

Stephen W. Brown M.D.,
School of Radiography
Piedmont Augusta
2025-2026 Student Hand Book



Contents

Mission Statement:.....	6
Program Goals:.....	6
ASRT Code of Ethics (American Society of Radiologic Technologists)	7
School of Radiography Organizational Chart	9
Statement of Non-Discrimination	10
Policies	10
Admissions	10
General Eligibility	10
Academic Eligibility	10
Admissions Process	10
Acceptance Criteria	12
Fees	12
Application Fee	12
Deposit	12
Drug Screen/Background Check	12
Transcripts.....	13
Supply Fee/ASRT Student Membership Fee	13
Clinical Fees.....	13
Books.....	13
Uniforms	13
Anatomical Marker Fee.....	13
Registry Review Material	13
Tuition	13
Professional Organizations	14
Transfers and Credit for Previous Training	14
Transfers	14
Credit for Previous Training	14
Academics	15
Scholastic Requirements.....	15
Testing Procedures.....	15
Test Failures	15
General Graduation Requirements.....	16

Competencies Required for Graduation	16
Program Length Extension	17
Attendance.....	17
General Attendance	17
Scheduled Breaks	18
Holidays.....	18
Personal Days.....	18
Sick Leave	19
Call-In Procedure.....	19
Time Clock Procedure	19
Documentation of Attendance	20
Tardiness	20
Absenteeism	20
Grading Procedure for Attendance and Punctuality.....	21
Clinical Time	21
Make-up Time	21
Roll Books.....	22
Lunch Breaks	22
Records/Counseling	22
Student Records.....	22
Radiation Monitoring.....	23
Advisors.....	24
Sessions for Advisement	24
Clinical Practicum.....	24
Anatomical Markers.....	24
Cell Phones.....	24
Social Media	25
Documentation of Procedures.....	25
Dress Code	25
Dress Code Guidelines	26
Failure to Comply with Dress Code.....	27
Dress Code Violations	28
Clinical Practicum Grading System.....	28

Performance Evaluations	28
Clinical Rotation Evaluation	28
Clinical Supervision	29
Clinical Proficiency	29
Rad Notes Assignment and Record of Clinical Experience	29
Clinical Probation	30
Performance Evaluation System	30
Incomplete	30
Suspension	31
Incidents/Injuries During Clinical Assignments.....	31
Seminars and Activities	31
Financial Aid and Scholarships	31
Awards	32
Appropriate Use of Energized Laboratories.....	33
Student Services.....	33
ATM.....	33
Break Room/Conference Room	33
Computers.....	33
Dining	34
Giftshop.....	34
Health Services.....	34
Lockers	34
Parking	34
Pastoral Care	34
Uniform Shop.....	34
Employee/Student Health Guidelines.....	34
Sample of Workman’s Compensation Form	36
Disciplinary Guidelines.....	37
Category I	37
Category II	37
Category III	37
Dismissal Policy	37
Dismissal Process	38

Grievance Policy and Procedure	39
Re-Entrance.....	40
Program Accreditation.....	40
Clinical Education Settings	40
Student Employment	40
Pregnancy Policy	41
Technical Standards for Admission/Physical Abilities.....	43
Piedmont of Augusta Radiation Monitoring Policy.....	45
Piedmont of Augusta Compliance Program Policy	49
Piedmont of Augusta Code of Safe Practices Policy	51
MRI Safety.....	54
Mammography Rotation Guidelines.....	54
JRCERT Position on Gonadal Shielding.....	55
Schedules	56
Stephen W. Brown, MD	56
Curriculum.....	57
Course Descriptions	57
Program Curriculum Overview:	60
Didactic and Clinical Correlation	63
Clinical Overview.....	66
Clinical Competency Requirements	68
Performance Evaluation System Descriptive Summary.....	70
Category and Final Evaluations.....	71
Grading Procedures for Performance Evaluations	72
Routine Protocol	74
Performance Evaluations (Final Examinations)	75

Mission Statement:

To graduate radiographers who will successfully complete the American Registry Radiologic Technologists (A.R.R.T.) examination and possess technical excellence in the performance of diagnostic procedures.

Program Goals:

1. To produce responsible, clinically competent radiographers.
2. To produce technologists who are capable of utilizing effective problem solving, decision making and critical thinking skills to achieve desired outcomes.
3. To produce technologists who are capable of utilizing effective communication skills.
4. To graduate students who will practice within the ethical and legal boundaries of the profession and develop an attitude of professional behavior and responsibility.

ASRT Code of Ethics (American Society of Radiologic Technologists)

Preamble

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care.

Adherence to the code of ethics is only one component of each radiologic technologist's obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

Code of Ethics

The radiologic technologist conducts himself or herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socioeconomic status.

