33 medical terminology,
        - 1.34 human structure and function,
        - 1.35 patient care in the radiological sciences,
        - 1.36 radiographic procedures,

1.37 digital image acquisition and display,
1.38 principles of radiation protection,
1.39 principles of radiation biology,
1.310 radiographic pathology, and
1.311 clinical education assignments.

2. Radiation Protection Competency
   2.1 Practices radiation protection.
   2.2 Curriculum Content:
      2.21 introduction to radiography,
      2.22 patient care in the radiological sciences,
      2.23 human structure and function,
      2.24 radiographic procedures,
      2.25 digital image acquisition and display,
      2.26 imaging equipment,
      2.27 image analysis,
      2.28 radiation protection and characteristics,
      2.29 principles of radiation protection,
      2.210 principles of radiation biology,
      2.211 radiographic pathology,
      2.212 introduction to quality assurance, and
      2.213 clinical education assignments.

3. Imaging Procedures Competency:
   3.1 Operates medical imaging equipment and accessory devices.
   3.2 Positions the patient and medical imaging systems to perform examinations and procedures.
   3.3 Exercises independent judgment and discretion in the technical performances of medical imaging procedures.
   3.4 Demonstrates knowledge of human structure, function and pathology
      3.41 medical terminology,
      3.42 patient care in the radiological sciences,
      3.43 human structure and function,
      3.44 radiographic procedures laboratory practice assignments,
      3.45 digital image acquisition and display,
      3.46 imaging equipment,
      3.47 digital image processing,
      3.48 image analysis,
      3.49 principles of radiation protection,
      3.410 principles of radiation biology,
      3.411 radiographic pathology,
      3.412 introduction to quality assurance, and
      3.413 clinical education assignments.

4. Quality Assurance Competency:
   4.1 Demonstrates knowledge and skills relating to quality assurance activities.
   4.2 Evaluates the performances of medical imaging systems.

4.3 Evaluates medical images for technical quality.
- 4.31 human structure and function,
- 4.32 radiographic procedures,
- 4.33 digital image acquisition and display,
- 4.34 imaging equipment,
- 4.35 digital image processing,
- 4.36 image analysis,
- 4.37 radiation production and characteristics,
- 4.38 principles of radiation protection,
- 4.39 principles of radiation biology,
- 4.310 radiographic pathology,
- 4.311 introduction to quality assurance, and
- 4.312 clinical education assignments.

5. Recording Media Processing Competency:
   - 5.1 Demonstrate knowledge and skills relating to medical image processing
   - 5.2 Curriculum Content:
     - 5.21 imaging equipment,
     - 5.22 digital image processing,
     - 5.23 image analysis,
     - 5.24 radiation production and characteristics,
     - 5.25 introduction to quality assurance,
     - 5.26 clinical education assignments, and
     - 5.27 digital image acquisition and display.

6. Equipment Maintenance Competency:
   - 6.1 Understands the safe limits of equipment operation.
   - 6.2 Recognizes equipment malfunctions and reports it to the proper authority.
     - 6.21 radiographic procedures,
     - 6.22 radiation production and characteristics,
     - 6.23 imaging equipment,
     - 6.24 digital image processing,
     - 6.25 image analysis,
     - 6.26 principles of radiation protection,
     - 6.27 introduction to quality assurance,
     - 6.28 clinical education assignments, and
     - 6.29 digital image acquisition and display.

7. Interpersonal Communication Competency:
   - 7.1 Demonstrate knowledge and skills relating to verbal, nonverbal and written medical communication in patient care intervention and professional relationship
   - 7.2 Curriculum Content:
     - 7.21 introduction to radiography,
     - 7.22 medical ethics and law,
     - 7.23 medical terminology,
     - 7.24 patient care in the radiological sciences,
     - 7.25 human structure and function,

7.26 radiographic procedures,
7.27 digital image acquisition and display,
7.28 imaging equipment,
7.29 image analysis,
7.210 radiation production and characteristics,
7.211 principles of radiation protection,
7.212 radiographic pathology
7.213 introduction to quality assurance, and
7.214 clinical education assignments.

8. Professional Responsibility Competency
   8.1 Upholds the profession's code of ethics and scope of practice.
   8.2 Curriculum Content:
      8.21 introduction to radiography,
      8.22 medical ethics and law,
      8.23 patient care in the radiological sciences,
      8.24 radiographic procedures,
      8.25 digital image acquisition and display,
      8.26 imaging equipment,
      8.27 image analysis,
      8.28 principles of radiation protection,
      8.29 introduction to quality assurance, and
      8.210 clinical education assignments.
9. Clinical Education Competency:
   9.1 Performs competently a full range of radiologic procedures in children and adults in the following categories:
      9.11 head/neck,
      9.12 abdominal/gastrointestinal/genitourinary,
      9.13 musculoskeletal,
      9.14 chest and breast,
      9.15 trauma,
      9.16 bedside/surgical, and
      9.17 CT/MRI/Vascular procedures.

GRADUATION REQUIREMENTS

In order to graduate from the program, the student not only must demonstrate the required academic achievement and clinical competencies, but also fulfill other criteria. To qualify as a candidate for graduation, the senior student must fulfill the following requirements according to established policies and guidelines:

1. Successful academic completion of the program of study and the professional curriculum; which includes satisfactory attendance and the required number of credits and contact hours achieved.

2. Demonstrate proficiency in graduate competencies.

3. **Completion of three (3) hours of community service per semester, for a total of twelve (12) hours prior to commencement. Please get prior approval before signing up for hours.**

4. Settle all financial obligations.

5. Completion of student/graduate clearance form and process.

6. Participation in commencement ceremony in the dress code required.

The School's certificate of completion, pin, and transcript are not released until all of the above are fulfilled.

* Students having "time" to make-up will not graduate until verification is provided that all missed time has been made-up and graduation requirements are fulfilled.

CERTIFICATION AND LICENSURE

CERTIFICATION

Successful completion of the Program of Study and fulfillment of graduation requirements assures eligibility to apply for the national certification examination of the American Registry of Radiologic Technologists (ARRT). Successful candidates become Registered Technologists (RT), having demonstrated competency, a commitment to maximal, quality performance in the profession. The new professional signs the credentials RT and has the privileges of the profession as a whole.

The American Registry of Radiologic Technologists (ARRT) is the only examining and certifying body for radiologic technologists in the United States. To become a Registered Technologist in Radiography, RT(R)(ARRT), students will have to successfully complete the ARRT examination.

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

ARRT
1225 Northland Dr.
St. Paul, MN 55120-1150
651-687-0048

LICENSURE

Graduates seeking employment in the state of Arkansas must also be licensed by the state. Graduates seeking employment in a different state should check with that state concerning state licensure. www.healthy.arkansas.gov

STUDENT ACCOUNTABILITY

Guidelines related to student conduct are fundamental to patient and student safety and necessary for a high level of care and overall learning. Prior to and after selection, the student is encouraged to access the Student Handbook which contains detailed information regarding policies and requirements for progression and graduation associated with the program of studies online at www.bhclr.edu. Upon entry to the program, the student receives a copy of the *Student Handbook* which is reviewed in its entirety by the Program Director with the students. The student will complete a test over the Student Handbook and submit it for a grade.

Clinical schedules are shared with students through Google and are sent to clinical site supervisors. It is understood that upon registration, a student agrees to fulfill the assigned course schedule, fulfill the attendance requirements of all scheduled learning assignments, and abide by all program policies.

POLICY CHANGE NOTIFICATION

Should a change occur in any policy, it is shared with the student, documentation is made by the student via signature, and a copy is retained in the Clinical Coordinator's office. The change will be made effective within a reasonable amount of time.

PROFESSIONAL CONDUCT IN THE CLASSROOM

Students are expected to perform on an adult level. Each student must take the responsibility for their own actions, successes and failures. Questions should be asked in a non-challenging manner, and students should seek information in order to learn and understand, not to challenge the instructor's authority.

Anyone caught cheating or falsifying information, whether it be on a test, assignment, or clinical documentation, will receive a zero for the grade and will consequently receive administrative action by the program faculty.

Students are expected to come to class and/or clinical rotation prepared and ready to learn. Being prepared includes reading the assigned material, preparing assignments on time, bringing the required textbooks to class or skills lab, etc.

ATTENDANCE POLICY

Employees who report to work promptly, ready to work, and who are rarely absent are sought by employers. BHCLR- School of Radiography believes the values of service, honesty, respect, stewardship, and performance are demonstrated through good attendance.

Continued absences and/or tardiness is a symptom of negligence or irresponsibility, is not in keeping with the Baptist Health values, and is not useful in the profession of Radiologic Technology. Excessive absences or tardiness will result in progressive disciplinary action. Attendance and punctuality are two of your most important responsibilities as a student radiographer.

An Attendance Record of tardies and absences is maintained on each student. A record of repeated absenteeism will lead to disciplinary action.

ABSENCE

All students are expected to report for class in dress code, and be seated by the assigned start time. On clinical days, the student must arrive at least five (5) minutes prior to scheduled start time in dress code, clock into Trajecsys, allowing location, phone then stored away, and be ready to begin their clinical assignment. Absences from class and clinical are strongly discouraged. Faculty understand that a student may be absent because of situations over which the student has no control. However, it is also understood that an absent student is not gaining the benefit of the school offerings, and it is **expected that absences should be utilized for illness or family emergencies only.** (Elective surgery should be scheduled during program scheduled breaks).

All absences are required to be made up prior to the end of the semester. This make-up time will be scheduled in the clinical rotation area where the absence occurred.

1. Absence is failure to be present for more than 30 (thirty) minutes of a scheduled day (clinical or didactic component). Attendance to classroom and clinical assignments are course requirements of the Baptist Health College Little Rock -School of Radiography. Each of these two learning components have equal value in evaluating progress in learning and professional development.

2. Absences from classroom or clinical assignments for personal income purposes are considered **unexcused** absences. An unexcused absence is treated as an “unreported” absence.

3. Clinical assignments may not be completed by another student. Clinical assignments cannot be changed or altered for any reason.

4. **A written warning will be given to the student once they have acquired three (3) absences per year.**

5. A student who is absent from classroom or scheduled clinical learning experiences for three (3) or more scheduled days because of health problems must provide the program director or clinical coordinator a written clearance from the physician prior to resuming study.

6. **An absence of three (3) consecutive days without notification to the college office may result in administrative withdrawal from the program.**

7. All **unreported absences** or failure to speak with the program director, clinical coordinator, or designated clinical instructor will result in corrective action by the program as follows per the entirety of the 2-year program:

a. 1st unreported absence = written warning
b. 2nd unreported absences = probation status
c. 3rd unreported absences = administrative withdrawal may result

Unless extenuating circumstances are determined by the program faculty, absences will be treated in the following manner per academic year:

1. First absence = meeting with program director/clinical coordinator/clinical instructor.
2. Second absence = verbal warning.
3. Third absence = written warning.
4. Fourth absence = probation status.
5. Fifth absence = administrative withdrawal.

All absences will require eight (8) hours of make-up time that must be completed in the clinical setting. Students are not allowed to exceed 10 hours/day and 40 hours/week in combined clinical and classroom hours, therefore, all make-up time must be scheduled with the clinical coordinator during short weeks and breaks.

Students are responsible for all information covered during learning experiences, and it is the responsibility of the student to obtain notes, assignments, and materials missed as a result of the absence. The student must initiate the conference with the instructor to discuss any make-up assignments. Faculty will not initiate these conferences. All make-up work and tests are due the day the student returns to class. Ten points will be deducted each day the make-up work is late. Course examinations missed because of absence may be made-up at the discretion of the program director, and a fee may be charged.

Students must call each day of absence or tardy and must contact the program director at 501.681.3351, the clinical coordinator at 501.231.2933, or the clinical instructor at 501.499.1944. Notification should be made at least 15 minutes prior to the scheduled start time.

For clinical absences, the student must also contact the clinical site at which they are assigned. A list of clinical site phone numbers is given to each student. Leaving messages on voicemail or texting are not acceptable. Sending a message with another student or friend does not meet this requirement either.

Each occurrence will be documented in the student's file. Review of attendance records will be a part of the program's periodic evaluations. **Failure to notify a program official and/or clinical site of absence will be considered an unreported absence and will result in disciplinary action.**

TARDINESS

For all radiography classroom courses, each tardy will be treated as an unexcused absence unless the instructor has been notified prior to the scheduled class time. A tardy in the classroom is defined as arriving past the scheduled start time for class. A tardy at the clinical site is considered to be arrival time after the assigned clinical start time. **All tardies will require 30 minutes of make-up time to be completed at the end of the assigned clinical hours, regardless of how many minutes late the student was. Class time that**

is missed will be made up during the following clinical day. A tardy beyond thirty (30) minutes is considered an absence for the day, which will require 8 hours of make-up time.

Three (3) recorded tardies per semester will be counted as one absence and will accrue disciplinary action according to the absence policy.

EXCEPTIONS TO THE ATTENDANCE POLICY

1. Exceptions to the Attendance Policy may be granted at the discretion of the Program Director for periods of extended absence due to bereavement for immediate family (mother, father, child, husband, wife, brother, sister, father-in-law, mother-in-law, grandparent, or grandchild), or other catastrophic event.

