

Bergen Community College



Division of Health Professions

Radiography Program

Clinical Education Manual



This clinical manual is effective:

9/1/2024

Through

8/31/2025

Page intentionally left blank for notes

Introductory Statement

This Manual will serve as a guide for your Clinical activities to comply with NJ State, ARRT and JRCERT mandates.

Division and Radiography Program Officials

Dr. Susan Callahan-Barnard DHSc
Dean
Division of Health Professions
201-493-702 Office: HP-312
sbarnard@bergen.edu

Professor Elizabeth Ministero-Romano
MS Ed., R.T. (R) (M) ARRT
Clinical Education Coordinator
Office HP: 308 201-493-3577
eromano@bergen.edu

Professor Maria Cerbone M.A.S, R.T. (R) (CT) (M)
Senior Instructor/Lab Manager
Office: HP-127
mcerbone@bergen.edu

Professor Tyrone DeLeon M. Ed. R.T. (R)
Program Director
Office: HP-306
tdeleon@bergen.edu

Dr. Joseph Mamatz, Ed D., R.T. (R)(T)
Radiography Faculty
Office: HP-306
jmamatz@bergen.edu

Program Requirements

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

Competency Based Clinical Education

Competency Based Clinical Education is a progressive approach to the development of skills. This process begins with didactic instruction and supervised laboratory practice. Students progress to the participative stage of the Competency Based Clinical Education System, by demonstrating an examination or series of examinations before they begin their “hands-on” clinical experience, with patients.

During the participative stage, students progress to a more active role in their clinical responsibilities. Students perform demonstrations and patient care simulations. Competencies are performed under direct supervision of the Clinical Instructor. Next, students perform a series of continual evaluations that are used to assure maintained competence. Although these cases assess maintained skills,

continual evaluations must also show progressive proficiency. The final stage involves Terminal Evaluations, which allow the student to demonstrate their basic entry-level clinical skills.

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.

Students strive to broaden their clinical participation under the guidelines described herein. Students at BCC have always prided themselves in the quality of their academic preparation, level of professional development and enriched clinical experience. This fact is evident in the number of area hospitals and imaging centers that request our students and hire our graduates.

Auditing of a Clinical course

Students **must** acquire 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 requirements stated 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

As part of the educational program, candidates must demonstrate competence in the clinical activities identified below:

Ten mandatory general patient care activities;

37 mandatory imaging procedures; (2 demos needed per procedure)

15 elective imaging procedures selected from a list of 34 procedures; (1 demo needed)

One of the 15 elective imaging procedures must be selected from the head section; and
Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section, one of which must be either upper GI or contrast enema.

The above Mandatory plus elective categories = proficiency must be shown in 52 procedures.

In Addition, each student will perform five+ (5+) Terminal Clinical Competencies, (10) patient care simulations and (5) Continual Clinical Competency Evaluations. All continual and terminal clinical competency evaluations MUST be performed on patients.

Competency Type	Initials	Number Required	Maximum Allowable Simulated Cases-10
Mandatory	M, ICCE	37	
Elective	E, ECCE	15	
Continual	C, CCCE	5	
Terminal	T, TCCE	5+	

General Patient Care	PPCE	10	
----------------------	------	----	--

Patient Care Competencies

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

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. CPR Certified 2. Vital Signs– Blood Pressure 3. Vital Signs– Temperature 4. Vital Signs– Pulse 5. Vital Signs– Respiration 6. Vital Signs– Pulse Oximetry/
Basic EKG | <ol style="list-style-type: none"> 7. Sterile and Medical Aseptic Technique 8. Venipuncture 9. Transfer of Patient 10. Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing) |
|--|---|

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

Competency Evaluations Determination of Patient Difficulty Levels

Students must acquire extensive experience managing patients of various difficulty levels. All clinical competency evaluations MUST document the difficulty level. The clinical instructor evaluator will determine 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 assistance.

Patient B: Wheelchair/Stretcher/ Adult Patient is one who is unable to cooperate; need 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 yrs or older physically or cognitively impaired as a result of aging

Mandatory: CXR, 1 upper extremity and 1 lower extremity

Evaluation of pediatric, *trauma and surgical cases* will be completed in RAD 289 Radiography Clinical IV and RAD 290 Senior Student Seminar.

