

Bergen Community College



Division of Health Professions

Radiography Program

Clinical Education Manual

9/1/2026

Through

8/31/2027

Introductory Statement

This Manual guides your clinical activities and ensure compliance with mandates from New Jersey State, the Bureau of X-ray Compliance (NJ BOE), the American Registry of Radiologic Technologists (ARRT), and the Joint Review Committee on Education in Radiologic Technology (JRCERT).

Program Requirements

- National and NJ State regulations govern the clinical education part of the radiography Program.
- To conform to the recommended guidelines, Radiography students in the State of New Jersey must follow the Competency-Based Clinical Education System.
- The Competency-Based Clinical Education System was developed by the New Jersey Radiologic Technology Board of Examiners (NJ RT BOE), the American Registry of Radiologic Technologists (ARRT), and the Joint Review Committee on Education in Radiologic Technology (JRCERT).

Competency-Based Clinical Education (101)

- Competency-based Clinical Education is a progressive approach to the development of the application of skills.
- This process begins with didactic instruction and supervised laboratory practice.
- Students' progress to the participative stage of the Competency System, by validating an examination or series of examinations before they begin their "firsthand" clinical experience, with patients.
- During the participative stage, students' progress to a more active role in their clinical responsibilities.
- Students must pass an academic assessment- quiz, test, or examination to move forward in the system.
- Students perform demonstrations and patient care simulations.
- Competencies are performed under the direct supervision of the Clinical Instructor.
- Next, students perform a series of continual evaluations that are used to ensure maintained competence.
- Although these cases assess maintained skills, continual evaluations must also show progressive proficiency.
- The final stage involves Terminal Evaluations, which allow the students to prove their basic entry-level clinical skills.

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Affective and Profile Evaluations (102)

The program also assesses affective (behavioral) and other imperative skills as a part of the student's clinical education.

- Students are graded on patient care skills, ethical practice, communication skills, initiative, professional attire, dependability, radiation protection and safety, film critique, and maintenance of clinical records.
- Both evaluations are given twice per term- at the beginning (midterm) and the end (summative).
- The final (end of the term evaluation counts towards the final grade for clinical. The midterm evaluation only informs the student, and the grade is not tabulated into the final grade for the clinical course.

Participation in Clinical Education Activities (103)

- Students strive to broaden their clinical participation under the guidelines described here.
- Students at BCC have always prided themselves on the quality of their academic preparation, level of professional development, and enriched clinical experience.
- Many hospitals and imaging centers that request our students and hire our graduates.

Auditing of a Clinical course (104)

- Students **must** buy written permission from a program official to audit a clinical course.
- Clinical space is limited, and, therefore, ***must be pre-approved by a program official.***
- Students auditing clinical courses must meet ALL the requirements in the syllabus.
- Poor attendance in didactic classes WILL affect clinical participation.
- Students must register for an audit at the Office of Enrollment Services with the written approval of the Program officials.

Competency Evaluation Requirements: ARRT and NJ Radiologic Technology Board of Examiners Radiography-Specific Requirements (105)

Requirements:

- As part of the educational program, candidates must prove competence IN:
 - o Eight mandatory general patient care activities.
 - o Thirty-five mandatory imaging procedures (a minimum of two demonstrations needed per procedure.)
 - o The Clinical Preceptor and/or the student may decide that additional demonstrations may be necessary.
 - o seventeen elective imaging procedures selected from a list of thirty-four procedures; (1 demo needed)

- o One of the seventeen elective imaging procedures must be selected from the head section; and
- o Two of the seventeen elective imaging procedures must be selected from the fluoroscopy studies section

In addition, each student must perform (6) Terminal Clinical Competencies, (8) patient care simulations, and (5) Continual Clinical Competency Evaluations.

- All continual and terminal clinical competency evaluations MUST be performed on patients.

ARRT (certification agency)

M- Mandatory Evaluation

E- Elective Examination

C- Continual Evaluation

T- Terminal Evaluation

State of New Jersey (RT BOE)

ICCE- Initial Clinical Competency Evaluation

ECCE- Elective Clinical Competency Evaluation

CCCE- Continual Clinical Competency Evaluation

TCCE- Terminal Clinical Competency Evaluation

PCCE- Patient Care Clinical Evaluation

A breakdown of the expected number of competencies to acquire is as follows:

Competency Type	Initials	State of NJ	Number Required
Mandatory	M	ICCE	35
Elective	E	ECCE	17
Continual	C	CCCE	5
Terminal	T	TCCE	6
General Patient Care	PC	PCCE	8

Patient Care Competencies (106)

In addition to the radiological procedures, the student will complete the following mandatory Patient Care Competencies:

1. CPR Certified
2. Vital Signs– Blood Pressure
3. Vital Signs– Pulse Rate
4. Vital Signs– Respiration
5. Vital Signs– Pulse Oximetry/ Basic EKG
6. Sterile and Medical Aseptic Technique
7. Assisted Patient Transfer
8. Care of Patient Medical Equipment

- Students MUST keep a progressive approach to their clinical development by keeping abreast of all procedures, equipment, patient care, radiographic exposure, protection, and anatomy, as it is introduced in the classroom and clinical arena.
- Evaluations will be conducted on patients of different age groups and levels of difficulty as the student's confidence and competence increase.

Competency Evaluations Determination of Patient Difficulty Levels (107)

- Students must have an array of experience managing patients of various difficulty levels.
- All clinical competency evaluations MUST document the patient's difficulty level. The clinical instructor evaluator will decide this difficulty level.
- **Patient A** - Ambulatory- one who is described as a cooperative adult, or a stretcher Adult Patient- able to move onto the table with minimal aid.

- **Patient B:** Wheelchair/Stretcher/ Adult Patient is unable to cooperate; needs Maximum support: or_13 – 17-year-old patient – unable to cooperate; Child: 6 years – 12 years old Trauma Patient.
- **Patient C:** A comatose patient, ICU, CCU patient; multiple trauma cases or pediatric patients are in this category. Infants < 6 years old are in this category.
- **Patient D:** Geriatrics 65 years or older or are physically or cognitively impaired because of aging.

Evaluation of pediatric, *trauma and surgical cases” (108)

Trauma and Surgical Cases

- A case is considered trauma when there is a significant injury or shock to the body.
- In a trauma study an alternate projection is made for the study when the patient cannot be placed in the standard position.

Competency Process (108)

Before requesting a first Clinical Competency Evaluation, students MUST have the following:

- Documented didactic ability
- Performance Record Signed off by course instructor.
- Documented Laboratory ability (Lab instructor signs Performance Record)
- Minimum of two patient demonstrations (demos) under the direct supervision of a licensed and registered Radiographer. (Clinical Instructors sign off on Performance Record)

Supervision Policy (109)

- First-year students will remain under direct supervision for **the entire first year**, regardless of the achievement of competencies.
- This policy will remain in effect throughout the entire first year.

