UNIVERSITY OF
SOUTH ALABAMA

Pat Capps Covey College of Allied Health Professions

Department of Radiologic Sciences

Student Reference Manual

PREFACE

The Student Reference Manual (SRM) sets forth the objectives, policies and disciplinary guidelines pertaining to the Department of Radiologic Sciences, at the University of South Alabama. It is important for each student to maintain and frequently refer to this manual throughout enrollment in the program. Students should also refer to the University's student handbook, The Low Down, concerning general University policies pertaining to students.

The manual is organized into five parts:

I. Departmental Organization and Objectives
II. Departmental Policies Pertaining to Student Affairs
III. Clinical Education
IV. Radiation Protection, Health, and Safety Policies
V. Hold Harmless Provision

This manual marks the culmination of much time and effort by the faculty of the Department of Radiologic Sciences, with the intent to clearly outline what is reasonably expected of each student. It should be understood, however, that this manual is subject to revisions at the discretion of the faculty.

UNIVERSITY OF
SOUTH ALABAMA

DEPARTMENT OF RADIOLOGIC SCIENCES

MISSION STATEMENT

Our mission is to offer a diverse student body an engaging academic environment that produces competent, well-educated healthcare professionals who deliver excellent patient-centered care, and enhance service to the community and the medical imaging and therapeutic professions.

GOALS

1. Students will communicate effectively in the Healthcare setting.
    a. Students will demonstrate effective written communication skills.
    b. Students will demonstrate effective oral communication skills.
2. Students will develop problem-solving and critical thinking skills.
    a. Students/graduates will be able to accurately evaluate radiographic images.
    b. Students/graduates will be able to modify standard procedures for non-routine imaging examinations.
3. Students will demonstrate professional behavior.
    a. Students/graduates will exhibit a work ethic and demeanor befitting a healthcare professional.
    b. Students/graduates will respect patient dignity and show compassion for patients.
4. Students will develop clinical skills and competency appropriate to the entry level medical imaging professional.
    a. Students will be able to position patients for routine radiographic examinations.
    b. Students will practice radiation safety.
5. Conduct a program committed to the continued improvement of education in the Radiologic Sciences
    a. Students/graduates will benefit from the program via program completion and job placement.
    b. Students will be prepared for ARRT certification examination.

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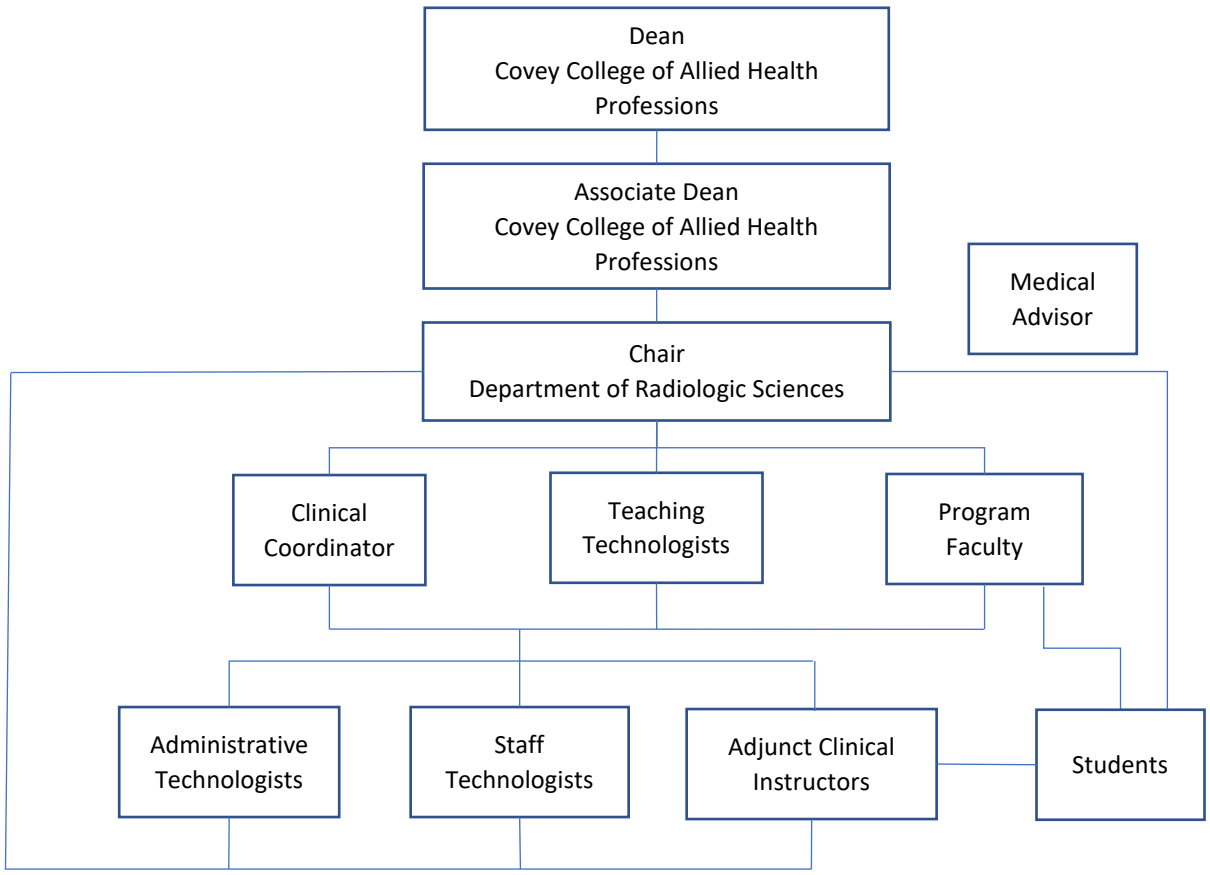
I. Department Organization and Objectives

A. Organizational Structure

The Department of Radiologic Sciences is a department within the College of Allied Health Professions. Departments within the College of Allied Health Professions are as follows:

- Biomedical Sciences
- Emergency Medical Services
- Occupational Therapy
- Physical Therapy
- Physician Assistant Studies
- Radiologic Sciences
- Speech Pathology and Audiology

The Department of Radiologic Science's organizational structure is as follows:



B. Departmental and College of Allied Health Professions Committees

1. Admissions Committee

The Admissions Committee's chief function is to assist the Department in student selection in accordance with the Department's admissions policies and procedures. The Committee is composed of individuals who are directly involved in (e.g., faculty and teaching technologists), or interested in the medical imaging program (e.g., local administrative directors, radiographers, former graduates, etc.). In addition to its admission activities, the Committee also provides input and advises the Department in matters relative to:

- Student promotion and retention
- Student reinstatement
- Admission policies and procedures
- Program strengths and weaknesses

2. Radiologic Sciences Disciplinary Committee

The purpose of the Radiologic Sciences Disciplinary Committee is to hear appeals from students concerning disciplinary decisions administered by the faculty of the Department of Radiologic Sciences. The Radiologic Sciences Disciplinary Committee is composed of the faculty of the Department of Radiologic Sciences, two (2) senior students appointed by the Chair of the Department of Radiologic Sciences, and two Ex-Officio members appointed by the Department of Radiologic Sciences. These Ex-Officio members will be selected from a list of members that serve on the Admissions Committee of the Department of Radiologic Sciences. The student has the right to request that the Dean or Assistant/Associate Dean of the College of Allied Health Professions be present for scheduled hearings. Refer to the Academic Misconduct Policy for established procedures concerning disciplinary action.

3. Academic Standards Committee

The function of the Academic Standards Committee is to hear appeals from students concerning academic decisions pertaining to student promotion and reinstatement. The Committee is comprised of members of the Admissions Committee and two (2) senior students. The Committee's final decision may be appealed to the Dean of the College of Allied Health Professions. Refer to Part II, Section C "Promotion Policies," sections a-d for procedures pertaining to reinstatement. This committee does not address issues related to disciplinary actions. Students are encouraged to refer to the current edition of The Low Down for matters pertaining to promotion.

4. Advisory Committee

The Advisory Committee is composed of individuals situated within the immediate community who volunteer their services to provide input and advice relative to:

- The program's mission, goals and philosophy toward educating radiographers
- Evaluation program outcomes
- Monitoring the program's assessment plan
- Offering input for continued program development and improvement
- Providing input regarding program strengths and weaknesses

The Advisory Committee's membership is represented as follows:

- Department Chairperson/Radiography program director
- One faculty member from the Department of Radiologic Sciences
- Two current senior students
- One Adjunct Clinical Instructor
- Two Administrative Directors from affiliated hospitals
- One Teaching Technologist

C. Faculty Roles

Departmental Chairperson:
Responsible for planning, staffing, making budgetary determinations and directing the overall operation of the department. He is also active in classroom instruction, serves as Chair of the Admissions Committee and the Advisory Committee and is a member of the departmental Professional Behavior Committee and the Academic Standards Committee. The Chairperson also serves as a student academic advisor, and is available to all students regarding programmatic concerns.

Clinical Coordinator:
The duties and responsibilities of the Clinical Coordinator (CC) include monitoring and making recommendations to the Chairperson, faculty, and teaching technologists regarding the maintenance and effectiveness of clinical education, maintenance of various clinical records, actively participating in the program's assessment process and provides student supervision and evaluation in the clinical setting. They also act as a liaison person between the Chairperson and the clinical affiliates. The CC should be considered as essentially a peer person to other program faculty and teaching technologists.

Program Faculty (Clinical Faculty):
Provide didactic and clinical instruction as well as student advising. They strive to correlate the didactic portion of the curriculum to appropriate clinical applications. Although faculty actively participate in didactic instruction, they also devote a considerable amount of time to clinical teaching and the determination of all final grades in clinical education courses. Faculty are also charged with the responsibility of making continuous improvements in the quality of didactic and clinical instruction.

Teaching Technologists:
Employed by the Department of Radiologic Sciences to work with students in the clinical setting. While teaching technologists are not assigned to classroom instruction, their duties and responsibilities in the clinical setting are essentially the same as program faculty. They may also provide assistance in the laboratory components of didactic courses.

Adjunct Clinical Instructors:
Radiographers employed by the clinical affiliates. They serve an important function in this program in that they assist program faculty in supervising students. In addition to supervising students, they have the additional responsibility of performing clinical competencies, evaluate clinical and professional performance each semester, and they are specifically identified for each clinical site. These individuals receive periodic instruction and in- service sessions from program faculty and teaching technologists concerning the assignment and completion of their duties and responsibilities. As volunteers, they do not receive financial remuneration for their service to the program.

Adjunct Radiographers:
These individuals are also radiographers, and are employed by the clinical affiliates. Their duties are identical to the Adjunct Clinical Instructors, with the exception that they do not perform evaluations on clinical and professional performance. They also receive periodic instruction and in- service sessions from program faculty and teaching technologists. As volunteers, they do not receive financial remuneration for their service to the radiography program.

Advanced Imaging Adjunct Clinical Instructors:
These individuals are employed by the clinical affiliates. They are radiographers appointed by the radiography program, and are specifically identified for each clinical site. While their duties are identical to those of other adjunct clinical instructors, their focus is solely directed to students performing rotations in the areas of Mammography, CT, Vascular Interventional Radiography and/or MRI. They also receive periodic instruction and in- service sessions from program faculty and teaching technologists. As volunteers, they do not receive financial remuneration for their service to the radiography program.

D. JRCERT Standards

All radiography programs accredited through the Joint Review Committee on Education in Radiologic Technology (JRCERT) are required to follow a planned program of instruction as set forth and published in the JRCERT Standards. The College of Allied Health Professions, Department of Radiologic Sciences, conducts a radiography program which meets or exceeds those requirements as set forth in the Standards. The University of South Alabama Radiologic Sciences program is accredited by:

JRCERT
20 North Wacker Drive, Suite 2850
Chicago, Illinois 60606-3182
(312)-704-5300
mail@jrcert.org
www.jrcert.org

All students are encouraged to read the Standards as a means of acquiring an overview of radiologic technology education as well as the responsibility this program assumes when it accepts students into this department. Furthermore, students may also gain additional insight into what is expected of them as students and perhaps better understand why students must participate in various activities as they proceed through this program. A link to the JRCERT can be found on the Radiologic Sciences Website, and accessed via Student Reference Manual tab on the navigation bar or by directly accessing the JRCERT website link noted below.
JRCERT Standards:
https://www.jrcert.org/jrcert-standards/

Students who have questions about the JRCERT Standards or question the program's compliance with the Standards are encouraged to speak with faculty or the department chairperson. Complaints will be investigated and a written response will be provided within 10 working days. A record of all complaints of noncompliance with the Standards will be maintained and made available to JRCERT. Students may also contact the office of JRCERT directly.

E. Radiologic Sciences Club

The Radiologic Sciences Club is established as a university-sponsored organization for the purpose of providing a place for Radiology students to come together and learn more about Radiologic Sciences. It offers the necessary information about the field to students not in the Radiology Program so that they are well prepared when they go through the program itself. It also provides students with an opportunity to learn about the field from the staff at the university. The Radiologic Sciences Club provides support services for students in the professional component of the Radiography Program to help them succeed. The officers of the club are senior students, and their duties include representing the class in meetings with the chair and/or faculty of the Department of Radiologic Sciences. Meetings are scheduled by the officers and are conducted three times in the fall and spring semesters. Class officers develop plans for fund-raising events, for social activities, and attendance to the annual state meeting of radiologic technologists. In addition, they coordinate service activities two times a year. Class officers are typically elected during the spring semester of the junior year.

II. Departmental Policies Pertaining to Student Affairs

A. Drug Screen and Background Check Policy and Procedure

The presence or use of drugs or alcohol, lawful or otherwise, in the clinical setting poses an unacceptable risk for patients, colleagues, the University and affiliated hospitals/clinical sites. It is important for students to understand that information obtained via drug testing and background checks will be treated by the Department of Radiologic Sciences as information that is received in confidence. Such information shall not be disclosed to third parties unless

disclosure is required by law, the information is needed by appropriate departmental officials to perform their job functions, disclosure is needed to override public health and safety concerns, or the student has consented in writing to the release of the information. Nothing in this policy may be construed in such a way as to deny any students their rights to due process or any other constitutional or civil protection, nor should anything in this policy be construed in such a way as to conflict with statutory law.

1. Drug Screening

Students selected for admission to the B.S. program are admitted pending the results of a required drug screening. Students will be notified of the procedure to follow for the drug screening in their letter of admission. All costs associated with testing are the responsibility of the student.

Pre-Admission Testing
Infirmary Medical Clinic (IMC) conducts drug screening services for our students. There are three locations from which students may choose:

- IMC-Industrial Medical Clinic
  305 North Water Street
  Mobile, AL 36602
  (251) 433-3781
  (251) 433-3772 - fax

- Industrial Medical Daphne
  7101 Highway 90
  Daphne, AL 36526
  (251) 625-8222
  (251) 625- 8117 - fax

- Industrial Medical West
  5580 Inn Rd. Suite B
  Mobile, AL 36619
  (251) 660-7676
  (251) 660-8348 - fax

Students should call one of the clinics in advance to arrange an appointment. All three clinics are open 8:00 a.m. until 3:00 p.m., Monday through Friday. Students must complete pre-admission drug screen requirements by July 31.

Drug Screening After Admission
After the pre-admission drug test, further testing may be required of the student for cause or at random intervals and may be announced or unannounced. The need to perform follow-up testing and the timing for testing will reside within the discretion of the department. Students will be responsible for the cost of additional drug testing.