Serious Trauma and Surgical Cases

A serious trauma is considered a serious injury or shock to the body. A radiographic serious trauma study is one in which an alternate projection is made for the study when the patient is unable to be placed in the standard positions

Competency:

Prior to requesting an initial Clinical competency Evaluation, students MUST complete the following:

- Documented didactic proficiency (Passing of assessment in RAD 181 and RAD 281 Performance Record Signed off by course instructor)
- Documented Laboratory proficiency (Lab instructor signs Performance Record)
- Minimum of two patient demonstrations (demos) under direct supervision of a licensed and registered Radiographer. (Clinical Instructors sign off on Performance Record)

Supervision Policy

Freshmen Students:

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

Senior Students:

Prior to competency, all students are required to work under direct clinical supervision of a 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 examination in relation to the student's ability and:

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

- A qualified radiographer reviews the request for the procedure in relation to the student's achievement;
- A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge
- 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 remain under direct supervision for any procedure until competency is acquired.

Successful completion of the previous steps will enable the student to request an Initial Clinical Competency Evaluation (ICCE). Students must demonstrate 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 Instructor). The NJ Licensed Radiographer will provide comments and constructive criticism of the students' performance.

Indirect supervision Policy

Once senior students have passed competency in a given 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 immediately available to assist the student regardless of the level of student achievement. “Immediately available” is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed”

(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 take a case, or bring a patient into the room. Under no circumstances are any students to work independently with no licensed technologist supervision in the department. Failure to adhere to this State of NJ mandate/policy will result in mandatory 2-week suspension from clinical. Second infraction will result in dismissal from the program. This strict rationale is to protect the patient, the student, and the department from repeat exposures or liability.*

Remediation Process for Unsuccessful Attempts Repeat Radiograph Policy

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 **direct supervision** of the clinical instructor or another licensed radiographer. It is the student's responsibility to notify the instructor/ technologist of the repeat and have the instructor or technologist assist with the repeat radiograph.

If no instructor/technologist is **immediately** available, the student **SHALL NOT** repeat the radiograph until an instructor/ technologist becomes available to assist with the repeat radiograph.

Failure to comply with this serious State of NJ and National policy will result in:

First offense- Clinical suspension (of 2 weeks)

Second offense- Mandatory program dismissal.

Supervision during OR, Mobile, Interventional and All Specialty Rotations All operating room, portable, and specialty imaging procedures require direct supervision of a licensed radiographer, regardless of the student’s level of competency. **Specialty Imaging is observation only.**

Students who are unsuccessful with an attempt of a mandatory, elective, continual, or terminal competency evaluation **MUST** remediate accordingly. A remediation form must be completed. The unsuccessful attempt must be documented on the separate remediation form. Another attempt at competency may be performed when the remediation process is completed. The remediation process may be performed, in clinical, by any clinical instructor.

*If a student “loses” the remediation form, or performance record every competency MUST be repeated.

Competency Evaluations and Grading Policy

Attempted Competencies

Each Semester, students are expected to complete a minimal number of studies for 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.

Subsequent Competency Attempts

Unsuccessful attempts require the student to follow the remediation process. A second attempt may be attempted **ONLY** after the student completes the remediation process is **DOCUMENTED**. The remediation process generally cannot be completed in one clinical day. The student is apprised that the **HIGHEST** possible grade awarded for the subsequent reattempt will be an [85% for the second attempt] and a [75% for the third attempt] regardless of the students demonstrated proficiency level. **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

The Student is apprised that a Simulated Competency is graded as PASS/FAIL. (PASS= 100% AND FAIL= 60%) Simulated competency cases may be done, during the period of Senior Summer Semester, in the BCC Lab, prior to graduation. Simulations are generally scheduled during the summer semester, they are by appointment only.

If a simulated case that you have attempted and passed comes into the department, the student must perform the case. This successful attempt may be counted as a continual case.

Types of Clinical Competency Evaluations

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) 37

Thirty-seven mandatory procedures must be completed. All must be done on patients. Students may only do a total of 10 simulations. The scoring for simulation of competency is PASS/FAIL (Pass = 100% and Fail = 60%). Otherwise, a numerical grade is given when competencies are done on patients with the minimal passing grade being 77%. Prior to attempting competency, students MUST perform at least three documented patient demonstrations. (Clinical instructors will determine if more or less demos are needed).