2. Winter Storm or Hazardous Weather Days attendance (Refer to Inclement Weather Policy in the Catalog).

    a. Attendance at scheduled learning experiences during inclement weather, including winter storms, is expected. Any absence during inclement weather days missed by the student when the campus is **not closed** will be counted as an absence and made up in their entirety. These days are to be made up on vacations (spring/fall/summer/ Christmas break) or at the end of the semester at the discretion of the Program Director. Students shall not make-up time/days on weekends or holidays.

MAKE-UP TIME

All make-up time should be arranged through the clinical coordinator and is expected to be completed prior to the end of each semester. Clinical time cannot be made up when the college is closed, on holidays, or on weekends. Failure to attend a scheduled clinical make-up time session without notifying the appropriate program personnel will result in an unreported absence.

Students not completing required make-up time will receive an incomplete "I" grade for the course until all time is made up.

ADVANCED MAKE-UP TIME

As a general rule, students may NOT accumulate clinical hours in advance for future time off. The only exceptions to this policy will be:

1. **Pregnancy:** a student may accumulate hours prior to delivery (see pregnancy policy for additional information on pregnancy)

2. **Surgery:** if a necessary surgery is scheduled and the student can accumulate hours prior to their surgery.

3. **Other special circumstances**: these will be evaluated on a case-by-case basis by the program director.

If a student qualifies for advanced make-up time, arrangements will be made collaboratively with the student, clinical coordinator, and clinical preceptor.

DOCTOR'S APPOINTMENTS

Time missed due to doctor's appointments will be made up during the week that time is missed. **A maximum of two (2) hours is allowed per doctor's appointment.** Program faculty and scheduled clinical site preceptor should be notified of an impending doctor's appointment at least one day prior to the appointment. Anything over two (2) hours is considered an absence. A doctor's statement must be obtained for each visit and given to the program director or clinical coordinator. The student will be required to clock in/out via Trajecsys when making up clinical hours. Any time that is not properly documented will not be accepted.

Please try to make doctor's appointments for your regularly scheduled day off, after class/clinical hours, during evening clinical rotations, or during scheduled vacation weeks.

TRAJECSYS CLINICAL HOURS TRACKING SYSTEM

The Program utilizes the Trajecsys system to keep track of all completed clinical hours. Students are responsible for the following:

1. **Clocking in and out** at the assigned clinical site. Failure to do so will result in a 1-point deduction each occurrence from the "Clinical Policies Followed Points" available.

2. Clocking in and/or out from an approved electronic device in the assigned clinical site, such as a classroom desktop computer, laptop computer, or other device is required. Failure to do so will result in a 3-point deduction each occurrence from the "Clinical Policies Followed Points" available.

3. If a student is absent, they must make a notation of this in Trajecsys.

4. All make-up time must be documented in Trajecsys.

SCHEDULED STUDENT HOURS

The Student is required to complete a clinical and didactic regimen that totals no more than forty (40) contact hours per school week with varying clinical rotations.

Clinical Rotation Schedules include:

0700 - 1530
0730 - 1600
0800 - 1630
1200 - 2030 (evening rotation)

Students will receive over 700 contact hours of scheduled classroom studies and approximately 1,630 contact hours of clinical experience during the two (2) year program for a required program total of 2,353 contact hours.

ACADEMIC CALENDAR

Fall Semester	**2024-2025**	**2025-2026 Proposed**
Independence Day; No Classes	July 4 - 5	TBD
BHCLR Classes Begin	July 8	
Labor Day; No Classes	Sept. 2	
Fall Break	Sept. 23 - 27	
Thanksgiving; No Classes	Nov. 28 - 29	
BHCLR Classes End	Dec. 13	
Spring Semester		
New Year's Day; No Classes	January 1	TBD
BHCLR Classes Begin	January 6	
Martin Luther King Jr. Day	January 20	
Spring Break	March 24 - 28	
Memorial Day; No Classes	May 26	
BHCLR Classes End	June 13	
Commencement	June 16	

HOLIDAYS

The School recognizes eight (8) holidays per school year: New Year's Day, Martin Luther King Jr. Day, Memorial Day, July 4th, Labor Day, Thanksgiving and the Friday after Thanksgiving, and Christmas Day.

VACATION/BREAKS (Refer to Academic Calendar for dates)

1. Fall Break, the last full week of September.

2. Three (3) week Christmas Break.

3. Spring Break (in March)

4. Three (3) week summer break.

CLINICAL LABORATORY PROGRAM POLICIES

Policies related to student conduct in the clinical laboratory are fundamental to patient or student safety and necessary for a high quality of service and overall operations within the Radiology Department. The following policies are in effect beginning with the first scheduled clinical day. The student shall follow all policies listed, failure to do so may result in one, or a combination of the following: counseling, point deductions from the clinical grade, and progressive corrective action as detailed in the *Student Handbook*.

Students must be punctual, attentive, and cooperative in helping the radiology department accomplish its prime objective: providing optimal patient care. Students that have poor attendance, or who are chronically tardy, may be considered to have a poor work ethic and be irresponsible, which is not useful in the profession of Radiography. Therefore, students should set and maintain a schedule, and to utilize absences for illnesses only.

The following policies must be followed or point deductions from the clinical grade will occur along with progressive action at the Program Director or Clinical Coordinator's discretion.

1. Meal breaks are for 30 minutes. **Patients are not to be left unattended while examinations are in progress.** Students also receive two -15 minute breaks, one in the morning and one in the afternoon. A student must ask permission before going to lunch or on break.

2. **Books, backpacks, cell phones and personal articles are stored in lockers located in the Radiology Department or in the classroom located on the Mezzanine. Please bring a lock.**

3. Individual "Right and Left Markers" with personal initials embossed are issued to each student. The markers are to be used on the examinations they position. If lost, the student must immediately order a new set at their own expense immediately, and they must resemble the program issued set. These markers are considered to be "part of your uniform".

4. **Students must report to the clinical affiliate in a professional manner. This means; on time, correctly dressed, meeting personal appearance standards, and ready to work.** Arriving past the scheduled time is tardy.

5. **A professional attitude shall be displayed toward the patient, fellow students, physicians, technologists, and faculty**. Students are required to abide by the Code of Ethics of Baptist Health and the American Registry of Radiologic Technologists. All clinical sites are non-discriminatory in nature with regard to color, race, creed, age, sex, religious affiliation, or national origin; however, each clinical affiliate reserves the right to refuse to allow any radiography student in the department who does not practice ethical and professional behavior or who does not consider the patient to be the most important person in each department. No immoral conduct will be tolerated.

6. Permission **must** be obtained from the assigned Staff Clinical Radiographer before leaving the clinical laboratory for class or any patient care issue. Permission must be obtained from the Program Director or Clinical Coordinator before leaving early from a class or clinical site. Failure to do so shall result in progressive corrective action by the program; counseling or dismissal.

7. Food/beverages and gum chewing are not permitted in the clinical department except in the employee lounge.

8. The clinical preceptor (radiographer) is responsible for the clinical education and conduct of his or her assigned student. Directions from the assigned radiographer must be followed in order to maintain safety and continuity of patient care: failure to abide by this policy, shall result in progressive corrective action by the program; counseling and/or dismissal.

9. Visitors and use of telephones for personal use should be avoided. **Cell phones are not allowed in the clinical setting. Smart watches and other electronic devices (i.e. tablets or laptops) may not be worn and/or used during clinical time.**

10. Student is expected to report immediately, any accident or error to the assigned clinical instructor of the area, regardless of how minor it might seem to be.

11. **Any student who reports to the clinical affiliate with improper uniform or without their name badge, personal dosimeter, or markers, will be sent home to retrieve them, a tardy will be given and the missed time will be made up.**

12. Students are to report to their assigned Radiographer or clinical rotation when returning from lunch/break.

13. When the student is in a clinical rotation requiring sterile techniques, the student must wear a lab jacket when leaving the area.

14. Students are not permitted to be on the Internet during the clinical rotation.

15. Students are to be in their assigned area at all times unless instructed otherwise from the assigned preceptor, department supervisor, or clinical coordinator.

16. Students are not permitted to sit on counters in the control area or assigned areas.

17. Negative attitudes towards preceptors, staff, patients, and fellow classmates are not allowed.

18. Falsifying clinical information such as patient exams, patient case numbers, etc. Immediate progressive corrective action.

19. Insubordination to a staff or instructor. Immediate progressive corrective action.

20. Creating an exclusive environment, i.e. “cliques”. Immediate progressive corrective action.

21. Disruptive behavior in clinical or class. Point deduction and/or progressive corrective action.

22. Jeopardizing patient care in any instance. Point deduction and/or progressive corrective action.

23. Students must honor patient confidentiality at all times. All information regarding hospital procedures and patient records are confidential in nature. Any student revealing confidential information will be subject to disciplinary action and/or dismissal from the program. Immediate progressive corrective action.

CLINICAL ETIQUETTE

BHCLR- School of Radiography students are responsible for their own behavior, and are expected to conduct themselves in a professional manner. Excessive conversation, noise, gossip, jokes, loitering

about, and unprofessional behavior should always be avoided. Do not discuss personal issues/problems with patients or staff. Do not seek medical advice for yourself or family members while in clinical.

Remain busy! There is always something to do, so take the initiative to find out! Cleaning and stocking, sweeping, dusting, and putting away supplies are helpful jobs that can always be done. **Maintain a cooperative and uncomplaining attitude.**

Treat your two (2) years of clinical rotations as a job interview. A student who is preparing to be a healthcare professional is expected to conform to standards of the program they are attending.

Professional conduct that should be demonstrated by radiography students includes, but is not limited to the following:

1. Demonstrate **responsibility** and **accountability** for decisions and actions.

2. Apply **knowledge of legal and ethical aspects** of patient care.

3. Be **responsive to constructive feedback** and use it to better oneself.

4. Demonstrate **preparedness** and **punctuality** for both classroom and clinical education.

5. Recognize the **patient's rights** to privacy, confidentiality, and dignity.

6. Demonstrate a **positive attitude** (verbally and nonverbally) in the clinical and academic setting.

7. Demonstrate self-direction and professional growth through exploration and utilization of available resources.

8. Demonstrate **preparedness** to perform procedures that you are capable of doing without being asked (under direct supervision) and **never turn down an opportunity to perform a procedure**.

9. Demonstrate preservation of health, welfare, and safety of patients, hospital staff, instructors, fellow students, and/or self.

Any student that may have information that another student is violating the program's Code of Conduct is to report the violation(s) to their instructors or Program Director.

Students will not be required to perform, unassisted, any radiologic examination that exceeds their educational or clinical experience. However, it is understood that a student should watch, listen, and learn how a procedure is done, in an attempt to prepare themselves for upcoming coursework.

Corrective action procedures may include denial of entry, conduct or academic probation, written counseling, written warnings, suspension, administrative withdrawal, and/or dismissal. Corrective action is initiated when a student does not fulfill established requirements or reflect the BHCLR Christian values and policies. A faculty member or administrative official may initiate a corrective

action based on the seriousness of the situation. The Program Director or Coordinator or designee enforces suspension and dismissal corrective policies.

The action may follow a progressive path in some cases, but may be immediate and final in other cases. A typical progressive path usually begins with a verbal coaching or warning followed by a written conference or warning; then progresses through probation and suspension; and ultimately results in administrative dismissal. Please be advised, once a student receives disciplinary action for any reason; an additional offense of any nature is grounds for further disciplinary action up to and including dismissal.

RADIATION SAFETY/PROTECTION AND PERSONAL RADIATION MONITORING

The BHCLR – School of Radiography promotes the following radiation safety procedures:

1. Students **must** wear their personal dosimeter when in the clinical laboratory (no exceptions). It is to be worn at the collar and outside of the lead apron if one is worn. The dosimeter is considered to be "part of the uniform".

2. Should a student forget their dosimeter at home, they must go retrieve it before they will be permitted in the clinical setting. They will receive a tardy and missed time will be made up.

3. If a student should lose their dosimeter and it cannot be found, they must immediately get a replacement dosimeter from the program director, and will not be permitted into the clinical setting until they are issued a new one.

4. Students must never expose a human for demonstration purposes.

    a. Students must never fluoroscope patients (or anyone else).

    b. Never make an exposure unless all persons in the area are properly protected.

5. **Students must not hold patients or image receptors during any radiography procedures when an immobilization method is the appropriate standard of care. This is in accordance with JRCERT standards. As students' progress they must become increasingly proficient in the application of radiation safety practices.**

    a. Under normal conditions, no one should be allowed in the room with the patient during an x-ray examination. If other personnel are needed for the examination, they must be wearing a dosimeter and/or protective devices. They must follow safe radiation procedures and shall stay out of the direct beam. When possible, use a mechanical or other holding devices when a patient or an image receptor must be held during an exposure.

    If a person must be used to hold, select someone who is not pregnant or potentially pregnant, over the age of 18, has seldom held a person during x-ray examinations. Students must not hold image receptors during any radiographic procedure.

    b. All persons holding the patient and/or image receptor, or those in the range of the scattered beam area must wear a lead apron and gloves having .5 and .25 mm Pb equivalent respectively.