The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.

The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.

School of Radiography Organizational Chart

Administration

Lily Henson, M.D., CEO

Radiology Chairman

Brad Jones, M.D.

Executive Director of Allied Health

Nicholas Wood

Director of Allied Health

Demica Williams, DNP, MSN-CNS, RN, CNE

School of Radiography Program Director

Nancy Edwards, MSM, RT(R)

School of Radiography Clinical Coordinator

Ingrid Odem, MSRS, RT(R)(CT)

School of Radiography Clinical Preceptors

Summer Bailey RT(R)

Jessica D'Amico RT(R)

Allison Hilton RT(R)

Kim Holloway RT(R)

Janet Lightsey RT(R)

Sheena Pagan RT(R)

Chris Price RT(R)

Julie Shealy RT(R)

Megan Trout RT(R)

Julie Wiggins RT(R)(CT)

Statement of Non-Discrimination

We are an equal opportunity education program

This program follows an ASRT-approved Curriculum

The school may change the information and requirements set forth in the policy manual without notice.

Students must abide by all hospital policies (available via intranet) in addition to all school policies, as covered in orientation.

Revised:6/91;6/95;3/99;6/99;6/01;6/02;11/02;6/03;10/03;4/04;1/05;1/06;6/06;11/06;3/07;6/07;5/08;6/09;12/10;2/11;3/11;4/11;6/11;11/11; 2/12; 9/12; 2/13; 4/13; 7/13; 8/13; 5/14; 4/15; 2/16; 9/17;5/18;9/18,3/19; 3/20; 3/21; 3/22; 9/22; 12/22; 3/23

Policies

Admissions

General Eligibility

Applicant's general eligibility must include the following:

1. Applicant must possess an associate degree or higher in any discipline.
2. Applicant must be 18 years of age within six months of enrollment.
3. Applicant must be in good health, which permits performance of the essential physical and mental skills necessary to function as a radiographer. See Technical Standards for further clarification.
4. Applicant must be available for a personal interview with the program faculty.
5. There are no restrictions regardless of race, color, religion, sex, gender identity or expression, national origin, age, political affiliation, genetic information, sexual orientation, disability, or veteran status for applicants.

Academic Eligibility

Applicant's academic requirements must include the following:

1. Applicants must have completed at least an Associate's Degree in any discipline.
2. Algebra or Pre-Calculus and College English or Written Communication (Speech) are required.
3. Grade point average must be a minimum of 2.25.

Admissions Process

1. Applications will be available year-round.
2. An application file is maintained for 2 years on all applicants who formally apply to the program.

3. Only applicants with a complete file (which includes all materials in the application packet) will be considered for admission.
4. Applicants who meet the minimum eligibility requirements will be scheduled for an interview with the Admissions Committee. A math skills assessment test is given at the conclusion of the interview. A minimum score of 75 must be achieved.
5. The Admissions Committee will evaluate all application materials and score each applicant using a point System.
6. The Point System is divided into several categories with each representing a percent of the total possible points. The applicants will receive points according to their strengths. The faculty reserves the right to examine the references and apply them according to their relevance. A minimum score has been set for acceptance.

The Point System scores the following categories:

- Total GPA college courses
 - GPA in math/science courses
 - Total number of math/science courses taken
 - Degree Level
 - Skills assessment test (math and composition)
 - Interview
7. Class capacity is limited, making the program selection highly competitive.
 8. All application materials must be received by February 28th.
 9. Applicants will receive a letter notifying them of their admissions status from the Program Director.

Acceptance Criteria

Point System Categories	Max # of Points	Rating Percentile
1. Total GPA in college courses	4	15%
2. GPA in Math/Science courses	4	15%
3. Total number of Math/Science courses taken	4	15%
4. Degree Level	4	15%
5. Math skills assessments	5	12%
6. Composition skills assessments	5	10%
7. Interview	5	18%
		100%

- Candidates will be scored according to their strengths and experience.
- Interpersonal skills may contribute +/- ½ point to total score.
- Candidates must receive 3.5 out of 4.8 points to be eligible for acceptance.
- Class selection will be made by the Admissions Committee on or before March 30th.
- A nonrefundable \$40.00 deposit must be received within 2 weeks of acceptance in order to reserve the student’s place in class. The deposit will be applied toward the student activity fees.

Fees

Application Fee

A \$20.00 application fee due at the time the application is submitted. Application fees are used to process the applications and are **non-refundable**.

Deposit

A \$40.00 deposit is required prior to enrollment. The fee is **non-refundable** and will secure the students place in the class. The deposit will be applied toward the student activity fees.