Elective (E) (ECCE) 15

Elective competency – 1 demo

The ARRT requires students to demonstrate competency in 15 out of the 34 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 on phantoms. If a student is unable to achieve the 15 elective competencies they must be aware that they may simulate only 10 cases (mandatory and elective). The elective cases begin in RAD 283. The scoring of the elective competency evaluation is PASS/FAIL. (PASS=100% AND FAIL=60%)

Continual (CCCE) 5

Starting with RAD 286 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. Continual Competency Evaluations will be evaluated on a PASS/FAIL basis. (PASS=100% AND FAIL=60%). The requirement for the program is five (5) cases: 1 upper extremity, 1 lower extremity, 1 Spine, 1 abdomen, and 1 hip or pelvis.

TERMINAL (T) (TCCE) 5+ (5 plus run a room for a day)

Terminal Clinical Competency Evaluations (TCCE) may begin in RAD 290, Senior Student Seminar.

These Evaluations may be attempted ONLY after the student has successfully completed all Mandatory, Continual and Elective competencies, and within 3 months of their anticipated graduation. These cases are not to be attempted before the start of Summer U of the senior year.

The requirement is:

- 1) upper extremity trauma study
- 2) lower extremity trauma study

3) Spine trauma study

4) Peds/Geriatric

5) Hip or Pelvic study trauma study

+ Run a room by yourself for one day.

(The clinical instructor will determine the length of time based on the “patient flow” of the room).

Upon successful completion of the required terminal evaluations, the student will then have met all requirements for Competency Based Clinical Education. This permits the student to be a candidate for graduation from the Radiography Program.

The program is designed to impart the necessary competence and skills to become a successful entry-level radiographer. To successfully complete the Radiography Program and become a registered radiographer, it is felt that each student must attain the following list of competencies.

Terminal Outcomes for Students Completing a Course of Study in Radiography

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 for patient condition and other variables.
- Process radiographs and effectively acquire radiographic images on the computer monitor and Evaluate radiographic images for appropriate positioning and image quality.
- Determine 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 maintain appropriate radiographic quality. Perform basic mathematical functions.
- Operate radiographic imaging equipment and report malfunctions and know safe limits..
- Recognize emergency patient conditions and initiate 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 procedures).

Mandatory Compliance with the Record of Clinical Education

Performance Record: The performance record is required by the program. Students and faculty are to check the form on a regular basis to validate accuracy. Students are responsible to request an instructor's signature on this form to validate the completion of competencies. A photocopy of this document must be made at the end of each clinical semester, and submitted to the clinical instructor. Students must keep the original document, and store it safely within a plastic sheet protector.

NOTE- If a student "loses" the Performance Record all competencies **MUST** be repeated

Duplication of Completed Competencies: Upon completion of a competency evaluation, it is suggested that students Xerox the form for their records. This is proof of a completed competency.

Initial Clinical Performance: An initial assessment is a simulated evaluation of a radiographic procedure that was taught in class and demonstrated in lab. The first few weeks of RAD 182 are dedicated to the mastery of basic body positions that are used when performing radiographic procedures. An initial assessment can only be performed after successful didactic and laboratory instruction is received. An initial assessment (done in the laboratory) is validated by the lab instructor on the clinical performance record under the column titled "LabProf". An initial assessment, as well as successful didactic assessment (in RAD 181), must be done **BEFORE** the student attempts his or her first patient demonstration.

Patient Demonstrations: After the completion of the modules, objectives and relevant initial assessment, the student must perform a minimum of two patient demonstrations. This is to be validated and placed in the column called "Demos", by the instructor. The second signature indicates readiness to perform an initial clinical competency evaluation.

Initial Competency Evaluations: Mandatory or Elective Cases: After completing steps one and two in this process, the student must complete the designated requirements. Initial competencies are divided into mandatory and elective procedures.

Instructors will sign the competency evaluation AND performance records.

Continual Clinical Competency Evaluations: It is an assessment of clinical competency on a case/procedure that was previously evaluated. It **MUST** be of a higher difficulty level-whether it is the patient condition or examination. It may **NOT** be simulated. Please review the requirements stipulated in this manual.

Terminal Clinical Competency Evaluations: The final step involved in the competency process is the final evaluation which documents student achievement of basic entry-level skills. TCCE's may only be performed during RAD 290. These cases may **NOT** be simulated. All competency categories must be completed before attempting a terminal case. Instructors will sign the competency evaluation, and performance records. Terminals may be started after June 1st of senior seminar. The Clinical Coordinator will supply each student with a "Terminal Packet" which must be completed and signed by the observing clinical instructor.