6. When not assisting the Radiologist during fluoroscopy, stand behind the control panel, the Radiologist, or as far away as possible. Keep hands behind the apron whenever possible.

7. Minimize time in the vicinity of the radiation source, i.e. avoid being in the room during fluoroscopic or radiographic procedures.

8. Utilize shielding to reduce radiation exposure. Wear proper lead apparel in areas of ionizing radiation. When performing mobile radiography, the student shall take a lead apron to wear during the exposure.

9. Students **must** wear a lead apron and thyroid shield during all fluoroscopic procedures.

10. If you suspect there has been an excessive exposure or radiation incident, immediately contact your clinical instructor. This individual should immediately contact the RSO.

11. **ALARA:** The students should always try to keep their radiation exposure as low as you can. Always be aware of where you are standing and how long you stay in a radiation area. Do not enter or remain in a radiation area unless it is absolutely necessary. Never turn your back to the fluoroscope.

12. Stay in the control booth or other designated "safe" area during each exposure.

13. Restrict the x-ray beam to the area of interest. The beam size should never be larger than the image receptor.

14. The doors to all radiographic imaging rooms must be closed before an exposure is made.

15. All persons, especially children or adults of child-bearing age, should be gonadally shielded unless it would overlay the anatomy of interest.

16. Current monitor reports will be available to the student within **thirty (30) days** of receipt by initialing the report.

17. To promote the policy of less than the maximum dosage: monthly evaluations shall be done with reference to dosage and rotations. Students are notified in writing by the Radiation Safety Officer when they receive a reading of 50 mrem or above, and are counseled about; (1) why dosage was received, (2) recommendations for improvements, and (3) understanding of protection policies.

18. Monthly dosimetry reports are maintained by the RSO and Program Director. All written counselings are maintained in the student's file and by the RSO. The final report of the student cumulative radiation dosage is placed in the student's permanent college file.

(Students eighteen (18) years of age or older are required to comply with RH-1200 in the following regulations.)

Radiation Regulations as Found in The: **Rules and Regulations for Control of Sources of Ionizing Radiation Published by the Arkansas State Board of Health**

RH-1200 Occupational Dose Limits for Adults

a. The licensee or registrant shall control the occupational dose to individual adults, except for planned special exposures under RH-1205, to the following dose limits.

1. An annual limit, which is the more limiting of:

    i. The total effective dose equivalent being equal to 5 rem (0.05 Sv), or

    ii. The sum of the deep-dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 50 rem (0.5 Sv)

2. The annual limits to the lens of the eye, to the skin, and to the extremities which are:

    i. An eye dose equivalent of 15 rem (0.15 Sv), and

    ii. A shallow-dose equivalent of 50 rem (0.50 Sv) to the skin or to each of the extremities.

Compilation of the above regulations allows the use of the following maximum prospective dose equivalent.

AGE	MONTH CALENDAR QUARTER	YEARLY
18 years/older	.416 rem/416 mrem/4.16 mSv	1.250 rem/1250 mrem/12.5 mSv 5.0 rem/5000 mrem/50 mSv

Reviewed and Revised 05/2024 SB with information taken from BH Policy RS-1 Radiation Safety

SUGGESTED GUIDELINE ON PATIENT RADIATION PROTECTION

1. The prime concern of radiation protection is to reduce the exposure of the gene pool of the population at large. Small doses to a large number of persons can have similar effects to larger doses in greatest smaller population numbers. The following guidelines are strongly urged for maximum protection and the diagnostic information.

2. Elective fluoroscopy and radiography in the first trimester of pregnancy may be a significant hazard. Because pregnancy may be unrecognized, elective studies should only be performed in the first ten days following onset of menses. Efforts must be made to ascertain that the patient could not be pregnant. **A Pregnancy Form must be filled out.**

3. The area radiographed or fluoroscoped must be collimated to include only the part being examined. Collimate to the size of the image receptor.

4. Use the correct size of image receptor for the examination.

5. When a choice of techniques exists that will give similar diagnostic information, those giving the lower doses should be used, i.e., higher kVp, faster speed image receptors, lower mAs.

6. Use only an x-ray tube that has a total filtration of 2.5mmAl equivalent, except on Mammography.

7. Repeats should be kept to a minimum especially for insignificant artifacts. Diagnostic information must not be sacrificed as this will waste all patient exposure and cause repeats. Student's repeat radiographs will be repeated by a qualified Radiographer with the student present until the last six (6) months of the program. In the final six (6) months, students may perform repeat exams in the presence of a qualified radiographer (ARRT).

8. The patient shall be properly positioned so as to include the necessary part for the examination to be in the primary beam.

9. Gonadal shielding should be used when its use will not interfere with diagnostic information. Considerable reduction of the gene pool dose may be gained from gonadal shielding in males under forty years of age in selected situations. Females yield less opportunity for shielding.

   9.1 Situations when shielding is desirable.

      a. When gonads will be in the primary beam

      b. When the gonads will be within 2 inches of the primary beam. When gonads are greater than 5 inches from the beam, shielding is ineffective.

      c. When the patient is not sterile and is less than 40 years old.

      d. When the information is not compromised by shielding.

   9.2 Shielding may be either "homemade" or purchased, such as Gen-x shields.

   9.3 Examinations where males may be shielded:

Lumbar Spine	Myelogram
Pelvis	Hip
KUB	Upright Abdomen
IVP	Upper GI series
Barium Enema	Cholecystogram
Femur	

   9.4 Examinations where females may be shielded:

Upper GI series	Cholecystogram
IVP (selected images)	

STUDENT PREGNANCY

All students enrolled in the BHCLR – School of Radiography are instructed on proper radiation safety precautions and the purpose of personnel monitoring prior to participating in any clinical assignments within the radiology department where ionizing radiation is being utilized. Students must adhere to all radiation safety protocols. The ALARA concept and Cardinal Rules of time, distance and shielding are stressed. **Due to the number and variety of courses in the curriculum,**

and the importance of maintaining a rotational schedule through the various assignments, no exceptions can be made during pregnancy.

The purpose of the Student Pregnancy Policy is to clearly communicate the position of Baptist Health College Little Rock - School of Radiography in relation to pregnancy concerns and student clinical rotations.

1. The program allows for **voluntary disclosure** of pregnancy status. The student is advised that the policy allows a female student the option of whether or not to inform the Program Director of her pregnancy. If she chooses to voluntarily inform the Program Director or other officials of her pregnancy, it **must be in writing**. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant.

2. The student also has the option to **voluntarily withdraw her disclosure of pregnancy**. **This must be in writing.**

3. Student, Program Director, and Radiation Safety Officer have the free scope of responsibility for the policy.

4. Student enrolled in the program is instructed in proper safety precautions and personnel monitoring prior to being admitted to any ionizing radiation areas. Student is required to abide by all safety precautions and to remember the importance of keeping exposure as low as practical through a combination of time, distance and shielding.

5. Following the voluntary written disclosure of pregnancy, one of the following options must be chosen and taken:

    5.1 Submit a statement from her physician verifying pregnancy and expected due date. The student will then decide to either:

        5.1a. Withdraw and re-enter as determined appropriate by the Program Director. Reentry and withdrawal policies may be found in the Baptist Health College Little Rock *Catalog*.

        5.1b. Continue through the planned clinical rotations with full knowledge of information presented below.

            1. **No exceptions** in scheduling clinical rotations shall be made due to pregnancy. Therefore, it may be necessary for the student to withdraw and re-enter.

            2. If the student elects to withdraw, no further action is needed except a written statement of withdrawal from the student.

            3. If the student elects to continue through the clinical rotations, the following are required:

                a. Counsel with the Program Director and Radiation Safety Officer regarding the nature of potential radiation injury associated with in-utero exposure and the required preventative measures to be taken throughout the gestation

period (counseling is documented and placed in the Student's Record).

b. The student will wear two (2) dosimeters; one placed at the collar and one placed at the waist for fetal monitoring.

c. A written statement granting permission to continue the clinical rotation by the student's physician. The statement is filed as content in the Student's Record.

6. The student must understand that all attendance, absence, and make-up policies will still be enforced.

7. The student has the option to **withdraw their declaration of pregnancy in writing** at any point, for any reason, without explanation.

8. If the student elects to withdraw, it shall be understood that upon re-entry, all missed classes and clinical competencies shall be completed and Graduation Criteria met prior to graduation. No diploma shall be issued until all requirements of graduation have been successfully fulfilled. This may necessitate repeating an entire year of study or longer.

Reviewed: 05/2024 SB with information taken from BH Policy RS-1 Radiation Safety
Reviewed: 04/2021 SB/SH
Reviewed and Revised: 03/19 SB/SH

PERSONAL APPEARANCE

Appearance of students reflects the image of the program, the Radiographic profession, and Baptist Health as a whole. When off campus, students are always "on stage" while in uniform. Therefore, the student uniform is a symbol of the program and is worn with dignity and pride. A student's personal appearance projects a professional image to patients and persons with whom contact is made. It should be pleasing to patients and indicate the high standards the student and the program contribute to the prevention of the spread of infection and diseases. The dress code policies are to be followed; failure to do so shall result in clinical point deductions. Refer to the Clinical Grade Guidelines in the Student Handbook.

DRESS CODE

Appearance is a form of non-verbal communication that reflects confidence in ability and judgment, personal behavior and sense of professional image. It is expected that the students will comply with the following dress code policies.

All students must wear the school designated scrubs including brand, color, and style. While on campus attending lectures or skills lab, students will be able to wear any official and approved BHCLR top with scrub pants of the appropriate color.

SCRUBS: Clean and wrinkle free (pressed). A scrub jacket must also be purchased and worn while in sterile areas, i.e. OR, IVR, CVL. A white t-shirt may be worn under the scrub top. A long-sleeve t-shirt is permissible; however, if the t-shirt is short sleeved, then the sleeves are not to extend below the scrub top sleeves. Any

top worn underneath the scrub top cannot extend below the bottom of the scrub top. **Sweatshirts and t-shirts are not allowed in clinical settings, only approved scrub tops may be worn.**

SHOES: Solid (fully enclosed), white leather shoes with white shoelaces, polished, clean, and in good repair are to be worn.

SOCKS: Socks should be solid white. Exception- **"Fun Sock Friday":** the student may choose to wear a fun and appropriate pair of socks instead of white ones on Fridays only.

JEWELRY: Jewelry is limited to the following:

A. A **"non-smart"** watch with a second hand.

B. Small, conservative earrings, maximum of two per ear – (No larger than a pencil eraser). Visible piercings on other body parts, i.e., tongue, eyebrow, nose and upper ear are not allowed.

C. Small, conservative necklace may be worn. However, long chains and other dangling jewelry is not allowed.

D. Rings are limited to a wedding band and/or engagement ring, one ring per hand.

TATTOOS: Tattoos shall not be visible above the collar /neck area in the clinical setting.

DENIM: Denim is not allowed in any academic or clinical setting.

HAIR: Hair must be neat, clean, and well groomed. No extreme hair colors or styles allowed. Long hair must be pulled up or tied back neatly so that it does not cover the eyes or fall in the student's face while in class or clinical setting (not on top of head in "messy bun").

FACIAL HAIR: Conservative facial hair may be worn if kept short and neatly trimmed. Facial hair that is unruly and/or interferes with masks fitting properly will not be allowed (OR, IVR, CVL, etc.).

Per the CDC guidelines, facial hairstyles that will NOT interfere with filtering facepiece respirators include: clean shaven, soul patch, trimmed goatee, side whiskers, and many styles of mustaches. Please seek clarification from the Program Director or Clinical Coordinator if needed.

FINGERNAILS: Nails are kept trimmed close and clean. **No nail polish, artificial nails or nail art may be worn.**

ID BADGE: **Student identification badge is worn at all times when in uniform**.

A. It is to be visible at all times, on the left shoulder area with the picture facing out, along with the dosimeter. No decorative stickers or pins are to be worn on the ID badge.

B. Students who report to the campus without a student ID badge will be required to obtain a temporary badge.

C. If reporting to a clinical site without an ID badge, the student must return home to retrieve it, receive a tardy, and make-up time missed. If the badge is lost or broken, immediately contact the BHCLR Business Office for replacement and payment of fee.

D. Employee (NRT) ID badge and dosimeter are not to be worn while in clinical.

COSMETICS: Cosmetics must be used conservatively and attractively applied. Students should strive to look professional and career oriented.

PERFUME/ COLOGNE: In the clinical setting, the use of perfume, cologne, highly fragrant hand lotion and perfumed bath soaps and powders are often times offensive to ill patients, their families, fellow students, employees, and employers.

A. Fragrances should be light and used sparingly.

PERSONAL HYGIENE: **Daily personal hygiene is required.** This includes oral hygiene, daily bathing, and use of an effective deodorant or antiperspirant. The student's body must be clean and free from odor.