Drug Screen/Background Check

Due to clinical learning affiliate requirements, criminal background checks and toxicology (drug) screening is required for all Radiography students prior to participation in clinical experiences. The cost is an \$80 one-time fee.

Transcripts

Students wishing to obtain transcripts from the School can do so by requesting an official transcript. There is no charge for the first transcript. There is a \$5.00 charge for each subsequent transcript.

Supply Fee/ASRT Student Membership Fee

A \$50.00 professional organization/supply fee is required the first day of class. The fee is **non-refundable** and will be applied toward student supplies and mandatory membership of the ASRT.

Clinical Fees

Students are required to purchase clinical record keeping subscription Trajecs.com before the start of class. 2-year subscription fee \$150.00 one-time payment.

Books

The approximate cost of required textbooks for the 2-year certification program is \$450.00 - \$500.00. The complete list of required textbooks will be sent to students prior to the first day of enrollment.

Uniforms

Students are responsible for purchasing the required uniforms as described in the Dress Code Policy. Clinic shoes should be black, white, brown or grey. Clinic scrub color is Caribbean Blue. Uniform costs will vary per student.

Anatomical Marker Fee

Students are required to purchase 2 sets of markers to be used during the duration of the program. Specific details will be distributed before the first day of school. Approx. price \$40.

Registry Review Material

Students are required to purchase designated review materials during the last semester of the program before the start of RAD 207 Curriculum Proficiency. Fees vary based on the current price of the material at the time of purchase, approximately \$200.

Tuition

Total tuition for the entirety of the program for both in-state and out of state residents is \$4800.00. Tuition for the junior year is to be paid in three payments of \$960, on or before the beginning of each trimester. Tuition for the senior year is to be paid in two payments of \$960, on or before the beginning of each trimester. A 10% discount will be given if the year's tuition is paid in full at the beginning of the senior year; a ten-day grace period is given before a \$50.00 late fee is charged.

NOTE

Tuition is non-refundable

The School does not have a tax ID #, so no tax forms can be provided for tuition to be claimed on income tax.

Professional Organizations

It is highly recommended, but not required, that all students join the local, state and national societies after graduation. Fees to join the various organizations vary.

National Society: American Society of Radiologic Technologists

State Society: Georgia Society of Radiologic Technologists

Transfers and Credit for Previous Training

Transfers

1. The transfer policy is designed to further the goals and accomplish the purpose of the school.
2. Transfer students from a radiography program in the CSRA are not eligible for transfer admissions into the Stephen W. Brown, MD, School of Radiography.
3. Transfer students from a radiography program outside of the CSRA may be accepted into the Stephen W. Brown MD School of Radiography. A Transfer Exam will be administered to prospective transfer students. A passing grade of 75 must be obtained before admission is allowed. The admissions requirements for these students will follow the same process outlined in Section I Admission of this Policies and Procedure manual. The student's past performance in radiography school may also be taken into consideration.
4. Applicants requesting "transfer admissions" must complete 12 months of active enrollment in another radiography program prior to enrollment at the Stephen W. Brown, MD, School of Radiography.

Credit for Previous Training

1. Credit may be given for previous radiography training pending the following criteria:
 - a. Applicant has successfully completed term(s) of a radiography training program which is or was accredited by JRCERT.
 - b. Applicant seeking credit for previous training must prove competency by scoring at least a 75 on a comprehensive examination administered by the Stephen W. Brown, MD, School of Radiography. This test will evaluate the knowledge of material for which the applicant is requesting credit.

2. Credit for previous training may be given conditionally upon terms established by the faculty and agreed upon by applicant. A final decision will be made on credit for previous training no later than the end of the full school term following admission (first scheduled break).
3. The Program Director and faculty will evaluate each applicant and make all decisions with respect to credit for previous training pending results of the performance checklist. Decisions are final and not subject to appeal.

Academics

Scholastic Requirements

1. Students must complete all coursework with a grade of “C” or better. Failure in any radiographic course will result in dismissal from the program, (refer to Dismissal Policy).
2. Grading Scale

A	93-100	above average
B	84-92	average
C	75-83	below average
F	74 or below	unacceptable

Letter grades are more specifically outlined below:

A+	99-100	B+	90-92	C+	82-83
A	96-98	B	87-89	C	78-81
A-	93-95	B-	84-86	C-	75-77

3. Students must successfully satisfy the clinical objectives for each session in order to continue in the program.

Testing Procedures

All tests are to be taken at their scheduled time. If a student must be absent due to unavoidable circumstances, that student must contact the appropriate faculty member on or before the test date and arrange a time to make-up the test. Failure to do so may result in a numerical penalty to be deducted from the test grade. Failure to make up a test can result in a grade of zero for the test.

