



***DELAWARE TECHNICAL COMMUNITY COLLEGE
CHRISTIANA CARE HEALTH SERVICES
RADIOLOGIC TECHNOLOGY PROGRAM***

***STUDENT MANUAL
2019***

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WELCOME

...to the DTCC/CCHS Radiologic Technology Program. We hope that you will find the next two years fulfilling, both educationally and personally.

As a student technologist, you will be playing a vital role in the branch of medicine called Radiology. You will assist physicians known as Radiologists in utilizing x-radiation in diagnosing various injuries and diseases.

Because of the unique education process involved and the many responsibilities accompanying this role, we have designed this student manual to help you become acquainted with the Radiology Departments and the Radiologic Technology Program. Program rules and regulations are presented in this manual. College-wide policies are found in your DTCC Allied Health Student Handbook. It is your responsibility to adhere to these rules in order to offer safe, efficient and professional services to our most important consideration - the patient.

I. STATEMENT OF PURPOSE

A. COLLEGE MISSION STATEMENT

Delaware Technical Community College is a statewide multi-campus community college committed to providing affordable, open admission, post-secondary education that is relevant and responsive to labor market and community needs. The College offers comprehensive educational opportunities that contribute to the economic vitality of the State, including career, general, developmental, and transfer education; workforce development; and lifelong learning. The College respects its students as individuals and as members of diverse groups and is committed to fostering student success in higher education as a means to economic and personal advancement.

Revised 2015

B. PROGRAM MISSION STATEMENT

The Radiologic Technology Program provides comprehensive, educational experiences that enable qualified students to acquire the knowledge, skills and behaviors necessary to be academically eligible for certification by the American Registry of Radiologic Technologists (ARRT) and employment as radiologic technologists.

Revised 12/2013

C. PROGRAM ACCREDITATION

The Radiologic Technology Program is fully accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The JRCERT promotes excellence in education and evaluates quality and safety in radiography, radiation therapy, magnetic resonance, and medical dosimetry educational programs. Our program is in compliance with the standards of excellence outlined by this organization. Students are encouraged to visit the JRCERT website at www.jrcert.org to familiarize themselves with these standards. If at any time students feel that these standards are being violated and resolution cannot be achieved through the program's grievance policy, they can contact the JRCERT directly via the website.

D. **PROGRAM GOALS and STUDENT LEARNING OUTCOMES**

1. Students will demonstrate clinical competence.
 - (a) Students will accurately position patients for radiographic exams.
 - (b) Students will select correct technical factors.
 - (c) Students will protect patients from unnecessary radiation exposure.
 - (d) Students will demonstrate good patient care skills during the performance of radiographic procedures.

2. Students will communicate effectively.
 - (a) Students will effectively communicate directions during the performance of radiographic procedures.
 - (b) Students will recognize the need to modify communication when interacting with patients of a different culture.

3. Students will utilize critical thinking.
 - (a) Students will be able to adapt to non-routine procedures.
 - (b) Students will apply critical thinking in the evaluation of radiographic images.

4. Students will demonstrate professionalism.
 - (a) Students will exhibit professional behavior in the clinical setting.
 - (b) Students will practice ethical conduct.

E. **REQUIREMENTS FOR GRADUATION AND REGISTRY ELIGIBILITY**

All academic requirements must be satisfied by each student to include achieving a grade of C or higher in each course in order to qualify for graduation and the registry exam. Clinical competency requirements must be passed with a minimum of 75 percent, and all clinical hours must be satisfied. Should a student fail to maintain the above standards of performance, the Program Coordinator reserves the right to delay graduation and registration until all such requirements are met. In addition, any student who has a felony or misdemeanor charge on their record needs to disclose that information to the Program Coordinator. The Program Coordinator will advise the student on how to request an ethics review from the ARRT. The ARRT will then determine if the student is eligible to take the national Registry Exam. Please review all grading policies as stated in this handbook and in the Allied Health Policy Manual.

F. **TUITION AND FEES**

Please see DTCC website for information on tuition, deposits, and refunds. For financial aid information, please contact the Financial Aid Office at DTCC at (302) 657-5152.

G. **ATTENDANCE INFORMATION**

The DTCC Radiologic Technology Program is a full-time, 6 semester education program.

During the 1st year, students attend classes on Monday, Wednesday, Friday and are in clinic on Tuesday and Thursday. During the 2nd year, students attend class on Tuesday and Thursday and clinic on Monday, Wednesday and Friday. Summer clinical sessions are Monday through Friday. Clinical hours vary depending upon rotation but do not exceed 8 ½ hours/day. Rotations can begin as early as 7:00 a.m., and end as late as 9:00 p.m. Students are allotted a one hour meal break during clinical rotations. Students are never scheduled in excess of 40 hours per week for total didactic/lab/clinical education.

H. **STATE CERTIFICATION**

The state of Delaware requires that all persons who operate x-ray equipment (excluding students in training) must be certified by the state. Upon graduation, certification can be obtained by successfully passing the ARRT exam or the state certification exam and sending in an application form and appropriate fee.

I. **TECHNOLOGY FACULTY**

Program Coordinator/Dept. Chair.....Kathleen Euganeo, M.S, RT(R)
keuganeo@christianacare.org

Clinical Coordinator.....Denise Groves, B.S., RT(R)
dgroves@christianacare.org

Didactic/Clinical Instructors.....Gail Scharmberg, M.Ed., RT(R)
gscharmberg@christianacare.org

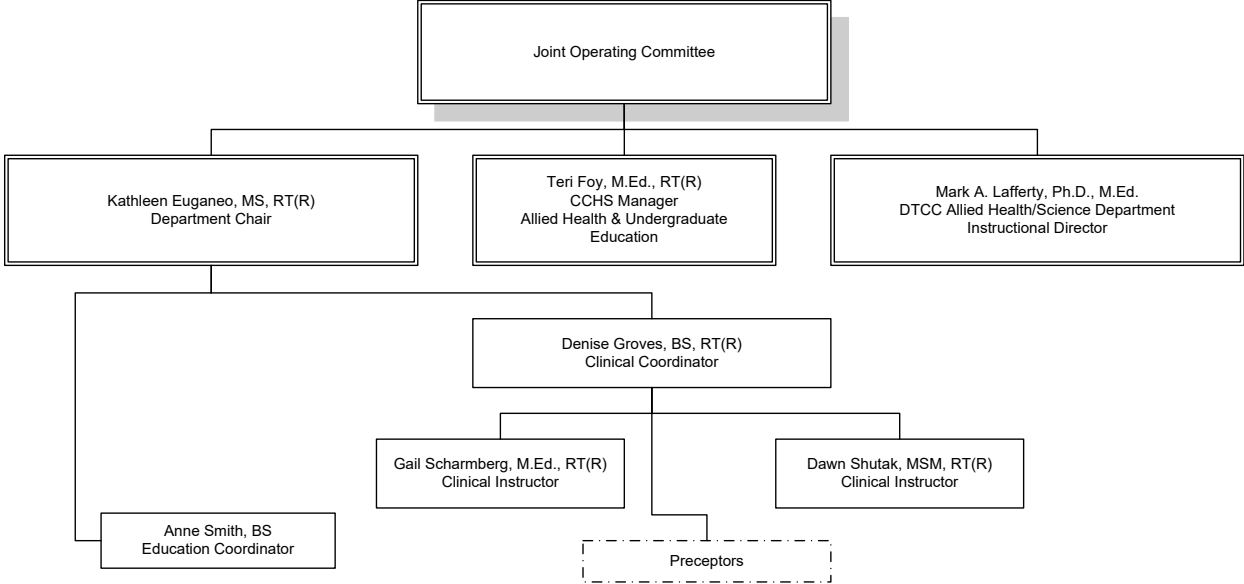
Dawn Shutak, M.S.M., RT(R)
dshutak@christianacare.org

Administrative Assistant.....Anne Smith.
anne.smith@christianacare.org

Program office phone number: **302-320-4590**
Instructors can be contacted at **Christiana Hospital** by using **Vocera**

Revised 09/18

DELAWARE TECHNICAL COMMUNITY COLLEGE
 CHRISTIANA CARE HEALTH SYSTEM
 RADIOLOGIC TECHNOLOGY PROGRAM
 Organizational Chart



J. **PHONE NUMBERS/ADDRESSES**

Radiologic Technology Program Office 320-4590
Riverside Medical Arts Complex
700 W. Lea Blvd., Suite 101
Wilmington, DE 19802

Fax # 762-3704

DTCC Classroom/Lab 830-5206

DTCC Allied Health Office 571-5355

Radiology Departments

Christiana Hospital
4755 Ogletown-Stanton Road
Newark, DE 19718

IP 733-1782
ED 733-1708
OR 733-2644
CT 733-1852
MRI 733-5930 (charge desk)
IR/CC 733-2574
(leave message)

Cancer Center at Christiana (302) 623-4560
4701 Ogletown-Stanton Road
Newark, DE 19713

Health Care Center at Christiana (302) 623-0540
200 Hygeia Drive
Newark, DE 19713

CCIS – Suite 107 (302) 733-5998
Medical Arts Pavilion 1, Suite 107
4755 Ogletown-Stanton Road
Newark, DE 19718

Wilmington Hospital 320-2946
501 W. 14th Street
Wilmington, DE 19801

Delaware Imaging Network (originally Papastavros)

Polly Drummond 40 Polly Drummond Hill Road, Bldg. 4 Newark, DE 19711	861-2868
St. Francis Hospital 701 N. Clayton Street Wilmington, DE 19805	421-4300
Union Hospital 106 Bow Street Elkton, MD 21921	(410) 398-4000 Ext. 1730
First State Ortho – Map 1 4745 Ogletown Stanton Road, Suite 225 Newark, DE 19713	731-2888 Ext. 1016 Ask for Joe Thomas
First State Ortho – Sabre Building 4051 Ogletown-Stanton Road, Suite 103 Newark, DE 19713	
Nemours/Alfred I DuPont Hospital for Children 1600 Rockland Rd. Wilmington, DE 19803	(302) 651-6256 Kristi Keller
Delaware Imaging Network Omega Imaging L-6 Omega Dr. Newark, DE 19713	(302) 738-0980 Adrienne Brock

Revised 08/2019

K. TECHNOLOGY ORGANIZATIONS

Students interested in becoming members of the professional technology organizations may request additional information from the Program Coordinator. Students can apply for membership to the following professional organizations:

1. Delaware Society of Radiology Professionals
2. Philadelphia Society of Radiologic Technologists
3. American Society of Radiologic Technologists

The **American Registry of Radiologic Technologists (ARRT)** is recognized as the national certifying body of Radiologic Technologists. Students who have satisfied all clinical and didactic requirements specified by the program will be eligible to sit for the registry exam after program completion. This exam consists of 200 questions relating to the practice of Radiography.