The Program Director and/or Clinical Coordinator is responsible for enforcing the Student Dress Code policies and shall make individual interpretations regarding particular attire, cosmetics and so forth. Violations of the dress code may and can result in point deductions from the clinical grade and are at the discretion of the program director and clinical coordinator**. Each occurrence will result in a 5 point clinical policy deduction. Should a student have all clinical policy points deducted, a written warning will be received for any future policy infractions.**

CELL PHONES and ELECTRONIC DEVICES

Regardless of the practice of employees at a clinical site, the use of cellular devices in the classroom or clinical setting is prohibited. All students are required to keep any cell phone or electronic device put away while in the clinical setting. If these are brought to the classroom they must be set on a non- audible/vibrate setting. Active use (texting or verbal) of a cell phone or other electronic device, such as a Smart Watch, in class, lab, or clinical will result in disciplinary action. Students are not to leave during class to use their cell phones**. Bluetooth devices or smart watches are not to be worn or brought into the clinical setting or classroom during any examination or examination review.**

If a student needs to communicate with someone outside of class and it is urgent, or may be an emergency situation, please inform the program faculty so that accommodations to this policy can be made.

Students neither make nor receive personal telephone calls during scheduled classroom or clinical time, and never from a patient's room or department control area. These calls may be made during break time or lunch. Students are not to be on their phone while in "on-stage" areas of the hospital when on break. If you need to be contacted in case of an emergency, the main phone number to the college is 501.202.6200. Violations of the cell phone policy/smartwatch policy will be reviewed by the Clinical Coordinator and Program Director and appropriate disciplinary action will be imposed.

SOCIAL NETWORKING POLICY

In order to maintain a professional student/educator relationship, students should not interact with their clinical colleagues on any type of social media. This type of casual interaction can interfere with the educational aspect of the program and cause a conflict of interest for all parties involved.

CLASS REPRESENTATIVE

Each class elects a Class Representative during the fall semester of the program of study. The representative is elected by fellow classmates and is someone who considers it an honor and privilege to serve as a leader and representative of his/her class in school related matters.

STUDENT PROFESSIONAL DEVELOPMENT

While in the program, the student is encouraged to attend the Arkansas Radiography Educators Quiz Bowl competition in order to review content learned while in the program and as an ARRT registry review for the graduating class. The second year cohort (Seniors) will become student members of the American Society of Radiologic Technologists in order to utilize the benefits afforded them, like the "Student Exam Assessment Library" (SEAL tests) and other review materials. Upon graduation, the senior's student membership will be changed over to an RT "bridge" membership with the ASRT, and they will also be a member of the state chapter, the Arkansas Society of Radiologic Technologists (ArSRT). Involvement in these organizations creates a networking system for students and graduates to develop friendships and camaraderie within the state, enhancing their professional development and growth, and promotes advocacy within the profession.

STUDENT EMPLOYMENT

1. Although Program Student Policies and Baptist Health Employee Policies are in fact separate from each other, a student's behavior during a Baptist Health employment period that results in a disciplinary action may jeopardize the student's standing within the program. This behavior may also jeopardize the Program's ability to place the student in that particular clinical site rotation.

2. The Program Director and Clinical Coordinator will not participate in the hiring process of students for work purposes.

3. Students on program directed clinical assignments shall not be directed by another student who is working at the same time. Working employee students shall not delegate work, (tasks) such as

"process images", complete paperwork, or "run errands", and so forth, to other students in the area for program directed clinical assignments.

4. Junior students may be employed as a "Radiology Technologist Assistant" as defined by the Radiology Department policy as vacancies are available.

5. A status of "Good Standing" in the program is required in order to qualify for employment at Baptist Health. "Good Standing" is defined as:
   5.1 having the required attendance record and record void of disciplinary action.

6. A student who "works for pay" as described herein, must perform only as required by their employee job description and as associated policies require.

7. The program is not responsible for unprofessional and unethical conduct by the student, while on the "job working for pay". The employer has the full responsibility for that aspect. However, any unprofessional conduct may be reported to the Program Director, and if so, programmatic disciplinary action may be taken.

8. Student at "work" is required to exemplify the Baptist Health Values and Code of Ethical Conduct, same as all other BH employees.

9. Students shall not wear the program uniform, student ID badge, or student dosimeter when working as an employee. This includes Baptist Health, as well as other places of employment.

STUDENT HEALTH

1. Mandatory immunizations and Tuberculin (TB) skin testing documents must be turned in prior to the first day of class. Results of TB skin test may not be more than 30 (thirty) days old on the first day of class. Please see the Student Conduct and Behavior Expectations Section of the *Catalog* for a comprehensive list of required immunizations.

2. Influenza immunization is required annually for all enrolled students. Proof of receipt must be submitted.

3. Tuberculin (TB) skin test must also be completed between the junior and senior year. Proof of receipt must be submitted.

4. Payment of all medical expenses incurred shall be the student's responsibility. Please refer to the Student Conduct and Behavior Expectations section of the *Catalog*.

STUDENT GRIEVANCE

The student grievance policy is governed by The Joint Review Committee on Education in Radiologic Technology. Students may file a grievance with the JRCERT concerning allegations of non-compliance of the Standards at www.jrcert.org. BHCLR also offers an internal grievance policy. Refer to the Services For Enrolled and Prospective Students section of the *Catalog* for more information concerning the grievance process or www.bhclr.edu.

STUDENT INJURY

Should a student injure themselves during a clinical experience, the Program Director or Clinical Coordinator must be notified. The student must report all injuries, no matter how minor they may be. Please refer to the Student Conduct and Behavior Expectations section of the *Catalog* for more information. Student Incident or Injury Report forms are kept in each clinical area and must be completed.

FINANCIAL AID

A Financial Aid Office is available on campus for students and can be contacted at 501.202.7986 for questions concerning scholarships, financial, etc. Information can also be found in the Student Financial Aid and Scholarships section of the *Catalog.*

TUITION REFUND POLICY

See the Student Expenses section of the *Catalog.*

INCLEMENT WEATHER POLICY

Classroom learning may be delayed or canceled due to inclement weather. The following statuses may be utilized during inclement weather and other emergencies. All statuses are communicated via email, text and the institutional website. All efforts will be made to announce an Inclement Weather Watch by 10:00 p.m. the evening before forecasted inclement weather and announce all other statuses by 6:00 a.m. Excessive, more than two (2), days missed due to inclement weather will be made up at the discretion of the Program Director and Clinical Coordinator.

Inclement Weather Watch:
Inclement Weather Watches are declared the evening before forecasted inclement weather. No scheduled classes, skills laboratory or clinical learning experiences will begin before 8:00 a.m. the following day. This status allows time for BHCLR to make an informed decision regarding traveling conditions. All efforts will be made to announce the status of the campus by 6:00 a.m. the following day.

Delayed Opening:
Classes, skills laboratory and clinical learning experiences are delayed until 10:00 a.m. or later. Face-to-face experiences are expected but are delayed. Students must check their portal for additional details.

Alternate Method of Instruction (AMI) Day/Campus Open:
Face-to-face instruction will transition to virtual/online instruction. Students must check their portal for additional details. The BHCLR campus is open for on-ground business.

Alternate Method of Instruction (AMI) Day/Campus Closed:
Face-to-face instruction will transition to virtual/online instruction. Students must check their portal for additional details. The BHCLR campus is not open for on-ground business.

All Instruction is Canceled/Campus Closed:
In the event that all instruction is canceled, students will not be counted absent and make-up activities will be scheduled at the discretion of faculty. No make-up fees are incurred by students. The BHCLR campus is not open for on-ground business.

BHCLR encourages students to exercise judgment during emergency situations and take personal safety into consideration. Students will be notified of BHCLR closings via their BHCLR email account and the BHCLR emergency text system. In the event of BHCLR campus closing, all students, including those on clinical assignments will be notified by program faculty.

CONTINGENCY PLAN

In the event of a catastrophic event or pandemic occurring and disrupting the normal learning process, all face-to-face learning activities may be taught online and/or in a hybrid environment in order to keep students, faculty, and staff safe and healthy. Students will be notified via an email and/or text message within 48 hours if possible.

In light of possible changes, students will need to have reliable access to both the internet and a computer in order to complete coursework. Should a student not have the needed equipment to complete online assignments, they should notify their instructor or BHCLR IT department for assistance.

Should classes need to be held virtually, they will be held via Google Meet, and students will be required to attend at the scheduled time/synchronously. Clinical rotations will continue as scheduled if permitted. Additional instructions will be given as needed.

PROGRAM EFFECTIVENESS/OUTCOMES ASSESSMENT

It is essential that the college maintain an ongoing program effectiveness evaluation process for the purpose of monitoring student learning and program effectiveness**. Student learning outcomes are measured in relation to the following goals: clinical competence, critical thinking, communication and professionalism**. Several factors comprise the process, primarily being clinical performance evaluations, graduate/employer satisfaction surveys, and examination questions. Program effectiveness is measured in relation to a five-year average of credentialing examination pass rate at first attempt, job placement, annual program completion rate, and graduate and employer satisfaction. **Thus, students and graduates have an important role in the measurement of program effectiveness.**

Annual program effectiveness data can be accessed through www.jrcert.org.

FACULTY AND COURSE EVALUATIONS

Students evaluate the course, each course instructor, clinical site, clinical instructors, program faculty, and course content as they progress through the program. The evaluations are carried out according to BHCLR policy and established processes.

The student is assured of anonymity, thus encouraging his/her participation in the evaluations. If a student is of the opinion that the process should be improved, the President of BHCLR welcomes suggestions for betterment. The process summarized presents an objective process through which

students provide subjective data in the measurement of teaching behaviors and course evaluations. At course end, evaluations are provided to the students via Survey Monkey. The evaluations should be completed in a timely manner and returned via email. Once completed, they are tabulated and then forwarded to the program director for review.

RESOURCES

1. **BHCLR has a full-time counselor/Chaplain**. The Chaplain can be reached at 501.202.7721.

2. **Disability Services**:

   Reasonable accommodations for applicants and students with documented disabilities are made, pursuant to federal and state laws. Any applicant or student with a disability who needs accommodations must provide the necessary official records and documentation to Disability Services in a timely manner or as soon as the need for an accommodation is evident. The appropriate school official shall make the determination regarding reasonable accommodations. Please refer to Disability Services on our website. The Disabilities Services Specialist can be reached at 501.202.7881.

3. Students also have access to the **BHCLR Library** and its resources. The library is open from 0730-1630, Monday through Friday. The BHCLR Library can be reached at 501.202.2671.

4. The **Learning Resource Center** is available to students from 0800-1700, Monday through Friday.

5. There is a **Food for Thought Pantry** available to any student in need of this resource. The food pantry can be reached by emailing foodforthought@bhclr.edu.

6. **Baptist Health Urgent Care**: Students must access the BHCLR Portal and click on the Student Resources tab to complete a health history questionnaire. Once this is completed, the student may go to the Baptist Health Urgent Care clinic located at 11402 W. Markham Street, Little Rock, 72211, between the hours of 8:00 a.m. and 8:00 p.m., Monday – Friday, 8:00 a.m. – 4:00 p.m. on Saturday, or 1:00 p.m. – 6:00 p.m. on Sunday.

WHAT THE PROGRAM EXPECTS FROM STUDENTS

During the next twenty-four (24) months, the program expects the student to demonstrate:

1. **ATTENTION:** Instructors are professional Radiologic Technologists with employment duties to perform, which, under certain circumstances, take priority over teaching responsibilities. Listen carefully and ask questions at appropriate times.

2. **AWARENESS OF THE PATIENT:** The care and interests of the patient take precedence over everything else. Speed, efficiency, attention to detail and the Code of Ethical Behavior are essential to proper patient care.

3. **RESPONSIBILITY**: Take responsibility for your own work. Attempt to work on your own; however, ask if you are not sure of something.

4. **TEAMWORK**: The student is a member of the Radiology team. Every task they perform, regardless of how trivial it may seem now, has a direct bearing on the quality and quantity of work produced in the Radiology Department. Voluntarily giving assistance to the radiographers is encouraged when possible.

5. **DESIRE TO LEARN**: Instructors are ready to assist the student with their clinical education in every way possible. It is up to the student to demonstrate the desire, drive and willingness to learn, progress, achieve and succeed.

6. **MATURITY:** The student has embarked on a career that involves personal commitment to the patient, physician and Radiology Department. These two years will be a very short time, not only to learn, but also to develop core skills as a Radiographer.

7. **ACCOUNTABILITY:** To comply with established policies and guidelines; to meet academic and clinical requirements; and to fulfill all program requirements for graduation.

8. **PROGRESSION**: Exemplify personal and professional growth as well as academic and clinical achievement and growth.

9. **EXEMPLIFY**: Baptist Health Values as written in the Code of Ethical Conduct (page 8 of the Student Handbook).

DEFINITIONS PROGRAMMATIC

1. **Mission Statement** – a statement explaining the reasons for the existence of an institution.

2. **Goal** – the outcome measurement for program effectiveness.

3. **Academic Progression** – the act of achieving academics, clinical and professional development progression.

4. **Policies** – written statements directing processes and conduct of student, faculty and staff.

5. **Program Director** – the administrator and instructor of an Allied Health Program.

6. **Clinical Coordinator** – correlates and coordinates clinical education with didactic education and serves as an instructor of an Allied Health Program.

7. **Absence** – not present on a Baptist Health Campus or affiliate clinical site at the appropriately scheduled time for clinical assignments.