Senior Students (110)

- Before competency, all students must work under the direct clinical supervision of an NJ state-licensed radiographer.
- All medical Imaging procedures are performed under the direct supervision of a qualified practitioner (licensed radiographer) until competency is achieved.

- Under direct supervision, the registered radiographer shall review the request for an examination concerning the student's ability.

Supervision Levels (111)

The JRCERT and NJ RT Board of Examiners Standards for an Accredited Program in Radiologic Sciences define the following requirements for

Direct supervision (111 A):

- A qualified radiographer reviews the request for the procedure concerning the student's achievement.
- A qualified radiographer evaluates the condition's patient concerning the student's knowledge and skill level.
- A qualified radiographer is present during the conduct of the procedure; and
- A qualified radiographer reviews and approves the procedure.
- A qualified radiographer is present during student performance of any repeat of an unsatisfactory Radiograph.
- *Students stay under direct supervision for any procedure until competency is acquired.

Indirect Supervision Policy (112 B)

- Once senior students have passed competency in each procedure, the student may perform this examination under indirect supervision.
- The JRCERT Standards for an Accredited Program in Radiologic Sciences defines "*indirect supervision*" as having a qualified radiographer at once available to assist the student regardless of the level of student achievement.
- "Immediately available" interprets as the presence of a qualified radiographer next to the room or location where a radiographic procedure is performed."
- *(A recent JRCERT interpretation of "adjacent to the room or location" requires that the supervising radiographer be close enough to hear a call for help by the student radiographer.)*
- *If no licensed radiographers are present in the department, no student is to perform a case or bring a patient into the room.*

Compliance with the policy above will result:

- *"Students will not perform cases without an NJ State licensed technologist supervision in the department." (NJ BOE policy)*
- An infraction will result in dismissal from the program.
- This strict rationale protects the patients, students, and the department from repeat exposure and legal liability.

Successful Completion of a Competency Evaluation (113)

- Successful completion of the earlier steps will enable the student to request an Initial Clinical Competency Evaluation (ICCE).
- Students must prove confidence and proficiency when performing the procedure for an Initial Clinical Competency Evaluation.
- The student must perform all Competency evaluations independently under the direct supervision of a Bergen Community College Clinical Educator (Clinical Preceptor).
- The NJ Licensed Radiographer will provide comments and constructive criticism of the student's performance.

Remediation Process for Unsuccessful Attempts Repeat Radiograph Policy (114)

- The purpose of this policy is to protect the patient from unnecessary radiation exposure that may occur if a student repeats the same mistake several times.
- Regardless of the student's level of competency, any radiograph that requires repeating must be done with the **direct supervision** of the clinical instructor or another licensed radiographer.
- Students are responsible for notifying the instructor/ technologist of the repeat image. Students must have the instructor or technologist aid with repeating the image.
- The student should wait for a Clinical Preceptor or NJ State licensed Technologist before repeating the image.

Failure to Comply with any State or Accreditation issue will result.

- First offense- Clinical suspension
- Second offense- Mandatory program dismissal.

Competency Evaluations and Grading Policy (116)

Attempted Competencies (116 A)

- Each Semester, students must complete at least two demonstrations before requesting a competency.
- A significant part of the final course grade will be the average of the attempted competencies.
- The number of minimal competencies and competency weight values are published on each clinical education syllabus.

Later Competency Attempts (116 B)

- Unsuccessful attempts require the student to follow the remediation process.
- A second attempt may be tried **ONLY** after the student completes the remediation process is **DOCUMENTED**.

- The remediation process cannot be completed on one clinical day.
- **The failure of three attempts of the same study requires the student to withdraw and fail the course.**

Simulated Competency Attempts (simulated mandatory and elective cases) 10 Total.

- Simulated cases are graded similar to other competency.
- Simulations are scheduled during the summer semester; they are by appointment only.

If the student did a simulation case, the student must perform the case.

A successful attempt at a patient will receive a grade and be replaced by simulation.

Students will then be allowed to simulate an added case that does not exceed the maximum of ten allowed by the ARRT.

Types of Clinical Competency Evaluations (117)

- The American Registry of Radiologic Technologists categorized imaging cases into mandatory and elective.
- The NJ Radiologic Technology Board of Examiners further categorized these cases in ICCE= Mandatory, ECCE = elective, CCCE= continual, and TCCE = Terminal

Mandatory (M) (ICCE) 35 (118)

- Thirty-five mandatory procedures must be completed.
- Otherwise, a numerical grade is given when competencies are done on patients with the minimal passing grade being 77%.
- Before trying competence, students **MUST** perform at least two (2) documented patient demonstrations.

Elective (E) (ECCE) 17 (119)

- Elective competency – 1 demo
- The ARRT requires students to prove competence in fifteen out of the thirty-four procedures that are designated as elective procedures.
- It is recommended that these cases be performed on patients.
- However, these cases may be performed on patients, simulated conditions, or phantoms.
- Students must be clear that they may simulate only ten cases (mandatory and elective).

The elective cases begin in RAD 282.

Continual (CCCE) (119)

- Starting with RAD 283, a student may perform continual competency evaluations.
- The specific number of evaluations per semester will be listed on each clinical course syllabus.
- Continual competencies will be performed on previously evaluated procedures with a progressive level of patient or procedure difficulty.

TERMINAL (T) (TCCE) (6) (120)

- Terminal Clinical Competency Evaluations (TCCE) will be completed in RAD 290, Senior Student Seminar.
- These Evaluations are attempted after the student has completed all Mandatory, Continual, and Elective competencies within the category, and within 3 months of their anticipated graduation.
- These cases are not to be tried before the start of RAD 290.
- The TCCE must be approved by the clinical preceptor.
- Depending on the cases performed by that clinical site.
- A clinical instructor will decide the length of time based on the “patient flow” of the room).
- Upon completion of the required terminal evaluations, the student will then have met all requirements for Competency-Based Clinical Education.
- This allows the student to be a candidate for graduation from the Radiography Program.
- The clinical and didactic curriculum imports the necessary competence and skills to become a successful entry-level radiographer who can be successful with the radiography certification examination if they study and prepare diligently.
- To complete the Radiography Program and become a registered radiographer, it is felt that each student must reach the following list of competencies.

Conditions for Automatic Failure of a Competency (121)

- ❖ Student selected the Wrong Patient
- ❖ Students did/ or tried to do the Wrong side (right vs left)
- ❖ Students x-rayed/or tried to x-ray the Wrong Part of the body.
- ❖ Student Placed the patient's safety in jeopardy (includes unnecessary repeated images)
- ❖ Students did not check the patient for pregnancy status before starting the examination.