Applicants eligible for examination in radiography will be allowed three attempts within a three year period to pass the certification examination. Upon successful completion of this exam, the initials R.T.(R) can be used after your name. Recertification will be required every ten years.

The program's effectiveness data related to student success on the ARRT exam can be found on the Radiologic Technology webpage on the DTCC website.

Registration by the ARRT is encouraged of all program graduates and is required by most employers. Twenty-four hours of continuing education credits every two years is required in order to maintain ARRT registry status.

L. TECHNICAL STANDARDS

**RADIOLOGIC TECHNOLOGY PROGRAM
George Campus**

Listed below are the essential functions identified for students in the Radiologic Technology Program. These Technical Standards mirror the Essential Functions of employees in this profession. They will be required of program students as designated below, with or without accommodations.

Read each standard and respond that you meet the standard 100% or are unable to fully meet the standard by signing your initials in the appropriate column. If you choose less than 100% for any technical standard you will need to schedule an appointment with the Radiologic Technology Program Coordinator to discuss your situation.

The Radiologic Technology Program is a strenuous program. In order to meet the competency requirements and be successful the student:

TECHNICAL STANDARD	ABLE TO MEET STANDARD 100%	UNABLE TO MEET STANDARD
Must be able to stand and walk for 80% of clinical time often while wearing a lead apron.		
Must be able to assist, lift, and position patients for at least 50% of the clinical times.		
Has the verbal and written skills sufficient to respond promptly in communications with patients, co-workers, and physicians.		
Has sufficient sight to observe the condition of the patient while behind the control panel and to evaluate images.		
Has verbal skills to instruct the patient while performing the duties of a radiologic technologist.		
Has sufficient hearing to respond to patient needs and to interact with the patient; includes stethoscope use as well as ability to respond to the audible sounds of the equipment.		
Has sufficient motor skills to be able to respond to medical emergencies and to manipulate the equipment. These motor skills may include, but are not limited to the following:		
A. Extend the hands and arms in any direction often reaching 3-4 feet above the head.		
B. Seize, hold, grasp, turn and otherwise work with both hands.		
C. Pick, pinch or otherwise work with the fingers.		
D. Perform frequent lifting and carrying of up to 20 lbs.		
E. Perform frequent pulling or pushing of object weighing 100 lbs. or more.		
F. Lift and transfer patients to and from the radiographic table safely, without injury to patient, self or other health care workers.		
Has intellectual and emotional skills to exercise discretion.		
Has the cognitive ability to perceive environmental threats and stresses dealing with them appropriately. Continues to function safely and effectively during high stress periods.		
10		

Protect self and others from hazards in the health care environment, such as infectious disease, contaminated equipment, sharps (particularly needles), chemical fumes and radiation.		
Has sufficient professional behaviors to meet required professional standards such as attendance, punctuality, and appropriate interpersonal skills.		

References: Christiana Care Health System Physical Demands for the Radiology Department.
 Dictionary of Occupation Titles. Radiologic Technologist. Retrieved 02/17/05 from www.occupationalinfo.org

If you have any questions or wish to discuss further the Technical Standards required of program students, please call the RAD Program Coordinator at (302) 428-4571.

The Federal Americans with Disabilities Act (ADA) bans discrimination of persons with disabilities. In keeping with this law, Delaware Tech makes every effort to ensure quality education for all students. However, we feel obligated to inform students of the technical standards/essential functions demanded by the profession.

If reasonable accommodations are necessary, it is the responsibility of the student to notify his/her counselor and the RAD Program Coordinator.

I have read and understand the Technical Standards required for the successful completion of this program.

 Student Signature

 Date

700-

 Printed Name

 Student ID #

DISCLAIMER

The above statement of criteria is not intended as a complete listing of behaviors required for radiologic technology, but is a sampling of the types of abilities needed by the radiologic technology student to meet program objectives and requirements. The Program of Radiologic Technology or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The Program of Radiologic Technology reserves the right to amend this listing based on the identifications of additional standards or criteria for radiologic technology students.

The ability to handle the stresses of a heavy academic schedule and clinical rotations is particularly important.

v. 09.12.12

Revision note: These Technical Standards are consistent with the requirements set forth under the “Essential Functions” section of the 2012-2013 Allied Health /Science Department Student Policy Manual. The industry terminology distinction between Essential Functions and Technical Standards will not alter the compliance requirements.

II. DIDACTIC EDUCATION PLAN

A. CURRICULUM

The Radiologic Technology curriculum is delivered twice a year; one class beginning in May and the second class beginning in August. Course descriptions are published on line in the college catalog as well as posted on D2L for each student prior to the start of each class. The courses are sequenced to insure a gradual progression in technical and clinical knowledge. Please note that the technology courses (RAD) may **not** be taken out of sequence.

B. ACADEMIC GRADING SYSTEM

Students are evaluated on all didactic material. Evaluation tools include quizzes, tests, final exams, research projects, etc. Each instructor supplemental sheet includes a specific grading policy for that particular course. Please note that you are expected to attend all classes and that attendance does impact the final grade. (See class attendance policy.)

Academic grading system is as follows:

100 - 92	A
91 - 83	B
82 - 75	C
74 or below	F

Note, also, that due to sequencing of RAD courses, a failure may delay your progress in the program. Refer to the Allied Health Policy Manual - Academic Withdrawal Policy.

C. **BOOKS**

Books can be purchased through DTCC's bookstore prior to each semester. The books used for the technology courses are listed below. Support courses' book requirements will be announced by individual instructors.

If you choose to purchase a book from another source, please verify that it is the latest edition.

Patient Care in Radiography with an Introduction to Medical Imaging
Ruth Ann Ehrlich and Dawn Coakes, pub. Elsevier

Essentials of Radiologic Science,
Robert Fosbinder & Denise Orth, pub. Wolters Kluwer Lippincott

Merrill's Atlas of Radiographic Positioning and Procedures,
Bruce Long, pub. Mosby

Workbook for Merrill's Atlas of Radiographic Positioning and Procedures, Bruce Long, pub. Mosby

Record of Required Clinical Competencies for Radiography Students
pub. ASRT Educational Foundation

Radiographic Pathology,
Linn-Watson, pub. Wolters Kluwer Lippincott

Mosby's Comprehensive Review of Radiography,
William Calloway, pub. Elsevier

Radiation Protection in Medical Radiography,
Sherer, Visconti, Ritenour, pub. Mosby Elsevier

This list is subject to change.

REVISED 9/18

D. **CURRICULUM SEQUENCE**

SUMMER START

COURSES FOR APPLICATION

SSC 100 First Year Seminar
BIO 120 Anatomy and Physiology I
CHM 110 General Chemistry
MAT 153 College Math and Statistics

FIRST SEMESTER

RAD 105 Intro to Patient Care & Radiography
BIO 100 Medical Terminology
BIO 121 Anatomy and Physiology II

SECOND SEMESTER

RAD 130 Radiographic Procedures I
RAD 140 Principles of Radiographic Imaging I
RAD 160 Clinical Radiography I
ENG 101 Critical Thinking and Academic Writing

THIRD SEMESTER

RAD 131 Radiographic Procedures II
RAD 141 Principles of Radiographic Imaging II
RAD 150 Radiation Protection & Biology
RAD 161 Clinical Radiography II
ENG 102 Composition and Research

FOURTH SEMESTER

RAD 162 Clinical Radiography III

FIFTH SEMESTER

RAD 230 Radiographic Procedures III
RAD 240 Radiographic Imaging Equipment
RAD 260 Clinical Radiography IV
PSY 121 General Psychology

SIXTH SEMESTER

RAD 222 Selected Topics in Radiography
RAD 250 Radiographic Pathology
RAD 261 Clinical Radiography V
SOC 213 Ethical Issues in Health Care

FALL START

COURSES FOR APPLICATION

SSC 100 First Year Seminar
BIO 120 Anatomy and Physiology I
CHM 110 General Chemistry
MAT 153 College Math and Statistics

FIRST SEMESTER

RAD 105 Intro to Patient Care & Radiography
BIO 100 Medical Terminology
BIO 121 Anatomy and Physiology II

SECOND SEMESTER

RAD 130 Radiographic Procedures I
RAD 140 Principles of Radiographic Imaging I
RAD 160 Clinical Radiography I
ENG 101 Critical Thinking and Academic Writing

THIRD SEMESTER

RAD 131 Radiographic Procedures II
RAD 141 Principles of Radiographic Imaging II
RAD 150 Radiation Protection & Biology
RAD 161 Clinical Radiography II
ENG 102 Composition and Research

FOURTH SEMESTER

RAD 162 Clinical Radiography III
RAD 230 Radiographic Procedures III
RAD 240 Radiographic Imaging Equipment
PSY 121 General Psychology

FIFTH SEMESTER

RAD 260 Clinical Radiography IV

SIXTH SEMESTER

RAD 222 Selected Topics in Radiography
RAD 250 Radiographic Pathology
RAD 261 Clinical Radiography V
SOC 213 Ethical Issues in Health Care

III. **CLINICAL EDUCATION PLAN**

A. **PHILOSOPHY OF CLINICAL EDUCATION**

It is the philosophy of the program to provide the radiography students with optimum and varied clinical experiences and to insure that the students meet the objectives of clinical education listed below.