Test Failures

1. If the majority of class fails a test: the entire class will receive further instruction and a retest will be administered.
2. If the minority of the class fails a test, Faculty Options include:
 - a. No action-competency documented by comprehensive exam.
 - b. Test corrections will be assigned-competency documented by comprehensive exam.

- c. Retest administered-mandatory for students who failed and optional for students that passed. The retest will be graded at the discretion of the faculty, either calculated as an additional test or averaged with the original test.

General Graduation Requirements

1. Successful completion of all didactic and clinical components.
2. Students must exit the program without any financial obligations to the hospital and/or the Department of Allied Health (i.e. fees, tuition, fines).
3. Students will only be eligible for the American Registry for Radiologic Technologist certification exam after they have satisfactorily completed all competencies required for graduation.

Competencies Required for Graduation

Graduation from the Stephen W. Brown MD, School of Radiography is dependent on but not limited to the following:

1. Possesses an understanding and has practicing knowledge of patient management including professionalism, psychological interactions, first aid, CPR, body mechanics and infection control.
2. Interprets and understands medical terms relevant to the profession and recognizes when to make modifications in procedures necessary to compensate for pathologies.
3. Demonstrates knowledge of human anatomy and body function including skeletal, respiratory, digestive, urinary, cardiovascular, muscular, central nervous and reproductive systems.
4. Comprehends all aspects of digital image processing, digital image characteristics, digital image formation process, and the quality factors relating to radiography. Utilizes this information to determine appropriate exposure factors to obtain quality radiographs with minimum radiation exposure.
5. Understands the radiographic equipment components and be able to operate imaging equipment and accessory devices.
6. Be aware of the effects of radiation on the cells of the human body, maximum permissible dose, protective devices and measures that must be utilized for patients and personnel. Practice these safety measures routinely while practicing ALARA.

7. Possesses oral and visual communications skills along with the physical dexterity to position the patient properly in order to obtain quality radiographs of all categories of the human body, including: chest, abdomen, extremities, spines, body thorax, pelvis, skull, GI tract, urinary and biliary tracts, cardiovascular system, reproductive system. Should be able to modify standard procedures to accommodate for patient condition and other variables.
8. Maintains a professional demeanor regarding: appearance, patient care, and patient confidentiality.
9. Experience a minimum required number of examinations through observation, assistance and performance.
10. Perform a specific number of procedures unassisted in the last six months of the program. Students will document these examinations in Trajecsys. The approval of the supervising technologist in that area will verify each exam was checked for accuracy in quality and positioning. All procedures must be completed at least one month prior to the last day of the program. A list of completed examinations along with, exam identifier and exam date must be turned in to the faculty. Required examinations include:
 - 1 UGI, 1 BE, 1 BS, 1 SBFT and 4 additional fluoroscopy images of students' choice.
 - PCXR, PCXR (Baby), PABD, PEXT

Program Length Extension

If all graduation requirements are not met by the completion of the Winter II trimester, the student may be allowed to continue for one additional trimester (Additional fees may apply). Such students will not be eligible to sit for the ARRT exam until all program requirements have been met. This option is at the discretion of the Program Director and the Review Committee.

Attendance

General Attendance

- During inclement weather and pandemics all closures are at the discretion of the faculty/advisory committee.
- Enrollment in the Stephen W. Brown MD, School of Radiography requires fulltime attendance.
- When a student is absent from clinic or class a reason for the absence will be recorded in the student's record.
- Students are expected to attend all classes and clinical practicums with the exception of scheduled breaks, vacations and/or sick leave.
- A time keeping system will be utilized to record the students' attendance during clinic (Trajecsys.com).

- All vacation days (in excess of scheduled vacation) should be scheduled with the faculty and will be subtracted from the student's bank of personal days.

Scheduled Breaks

Junior Year	Fall-Winter break	1 week
	Winter-Christmas break	2 weeks
	Summer-Fall break	1 week
Senior Year	Fall-Winter break	1 week
	Winter-Christmas break	Graduation

Holidays

- ❖ *If one of these holidays fall within a scheduled break additional time off will not be given.*

Labor Day
 Thanksgiving
 Day after Thanksgiving
 Christmas Eve
 Christmas Day
 New Year's Day
 Independence Day
 Memorial Day

Personal Days

- Each student is awarded 2 personal days per year. Students have the opportunity to accrue ½ of a personal day for every 30 continuous days of perfect attendance and no tardies. (requested time off, calling out, clocking in after designated time will reset accrual date.)
- Personal days cannot be shared by students.
- All absences must be scheduled at least one day in advance with the Clinical Coordinator and the lead or assistant lead technologist in the area the student is rotating. The student must request time off by submitting a signed request to each of the prior mentioned. The student must have personal time available for time off, unless a medical issue arises (a doctors' note is required).
- ½ personal days may be observed only as follows:
 - ½ personal day taken in the afternoon student clocks out at 12 noon.
 - ½ personal day taken in the morning student clocks in at 12 noon.
 - **No lunch is taken on half days.**
- If a student uses all of his/her personal days and needs additional time off for medical emergency, these days must be made up before the beginning of the following trimester or graduation.