A student who demonstrates behavioral changes suspected to be related to the use of drugs or alcohol will be removed from clinic and subject to retesting. Faculty will present concerns to the Chair of the Department of Radiologic Sciences. The Chair may investigate through personal observation of student or by inquiring of other faculty responsible for the student in the clinical or didactic setting. Retesting will be done only as determined by the Chair based on supporting evidence.

Any student who voluntarily reports that they have a chemical dependency problem will be counseled by the Chair of the Department of Radiologic Sciences. Conditions, if any, for continued participation in the program will be at the discretion of the Chair. The student will submit to drug tests as requested by the Department of Radiologic Sciences

and will be dismissed if a second nonnegative drug test is obtained. The Chair may also issue a referral for counseling at the University of South Alabama Substance Abuse Education and Prevention Center. The length of the treatment program will be determined by the treatment program counselor/director. The chairperson will be informed of the expected completion date of the substance abuse treatment program and whether or not the student successfully completes the substance abuse treatment program. The student will be responsible for any costs associated with the counseling and treatment in the substance abuse treatment program. Referral to the substance abuse treatment program will be confidential.

Penalties for a confirmed non-negative drug test or refusal to be tested:

- **First Non-Negative Test**
  A non-negative drug screen after admission will result in suspension from the clinical component of the program for a period of time determined by the Chair. Students will be required to participate in the University of South Alabama Substance Abuse Education and Prevention Center. The length of the treatment program will be determined by the treatment program counselor/director. The chairperson will be informed of the expected completion date of the substance abuse treatment program and whether or not the student successfully completes the substance abuse treatment program. The student will be responsible for any costs associated with the counseling and treatment in the substance abuse treatment program. Referral to the substance abuse treatment program will be confidential.

  Progression in the B.S. program will be determined by the amount of clinical time missed, and the ability of the student to achieve the clinical objectives of the course. Student assignment in the clinical setting will be at the discretion of the Chair or their designee. Once a student successfully completes a substance abuse treatment program, he/she will be required to submit to follow-up testing for the remainder of his/her program. The number of follow-up tests to be performed will reside with the department. A refusal to participate in a substance abuse treatment program and/or follow-up drug testing will require the immediate withdrawal of the student from the B.S. program. If student must withdraw from program and then requests reinstatement, the student will follow the same procedure and policies adopted by the department for academic reinstatement as described in the SRM. Requests for reinstatement will be considered at the same time other reinstatement requests are considered, with a May 15th application deadline.

- **Second Non-Negative Test**
  A second non-negative test will result in ineligibility for admission/readmission to the certificate/B.S. program.

- **Failure to Appear for Testing**
  A student who fails to appear for drug testing will be given an opportunity to explain his/her absence. If the student agrees to be tested, another collection will be scheduled. If the student fails to appear for the second time, the failure to appear will be treated as if a non-negative test result had occurred. Depending on the circumstances, incidents such as this will be treated under the First Non-Negative Test or Second Non-Negative Test policy.

- **Refusal to be Tested**
  Refusal by a student to submit to testing initially or as requested after admission will result in that student's dismissal from the program.

2. Background Checks

Students selected for admission to the B.S. program are admitted pending a negative background check. Students will be notified of the procedure in their letter of admission. Admission will be withdrawn for students failing to authorize a background check. All costs associated with the background check are the responsibility of the student.

- Background checks inquire about criminal records only. Information about a student's credit status, for example, will not be checked.
- Criminal background checks are conducted to identify felony convictions within the past 7 years.
- The company performing background checks will notify the Chair of the Department of Radiologic Sciences with results of the check.
- Positive findings on the background check will be dealt with on an individual basis.
- The fee for the background check depends on one's past number of residencies, but is usually $35, which payable to the vendor/company conducting the background check.

Retesting Following Readmission to the Program
Students who have withdrawn from the program and been readmitted must submit to repeat background check and drug screen. All costs associated with retesting are the responsibility of the student.

B. Student Insurance

Malpractice insurance is necessary in order to provide student protection in the event of error, negligence or omission in the performance of your duties as a student. As a student, you have a definite personal responsibility for your own activities in your contact with patients, even though you are not yet licensed, registered, or otherwise accredited for your profession. Professional Liability Insurance is required as a protective measure in the event a student becomes entangled in a legal suit involving patient care activities within the clinical setting. Professional Liability Insurance is provided by the university at a cost of $25 per year to students enrolled in the professional component of the program.

Personal medical/health insurance is also the responsibility of each student. Such insurance will cover accidents or injuries. Proof of medical insurance coverage is required of all students prior to being admitted to the program. Students must carry personal medical insurance for the duration of their enrollment in the program. Annual proof of personal medical insurance has to be turned in to the departmental secretary no later than the first day of the Fall semester.

C. Promotion Policies

All students enrolled in the Department of Radiologic Sciences must obtain a minimum grade of "C" in each professional course. Students receiving less than a "C" in a professional course will not be allowed to proceed in the program. This policy applies to all courses with and without a clinical component, e.g. radiology administration, business, pathology, physics, etc. Students not meeting the minimal requirement may apply for reinstatement by petitioning the Academic Standards Committee. The student must petition in writing through the Office of the Departmental Chair no later than fifteen class days following the end of the semester in which the student did not meet the minimum grade requirement. The student will be scheduled for a reinstatement interview with faculty to discuss reasons cited by student for withdrawing from the program and if the student has developed a definite plan to address issues that caused failure to succeed in the program. The faculty will then decide whether or not to allow reinstatement. If reinstatement is granted for the following academic year, the student will be placed on probation and will be required to repeat the course prior to continuing on to graduation. Additionally, all students must acquire a quality point average of 2.0 on all academic hours attempted

While students are encouraged to apply for reinstatement, students should also understand that they will be required to:
- have a cumulative GPA of 2.0
- comply with the standards and policies in the current University catalog and SRM.
- repeat or audit courses on a case-by-case basis. The student will be informed of any additional class requirements upon being reinstated.
- re-acclimation to the clinical setting is required.

The implied intent of all promotion policies is to lead you, the student, to a timely graduation date. Therefore, be reminded that all students must complete the following in order to graduate:

1. Complete the Radiologic Sciences model curriculum as outlined in the University Bulletin and in other Departmental publications.
2. Successful completion of comprehensive exit exam.
3. Your final cumulative GPA must be a 2.0. This is also a University requirement.
4. Completion of the model curriculum also implies that you must also complete all of the clinical competencies required by the department.
5. You must satisfy any outstanding University parking tickets, tuition deferrals, etc.

Note: When students are participating in re-acclimation, the length of re-acclimation will depend on the student's past performance in clinical education courses, and the length of time they have been absent from clinical education. Thus, the period required for re-acclimation will, by necessity, be considered on a case-by-case basis, but it will generally range from a day or two per week throughout the semester, or possibly repeating the entire course in clinical education. The ultimate goal of this policy is to appropriately acclimate the student so that he/she may effectively complete the clinical education goals of the next and succeeding semesters.

Decisions regarding the length of the re-acclimation period, specific schedules to achieve appropriate re-acclimation and specific requirements to be fulfilled during the period of re-acclimation will be determined by departmental faculty in consult with Teaching Technologists.

Please Note: Students may be required to audit/repeat courses already successfully completed so that we may evaluate competence in those areas. For clinical courses, students must register as an audit student for liability purposes. Didactic courses may be attended without registering as an audit student.

Regardless of when a student exits the program, clinical requirements will include the completion of clinical competencies, which the student may have previously completed.

Attendance policies for clinical courses will be observed as outlined in the SRM.

Academic decisions concerning student promotion will be determined by the faculty of the Department of Radiologic Sciences. Students may appeal these decisions to the Department of Radiologic Sciences by formally notifying the chairperson of the department who will in turn schedule a meeting between the student and the faculty of the Department of Radiologic Sciences. The student may further appeal these decisions to the Academic Standards Committee at which time the Chair of the Department of Radiologic Sciences will convene the committee.

D. Second Academic Dismissal

Unless special circumstances exist, once a student is granted reinstatement (second admission to the program), further academic failure will result in said student being ineligible to apply for a third reinstatement.

E. Withdrawal Policy

Withdrawal refers to a situation in which the student decides to withdraw from the program for an indefinite period of time. Withdrawal essentially means that the student is no longer enrolled in the program.

1. Withdrawal Due to Non-Medical Reasons

Students withdrawing from the program due to non-medical reasons must reapply for admission in order to be eligible to re-enter the program. Thus, re-admission following withdrawal due to nonmedical reasons requires that one follow the same admissions procedure as though he/she were applying for the first time. Students applying for re-admission will be considered at the same time other applicants are considered. If re-admitted, the student will

resume his/her program as dictated by prior academic standing. In short, re-admission following withdrawal due to non-medical reasons is not automatic, and requires the approval of the Department of Radiologic Sciences Admissions Committee as well as the completion of other admission requirements as published in the University Bulletin and similar publications developed by the Department of Radiologic Sciences.

It is important to note that the withdrawal policy stated herein must not be confused with the University withdrawal policy and in particular, the granting of the symbol "WD." It is equally important to note that the symbol WD is merely a symbol and is not a letter grade. Thus, the Departmental policy does not supersede the University policy regarding student withdrawal. Student withdrawal from the University as well as courses the student is currently enrolled will proceed in accordance with the following policy as stated in the University Bulletin:

"Official withdrawal from the University is not initiated in the Office of the Registrar. Clearance must be secured from the student's academic advisor, the University Library, and the Offices of Financial Aid, the Bursar, and the Registrar. The symbol WD is recorded for all courses when the student completes the withdrawal form within the time limits listed in the official calendar. A grade of "F" is recorded when a currently enrolled student leaves the University without initiating and completing the withdrawal form."

2. Withdrawal from Program Courses

It should be noted that students may not withdraw from clinical education courses for non-medical reasons and still pursue the didactic components of the program.

Withdrawal from didactic courses must follow University policy. Students should note that most professional courses are sequential to one another and, therefore, withdrawal from such courses would be ill-advised. Thus, requests for withdrawal from didactic courses will be considered on a case-by-case basis.

3. Withdrawal Due to Medical-Related Reasons

Students withdrawing from the program due to medical-related reasons will be allowed to re-enter the program and subsequently complete their education providing they withdraw from the program in good academic standing. It will be the responsibility of each student to notify the appropriate instructors of their intent to withdraw, and plans relative to the student's return to the program will be formulated on a case-by-case basis.

In cases of student pregnancy, or major illness, the following policies will apply:

a. Students have the option of notifying the faculty of a suspected and/or confirmed pregnancy. Notification can be achieved by voluntarily completing a Pregnancy Declaration Form, which is available in the office of the Department of Radiologic Sciences and can be found on the Electronic Data Input System (Trajecycs).

b. Student options relative to pregnancy:
    - The student may withdraw from the program and reenter at a later date as is the case with withdrawal due to other medical-related reasons.
    - Students may withdraw from clinical education courses and continue with the didactic component of the curriculum. A student selecting this option will be allowed to complete clinical education courses only during the semester in which the clinical course is offered. It is also important to note that this program emphasizes the relationship and/or the interdependence which exists between didactic and clinical instruction. Thus, students may be required to audit/repeat some didactic courses if one's clinical performance upon their return to the clinical setting reveals a need to do so. The latter aspect of this policy would, of course, depend upon the length/period of withdrawal.
    - The student may continue in both the didactic and clinical components of the curriculum providing their radiation exposure does not exceed accepted standards as published in the University of South Alabama Radiation Safety Manual. The manual states that "during the entire gestation period, the maximum permissible dose equivalent to the fetus from occupational exposure of the expectant

mother should not exceed 0.5 rem." If the allowable dosage is exceeded, the student will be advised to withdraw from the clinical phase of the program for the remainder of the gestation period. Consideration will be given to radiographic assignments/diagnostic room assignments and other factors relating to one's physical well-being. However, it must be understood that students electing to remain in clinical education courses will be expected to complete/fulfill the course requirements of clinical education courses in which they are enrolled.

- Students may withdraw their declaration of pregnancy by submitting written notification.

c. Policies relative to withdrawal due to major illness/injury:
    - The student must provide a written communiqué from his/her physician which explains the estimated time of recovery and the limits, if any, placed upon the student's activity.
    - The appropriate faculty member (course master) must be notified and the physician's communiqué presented in a timely fashion.
    - The final approval will be determined by the departmental chair.
    - For specific policies relating to clinical education attendance, please refer to the attendance policies under Clinical Education.
    - Attendance policies for didactic courses are found within the individual course syllabi.
    - It is important to note that this program emphasizes the relationship and/or interdependence which exists between didactic and clinical instruction. Thus, a student may be required to audit/repeat some didactic courses if one's clinical performance upon his/her return to the clinical setting reveals a need to do so.

4. Readmission after a medical leave of absence

Withdrawal from the program due to a medical leave of absence (illness or pregnancy) will not allow the student to return to the program once a semester is underway. This means that students must re-enter the program at the beginning of a given semester.

F. Leave of Absence Policy

Leave of absence refers to a situation in which a student is allowed to be absent for a period of time without having to withdraw from the program. A leave of absence generally suggests a more short-term departure than that of withdrawal.

A leave of absence may be granted in cases of illness, pregnancy, family medical emergencies, serious personal and/or family related problems and similar situations considered serious enough by the faculty to warrant such consideration. Students must consult with departmental faculty members in order to receive permissions to take a leave of absence. Following faculty discussions relative to the situation at hand, the student will be notified of the faculty's decision and plans regarding the student's absence as well as his/her return will be handled on a case-by-case basis.

By previous definition, a leave of absence is considered to be a short-term duration which implies that the student will be capable of completing all course requirements for a given semester. Assuming the student receives official permission to take a leave of absence and is unable to complete the course requirements by the end of the semester, the student will be given an incomplete (I) or X (absence from final exam) as his/her final grade. Students receiving an I or X must fulfill the course requirements prior to the middle of the following semester or the final grade will be converted to a failure (F). This aspect of the policy is in keeping with adopted University Policies.

It is the policy of the department that no longer than 36 months may lapse from the initial term in the program until the date of graduation. Any student failing to apply for re-admission must complete the program within 36 months. Otherwise, the student will be required to apply for admission to the program as a first- year student, regardless of previous course work.