B. **PLAN OF CLINICAL EDUCATION**

Clinical experience is closely correlated with the didactic education. During the first year, students are in clinic 2 days/week; in the second year, 3 days/week with 1 full time summer clinical semester. As students progress and learn radiographic procedures and theory in class and lab, they are expected to observe, assist and eventually perform these procedures under the direct supervision of clinical instructors, preceptors and technologists. Students are required to complete a minimum number of clinical competency tests each semester. Upon successful completion, students may then perform the procedures with indirect supervision. Continued performance of procedures reinforces the knowledge, behaviors and skills necessary to become competent, independent radiographers.

Students are evaluated throughout the clinical program by clinical faculty and staff. Areas evaluated include patient care, professional behaviors, positioning skills, equipment and technique manipulation and radiation protection. The tools used for evaluation are weekly clinical evaluations, midterm and final progress appraisals, and clinical competency testing.

C. **CLINICAL OBJECTIVES**

1. Reports to assigned area of clinic at the start of shift appropriately equipped and attired.
 - Appropriately signs in and out of clinical area
 - Dress code/name badge
 - Markers
 - Notebook
 - ASRT record book
 - Radiation monitor
 - Punctuality

2. Demonstrates organization in identifying and preparing the patient and the room for a successful exam; remains with task until completion.
 - Identify patient using 2 identifiers (name and birth date)
 - Verify orders and confirm matching information
 - Prepare/orient the room appropriately for exam
 - Set control panel prior to start of exam
 - Acquire image receptors/accessory devices necessary for exam
 - Establish appropriate order for images to be performed
 - Clean and prepare room for next exam to include linen
 - Efficient workflow
3. Provides patient care regarding comfort, safety, privacy and confidentiality.
 - Appropriately gown patient for procedure maintaining modesty
 - Assists patient to insure safety
 - Adapts procedure to maintain patient safety
 - Recognizes protocol for giving water or medications
 - Maintains confidentiality of patient information including electronic/paper and verbal transmissions
4. Transfers learned didactic knowledge and laboratory principles to the clinical setting.
 - Actively participates in all procedures applying positioning, exposure and protection skills as taught in class
 - Takes advantage of opportunities to achieve competencies when opportunity presents itself
 - Follows procedural protocols as taught in class and lab
 - Maintains organized clinical notebook

5. Accurately utilizes positioning skills to produce diagnostic images.
 - Demonstrates knowledge of routine procedures per clinical facility
 - Modifies procedures based on patient condition
 - Evaluates patient for removable artifacts
 - Performs procedures displaying confidence appropriate to level of education
 - Performs procedures with appropriate speed and accuracy

6. Adapts to procedural variances between clinical rotations/facilities.
 - Recognizes and adapts to procedural variances
 - Utilizes pocket notebook to reflect procedural variances
 - Follows workflow of specific clinical area or facility

7. Demonstrates respect for:
 - Patients
 - Peers
 - Technologist
 - Ancillary staff
 - Instructors

8. Follows acceptable radiation protection practices for self and patients.
 - Follows principles of time, distance and shielding
 - Collimates appropriately for exam
 - Follows protocol pertaining to shielding of patients per program policy
 - Follows program policy prohibiting the holding of patients during radiographic exposure
 - Follows program policy prohibiting electronic shuttering (cropping) of images

9. Correctly utilizes radiographic markers as indicated by observation, clinical evaluations and competency exams.
 - Utilizes radiographic markers appropriately for every exposure
 - Appearance of markers is clearly visible on processed image
 - Recognizes need to disinfect markers between patients

10. Demonstrates ability to set safe and diagnostic exposure techniques as dictated by ALARA and supported by classroom instruction.
 - Refers to notebook for baseline techniques
 - Demonstrates ability to manipulate all types of control panels
 - Alters techniques based on patient size/condition commensurate with level of education
 - Checks EI# on all images to insure correct exposure prior to submission

11. Demonstrates knowledge of equipment, accessory devices and processing procedures at each clinical site.
 - Include tube locks, bucky tray, footboards, image receptors, grids, image intensifiers, etc. for radiographic and fluoroscopic equipment
 - Ability to operate patient transfer devices
 - Adapts to variances between CR and DR equipment
 - Portable radiographic and fluoroscopic units

12. Evaluate quality of all images with instructor, technologist or radiologist to insure optimal images while correctly completing paperwork.
 - Check all images prior to submission
 - Critique image for acceptable exposure ranges at each facility
 - Critique image for proper positioning
 - Orient images prior to sending for interpretation
 - Affirm that all anatomy is identified and included
 - Annotate image appropriately

13. Demonstrates knowledge and practices universal precautions
 - Handwashing
 - Gloves
 - Gowns when applicable
 - Follows protocol for soiled linens and disposal of bodily fluids and contrast media

14. Demonstrates appropriate communication skills in patient care.
 - Utilizes appropriate tone of voice and clear instructions while verbally communicating with patients
 - Acquires and documents appropriate history for exam while using correct medical terminology/spelling
 - Demonstrates appropriate nonverbal communication including professional touch, body language, personal hygiene and appearance (refer to dress code)
 - Communicates with all patient populations regardless of age, culture, gender, illness or disability , recognizing instances when interpreters are required

15. Demonstrates appropriate communication skills in professional relationships.
 - Takes initiative to seek out and communicate with the technologists in your assigned area/rotation.
 - Utilizes discretion in work areas to include professional conversations and appropriate tone of voice
 - Displays appropriate nonverbal communication/professional behaviors in interactions with staff and peers

16. Demonstrates initiative and commitment towards clinical education.
 - Gains knowledge of work flow in clinical rotation areas
 - Acquires competencies in a timely manner based on clinical rotations insuring that 50% of required competencies obtained by midterm
 - Continues to perform exams where competencies have been achieved
 - Keeps laundry and supplies stocked in assigned areas
 - Uses downtime wisely such as practicing with equipment and simulating procedures with classmates

17. Utilizes constructive feedback as a source for improvement while maintaining confidence.
 - Demonstrates respect for experience
 - Adapts behavior after feedback is given

18. Exercises professional judgment in all aspects of clinical education to include:
 - Performance of procedures
 - Utilizes professional behaviors
 - Recognizes abilities and limitations

19. Abides by all program policies as outlined in the radiologic technology student handbook to include but not limited to:
 - Calling out procedure
 - Make up time policy
 - Dress code policy
 - Supervision policy
 - Keeps clinical note book updated

20. Exhibits the ability to adapt to new and difficult situations if and when necessary.
 - Participates in challenging cases commensurate to level of education
 - Demonstrates critical thinking skills by modifying procedure due to patient condition

Revised 06/2017

D. **COMPETENCY-BASED CLINICAL EDUCATION**

Competency based clinical education is a standardized method for the evaluation of clinical performance within the Radiologic Technology program. All students must achieve a required level of competency each semester in order to advance to the next level of education. The clinical education process is developed to follow this progression:

1. Student acquires cognitive knowledge of radiographic procedures in class. Knowledge is evaluated by quizzes, tests and examinations.
2. Students practice procedures in laboratory setting and in practice sessions. Some competencies are performed in the laboratory setting.
3. Students observe and assist technologist in the performance of radiographic procedures in the Radiology department.
4. Student performs procedures under direct supervision of technologist or instructor. Constructive feedback to the student is provided by rotation evaluations completed by the technologist and/or instructor.
5. Procedures assisted and/or performed in the clinic, must be documented in the ASRT Clinical Record Book. This insures that students are adequately prepared to attempt competency and experience a wide variety of procedures.
6. When a student is ready to test out on a specific procedure, the student will request to be evaluated for competency by the instructor/ preceptor/ staff technologist. Students can request this evaluation after they have assisted and/or performed a minimum of three exams. Due to the availability of studies the following procedures only require one documentation: BE/BEAC, Portable Abdomen and Headwork with the exception of Pre-MRI which requires three. Verification of these exams will be found in the student's ASRT Clinical Record Book.
7. If not successful, the instructor or preceptor will provide remedial training on this procedure.
8. If successful, the student can then perform the study under indirect supervision. It is stressed that the student must continue to perform these procedures in order to reinforce skills and insure independent procedure performance.

COMPETENCY REQUIREMENTS

Below is a list of the **imaging procedure competencies** that are to be achieved throughout the program. The “Required Clinical Competencies” will be performed in the clinical setting under the supervision of an instructor or clinical preceptor according to the progression outlined in this manual, Section IV, F. The “Required Lab Competencies” will be attained during the lab component of Radiographic Procedures I, II and III under the supervision of the assigned instructor. By the completion of the program, the student will have demonstrated competency in 52 procedures; 40 in the clinical setting and 12 in the lab setting.

Required Clinical Competencies

Chest (3)

Routine
Stretcher
Portable Chest

Abdomen (4)

1 View
Obstruction Series
• Erect
• Lt. Lateral Decub.
Portable Abdomen

Spine (3)

Cervical (5 views)
Thoracic
Lumbar

Upper Extremities (8)

Finger
Hand
Wrist
Forearm
Elbow
Shoulder (trauma)
Humerus
Trauma (any upper ext.)