- ❖ Students did not shield the patient.

Terminal Outcomes for Students Completing a Course of Study in Radiography (121 A)

Upon graduation, the student will be able to:

- Effectively use oral and written medical language.
- Demonstrate knowledge of human structure, function, pathology, body-section anatomy, and radiographic methods.
- Apply principles of body mechanics
- Position the patient and imaging system to perform radiographic examinations and procedures. Modify standard procedures to accommodate patient conditions and other variables.
- Process radiographs and effectively buy radiographic images on the computer monitor.
Evaluate radiographic images for appropriate positioning and image quality.
- Decide the necessary exposure factors to obtain diagnostic quality radiographs with minimum.
- radiation exposure and practice radiation protection for the patient, self, and others.
- Adapt exposure factors for various patient conditions, equipment, accessories, and Contrast media. to keep appropriate radiographic quality. Perform basic mathematical functions.
- Operate radiographic imaging equipment report malfunctions and know safe limits.
- Recognize emergency patient conditions and start first aid and basic life-support procedures.
- Demonstrate knowledge and skills relating to quality assurance.
- Exercise judgment and discretion in the technical performance of medical imaging procedures.
- Demonstrate general knowledge of basic computer operation and capabilities.
- Demonstrate expected ethical and professional behavior and recognize the need for further. continuing and professional education.
- Recognize the function, effects, and administration of various drugs used in Radiology.
- Demonstrate competency in all procedures, (mandatory, elective, patient care, and Terminal

Record of Clinical Education (121)

Performance Record:

- **The** program requires proof of prior competencies.
- Students and faculty are to check the form regularly to confirm accuracy.

- Students request an instructor's signature on the performance record to validate the completion of competencies.
- An electronic record of competency scores is kept through Trajecsys.
- Students must provide the original copy, complete with signatures, upon completion of the program.

Unsuccessful Competencies (122)

- This record is maintained on Trajecsys.
- The student is required to start the process from the beginning.
- Review of the content □ then review with a Clinical Preceptor □ Lab proficiency □ demos □ another competency assessment.

Causes for an Immediate Failure (12)

- ❖ Student selected the Wrong Patient
- ❖ Students did/ or tried to do the Wrong side (right vs left)
- ❖ Students x-rayed/or tried to x-ray the Wrong Part of the body.
- ❖ Student Placed the patient's safety in jeopardy
- ❖ Students did not check the pregnancy status of the patient before starting the examination.
- ❖ Students did not shield the patient.

Lampignano Handbook

All radiography students must buy the spiral-bound Bontrager's Handbook of Radiographic Positioning and Techniques. This book is to be brought to the clinic EVERYDAY in lieu of the textbook

Students are not to use their Bontrager handbook or any other positioning type book during any clinical competency evaluation.

Clinical Competency Objectives (124)

Mandatory, Continual, Elective, and Terminal Clinical Competency Evaluations

During the competency evaluation, the student was able to:

Protection

- ❖ Place the protective apparel over the patient without blocking pertinent anatomy.
- ❖ Use 4-sided collimation borders to protect the patient from unnecessary exposure.
- ❖ Use measurement to decide the patient's actual dimensions to select the exposure factors for proper radiographic density or brightness levels.
- ❖ Use an immobilization source(s) to minimize any movement during exposure.
- ❖ Determine the possibility of pregnancy in female patients of childbearing years.

Patient Care

- ❖ Use a minimum of two methods to identify the patient for the study.
- ❖ Always communicate professionally with the patient during the study.
- ❖ Use a clear and concise manner to explain the procedure to the patient in simple terms.
- ❖ Provide the patient with physical, emotional, and psychological comfort throughout the study.
- ❖ Provide a climate to always protect the patient's modesty throughout the study.
- ❖ Acquiring a proper patient history, asking relevant questions to acquire accurate information to complete the study?
- ❖ Anticipate the patient's needs, demonstrating a professional response manner.
- ❖ Respond to the patient's needs before, during, and after the completion of the study.
- ❖ Modify the study to meet the physical needs of the patient.
- ❖ Center the part of interest to the center of the image receptor?
Use a logical sequence when determining the proper order of the positions, projections, and methods required for the study.

Image Evaluation:

- ❖ Identify the projections; use image evaluation criteria to determine image acceptability.
- ❖ Identify all anatomy on each image correctly.
 - o Identify the exposure index number (s-number; LgM) as stipulated by the department or the manufacturer; adjust the technical factors as necessary to assure optimal brightness.
- ❖ Determine from the image quality that principles of ALARA are compiled.
- ❖ Place a part marker on the image receptor before making an exposure.

Student Clinical Profile Form

Does the student:

- ❖ Follow all program policies and regulations?
- ❖ Use an organized approach to study and tasks of the profession.
- ❖ Always conduct imaging studies professionally.

- ❖ Use a logical approach in the organization and completion of imaging studies.
- ❖ Demonstrate knowledge of the proper and safe use of imaging equipment.
 - o Demonstrate sound knowledge of technical factors for exposure to conform to the principle of ALARA in clinical practice.
- ❖ Demonstrate sound knowledge and apply the principles of ALARA in clinical practice.
- ❖ Demonstrate sound knowledge of the principles of universal standard precaution and apply it to clinical practice.
 - o Demonstrate a sound foundation of critical thinking skills using critical thinking strategies as a foundation.

Objectives for the Student Affective Domain Evaluation

Does the student:

- ❖ Show compassion when caring for all patients?
- ❖ Always address the patient's needs.
- ❖ Maintain patient comfort and dignity.
- ❖ Respond to the patient's physical, emotional, and psychological needs.
- ❖ Has a collaborator approached his or her professional interactions with others?
- ❖ Communicate professionally in all professional interactions with others.
- ❖ Take responsibility for his or her actions?
- ❖ Acts and dresses in a professional manner?
- ❖ Abide by the ethical code of practice established by the ASRT?
- ❖ Maintains patient privacy as stipulated by HIPAA.
- ❖ Submit original work?
- ❖ Show respect for authority?
- ❖ Always show professional preparedness.
- ❖ Attend clinical education activities regularly?
- ❖ Arrive to clinical education activities promptly as stipulated in policy

Materials for Clinical Education-(126)

- Pocket dividers used to maintain all clinical records.
- Lampignano pocket handbook.
- Radiation dosimeters, pens, and a watch.