G. Grade Grievance Policy

The Department of Radiologic Sciences utilizes the Grade Grievance Policy published in the University of South Alabama Low-Down. The following is a summary of the timeline and procedures to be followed for a Final Grade Grievance:

1. A final course grade grievance cannot be filed until a grade has been received in a course. A Final Grade Grievance Form must be filed by the student no later than 20 class days into the succeeding semester to include summer term if the student is enrolled.
2. Prior to filing a grade grievance, the student must meet with the instructor to attempt resolution. If the instructor is unavailable, the student documents attempts to contact the instructor in writing. The student contacts the instructor's department chair in the event a meeting with the instructor cannot be arranged. If there is no resolution, proceed to step 4.
3. The student completes a Final Grade Grievance Form and files the form with the department chair within the required time frame (See Appendix D – Final Grade Grievance Form).
4. A facilitated grievance conference with both the student and instructor present is conducted by the department chair within 10 class days of receipt of the Final Grade Grievance Form.
5. If a resolution is reached in the grievance conference, resolution will be noted and the process ends.
6. If the student requests review by the College Grade Grievance Committee, the department chair will forward all materials within three days of the request to the dean's office. The dean will convene the appropriate College Grade Grievance Committee (i.e. the Undergraduate Grade Grievance Committee if the student is an undergraduate student or the Graduate Grade Grievance Committee if the student is a graduate student.)
7. The Grade Grievance Committee holds a hearing within ten (10) days of receiving the request from the dean. The student and the instructor will be provided opportunity to present evidence and supporting materials.
8. The Committee's written notification of their decision is made within three (3) class days to the student, instructor, department chair, and dean. The department chair will implement the decision if there is no appeal.
9. The student or instructor may appeal the Committee's decision to the Dean within ten (10) class days. The only grounds for an appeal are violation of due process or the rendering of a decision that conflicts with university policy. The decision of the Dean regarding the appeal is final and the process will end. Students should refer to *The Lowdown* for additional information concerning course grade grievances

The process for filing general complaints that are non-academic related can be located under Student Complaint Guidelines using the following link: https://www.southalabama.edu/departments/academicaffairs/policies.html

H. Withdrawal from a Course

Students enrolled in the Department of Radiologic Sciences may withdraw from professional component courses provided they do so in accordance with University regulations regarding adding or dropping courses as published in the University Bulletin. The student should, however, note that withdrawal from a professional component course means that the student must repeat the course in order to satisfy the graduation requirements of this program. Also, in accordance with University policy, the grade of "F" will be recorded for a course abandoned without an official withdrawal. Thus, as mentioned previously, students must follow the policies as published in the University Bulletin regarding withdrawal from courses.

I. Courses Repeated for Credit

A student may repeat a course which has been failed. Total grade points are computed on the basis of all attempts. A student who has a grade of "D" in a course may repeat the course one time with the approval of the Dean of the involved college. A repeated course may be counted only once toward graduation, but both grades are recorded on

the student's transcript and both are counted in determining quality points. The preceding statement is a general University policy. However, students who fail to receive the minimum grade of "C" in the same radiologic technology course on two occasions, will find themselves in serious academic difficulty and reinstatement would not be forthcoming.

J. Student Record Policy and The Family Educational Rights and Privacy ACT (FERPA)

To remain in compliance with FERPA and specific Standards as set forth by the JRCERT, student information, related materials, grades, records and files are considered privileged and confidential. Student reports, tests, examinations and clinical evaluations along with student personal files are stored in a locked file room when not in use. Access to these documents is limited to students, faculty, staff, and appropriate administration. No information contained within a student record will be given, either verbally or in writing without written authorization of the student. Written authorization for release of records is maintained in the student's personal file. Permanent records of student grades are maintained in the University's Registrar's Office in the form of Official Transcripts. The University Registrar's Office adheres to all FERPA Regulations.

Who can access your educational records?

FERPA grants USA the right to disclose information from your education records without your approval to the following:

- University officials with a legitimate educational interest.
- Federal or state agencies or organizations performing audits or official studies.
- Financial Aid Officers.
- Accrediting Agencies.
- Officials of other institutions in which you seek to enroll.
- Parents or legal guardians if you are listed as their dependent according to the IRS tax code.
- Appropriate authorities in an emergency situation.
- Parties to legal actions through subpoenas and/or court orders.

An important exception to the Buckley Amendment is the policy which allows educational records to be made available to accrediting organizations in order to carry out their accrediting function. The Department of Radiologic Sciences has a policy of allowing access to records by the accrediting agency and keeps a written record of all requests for student records. At the same time, the accrediting agency must sign a statement saying that they will not use the information except as a necessity in its function as program evaluators. Students should also refer to the current edition of The Low Down for further University policy pertaining to student records.

Students should understand that all records (didactic tests, clinical evaluations, etc.) are maintained under lock-and-key to provide privacy and security. While students may review tests and similar documents, they are not permitted to review the individual comments offered by members of the Admissions Committee arising from the admissions process, letters of recommendation or financial records of parents of the student. The University Registrar provides each student with an official grade report at the end of each semester.

K. University Holidays

Students are granted all holidays and between semester breaks observed by the University.

L. Grading Scales

The Department of Radiologic Sciences maintains the following grade scale:

90 - 100 = A
80 - 89 = B

70 - 79 = C
60 - 69 = D
59 - below = F

M. Student Placement Service

A major mission of this department with respect to its relationship to the clinical education centers is one of continued improvement in clinical education, and the maintenance of rapport as a necessary element in the continued success of this program. This relationship provides information relative to the job market for program graduates. In addition to the clinical education centers, this department communicates with other departments of radiology within the State as well as with other departments in adjacent States as a means of monitoring the job market for program graduates. Other methods utilized in assisting program graduates involve the availability of professional related journals containing classified advertising sections as well as the availability of the University Placement and Career Center. The University Placement and Career Center is available to all students and alumni of the University. This placement service is free, and establishes and maintains contacts with employers, including governmental agencies, business and industrial firms, and public service offices, both local and national. The University Placement and Career Center aids program graduates in the following ways:

- It provides on-campus interviews with companies and agencies.
- It supplies students with a copy of the "College Placement Annual."
- It provides a resume and alumni referral service.

However, the University nor the Department of Radiologic Sciences in any way guarantees students employment upon completion of the Radiologic Sciences program.

N. Student Advising

Academic advising is available through the Academic Counselor for the College of Allied Health Professions for complete graduation requirements. Appointments with an Academic Counselor can be scheduled online at https://www.southalabama.edu/colleges/alliedhealth/ahealthadvisors.html. Students should expect to receive student counseling through critique and general comments regarding their progress whenever instructors are working with them in the clinical setting. It is feasible to expect such input will occur on a daily basis. In a more formal manner, instructors will also provide students with input regarding their progress when bi-semester clinical evaluations are completed. Furthermore, students should feel free to contact faculty members during faculty office hours providing students make appointments to discuss didactic and clinical matters with faculty. Simply stated, students are encouraged to seek faculty counseling for specific courses in a timely manner and students should never wait until the end of the semester to discuss matters which may affect their final grades. Therefore, consistent and timely faculty/student conferences should occur throughout the academic semester and as often as the need arises.

O. Parking Facilities

Faculty members have assigned parking areas in the parking lots of the University of South Alabama. Students are required to purchase a parking permit and park in areas designated for student parking.

Students should be aware that there are specific parking requirements at various clinical sites and should consult with the clinical instructor assigned to a clinical site for specific parking instructions.

P. Student Employment

While students may seek and obtain employment as "student radiographers" within medical institutions in the State of Alabama, students are strongly advised to limit the number of work hours to twenty hours per week. Moreover, students must understand that employment as student radiographers has no relation or in any way influences their

activities/position as program students. In short, employment as a student radiographer is separate and apart from the program's clinical education requirements.

Q. Health-Related Policies

In addition to health-related policies pertaining to admission (e.g., TB test, CBC, etc.), all students must receive a hepatitis vaccine, one Rubella and two measles vaccinations, and show evidence indicating they have done so prior to enrolling in their first Clinical Education course. Hepatitis, Rubella and measles vaccinations are available through one's personal physician or from a local Board of Health. Annual proof of TB test has to be turned in to the secretary no later than the first day of the Fall semester. In addition, students are required to obtain the influenza vaccination yearly. The time of the vaccination may vary according to availability. Proof of the vaccination must be turned into the department's secretary as soon as the vaccination has been received.

R. Sexual Harassment

Sexual harassment has received considerable local and national attention in recent years. As part of the orientation process for first year students, a DVD titled "Sexual Harassment in the Health Care Professions" is shown. The video is shown annually at the beginning of each fall semester and all students are required to attend a viewing.

The Department's policy is simple and straightforward. Simply stated, sexual harassment in the classroom, laboratory setting and/or the clinical setting is forbidden. This policy applies to faculty, students, radiographers and physicians in the clinical setting, and to others who may assist the Department of Radiologic Sciences in carrying out its mission. Students are encouraged to report any acts of sexual harassment to the Chairperson of the Department, or the Dean of the College of Allied Health Professions. Students are also encouraged to review the student publication *The Lowdown*, for further information concerning sexual offense policies for students.

S. Emergency Preparedness Plan

1. Information to guide students in the event of an on-campus or weather emergency can be accessed from the USA homepage, www.southalabama.edu. Select "Emergency Information" from the bottom of the page to learn about the Weather Hotline and Emergency Warning System, and to access policies such as inclement weather communication, power failures, and campus violence or criminal threat. Emergency phone numbers are also provided. USA encourages students to follow the guidelines outlined and to take advantage of the resources provided.
2. Department of Radiologic Sciences Emergency/Communication/Evacuation Plan

   Purpose:
   To secure the safety of all students, faculty, patients and visitors to the Department of Radiologic Sciences through adherence to departmental procedures in the event an evacuation from the Health Sciences Building (HAHN) becomes necessary.

   Responsible Individuals:

Radiologic Sciences Office	445-9346	Room 3015
Ms. Cathy Cooper	445-9354	Room 3021
Ms. Briony Gaston	445-9352	Room 3023
Ms. Ashley Long	445-9357	Room 3022
Ms. Missy Curtis	445-9350	Room 3024
Ms. Misty Davis	445-9357	Room 3020
Mr. Dustin Steadham	445-9357	Room 3020
Ms. Kayla Neely	445-9353	Room 3025
Mr. Jacob Manning	445-9355	Room 3026
X-Ray Lab	445-9358	Entrance across from R 3095 & R 3102

Procedure:
The individuals listed above will be responsible for notifying students, faculty, patient and visitors of the existing problem. Should the problem arise in this department, one of the individuals listed above will be responsible for notifying the appropriate campus authorities.

Specific and General Duties:
Faculty and Staff will check the corridor within the department, all offices, classrooms and the x-ray lab. Patients will be evacuated from the x-ray lab to the designated place of safety. All x-ray units will be turned off and doors will be closed. If classes are in session, the instructor is responsible for evacuating students to the designated place of safety. All electrical equipment will be turned off and doors will be closed. Students, faculty and staff will be responsible to know the location of all safe exits, fire extinguishers, hose cabinets and evacuation routes. Stairwells are considered to be safe exits, while elevators are not. DO NOT USE THE ELEVATORS.

Designated place of assembly:
To insure all persons in the department have evacuated the building, faculty, staff, students and others under the care or supervision of staff or faculty will assemble in front of a point mid-way between Alpha Hall East and the College of Medicine building. A roll check will be conducted at the place of assembly.

Re-Entrance to the HAHN:
Until the building (HAHN) is declared safe, no one will be permitted to re-enter the building (HAHN) until notified by the Building Safety Officer, Building Coordinator, Campus Police or the Fire Department.

Contact Numbers:

Campus Police	(251) 460-6312
Maintenance	(251) 460-7111
Maintenance Emergencies (after 3:00 p.m. weekdays & holidays)	(251) 460-7047

T. Student Professional Behavior

1. USA Policy

Students in the College of Allied Health Professions professional programs are expected to adhere to the general student behavior expectations as defined in the USA *The Lowdown* and to display professional behavior, consistent with the standards set by the College, the student's Department, and the applicable healthcare profession.

Appropriate professional behavior and professional expectations include (but are not limited to) responsibility and dependability; honesty, integrity, and trustworthiness; professional appearance, demeanor, and self-control; time management; commitment to excellence; awareness and respect of others; communication and collaboration; commitment to ethical principles; accountability; altruism; compassion/caring; social responsibility; cultural competence; and a commitment to self-improvement and ongoing professional development.

Any behavior that is not congruent with appropriate professional behavior constitutes a violation of the professional behavior policy of the College of Allied Health Professions.

All matters related to violations of professional behavior are the responsibility of the academic units involved and the College Dean's office. Faculty are expected to report suspected cases of violations of professional behavior. These matters will be resolved through procedures defined in the College of Allied Health Professions Professional Behavior Policy.

2. Electronic Device Usage and Social Media

Cell phone usage is not permitted in the classroom, x-ray labs or in the clinical setting. Therefore, students will turn their cell phones off upon entering the classroom/lab, and place their cell phones in the designated area within the classroom/lab. Electronic devices such as laptops, smartphones, ipads, etc. are not permitted to be used in the clincal setting. While clinical data for Trajecsys is entered via cell/smart phones, such information is currently not entered during a student's assigned clinical hours.

Postings on social media, such as Facebook, Instagram, etc., must not include references to patients. Postings must not refer negatively to radiographers, therapists, radiologists, or physicians associated with this program. To do so is considered unprofessional behavior and will be addressed through the Pat Capps Covey College of Allied Health Professions Professional Behavior Policy.

3. Academic Misconduct

To review the Student Academic Conduct Policy, click on the link below:

https://www.southalabama.edu/departments/academicaffairs/policies.html

U. Lifelong Learning

As a future member of the radiological profession, continued lifelong learning must be embraced by you. It is hoped that you will do so because of your commitment as a professional. That said, in order to re-new your certification via the American Registry of Radiologic Technologists (ARRT), you must acquire a minimum of 24 hours of continuing education (CEUs) over a period of 24 months for as long as you remain in the profession. The continuing education clock begins running the day you successfully complete the ARRT Registry. For example, if one earns initial ARRT certification in 2014, they begin their first biennium (24 months) on the first day of their next birth month, and will be required to report CEUs with their certification renewal two years later (2016).

The usual way of earning CEUs is through attendance at radiological seminars, State or National meetings and directed readings offered via the ASRT's journal, Radiologic Technology. You may also receive CEU credit via enrollment in courses leading to advance degrees. The bottom line is that there are a number of benefits to continual personal and professional development that will enhance your continued personal and professional growth.

V. Psychological Clinic

The USA Psychological Clinic provides professional services for the USA community – including students. Appointments can be made by calling 460-7149 or preferably through PsychologyClinic@southalabama.edu

All USA students are eligible for free counseling through the USA Counseling and Testing Service (460-7051). Graduate students in psychology provide most of the direct client services. In all cases, student clinicians are supervised by faculty members who are Clinical or Counseling Psychologists and are licensed in the State of Alabama. Some psychological services are provided directly by licensed Clinical and Counseling Psychologists.

W. USA Student Health Insurance

All full-time USA undergraduate students taking at least 12 credit hours per semester on campus are eligible to purchase the student health insurance plan. Part-time, USA undergraduates enrolled in at least 6 credit hours per semester on campus (in a traditional classroom setting) and USA graduate students enrolled in at least 3 credit hours per semester on campus (in a traditional classroom setting) are eligible to purchase the student health insurance at the part-time rate; students taking additional credit hours for a total of 12 credit hours are eligible to purchase the plan at the full-time rate. - See more at:

Student Health Insurance Plans

X. Radiology Administration Courses

The Department now offers Radiology Administration courses on-line. With the advent of these courses, the need for students to take non-radiology business courses has greatly diminished. However, transfer students and former graduates take or have taken non-radiology business courses with the intent of fulfilling the business component of our B. S. curriculum. Since students taking the radiology administration courses are required to achieve a minimum grade of "C" in each course, the same rule will apply to non-radiology business courses. Therefore, grades of less than C in non-radiology business courses will not transfer as a credit elective to fulfill the course requirements in radiology administration.