Conditions for Automatic Failure of a Competency

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

Bontrager Handbook

All radiography students must purchase the spiral bound Bontragers Handbook of Radiographic positioning and Techniques. This book is to be brought to clinical EVERY DAY. Students are expected to record in the Bontrager handbook, the following information for each procedure they observe/assist with:

- ❖ Initials of the hospital site: Ex- HUMC, HNH, St. B. etc.)
- ❖ mAs
- ❖ KV and Part size (Record size for educational and accuracy purposes).
- ❖ Exposure Index / Deviation Index
- ❖ Location/Room number
- ❖ Image receptor, grid, or table top

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

Clinical Competency Objectives

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 determine 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.
- ❖ Communicate in a professional manner with the patient at all times during the study?
- ❖ Use a clear and concise manner to explain the procedure to the patient in layman terms?
- ❖ Provide the patient physical, emotional and psychological comfort though out the study?
- ❖ Provide a climate to protect the patient's modesty at all times throughout the study?
- ❖ Acquire 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; used image evaluation criteria to determine image acceptability?
- ❖ Identify all anatomy on each image correctly?
- ❖ 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 complied?
- ❖ Place a part marker on the image receptor prior to making an exposure?

Ancillary:

- ❖ Operate the x-ray tube, table and console correctly while performing the study?

Objectives for the Student Clinical Profile Form

Does the student:

- ❖ Follow all program policies and regulations?
- ❖ Use an organized approach in his or her approach to a study and tasks of the profession?
- ❖ Perform imaging studies in a professional manner at all times?
- ❖ Use a logical approach in the organization and completion of imaging studies?
- ❖ Demonstrate knowledge of the proper and safe use of imaging equipment?
- ❖ Demonstrate sound knowledge in the selection of technical factors for an exposure to conform to the principle of ALARA in clinical practice?
- ❖ Demonstrate sound knowledge and apply the principles of ALARA in his or her clinical practice?
- ❖ Demonstrate sound knowledge with the principles of universal standard precaution and apply it in his or her clinical practice?
- ❖ Demonstrate a sound foundation of problem solving 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?
- ❖ Reassure the patient's needs at all times?
- ❖ Maintain patient comfort and dignity?
- ❖ Respond to the patient's physical, emotional and psychological needs?
- ❖ Have a team player approach in his or her professional interactions with others?
- ❖ Communicates in a professional manner in all professional interactions with others?
- ❖ Take responsibility for his or her own 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?
- ❖ Show professional preparedness at all times?
- ❖ Attend clinical education activities on a regular basis?
- ❖ Arrive to clinical education activities in a timely manner as stipulated in policy?
- ❖ Maximize from constructive assessment of skills and behaviors

Clinical Education Courses

<u>Course:</u> <u>completion</u>	<u>Semester:</u>	<u>Approx Hours</u>	<u>Competencies required for timely Program</u>
RAD 182	Fall	8.0 per week	1
RAD 282	Spring	16.0 per week	6
RAD 283	Summer	16.0 per week	10
RAD 286	Fall	16.0 per week	10
RAD 289	Spring	24.0 per week	10
RAD 290	Summer	24.0 per week	(5+Terminals P/F)
			Total of 37 Mandatory

Materials for Clinical Education- suggested but not limited to:

A 3-hole, 2" (hard covered) loose-leaf type binder, with Pocket dividers used for the maintenance of all clinical records.

Bontrager pocket handbook,

A small pocket notebook will be utilized as a technique book (can be small and spiral bound)

The Student Handbook/Clinical Education Manual is distributed on the first day of clinical orientation and should be brought to clinical each day. (Keep the manual in the loose-leaf binder).

Radiation dosimeter (OSL/LUXEL), pens, and watch are required.

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

Betty Romano
Bergen Community College
Radiography Student

Students must purchase two (2) sets of right and left lead initial Markers. The markers are to be used in clinical 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

Liability Insurance: Students are required to purchase their own professional liability insurance. This insurance is inexpensive and protection 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.hpso.com

Medical Clearance: The school nurse must have all of the students completed 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 prior to the first clinical experience and annually thereafter. The test is required by the hospital affiliates.

Mandatory flu shots (unless allergic-must provide documentation) are required on an annual basis. Generally, 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

Students rotate through 2 clinical education centers for the duration of the program.

The Clinical Education Coordinator will make all final clinical placement decisions.

Clinical Education Assignments

Students may be in the clinical site during ASSIGNED times only. (Students may NOT drop in or visit the site). The Clinical Instructor will provide a schedule of rotations each week as to assure equitable rotations and room assignment/experience distribution. All radiography students **MUST** rotate through the operating room and mobile/portable radiography.