- Student name pin (identification badge) that indicates the following information:

Student's Name
Bergen Community College
Radiography Student

- Students must purchase two (2) sets of right and left lead initial Markers.
- Lead pert markers are used in clinical studies each day AND for every exposure made.
- These markers are also utilized in the energized lab on the BCC campus.
- Students who forget their markers are unprepared for clinical/lab work.
- Students are NOT permitted to take x-rays without radiation without a dosimeter and will be dismissed and docked (-3) from their Profile or Affective Domain forms

Liability Insurance (127)

- **Students** are required to purchase their professional liability insurance.
- This insurance is inexpensive and protects against cases of malpractice.
- The insurance is through HPSO.
- The Clinical Education Coordinator will provide details for obtaining the insurance.
- Please provide the clinical education Coordinator with a copy of this policy.
- Students may not go to clinical education unless they have an insurance policy in effect.
- **www.hpsso.com**

Medical Clearance: (128)

- The school nurse must have completed all the students' health records, or they will not be eligible for clinical.
- Periodically the clinical coordinator gets a list of anyone not in compliance.
- These deficiencies must be addressed, or the student will be ineligible for clinical.

Mandatory drug testing, Flu shots, and COVID shot + booster.

Mandatory drug testing (at the student's expense) takes place before the first clinical experience. and annually thereafter. The test is required by the hospital affiliates.

Mandatory flu shots (unless allergies-must provide documentation) are required on an annual basis. The shot is to be acquired (at the student's expense) in the Fall semester. It is required that you get and maintain in your possession proof of the shot from the provider.

Covid shots and boosters are required at all clinical educational sites, students are responsible for providing the site with a copy of their Covid vaccination card.

Radiography Clinical Education Centers

Schedules for clinical rotations are obtained from the Clinical Education Coordinator. Currently, the clinical affiliates of the Radiography Program are as follows:

- 1-Saint Barnabas Medical Center, Livingston, NJ
- 2-Hudson Regional Medical Center, Secaucus, NJ
- 3-Holy Name Medical Center, Teaneck NJ
- 4-Hackensack University Medical Center, Hackensack, NJ
- 5-New Bridge Medical Center, Paramus, NJ
- 6-Pascack Valley Medical Center, Westwood, NJ
7. Hackensack University Medical Center/ at The Palisades, North Bergen, NJ

Students must rotate through two clinical education centers for the duration of the program.

The Radiography Program Director and the Clinical Education Coordinator make all final clinical placement decisions.

Clinical Education Assignments

- Students may be in the clinical site during ASSIGNED times only.
- Students may NOT quickly visit or visit the site.
- The Clinical Instructor will provide a schedule of rotations each week to ensure equitable rotations and room assignment/experience distribution.
- All radiography students **MUST** rotate through the operating room and mobile/portable radiography.
- In addition, students may be able to rotate through Interventional Radiography, *mammography, Computed Tomography, Magnetic Resonance Imaging, Cardiac Catheterization, Nuclear Medicine, and Radiation Oncology.
- There are rotational forms for each specialty indicated.
- Students and faculty are expected to read and review all objectives before each rotation.
- Objectives are completed by the staff of each respective area and signed off by the clinical instructor or Specialty supervisor/technologist.

Equitable Clinical Education Experiences Policy

- The program will introduce, lecture, and cognitively assess Hysterosalpingography and Mammography in the didactic portion of the program senior year.
- Students (females) may be able to observe or participate in these procedures during clinical education.
- If a male student wants to rotate through mammography, every effort will be made to place the student; however, such a placement is not guaranteed.
- At present this program does not have an affiliate clinical site providing observation to male students.
- *Please refer to the JRCERT policy at the end of this manual.

Clinical Education Schedule and Required Rotations

- Students are NOT to schedule personal work hours before 4 PM.
- Students are NOT permitted to be at any clinical education center when the clinical course is not in session.
- Students may NOT leave the clinic early to go to work.
- Clinical days are designated by the college and appropriate course level.

Breaks and Lunch

- A 45-minute lunch break is given.
- This “break” includes lunch and other scheduled breaks.
- **Students are to take the lunch break.**
- Students may not skip lunch to leave early.
- The clinical instructor and department supervisor will collaborate on a proper lunch schedule.
- Breakfast breaks are NOT permitted, for students or instructors.
- If the students or instructors need to eat breakfast, they must do so **BEFORE** clinical education begins.

Required Professional Behaviors:

Radiography students are required to

1. Respect the policies and procedures of the clinical education center
2. professionally always conduct themselves
3. Eating, drinking, and chewing gum within the sight of patients is prohibited
4. Patients are to be supervised while in the imaging department.
5. Address faculty, management, staff, doctors, and patients professionally.
6. Inform the program, (within 24 hours) of address, phone number, and email address changes

7. Department telephones are not to be used for personal calls.
8. Always notify the clinical instructor or designee/staff before leaving the department for any reason

Unprofessional and Unacceptable Behaviors

- ❖ Academic or clinical dishonesty, such as cheating, plagiarism, or knowingly furnishing false information to the college or clinical site.
- ❖ Falsification, forgery, alteration, or misuse of college, instructor, and/or affiliate documents, records, or identification.

Any disruption of the class session by use of abusive/obscene language, disorderly, or threatening or malicious behavior.
- ❖ Insubordination (defined in Webster's Dictionary as "unwilling to submit to authority, disobedient. OR rebellious").
- ❖ Fighting at the clinic site or on college premises.
- ❖ Being intoxicated or under the influence of drugs or alcohol while on clinical assignment or college premises. (See drug and Alcohol policy)
- ❖ Misuse of clinical affiliate equipment or supplies.
- ❖ Failure to adhere to any duly established BCC Radiography Program policy or protocol following appropriate counseling.
- ❖ Inappropriate communication or breach of confidentiality, HIPAA violations
- ❖ Negligence in patient care situations, seriously jeopardizing a patient's safety.
- ❖ Usage of a cell phone, iPad, or other electronic device for ANY reason, while in clinical
- ❖ Taking ANY pictures while at/in the hospital site or on their premises.

Commentary on Behaviors

- The program officials and Clinical Preceptors have the authority to dismiss a student if the student demonstrates unprofessional, unethical, or illegal behaviors, in either the laboratory, classroom, or the clinical arena.

- The Clinical Education Coordinator and/or the Program Officials determine the appropriate action. Their decision is binding and non-negotiable.
- Students found to be NON-Compliant with any of the program's policies, procedures, behaviors, or regulations will be subject to dismissal from the program.
- Students will be notified accordingly during a face-to-face meeting with the program officials.
- Each circumstance is managed/decided on an individual basis, by the Program Officials.

Student Clinical Performance and Clinical Transfer

- Students who have issues relating to program policies that demonstrate a lack of progression or fail to meet the progressive objectives (clinical competencies) of the semester will be dismissed.
- The student's clinical performance is graded and discussed regularly.
- Profiles, competencies, and conference forms are tools used by the radiography program clinical education faculty and program officials to document student performance, progress, and remediation.
- Grading Policy and course requirements are published on each clinical education and didactic syllabus.