Y. Course Evaluations & Communication

Course evaluations for both didactic and clinical Radiology courses are very important to the improvement of our program. Upon completion of each course in Radiologic Sciences a course evaluation shall be made available for each student. All course evaluations will be completed via Class Climate Evaluation System. Two to three weeks before the completion of the course students will receive an email in their Jagmail email account from Class Climate that shall contain a link to an evaluation that will be completed on line. Once completed, a certificate of completion will be awarded and students shall upload to the assignment section of the course you are evaluating in Canvas. All information from all course evaluations is completely anonymous and feedback from these evaluations will be given in a way to ensure this anonymity for the student.

All email communication between the student and the Department of Radiologic Sciences will be done through University assigned email accounts only. It is the responsibility of the student to check this email on a regular basis. The student is more than welcome to link the university email account with a personal email account.

III. Clinical Education

Before reading this section, students should understand that clinical education is one of the most important aspects of the Radiography curriculum. Faculty and teaching technologists take their clinical responsibilities quite seriously, and students are expected to act responsibly in the clinical setting and accept their clinical assignments in a serious manner.

A. Objective

The objective of the clinical education component of the curriculum is to provide students with the necessary practical experience needed as a medical imaging professional. Clinical Education represents a major portion of the overall radiologic sciences program. Students are expected to correlate the didactic (classroom) portion of the curriculum to the clinical portion of the curriculum. Because of its importance in a student's education, the remaining items outlined in this section primarily relate to student requirements involving clinical education.

B. Competency-Based Program

The clinical education phase of the curriculum is structured around a competency-based program. Briefly stated, a competency-based program ensures that each student attain a prescribed level of competence in performing diagnostic imaging examinations in order to successfully complete the graduation requirements of the program. This program was designed to give attention to the correlation of clinical experience and didactic instruction.

The first stage of a student's clinical education involves classroom lectures followed by laboratory sessions in which simulation is used as a learning device. Students are then required to observe and assist medical imaging professionals as they perform their daily duties. Next, students actually begin to perform basic imaging examinations while under constant supervision. After an adequate time period, each student is required to perform a competency exam in the clinical setting. The competency exam involves performing the essential procedures necessary to produce a quality image as well as providing quality patient care. After successful completion of a competency, each student is allowed to progress by performing more difficult imaging examinations. Several competency examinations will be required of each student per semester. Ultimately, failure to complete prescribed competencies will result in a delay in completing the program requirements for graduation and a delay and/or a denial of a student's interest/desire in pursuing more complex examinations or other imaging modalities. The specifics of what is required of each student in the way of competencies is spelled out each semester in a course syllabus provided to each student.

Until students achieve the program's required competency in a given procedure, all clinical assignments must be carried out under the direct supervision of qualified medical imaging professionals.

1. Following are the parameters of direct supervision:
    a. The qualified medical imaging professional reviews the request for examination in relation to the student's achievement.
    b. The qualified medical imaging professional evaluates the condition of the patient in relation to the student's achievement.
    c. Qualified medical imaging professional is present in room.
    d. The qualified medical imaging professional reviews and approves the images.
    e. Failure to comply with these policies will result in suspension or dismissal in cases of repeated violations. Final decisions regarding the penalty assessed will be governed by the College's professional behavior policies.
    f. Direct supervision is required on all mobile radiography and imaging done in the surgical suite regardless of competency status.

2. Indirect supervision is defined as that supervision provided by a qualified medical imaging professional immediately available to assist students regardless of the level of student achievement.

3. Regardless of a student's level of experience or level of competency, whenever images must be repeated, students must consult with and be supervised by program faculty or Teaching Technologists or adjunct clinical instructors, or staff medical imaging professional when the image is repeated.
   As specific competencies are completed and entered in Trajecycs, students will then be allowed to perform imaging examinations under the status of Indirect Supervision.

4. Failure to comply with these policies will result in disciplinary action up to and including suspension or dismissal in cases of repeated violations.

C. Determination of Clinical Grades

Definitions:

1. **Bi-semester evaluations**: As the term suggests, clinical evaluations are conducted two times each semester and occur at the midterm and end of the semester. These evaluations monitor a variety of technical skills considered important in clinical education as well as adherence to one's personal and professional responsibilities. The evaluations are highly objective and thus the numerical grades derived from these evaluations are relatively free from subjective influences. The clinical evaluation form can be found can be found on the Electronic Data Input System (Trajecycs).

2. **Clinical application tests:** These tests are given 4 or 5 times each semester with the intent of testing the knowledge retention of students, relative to previously completed coursework. These tests are appropriately matched to the student's academic level/standing in the program.

3. **Self-Evaluations:** These are completed two times each semester. These evaluations are designed to help the students set goals and lead to a deeper understanding of their strengths and areas for improvement.

4. **Adjunct Clinical Instructor Evaluations:** These are conducted two times each semester. These evaluations monitor professional and personal responsibilities in clinic, as well as students' technical performance in clinic. The adjunct clinical instructor employed by the clinical facility completes these evaluations.

   Although the completion of all clinical competencies is a program requirement, clinical competencies are graded on a Pass/Fail basis and thus do not have a significant impact on one's final grade in clinical education courses. However, failure to complete the required clinical competencies does impact negatively on one's successful completion of the program as well as one's opportunity to pursue more complex examinations or other imaging modalities.

   Students receiving a final grade of less than a "C" should consult Section II, C and for further information.

D. Record of Clinical Experience

All Radiologic Science students are required to maintain a "Record of Clinical Experience." This practice is designed to maintain a record of clinical experience obtained by students.

The Record of Clinical Experience are weekly observation forms/sheets. Students must record daily all examinations and competencies on these weekly forms/sheets (see Appendix B) regardless of whether the examinations are classified as assisted, assisted/position, assisted/technique, unassisted, competency, attempted competency or simply "observed", i.e., no actual participation in the performance of the examination according to the definitions of assisted and unassisted as listed below.

At the end of scheduled clinics on Friday of each clinical week, students must enter their procedures into the electronic data input system and return completed Weekly Observation Forms/Sheets to the Department of Radiologic Sciences. Forms may be hand-carried or mailed to the department. If hand-carried, all forms (Competency, Record of Clinical Experience, etc.) must be placed in the appropriate instructor's mailbox, which is located in the x-ray lab. Regardless of the method of delivery, weekly observation forms are due in Canvas by 8:00 a.m. on Mondays. A five-point reduction on the Bi-Semester Evaluation form will be assessed if one or more of the following occurs:

- Procedures are not entered into the electronic data input system by Monday – 8:00 a.m.
- Forms are not received by Monday – 8:00 a.m.
- Forms are not legible or neat.
- Insufficient number or variety of examinations recorded.

In summary, all examinations, competencies, and errors observed by program faculty and/or adjunct clinical instructors are acknowledged and signed in appropriate spaces on weekly observation forms. Competencies are recorded on the weekly observation form, just as are examinations. However, the individual instructor performing the competency will submit a separate competency form. All competency forms must be submitted with the

appropriate weekly observation form or it will be voided. The student will be required to complete the competency another day.

The proper manner in which students are to log information in the clinical record book is as follows:

Assisted Examinations (A) - Any student aids another individual is to log that patient's information in the clinical record book as an assisted examination.

Assisted Position Examinations (P) - Any student who positions the patient without setting the technique is to log that patient's information in the clinical record book as an assisted examination.

Assisted Examinations (T) - Any student who sets manual technique (not AEC settings) as an aid to another individual is to log that patient's information in the clinical record book as an assisted examination.

Unassisted Examinations (U) - Any examination in which the student performs all aspects of the examination independent of another's aid is to log the patient's information in the clinical record book as an unassisted examination.

Competency (C) - Any examination in which the student successfully performs all aspects of the examination independent of another's aid and for which they are evaluated by designated instructors.

Attempted Competency (AC) - Any examination attempted as a competency in which the student does not pass.

Observed (O) - no actual participation in the performance of the examination according to the definitions of assisted and unassisted as listed above.

E. Patient Exam Requirements

Beginning the Spring Semester of the Junior Year, students will be required to perform a specific number of exams and competencies. The requirements are listed below:

	Total # of Exams Assisted or Unassisted	# of Total That Must Be Unassisted or Positioned	# of Completed Competencies
Spring – Junior Yr	60	30	5
Summer – Junior Yr	100	50	5
Fall – Senior Yr	220	125	20
Spring – Senior Yr	250	125	20
Summer – Senior Yr	150	125	15

Students failing to meet the required examinations according to the specific semesters listed above, receive a letter symbol "I" for the course. In order for the symbol "I" to be changed to a passing grade, the students are advised to attend additional clinical sessions during the break period between semesters in order to complete the patient exam requirement. If needed, clinical assignments during the break period will be arranged by the Department of Radiologic Sciences. Students will have until the third week of the following semester to meet the required number of examinations. If a student fails to meet the patient examination requirements, the symbol "I" will be recorded as a letter grade "F" by the registrar's office, according to the University Bulletin (see USA Bulletin final grade "I" policy).

F. Attendance Policy

1. Radiologic Sciences Attendance Policy

Clinical rotations are regarded as an obligation as well as a privilege, and all students are expected to attend regularly and punctually. Clinical attendance is required in order to meet the objectives of the Radiologic Sciences Program.

All absences must be made up regardless of excuse. Failure to make up absences will result in the student receiving the grade of "I" for incomplete, until all time has been made up. Students will work with their clinical instructor to schedule make up time.

Tardy
Student is considered tardy if they arrive later than their assigned time to report to their clinical affiliate. A student will be considered absent if they arrive one hour or more after their assigned time. A tardy and an early departure cannot be used on the same day.

Early Departure
A student is considered to have taken an early departure if they leave prior to their scheduled time of departure. A student will be considered absent if they leave one hour or more prior to their scheduled time of departure. A tardy and an early departure cannot be used on the same day.

Tardiness-Early Departure Policy
Students are allowed two instances of either late arrivals, early departures, or one of each per semester. A tardy and an early departure cannot be used on the same day. For each additional instance of late arrival or early departure, student will receive a 2-point reduction on their final clinical course average per occurrence.

2. Senior Year Exception

Senior students who have 5 or fewer ARRT required competencies at the completion of their 5th semester will be allowed to take 6 clinical absences within the last two weeks of the Summer (6th) semester. Students must still meet the programmatic objectives for the Summer semester in diagnostic and modality clinic. Students will know if they qualify for the senior year exception prior to entering the Summer semester.

3. Joint Commission Visits

When a clinical facility receives notification that Joint Commission will be visiting, they will notify the students. Upon notification, the student will clock out of clinic and contact their clinical instructor to receive information on how to proceed. Every effort will be made to reassign the student to another facility, to avoid a clinical absence. If reassignment cannot be achieved, the student will be counted absent from clinic and will have the opportunity to make up the day because it will be an excused absence.

4. Notification of Attendance

Student is required to notify their clinical instructor or course master via email of an absence or potential tardiness within 30 minutes of their scheduled arrival time. Student will receive a 5-point reduction on their clinical evaluation for failing to notify within the allotted time. Student will also receive a 5-point reduction on their clinical evaluation if notification is not received.

To contact the clinical sites, use the following phone numbers:

Department of Radiologic Sciences	(251) 445-9346
University Hospital	(251) 471-7154
Providence Hospital	(251) 633-1321
USA – Children's & Women's Hospital	(251) 415-1662
Mobile Infirmary Medical Center	(251) 435-2820
USA - Strada Center	(251) 665-8241
Springhill Medical Center	(251) 340-7794
Thomas Hospital	(251) 279-2633
Thomas Medical Center	(251) 626-6646
Monroe County Hospital	(251) 743-7468
Alabama Orthopedic Clinic	(251) 410-3723
North Baldwin	(251) 239-2379
South Baldwin Regional Medical Center	(251) 949-3510

5. Clocking Attendance in Electronic Data Input System

All students must provide documentary proof of clinical attendance by utilizing the electronic data input system at each clinical education center prior to performing any duties.
Students failing to document their attendance in the clinical setting will be considered absent. In the event a student fails to record their attendance, the error may be corrected by utilizing the following procedure:

- Report the incident to the departmental supervisor and to the clinical instructor via email immediately. The email should contain the name of the supervisor who can verify attendance.
- Clock in as soon as possible. The clinical instructor will verify time of arrival.

Students must also record any absence in the electronic data input system by the end of the following day.

Students will receive a 5-point reduction on their clinical evaluation for any of the following:

- Failure to record time exceptions by the end of the day following an absence.
- Neglecting to clock in or out for clinical rotation.

Time exceptions are only to be utilized for absences.

6. Lunch

Students are allowed 45 minutes for lunch during clinic on scheduled days of more than 5 hours duration. Students who are in excess of 50 minutes when returning from lunch will be considered tardy, with penalties applied according to the tardy policy. Lunch should not be taken within the last two hours of clinic departure, unless approved by clinical instructor.

7. Weekend/Trauma Assignments

As a radiologic sciences student it will be necessary for you to acquire some of your clinical experience on weekends or evenings. This is considered a necessary part of one's total education.

Weekend/PM rotations will occur during the Spring and Summer Semesters of the junior year. Students are rated on technical ability, patient care and safety skills, initiative, and response to supervision and guidance by the Adjunct Clinical Instructor/Medical Imaging Professional working with the student (see Appendix C). Students are not permitted to change their weekend/trauma assignments without the approval of the instructor.

The performance of Clinical competencies will not be allowed during weekend/PM assignments.

G. Professional Demeanor

Faculty and adjunct clinical instructors can send students home for poor professional demeanor. Professional demeanor violations are limited to:

- Insubordination
- Being argumentative
- Any inappropriate behavior
- Failure to show proper respect to instructors and/or medical imaging professionals.

The student will be sent home immediately and given a 10 point reduction on his/her bi-semester evaluation.

Students have the right to appeal the decision to be sent home to a Department Professional Behavior Committee.

H. Appeal Process

To review the appeal process, according to the Student Academic Conduct Policy, click on the link below:

https://www.southalabama.edu/departments/academicaffairs/policies.html

I. Disciplinary Guidelines

Regulations concerning student conduct have been established by the University (see Student Handbook, the Low Down). The same regulations apply to the radiologic technology student within the clinical education center. However additional regulations are to be observed within the clinical education centers.

Following a single warning and a subsequent failure to respond, said student will be sent home. A record of this and every occurrence will be maintained. Future displays of unprofessional behavior will result in further disciplinary action.

Absences due to violating this policy will be treated as a clinical absence. Of considerable importance is the fact that the time frame in which the student is sent home does not matter. Thus, the policy will apply to one sent home in the last 5 minutes of the day, the first 5 minutes of the day, and/or any time in between.

Since this form of clinical absence is not excused, there is no make-up time allowed. Such absences will be subtracted from the total number of absences allowed. This aspect of the policy can be particularly troublesome once one has expended their allowed number of absences. Thus, if one is sent home once one has expended their allotted number of absences, such absences will result in a reduction of points from the final grade.

In summary, being sent home may have significant consequences upon one's final grade in Clinical Education, as well as one's ability to complete the number of required clinical exams and clinical competencies. Examples of actions warranting discipline include, but are not limited to:

Fighting or Arguing - Any student who participates in an act which demonstrates violent physical or verbal assault/attack and/or battery (use of physical force upon another)

Mistreatment of Patients - Any student who physically abuses a patient, uses vulgar language either directed to or in the presence of the patient, or openly demonstrates a mocking or an unprofessional attitude/conduct regarding a patient's condition or body habitus.