In addition, throughout the duration of the two years, 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 Hysterosalpingiography 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 clinical early to go to work. Clinical days are designated by the college and appropriate course level.

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 he/she must do so **BEFORE** clinical.

Required Professional Behaviors:

Radiography students are required to:

1. Respect the policies and procedures of the clinical education center
2. Conduct themselves in a professional manner at all times
3. Eating, drinking, and gum chewing 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 in a professional manner.
Example: Professor _____ Mrs./Mr. _____ Dr. _____
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 class session by use of abusive / obscene language, disorderly, or threatening behavior.
- ❖ Insubordination (defined in Webster's Dictionary as "unwilling to submit to authority; disobedient; 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 of ANY pictures while at/in the hospital site or on their premises.

The Radiography Clinical Education Coordinator and Program officials have the authority to dismiss a student from the program 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 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.

If a student has been placed on probation/suspension for ANY two (2) events throughout the length of the program, upon the second offense, the student will be permanently dismissed from the program, by the program officials and is non-negotiable.

Student Clinical Performance and Clinical Transfer

Students who have issues relating to program policies, demonstrate a lack of progression or who fail to meet the progressive objectives (clinical competencies) of the semester will be dismissed. The student's clinical performance is graded and discussed on a regular basis.

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 freshmen or senior exit exams. Exit Examinations are held at a higher pass rate. (80%)

It is noted by program officials to be a “comfortable grade range”. Senior Students scoring 80% or better have a reasonable expectation of successfully completing the ARRT exam.

The rationale for this grading policy: The ARRT has mandated that the minimal passing grade on the registry examination is 75%.

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 students will be afforded only one eight hour (8) absence. Additional absences will result in the loss of 2 points from the final grade.

Late events are considered to be unprofessional and could reasonably be considered “abandonment of patient”. Therefore, late events are not tolerated and will result in the loss of 1 point 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.

Despite the fact that 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 document 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 2 points from the final grade.

Please note that a doctor’s note validates an 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 this includes both clinical and campus classes. If the absence exceeds this published timeframe, 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 for 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 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 premise. Any health data that identifies a patient, physician, or health care provider by name is considered to be 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 are expected to adhere to the clinical education center’s Health Insurance Privacy and Portability (HIPPA) procedures and requirements. Students must maintain patient confidentiality. 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□ with respect to care and condition

Refuse□ treatment

Be informed□ nature, recovery time, probable length, risks□ before the

procedure

Obtain current information regarding diagnosis (from physician)□ in understandable layman’s terms

Confidentiality□ records and communication as related to care

Patients are NOT to be 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.

Clinical Probation Policy

The Radiography Program Officials have the authority to place a student on clinical probation. Students found to be NON-COMPLIANT with any the program’s policies, procedures, or regulations may be subject to probationary status for the first event, and dismissal from the program for subsequent events.

Students who are asked to leave a clinical site, MAY be able to transfer to another site if available.

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 at their meeting on December 10, 1980 re- affirmed their prohibition of licensed X-Ray Technologists utilizing fluoroscopic equipment. This is a violation of Public Law 1968 – Chapter 291 that 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= 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 1 inch above top of shoe are 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, neck, must be covered with a flesh tone “Band-Aid” while in clinical. (See the Clinical Coordinator for more information).

Uniforms are to be worn at all times 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 (no blue, purple, green etc.) and must be neatly arranged. If long, (shoulder length or longer) for both males and females, it **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 beard to ensure that the N95 mask (used for the prevention of the spread of covid) 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 prior to going to clinical. 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 hold harmless agreement, against accidental pulling of the lobe by a patient while in the clinical arena.

Jewelry, for both male and female students:

Ring- one band type

Earrings - small post type (only one per ear lobe)

Neck chain - if worn, must be beneath the uniform (for safety - a neck chain is not recommended).

Bracelets – none

Watch - sweep hand type to be worn at all times, in clinical.

Make-up- must be applied subtly, no extreme makeup.

Fingernails are to be trimmed (1/4 inch maximum) and clean.

NO ACRYLIC, GEL, or ARTIFICIAL NAILS or WRAPS OF ANY TYPE ARE TO BE WORN IN CLINICAL, (they harbor germs and are not allowed during direct patient care).

Students may not wear nail polish. Research has shown that chipped nail polish harbors just as many germs as artificial nails.

Students may not wear false eyelashes in clinical.