Lower Extremities (7)

Foot
Ankle
Knee
Femur
Hip (trauma)
Lower Leg
Trauma (any lower ext.)

Other (2)

Ribs
Pelvis

Fluoro (2)

Ba Swallow
UGI or
Contrast Enema

OR (4)

C-Arm (sterile field)
Cystogram
Lateral Spine
C- Arm (Ortho)

Geriatric (3)

Chest
Upper Extremity
Lower Extremity

Pediatric (3)

Chest (6 yrs. or under)
Extremity (6 yrs. or under)
NICU Portable Chest

Cranium (1)

Pre-MRI

Check Off Sheets:

Fluoro Check Off	Semester III - RAD 161
Fluoro Procedure Check Off	Semester IV - RAD 162
Sterile Tray Check Off	Semester VI - RAD 261

An extra point will be awarded in the semester in which it is achieved for the following studies:

- Additional head work study after the 1 required competency is achieved.
- Additional fluoro study after the 2 required competencies are achieved.

Once competency has been achieved the student must adapt to procedural variances at all clinical sites or competency may be revoked.

Required Patient Care Competencies (6)

Students must demonstrate competencies in the following general patient care activities. Requirements for each competency will be provided by course instructor.

CPR	Semester I – RAD 105
Vital Signs	Semester I – RAD 105
Sterile and aseptic technique	Semester VI – RAD 261
Venipuncture	Semester III – RAD 131
Transfer of patient	Semester IV – RAD 162
Care of patient medical equipment	Semester II – RAD 160

Revised 06/2019

F. **CLINICAL COMPETENCY REQUIREMENTS PER SEMESTER**

Although this program is designed to allow the student to move gradually from dependent to independent performance, students must achieve the following minimum competency requirements in order to progress to the next semester. Students are encouraged to exceed the minimum competency requirements and pursue competency as opportunities become available. Should a student not be able to achieve a competency within the required semester due to extenuating circumstances, a substitution will be allowed. ***The missed competency must be achieved no later than the following semester.*** Failure to follow the formatting of competencies may adversely affect clinical grade and/or standing in the program.

First Year Summer Start

Fall Semester (4) RAD 160

Routine Chest
Abdomen
Extremities (2)

Spring Semester (7) RAD 161

Extremities (4)
Pelvis
Spine (1)
Stretcher Chest

Summer Semester (14) RAD 162

Extremities (7)
Fluoro (1)
Spine (2)

Ribs (1)
Obstruction Series (3V-Erect)
Portable Chest
OR (1)

Second Year Summer Start

Fall Semester (8) RAD 260

Cranium (1)
OR (1)
Portable Abdomen – 1 view
Fluoro (1)
Trauma (Upper & Lower Ext.)(2)
Obs. Series (3V – Lt. Lat. Decub.)
Geriatric Chest

Spring Semester (7) RAD 261

NICU Portable
OR (2)
Pediatric Chest (1) - ≤ 6 yrs.
Pediatric Extremity (1) - ≤ 6 yrs.
Geriatric Upper & Lower Ext. (2)

First Year Fall Start

Spring Semester (4) RAD 160

Routine Chest
Abdomen
Extremities (2)

Fall Semester (7) RAD 161

Extremities (4)
Spine (1)
Stretcher Chest
Pelvis

Second Year Fall Start

Spring Semester (8) RAD 162

Portable Chest
Extremities (3)
Fluoro (1)
Spine (1)
OR (1)
Obstruction Series (3V-Erect)

Summer Semester (14) RAD 260

Ribs
Geriatric Chest
Obs. Series (3V-Lt. Lat. Decub.)
Extremities (4)
Cranium (1)
OR (1)
Portable Abdomen
Fluoro (1)
Spine (1)
Trauma Upper & Lower Ext. (2)

Fall Semester (7) RAD 261

Pediatric Chest - ≤ 6 yrs.
Pediatric Extremity - ≤ 6 yrs.
Geriatric Upper & Lower Ext. (2)
NICU Portable
OR (2)

NOTE: ¹When using a pediatric patient for a routine comp, the patient must be 12 years or older, adult size, and able to cooperate with the study.

²Geriatric patients must be at least 65 years old and physically or cognitively impaired as a result of aging.

G. **FAILED COMPETENCY EXAMS**

In the event a student fails a competency exam the following procedure will apply:

1. The Clinical Competency Evaluation Form **must** be submitted with reason for failure. This attempt must be documented in the student log book and a grade of 74 will be applied.
2. The student is **not** to re-attempt that competency exam until an instructor or preceptor re-mediate and reviews/practices the study with the student utilizing the student notebook. The maximum grade on any re-comp will be a 75.
3. If a student fails the same exam again, a written warning will be given and a meeting with the instructors will be scheduled to discuss student progress. **Continued failures may result in failure of the course.**
4. Failed clinical competency exam grades of 74 will be averaged into the clinical competency grade component for the semester in which the competency was failed.

Revised 04/11

H. REVOKED COMPETENCY EXAMS

Should any of the following situations apply, the faculty of the Radiologic Technology program may revoke competency exams:

1. If a student is unable to perform or incorrectly performs an exam in which they have already successfully comped (patient condition considered).
2. If a student refuses a study by denying competency in cases where competency has already been determined.
3. Student misrepresents competency by denying knowledge of entire procedure.

The following ramifications will apply:

1. The student must remediate with an instructor.
2. The student must re-comp on the procedure with an instructor or preceptor.
3. The mid-semester or final progress appraisals will reflect this issue.
4. The highest grade a student can receive on a revoked comp procedure is a 75 regardless of the previous grade earned on the exam.

NOTE: A STUDENT WILL NOT BE PERMITTED TO GO INCOMPLETE AT THE END OF A SEMESTER DUE TO A REVOKED COMP. INCOMPLETE GRADES ARE ONLY GIVEN IN SITUATIONS DEEMED BEYOND THE STUDENT'S CONTROL.

CLINICAL GRADING SYSTEM

The student's clinical performance will be graded and discussed with the student at midterm and final progress appraisals. Grades are based upon attendance, positioning and technical ability, professional rapport and judgment, appearance, clinical competency testing, psychomotor skills, cognitive skills, and affective characteristics.

1. Grading Scale

100 - 92	A
91 - 83	B
82 - 75	C
74 - Below	F

2. Grading Criteria

(a) Clinical Documentation

- (1) Students are required to maintain accurate techniques and protocols for each clinical affiliate in notebooks. These notebooks must be utilized by the students during all clinical assignments.
- (2) Students will have technologists with whom they work during the course of the semester fill out evaluations on their performance. A total of 8 evaluations per semester are required.

(b) Competency Exams

As previously stated, students must complete a specific number of competency exams each semester. The minimum score for passing a competency exam is 75%.

Students must complete clinical competency exams in a timely manner before the end of a semester. Failure to do so will result in failure of the course.

(c) Progress Appraisals (Midterm & Final)

Throughout the semester, instructors and technologists will be evaluating students' performance in clinic based on the course performance objectives. Feedback on performance will be provided throughout the semester. At midterm and at the end of the semester, the instructors will evaluate the student to assess overall progress.

The final progress appraisal each semester must be passed with a minimum score of 75 in order to pass the clinical course. A grade of less than 75 will result in a failure for that particular clinical course. The student will be unable to progress in the program.

(d) Attendance - Per Clinical Attendance Policy.

J. **CLINICAL NOTEBOOKS**

Students are required to develop their own Clinical Pocket Notebook. This notebook must be carried by students during all clinical and laboratory sessions.

Information to be included in student notebooks:

1. Procedures for each study learned to include:
 - a. position description
 - b. projections
 - c. IR size/collimation guidelines
 - d. central ray location
 - e. technique

***All information should be entered in an organized manner.**

2. Variations in routines according to clinical site
3. Emergency phone numbers
4. Pertinent history questions
5. Preceptor names according to clinical site
6. Competency requirements/semester

Revised 5/17

K. **OFF HOUR CLINICAL ASSIGNMENTS**

All off hour clinical assignments are considered planned curriculum. All students will be assigned approximately one 12:30 p.m. – 9:00 p.m. rotation per semester. This rotation enables the student to discern the differences in clinical experiences unique to off-hour shifts. Additionally, students are offered a one-week *optional* 3:00 p.m. – 11:30 p.m. and/or 11:00 p.m. – 7:30 a.m. rotation during the full time summer semester.

As the job market for graduates includes positions on all shifts, these experiences enable future graduates to discern shift preferences.

Revised 5/2017

IV. PROGRAM POLICIES

The following policies have been established for the Radiologic Technology Program. The purpose of establishing program policies is to:

1. Insure a fair and equitable educational experience for all students.
2. Establish acceptable levels of professionalism.
3. Comply with accreditation requirements.

All students are required to become familiar with and comply with all policies contained in this manual as well as the DTCC Allied Health Policy Manual.

ATTENDANCE POLICY

A. **CLASS ATTENDANCE**

Due to the complexity of the Radiologic Technology course content, it is highly recommended that students attend all classes.

If students do miss classes due to illness or for personal reasons, the following restrictions apply per semester:

1. Students will be allowed 1 absence for each course without adversely affecting grade.
2. For the next absence and each subsequent absence within a particular course, the student will lose 2 points from final grade.
3. Students should not miss class on a test day as they are limited to only 2 make-up exams throughout the program (see Make-Up Exam Policy pg. 22).
4. Students are responsible for obtaining missed notes from classmates and making up assignments.
5. Students will be allowed 1 lateness/early dismissal from class without adversely affecting their grade.
6. For the next lateness/early dismissal and each subsequent lateness/early dismissal, the student will lose 1 point from final grade.