The official grading policy for all courses in the Radiography Program is:

A	92 - 100%
B+	89 – 91.9%
B	83 – 88.9%
C+	80 – 82.9%
C	77- 79.9%
D	70- 76.9% NOTE- (D grade is not recognized by the radiography program)
F	69% and below

Please note:

- The above grading does NOT include the first-year students or senior exit exams.
- Exit Examinations are held at a higher pass rate. (80%)
- Program officials note it to be a “comfortable grade range.”
- Senior Students scoring 80% or better have a reasonable expectation of successfully completing the ARRT exam.
- The Clinical Coordinator, Program Director, Clinical Educator, and Clinical Designee have the authority to **DISMISS** a student from clinical involvement and the program when that student's behavior in the clinical area is deemed unethical, unprofessional, illegal, or jeopardizes the safety of a patient.

- Students may also be subject to clinical and program dismissal for any infractions of program policies and procedures.
- The Clinical Site/Education Center reserves the right to accept or request that a student be transferred from their facility.
- The Clinical Site/Education Center does not have to offer a reason, as students and clinical faculty are GUESTS in their facilities. Should a student be asked to leave a facility the Clinical coordinator will attempt to find the student a new assignment, space permitting.
- Students may not “trade” sites with another student.

Student Attendance Policy for Clinical Education and Related Classes

Each clinical semester, there is one eight-hour (8) absence. Additional absences will result in the loss of five points from the final grade.

Late events are not tolerated and will result in loss of three points from the final grade.

Rationale:

- Students are being exposed to the realities, as well as the rules and regulations of professional hospital/clinic employment obligations.
- Even though students are volunteers/guests in each hospital, the student must **“Call in Sick”** to the clinical site, and speak to the clinical instructor, if they are going to be absent.
- If a student is unable to speak directly with the clinical instructor, he or she will inform the staff member answering the phone, at the clinical site of their absence.

NOTE:

- It is extremely important to get the name of the hospital personnel who took the original message and documented the time as proof of the phone call.
- Do not call the Clinical Coordinator to “call in sick.”
- If a student does not “call in sick” it is considered unprofessional and “abandonment of patient” and will result in the loss of two points from the final grade.
- Please note that a doctor’s note validates absence; it does not excuse it. The Clinical Education
- Coordinator on a case-by-case basis determines what constitutes a valid excuse from clinical.

Absence- Extenuating Circumstance

- The maximum allowance for **extenuating absence** within a semester is ten (10) days.
- If the absence exceeds this published time, the student **WILL** withdraw from the Radiography program/clinical course.
- Non-personal medical or legal documentation may be submitted by the student for consideration.
- **Rationale:** missing the above amount of time is excessive and not conducive to the student's education or the successful completion of semester objectives.

Absence during Inclement Events

- College closure during inclement weather-related events is posted on the Bergen Community College web page. This page is accessed by logging onto www.bergen.edu.
- When the college has decided to remain open, students are expected to attend clinical education classes.
- Students who do not attend clinical during inclement weather may use their allotted semester personal day (1 day).
- If the inclement weather begins during the clinical time, the clinical instructor will take into consideration the weather forecast and road conditions in deciding as to when to dismiss the students.

Patient Care Policy

Confidentiality of Patient Records and information

- In the process of performing one's assigned duty in the health care facility, it is possible to overhear information regarding patients, physicians, and/or hospital staff, which must be considered confidential.
- Therefore, you are directed not to discuss outside the health care facility or even with other health care facility students or employees these bits of information.
- Casual conversation with other students may be overheard and, thereby, will violate the HIPPA privacy act.
- Be particularly careful about your conversation in elevators, eating-places, and other places of assembly within or outside the health care facility.
- Do not go home and describe your patients, their conditions, or the facility with family members.

A. Any discussion of patient information must occur for the purpose of fulfilling clinical assignments. Idle conversation regarding patient care is not exhibiting appropriate demeanor for healthcare professionals.

B. The patient owns the information contained in their medical record, and the health care facility owns the medical record document. Therefore, students cannot remove original, microfilmed, photocopied or

handwritten medical records from the facility's premises. Any health data that identifies a patient, physician, or health care provider by name is confidential information.

C. Confidential information is privileged information that may not be disclosed without proper, written authorization from the patient.

Not only is medical information confidential, but also identifying information, such as a patient's age, address on discharge, and the service or medical unit on which the patient was hospitalized, and any tests the patient underwent when he/she was a client at the institution.

Unauthorized disclosure of health information is a breach of confidentiality punishable by state or federal law.

Students who release **any** health information or pictures of the clinical site, either inside or outside the institution, verbally, through email, internet access, or social media without proper authorization from the Human Resources department of the facility will be **permanently dismissed** from the program.

- **Students must** adhere to the clinical education center's Health Insurance Privacy and Portability (HIPPA) procedures and requirements.
- Students must maintain patient confidentiality. The consequences will be federal charges.
- Patient care encompasses the patient's needs: physical, emotional, and psychological.

According to the Patient's Bill of Rights (American Hospital Association, 1975), the patient has a right to: Privacy of information, refuse, and informed treatment. They must be told of nature, recovery time, probable length, and risks before starting a procedure. Obtain current information regarding diagnosis (from a physician) in understandable plain language. Confidentiality □ records and communication as related to care.

Patients are NOT dismissed from the department by students. Upon completion of a case, the images & paperwork are to be checked by a hospital employee who is a licensed radiographer. It is the responsibility of that person to dismiss the patient.

NJRTBE Policy Statement on The Use of Fluoroscopic Equipment

From: New Jersey X-Ray Technologist Board of Examiners.

"The X-Ray Technologist Board of Examiners RT BOE) at their meeting on December 10, 1980, reaffirmed their prohibition of licensed X-Ray Technologists utilizing fluoroscopic equipment. This is a violation of Public Law 1968 – Chapter 291 which states, "Health and safety of the people of the State must be protected against harmful effects of excessive and improper exposure to ionizing radiation." Further, The Board of Medical Examiners has ruled that fluoroscopy is the practice of medicine. Therefore, the Board's position on this matter remains "no technologist or student shall fluoroscope a patient at any time for any reason."

Student Uniform Policy

- Students are expected to adhere to the uniform requirements as stated below:
 1. Standard program top with BCC Radiography student logo on the sleeve (pewter gray scrub top)
 2. Name badge sample
Betty Romano
Bergen Community College
Radiography Student
 3. Pants: BLACK PANTS
 4. Shoes/Sneakers: ALL Black (NO clogs, mules, sandals, or open toe shoes). Shoes are to be clean.
and in good repair with clean shoelaces.
 5. Socks- color must match the pants, and are at least one inch above the top of shoe is worn in clinical
 6. A short-sleeved white, grey or Black T-shirt is worn under the tunic. (No writing on the Tee shirt)
 7. WHITE Lab coat/jacket with BCC logo on the sleeve (worn in clinical, classes, and Laboratory)
 8. If a student has visible tattoos on their arms they must be covered (see the clinical Coordinator for more information).
 9. Visible Tattoos on other parts of the body, ex. Face, and neck, must be covered with a flesh tone "Band-Aid" while in clinical. (See the Clinical Coordinator for more information).