Unethical Conduct - Refers to violations defined by HIPAA; showing partiality to patients regardless of financial conditions, race, or creed; openly criticizes hospital policies, practices, or staff and professional personnel; leaving an area of responsibility wherein patient's safety is jeopardized; deliberately endangering the safety and wellbeing of the patient, colleagues or similarly situated individuals and generally conducts himself/herself in a manner which is clearly unprofessional.

Alcohol or Drug Violation - Any student who enters the clinical setting in an inebriated condition, is discovered in the act of stealing drugs from the affiliate, or is observed in the act of utilizing drugs (other than prescribed medication) or alcohol while in the clinical setting or is obviously under the influence of alcohol or illegal narcotics.

Threatening Remarks - Any student who makes a threatening remark which implies the potential of physical harm to faculty, fellow students, hospital personnel, or patients.

Dishonesty & Falsification of Records - When a student portrays a dishonest action or falsifies clinical records (clinic book, attendance sheets, use of another's lead marker in a malicious manner).

Unauthorized Presence in Clinical Affiliate - This refers to instances when a student is not scheduled to be in a clinical affiliate but nonetheless is present and participates in any action that is disruptive to the Department of Radiology or hospital in general.

Misuse or Abuse of Hospital Equipment/Facilities - Self-explanatory and is subject to disciplinary action

Malicious Gossip - When a student openly participates in or initiates slanderous gossip or gossip which could threaten the good name, professional status, or future endeavors of another individual/institution.

Personal Telephone Usage - Students are not permitted to use departmental telephones for personal reasons. Students are only allowed to make or receive personal calls in the case of emergency and such calls are only made with the instructor's consent. Cell phone usage is not permitted in the immediate clinical area.

Unauthorized Absence from Assigned Area - Once a student is assigned to a specific area within an affiliate, said student is expected to remain in that area unless his/her particular clinical assignment is not being utilized due to equipment malfunction or student is requested to leave the area by an administrative official of the radiology department. Each student is expected to obtain permission from clinical faculty or if the instructor is not present, the permission may be obtained from the supervisor in cases where a student must leave the assigned area.

Smoking - Smoking is not permitted.

Studying While in The Affiliate - Students are not allowed to study didactic material related to their radiography courses while in the clinical affiliate unless they have the direct permission of their supervising clinical instructor or radiology supervisor.

J. Dress Code

A student's personal appearance is regarded as an important aspect of the Clinical Evaluation. Students are expected to be neat, clean, and well-groomed at all times. In addition, students are expected to use shampoo, deodorants, and other items of personal hygiene on a daily basis. In short, students are expected to dress and conduct themselves as professionals at all times.

Students presenting in the clinic inappropriately dressed will be sent home. The student will be given the option to make the day up. Failure to make up the day will result in the day being considered an absence with the absenteeism policy regulations in force. It does not matter what time of day the infraction is observed; the student will be asked to leave at that time. The penalty will be the same as if it had been observed at the beginning of the day.

- Uniforms - Color: Royal Blue
  See Appendix E for examples of tops and pants.

  Any style scrub top or pants may be purchased as long as it is in the appropriate color; however, the scrub top chosen MUST meet our requirements and be approved by a clinical coordinator before being worn to clinic. The scrub top or pants cannot be extremely form-fitting or revealing - must be professional in appearance.

Brand of Uniforms	Color Code
Dickies	RYL or equivalent
Cherokee	ROYW or equivalent
Landau	BEP or equivalent

Note: With the exception of altering the length of pants, scrub suits may not be otherwise modified. Uniform pants must NOT be dragging/touching the floor for infection control reasons.

Note: Students are encouraged to save purchase receipts in the event uniforms must be returned to the vendor.

- Accessories - Professional style white lab coats or department approved outerwear may be worn over scrub suits. In addition, lab coats that are the exact color of the uniform are permitted.

  Note: Only short or medium lengths are permitted. Lab coats may be of the button, snap, or zipper-front type. Sweaters of any color are not permitted. Plain white T-shirts, short or long sleeved, may be worn underneath uniform tops, but the bottom of the T-shirt must not extend beyond the bottom of the uniform top.

- Shoes - Nursing or athletic shoes are recommended. High top athletic shoes are also permitted. Walking/support shoes (i.e. Rockport's) or clogs may also be worn. Sandals, dress shoes (i.e. Mary Janes), or open clogs (i.e. Croc's) are NOT permitted.

- Socks - Any color/style.

- Identification badges are required and will be provided by the Department of Radiologic Sciences. Students shall wear their name identification tag and radiation monitoring device. Radiation monitoring devices are to be worn about the collar of the uniform. Radiation monitoring devices must be worn whenever students are engaged in any radiological activity. This includes, clinical education, radiographic laboratories, radiological rotations outside of the departments of radiology, etc.

- All uniforms shall be kept neat, clean and arranged at all times. Uniforms must be clean, unwrinkled and odor free. Uniforms must be laundered after each use due to harboring of germs. Students shall wear approved uniforms at all times within the clinical affiliates.

- Visible body piercing, other than ears, and tattoos are not acceptable and MUST be covered at all times in the clinic. For information relating to other dress codes such as earrings, length of hair/hair color, nail polish, finger rings, etc., consult the following sections of the Student Reference Manual.

- Uniforms will be necessary for the Fall Semester of the Junior year and thereafter.

- Students shall wear their hair in a simple style which maintains the hair out of the student's face as well as the patients'. If a student's hair is below the shoulder, it should be completely pulled back in a neat style. Hair may be braided without decorations or held in place with bows, clips or barrettes. Student hair color should not be an unconventional color.

- Students shall not wear excessive colognes, aftershaves, perfumes, make up, or jewelry.

- Finger rings shall be limited to one ring per hand. Necklaces and bracelets are not permitted. Small stud or hoop earrings not to exceed 10 mm (approx 0.4 inch) in diameter may be worn.

- Students must be cleanly shaven at all times with beards/mustaches no longer than 1 inch. Students who do not have a beard or mustache must be clean shaven.

- Nail polish is permitted ONLY in clear. Artificial or acrylic nails are NOT permitted.

- Uniforms shall be worn with foundation garments.

Note: If a clinical affiliate has a dress code policy specific to their institution, other than policies stated in the Student Reference Manual, students will be expected to abide by these policies when assigned to the affiliate, e.g. earrings, certain types of shoes.

K. Measuring, Markers, Recording Errors, Additional Clinic Instruction

Patient Measuring

While in the clinical affiliate, students are expected to measure patients utilizing calipers in order to determine the proper exposure factors. The only examinations, which do not require measuring are:

Fingers	Hands
Wrists	Forearm
Elbow	Humeri
Toes	Feet
Ankles	Skulls
Legs	

Students should note that measuring is a part of their clinical evaluation and failure to measure the patient will result in a lowering of the student's clinical evaluation grade. In addition to measurements, students are required to maintain a Technique Guide Booklet. The following policies regarding Technique Booklets and the impact they have upon one's Bi-semester Evaluation are as follows:

a. Technique Booklets will be reviewed by Faculty and Teaching Technologist periodically, but no more than once each week. Failure to maintain an up-to-date Booklet will result in a one point reduction per occurrence.
b. Failure to use the Technique Guide Booklet when setting exposure factors will result in a one-point reduction per occurrence.
c. Failure to bring your Technique Guide Booklet to clinic will result in a one-point reduction per occurrence/per day.
d. Since the usefulness and accuracy of a Technique Guide is compromised when one does not measure the patient, failure to measure the required anatomical structures will result in a two-point reduction for every 3 occurrences.

Method of Recording Errors on the *Weekly Clinical Observation Form*

a. Review of Technique Guide Booklets for currency by Faculty and Teaching Technologists only will be recorded under "Obtains and Records Patient History." Maximum deduction is limited to -1 per week.
b. Failure to use the Technique Guide when setting exposure factors will be recorded under "Technique Error." Maximum deduction is limited to -2 for every 3 occurrences.
c. Failure to bring the Technique Guide to the clinical site will be recorded under "Obtains and Records Patient History." Maximum deduction is limited to -1 per occurrence/per day. In addition, if one does not bring their Technique Guide to clinic for an entire week, an additional point will be deducted under #1 above. However, deductions under this section will not be allowed in a double jeopardy standard to deduct points under # 2 above.
d. Failure to measure the required anatomical structures will be recorded under "Part Measurement." A maximum of 1 error can be noted for each examination. Since it is the usual practice to double the mA.s. or similar practice for lateral projections, one is not required to measure the lateral aspect of a patient even though it would be desirable, e.g., one will be required to measure the PA/AP chest, but not the lateral. The same may be true for lateral Lumbar, L-5-S-1 and lateral Thoracic spines. Failure to measure the required anatomical structures will result in a 2 point reduction for every 3 occurrences.

Collimation

Although various clinical affiliates differ in terms of the amount of collimation required for various projections/ positions, students are required as a minimum to collimate to the size of the cassette employed for a specific exam/projection. Students will not be penalized if they do not collimate (close collimation) to an area/size smaller than the size of the cassette in use. Faculty members, as well as radiographers, may also have personal preferences relative to close collimation but again, students are required to collimate as a minimum to the size of the cassette in use and thus clinical grades cannot be adversely affected by the personal preferences of faculty or other radiographers.

Students will be taught to use specific image receptor (IR) sizes in RAD 307, 308, 309 and RAD 315. Therefore, regardless of the IR size cassette available, students will be expected to collimate to the size of the cassette as shown/taught in RAD 307, 308, 309 and 315. For example, if a given anatomical structure demonstrated in RAD 307 called for an 8 x 10 cassette/collimation, but the smallest size available in the clinic is a 10 x 12, the student will be expected to collimate to an 8 x 10. Failure to follow this policy will result in a three-point reduction per occurrence, which will be noted in the same manner as listed on the Bi-Semester Clinical Evaluation under Section II, Radiation Protection.

Use of Lead Markers

When working in the radiographic room with the radiographer, students must utilize their school issued lead markers to mark the radiograph if they are positioning the patient. Students are not permitted to utilize other markers nor are they permitted to allow someone else to use their markers while in the clinical affiliate. Students are not allowed to use school-issued markers in part-time employment.

Additional Clinical Instruction

It is common for certain students to proceed through clinical education at a slower pace than their classmates. In such cases, clinical faculty will recommend to the student that he/she should schedule additional time in which the instructor and the student can engage in additional instruction. Students should look upon additional clinical instruction as a means in which to enhance their clinical abilities.
Determination of a need for additional clinic time will be as follows:

a. Clinical faculty will identify students who are progressing at a slower pace based on regular performance evaluations and competency assessments.

b. Students identified as progressing at a slower pace are required to schedule additional clinical instruction time with their instructor.
c. This additional instruction is compulsory and aims to enhance the student's clinical abilities and ensure they meet program standards.

d. The schedule for additional instruction must be approved by the clinical instructor to ensure it fits within the overall clinical training plan.

e. Clinical instructors will monitor the progress of students receiving additional instruction and provide regular feedback to ensure improvement.

L. Clinical Competency

Clinical competencies are designed to provide a means in which clinical instructors can assess the progress of a student's performance as well as to determine a student's readiness to participate in more advanced radiological procedures. The department utilizes seven types of competency forms located in Appendix A.

The basic guidelines regarding clinical competencies are as follows:

1. No more than two duplicate successfully completed competencies can be performed in a given semester.

2. No more than four competencies can be performed on a particular body part during a student's total period of enrollment.
3. Each course in clinical education has its own individual course syllabi, and these syllabi specify which competencies a student may perform for a given semester.
4. Students must complete all of the mandatory patient care and positioning competencies, as well as 13 elective procedures as listed by the American Registry of Radiologic Technologists (ARRT). The ARRT website link can be found here: https://www.southalabama.edu/colleges/alliedhealth/radiologicsciences/links.html.
   The Radiographic Competency Form depicted in Appendix A is the form most commonly employed in evaluating a student's competence in diagnostic radiographic procedures. A failed competency occurs when a student commits a major error or makes more than 3 errors on the attempted competency. Since this is based on a pass/fail system, the failed competency will result in an exam with errors on the weekly observation sheet.
   Note: A major error is defined as an instance where a student appears to have no sense of understanding regarding how to perform a procedure. Examples include:
   - Inability to set up or perform a given procedure
   - Incorrect CR alignment/angle (direction or degree)/centering
   - Improper control panel selections
   - Inability to establish technique
   - Failure to invert feet on AP Pelvis or AP Hip
   - Failure to palpate symphysis on KUB
   - Radiographing wrong patient or anatomical part

   NOTE: Major errors will not be noted until it is established that students have received proper didactic and laboratory instruction, and are properly acclimated to a given radiographic installation. The latter part of this statement is particularly important when students change clinical sites and/or radiographic rooms as part of the typical student rotation process.
5. Competencies represent a measure of one's obtainment/achievement of a specific clinical skill necessary to satisfactorily perform a specific radiographic examination within the clinical setting. Thus, the successful completion of a clinical competency indicates that a student can perform a given examination "fundamentally" in the same manner as an experienced radiographer absent any consideration for a student's present or past clinical experience. A competency is a form of a guarantee to all patients that a student is qualified to perform a given examination equivalent to the standard of care all patients have a right to expect.
6. With the exception of surgical and portable bedside competency examinations, the supervision of all other competencies will be limited to program faculty, teaching technologists, adjunct clinical instructors, and adjunct radiographers. Surgical and portable bedside competency examinations will be supervised by radiographers assigned to these areas. Students must check with program faculty or Teaching Technologists for a listing of those adjunct clinical instructors and adjunct radiographers who have been designated to perform clinical competencies.
7. Students may request that an instructor perform a competency examination on a particular body part if and only if that student has received formal instruction regarding that body part. The instructor has the authority to insist that a student perform a given competency at the discretion of the instructor providing the student has received formal instruction. In addition, an instructor has the authority to request that a student perform a given competency even though the student has previously performed the competency requested of him/her. Second-year students may request that the instructor allow them to perform a surgery competency under a surgery technologist. If granted, a surgery competency form will be given to the technologist to evaluate the student during an O.R. exam. (See Appendix A.)
8. No credit will be given in instances where major errors occur during the course of performing a competency.

1. Radiographic Equipment Manipulation Competency Form

Radiographic Equipment Manipulation Competency Form in Appendix A can be performed on a student at any time during the 24-month program. Although this competency form was designed to measure a student's ability in manipulating radiographic equipment, the form may also be utilized as a method of determining a student's continued ability to perform equipment manipulation procedures. Equipment Manipulation Competencies may be performed during any given semester, a competency performed for the purpose of assessing one's ability to correctly manipulate radiographic equipment will not fulfill the minimum number of competencies required for a given semester. The overall purpose of the Equipment Manipulation Competency Form is to allow the clinical instructor to periodically identify various strengths and weaknesses of a student regarding equipment manipulation skills thereby providing additional input with respect to the individual needs of a student.

2. Fluorographic Equipment Manipulation Competency Form

This competency form in Appendix A is used for the same purpose as the preceding form. The only difference between the two forms is that this form involves the manipulation of fluorographic equipment. This form can only be applied during the Spring Semester of the student's first year.
Competency in this area must be achieved within the clinical setting.

3. Phlebotomy Competency

In addition to the aforementioned competencies, second year students must demonstrate proper venous puncture and intravenous injection technique, as part of the requirements for Patient Care, or in RAD 300, 301, 302.