Records of attendance are maintained by each course instructor.

Revised 5/12

B. CLINICAL ATTENDANCE

In accordance with Allied Health policy regarding attendance in clinic, the following guidelines will be observed. The Radiologic Technology Program utilizes an on-line clinical management system (Trajecsys) for documentation of attendance.

I. ABSENCES

- A. Students may be absent from clinic for one occurrence without adversely affecting the clinical grade. (An occurrence is defined as a partial day, full day or series of consecutive days encompassing one illness.)
- B. Two points will be deducted from the clinical progress appraisal grade for each occurrence beyond the initial one.
- C. If total clinical days missed exceeds 10% of the semester's scheduled clinical days, a written warning may be issued; time missed in excess of 20% of scheduled days may result in a course grade of F for failure to meet course objectives relating to professional behaviors.

NOTE: Due to the additional clinical hour requirement of the summer semester, students will be allowed two occurrences before it adversely affects the grade. Point deduction will begin upon the third occurrence.

II. LATENESS/EARLY DISMISSAL

- A. Students are expected to begin clinical sessions promptly according to assignments. This will be based on the time as monitored by Trajecsys.
- B. Each late arrival/early dismissal less than an hour will result in a 1 point deduction from the clinical progress appraisal. Time missed must be made up on the day it was missed for late arrivals or as arranged by clinical faculty for early dismissal.
- *C. Late arrivals/early dismissals greater than one hour will be counted as an occurrence. If you already have one occurrence for the semester then you will lose two points off your clinical progress appraisal. If you have exceeded 8 hours in missed time then you will be required to make up the missed time resulting from the lateness/early dismissal (following the make- up time policy)

- D. Latenesses/early dismissal occurring on 10% of the assigned clinical days per semester will result in a written warning.
- E. Latenesses/early dismissal occurring on 20% of the assigned clinical days per semester may result in a course grade of F for failure to meet course objectives related to professional behaviors.

*REVISED 6/2019

III. OTHER INFORMATION

- A. Clinical time missed, beyond the first 8 hours of each semester (16 hours during summer), regardless of reason must be made up following consultation with the instructors and may not exceed the 40 hours/week time limitation. (see make-up time policy)
- B. For extenuating circumstances (i.e. hospitalization) whereby students need to make up excessive clinical hours, an Incomplete grade will be given until the time requirements are satisfied. All program requirements must be complete by the end of the following semester.
- C. All absences must be reported to the **program office** (320-4590) **AND appropriate clinical facility** within 30 minutes of the start of shift. Failure to give notification of absence will adversely affect the clinical progress appraisal.
- D. When student has an extended absence from clinical, a doctors note will be required stating the date the student may return to full clinical activity.
- E. Out of consideration for patients and co-workers, any student who is running a fever, vomiting/diarrhea, or in any other way incapacitated should not report to clinic and/or class. Time will be deducted as written in the above class/clinical attendance policy.

*Revised 03/2018

IV. MAKE-UP TIME

All time missed (absences/latenesses) from clinic beyond 8 hours per semester (16 hours during summer semester) must be made up according to the following guidelines:

- A. All make up time must be scheduled within 2 weeks of occurrence. Failure to do so will adversely affect your clinical progress appraisal.
- B. Requests for make-up time must be in writing. Make up time must be approved and scheduled by a clinical faculty member.
- C. For extenuating circumstances, outstanding make-up time will result in an incomplete grade.
- D. No make-up time can be made up on midnight shift, evenings on the weekend, or holidays observed by the College. Make-up time, on weekends, can only be done on day shift at Christiana Hospital with an assigned preceptor.
- E. For 8 hours of make up time on the weekend, the shift is 8:00 – 4:30. If only 4 hours is scheduled, the start time may be either 8:00 a.m. or 12:00 p.m.
- F. All make-up time must be completed in a minimum of 4 hour increments.
- G. Failure to report to clinic for prearranged make-up time will result in a 2 point deduction from the clinical progress appraisal.
- H. Latenesses/early dismissal, for assigned make-up time, will be penalized according to the lateness/early dismissal policy of the program.
- I. Any alterations of make-up time without prior approval of an instructor will not be counted towards make-up time.
- J. All make-up time must be completed prior to the end of the semester.

*Revised 05/17

CLINICAL INCIDENTS

All accidents, whether to a student's patient or to the student themselves, need to be reported to the supervising technologist and program faculty immediately; no matter how minor they seem.

- Appropriate forms will be filled out at that time relative to each case.
- For patients; it is necessary for the radiologist/radiology nurse to check the patient before the patient leaves the radiology department.

Students must be familiar with the location of emergency treatment kits found within each radiographic area as well as the departmental emergency protocol.

- For students; should an injury occur, students may be checked by the radiologist/radiology nurse to determine the extent of injury. Student is financially responsible should further treatment be required. Students are encouraged to have health insurance coverage.

05/2013

CLINICAL SUPERVISION POLICY

Students will be supervised at all times while performing radiographic procedures in the clinic by instructors and clinical preceptors. Preceptors are staff technologists trained in student evaluation. Students will receive **direct** supervision by an ARRT registered technologist when performing studies in which they have not yet proven competency and the radiographer deems the patient and procedure appropriate for level of education. Direct supervision means that the technologist is with them at all times and able to intervene, pre-exposure, when necessary.

Students who have successfully completed competency testing may perform those procedures under **indirect** supervision; that is, an ARRT registered technologist immediately available (without phone, page or beeper communication) to provide assistance should the student require it. All radiographic exams must be checked by an instructor/technologist prior to submission for interpretation. The name of the instructor/technologist checking exam must be documented on the paperwork.

All repeat exams, regardless of students' level of competency, must be done under **direct** supervision. All students must have direct supervision on all pediatric cases less than 18 years of age.

Disciplinary action will result if procedures requiring **direct** supervision are performed without the appropriate supervision.

CONFIDENTIALITY POLICY

- A. The confidentiality of patient, employee, clinical faculty and clinical site information is rigorously protected in the clinical setting.
1. It is essential that **ALL** information about patients, employees, clinical faculty, clinical site/hospital procedures, research and equipment be kept absolutely confidential. The Health Insurance Portability and Accountability Act (HIPAA) is in effect in all clinical facilities.
 2. Students do not have the authority to download any patient identified images, records or information onto removable external devices.
 3. Prior to entering the first clinical experience, each student is required to complete a self-instructional packet on the subject of HIPAA.
 4. The clinical site may require the student to sign a statement which indicates the student understands and will adhere to the policy. Failure to sign the statement and adhere to policy will jeopardize the student's ability to complete the program.
- B. The confidentiality of patient, employee, clinical faculty and clinical site information extends to all written and verbal communication.
1. Any written comments related to clinical site activity and/or individuals (including patients, employees, faculty and classmates) posted on an online social network including, but not limited to, Facebook and Twitter, are a violation of the Confidentiality Policy.
 2. Any verbal conversations related to clinical site activity or individuals (including patients, employees, faculty and classmates) held in an unsecure location then posted to an online social network are a violation of the Confidentiality Policy.
- C. Students who do not adhere to HIPAA regulations and the guidelines set forth in this Confidentiality Policy may face immediate dismissal from the clinical site for a first offense. Any unauthorized release of information will be treated as a Violation of Student Conduct and may result in program dismissal.
- D. When a student is dismissed from the program for the above offense, the Allied Health/Science Department reserves the right to prohibit that student from reapplying to any Allied Health Programs.

COUNSELING AND DISCIPLINARY POLICY

COUNSELING

The program recognizes potential difficulties encountered by students. Therefore, the program offers guidance to help students identify and overcome these problems that might hinder their educational progress or professional development. Students are encouraged to seek the assistance of the faculty and/or academic counselors as the need arises. Should further counseling be necessary, appropriate referrals will be made.

DISCIPLINARY PROCEDURE

Students enrolled in the program are expected to adhere to the policies of the Allied Health Department, Radiologic Technology Program, and clinical sites as outlined in this student manual.

When a student's behavior or actions threaten to impede his/her clinical or didactic progress, a coaching session will be arranged by the faculty at the point in time the deficiency is noted. The purpose of this session is to make the student aware of his/her problem and guide them towards corrective measures.

When coaching proves to be ineffective in correcting the student's behavior, the disciplinary policy outlined on the next page will be followed.

a. Clinical grade will be impacted by infractions in these areas:

Disregard of program/college policies

Failure to obtain attendance verification - Trajecsys

Leaving assignment area without permission

Failure to give notice of absence

Disregard of clinical supervision policy

Breach of professional ethics/behaviors

Refusal to carry out assignment

Disregard of Standard Precautions

Unauthorized presence in clinical facility without prior approval by clinical faculty or shift supervisor

b. Suspension from Clinical Site Pending Investigation/Possible Dismissal

Endangering the health or safety of others

Unauthorized use or removal of property belonging to clinical sites

Possession or under the influence of alcohol or drugs

Fighting, assault, intent to harm

Theft, dishonesty

Falsifying, altering records and fraudulent statements

Unauthorized release of confidential information

Disregard of safety/fire and smoking regulations

Disregard of radiation protection policy

Misrepresentation of self

Disregard of clinical site policies i.e. parking, smoking, proper ID, etc...

c. Dismissal

Clinical failure

Academic failure

Severe repeated disciplinary problems

The purpose of the preceding listing is to promote consistency in the application of student discipline. However, effects on the clinical grade will be based on the severity of the infraction. Any infractions or problems that arise and are not listed here will be evaluated on a case by case basis by the program faculty. Should a student have consistent disciplinary problems for any number of infractions, the result will be a review and evaluation of the student by Program Faculty and College Administration.