- Students may carry over any personal days not taken during the junior year to the senior year.
- Students who have been put on clinical probation/suspension will lose their privilege to accrue time for the trimester that the violation occurred. If the violation occurs within the last 2 weeks of the trimester the accrued privilege will be revoked for the upcoming trimester. If student is placed on probation for more than 1 semester accrual will be lost for the remainder of the program.

Sick Leave

- Only whole days will be utilized for sickness. Unless student leaves clinic early due to illness or injury.
- Students should contact the program as described in the call-in procedure listed below when calling in sick.
- Students should refrain from attending clinical practicum or class if their condition is contagious.
- In cases of extenuating illness or circumstances, the program reserves the right to impose a leave of absence until the subsequent year.
- Students using excessive sick time (greater than 4 days) may be asked to present a “doctor’s excuse” for sick days.

Call-In Procedure

Students must contact a faculty member prior to appointed arrival time. The phone call must be made by the student unless sickness does not permit him/her to do so.

- Failure to call-in will result in:
 - 1st Offense Verbal warning
 - 2nd Offense Each day is doubled and deducted from student’s personal days
 - 3rd Offense Same as above plus student is now placed on clinical probation
 - 4th Offense Suspension
 - 5th Offense Dismissal from program

Time Clock Procedure

- Each student will be required to purchase and use a digital clock-in system Trajecsys.
- Students must clock in every clinic day via a computer in their assigned area.
- Clocking in using a cell phone will result in a tardy.
- Clock in time after 07:30 am is considered tardy.
- Failure to clock in will result in a verbal warning and resetting PTO accrual.
- Students cannot clock in for each other, this is considered falsification of records (see Disciplinary Guidelines).

Documentation of Attendance

- Students will utilize the clock in system for clocking in and out of clinic.
- The Clinical Coordinator will keep all records of the students' time, for the duration of the 20-month program.

Tardiness

- Failure to be in assigned area and clocked in by 07:30 am is considered late and will result in a tardy being recorded in the students' record
- Tardy is excused only if **24 hours'** notice is given. (must be approved by Clinical Coordinator)
- Points for each tardy will be added up and the total will be deducted from overall clinic grade.

Penalties for tardies are as follows:

1st tardy no penalty

2nd tardy 1 point deducted from overall clinic grade for trimester

3rd tardy 1 point deducted from overall clinic grade for trimester

4th tardy 5 point deducted from overall clinic grade for trimester

Total of 7 points deducted from clinic grade for the trimester

5th tardy 5 additional points will be deducted from the trimester grade, and the student will be placed on clinical probation.

6th tardy 5 additional points deducted from overall clinic grade for trimester plus a 3-day suspension.

7th tardy Possible dismissal from the program.

Absenteeism

- Students can take up to 3 personal days per trimester without a point deduction and up to 5 personal days without disciplinary action if the student has the time available. Medical issues will be handled on a case-by-case basis to ensure appropriate accommodations and fairness.
- The faculty reserves the right to assess additional penalties if excessive absenteeism (greater than 4 days without proper documentation or doctor's excuse) occurs.
- Absenteeism of 6 days will result in in disciplinary action.
- Students should understand the importance of attending classes and clinical rotations.
- Consistent attendance and participation are vital to learning teamwork and applying newly learned skills.

Grading Procedure for Attendance and Punctuality

- Program clinical attendance is documented by the Clinical Coordinator and serves as a percentage of the overall grade for each trimester.
- Each student will begin each trimester with 100 points toward attendance, deductions will be made according to the number of absences.
- No clinic points will be deducted if the student stays within 3 personal days for the trimester and has available time off.
- If a student exceeds 3 personal days, points will be deducted as follows:

Total Days	Points Deducted
4	-5
5	-10
6+	-20/Disciplinary Review

- The faculty reserves the right to assess other penalties if excessive absenteeism occurs (See Disciplinary Guidelines).

Clinical Time

- Most clinical rotations will be 7:30 a.m. – 4:00 p.m. Monday through Friday.
- The student is not allowed to go get breakfast after reporting to their area.
- Students should allow extra time prior to clocking in for personal business, i.e. lockers, changing into scrubs, logging into computer.
- Students must clock out after every clinic rotation, to include half days.
- Select clinical rotations may begin before 7:30 a.m. in order to give the students additional exposure to exams, these exceptions should occur only during a full clinic day and with the permission of the faculty, students will be allowed to clock out early during these special rotations.
- If the student is released early from their area, they must clock out and document in Trajecsyst who let them go.