4. Calculation of the Bi-Semester Clinical Evaluation Grade

In order for the student to understand how their Bi-Semester Clinical Evaluation grade is determined an outline of the method for calculation is listed below:

1. The Bi-Semester Clinical Evaluation Form (BCEF) will consist of 100 points. Excluding the negative point reduction section on the last page, all other point reductions will be subtracted from a 100 point total. The negative point reduction section will also be subtracted from the 100 points possible. Absenteeism, etc, and film slide tests will be weighted and factored into the final grade.
2. When a student is judged to have committed a major error as identified above, a check mark will be recorded in the major error box on the BCEF in the appropriate area. A brief explanation will be recorded adjacent to the check mark.
3. Major errors will result in a (5) point reduction per occurrence. Given the negative impact upon one's grade, any student who does not receive a sufficient number of faculty or adjunct clinical instructor observation signatures will receive a 5 point addition to their over-all bi-semester evaluation.
4. While other errors will be noted as they have in the past, such errors will not result in point reductions (e.g., part measurement, markers etc.) unless they correspond to the following discussions under a and b below:
    a. In the columns identified as "Positioning" on the Weekly Clinical Education Observation Form three (3) of same type positioning errors observed in an evaluation period will result in a 2 point reduction under Section B, Radiographic Positioning.
    Examples of same type positioning errors are as follows:
    3 instances where a student fails to correctly position an AP ankle.
    3 instances where a student fails to correctly position a KUB.
    3 instances where a student fails to correctly position a pelvis.

    Any single occurrence of the above examples, as well as numerous other possible examples, will result in a 2 point reduction if they occur during the same evaluation period. If two occurrences are observed (6 errors), then 4 points will be deducted under the section Radiographic Positioning. If three occurrences are observed (9 errors), then 6 points will be deducted, and so on.

b. For all other errors (non-positioning errors, e.g. part measurement, technique, patient dress and other subsections), if the same error is noted (3) or more times in a given evaluation period, then 2 points will be subtracted from the 100 points possible.

5. For the vast majority of students, all non-major errors marks will simply be used as a guide in counseling students where improvement may be needed.
6. The radiation protection section and the professional expectations section will require the instructor to make assessments as before with the exception that grading will consist of 0 and minus point reductions as opposed to the solely positive point assessment.
7. Attendance policies, tardiness, and early departure will be treated according to the SRM policies noted under those headings.

5. Competency Simulations

The vast majority of radiographic competencies are performed on actual patients in the clinical setting under the direct supervision of faculty or their designees. However, some competencies may be performed under simulation conditions in accordance with the following definitions: First, a competency simulation involves essentially the demonstration of positioning skills and the establishment/setting of fundamental exposure factors on a volunteer patient with another student usually acting as the patient. Under such conditions, these competency simulations do not involve actual x-ray exposures. Second, competency simulations may also involve the use of an inanimate object (phantom patient) wherein actual x-ray exposures are made.

Those studies in which competency simulations may be performed are listed below. Since competency simulations "could" be performed in one of two ways, one must understand which competencies require actual x-ray exposures and which ones do not. Adjacent to the examinations listed below, you will find either a patient phantom (PP) listing which means actual exposures are required, or the space adjacent to the exam will be blank indicating a simulation with a student patient and without an actual exposure. The competency areas available for simulation according to what has been discussed thus far are arranged according to major body structures and are listed as follows:

Upper Ext/Shoulder Girdle	Vertebral Column	Lower Extremity	Bony Thorax	Calvarium (PP)	Trauma Exams
AC Joints Scapula Clavicle Humerus	T-Spine SI Joins Sacrum Coccyx	Os Calcis Toes Patella Femur	Ribs Sternum	Skull Sinus Mandible Facial Bones Orbits TMJ	CTL C-spine CTL Hip

The absence of (PP) in various examinations listed above does not mean that one should not use the phantom patient and perform actual radiographs. In summary, students are not permitted to perform simulations of any kind on examinations/structures not listed above. To do otherwise is a violation of departmental policy and will result in the nullification of the competency. Thus, competency simulations may be performed in accordance with the above guidelines with the choice of exams limited to those listed above.

M. Student Affiliate Assignment

At the beginning of each semester, students are assigned to a particular clinical affiliate(s). Upon arriving to your clinical site, you will be required to complete a Student Orientation to Clinical Facility. It is your responsibility to

complete this form in a timely manner. All students should understand that at all times they are considered to be guests in any clinical affiliate and must, therefore, respect and adhere to additional policies and procedures adopted by a given clinical affiliate. As stated elsewhere, students must treat patients in a caring and respectful manner, which also includes maintaining respect for a patient's expectation for confidentiality. The importance of patient confidentiality is addressed in established policies promulgated in HIPPA publications, which are discussed in RAD 304 - Patient Care. Students should also understand that even though you pay tuition for clinical education courses, tuition payments are not paid to clinical affiliates and, therefore, do not afford students special consideration when rotating through a given clinical affiliate.

The affiliates to which students will be assigned are: University Hospital (USAMC), Providence Hospital, USA Women and Children's Hospital, Mobile Infirmary Medical Center (MIMC), Springhill Medical Center (SMC), Thomas Hospital, Thomas Medical Center (TMC), North Baldwin Infirmary, Monroe County Hospital, Alabama Orthopedics, Strada Patient Center, and South Baldwin Regional Medical Center.

Once a student is assigned to a clinical affiliate, they will remain in the assigned affiliate for the duration of the semester, typically for fifteen weeks, unless the faculty agrees that a student should be either reassigned or assigned on a part-time basis to another clinical affiliate.

Once a student is assigned to a clinical affiliate, clinical faculty will assign particular rooms in which that student will participate in clinical education. A student will not change their room assignment unless they have the consent of clinical faculty. Students leaving their assigned area will be subject to disciplinary actions.

N. Clinical Instructor Affiliate Assignments

Clinical faculty and Teaching Technologists employed by the Department of Radiologic Sciences are assigned to an affiliate or affiliates by the department chairperson. The instructor's responsibilities while in the affiliates are to observe and instruct students in the performance of diagnostic procedures and perform competency examinations. Students should note that clinical instructors are assigned to particular affiliates at the discretion of the department chair, and therefore, the instructor may be on a slightly different time schedule than that of the student.

O. Student Employment in Hospitals or Medical Clinics

Although it is permissible for students to be employed in hospitals or medical clinics, students should understand that such employment has no relationship to the clinical requirements or other expectations inherent in the 24-month program. Furthermore, while this program limits the combined number of clinical and didactic hours (classroom and lab) to no more than 40 hours per week, the time commitment is nonetheless substantial and, therefore, students are encouraged to keep this in mind when seeking part-time employment. Specifically, employment in the aforementioned sites has no bearing upon the following:

- Number of clinical hours required
- Number of clinical competencies required
- Length of program
- Course requirements
- Clinical affiliation contracts
- Student malpractice insurance
- Class and/or clinical schedules
- Class and/or lab attendance

In summary, experience gained through employment in hospitals or medical clinics will not substitute for other programmatic requirements. In addition, students are not allowed to wear program radiation monitoring devices during part-time employment, nor are they allowed to wear program uniforms during working hours.

P. Recommendations for Prevention of HIV, HAV, HBV, Tuberculosis and Other Pathogen Transmission in the Health-Care Setting (OSHA Standards)

As a supplement to in-class instruction about ways to minimize your risk of exposure to a bloodborne pathogen (BBP) or tuberculosis (TB), the Pat Capps Covey College of Allied Health Professions has prepared two training modules that must be completed annually by faculty, staff, and students who are at risk of exposure. As a student of this department, you will be required to complete both of these modules annually since your assignments in the clinical setting increase your risk of exposure to BBP and TB.

Human Immunodeficiency Virus, (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS), is transmitted through sexual contact and exposure to infected blood or blood components and prenatally from mother to neonate. HIV has been isolated from blood, semen, vaginal secretions, saliva, tears, breast milk, cerebrospinal fluid, amniotic fluid, and urine and is likely to be isolated from other body fluids, secretions, and excretions.

Thus, this section emphasizes the need for healthcare workers to consider all patients as potentially infected with HIV and/or other bloodborne pathogens and to adhere to infection control precautions for minimizing the risk of exposure to blood and body fluids of all patients.

This approach, referred to as Universal Blood and Body-Fluid Precautions or Universal Precaution, should be used in the care of all patients, especially including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

1. All health-care workers should routinely use appropriate precautions to prevent skin and mucous-membrane exposure when contact with blood or body fluids of any patient is anticipated.
    a. Gloves should be worn for touching blood and body fluid, mucous membranes, or non-intact skin of all patients; for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skin surfaces should be washed immediately if contaminated with blood or body fluids. Hands should be washed immediately after removal of gloves.
3. Health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be (1) recapped, (2) purposely bent or broken by hand, (3) removed from disposable syringes, or otherwise manipulated by hand.
4. Health-care workers who have exudative or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

Implementation of universal blood and body fluid precautions for all patients eliminates the need for the use of the isolation category of "Blood and Body Fluid Precautions" for patients known or suspected to be infected with blood-borne pathogens.

Precautions for Invasive Procedures

An invasive procedure is defined as surgical entry into tissues, cavities, or organs, or repair of major traumatic injuries (1) in an operating or delivery room, emergency department, outpatient setting; (2) cardiac catheterization and angiographic procedures; (3) a vaginal or cesarean delivery, or (4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs. The Universal Blood and Body Fluid Precautions listed above should apply also in areas of invasive procedures.

Precautions for Laboratories *(Spinal Fluid)

Blood and other body fluids from all patients should be considered infective. The Universal Blood and Body Fluid Precautions listed above should always be followed. The following recommendations are also recommended:

1. All specimens of blood and body fluids should be put in a well-constructed container with a secure lid to prevent leaking during transport. Care should be taken when collecting each specimen to avoid contaminating the outside of the container and of the laboratory form accompanying the specimen.
2. All persons processing blood and body-fluid specimens (removing tops from vacuum tubes) should wear gloves. Gloves should be changed and hands washed after completion of specimen processing.
3. Laboratory work surfaces (table tops) should be decontaminated with an appropriate germicide after a spill of blood or body fluids after work activities are completed.

Housekeeping

Environmental surfaces such as walls, floors, and other surfaces are not associated with transmission of infections to patients or health-care workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary. However, cleaning and removal of soil should be done routinely.

Cleaning and Decontaminating Spills of Blood or Other Body Fluids

Chemical germicides that are approved for use as "Hospital Disinfectants" and are tuberculocidal when used at recommended dilutions can be used to decontaminate spills of blood and other body fluids. As you will learn in RAD 304, Patient Care, disinfectants should never be applied on a patient (skin or elsewhere). Antiseptics, on the other hand may be applied directly on the patient (e.g., alcohol wipes). Many disinfectants can be considered to be chemically hazardous, so be particularly careful in dandling such chemicals in such a way as to protect your eyes from splash and avoid prolonged breathing of rapidly evaporating disinfectants. Always wear gloves when mixing disinfectants which require dilution, and pay close attention to the manufacturer's recommended dilution ratio. If you must use a mop or similar device to clean up a spill, be sure to contact Housekeeping and request a caution sign, if the spill occurs in an area where unsuspecting workers, patient, etc. will be walking.

Laundry

Although soiled linen has been identified as a source of large numbers of certain pathogenic microorganisms, the risk of actual disease transmission is negligible. Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. All soiled linen should be bagged at the location where it was used; it should not be sorted or rinsed in patient-care areas. Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage.

Accidental Needle Stick and Body Fluid Splash Policy

1. If a needle stick or bodily fluid splash occurs, you must notify the Department of Radiologic Sciences immediately after you have taken the necessary initial precautions, such as washing the affected area in large amounts of soap and water (445-9346).
2. If the exposure involves a needle stick, we recommend you request that an additional blood sample be taken from the patient involved for testing purposes.
3. After contacting the Department, you are strongly advised to report to the University Hospital Emergency Room and enter the University's Post Exposure Follow-Up Program (PEP). While enrollment is voluntary, we once again encourage you to enter the program. You will need proper identification, as well as your personal insurance card.
4. Upon arrival at UH – ER, identify yourself to the on-call ID Specialist as a USA Allied Health Student with a training-incurred potential HIV exposure. The on-call UH ID Specialist can order an exposure prophylaxis kit, which provides a 72-hour regimen of antiretroviral drugs. Understand that a delay of more than four hours may increase your chance of incurring an infectious disease.
5. Should an exposure occur after hours, call the UH operator at (251) 471-7000. Identify yourself, your location, and phone number that you can be immediately reached by ID personnel.
6. The above information is also outlined on the POST EXPOSURE PROPHYLAXIS CARD (PEP) given to each student during department orientation. This card should be available at all times when in the clinical setting

IV. Radiation Protection, Health, and Safety Policies

It has long been established that exposure to ionizing radiation, such as xrays, gamma rays, beta and alpha particles, have the potential of producing harmful effects in human beings. Potential harmful effects include life shortening carcinogenic promotion, birth defects, cataracts and skin lesions. The dosage necessary to produce any of these and other effects may vary from one person to the next (threshold dose, i.e., amount of ionizing radiation necessary to yield/produce a biologic change). The absolute need to reduce exposure rates/dosage has led to the development of the following policies, which are intended to reduce the chances of producing harmful effects in patients, and in those who work with and/or administer ionizing radiation. These policies are applicable to the clinical setting and to the energized laboratories where appropriate. The policies and procedures are as follows:

A. Radiation Monitoring

All faculty and students are required to wear radiation monitoring devices at all times in the clinical affiliates and in radiographic positioning labs (x-ray energized labs).

The departmental secretary will notify students via email when new monitoring devices arrive. Students are expected to exchange their expired radiation monitoring devices within one week following this notification. Students will initial their radiation monitoring report, acknowledging they have reviewed their recorded dose information.

Failure to exchange an expired radiation monitoring device within one week following the secretary's notification email will result in a 5 point deduction on the Bi-semester evaluation.

Radiation monitoring devices are to be attached to the collar.

In cases of declared pregnancy, two radiation monitoring devices must be worn: one attached to the collar area and the other attached at the waistline. Pregnant students should consult the SRM for regulations concerning options regarding pregnancy.

During fluoroscopy procedures, lead aprons must be worn, and the radiation monitoring device attached to the collar must be worn outside the apron. When pregnant and performing fluoroscopy, the radiation monitoring device worn at the waistline shall remain behind/inside the PB apron.

B. Guidelines for Students employed and Students Not Employed in a Department of Radiology

Guidelines for Students Employed in a Department of Radiology:

- Students employed in a radiography department will wear the radiation monitoring device supplied by the Department of Radiologic Sciences during scheduled clinical days, but are not allowed to wear the same badge while working as a student radiographer. Instead, these students must wear a different radiation monitoring device supplied by the institution in which they are employed.
- Students employed as part-time student-radiographers will exchange the radiation monitoring devices supplied by the Department of Radiologic Sciences every month.

Guidelines for Students NOT employed in a Department of Radiology:

- Students not employed by a radiology department will exchange their radiation monitoring devices on a quarterly basis.

C. Radiation Exposure Reports

All radiation exposure reports are held in the Secretary's office for review. They are anonymized according to a specific radiation monitoring device number assigned to the student. The individual monitoring number is located on the back of the film located in the plastic film badge holder. No one has access to this number except the student,

radiation safety officer and faculty. The departmental secretary will notify students via email when new dosimeters and radiation exposure reports are received. Students will initial their radiation monitoring report, acknowledging they have reviewed their recorded dose information.