8. **Tardy** – not present up to 30 minutes of a scheduled class/clinical day.

9. **Excessive Absence** – more than five (5) absences per year.

10. **Clinical Laboratory** – the Radiology Department of any affiliating clinical facility of the School of Radiography.

11. **Clinical Preceptors** – staff members of the Radiology Department that meet certain requirements for clinical instruction of student learning.

12. **Competency** – having adequate ability to function or progress in a particular way.

13. **Proficiency** – having the knowledge and skills needed for success in the Profession.

14. **Clinical Supervisors** – staff members of the Radiology Department that meet certain requirements for supervision of students.

15. **Curriculum** – an organized placement and outline of required course(s) descriptions and associated college courses.

16. **Radiation Protection** – the act or practice of protecting patient, co-workers, and self from the harmful effects of ionizing radiation.

17. **Class Year** – begins with entry month and ends with the month prior the following year.

18. **School Year** – for the Radiography Program, the school year is from July to June.

19. **Contact Hour** – equal to one (1) hour engaged in learning activity.

20. **Commencement** – day of ceremony.

21. **Graduation** – the completion of all required academic and clinical requirements, and completion of exit.

22. **Plagiarism**- the "wrongful appropriation" and purloining and publication of another author's language, thoughts, ideas or expressions. It is considered academic dishonesty.

IMPORTANT CONTACT INFORMATION

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Heather.cain@baptist-health.org

Allied Health Enrollment Services Advisors
Alida Gutierrez, or Jessica Westerman
Office Phone 501.202 6700
Fax 501.202.7712

Clinical Site Contact Information:

BHMC-LR Radiology Department 501.202.2772 or 2773
BHMC-NLR Radiology Department 501.202.3867
BHMC-Conway Radiology Department 501.585.2000
OrthoArkansas 501.500.3500
Arkansas Children's Hospital 501.364.3876
Radiology Consultants 501.227.5240
BH Imaging Center- Kanis 501.202.4020
CARTI Cancer Center 501.906.3000
Baptist Health Orthopedics 501.217.3533
Baptist Health Family Medicine Residency Clinic 501.753.4132

Revised: 05/2024 SB

APPENDIX A
(REQUIRED TEXTBOOKS)

REQUIRED TEXTBOOKS

1. Merrill's Atlas of Radiographic Positions and Radiologic Procedures,
   15th edition, Long, Rollins & Smith, Elsevier publisher (3 volume set)
   ISBN-13: 978-032383279-3

2. Merrill's Atlas of Radiographic Positions and Radiologic Procedures,
   15th edition, Workbook, Long, Rollins & Smith, Elsevier publisher
   ISBN-13: 978-0323832847

3. Merrill's Pocket Guide to Radiography
   15th edition, Long, Rollins & Smith, Elsevier publisher
   ISBN-13: 978-0323832830

4. Radiation Protection in Medical Radiography,
   9th edition, Sherer, Visconti, Ritenour, & Haynes; Elsevier publisher
   ISBN-13: 978-0323825030

5. Radiography in the Digital Age
   4th edition, Quinn B. Carroll, Thomas publisher
   ISBN-13: 978-039809408

6. Introduction to Radiologic & Imaging Sciences & Patient Care,
   8th edition, Arlene Adler and Richard Carlton, Elsevier publisher
   ISBN-13: 978-0323872201

7. Radiographic Pathology for Technologists,
   8th edition, Kowalczyk, Elsevier publisher
   ISBN-13: 978-0323791298

8. Medical Terminology, A Systems Approach
   8th edition, Gylys & Wedding, F. A. Davis publisher
   ISBN-13: 978-0803658677

9. Radiologic Science for Technologists: Physics, Biology, and Protection
   12th Edition, Bushong, Elsevier publisher
   ISBN-13: 978-0323661348

10. Quality Management in the Imaging Sciences.
    6th edition, Papp, Elsevier publisher
    ISBN-13: 978-0323512374

11. Radiographic Imaging and Exposure,
    6th Edition, Fauber, Elsevier publisher
    ISBN-13: 978-0323661393

12. Mosby's Comprehensive Review of Radiography,
    8th edition, Callaway, Elsevier publisher
    ISBN-13: 978-0323694889

Recommended: Lange Radiography Examination Review Book, 12th edition by D.A. Saia, ISBN -13: 978-1260460445

APPENDIX B
(CLINICAL EVALUATION)

Subject:

Please select...

Site:

General Diagnostic X- Ray Evaluation

Rating Scale:

1-2 = 0% to 20%

3-5 = 30% to 50%

6-8 = 60% to 80%

9-10 = 90% to 100%

Directions to Evaluator:

- Be honest and objective in judging the qualities and performance of the student.
- Base your judgment on the entire period covered and not upon isolated incidents; however, record them if you feel they are pertinent to your analysis.
- Your ratings are a measure of your judgment.
- Remember your opinions are also a measure of your clinical judgment.
- You are their instructor for this student's clinical work.
- Please coach the student during the rotation and counsel with the student prior to turning in your evaluation to the Program Director or Clinical Coordinator.

Select the number that best reflects the student's performance ability from the rating scale for each behavioral objective. ***You should take into account the amount of clinical exposure the student has had since a 4th semester student will perform at a higher level than a 1st or 2nd semester student.***

The Clinical Practicum rotation is the period during which the student develops skills and techniques that are crucial to the profession of Radiography. Students will also apply the theoretical knowledge acquired in the classroom to the real world of patient testing and evaluating.

Clinical evaluation of the student's performance is framed within School **Values** and those of BAPTIST HEALTH:

Service, Honesty, Respect, Stewardship, and Performance.

The clinical performance is evaluated by the clinical staff and supervisors who have observed the student's progress during a specific rotation. The performance is evaluated in regards to technical and professional standards that exemplify the School Values.

These evaluations are set up for a possible score of 100 points. The weekly evaluation score is entered into the computer so that we can maintain a running score of the student's proficiency in the various rotations. Every six (6) months, all evaluations for that student are averaged to determine a numerical measure of

their clinical competency for that semester and those rotations to which the student has been assigned. Begin Date:

mm/dd/yyyy

End Date:

mm/dd/yyyy

What percentage of the time did the student perform the following:

PATIENT POSITIONING

A. Checks armband for correct patient identification.
B. Verify the ordered exam.
C. Assessment of patient's physical abilities.
D. Proper CR cassette size selected and/or DR detector.
E. Positioning true; and completed according to protocol.
F. Properly centered.
G. Angulation of body and tube correct.

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯ 10

TECHNICAL FACTORS

A. Exposure factors within reason, SID, MAS, KVP, etc.
B. No technical error, undesired motion controlled, no pre-exposure or double exposure, no grid lines, etc.
C. Proper exposure index achieved.
D. Chooses correct exposure technique for patient body habitus, pathology, and contrast agents.
E. Select appropriate exposure factors when grids are in use.

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯ 10

RADIATION PROTECTION

A. Uses patient shielding when appropriate.
B. Understands the importance of collimating in to specific anatomy.
C. Protection of other personnel and self in the area.
D. Completes pregnancy forms.

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯ 10

ROOM AND EQUIPMENT PREPARATION

A. Cleans tables after each patient.
B. Checks linen supply and stocks when necessary.

C. Has emesis bags, bedpans, and contrast ready.
D. Turns machine "on" and have tube and table ready for the exam.
E. Have appropriate size and type of CR cassette available (if applicable).
F. Room equipped with supplies for age-specific examinations.
G. Proper utilization of CR cassette scanner (if applicable).
H. Proper utilization of PACS

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

QUANTITY OF WORK

Consider volume of work produced, disregard errors.
A. Difficulty of examinations or patients
B. Lack of training
C. Poor organization
D. Lack of confidence
E. Moves slowly

1-2 = Very slow. Does not turn out work on time.
3-5 = Produces enough to get by. Needs speed.
6-8 = Good volume, even on difficult exams.
9-10 = Rapid worker, even on difficult exams. Does more than expected.

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

COOPERATION AND ATTITUDE

Consider attitude toward work, hospital, patients, fellow workers, instructors and supervisors; also ability to work with others and willingness to accept instruction and suggestions. Able to work as a team with other departments.

1-2 = Complains frequently. Does not accept suggestions.
3-5 = Usually a good team player. Sometimes clashes with others.
6-8 = Never complains. Good team player. Shows genuine interest in job.
9-10 = Goes out of way to cooperate. Thoughtful of others.

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

INITIATIVE AND CRITICAL THINKING

Consider extent to which student is a self-starter in obtaining objectives. Consider his/her abilities to accomplish results under adverse conditions. Was the student in assigned area on time?

1-2 = Avoids responsibility. Shows no initiative. Stands around.
3-5 = Accepts responsibility reluctantly. Little initiative. Very little hustle.
6-8 = Shows initiative adequate for requirement of work.
9-10 = Self-starter. Seeks responsibility.

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

EQUIPMENT MANIPULATION

A. Manipulates tube, tube stand and locking devices.
B. Can operate control console with minimal supervision.
C. Can identify various anatomical structures utilizing images.
D. Operates mobile unit properly as to controls, drive, collimation and locks.
E. Operate CR, DR, and PACS equipment efficiently.
F. Utilizes proper look up table (LUT) and recognizes proper histograms for part being examined.

1-2 = Is lacking in two or more of the above.
3-5 = Is lacking in one or two areas above.
6-8 = Only occasional assistance is required.
9-10 = Can operate the equipment efficiently.

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

PATIENT CARE

A. Identified all patients by verifying name on armband with name on order.
B. Provided for patient's comfort and modesty before, during and after the procedure.
C. Explanation of exam to patient, according to age-specific guidelines.
D. Communicated with patient in a courteous and professional manner.
E. Followed policy for patient confidentiality.
F. Exhibited the BAPTIST HEALTH Values.
G. Able to assess patient's condition before, during and after procedure.
H. Obtains appropriate patient history when required.

1-2 = Shows unconcern toward patients.
3-5 = Is lacking in one or two of the above.
6-8 = Puts forth minimum effort.
9-10 = Goes further toward patient care than above.

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

PERSONAL APPEARANCE

A. Clean and pressed uniforms.
B. Shoes and laces cleaned and polished.C. Hair cleaned and groomed
D. Name badge and dosimeter worn. Right and Left markers available.
E. Makeup and accessories worn per policy.

◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

Comments:

Student Signature: Student may add signature and/or comments by attaching a post-submission comment.

Please note if you were under DIRECT supervision at all times.

◯ Instructions

Semester I: Clinical I/JR

(July - December)

A = 76% - Above

B = 75 - 71%

C = 70 - 65%

D = 64 & below

Semester II: Clinical II/JR

(January - June)

A = 86% - Above

B = 85 - 81%

C = 80 - 75%

D = 74% & below

Semester III: Clinical III/SR

(July - December)

A = 90% - Above

B = 89 - 85%

C = 84 - 80%

D = 79 - 75%

Semester IV: Clinical IV/SR

(January - June)

A = 94% - Above

B = 93 - 90%

C = 89 - 85%

D = 84 - 80%

◯ Instructions

◯ Approved ◯ Not Approved

APPENDIX C

(Sample Personal Radiation Monitor Report > 50mrem)

Baptist Health

To:

Date:

From: Dr. Kevin Forte, Radiation Safety Officer

Subject: Radiation Dosimeter Report

Monitoring Month:

Month Amount: DDE **mRem**

YTD Amount: DDE **mRem**

This is to document that you have been made aware of your monthly dosimeter reading.

***Supervisors**-Please print this notification and have employee sign. Keep signed copy in employee file. Please send copy of signed form to Melody Etherton.

Investigational levels for individual occupational dose
ALARA Investigational Levels per Month Level 1: 50-100 mrem Level 2: 101-210 mrem Level 3: >210 mrem Notices to employees will be emailed if they exceed investigational levels.

APPENDIX D
(Sample Semester Evaluation Form)

Baptist Health College Little Rock
School of Radiography
Semester Evaluation

Name _____ Date _____ Semester _____

Grades: Current: _____ Past: _____ Class Average: _____

Comments: _____

GPA: Semester: _____ Cumulative GPA: _____

Evaluation Record:

Current: _____ Past: _____ Class Average: _____

Behavioral Objectives	Class Average	Current Average	Comments
Patient Positioning			
Technical Factors			
Radiation Protection			
Room & Equipment Preparation			
Quantity of Work			
Cooperation & Attitude			
Initiative & Critical Thinking			
Equipment Manipulation			
Patient Care			
Personal Appearance			

Grade Calculation:	Points Possible	Points Achieved
Clinical Evaluation Average	50	_____
Clinical Policies Followed	40	_____
ARRT Competencies	30	_____
Experience Record	30	_____
Total Points Possible:	150	Total Points Achieved: _____

Percentage Grade: _____ Final Letter Grade: _____
(Course Grading Scale)

Student Signature _____ Date _____

Program Director/Clinical Coordinator Signature _____

Comments:

APPENDIX E

(Catalog and Student Handbook Informed Statement Form)

Baptist Health College Little Rock

School of Radiography

BHCLR Catalog and *Student Handbook* Attestation

I have been informed that the current *BHCLR Catalog* (Fall 2024 - Spring 2025) and *Student Handbook* which contains the school specific section are available on the college website at www.bhclr.org.