Uniform Clause:

- Uniforms are to be worn while at the Clinical Education Center and when on the BCC campus.
- Students will receive information regarding uniform requirements at the orientation meeting.
- Uniforms must be replaced as needed due to excessive wear and discoloration.
- Uniforms are to be kept clean and presentable. (Ex. Wrinkle and stain-free). Failure to do so will result in being sent home by the clinical instructor.
- Hair should be of a color that is naturally occurring (not blue, purple, green etc.) and must be arranged.
- All long-length hair **must** be worn up, securely fastened, and off the shoulder.
- Male students may wear a beard/mustache provided they keep the facial hair neatly trimmed.
- Some students may need to shave their beards to ensure that the N95 mask (used for the prevention of the spread of COVID-19) fits properly.

Tattoos or body piercing

- must not be visible (including but not limited to tongue piercing, eyebrow, lip, and nose) in the clinical setting.
- Students must **remove any** visible piercings and **cover** visible tattoos while in the clinical site. “
- Ear lobe stretchers”/ plugs/gauges are hazardous and not safe or acceptable professional attire.
- They must be removed before going to the clinic.
- If the student’s ear lobes are stretched beyond normal, they present a safety hazard.
- In this case the student must see the Clinical Coordinator for further instruction, including the signing of a harmless agreement, against accidental pulling of the lobe by a patient while in the clinical arena.

Jewelry, for both male and female students:

- o **Ring-** one band type.
- o **Earrings** - small post type (only one per ear lobe)
- o **Neck chain** - if worn, must be beneath the uniform (for safety - a neck chain is not recommended).
- o **Bracelets** – none
- o **Watch** - sweeping hand type to be always worn, in clinical.
- o **Make-up-** must be applied subtly, no extreme makeup.
- o Fingernails are to be trimmed (1/4 inch maximum) and clean.
- o **NO ACRYLIC, GEL, or ARTIFICIAL NAILS or WRAPS OF ANY TYPE ARE TO BE WORN IN**
- o **CLINICAL**, (they harbor germs and are not allowed during direct patient care).
- o Students may not wear nail polish.
- o Research has shown that chipped nail polish harbors just as many germs as artificial nails.
- o Students may not wear false eyelashes in the clinic.
- o Perfumes or other strong-smelling cosmetics are not to be worn as sick/surgical patients cannot tolerate strong smells.

Unpreparedness for Clinical Activities

- Any student who is unprepared for clinical: forgets their dosimeter or is out of uniform for clinical education will be dismissed for that day, with further corrective action taken, by the clinical coordinator.

Student Hygiene Policy

Personal Hygiene

- Students are expected to always maintain important levels of personal hygiene.
- All students are required to be clean and maintain appropriate personal hygiene abo their body, hair, and nails.
- Hair and nails must be kept clean and neat and must not interfere with the student's or patient's safety or the ability of the student to participate in clinical activities.
- No extreme styles are permitted.
- Unpleasant body and mouth odors must be attended to.
- Male students are allowed to wear beards or mustaches, but they must be neatly trimmed and always groomed.
- Students who do not comply with these policies will be dismissed from the clinic for that day.
- Students may have to shave their beards so that N95 masks, used to help prevent the spread of COVID-19, will fit properly.

Drug and Alcohol Policy

Illicit drug and/or alcohol usage

BCC is a drug-free and alcohol-free institution.

There will be a **ZERO TOLERANCE** policy regarding students reporting to class, lab, or clinic under the influence of alcohol or drugs.

Students under medical supervision and taking prescribed medications must not induce an unsafe mental or physical state.

These medications must not impair the student's ability to meet the course requirements, act with safety, perform competently, or demonstrate appropriate conduct when in class, lab, or clinical settings.

Physician prescribed medications may qualify for extenuating circumstances and should be confidentially discussed with the Clinical Coordinator or the BCC Nurse.

REASONABLE SUSPICION:

Reasonable suspicion is defined to mean that the student's instructor, supervisor, or his/her designee believes that the behavior, speech, body odor, or appearance of a student is indicative of the use of alcohol or drugs.

Suspicious behavior may include, but is not limited to:

Conduct that prevents the student from performing the essential functions of his or her role in the Clinical Activity or which poses a direct threat to the safety of others.\

Behaviors which could lead to a reasonable suspicion include, but are not limited to:

- odor of alcohol or drugs,
- unsteady or staggering gait, difficulty maintaining balance.
- rapid or slurred speech,
- pinpoint or dilated pupils,
- unresponsiveness, bloodshot eyes,
- decreased motor coordination.
- fine motor tremors,
- difficulty participating in activities, unexplained accidents.
- nausea, vomiting, sweating,
- erratic behavior, incoherent speech, marked changes in personality.
- verbal or physical outbursts,
- self-report of drug use or alcohol abuse, unsafe behavior,
- Unsatisfactory care for others, and threats to harm self or others.

Faculty members are encouraged to consult with other faculty members and our department administration, to validate the basis for reasonable suspicion.

In the event a student is suspected or found to be under the influence of any of the above settings, the student will not be allowed to drive home and is expected to seek an alternative method of transportation. The college and/or Program will assume no responsibility for assisting the student in leaving the above sites or returning home. Security/Public Safety of the institution will be called, if necessary, to assist the student with leaving. Students found guilty of the above offense will be dismissed from the program and will not be able to return.

Clinical Preceptors will use these guidelines to determine Reasonable Suspicion.

- If drug use or alcohol abuse is suspected, the faculty member should take the following steps:

Remove the student from the Clinical Activity:

- Confront the student in a secluded setting **and** this confrontation must be in the presence of a hospital (not another student) staff witness.
- Discuss suspicious behavior with the student and allow the student to explain.

- Decide whether reasonable suspicion exists and document the behaviors, or circumstances that led to “reasonable suspicion.”
- The Clinical Preceptor and a witness will sign a statement, in their professional opinion, as to whether the student is fit for clinical activities.
- The statement will also include any other faculty or staff who witnessed the behaviors which gave rise to “reasonable suspicion.”

Academic Calendar

<https://bergen.edu/events/category/academic-calendar/list/>

ADA Statement:

If you are a student with special needs or circumstances, or if you have emergency medical information to share with Program officials, or if you need special arrangements in case the building must be evacuated, please make an appointment with the clinical coordinator as soon as possible.