Perfumes or other strong-smelling cosmetics are not to be worn as very sick/surgical patients cannot tolerate strong smells.

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 maintain high levels of personal hygiene at all times. All students are required to be clean and maintain appropriate personal hygiene with regard to their body, hair, and nails. Hair and nails need to be 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 groomed at all times. Students who do not comply with these policies will be dismissed from clinical for that day.

Students may have to shave beards so that N95 masks, used to help prevent the spread of covid, 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 to 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.

Reasonably suspicious behavior may include, but 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.

Other behavior's 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 or department administration, to validate the basis for reasonable suspicion.

In the event a student is suspected or found to be under the influence in 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 Instructors 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:

1. Confront the student in a private setting **and** this confrontation must be in the presence of a hospital (not another student) staff witness.
2. Discuss the suspicious behavior with the student and allow the student to explain
3. Decide whether reasonable suspicion exists and document the behaviors, or circumstances that led to “reasonable suspicion”.

The Clinical instructor and witness will sign a statement, in their professional opinion, as to whether or not 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

Freshmen students are introduced to radiation safety during orientation. Subsequently, concepts of radiation safety are reinforced in all academic and clinical courses. The Clinical Education Coordinator serves in the capacity of Radiation Safety Officer for the program. All students are given a radiation dosimeter to wear; for clinical and laboratory purposes. Dosimeters must be changed on a regular basis 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.

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 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 patient, self and others
- G. evaluation of the resulting images for proper anatomical parts, anatomical alignment, radiographic techniques,
- H. image identification 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 1 from each category is required. (15 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-seven procedures must be performed as Initial Clinical Competencies (ICCE) 29 of the 37 mandatory procedures must be performed on patients. The remaining 8 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 (TCCs) – 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.

Program Due Process Policy

Didactic Issues: Students will follow the Grade Appeal process as stipulated in the Bergen Community College Catalog on. 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 generally 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 a didactic or clinical grievance must follow the protocol or steps as indicated below.

Steps	Action	Time Frame
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 5 business days.	Report must be received within 4 working days of the meeting date.
3	If unresolved, the student will schedule a meeting with the Radiography program director.	Report must be received within 4 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 4 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 4 working days of the meeting date
6.	If unresolved, the student will schedule an appointment with the Vice President of Academic Affairs.	

Academic Regulations

Academic integrity is challenged when a student is charged with academic irregularities, such as cheating during an examination or plagiarism in the preparation of an essay, laboratory report, or oral presentation.

The program will adhere to BCC Policies regarding academic regulations as found in the pages named academic dishonesty in the 2016-2017 College Catalog.

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 in 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	10	0	37
Elective Cases	0	2	3	5	5	0	15
Continual Cases	0	0	2	2	1	0	5
Terminal Cases	0	0	0	0	0	5	5
Image Evals	2	5	5	5	5	5	27

Students should achieve 100% of the necessary competency requirements for each semester, this will ensure successful completion of the Program in the 2-year timeframe.

NJ State and ASRT Clinical Competency Requirements:

Students must demonstrate competence in a minimum of 52 procedures performed on patients.

Graduation Requirements:

.NJ State and ASRT Clinical Competency Requirements:

Students must demonstrate competence in a minimum of 52 procedures.

Students must demonstrate competence in all 37 “Mandatory” imaging procedures. A minimum of 29 “Mandatory” procedures must be performed on patients. The remaining eight (8) Mandatory procedures may be completed on patients or be simulated.

Students must demonstrate competence in 15 “Elective” procedures chosen from the designated list of elective procedures. ** “Elective” procedures may be performed on patients or be simulated.

37 mandatory + 15 elective procedures = 52 total procedures

37 Mandatory + 15 elective + 5 continual + 6 terminals = Grand procedure total= 63

Legend

ICCE initial clinical competency evaluation (mandatory cases)

ECCE elective clinical competency evaluation (elective cases)

CP Clinical lab proficiency

P/S competency performed on (P) patient or (S) simulated

***PLEASE NOTE:**

- 1) All policies contained within this manual are subject to change at any time.**

- 2) Students Will be informed of any changes electronically, through email, Or in class.**

- 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 generally 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 in 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 students 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) 50 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 is 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 2 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 radiographs.

Student's signature

DATE: _____

JRCERT Mammography Policy 2018

*The radiography program sponsored by **Bergen Community College** has revised its policy, beginning in the year 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 hysteriosalpingogram)*

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 in a position 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_____