I received a copy of the Baptist Health College Little Rock- School of Radiography *Student Handbook* (2024-2025) which contains the section specific to the program in which I am enrolled. The Student Handbook was covered in its entirety and I was given the opportunity to ask questions and seek clarification pertaining to the *Student Handbook* and *BHCLR Catalog.* The attendance, clinical and dress code policies were discussed, along with the national registry exam for credentialing (ARRT).

My signature below indicates that I understand, and I am responsible for being knowledgeable of the contents of both the *BHCLR Catalog* and *Student Handbook*.

_____ _____

Student Full Name (Printed) Date

_____ _____

Student Signature Date

Revised: 05/2024 SB

APPENDIX F
(Informed Consent on Direct Supervision Form)

Baptist Health College Little Rock
School of Radiography

Informed Consent on Direct Supervision Attestation

I have been informed that during my clinical education I will be under the DIRECT SUPERVISION of a Registered Radiographer (ARRT) at all times. Direct Supervision has been fully explained to me, and I agree to comply while enrolled in the BHCLR-School of Radiography.

I have also been informed that all repeat images will be repeated by a Registered Radiographer with the student present. During the last six (6) months of my clinical education, I will be allowed to repeat my images with a Registered Radiographer (ARRT) physically present.

I agree to comply while enrolled in Baptist Health College Little Rock - School of Radiography.

_____ _____

Student Name (Printed) Date

_____ _____

Student Signature Date

Reviewed: 06/24 SB

(School Copy)

Baptist Health College Little Rock
School of Radiography

Informed Consent on Direct Supervision Attestation

I have been informed that during my clinical education I will be under the DIRECT SUPERVISION of a Registered Radiographer (ARRT) at all times. Direct Supervision has been fully explained to me, and I agree to comply while enrolled in the BHCLR-School of Radiography.

I have also been informed that all repeat images will be repeated by a Registered Radiographer with the student present. During the last six (6) months of my clinical education, I will be allowed to repeat my images with a Registered Radiographer (ARRT) physically present.

I agree to comply while enrolled in Baptist Health College Little Rock - School of Radiography.

_____ _____

Student Name (Printed) Date

_____ _____

Student Signature Date

Reviewed: 06/24 SB

(Student Copy)

APPENDIX G
(JRCERT STANDARDS)

Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020

JRCERT

Excellence in Education

Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The Standards require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT Standards incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the Standards as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- Explanation - provides clarification on the intent and key details of the objective.
- Required Program Response - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- Possible Site Visitor Evaluation Methods - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- Identify strengths related to each standard
- Identify opportunities for improvement related to each standard
- Describe the program's plan for addressing each opportunity for improvement
- Describe any progress already achieved in addressing each opportunity for improvement
- Provide any additional comments in relation to each standard

The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

Standards for an Accredited Educational Program in Radiography

Table of Contents

Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Objectives:

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

1.4 The program assures the confidentiality of student educational records.

1.5 The program assures that students and faculty are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of noncompliance with the Standards.

1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

Explanation:
Institutional and program policies and procedures must be fair, equitably applied, and promote professionalism. Policies, procedures, and relevant information must be current, accurate, published, and made readily available to students, faculty, staff, and the public on the institution's or program's website to assure transparency and accountability of the educational program. For example, requiring the public to contact the institution or program to request program information is not fully transparent. Policy changes must be made known to students, faculty, and the public in a timely fashion. It is recommended that revision dates be identified on program publications.

At a minimum, the sponsoring institution and/or program must publish policies, procedures, and/or relevant information related to the following:

- admission and transfer of credit policies;
- tuition, fees, and refunds;
- graduation requirements;
- grading system;
- program mission statement, goals, and student learning outcomes;
- accreditation status;
- articulation agreement(s);
- academic calendar;
- clinical obligations;
- grievance policy and/or procedures.

Any policy changes to the above must be made known to students, faculty, and the public in a timely fashion.

In addition, programs must develop a contingency plan that addresses any type of catastrophic event that could affect student learning and program operations. Although the contingency plan does not need to be made readily available to the public, program faculty must be made aware of the contingency plan.

Required Program Response:

- Describe how institutional and program policies, procedures, and relevant information are made known to students, faculty, staff, and the public.
- Describe how policies and procedures are fair, equitably applied, and promote professionalism.
- Describe the nature of any formal grievance(s) and/or complaints(s) and their resolution.
- Provide publications that include the aforementioned policies, procedures, and relevant information, including the hyperlink for each.
- Provide a copy of the resolution of any formal grievance(s).

Possible Site Visitor Evaluation Methods:

- Review of institutional and program website
- Review of institutional and program materials
- Review of student handbook
- Review of student records
- Review of formal grievance(s) record(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with staff
- Interviews with students

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

Explanation:
Nondiscriminatory recruitment and employment practices assure fairness and integrity. Equal opportunity for employment must be offered to each applicant with respect to any legally protected status such as race, color, gender, age, disability, national origin, or any other protected class. Employment practices must be equitably applied.

Required Program Response:

- Describe how nondiscriminatory recruitment and employment practices are assured.
- Provide copies of employment policies and procedures that assure nondiscriminatory practices.

Possible Site Visitor Evaluation Methods:

- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

Explanation:

Nondiscriminatory recruitment practices assure applicants have equal opportunity for admission. Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures. Statistical information such as race, color, religion, gender, age, disability, national origin, or any other protected class may be collected; however, the student must voluntarily provide this information. Use of this information in the student selection process is discriminatory.

Required Program Response:

- Describe how institutional and program admission policies are implemented.
- Describe how admission practices are nondiscriminatory.
- Provide institutional and program admission policies.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with admissions personnel, as appropriate
- Interviews with students

1.4 The program assures the confidentiality of student educational records.

Explanation:

Maintaining the confidentiality of educational records protects students' right to privacy. Educational records must be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). If educational records contain students' social security numbers, this information must be maintained in a secure and confidential manner. Space should be made available for the secure storage of files and records.

Required Program Response:

Describe how the program maintains the confidentiality of students' educational records.

Possible Site Visitor Evaluation Methods:

- Review of institution's/program's published policies/procedures
- Review of student academic and clinical records, including radiation monitoring reports
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with faculty
- Interviews with clerical staff, if applicable
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

1.5 The program assures that students and faculty are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of noncompliance with the Standards.

Explanation:

The program must assure students and faculty are cognizant of the Standards and must provide contact information for the JRCERT.

Any individual associated with the program has the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards and/or JRCERT policies. Additionally, an individual has the right to submit allegations against the program if the student believes that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contacting the JRCERT must not be a step in the formal institutional or program grievance policy/procedure. The individual must first attempt to resolve the complaint directly with institutional/program officials by following the grievance policy/procedures provided by the institution/program. If the individual is unable to resolve the complaint with institutional/program officials or believes that the concerns have not been properly addressed, the individual may submit allegations of noncompliance directly to the JRCERT.

Required Program Response:

- Describe how students and faculty are made aware of the Standards.
- Provide documentation that the Standards and JRCERT contact information are made known to students and faculty.

Possible Site Visitor Evaluation Methods:

- Review of program publications
- Review of program website
- Interviews with faculty
- Interviews with students

1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Explanation:
Program accountability is enhanced, in part, by making its program effectiveness data available to the program's communities of interest, including the public. In an effort to increase accountability and transparency, the program must publish, at a minimum, its most recent five-year average credentialing examination pass rate data, five-year average job placement rate data, and annual program completion rate data on its website to allow the public access to this information. If the program cannot document five years of program effectiveness data, it must publish its available effectiveness data.

The program effectiveness data must clearly identify the sample size associated with each measure (i.e., number of first-time test takers, number of graduates actively seeking employment, and number of graduates).

Program effectiveness data is published on the JRCERT website. Programs must publish a hyperlink to the JRCERT website to allow students and the public access to this information.

Required Program Response:
- Provide the hyperlink for the program's effectiveness data webpage.
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the program's website.

Possible Site Visitor Evaluation Methods:
- Review of program website
- Review of program publications
- Interviews with faculty
- Interviews with students

1.7 The sponsoring institution and program comply with requirements to achieve and maintain JRCERT accreditation.

Explanation:
Programs must comply with all JRCERT policies and procedures to maintain accreditation. JRCERT policies are located at www.jrcert.org. In addition, substantive changes must be reviewed and approved by the JRCERT prior to implementation, with the exception of a change of ownership.

JRCERT accreditation requires that the sponsoring institution has the primary responsibility for the educational program and grants the terminal award. Sponsoring institutions may include educational programs established in colleges, universities, vocational/technical schools, hospitals, or military facilities. The JRCERT does not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor. The JRCERT requires each program to have a separate accreditation award and does not recognize branch campuses. The JRCERT recognizes a consortium as an appropriate sponsor of an educational program.

The JRCERT requires programs to maintain a current and accurate database. The program must maintain documentation of all program official qualifications, including updated curricula vitae and current ARRT certification and registration, or equivalent documentation. This documentation is not required to be entered into the Accreditation Management System (AMS). Newly appointed institutional administrators, program officials, and clinical preceptors must be updated through the AMS within thirty (30) days of appointment.

No Required Program Response

Possible Site Visitor Evaluation Method:
Review of a representative sample of program official qualifications

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Objectives:

2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

2.3 The sponsoring institution provides student resources.

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

Explanation:
The program must have sufficient institutional support and ongoing funding to operate effectively. The program's relative position in the organizational structure helps facilitate appropriate resources and enables the program to meet its mission.

The sponsoring institution should provide the program with administrative/clerical services as needed to assist in the achievement of its mission.

Required Program Response:

- Describe the sponsoring institution's level of commitment to the program.
- Describe the program's position within the sponsoring institution's organizational structure and how this supports the program's mission.
- Describe the adequacy of financial resources.
- Describe the availability and functions of administrative/clerical services, if applicable.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:

- Review of organizational charts of institution and program
- Review of published program materials
- Review of meeting minutes
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clerical staff, if applicable

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

Explanation:
Physical resources include learning environments necessary to conduct teaching and facilitate learning. The sponsoring institution must provide faculty with adequate office and classroom space needed to fulfill their responsibilities. Faculty office space should be conducive to course development and scholarly activities. Space must be made available for private student advisement and program meetings. Classrooms must be appropriately designed to meet the needs of the program's curriculum delivery methods.

Resources include, but are not limited to, access to computers, reliable and secure Internet service, instructional materials (computer hardware and/or software, technology-equipped classrooms, simulation devices, and other instructional aides), and library resources.

Laboratories must be conducive to student learning and sufficient in size. The sponsoring institution must provide the program with access to a fully energized laboratory. An energized laboratory on campus is recommended. The program may utilize laboratory space that is also used for patient care. In the event patient flow disallows use of the laboratory space, the program must assure that laboratory courses are made up in a timely manner. A mobile unit and/or simulation software cannot take the place of a stationary/fixed energized laboratory.

The JRCERT does not endorse any specific physical resources.

Required Program Response:
Describe how the program's physical resources, such as offices, classrooms, and laboratories, facilitate the achievement of the program's mission.

Possible Site Visitor Evaluation Methods:
- Tour of the classroom, laboratories, and faculty offices
- Review of learning resources
- Interviews with faculty
- Interviews with students

2.3 The sponsoring institution provides student resources.

Explanation:
Student resources refer to the variety of services and programs offered to promote academic success. The institution and/or program must provide access to information for personal counseling, requesting accommodations for disabilities, and financial aid.

The JRCERT does not endorse any specific student resources.

Required Program Response:

- Describe how students are provided with access to information on personal counseling, disability services, and financial aid.
- Describe how the program utilizes other student resources to promote student success.

Possible Site Visitor Evaluation Methods:

- Tour of facilities
- Review of published program materials
- Review of surveys
- Interviews with faculty
- Interviews with students

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

Explanation:
If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must:

- maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources;
- have a monitoring process for student loan default rates;
- have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures; and
- inform students of responsibility for timely repayment of Title IV financial aid.

The program must comply with all USDE requirements to participate in Title IV financial aid.

Required Program Response:
- Describe how the program informs students of their responsibility for timely repayment of financial aid.
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
    - recent student loan default data and
    - results of financial or compliance audits.

Possible Site Visitor Evaluation Methods:
- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Objectives:

3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

Explanation:
An adequate number of faculty promotes sound educational practices. Full- and part-time status is determined by, and consistent with, the sponsoring institution's definition. Institutional policies and practices for faculty workload and release time must be consistent with faculty in other comparable health sciences programs in the same institution. Faculty workload and release time practices must include allocating time and/or reducing teaching load for educational, accreditation, and administrative requirements expected of the program director and clinical coordinator.

A full-time program director is required. A full-time equivalent clinical coordinator is required if the program has more than fifteen (15) students enrolled in the clinical component of the program (e.g., the total number of students simultaneously enrolled in all clinical courses during a term). The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

A minimum of one clinical preceptor must be designated at each recognized clinical setting. The same clinical preceptor may be identified at more than one site as long as a ratio of one full-time equivalent clinical preceptor for every ten (10) students is maintained. The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical preceptors.