See also:

<https://bergen.edu/current-students/student-services-departments/disability-services-office-of-specialized-services/faculty-resources/syllabus-statements/>

<https://bergen.edu/current-students/student-services-departments/disability-services-office-of-specialized-services/faculty-resources/accommodation-descriptions/>

Radiation Safety Practices Policy

- First-year students are introduced to radiation safety during orientation.
- Subsequently, radiation safety is reinforced in all academic and clinical courses.
- The Program Director serves as the Radiation Safety Officer.
- All students are given a radiation dosimeter to wear, for clinical and laboratory purposes.
- Dosimeters must be changed regularly, and it is the students' responsibility to make the exchange.
- Students who do not “turn in” their dosimeter when requested will incur a “late processing fee.”
- **Currently the “LOST” OR LATE FEE IS \$25.00.**
- **Radiation dosimeter reports are made available for student review and are maintained at BCC indefinitely.**
- In conjunction with the concepts of ALARA students are expected to shield ALL patients whenever possible so long as it does NOT interfere with the study being performed.
- Instructors will also aid students with proper shielding techniques and these techniques will be emphasized in RAD 181 and RAD 281, for each procedure taught.

Glossary Terminology Associated with a Competency-Based Education System

Clinical Education - The portion of the educational program conducted in a health care facility that provides the opportunity for students to translate theoretical and practical knowledge into cognitive, psychomotor, and affective skills, necessary for patient care.

Clinical Patient Demonstration

Upon successful completion of didactic and laboratory evaluations, the student will perform a minimum of two (2) clinical patient demonstrations prior to requesting a competency evaluation.

These demonstrations must be initialed by a clinical instructor and checked by the clinical instructor prior to the competency attempt.

Patient demonstrations must be performed under the direct supervision of a licensed radiographer. For exams that are infrequently seen, students may perform one (1) patient demo.

The clinical faculty will determine which procedures warrant one patient demonstration. Patient demonstrations will be documented by the clinical instructor on the performance sheet.

Competency - Identified radiographic knowledge, objectives and skills a student must master to successfully complete program requirements.

Competent - The student's ability to successfully demonstrate patient care skills, produce a diagnostic radiograph by performing a series of designated radiographic positions/projections with indirect supervision and assume those duties and responsibilities according to course and clinical objectives.

Continual Clinical Competency Evaluations (CCCEs) - Performed to assess continuing competence at a more advanced level, after a student has completed an initial clinical competency.

Criteria for Simulated Competency Evaluations and Clinical Competency Evaluations:

All simulated competency evaluations and clinical competency evaluations must include the minimum evaluation criteria:

- A. evaluation of requisition and patient assessment
- B. physical facilities readiness
- C. patient care and management
- D. equipment operation and technique selection
- E. positioning skills
- F. radiation protection for patients, self, and others
- G. evaluation of the resulting images for proper anatomical parts, anatomical alignment, radiographic techniques, and radiation protection.

Documented Laboratory Proficiency – is a laboratory evaluation that is performed under simulated conditions and did not include all criteria for a simulated competency evaluation but does include the criteria necessary to determine that a student is proficient to position patients for that procedure.

Elective Clinical Competency Evaluations – These evaluations may be performed on patients, phantoms or as simulation. A minimum of one from each category is required. (17 in total)

Initial Clinical Competency Evaluations – (ICCEs) - A procedure by which a student's clinical performance is evaluated according to the program's standards. It is used to measure knowledge, psychomotor skills, and the affective behavior required for an entry-level radiographer.

Mandatory Clinical Competency Evaluations – Thirty-five procedures must be performed as Initial Clinical Competencies (ICCE) twenty-nine of the thirty-seven mandatory procedures must be performed on patients. The remaining eight procedures may be performed on patients or as simulations.

Remediation- Identified as a part of the evaluation process that requires the student and instructor to form a plan of action to address areas of weakness. Remediation will follow according to the competency based clinical education flow-chart. The clinical instructor will:

- (a) document the unsatisfactory performance
- (b) identify areas where improvement is needed.
- (c) direct the student to follow the clinical education flow chart prior to requesting another evaluation.

Simulated Competency – A mandatory or elective procedure that is not performed on a patient that MUST include the same competency evaluation criteria. Simulations will occur during the RAD 290 Senior Seminar in the energized laboratory on the BCC Campus.

Terminal Clinical Competency Evaluations (TCCEs) – are performed when the mandatory, Continual and Elective clinical evaluations are complete. They are the final evaluations documenting the student's achievement of basic entry- level radiographic skills and may only be performed 90 days prior to graduation. They cannot be simulated under any circumstances.

Incident Reporting Policy Students must report any accident, incident, or unusual occurrence involving a patient and/or student to the Clinical Instructor and Clinical Designee. Students should document the incident in his/her own words, making sure to include the following information: Patient's name, Date, time and place of the incident, Names of persons involved, Names of witnesses to the incident, Name(s) of the Radiology Department personnel notified of the incident. Whenever an incident report is filed at the hospital, a BCC incident report must be completed and forwarded to the Clinical Coordinator. Students should NOT sign the hospital document before the Clinical Coordinator/Program Director has a reasonable chance to review the document.

Programming Due Process Policy

Didactic Issues:

Students will follow the Grade Appeal process as stipulated in the Bergen Community College Catalog. This is found on the College Web site www.bergen.edu

Clinical Issues

- It is recommended that any concern or issue be addressed as soon as possible.
- Final grades for clinical education courses are assigned by the 14th week of the semester.
- This period affords the opportunity for students, instructors, and the clinical coordinator to resolve any inconsistencies.
- Those students who have a clinical education grievance must follow the steps that are indicated below.

Due Process Policy

Statement: It is recommended that any concern or issue be addressed as soon as possible.

Those students having clinical grievances must follow the protocol or steps as indicated below.:

Steps	Action	Time Limit
1	The student must make an appointment with the clinical preceptor to resolve the issue.	Within 3 days of the incident
2	Following this meeting, if the issue is still unresolved, the student can meet with the Radiography Clinical Coordinator within five business days.	The report must be received within four working days of the meeting date.
3	If unresolved, the student will schedule a meeting with the Radiography program director.	The report must be received within four working days of the meeting date.
4	If still unresolved, the student will schedule an appointment with the academic chair of health professions.	A report must be received within four working days of the meeting date
5.	If still unresolved, the student will schedule an appointment with the dean of health professions.	A report must be received within four working days of the meeting date

6.	If unresolved, the student will schedule an appointment with the Vice President of Academic Affairs.	
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Non-Compliance/ Complaint Resolution Policy