Make-up Time

- Time may be made up in 2-hour increments.
- Students must adhere to the dress code policy and rules regarding clocking in and out on make-up days.
- 8 hours constitutes a “whole” day.
- The faculty reserves the right to determine which area of the department will be used for make-up time, taking into consideration the needs of the student.

- Make-up time cannot exceed 40 hours a week, unless on a voluntary basis.
- No time will be made up on the weekends, or after 6:00PM on weekdays.
- Time can only be made up before/after scheduled clinic hours or if the student is not required to be in clinic at that time/day. The student cannot be released early from clinic and clock in to make-up time.
- When making up time students must document and have a technologist in the area confirm make-up time in the digital time keeping system.

Roll Books

- Faculty members will document student absences and grades in roll books for the classes they teach.

Lunch Breaks

- Students are allowed one hour for lunch and may leave the hospital if desired. If a student chooses to leave campus for lunch, the student must clock out and back in. Otherwise students are not required to clock out for lunch.
- Piedmont of Augusta provides eating facilities; Morrison's Cafeteria, The Bistro and Chick-fil-A.
- Students must notify supervising technologist before leaving for lunch.
- Student may not work through lunch in order to leave early.
- Students are encouraged to finish any procedures they are involved with before leaving for lunch; however, if a student must leave before completing the exam he/she must notify the supervising technologist and a replacement technologist will be assigned to complete the exam.
- Students are not to leave clinic early for lunch unless given permission by the supervising technologist.

Records/Counseling

Student Records

The Stephen W. Brown MD School of Radiography subscribes to the "Family Educational Rights and Privacy Act of 1974" FERPA (Buckley Amendment) as it relates to student records. The Buckley Amendment remains intact unless the student signs a waiver relinquishing confidentiality to certain parties.

In compliance with the Buckley Amendment:

Accessibility to student records is allowed only to the respective student and to faculty members. Information contained with the student folder is confidential and is treated as such. Respective students are allowed to see their record if given permission by faculty members. The faculty member giving permission is to obtain the student's folder from the file cabinet, stay with the student while the content is reviewed and return and secure the folder in the cabinet. Incomplete files or files of

rejected applicants are kept for a period of one or two years depending on when the next class is held.

- Information concerning student's records and/or student status will not be given to anyone other than the student without the verbal and written permission from the specific student involved, this procedure will be followed each time information is requested by a party other than the student.
- Records are maintained on all enrolled students. These records are located in a locked filing cabinet in combination with a secure digital file.
- Student records will be summarized upon graduation and kept indefinitely in a secure digital file.
- Individual student folders contain such materials as: clinical and didactic credit evaluation forms, attainment of clinical competency forms, clinical rotation and competency evaluation forms, application materials, health report, trimester grade reports, counseling forms, conference forms.

Radiation Monitoring

- Students will be issued radiation dosimeters at orientation; these devices contain an aluminum oxide chip and will be exchanged for a new one at the end of each month.
- The dosimeters will be sent to a laboratory for evaluation of radiation exposure.
- Dosimeter reports are placed on the counter in the classroom, as they become available, students are required to initial these reports acknowledging that they have seen the report.
- Dosimeters must be worn while in clinical practicum, it should be worn on the collar outside of the lead apron.
- Pregnant students will be issued and must wear two dosimeters, one on the collar and one at waist level.
- Student dosimeters are not to be worn during employment hours. A separate dosimeter will be worn.
- Students must abide by department policies on radiation safety.
- Students must not hold image receptors during any radiographic procedure.
- Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
- In the unlikely event that a student receives radiation exposure over the dose equivalent limit of ALARA I Alert of 125 mrem/month or ALARA II Alert of 375 mrem/month:
 1. Student will consult with the Program Director.
 2. Investigation by the Radiation Safety Officer.

3. It will be determined if the excessive reading was due to an error or misuse of the badge.
4. The student will be given the opportunity to consult with the Radiation Physicist.
5. Any decision or recommendations from Physicist will be honored.

Advisors

- Students are assigned to a faculty member for advisement during the duration of the program.
- Advisors will provide guidance concerning curriculum and program requirements.
- Program policies and requirements are the ultimate responsibility of the student.
- Advisors can help students plan for additional counseling through Pastoral Care at Piedmont of Augusta.

Sessions for Advisement

- An overview of the student's folders and records will be given during orientation.
- Mandatory advisement meetings are held at midterm of each academic session to discuss academic and clinical advancement.
- Midterm advisement meetings serve to evaluate the student's performance to date and identify any needs for the remainder of the session.
- Additional advisement meetings should be arranged as needed by the student or advisor.