Required Program Response:
- Describe faculty workload and release time in relation to institutional policies/practices and comparable health sciences programs within the sponsoring institution.
- Describe the adequacy of the number of faculty and clinical preceptors to meet identified accreditation requirements and program needs.
- Provide institutional policies for faculty workload and release time.

Possible Site Visitor Evaluation Methods:
- Review institutional policies for faculty workload and release time
- Review of faculty position descriptions, if applicable
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

Position	Qualifications
Program Director	Holds, at a minimum, a master's degree; For master's degree programs, a doctoral degree is preferred; Proficient in curriculum design, evaluation, instruction, program administration, and academic advising; Documents three years' clinical experience in the professional discipline; Documents two years' experience as an instructor in a JRCERT-accredited program; Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent1, in radiography.
Clinical Coordinator	Holds, at a minimum, a bachelor's degree; For master's degree programs, holds, at a minimum, a master's degree; Proficient in curriculum development, supervision, instruction, evaluation, and academic advising; Documents two years' clinical experience in the professional discipline; Documents one year's experience as an instructor in a JRCERT-accredited program; Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent1, in radiography.
Full-time Didactic Faculty	Holds, at a minimum, a bachelor's degree; Is qualified to teach the subject; Proficient in course development, instruction, evaluation, and academic advising; Documents two years' clinical experience in the professional discipline; Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent1, in radiography.
Adjunct Faculty	Holds academic and/or professional credentials appropriate to the subject content area taught; Is knowledgeable of course development, instruction, evaluation, and academic advising.
Clinical Preceptor	Is proficient in supervision, instruction, and evaluation; Documents two years' clinical experience in the professional discipline; Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent2, in radiography.
Clinical Staff	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent2, in radiography.

[1] Equivalent: an unrestricted state license for the state in which the program is located.
[2] Equivalent: an unrestricted state license for the state in which the clinical setting is located.

Explanation:
Faculty and clinical staff must possess academic and professional qualifications appropriate for their assignment. Clinical preceptors and clinical staff supervising students' performance in the clinical component of the program must document American Registry of Radiologic Technologists (ARRT) certification and registration (or equivalent) or other appropriate credentials. Health care professionals with credentials other than ARRT certification and registration (or equivalent) may supervise students in specialty areas (e.g., Registered Nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

No Required Program Response.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

Position	Responsibilities must, at a minimum, include:
Program Director	Assuring effective program operations; Overseeing ongoing program accreditation and assessment processes; Participating in budget planning; Participating in didactic and/or clinical instruction, as appropriate; Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development; Assuming the leadership role in the continued development of the program.
Clinical Coordinator	Correlating and coordinating clinical education with didactic education and evaluating its effectiveness; Participating in didactic and/or clinical instruction; Supporting the program director to assure effective program operations; Participating in the accreditation and assessment processes; Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development; Maintaining current knowledge of program policies, procedures, and student progress.
Full-Time Didactic Faculty	Preparing and maintaining course outlines and objectives, instructing, and evaluating student progress; Participating in the accreditation and assessment process; Supporting the program director to assure effective program operations; Participating in periodic review and revision of course materials; Maintaining current knowledge of professional discipline; Maintaining appropriate expertise and competence through continuing professional development.
Adjunct Faculty	Preparing and maintaining course outlines and objectives, instructing and evaluating students, and reporting progress; Participating in the assessment process, as appropriate; Participating in periodic review and revision of course materials; Maintaining current knowledge of the professional discipline, as appropriate; Maintaining appropriate expertise and competence through continuing professional development.

Position	Responsibilities must, at a minimum, include:
Clinical Preceptor	Maintaining knowledge of program mission and goals;
	Understanding the clinical objectives and clinical evaluation system and evaluating students' clinical competence;
	Providing students with clinical instruction and supervision;
	Participating in the assessment process, as appropriate;
	Maintaining current knowledge of program policies, procedures, and student progress and monitoring and enforcing program policies and procedures.
Clinical Staff	Understanding the clinical competency system;
	Understanding requirements for student supervision;
	Evaluating students' clinical competence, as appropriate;
	Supporting the educational process;
	Maintaining current knowledge of program clinical policies, procedures, and student progress.

Explanation:
Faculty and clinical staff responsibilities must be clearly delineated and support the program's mission. The program director and clinical coordinator may have other responsibilities as defined by the sponsoring institution; however, these added responsibilities must not compromise the ability, or the time allocated, to perform the responsibilities identified in this objective. For all circumstances when a program director's and/or clinical coordinator's appointment is less than 12 months and students are enrolled in didactic and/or clinical courses, the program director and/or clinical coordinator must assure that all program responsibilities are fulfilled.

Required Program Response:

- Describe how faculty and clinical staff responsibilities are delineated.
- Describe how the delegation of responsibilities occurs to assure continuous coverage of program responsibilities, if appropriate.
- Provide documentation that faculty and clinical staff positions are clearly delineated.
- Provide assurance that faculty responsibilities are fulfilled throughout the year.

Possible Site Visitor Evaluation Methods:

- Review of position descriptions
- Review of handbooks
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

Explanation:
Evaluating program faculty, including but not limited to program directors and clinical coordinators, assures that responsibilities are performed, promotes proper teaching methodology, and increases program effectiveness. The performance of program faculty must be evaluated and shared minimally once per year. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

It is the prerogative of the program to evaluate the performance of clinical preceptors who are employees of clinical settings. If the program elects to evaluate the clinical preceptors, a description of the evaluation process should be provided to the clinical preceptors, along with the mechanism to incorporate feedback into professional growth and development.

Required Program Response:

- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty.
- Describe how evaluation results are shared with clinical preceptors, if applicable.
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical preceptors, if applicable.

Possible Site Visitor Evaluation Methods:

- Review of program evaluation materials
- Review of faculty evaluation(s)
- Review of clinical preceptor evaluation(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clinical preceptor(s), if applicable
- Interviews with students

3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Explanation:
Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty. Faculty should take advantage of the available resources provided on an institutional campus. Program faculty should not be expected to use personal leave time in order to attend professional development activities external to the sponsoring institution.

Required Program Response:
- Describe how professional development opportunities are made available to faculty.
- Describe how professional development opportunities have enhanced teaching methodologies.

Possible Site Visitor Evaluation Methods:
- Review of institutional and/or program policies for professional development
- Interviews with institutional administration
- Interviews with faculty

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.
Objectives:

4.1 The program has a mission statement that defines its purpose.

4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

4.3 All clinical settings must be recognized by the JRCERT.

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.

4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

4.9 The program has procedures for maintaining the integrity of distance education courses.

4.1 The program has a mission statement that defines its purpose.

Explanation:
The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. The mission statement should support the mission of the sponsoring institution. The program must evaluate the mission statement, at a minimum every three years, to assure it is effective. The program should engage faculty and other communities of interest in the reevaluation of its mission statement.

Required Program Response:
- Describe how the program's mission supports the mission of the sponsoring institution.
- Describe how the program reevaluates its mission statement.
- Provide documentation of the reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of meeting minutes
- Interviews with institutional administration
- Interviews with faculty

4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

Explanation:
A well-structured curriculum must be comprehensive, current, appropriately sequenced, and provide for evaluation of student achievement. This allows for effective student learning by providing a knowledge foundation in didactic and laboratory courses prior to competency achievement. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. The well-structured curriculum is guided by a master plan of education.

At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make ethical decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is required of programs at the bachelor's degree or higher levels.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. All programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:

- the most recent American Society of Radiologic Technologists (ASRT) Radiography curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors.

The JRCERT encourages innovative approaches to curriculum delivery methods that provide students with flexible and creative learning opportunities. These methods may include, but are not limited to, distance education courses, part-time/evening curricular tracks, service learning, and/or interprofessional development.

Required Program Response:

- Describe how the program's curriculum is structured.
- Describe the program's clinical competency-based system.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses. Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track(s)).
- Describe any innovative approaches to curriculum delivery methods.
- Provide the Table of Contents from the master plan of education.
- Provide current curriculum analysis grid.
- Provide samples of course syllabi.

Possible Site Visitor Evaluation Methods:

- Review of the master plan of education
- Review of didactic and clinical curriculum sequence
- Review of input from communities of interest
- Review of part-time, evening and/or weekend curricular track(s), if applicable
- Review of course syllabi
- Observation of a portion of any course offered via distance delivery
- Interviews with faculty
- Interviews with students

4.3 All clinical settings must be recognized by the JRCERT.

Explanation:
All clinical settings must be recognized by the JRCERT. Clinical settings must be recognized prior to student assignment. Ancillary medical facilities and imaging centers that are owned, operated, and on the same campus of a recognized setting do not require JRCERT recognition. A minimum of one (1) clinical preceptor must be identified for each recognized clinical setting.

If a facility is used as an observation site, JRCERT recognition is not required. An observation site is used for student observation of equipment operation and/or procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments. Facilities where students participate in community-based learning do not require recognition.

Required Program Response:

- Assure all clinical settings are recognized by the JRCERT.
- Provide a listing of ancillary facilities under one clinical setting recognition.
- Describe how observation sites, if used, enhance student clinical education.

Possible Site Visitor Evaluation Methods:

- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

Explanation:

Programs must have a process in place to assure timely, appropriate, and educationally valid clinical experiences to all admitted students. A meaningful clinical education plan assures that activities are equitable, as well as prevents the use of students as replacements for employees. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement, including mobile, surgical, and trauma examinations. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of assigned clinical staff. The student to clinical staff ratio must be 1:1; however, it is acceptable that more than one student may be temporarily assigned to one technologist during infrequently performed procedures.

Clinical placement must be nondiscriminatory in nature and solely determined by the program. Students must be cognizant of clinical policies and procedures including emergency preparedness and medical emergencies.

Programs must assure that clinical involvement for students is limited to not more than ten (10) hours per day. If the program utilizes evening and/or weekend assignments, these assignments must be equitable, and program total capacity must not be increased based on these assignments. Students may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Programs may permit students to make up clinical time during the term or scheduled breaks; however, appropriate supervision must be maintained. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. The program must also assure that its liability insurance covers students during these makeup assignments.

Required Program Response:

- Describe the process for student clinical placement including, but not limited to:
  - assuring equitable learning opportunities,
  - assuring access to a sufficient variety and volume of procedures to achieve program competencies, and
  - orienting students to clinical settings.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Provide current clinical student assignment schedules in relation to student enrollment.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of clinical placement process
- Review of course objectives
- Review of student clinical assignment schedules
- Review of clinical orientation process/records
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.

Explanation:
The program must provide learning opportunities in advanced imaging and/or therapeutic technologies. It is the program's prerogative to decide which advanced imaging and/or therapeutic technologies should be included in the didactic and/or clinical curriculum.

Programs are not required to offer clinical rotations in advanced imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations. Once the students have completed the imaging assignments, the program must assure that there are sufficient physical and human resources to support the students upon reassignment to the radiography department.

Required Program Response:

Describe how the program provides opportunities in advanced imaging and/or therapeutic technologies in the didactic and/or clinical curriculum.

Possible Site Visitor Evaluation Methods:

- Review of clinical rotation schedules, if applicable
- Interviews with faculty
- Interviews with students

4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

Explanation:

Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

Required Program Response:

Describe the relationship between the program length and the terminal award offered.

Possible Site Visitor Evaluation Methods:

- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

Explanation:

Defining the length of didactic, laboratory, and clinical courses facilitates the transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic, laboratory, and clinical courses, respectively.

Required Program Response:

- Describe the method used to award credit hours for didactic, laboratory, and clinical courses.
- Provide a copy of the program's policies and procedures for determining credit hours and an example of how such policies and procedures have been applied to the program's coursework.
- Provide a list of all didactic, laboratory, and clinical courses with corresponding clock or credit hours.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of class schedules
- Interviews with institutional administration
- Interviews with faculty
- Interviews with students

4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

Explanation:

Appropriate academic and clinical advisement promotes student achievement and professionalism. Student advisement should be both formative and summative and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

Required Program Response:

- Describe procedures for student advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:

- Review of students' records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

4.9 The program has procedures for maintaining the integrity of distance education courses.

Explanation:
Programs that offer distance education courses must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to, secure logins, passcodes, proctored exams, and/or video monitoring. These processes must protect the student's privacy.

Required Program Response:

- Describe the process for assuring the integrity of distance education courses.
- Provide published institutional/program materials that outline procedures for maintaining the integrity of distance education courses.

Possible Site Visitor Evaluation Methods:

- Review of published institutional/program materials
- Review the process of student identification
- Review of student records
- Interviews with institutional administration
- Interviews with faculty
- Interviews with students

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Objectives:

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

5.3 The program assures that students employ proper safety practices.

5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

Explanation:

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must monitor and maintain student radiation exposure data. All students must be monitored for radiation exposure when using equipment in energized laboratories as well as in the clinical environment during, but not limited to, simulation procedures, image production, or quality assurance testing.

Students must be provided their radiation exposure report within thirty (30) school days following receipt of the data. The program must have a published protocol that identifies a threshold dose for incidents in which student dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in federal regulations.

The program's radiation safety policies must also include provisions for the declared pregnant student in an effort to assure radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The pregnancy policy must be made known to accepted and enrolled female students, and include:

- a written notice of voluntary declaration,
- an option for written withdrawal of declaration, and
- an option for student continuance in the program without modification.