- Bergen Community College is fully accredited by the Commission on Higher Education of the Middle States Association of Colleges and Schools.
 - The Bergen Community College Radiography Program is accredited by the New Jersey Radiologic Technology Board of Examiners (NJRTBE) and the Joint Review Committee on Education in Radiologic Technology (JRCERT)
 - The Radiography educational program follows the Standards of an Accredited Program in Radiologic Sciences. The Standards are posted in the classroom and laboratory and may be made available to the student upon request.
 - Issues of non-compliance with the Standards must be brought to the attention of the Program Director.
 - The Complaint Resolution Form will be used to document and track the allegation.
 - The program will immediately take action to investigate the allegation(s)
 - If found to be non-compliance, the program will take immediate action for correction.
 - Corrective action will take place within 30 days of the initial report.
 - Issues of non-compliance with the Standards should be addressed or reported with the following agencies:
1. Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, Illinois, 60606-3182
312-704-5300
mail@jrcert.org
 2. New Jersey Radiologic Technology Board of Examiners
Department of Environmental Protection
Bureau of X-Ray Compliance
P.O. Box 415
Trenton, New Jersey 08625
609-984-5890

Semester Competency Requirements

	RAD 182	RAD 282	RAD 283	RAD 286	RAD 289	RAD 290	Total
Patient Care Simulation	0	0	6	0	0	0	6
Mandatory Cases	1	6	10	10	9	0	35
Elective Cases	0	2	5	5	5	0	17
Continual Cases	0	0	2	2	1	0	5
Terminal Cases	0	0	0	0	0	6	6

- Students should achieve 100% of the necessary competency requirements for each semester, this will ensure successful completion of the Program in the 2-year time limit.
- NJ State and ASRT Clinical Competency Requirements:
- Students must demonstrate competence in a minimum of fifty-two procedures.

Graduation Requirements:

NJ State and ARRT Clinical Competency Requirements:

- Students must demonstrate competence in a minimum of fifty-two procedures.
- Students must demonstrate competence in all thirty-five Mandatory imaging procedures.
- A minimum of twenty-four Mandatory procedures must be performed on patients.
- The remaining eleven Mandatory procedures may be completed on patients or be simulated.
- Students must demonstrate competence in seventeen Elective procedures chosen from the designated list of elective procedures.
- A total of 63 competencies will be completed by the end of the program. 35 Mandatory + 17 Elective + 5 Continual cases + 6 Terminal cases

***PLEASE NOTE:**

- 1) All policies in this manual are subject to change at any time.
- 2) Students will be informed of any changes electronically and physically.
- 3) Students may feel free to see the Clinical Coordinator or Program Director for clarification of any portions of this Manual.

Bergen Community College

Radiography Program

Notice of Clinical Probation

Students who demonstrate irresponsible, unprofessional, or unsafe behavior in clinical practice may be placed on probation.

Depending upon the type and seriousness of the problem, the student may be put on probation or asked to withdraw from the course and/or program prior to the end of a semester. In addition, the student is placed under direct supervision until such time that either the Clinical coordinator or Program Director lifts the mandate.

This form is used to document student performance issues leading to probation. The Clinical coordinator meets jointly with the Program Director to inform the student of probation.

Probation will commence immediately and may remain in effect throughout the remainder of the student's education within the Radiography Program. A copy of the probationary action will be placed in the students file in the Radiography office.

If The student's clinical placement is changed, he/she will be informed that, should they be asked to leave another site/agency the student in question must withdraw immediately from the Radiography Program.

If such a withdrawal becomes necessary, the student will not be allowed to reapply to the Radiography Program at Bergen Community College.

Student signature: _____

Date: _____

Clinical Coordinator signature: _____

Date: _____

Program Director signature: _____

Date: _____

Voluntary Pregnancy Declaration Form

Last Name: _____ First Name: _____

Date of the Completion of this form is: _____

I have read the policy statements indicated. Before completing this form, I have contemplated and discussed the options posed. I have met with the Program's appointed Radiation Safety Officer and have chosen the following option (sign your name next to your option):

- ☐ To withdraw immediately from the program AND return after conclusion of the pregnancy
- ☐ To continue with didactic courses and discontinue clinical education until the conclusion of the pregnancy.
- ☐ To request a leave of absence and return to the next appropriate semester in the curriculum
- ☐ To remain in the clinical and didactic portions of the program during the pregnancy until conclusion of the pregnancy

I understand that I have the right to withdraw this declaration form at any anytime.

Please initial _____.

Student Signature Date

Program director Date

Note #1: A student is considered pregnant when she has disclosed such pregnancy in writing to the Clinical Coordinator and Program Director.

Note #2: A student may withdraw the pregnancy declaration at any time, for any reason.

Note #3: Any student declaring pregnancy must present a note, on her doctor's letterhead, that States:

- The physician is aware of the student's chosen training/career in Radiography.
- The physician approves of the student continuing in the Radiography program.
- The physician is aware that the program will make every reasonable effort, to limit radiation Exposure to the fetus.
- Occupational exposure (0.5 mSv) fifty millirems radiation exposure per month during the Pregnancy (NCRP#116)

Policies and Regulations Compliance Form

Print Last Name: _____ Print First Name: _____

Date: _____

I read the manual and agree to:

_____ comply with all program policies, accreditation benchmarks, and state requirements, as stipulated in this manual.

_____ I understand that my failure to comply with the published policies is considered insubordinate.

_____ Insubordination can/will lead to permanent dismissal from the program, with NO chance for Readmission to the program.

_____ Failure of two radiography courses will lead to permanent dismissal with No chance for readmission.

My signature below validates that I have read and agree to comply with the policies and regulations in this handbook. My signature below does not indicate agreement or disagreement with said policies.

Student's signature

DATE: _____

Direct, Indirect supervision and Repeat Radiograph

Compliance Form

Print Last Name: _____

Print First Name: _____

Date: _____

I read the manual and agree to:

- Comply with the mandates/policies and NJ state laws for Direct supervision, indirect supervision and repeat radiograph policies.
- My signature below validates that I have read and agree to comply with the policies and regulations in this publication concerning Radiation Safety and the levels of Direct and indirect supervision, as well as the policies for Repeat Radiation.

Student's signature

DATE: _____

JRCERT Mammography Policy 2018

- The radiography program sponsored by **Bergen Community College** has revised its policy, beginning in January 2018, regarding the placement of students in clinical mammography rotations to observe and/or perform breast imaging.
- (Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient. (Examples: but not limited to Sonography, and hysterosalpingogram).
- *Under the revised policy, all students, male and female, will be offered the opportunity to participate in clinical mammography rotations.*
- *The program will make every effort to place a male student in a clinical mammography rotation if requested; however, the program is not able to override clinical setting policies that restrict clinical experiences in mammography to female students.*
- *Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures.*
- *The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.*
- *The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student clinical mammography rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting.*
- *The JRCERT position statement is included as Addendum A to the program's policy and is also available on the JRCERT Web site, www.jrcert.org, Programs & Faculty, Program Resources.*

Student name (Print)_____

DATE: _____

Student signature_____