Clinical Practicum

Anatomical Markers

- Part of a student's uniform includes a RIGHT and LEFT anatomic marker. The purpose of these markers is to correctly designate a patient's right or left side, or which limb (extremity) is being imaged.
- Students will be required to purchase 2 sets before the start of the program and will be held responsible to replace any lost sets. Student will not be able to complete the program without anatomical markers. (Approximate cost: \$40.00)

Cell Phones

- Students are expected to follow all policies regarding cell phone usage and texting as prescribed by faculty and clinical affiliates.
- Each instructor will provide this information in their course syllabus and may discuss this during course orientations.
- Phone calls should only be limited to emergency purposes during clinical hours unless the student is on lunch break.

- Students are expected to follow hospital policy concerning cell phone use. Technologists may ask students to put their cell phones away at any time while on the clinical site. Using cell phones to record or take images in the clinical setting is prohibited as it is a HIPAA violation.
- Permission from fellow students, faculty, and staff is required prior to any pictures taken on campus.

Social Media

Students are expected to adhere to the following guidelines in order to maintain the professional and ethical standards of the Program and the clinical affiliates:

- Do not share through social media any activities that occur during clinical rotations or that have to do with patients as these are considered private information.
- Refrain from making derogatory or defaming comments about the affiliate, programs, fellow students, faculty, and staff.
- Do not ask to connect with instructors on social networks in order to maintain an appropriate professional relationship. Upon graduation the instructors and student may be connected.
- Do not post anything that would violate FERPA (student privacy) and HIPAA (patient privacy) regulations.
- Use good judgment before posting personal pictures. Be aware that information you post online may be available to anyone, and could be misconstrued.

Documentation of Procedures

- All procedures a student experiences must be documented in the student's digital clinical record and approved by the supervising technologist.
- Procedures which are "observed" and not experienced must be documented as OBS, these exams also require that the supervising technologist approves the student's digital clinical record.
- A specified number of procedures must be documented over the duration of the program, assignments will be due at the end of each trimester, periodic audits will occur to check for compliance.

Dress Code

- Students are required to comply with the appropriate dress code anytime they are in the hospital for classes and/or clinical practicums.
- All aspects of the dress code must meet the approval of the Program Director/Clinical Coordinator.
- Students must be dressed cleanly and neatly.

- All students must wear the appropriate clinical apparel as listed under the dress code guidelines.
- Students must wear an official Piedmont of Augusta Student Technologist name tag and radiation dosimeter at all times during clinical assignments and during no other time.

Dress Code Guidelines

1. Clinic Shoes (black, white, brown or grey)

- Shoes and shoe laces should be clean and in good condition.
- No bright colors.
- Student will be sent home for wearing inappropriate shoes to clinic. Student will be required to make up any remaining clinic time missed due to being sent home.

2. Caribbean Blue Scrubs

- Long or short sleeve white/black t-shirts can be worn under scrub top, must be tucked in.
- All clothes must be freshly laundered and ironed.
- Hospital scrubs are only allowed for OR/Portable and Interventional Procedure rotations. Hospital issued scrubs are not permitted to be worn outside of the hospital.
- If t-shirt is worn under OR scrubs it must be white/black.
- Scrubs should not be revealing of midriff, cleavage, be see-through or tightly fitted.

3. White or Caribbean Blue Lab Coat/Jacket (optional)

- To be worn over uniform if needed.
- Hospital issued jackets provided during OR and interventional rotations if needed.
- HOSPITAL ISSUED JACKETS SHOULD NEVER BE WORN WITH CARIBBEAN BLUE SCRUBS.

4. Hair

- Must be clean, well-groomed and conservative.
- Hair shoulder length or longer must be pulled back completely with a ponytail holder.
- Barrettes and ponytail holders must be gold, silver or match hair color.

5. Nails

- Trimmed, clean and manicured.
- Only clear nail polish may be worn.
- Excessive nail length is not allowed (1/8 inch or more is considered excessive).
- ABSOLUTELY NO ARTIFICIAL NAILS OF ANY KIND (INFECTION CONTROL).

6. Hands

- All students must abide by Piedmont's Hand Hygiene policy.
- Must be washed before and after each patient.

7. Makeup

- Conservative and neat.

8. Perfume/Cologne

- Students should be free of strong odors or scents, including the smell of smoke or nicotine products, scented lotions, perfumes, or colognes.

9. Jewelry

- One wrist watch
- One ring
- No bracelets or necklaces of any kind.
- No facial jewelry of any kind.
- Earrings should be limited to 1 per ear, should be small in size, so they are not at risk for being pulled out.