For more information see DTCC Student Handbook – Standards of Student Conduct on the DTCC website.

If a student believes that there is a problem that is hindering the educational process or if they feel that information pertaining to the education record is inaccurate, misleading, or violates the privacy or right of the student refer to the Grievance Policy and/or the DTCC Student Handbook – Violation of Student Rights.

DRESS CODE POLICY

Appropriate professional attire is the responsibility of the student and is to be worn at all times when in the Radiology departments (clinic & lab). Students in non-compliance with this policy may be sent home from the clinical site and may be required to make up the clinical time missed.

- a. Summer start - Hunter green scrub uniforms. White or hunter green lab jacket (optional). Any shirts worn under scrubs must be **white**.
Fall start – Royal blue scrub uniforms. White or royal blue lab jacket (optional). Any shirts worn under scrubs must be **white**.
Undergarments must be worn under uniform at all times.
- b. Acceptable footwear consists of sneakers and clogs of neutral colors. Clogs must have a closed back. **If in doubt check with your instructor.**
- c. If worn, a modest, light application of make-up is acceptable. Nails will be kept short and well maintained. Artificial nails and like products are prohibited for Infection Control and Safety reasons. Nail polish will be un-chipped and contain no decals or stones.
- d. Suitable hairstyle; no unusual cuts or colors. Hair must be worn up while on duty, unless too short to do so. **If in doubt check with your instructor.**
- e. Must be clean shaven and neat in appearance; conservative mustaches and neatly trimmed beards may be acceptable. **If in doubt check with your instructor.**
- f. Jewelry must be limited if worn at all; hoop or dangling earrings, dangling chains and rings with raised stones are not permitted for patients safety, infection control, and your own protection. No more than 2 earrings/ear. No facial piercing/jewelry allowed. No ear gauges.
- g. Perfumes/colognes and after shaves should not be worn during clinical rotations. Due to close patient contact please be mindful of personal hygiene to include body odor (smoking) and breath. If odor is too strong you may be asked to leave the clinic.
- h. Tattoos must be covered. If the tattoo is in an area not covered by clothing, complimentary skin-toned makeup must be used to cover the tattoo.
- i. Radiation monitoring device and proper identification tag must be worn attached to the uniform at all times.

Additional dress code restrictions may be enforced according to clinical site. Guidance will be provided by your clinical instructor/preceptor.

***No electronic devices (cell phone, IPods and beepers, etc.) are allowed in class or on your person in the clinic).**

REVISED 10/15

ENERGIZED LABORATORY POLICIES

1. Utilization of energized lab must be under the supervision of a qualified radiographer who is readily available.
2. All students must wear their radiation monitor whenever working in the lab. Failure to wear it will result in the inability to participate in lab activities.
3. Exposures are to be made **ONLY** on the x-ray manikin or other imaging devices deemed appropriate by the program. Under no circumstances can exposures be made on human beings! **Any student found in violation of this policy will result in immediate dismissal from the program.**
4. The x-ray room is to be clean and orderly after each use. Please respect the value of the resources.
5. Student images are confidential. Students are to review only the images that they have produced.

NON-ENERGIZED OPEN LAB POLICY

Students who wish to have additional procedure practice in the lab outside of scheduled class/lab/clinical times (including evenings and Saturday hours) may do so in accordance with the following policy and guidelines.

1. Students may have access to the **non-energized** lab at any time while the DTCC George campus is open and when scheduled class and lab are not in session. **Lab availability schedules will be provided** by the faculty each semester.
2. Students **must preschedule** their time in the lab with Anne Smith by calling 302-320-4590 during regular RAD program office hours. This will avoid any conflicts as lab slots will be filled on a first come, first serve basis.
3. DTCC security will **unlock the lab** at your request when you arrive on campus. **DTCC student ID badge** must be presented to security. **Students are required to sign in and out** (logs will be available in the classroom). You must notify security to **relock the lab** when you leave.

4. For safety purposes, at **least 2 students (but no more than 4)** must be present for the practice session. Students will practice positioning on each other; **phantoms are not to be used** as x-ray exposure will be disabled.
5. **Students are prohibited from unsupervised lab practice if the x-ray exposure has not been disabled by faculty.**
6. Because of the complexity of the equipment and security of the classroom/ lab, **only RAD students** are permitted in the lab or classroom area.
7. The x-ray lab and classroom are to be **left clean and orderly** after each use. Please respect the value of the resources.
8. Failure to follow any of these guidelines will result in the loss of open lab privileges.

May 2019

GRIEVANCE POLICY

A. Policy

It is the policy of the Radiologic Technology Program to “provide students an avenue to pursue grievances”, defined by the JRCERT Standards as “a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation.” The Grievance Policy provides the process for conflict and/or complaint resolution, while protecting the rights of all parties involved. The purpose of this policy is to uphold the rights of students to be heard when matters of conflict arise that may jeopardize their status within the Program.

B. Steps to Resolve Student Grievances/Complaints (based on DTCC Student Rights Policy)

1. A student who feels that any of their rights, as identified above, have been violated is encouraged to first meet with the person accused of violating the students' rights to seek satisfactory resolution in an informal manner through discussion.
2. In the opinion of the student, if satisfactory resolution is not achieved at Step 1, the student shall meet with the program coordinator to discuss and facilitate a resolution of the complaint. The program coordinator may include other individuals as appropriate in seeking resolution.
3. In the opinion of the student, if satisfactory resolution is not achieved at Step 2, the student shall meet with their academic counselor or advisor to discuss and facilitate a resolution of the complaint. The facilitator (academic counselor or advisor) may include other individuals as appropriate.
4. In the opinion of the student, if a satisfactory resolution is not accomplished at Step 3, the student shall file a written complaint with the Dean of Student Services. The written complaint shall be submitted within five (5) working days after all meetings with the program coordinator have concluded. The complaint shall include the name of the person accused of violating one or more of the rights as set forth in the DTCC Student Rights Policy, a statement of the specific right or rights alleged to have been violated by the accused, the manner in which the right or rights is alleged to have been violated, the identity of any person who has knowledge of any fact supporting the charge(s) and a summary of all facts of which the person is alleged to have knowledge, a summary of efforts to resolve the matter to date and the relief sought by the complaining party.

5. The Dean of Student Services, after reviewing the complaint to ensure that the resolution process has been properly followed, will forward a copy of the written complaint to the accused, who will be given an opportunity to respond to the accusations against them. The response shall be written and shall be submitted within 10 working days from the date the complaint is forwarded by the Dean of Student Services. The Dean of Student Services shall conduct an investigation into the allegations as deemed necessary and shall notify the student and the accused in writing of the determination.

C. Other

1. A written record of all grievances and their resolutions will be maintained by the program.
2. Should a grievance/complaint involve a CCHS employee or policy, Step 4 may include a review of grievance by the Joint Operating Committee (JOC).
3. If a pattern of complaints exists, the program coordinator will investigate and address the issue so as to maintain the quality of the education program.

December 2013

MAGNETIC RESONANCE IMAGING (MRI) ROTATION POLICY

MRI (Magnetic Resonance Imaging) is a diagnostic imaging modality that produces cross-sectional images of the body using a strong magnetic field and radiofrequency waves instead of x-radiation.

Due to the presence of the magnetic field, caution must be taken to insure your safety and that of others in the area. To accomplish this, all students are required to attend a MRI Safety lecture and complete a screening form during RAD 105 - prior to any rotation in MRI. Once in the MRI department, prior to entering Zone III, you will be asked to review & complete a safety form in addition to being verbally cleared by an MRI staff member.

No student will be able to enter the Zone II or IV with the following implants/devices:

- Cardiac Pacemaker/defibrillator
- Brain aneurysm clips
- Electronic devices (neurotransmitter, insulin pumps, etc...)
- Other devices/implants subject to review & possible no allowance per safety guidelines

The following implants/devices will be reviewed by an MRI staff member for MRI compatibility:

- Ear Implants
- Breast tissue expander
- Metal surgical clips
- Bullets or shrapnel
- Embolization Coils
- Shunts
- Penile implants
- Other metal devices/implants (i.e. foreign body in eye)

If any of these conditions exist, an evaluation will be made prior to the rotation as to whether the student will be allowed in the MRI area. This evaluation may include radiographs of the area of concern. An operative report/implant record with make and model # may be required. If it is deemed unsafe for a student to be in MRI, an alternative clinical experience will be determined between the student and clinical coordinator.

Pregnant students are permitted into the MRI department, including the scan room, however will not be allowed in scan room while scanning is in progress.

In addition, all metallic items must be removed prior to admittance into the MRI suite, which can include the following:

- keys
- hemostats
- jewelry (incl. body piercings)
- ID badge holders
- scissors
- stethoscopes
- hearing aids
- hair clips/paper clips
- cell phone/pagers
- credit cards
- pens
- safety pins

Revised 6/17

PREGNANCY POLICY

All female students are advised against becoming pregnant while enrolled in the program, in that there is direct contact with radiation exposure and infectious disease. In the event of a pregnancy or a suspected pregnancy at any time during the Radiologic Technology Program it will be up to the student as to whether she chooses to disclose the pregnancy to appropriate program officials. Until the time the student discloses her pregnancy she will not be considered pregnant. If a student voluntarily chooses to inform program officials of her pregnancy, it must be in writing and indicate the expected delivery date. At that time a second radiation monitor will be issued to the student. This monitor will be worn under the lead apron at waist level. At any time, the student can withdrawal her declaration in writing to program officials.

In order to make an informed decision about disclosure of pregnancy the following information is being provided:

The NCRP (National Council on Radiation Protection and Measurements) established dose-limiting recommendations for the pregnant worker. In that report, the total radiation dose to the mother/fetus during the entire pregnancy will be limited to less than 0.5 mSv (500 mrems). Exposure records will be reviewed with the student.