1. Permanent radiation exposure reports are maintained in the office of the University Radiation Safety Officer.
2. The University Radiation Safety Officer is responsible for monitoring and maintaining appropriate radiation safety practices and standards in accordance with applicable State and Federal regulatory agencies, e.g., Alabama Department of Health, Division of Radiological Health, and the Federal Nuclear Regulatory Commission.
3. Should an individual receive an overexposure on a month/quarterly report, the individual in question and the Department of Radiologic Sciences will be notified by the office of the University Radiation Safety Officer. Determinations regarding the cause(s) of the overexposure will be jointly made by the aforementioned parties. The department follows the guidelines below as recommended by the USA Radiation Safety Officer relative to monitoring radiation safety practices for students and employees:
    a. The ALARA Level 1 trigger limit is 125 mrem per quarter. While this reading calls our attention to a given student/employee, we watch the individual's dose like everyone else. Other than an informal discussion with the student/employee by faculty, no formal action is taken.
    b. The ALARA Level 2 trigger is 375 mrem per quarter. This reading requires a formal investigation, and a written report (including a statement from the participant). Among other procedures, a major part of the formal investigation addresses the cause, individual radiation protection practices, and continued close monitoring. The application of appropriate radiation practices is expected from all students and employees.
4. To transfer records of radiation exposure to another institution, one should contact the office of the University Radiation Safety Officer.
5. Concerns regarding radiation safety and associated health practices should be directed to the University Radiation Safety Officer (campus phone number: 460-7063) or to program faculty.

D. Fluoroscopy and Radiographic Procedures

When performing x-ray procedures, and particularly fluoroscopy, one should be conscious of the now age-old practice of observing Time, Distance and Shielding. With this thought in mind, one should:

1. Reduce the amount of time they are physically in the radiographic room, i.e., stand behind the Pb shielded booth.
2. If you must remain in the room, step back from the table as often as possible and if possible, stand behind the radiologist and/or a portion of the machine hardware. One must wear a Pb apron at all times when involved in fluoroscopic procedures.
3. Wear Pb gloves whenever necessary.
4. Students are not allowed to hold patients for image receptors during procedures.
5. Always attempt to remain outside/away from the primary beam, i.e., at right angles to the primary beam.
6. Always remember to afford yourself and the patient the same protection as you would a loaded cassette.
7. When formulating exposure factors, be constantly mindful of the ALARA concept. Establish exposure factors based on the patient's measurement (size), tissue consistency, SID considerations, patient age, pathology, area to be radiographed and all of the factors that affect contrast, density, detail, distortion and magnification.

E. Portable/Bedside Radiography

1. Always wear Pb aprons. Pb gloves should also be worn where appropriate.
2. Stand behind the portable unit where possible.
3. Always use the six-foot exposure cord to its maximum length (Distance).
4. Never leave the portable unit in a patient's room if it poses potential harm to the patient. Also, never leave the tube arm suspended above the patient when you leave the room.

5. Never place exposed or unexposed cassettes on the floor (potential spread of microorganisms) and employ plastic cassette coverings in isolation cases.
6. Always make sure that you are not subjected to an excessive amount of routine assignments to portable radiography. Students should consult with clinical instructors and check the portable assignments developed by clinical instructors.
7. Always ask patient visitors to leave the patient's room.
8. If radiographs are to be taken in a large area such as SICU, announce to all personnel in the room that you are preparing to make an exposure. Be prepared to offer shielding to those that must remain.
9. If a patient has received recent radiographs, check the patient's folder or elsewhere for previous exposure factors. If none are present, record your exposure factors where they will be available to the next radiographer/student.
10. Students are not allowed to hold patients or image receptors during procedures.

F. Additional Guidelines for Equipment and Accessory Utilization, Exposure Factor Considerations and Other Safety Precautions

Proper utilization of radiographic equipment and accessory equipment along with proper exposure factor considerations often fulfill two important objectives. First, it promotes longevity of expensive equipment while reducing maintenance costs and, second, it plays an important role in reducing radiation exposure to both the patient and radiographer. The following guidelines are intended to be observed and practiced by faculty, Teaching Technologists and students to fulfill these objectives. Note: Students will be evaluated on most, if not all of the guidelines listed below during Bi-Semester Clinical Evaluations, Radiographic Competencies, Clinical Application Tests and on written/laboratory tests in didactic courses.

- Collimation, patient shielding, use of grids, use of calipers, and use of proper technical factors for patients of all ages
- Be mindful of the necessity of demonstrating air-fluid levels when aligning the central ray.
- Appropriate use of tube movement and tube locks.
- Stock and prepare the radiographic room before patient entry, as well as changing linens and keeping department clean and orderly.
- Maintain patient dignity, privacy, and demonstrate respect
- Know the location and expected content of the crash cart.
- Employ appropriate body mechanics when lifting or moving patients.
- Assure correct dosage, type, concentration and temperature of all contrast media.
- Maintain universal precautions to prevent spread of pathogens.
- Use AEC devices correctly, paying particular attention to correct centering of anatomical parts over ion chambers, and use density controls (-1, -2, 0, +1, +2) to control density. Do not adjust kVp to control density when using an AEC device, unless effective kVp is called into question.
- Report actual and suspected equipment malfunctions.
- Inquire regarding the pregnancy status of all female patients verbally or through written consent forms.
- Assess the patient's ability and/or willingness to: cooperate, hold breath, remain motionless, follow instructions (hearing and seeing), walk, assume and hold body positions.
- Maintain professional rapport and demeanor by using effective and professional communication skills.
- Maintain exposures as low as reasonably achievable (ALARA) and limit the length of exposure time.
- Use correct image markers.
- Check patient armbands and/or be careful in identifying outpatients.

G. Energized Labs

1. For instructional and testing purposes, the energized labs will be utilized in two modes. In one mode, the energized labs will employ radiation to yield actual images of phantom patients and other test devices. This is

referred to as the exposure mode. The labs will also be used in a different mode referred to as the simulation mode. The simulation mode simply means x-rays will not be employed, and images will not be produced. The simulation mode represents a major part of the time used in the energized labs during positioning courses. Regardless of the mode employed, students will not be admitted to the energized lab without their dosimeters. Students are not allowed to use energized labs without the presence of faculty or a registered radiographer.

2. When the exposure mode is employed, all of the previously listed policies and procedures that one may typically associate with Clinical Education, which involves actual patient procedures are observed.
3. Measuring, accurate placement of lead blocking, collimation, etc. should be practiced during the simulation mode as these and other radiation safety practices will be observed and graded during laboratory practicals.
4. Use the labs to practice positioning. Reading assignments and studying in general should be reserved for times one is not in the energized labs.
5. During simulation and exposure modes, actively participate. Energized labs are intended for hands-on experience.
6. Students are encouraged to attend all supplementary lab meetings.
7. Students are reminded that radiographic equipment, phantoms, and other testing devices have a degree of fragility, and is expensive to acquire and repair. Students are expected to use the energized labs and accessories with the same degree of respect and carefulness as they do in the clinical setting. Mistreatment of equipment is dealt with in the same manner as in the clinical setting.
8. Students are expected to conduct themselves in a professional manner. Inappropriate behavioral-related problems will not be tolerated.
9. Food and drink are not permitted in the x-ray rooms.
10. Prior to leaving the lab, return all rooms to their previous states of arrangement and turn the x-ray unit off.
11. Be in attendance and practice, practice, practice.

H. Magnetic Resonance Imaging (MRI) Safety Practices Policy:

Although MRI does not employ ionizing radiation, it nonetheless has the potential to cause harm to students, technologists, other staff personnel and visitors who accompany patients. Therefore, there are fundamental safety considerations one must observe when entering the MRI area. MRI safety practices re divided into two parts of instruction. A brief outline of part one is offered in the following:

a. Entering junior students will review an online module in orientation, and attend a lecture regarding basic MRI safety. An overview of the content of these presentations will address the following areas regarding common MRI safety issues and concerns:
    i. Environmental considerations
    ii. Magnetic field impact
    iii. Radio frequency (RF field impact)
    iv. Magnetic field warnings; safety zones
    v. Pregnancy: technologist and patient 6. Screening of individuals entering the magnetic field (screening forms)
    vi. Identification of risk factors:
        1. Ferromagnetic devices (wheelchairs, O2 tanks, IV poles, etc.)
    vii. RF field
    viii. Effect on biomedical implanted devices, credit cards, electronic devices, etc.
    ix. Biological effects (SAR)
    x. Sedation issues and use of monitoring devices
    xi. Importance of in-service education of staff/ancillary personnel
b. Students will be required to complete an MRI screening sheet during MRI safety orientation.
c. The second part of MRI safety practices is limited to students who select MRI as an advanced imaging modality during their senior year. Specific information regarding safety practices and related policies can be found in the syllabi of the following courses:
    i. RAD 468 – MRI (I)

ii. RAD 469 – MRI (II)

V. Fit For Duty

The program's expectation is that all students participating in clinical education activities are able to perform the duties required. The program reserves the right, in its sole discretion, to remove students from class and/or clinical education activities if a student has suffered an injury or through a major illness, has recently had surgery, or has exhibited behavior that may make participation in any aspect of the program dangerous to the student, other students, faculty and staff, or patients. The program may also, in its sole discretion, require documentation from an appropriate healthcare provider prior to allowing a student to return to participation in classes and/or clinical education activities. Students may also seek accommodations with the Center for Educational Accessibility and Disability Resources (CEADR). However, accommodations may only be provided if they do not fundamentally alter the requirements of the program, and accommodations are rarely available for clinical education activities provided at off-campus facilities. As such, students in need of accommodations in the clinical setting may experience a delay in their anticipated graduation timeline.

VI. Hold Harmless Provision

A legal contract is generally defined as an agreement between two or more parties/entities that specifies what each party/entity agrees to do for the other or provide to the other. As you know, contracts are enforceable by law. Contracts contain clauses/provisions which are essentially sub-parts/elements that comprise the entire contact. While these terms are often used interchangeably, there is a legal difference in the definition between the term's clause and provision. However, statements included here will not attempt to differentiate between the two, since the focus of Part VI is not intended to be a discourse on contract law. Thus, for the intended purpose of Part VI, the term provision will be used to explain the Department's understanding and expectations of all concerned regarding two elements often found in contract law referred to as a Hold Harmless and Indemnity Provisions.

All of the Department's affiliation contracts with hospitals and or medical clinics where the clinical portion of your curriculum will occur contain the following provision:

To the extent permitted by law, University shall defend, indemnify, and hold Hospital, its officers, and employees, and agents harmless from and against any and all liability, loss, expense, or claims for injury or damages arising out of the performance of this Agreement by the University, its officers, employees, or agents, or the students under the University's supervision, but not to the extent that such liability, loss, expense, or claim for injury or damage is caused solely by the negligence or willful misconduct of Hospital, its officers, employees, or agents.

Two terms identified in bold print in the above provision are indemnify and hold harmless. These terms are defined as follows:

Hold Harmless
A "hold harmless" or "liability waiver" provision in a contract is an agreement between the parties whereby one or both parties agree not to hold the other party responsible for any loss, damage, or legal liability that may arise under the agreement. In other words, the two parties cannot sue each other for any damage they may suffer due to the negligence of the other party.[1]

Indemnify
An indemnity clause/provision is a promise to protect or hold another party harmless against either an existing or future loss or liability. Indemnity provisions may include both the duty to indemnify and the duty to defend. Indemnity agreements may also be used to exculpate (excuse, forgive) a person or entity from the consequences of

its own actions such as when a party holds the other contracting party harmless even if the damage resulted from the negligence of the party being indemnified. For example, Party A who has agreed to indemnify Party B may be forced to pay damages resulting from an event caused entirely by the negligence of Party B.[2]

As an entering junior student, you may well ask, "What does this have to do with me?" A closer reading of the contract provision and the legal terms defined apply to occurrences or situations that could occur during the course of a student's clinical rotation. For example, a patient falls or receives an improper injection while under your care. These examples would likely be defined as negligence, and you, the student, would be protected under the Department's contract provision, as well as under your liability insurance that is currently provided by the University. However, should an issue such as stealing drugs or willfully causing harm to patients, staff or equipment occur, you would not be protected as such acts are considered criminal/illegal. In such instances, the University, Departmental faculty or the clinical site will not be held responsible for your actions. In short, the Hold Harmless Provision does not apply to illegal/criminal acts.

[1]From *Hold Harmless & Indemnify,by Adams* Stirling, PLC, (https://www.davis-stirling.com/HOME/H/Hold-Harmless-Indemnify#axzz1RF6HTKve).
[2]From *The Texas Legal Liability Advisor*, by Funderburk Funderburk Courtois, LLP, (https://www.texaslegalbrains.com/_files/ugd/59ddd9_59ddc6cda0304527ac142e629982b796.pdf).

Updates and Revisions
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Updated and Revised – 5/2023
Updated and Revised – 8/2023
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Appendix A Clinical Competency Forms

UNIVERSITY OF SOUTH ALABAMA

Department of Radiologic Sciences
Competency Form

Student Name: _____ Date: _____

Clinical Examination: _____ # of Projections: _____ Age of Patient: _____

Signature Evaluating RT(R): _____ MR/Accession #: _____

The student must announce that a competency is desired prior to the beginning of the exam. The completed exam cannot have more than 3 errors and cannot have a major error to count as a competency. For each section below, place a checkmark in the error column if the student did not successfully complete the skill.