The program may offer clinical component options such as clinical reassignments and/or leave of absence. Pregnancy policies should also be in compliance with Title IX regulations. The program should work with the Title IX coordinator and/or legal counsel to discuss and resolve any specific circumstances.

Required Program Response:

- Describe how the policies and procedures are made known to enrolled students.
- Describe how the radiation exposure report is made available to students.
- Provide copies of appropriate policies.
- Provide copies of radiation exposure reports.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of student radiation exposure reports
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

Explanation:

Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program's energized laboratories.

Required Program Response:

Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of compliance records
- Interviews with faculty

5.3 The program assures that students employ proper safety practices.

Explanation:
The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic safety practices prior to assignment to clinical settings. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

- 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.
- Programs must develop policies regarding safe and appropriate use of energized laboratories by students. Students' utilization of energized laboratories must be under the supervision of a qualified radiographer who is available should students need assistance. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

Programs must establish a magnetic resonance imaging (MRI) safety screening protocol and students must complete MRI orientation and screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical experience. This assures that students are appropriately screened for magnetic field or radiofrequency hazards. Policies should reflect that students are mandated to notify the program should their status change.

Required Program Response:

- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Describe how the program prepares students for magnetic resonance safe practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.
- Provide the MRI safety screening protocol and screening tool.

Possible Site Visitor Evaluation Methods:

- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of magnetic resonance safe practice and/or screening protocol
- Review of student handbook
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

Explanation:
Appropriate supervision assures patient safety and proper educational practices. The program must develop and publish supervision policies that clearly delineate its expectations of students, clinical preceptors, and clinical staff.

The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved. Once students have achieved competency, they may work under indirect supervision. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.

Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

Required Program Response:

- Describe how the supervision policies are made known to students, clinical preceptors, and clinical staff.
- Describe how supervision policies are enforced and monitored in the clinical setting.
- Provide policies/procedures related to supervision.
- Provide documentation that the program's supervision policies are made known to students, clinical preceptors, and clinical staff.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

Explanation:
Appropriate health and safety policies and procedures assure that students are part of a safe, protected environment. These policies must, at a minimum, address campus safety, emergency preparedness, harassment, communicable diseases, and substance abuse. Enrolled students must be informed of policies and procedures.

Required Program Response:

- Describe how institutional and/or program policies and procedures are made known to enrolled students.
- Provide institutional and/or program policies and procedures that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Objectives:

6.1 The program maintains the following program effectiveness data:
- five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

6.1 The program maintains the following program effectiveness data:

- five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

Explanation:
Program effectiveness outcomes focus on issues pertaining to the overall curriculum such as admissions, retention, completion, credentialing examination performance, and job placement.

The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

> Credentialing examination pass rate: The number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.
>
> Job placement rate: The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment, for example, due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.
>
> Program completion rate: The number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider students who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Credentialing examination, job placement, and program completion data must be reported annually via the JRCERT Annual Report.

No Required Program Response.

Possible Site Visitor Evaluation Methods:
- Review of program effectiveness data
- Interviews with faculty

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

Explanation:
Analysis of program effectiveness data allows the program to determine if it is meeting its mission. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the program effectiveness data results should take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve program effectiveness outcomes. Analysis of program effectiveness data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- program effectiveness data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.
    - If the program does not meet its benchmark for a specific program effectiveness outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

Required Program Response:

- Describe examples of evidence-based changes that have resulted from the analysis of program effectiveness data and discuss how these changes have maintained or improved program effectiveness outcomes.
- Provide actual program effectiveness data since the last accreditation award.
- Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that program effectiveness data is shared in a timely manner.

Possible Site Visitor Evaluation Methods:

- Review of aggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
- Review of representative samples of measurement tools used for data collection
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

Explanation:
A formalized written assessment plan allows programs to gather useful data to measure the goals and student learning outcomes to facilitate program improvement. Student learning outcomes must align with the goals and be explicit, measurable, and state the learning expectations. The development of goals and student learning outcomes allows the program to measure the attainment of its mission. It is important for the program to engage faculty and other communities of interest in the development or revision of its goals and student learning outcomes.

The program must have a written systematic assessment plan that, at a minimum, contains:

- goals in relation to clinical competency, communication, and critical thinking;
- two student learning outcomes per goal;
- two assessment tools per student learning outcome;
- benchmarks for each assessment method to determine level of achievement; and
- timeframes for data collection.

Programs may consider including additional goals in relation to ethical principles, interpersonal skills, professionalism, etc.

Programs at the bachelor's and higher degree levels should consider the additional professional content when developing their goals and student learning outcomes.

The program must also assess graduate and employer satisfaction. Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogatives of the program.

Required Program Response:

- Describe how the program determined the goals and student learning outcomes to be included in the systematic assessment plan.
- Describe the program's cycle of assessment.
- Describe how the program uses feedback from communities of interest in the development of its assessment plan.
- Provide a copy of the program's current assessment plan.

Possible Site Visitor Evaluation Methods:

- Review of assessment plan
- Review of assessment methods
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

Explanation:
Analysis of student learning outcome data allows the program to determine if it is meeting its mission, goals, and student learning outcomes. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the student learning data results must take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve student learning outcomes. Analysis of student learning outcome data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- student learning outcome data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.
    - If the program does meet its benchmark for a specific student learning outcome, the program should identify how student learning was maintained or improved and describe how students achieved program-level student learning outcomes.
    - If the program does not meet its benchmark for a specific student learning outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

Required Program Response:
- Describe examples of changes that have resulted from the analysis of student learning outcome data and discuss how these changes have maintained or improved student learning outcomes. Describe
- the process and timeframe for sharing student learning outcome data results with its communities of interest.
- Provide actual student learning outcome data and analysis since the last accreditation award.
- Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that student learning outcome data and analysis is shared in a timely manner.

Possible Site Visitor Evaluation Methods:
- Review of aggregated/disaggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
- Review of representative samples of measurement tools used for data collection
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

Explanation:

Identifying and implementing needed improvements in the assessment process leads to program improvement and renewal. As part of the assessment process, the program must review its mission statement, goals, student learning outcomes, and assessment plan to assure that assessment methods are providing credible information to make evidence-based decisions.

The program must assure the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every three years and be documented. In order to assure that student learning outcomes have been achieved and that curricular content is well-integrated across the curriculum, programs may consider the development and evaluation of a curriculum map. Programs may wish to utilize assessment rubrics to assist in validating the assessment process.

Required Program Response:

- Describe how assessment process reevaluation has occurred.
- Discuss changes to the assessment process that have occurred since the last accreditation award.
- Provide documentation that the assessment process is evaluated at least once every three years.

Possible Site Visitor Evaluation Methods:

- Review of documentation related to the assessment process reevaluation
- Review of curriculum mapping documentation, if applicable
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

Glossary of Terms

Academic calendar: the official institutional/program document that, at a minimum, identifies specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Accreditation status: a statement of the program's current standing with the JRCERT. Per JRCERT Policies 10.000 and 10.700, accreditation status is categorized as one of the following: Accredited, Probationary Accreditation, and Administrative Probationary Accreditation. The program must also identify its current length of accreditation award (i.e., 8-year, 5-year, 3-year, probation). The JRCERT publishes each program's current accreditation status at www.jrcert.org.

Administrator: individual(s) that oversee student activities, academic personnel, and programs.

Articulation agreement: a formal partnership between two (2) or more institutions of higher education. Typically, this type of agreement is formed between a hospital-based program and a community college or a community college and a four (4) year academic institution with the goal of creating a seamless transfer process for students.

Campus: the buildings and grounds of a school, college, university, or hospital. A campus does not include geographically dispersed locations.

Clinical capacity: the maximum number of students that can partake in clinical experiences at a clinical setting at any given time. Clinical capacity is determined by the availability of human and/or physical resources. Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations.

Clinical obligations: relevant requirements for completion of a clinical course including, but not limited to, background checks, drug screening, travel to geographically dispersed clinical settings, evening and/or weekend clinical assignments, and documentation of professional liability.

Communities of interest: the internal and external stakeholders, as defined by the program, who have a keen interest in the mission, goals, and outcomes of the program and the subsequent program effectiveness. The communities of interest may include current students, faculty, graduates, institutional administration, employers, clinical staff, or other institutions, organizations, regulatory groups, and/or individuals interested in educational activities in medical imaging and radiation oncology.

Comparable health sciences programs: health science programs established in the same sponsoring institution that are similar to the radiography program in curricular structure as well as in the number of faculty, students, and clinical settings.

Consortium: two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an education program. A consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Curriculum map (-ping): process/matrix used to indicate where student learning outcomes are covered in each course. Level of instructional emphasis or assessment of where the student learning outcome takes place may also be indicated.

Distance education: refer to the Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, §103(a)(19) and JRCERT Policy 10.800 - Alternative Learning Options.

Asynchronous distance learning: learning and instruction that do not occur in the same place or at the same time.

Distance education: an educational process characterized by the separation, in time and/or place, between instructor and student. Distance education supports regular and substantive interaction synchronously or asynchronously between the instructor and student through one or more interactive distance delivery technologies.

Distance (Delivery) technology: instructional/delivery methods that may include the use of TV, audio, or computer transmissions (broadcast, closed-circuit, cable, microwave, satellite transmissions); audio, computer, or Internet-based conferencing; and/or methodologies.

Hybrid radiography course: a professional level radiography course that uses a mix of face-to-face traditional classroom instruction along with synchronous or asynchronous distance education instruction. Regardless of institutional definition, the JRCERT defines a hybrid radiography course as one that utilizes distance education for more than 50% of instruction and learning.

Online radiography course: a professional level radiography course that primarily uses asynchronous distance education instruction. Typically, the course instruction and learning is 100% delivered via the Internet. Often used interchangeably with Internet-based learning, web-based learning, or distance learning.

Synchronous distance learning: learning and instruction that occur at the same time and in the same place.

[Definitions based on Accrediting Commission of Education in Nursing (ACEN) Accreditation Manual glossary]

Equivalent: with regards to certification and registration, an unrestricted state license for the state in which the program and/or clinical setting is located.

Faculty: the teaching staff for didactic and clinical instruction. These individuals may also be known as academic personnel.

Faculty workload: contact/credit hours or percentages of time that reflect the manner in which the sponsoring institution characterizes, structures, and documents the nature of faculty members' teaching and non-teaching responsibilities. Workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, clinical practice, research, and other scholarly activities.

Gatekeeper: the agency responsible for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Grievance policy and/or procedure: a grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have a policy/procedure to provide individuals an avenue to pursue grievances. If the institutional policy/procedure is to be followed, this must be clearly identified and provided to students. The policy/procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, faculty, administrator). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution's/program's retention policies/procedures. Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure (e.g., cleanliness of classroom). The program must determine if a pattern of any grievance or complaint exists that could negatively affect the quality of the educational program.

Master plan of education: an overview of the program and documentation of all aspects of the program. In the event of new faculty and/or leadership to the program, a master plan of education provides the information needed to understand the program and its operations. At a minimum, a master plan of education must include course syllabi (didactic and clinical courses), program policies and procedures, and the curricular sequence calendar. If the program utilizes an electronic format, the components must be accessible by all program faculty.

Meeting minutes: a tangible record of a meeting of individuals, groups, and/or boards that serve as a source of attestation of a meeting's outcome(s) and a reference for members who were unable to attend. The minutes should include decisions made, next steps planned, and identification and tracking of action plans.

Program effectiveness outcomes/data: the specific program outcomes established by the JRCERT. The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

> Credentialing examination pass rate: the number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.
>
> Job placement rate: the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.
>
> Program completion rate: the number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider graduates who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Program total capacity: the maximum number of students that can be enrolled in the educational program at any given time. Program total capacity is dependent on the availability of human and physical resources of the sponsoring institution. It is also dependent on the program's clinical rotation schedule and the clinical capacities of recognized clinical settings.

Release time (reassigned workload): a reduction in the teaching workload to allow for the administrative functions associated with the responsibilities of the program director or clinical coordinator or other responsibilities as assigned.

Sponsoring institution: the facility or organization that has primary responsibility for the educational program and grants the terminal award. A recognized institutional accreditor must accredit a sponsoring institution. Educational programs may be established in: community and junior colleges; senior colleges and universities; hospitals; medical schools; postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182

Submission of such information will allow the program access to the JRCERT's Accreditation Management System (AMS). The initial application and self-study report will then be available for completion and submission through the AMS.

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical preceptor(s).

d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.

e. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to Administrative Probationary Accreditation and potentially result in Withdrawal of Accreditation.

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the Standards for an Accredited Educational Program in Radiography.
The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.
The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

Consistent with JRCERT policy, the JRCERT defines the following as accreditation actions:

Accreditation, Probationary Accreditation, Administrative Probationary Accreditation, Withholding Accreditation, and Withdrawal of Accreditation (Voluntary and Involuntary).

For more information regarding these actions, refer to JRCERT Policy 10.200.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

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

Curriculum:
American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500
www.asrt.org

Certification:
American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
www.arrt.org

JRCERT
20 North Wacker Drive
Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org

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