No student will be asked to leave the program on the basis of pregnancy.

Options for the pregnant student will be as follows:

1. No modification in clinical assignments
2. Modification in clinical assignments from fluoroscopy, portable radiography, operating room, and special procedures; these rotations will be completed after the pregnancy (may delay graduation and registry eligibility)
3. Leave of absence from clinical assignments (may delay graduation and registry eligibility)
4. Leave of absence from the program (may delay graduation and registry eligibility)

All of the above options will be discussed with the pregnant student to enable her to make the best decision based on her individual needs.

The NCRP has set the occupational exposure limits at very low levels and medical evidence has indicated no clinically observable injuries to individuals due to radiation exposures when the established radiation limits are not exceeded. All Radiology departments follow the ALARA principle which states insures that radiation exposure levels are maintained “as low as reasonably achievable”. The risk to individuals at the occupational exposure levels is very low when performing routine clinical procedures. Adhering to the above described protocol and recommendations of the NCRP and ALARA insures minimal exposure rates to pregnant students.

*Revised 5/2013

RADIATION PROTECTION POLICY

Radiation safety for oneself, co-workers and patients is a major responsibility for the student technologist. All students will learn basic radiation safety during their **Introduction to Patient Care and Radiography** course, prior to entering the clinic. A full, 2 credit course on this topic follows later in the curriculum. Students will be monitored and evaluated regularly in the clinic to assure that effective radiation safety is being implemented.

RADIATION MONITORS

All students will be issued a radiation monitor that **MUST** be worn on the uniform during all clinical and lab activities. This device is worn at collar or waist level. If wearing a lead apron, the monitor is worn on the outside of the apron. Any student that reports to lab or clinic without their monitor will be sent home to get it and must make up the missed time.

The students' radiation exposure history is maintained by the CCHS Radiation Safety Officer with copies of the record maintained in the program office. Students will review and initial this exposure history quarterly. Students whose readings approach the annual student threshold of 0.1 mSv (100 mrem) will be counseled accordingly to determine the source of exposure and necessary corrective actions. Students may be dismissed from the program for failure to comply with the aforementioned corrective actions.

Damage and/or inadvertent radiation exposure to a monitor must be reported to the Program Coordinator immediately in order to secure a replacement monitor.

BASIC RADIATION SAFETY FOR SELF

Students are to protect themselves from all unnecessary exposure to radiation while in lab and clinic. This includes, but is not limited to, standing behind protective walls during the course of an exposure and/or wearing lead apparel during ALL portable, fluoroscopic, C-arm, OR and interventional procedures. When possible, students are encouraged to maintain maximum distance from the radiation source. Students are **NEVER** allowed to expose one another for the purpose of practicing radiographic procedures. Also, students are **NEVER** allowed to hold patients and/or image receptors during the course of a radiographic procedure. Students will be taught and encouraged to utilize appropriate medical immobilization for such cases.

BASIC RADIATION SAFETY FOR PATIENTS

During the performance of radiographic procedures, students are responsible for insuring that the patient receives the least amount of radiation exposure. This can be accomplished as follows:

1. Proper technique selection
 - a. High kVp, low mAs
 - b. Within the appropriate Exposure Indicator range
2. Tight collimation
 - a. Collimate to the area of interest PRIOR to exposure; cropping the image after exposure does NOT reduce patient exposure
3. Appropriate shielding
 - a. Must use a lead shield on all patients of reproductive potential (women age 55 or less and all men).
 - b. Keep in mind ...
 - i. There are more radiosensitive organs than just the reproductive organs (i.e./bone marrow, breast tissue, thyroid, etc.)
 - ii. When in doubt as to whether to use a shield, error on the side of caution; USING A SHIELD INCREASES PATIENT CONFIDENCE IN YOUR SKILLS AS A TECHNOLOGIST AND REDUCES ANY FEAR REGARDING RADIATION EXPOSURE.

BASIC RADIATION SAFETY DURING MOBILE PROCEDURE

1. Technologist/student making the portable exposure MUST wear a lead apron and maintain at least a 6 ft. distance from the patient and x-ray tube.
2. If you are NOT making the exposure and do not have an additional lead apron, walk a safe distance from the radiation area (~20 ft.)
3. Notify hospital personnel and visitors in the immediate area that you are preparing to take an x-ray and allow a reasonable amount of time for them to leave the area
4. Prior to making the exposure, announce in a loud voice that an x-ray exposure is being made. i.e./ "Taking an x-ray in 'A' bed."

Failure to comply with the radiation standards as described in this policy and as taught in class will result in disciplinary action.

Note: Further information about radiation safety at CCHS can be found on the Radiation Safety website.

Revised 8/2019

REENTRY POLICY

The following policy is in place to assure faculty and clinical sites that students who have previously withdrawn from the Radiologic Technology Program are adequately prepared for reentry into the same Program.

- A. Students will be afforded the opportunity for reentry for only one academic year after withdrawing from the Program. Students will be required to document their request for reentry in writing to the Program Coordinator, the Instructional Director and the assigned counselor. This must be completed immediately to allow adequate time for any necessary retesting. If the student chooses to wait until the final deadline of mid-semester prior to the semester desired for reentry, adequate time for retesting may not be available. Students should see the Program Coordinator for program-specific information and timelines. **Students seeking re-entry must meet minimum admissions criteria for the Radiologic Technology Program.**
- B. Reentry can be considered only if a seat is available. Students who have withdrawn with passing grades will be considered first for available seats. If there are more students who withdrew with passing grades requesting reentry than there are seats available, names will be drawn at random by the Program Coordinator. Students who have withdrawn with “F” grades (at the time of withdrawal) will be considered for reentry after all students with passing grades have been accepted. If there are more students with “F” grades requesting reentry than there are seats available, names will be drawn at random by the Program Coordinator.
- C. The reentry process will require and be contingent upon the completion and review of new criminal background and drug screens, as well as the completion and submission of all updated medical, immunization and essential function documents. The full list of requirements to be met will be based on the year of reentry, not the original year of seat acceptance.
- D. The Program Coordinator will determine if a cumulative basic science and/or technology specific exam is needed to confirm academic readiness for reentry. If reentry is granted, all technology classes in which the student achieved a “C” grade or lower will have to be repeated. Program Coordinator and Clinical Coordinator will determine what clinical courses and/or competencies need to be repeated.
- E. The Program Coordinator will be responsible for advising the student who has requested this process in writing.
- F. Students who wish to be considered for the same or a different Allied Health Program after one year or more of withdrawal must follow the Allied Health/Science Department Program Application Process for seat consideration.
- G. Even if within one year, should the reentry request fall within the annual program application timeline, students will be required to follow the Allied Health/Science Department Program Application Process for seat consideration as part of the reentry process.
- H. The Allied Health/Science Department reserves the right to prohibit a student from reapplying to any Allied Health Program. The reason(s) for such action may include, but is (are) not limited to safety issues, dishonesty, theft, disregard for policies, dismissal from a clinical site, and previous Program withdrawals or failures.
- I. Due to the unique nature of each Allied Health Program; the point and requirement for reentry is determined by the Program Coordinator.

STANDARD PRECAUTIONS/COMMUNICABLE DISEASE

Occupational exposure to bloodborne and other pathogens may occur during procedures in which potentially infectious materials may be reasonably anticipated to contact an employee's skin, eye, or any mucous membrane, or penetrate the skin of the employee on a sharp object. Potentially infectious materials include:

- Blood
- All body fluids
- Secretions and excretions (except sweat), regardless of whether they contain visible blood
- Non-intact skin
- Mucous membranes

In a practical sense, this means:

1. Hands must be washed before and after patient care, immediately if soiled with potentially infectious materials, and after removing gloves or other personal protective equipment. In those limited instances in which handwashing facilities are not available, use the hand sanitizers provided.
2. Fingernails must be clean and trimmed and should not exceed the tip of the finger for men or ½ inch beyond the fingertip for women. **Artificial fingernail enhancements are prohibited for individuals in direct and indirect patient care positions.**
3. Gloves must be worn when handling items contaminated with potentially infectious materials. Disposable gloves may not be washed and must be changed between patients. Any glove that is punctured, torn, or otherwise damaged must be discarded.
4. Gowns or other clothing protection must be worn whenever soiling with potentially infectious materials may be reasonably anticipated. Clothing that has become soiled with potentially infectious material must be removed as soon as practical and the area of skin that was soiled must be washed with soap and water. Soiled clothing must be contained and laundered according to clinical site protocol.
5. Masks and eye protection or face shields must be worn whenever splattering or aerosolization of potentially infectious materials may be reasonably anticipated (e.g., suctioning, passing NG tubes)

6. Sharps must always be handled in a manner that prevents injury. Discard disposable sharps immediately in the rigid sharps containers provided; use containers closest to the area of use. **DO NOT** recap, bend, break, or otherwise manipulate contaminated needles.
7. **DO NOT** reach into a contaminated sharps container or contaminated trash box **at any time for any reason**. If there is a problem with retrieval of an essential item, contact Infection Control. Do not allow sharps containers to overfill; replace as needed.
8. **Report ALL penetrating injuries or possible exposures to potentially infectious materials immediately. Initiate the Needlestick/Penetrating Injuries and Blood or Secretions Splash Policy.** Event/incident report and medical evaluation is required.
9. All used/soiled linen must be bagged in properly labeled laundry bags. If soiled linen is excessively wet or bloody, or if potentially infectious materials have soaked through the bag, place the entire bag in a **CLEAR** plastic bag. Do not use red bags for linen under any circumstances.
10. Contaminated trash must be discarded in a contaminated trash box or barrel that has been lined with two red bags.
11. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to potentially infectious materials. Each department/unit shall define such areas.
12. Food and drink must not be kept or placed, even momentarily, in refrigerators, freezers, shelves, cabinets, or on countertops where potentially infectious materials are present nor where potentially infectious materials are usually stored.
13. All procedures involving potentially infectious materials must be performed in a manner that minimizes splattering or aerosolization.