Please initial if no errors observed: _____

Categories	Error
A. Properly prepares examination room prior to beginning exam	
B. Interprets requisition, obtains and record complete and accurate patient history, and is knowledgeable of department routine	
C. Provides excellent patient care, including communication	
D. Provided proper radiation protection	

Major Error	
Place a checkmark here if student has a major error	
Explanation of major error	

	Projection(s)										
Projection											**Measurement** (if applicable)
Technique	kVp	mAs	kVp	mAs	kVp	mAs	kVp	mAs	kVp	mAs	_____ cm
Exposure Index #											**Repeated Images** Specify image(s) repeated and the reason for the repeat in the comment section below.
	Error		**Error**		**Error**		**Error**		**Error**		
E. Proper Equipment Manipulation											
F. Correct Patient Positioning Utilized											
G. Technical Factors											
H. Image correctly identified											
I. Image Evaluation											
J. Transfer of Knowledge											

Notes:

- Please refer to the adjunct radiographer training module for examples of major errors
- Pediatric examinations must be on patients 6 years old or younger
- Geriatric examinations must be on patients at least 65 years old **and** physically or cognitively impaired as a result of aging
- Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patient's condition, trauma upper extremity cannot be a shoulder; Routine examinations that include a variation in positioning cannot be used as a trauma exam (i.e. – a routine portable knee post op that includes and AP and cross-table lateral cannot be considered a trauma lower extremity, it would be a portable extremity)

Comments: _____

_____

To be completed by USA Faculty/Staff: Exam Verified: Yes or No Patient Simulation Phantom

Signature: _____ Pass or Fail

A. Properly prepares examination room prior to beginning exam
- A.1 Has room prepared and clean for examination
- A.2 Has available accessory equipment in room (grid, grid holder, sponges)
- A.3 Prepares contrast media properly/correct amount
- A.4 Cleans room after completion of examination

B. Interprets requisition and is knowledgeable of department routine
- B.1 Identifies radiographic examination to be performed
- B.2 Knowledgeable of department routine for specific examination
- B.3 Reviews order for examination
- B.4 Reviews patient history/chart information
- B.5 Obtains and records accurate patient history

C. Provides excellent patient care, including communication
- C.1 Confirms patient's identity
- C.2 Introduces self to patient
- C.3 Explains exam to patient
- C.4 Patient is properly dressed and artifacts removed for examination
- C.5 Keeps patient gowned/covered appropriately
- C.6 Demonstrates concern for patient safety and comfort
- C.7 Demonstrates proper universal precautions
- C.8 Dismisses patient properly when the examination is complete

D. Provides proper radiation protection
- D.1 Provides proper patient gonadal shielding (if applicable)
- D.2 Collimation on image is demonstrated and correct

E. Proper Equipment Manipulation
- E.1 Manipulates tube correctly
- E.2 Manipulates locks properly (tube/bucky/table)
- E.3 Aligns the central ray to the image receptor
- E.4 Selects proper SID

F. Correct Patient Positioning Utilized
- F.1 Proper positioning of patient's anatomy
- F.2 Proper alignment of central ray to anatomy
- F.3 Proper angulation of central ray (degree/direction)
- F.4 Gives proper breathing instructions
- F.5 Required anatomy included
- F.6 Completes image in a reasonable amount of time

G. Technical Factors
- G.1 Measure patient
- G.2 Knowledgeable of mAs/kVp for examination
- G.3 Exposure index not in designated range

H. Image correctly identified
- H.1 Correct patient information data is identified on image(s)
- H.2 Correct markers were employed and visible

I. Image Evaluation
- I.1 Student correctly evaluates image for diagnostic quality
- I.2 If a repeat is necessary, patient makes correct adjustment

J. Major Error

A major error is defined as an instance where a student appears to have no sense of understanding regarding how to perform a procedure and will include, but is not limited to, the following:
- Inability to set up for a procedure
- Inability to perform a given procedure
- Incorrect central ray alignment/angle/centering
- Improper selection of proper control panel selections
- Failure to invert feet (AP pelvis, AP hip)
- Failure to palpate symphysis pubis (KUB or Abdomen)
- Incorrect direction of central ray angulation
- Incorrect degree of central ray angulation (+/- 2 degrees)
- Failure to central the central ray or image receptor with the result yielding an undiagnostic image
- Radiographing the wrong patient
- Radiographing the wrong part (right or left, or anatomical part)
- Not adhering to universal precautions/OSHA guidelines

Revised 2022

UNIVERSITY OF SOUTH ALABAMA

Department of Radiologic Sciences
Oxygen Administration Competency Form

Student Name: _____ Date: _____

Age of Patient: _____

Signature Evaluating RT(R): _____ MR/Accession #: _____

The student must announce that a competency is desired prior to the beginning of the exam. The completed exam cannot have any errors. For each task below, place a checkmark in the "yes" column if the student satisfactorily completed the skill. If the student did not successfully complete the skill, place a checkmark in the "no" column.

Categories	Yes	No
K. Notes liters of oxygen in use on the portable oxygen unit		
L. Correctly sets the wall oxygen unit to the correct level		
M. Disconnects the oxygen line from the portable oxygen unit		
N. Connects the oxygen line to the wall oxygen unit		
O. Reconnects the patient to the portable oxygen unit upon completion of the exam		

Comments: _____

_____

_____

Note: Oxygen administration competency must be performed on an actual patient.

To be completed by USA Faculty/Staff: Exam Verified: Yes or No

Signature: _____ Pass or Fail

UNIVERSITY OF SOUTH ALABAMA

Department of Radiologic Sciences
Surgery Competency Form

Student Name: _____ Date: _____

Clinical Examination: _____ # of Projections: _____

Signature Evaluating RT(R): _____MR/Accession #: _____

The student must announce that a competency is desired prior to the beginning of the exam. The completed exam cannot have any errors. For each task below, place a checkmark in the "yes" column if the student satisfactorily completed the skill. If the student did not successfully complete the skill, place a checkmark in the "no" column.

Categories	Yes	No
P. Student demonstrates initiative, proficiency, and confidence throughout the procedure		
Q. Student obtains and wears the appropriate accessories to enter the surgical suite		
R. Student correctly sets up the equipment in the operating room		
S. Student assures lead shielding is provided for self, patient and surgery staff as needed		
T. Student properly inputs correct patient ID into the computer and on images		
U. Student properly manipulates equipment and demonstrates knowledge of its use		
V. Student properly performs routine examination/procedure and recognizes and corrects any problems which may exist		
W. Student practices proper sterile technique throughout the exam and after, as applicable		
X. Student properly archives and prints images		
Y. Student is able to follow surgeon's instructions as needed		
Z. Student effectively communicates will all persons involved in the procedure (Eg., radiologist, surgeon, anesthetist, nurses, etc.)		
AA. Student properly critiques images and identifies anatomy related to the examination performed		

Comments: _____

_____

_____

Note: Students must complete competency in two different surgical cases. One case must involve manipulation around a sterile field and one case must require manipulation to obtain more than one projection. It is important to note the number of projections required for the examination. All surgery competencies must be completed on patients.

To be completed by USA Faculty/Staff: Exam Verified: Yes or No

Signature: _____ Pass or Fail

Revised 2018

UNIVERSITY OF SOUTH ALABAMA

Department of Radiologic Sciences
Phlebotomy Competency Form

Student Name: _____ Date: _____

Signature of Evaluator: _____MR/Accession #: _____

Categories	Yes	No
1. Student identifies patient and explains exam		
2. Student applies tourniquet correctly		
3. Student palpates vein correctly		
1. Student has all available supplies on hand		
2. Student applies antiseptic before sticking vein.		
3. Student sticks vein and draws blood correctly.		
4. Student releases tourniquet		
5. Student applies band-aid or gauze after completion		
6. Student disposes of needle, etc., correctly, using universal precaution		
7. Student accepts guidance and instruction correctly		

Comments: _____

_____

_____

The student must make at least 80% to pass this competency (8 out of 10).
However, all students must successfully complete the number 6 objective.

To be completed by USA Faculty/Staff: Exam Verified: Yes or No

Signature: _____ Pass or Fail

Revised 2022

UNIVERSITY OF SOUTH ALABAMA

Department of Radiologic Sciences

Radiographic Equipment Manipulation Competency Form

Student Name: _____ Date: _____

Clinical Affiliate & Room#: _____

The student has one chance to give the correct response to the following tasks. If the student performs incorrectly, credit will not be given. A minimum of 85% is required for this competency (or 17 out of 20).

Task	Yes	No
1. Center lock the tube to the table		
2. Align the tube with the bucky		
3. Collimate to the size of an IR		
4. Move the tube longitudinally along the table		
5. Move the tube horizontally across the table		
6. Insert and remove IR from bucky		
7. Utilize technique chart		
8. Select proper SID for table bucky		
9. Select proper SID for table-top work		
10. Angle the tube cephalically and adjust the SID		
11. Angle the tube caudally and adjust the SID		
12. Turn the table from supine to erect		
13. Turn the tube for erect table work		
14. Rotate the collimator		
15. Choose proper SID for chest radiograph		
16. Set control panel for erect PA chest		
17. Set control panel for supine KUB		
18. Change the technique for erect KUB		
19. Identify tube warm-up procedure		
20. Apply/remove the footboard		

Student Signature: _____

Clinical Instructor Signature: _____

UNIVERSITY OF SOUTH ALABAMA

Department of Radiologic Sciences
Fluorographic Equipment Manipulation Competency Form

Student Name: _____ Date: _____

Clinical Affiliate & Room#: _____

The student has one chance to give the correct response to the following tasks. If the student performs incorrectly, credit will not be given. A minimum of 90% is required for this competency (or 26 out of 29).

Task	Yes	No
1. Identify the main on/off controls		
2. Identify mA indicator		
3. Identify mAs indicator		
4. Identify Small focal spot control		
5. Identify Large focal spot control		
6. Identify AEC and its application		
7. Identify selectors to initiate fluoroscopy		
8. Identify tube warm-up procedure		
9. Input patient information into digital system		
10. Identify image intensifier and monitor screen		
11. Identify how to change frames per second		
12. Position fluoro tower over table		
13. Identify and operate vertical locks		
14. Identify and operate longitudinal locks		
15. Identify and operate transverse locks		
16. Identify and operate manual collimator		
17. Identify hand switch		
18. Identify foot switch		
19. Identify the reverse button and its function		
20. Identify compression cone and its application		
21. Identify grid and its function		
22. Identify timer and reset on control panel and tower		
23. Identify table tilt control on tower		
24. Identify table top control on tower		
25. Attach and remove foot board		
26. Attach and remove shoulder brace		
27. Attach and remove lead shields		
28. Park fluoro tower post examination		
29. Identify selectors to send digital images		

Student Signature: _____

Clinical Instructor Signature: _____

Appendix B Clinical Observation Form

USA Student _____
Week____ Semester_____ Year____

LEVEL OF PARTICIPATION
(A) = Assisted Radiographer
(P) = Positioned Patient
(T) = Established Technique
(U) = Unassisted
(O) = Observed
(C) = Competency
(AC) = Attempted Competency

PROJECTION KEY
A = AP/PA
L = Lateral
O = Oblique
X = Other/Axial
M = MAJOR ERROR

Level	Patient Number	Exam	Positioning Error					Technique Error					Equipment Manipulation					Marker Error	Image Critique	Exam Preparation	History Obtained	Patient Care Provided	Radiation Protection	Transfers Knowledge	Number of Images Repeated	Reason for Errors/Repeat Images	Authorized Signature
			A	L	O	X	M	A	L	O	X	M	A	L	O	X	M		N	N	N	N	N	N			

			Positioning Error					Technique Error					Equipment Manipulation					Marker Error	Image Critique	Exam Prep	History	Patient Care	Rad. Protection	Transfers knowledge	Repeats		
Level	Patient Number	Exam	A	L	O	X	M	A	L	O	X	M	A	L	O	X	M		N	N	N	N	N	N		Reason for Errors/Repeat Images	Authorized Signature

Appendix C Clinical Trauma Evaluation Form

University of South Alabama
Department of Radiologic Sciences
CLINICAL EDUCATION NIGHTLY EVENING EVALUATION FORM

Student Name: _____Date:_____

Clinical Affliate:_____

This evaluation form is to be completed by the supervising radiographer. The evaluation is to be based upon observations made by the supervising radiographer and other input solicited from staff radiographers. It is designed to provide the student and the University instructors with constructive input on a regular and continuing basis. This evaluation will be used as an aid to identify strengths and weaknesses within the clinical setting and will be used in that context only.

A. Technical Ability:
- ( )Excellent
- ( )Good
- ( )Average
- ( )Below Average
- ( )Poor

B. Patient Care and Safety Skills
- ( )Excellent
- ( )Good
- ( )Average
- ( )Below Average
- ( )Poor

C. Initiative:
- ( )Exhibits enthusiasm and initiative in performing assigned tasks; continually seeks out new learning experiences beyond those scheduled or planned.
- ( )Keeps pace with regular work assignments and occasionally seeks out new learning activities.
- ( )Requires occasional prodding to keep up with delegated tasks; rarely uses time constructively.
- ( )Must be continuously prodded to meet responsibilities; completes assigned tasks only because they are required; does not seek out new learning experiences.

D. Response to Supervision and Guidance:
- ( )Consistently collaborates with supervisors to maximize learning and implement optimum patient care. Always remains in assigned area.
- ( )Willingly accepts supervision and guidance; generally applies recommendations and is receptive to constructive criticism. Consistently remains in assigned area.
- ( )Sometimes reacts negatively toward supervision; often rejects guidance or fails to apply recommendations. Has difficulty accepting constructive criticism. Frequently leaves assigned are without notification.

Comments and/or Recommendation:

Evaluating Radiographer Signature: _____

(This evaluation form should be given to the student at the end of the clinical rotation. If there is reason the evaluating radiographer feels the need to hand it personally to a clinical instructor, it can be placed in an envelope marked with attention to the clinical instructor.)

Appendix D Final Grade Grievance Form

FINAL GRADE GRIEVANCE FORM

1. Background Information:

Name of Student _____ Student Number J00 _____
Course or Academic Evaluation: course _____ comprehensive oral _____ comprehensive written_____
thesis defense _____ other (explain) _____

Course Term: ☐ Fall ☐ Spring ☐ Summer Year _____

Course and Grade Received or Academic Action Taken: _____

_____

Desired Outcome: _____

2. Nature of Complaint:

Check the grounds for the grievance that applies to this case:

☐ Arithmetical or clerical error.

☐ Arbitrary evaluation on the part of the instructor.

☐ Substantial failure on the part of the instructor to follow couse syllabus or other announced grading policy.

On a separate page or pages, explain your reason(s) for filing this complaint. In particular, describe how the grounds indicated above apply in this case. Attach any documentation that supports your complaint. **Clarity and thoroughness in documentation are important factors in determining whether this complaint will be dismissed or heard by a grievance facilitator.** Number of pages attached: _____

Have you attempted to resolve this matter with the instructor? ☐ Yes ☐ No

Was your attempt to resolve this matter with the instructor completed? ☐ Yes ☐ No

Within the required four-week time frame? ☐ Yes ☐ No

Date of informal meeting with instructor: _____

Outcome of meeting with instructor (If no meeting took place, explain why): _____

_____

_____

Grievance Form Received by: _____ _____
(Signature) (Date)

A COPY OF THIS SIGNED AND DATED FINAL GRADE GRIEVANCE FORM HAS BEEN RETURNED TO ME:

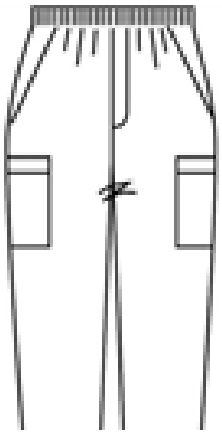
Student Signature: _____ Date: _____

Appendix E Uniforms

Drawstring Scrub Pant

L 7602

D 850106/856406



Cargo Scrub Pant

L 8555/8501

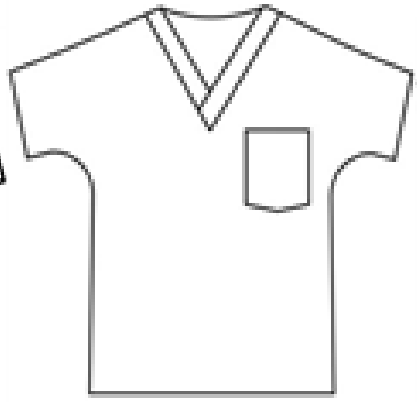
Elastic Waist Scrub Pant

L 8327

D 850506

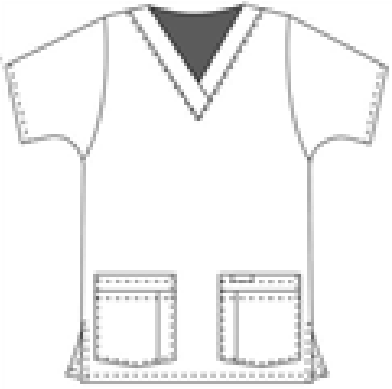
Snap Front V-Neck Tunic

L 8232



Unisex V-Neck Tunic

D 810106



V-Neck Tunic

L 7489 Men

L 70221/8219 Women

D 810506 Women

D 816406 Men

The color of the scrubs is ROYAL BLUE.

L = Landau

D= Dickies