TESTING POLICIES

A. DIDACTIC

In order to provide students with reasonable opportunities for successful completion of the Program, the following retest policy applies to students who have received a failing grade in a program didactic course: (not including clinical/lab courses):

- (A) At the end of a program didactic course, when the student has a failing grade for the course, or has failed to meet significant objectives within the course, the student may be permitted to retest. This is at the discretion of the instructor and will only occur when doing so gives the student the potential to pass the course.
- (B) The retest format must pertain to a didactic course or didactic portion of a course. The retest is a written exam which can only replace one written exam that received a grade below 75. If the student passes the retest, a grade of 75 will be awarded for the retest. It will be weighted according to the course evaluation mechanism described in the Instructor's supplemental sheet.
- (C) Instructors will notify the Program Coordinator of any retests administered. This information will be maintained by the Program Coordinator.
- (D) The following six restrictions apply to this policy:
 - (1) Only two opportunities to retest will be permitted during a student's tenure in the program.
 - (2) Only one retest will be permitted per semester regardless of the number of courses taken that semester. The retest can be given in either a didactic course or a didactic component of a course that also contains a laboratory component.
 - (3) No opportunities to retest will be permitted when academic dishonesty occurs. (*see Standards of Student Conduct Policy*)
 - (4) No opportunities to retest will be permitted for students who fail a course due to points deducted for absences/latenesses and/or other behaviors deemed inappropriate by the instructor.
 - (5) This policy is in place to assist a student with one difficult day of testing, therefore no long term and/or scheduled semester projects, group or take-home activities are included.
 - (6) Support courses within the curriculum are NOT included in this policy.

B. LAB

- a) The first failed lab will result in remediation with the instructor and the student will perform the lab again. The highest grade to be achieved for the repeat of the particular lab will be a 75.
- b) A second failed lab of the same study will result in a guidance report and continued remediation.
- c) Any further failure of the same study will result in a recycle for lab, which will result in a recycle for the corresponding procedure course. The lab component of any procedures course must be passed independent of the lecture component with a 75 or higher.
- d) Any failed labs will be made up at the discretion of the instructor.

C. MAKE-UP EXAM POLICY

In the event that a student misses a major exam due to absence, a make-up exam will be given. The following restrictions will apply:

- (A) Only two opportunities to make-up exams will be granted within the entire two-year curriculum.
- (B) The student must contact the instructor immediately upon return from the absence, not to exceed one week, in order to schedule the make-up exam.

If a student requests an altered test day or time for reasons other than illness, the following restrictions will apply:

- (A) Approvals for altered test schedules will only be considered for an emergency or event that is outside the control of the student.
- (B) The altered test will count as one of the two make-up test opportunities within the curriculum.

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D. TESTING INTEGRITY POLICY

In order to maintain integrity during academic testing, the following guidelines have been established:

1. All books, papers, notebooks, etc. must be contained in a backpack and placed on the floor under the desk.
2. All electronic devices, including but not limited to, cellphone, laptops, tablet, and *smart watches* must be powered off and placed in the backpack under the desk.
3. Calculators, if required, will be provided by the instructor.
4. Scratch paper, if needed, will be provided by the instructor.
5. No one will be permitted to leave the classroom once the test has been handed out.
6. No food or drink will be permitted during the test.

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TRANSPORTATION POLICY

Transportation to and from assigned clinical sites and classes is the student's responsibility.

The Radiologic Technology Program does not assume responsibility for costs associated with the use of personal transportation. Any incurred expenses or damages as a result of the student's use of personal transportation to and from any clinical site, Riverside campus and/or college campus is regarded as the student's liability.

Public Safety is asking that students adhere to the following parking requirements when parking at Christiana Hospital:

All students arriving for clinical rotations on the day and evening shifts (arriving on campus anytime between 5 AM and 7 PM) should park in the T-lot.

Public Safety will be monitoring student parking and when a student is not parked in the designated lot they will be reported to their supervisor.

Security will provide an escort to students if they are apprehensive about walking to the T-lot at night. They can call 733-1247 for an escort to their vehicle.

TUITION REFUND AND WITHDRAWAL/DISMISSAL POLICY

If a student voluntarily withdraws, the Program Coordinator must be notified and a meeting with an academic counselor must be arranged.

It is your responsibility to review the following DTCC policies:

1. Tuition Refund Policy - see DTCC Website
2. Academic Withdrawal Policy - see Allied Health Policy Manual

UNSAFE CLINICAL PRACTICE

Faculty members use their professional judgment in determining if a student is consistently incapable of performing patient care or presents an ongoing threat to the health and safety of the patients in the clinical setting. If a faculty member evaluates a student as unsafe or presenting a threat to patient safety, the student will be withdrawn from the clinical course and an "F" grade will be assigned. Withdrawal of the student from the allied health program will occur at the end of the semester during which the clinical failure occurs.

INCLEMENT WEATHER / SCHOOL CLOSING POLICY

In cases of inclement weather and the possibility of school closing/delayed opening, the following procedures will be followed:

CLASSES/LAB at DTCC Wilmington Campus or Riverside Campus

If you are scheduled for class and/or lab, you will follow the DTCC Wilmington Campus school closing/late opening announcements per radio, emergency phone contact and/or D2L announcement. Please note that in the event of a late opening due to the clearing of parking lots resulting in the delay of an 8:00 a.m. class, the instructor reserves the right to hold class at the later time and restructure the labs that follow. Please check D2L for clarification of class times as posted by the instructor when late openings are announced.

CLINICAL ROTATIONS

If you are scheduled for clinic during a weather event, again the DTCC Wilmington Campus school closing/late opening announcement will be followed.

If you are scheduled for an early start (i.e., 7:00 a.m. portable rotation) wait for the DTCC announcement before proceeding to clinic. If the decision is for a delayed opening, base your start time according to the following examples:

- (a) 1 hour delay – all clinical rotations (except 10:00 a.m. and 12:30 p.m. starts) will begin at 9:00 a.m.; 10:00 a.m. and 12:30 p.m. will start at regular assigned times
- (b) 2 hour delay – all clinical rotations (except 12:30 p.m. start) will begin at 10:00 a.m.; 12:30 p.m. start will report at regular assigned time
- (c) “Campus will open at 10:00 a.m. – all clinical rotations (except 12:30 p.m. start) will begin at 10:00 a.m.; 12:30 p.m. will report at regular assigned time

Please be mindful that as a health care professional, you will be expected by your employer to report to work during weather events. As student radiographers you will be expected to follow this policy. In the event that you are unable to make it to a scheduled class/lab/clinical rotation, your instructor and/or clinical site must be notified.

OTHER POLICIES

In addition to the aforementioned policies in this manual, students are also responsible for all policies previously reviewed in the Allied Health Student Handbook including, but not limited to:

- Nondiscrimination Policy and Advisory Statement
- Infection Control Policy
- Student Insurance
- Essential Medical Care for Students

Important college policies to include Family Educational Rights and Privacy Act of 1974, as amended (FERPA) can be found on the DTCC website.

Support Services for Students

Students are encouraged to let faculty know if there are circumstances that may be hindering their ability to be successful in the program. Faculty will do their best to refer students to the appropriate support services. These services include but are not limited to:

Academic Counseling

Academic counselors are available at the college to help students who may need help with developing good study skills, time management, organizational skills, test anxiety, etc. An appointment can be made at the George Campus by calling the advisement center at 302-552-5950.

Mental Health Assistance

The following contacts are available to students who may be dealing with mental health issues such as depression or anxiety.

DTCC George Campus Mental Health Counselor

Joe Limmina 302-552-5950

Crisis Unit – DE State Hospital

Herman Holloway Campus, Springer Building
1901 N. DuPont Hwy
New Castle, DE 302-577-2484

- * Crisis center is open 24hrs. /7 days a week
- * Will see you promptly and set you up with a physician and/or medication free of charge or based on your current insurance
- * Will set you up with referrals for other resources as needed

For additional mental health resources

<http://211service.com/index.php/mental-health>

Veterans Support Services

DTCC George Campus Contact – Joe Limmina 302-552-5950

Women’s Support Services

DTCC George Campus Contact – Rachael Knotts 302-573-5454

Additional Support Services

<http://www.delaware211.org/>

LETTER OF AGREEMENT

In consideration of acceptance into the Radiologic Technology Program, I, the undersigned, agree to the following;

1. I certify that I understand the academic and clinical requirements of this program.
2. I certify that I understand and will abide by all policies outlined in this manual.
3. I understand that the program officials reserve the right to review my standing at any time during my education due to:
 - A. Unsatisfactory performance (academic or clinical)
 - B. Breach of program policies and procedures
 - C. Disregard for the safety and welfare of the patient
4. I certify that I have read and fully understand the student pregnancy policy and have received all explanations to the information provided in this policy. I understand that DTCC and the clinical affiliates will not be held responsible or liable for any complications which may be incurred during pregnancy.
5. I certify that I have read and fully understand the policy regarding communicable diseases and will utilize the standard precautions cited in this policy.
6. I certify that I have reviewed and understand the "Standards for an Accredited Educational Program in Radiologic Sciences" as provided by the program. If I feel that the standards are being violated, I know that I can contact the JRCERT directly at www.jrcert.edu
7. In case of an emergency, please contact the following person:

Name

Phone No.

Relationship to student

Student Signature

Date