10. Facial Hair

- Clean, shaven daily.
- Mustache and beards must be trimmed short and well groomed.
- Conservative side-burn length.
- In some roles, facial hair may interfere with PPE and may be required to be removed.

11. Tattoos

- Tattoos on the face and neck should not be visible.
- Other visible tattoos are permitted, as long as they do not contain obscene, profane, racial, sexual, or otherwise offensive or controversial subject matter.
- The faculty reserves the right to determine what is considered offensive and may ask student to cover tattoos deemed inappropriate for the clinic environment.

Failure to Comply with Dress Code

- Students who present to clinic inappropriately dressed will be sent home to change and stated dress code penalties will apply.
- Students who fail to adhere to uniform standards, as determined by S.W. Brown School of Radiography and Piedmont Hospital, may be sent home; repeat offenses may be considered a performance concern and will be subject to corrective action.
- Any missed clinic time will be made-up at the end of the week the violation occurred.

Dress Code Violations

For dress code violations the following will be followed:

- 1st verbal warning
- 2nd ½ personal day deducted from time
- 3rd 1 personal day deducted from time
- 4th clinical probation
- 5th (see discipline policy)

- This policy will begin at the beginning of the junior year and restart again at the beginning of the senior year.

Clinical Practicum Grading System

There are four major components that compose the final grade for the clinical practicum. Each component contributes the following percentages to the final grade:

Performance Evaluation	40%
Clinical Rotation Evaluations	40%
Clinical Proficiency	10%
Clinical Attendance	10%

Performance Evaluations

- Students will be evaluated in the performance evaluation system as described in the Descriptive Summary.
- Evaluations for each trimester are averaged to determine 40% of the clinical practicum grade.

Clinical Rotation Evaluation

- The Clinical Instructor and the staff technologists will evaluate students at the end of each two or four-week rotation.
- Students will be evaluated using a “Clinical Rotation Evaluation”, the technologists will also have the opportunity to document the students’ strengths and weaknesses.
- Clinical Rotation Evaluation:

<u>Section I</u>	<u>Section II</u>
Technical Ability	Behavior and Professionalism
20% of total clinic grade	20% of total clinic grade

- Students must complete clinical objectives specific for each area in which they are rotating (i.e. fluoroscopy, routine, etc.). Students will be required to master all of the objectives for rotations before the end of the rotation.
- Objectives consist of written, verbal, and performance exercises.
- The written objectives will be graded by specific faculty.

- The verbal and performance objectives will be initiated by a staff technologist or clinical instructor upon successful completion.
- Penalty for not mastering the clinical objectives before the end of the rotation.
 - Points will be deducted from the final rotation evaluation grade at the discretion of the Clinical Coordinator.
 - Student will be required to remain in the area until all objectives have been successfully completed.

Clinical Supervision

- Students will perform all clinical performances under direct supervision of a qualified radiographer who reviews the procedure in relation to the student’s achievement, evaluates the condition of the patient in relation to the student’s knowledge, is physically present during the conduct of the procedure, and reviews and approves the procedure and/or images. Students must be directly supervised until competency is achieved.
- Students may perform under indirect supervision only after competency has been documented. Indirect supervision is student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.
- Any necessary repeat radiographs must be performed under direct supervision.
- Students will always perform under direct supervision when imaging a pregnant patient.
- Students must be directly supervised during surgical and all mobile exams, including mobile fluoroscopy procedures regardless of level of competency.

Clinical Proficiency

- Students’ clinical proficiency will be evaluated each trimester.
- The clinical proficiency grade constitutes 20% of the clinical practicum grade.
- Clinical proficiency categories include but are not limited to the following:

Rad Notes Assignment	5%
Record of Clinical Proficiency (Clinic Numbers)	5%
Clinical Attendance	10%

Rad Notes Assignment and Record of Clinical Experience

- Students will be given assignments and a schedule of due dates for both the Rad notes book and the record of clinical experience.
- Rad Notes books are used to teach manual techniques for all anatomy.
- The record of clinical experience is used to document exams students have observed, assisted with or performed.

- A minimum number of exams are required to be eligible for graduation.
- A grade of “0” will be assigned for assignments that are late.

Clinical Probation

- Students are expected to conduct themselves professionally and prove themselves clinically competent.
- Any infraction of these expectations may result in clinical probation or temporary suspension.
- Each infraction will be evaluated on an individual basis and penalties will be assigned accordingly.
- Grounds for Clinical Probation include but are not limited to:
 1. Unprofessional conduct
 2. Severe infraction of program policies
 3. Failure to satisfy clinical performance evaluations after three attempts
 4. Failure to prepare for scheduled performance evaluations
 5. Obtaining a “C” average in any of the clinical practicum courses
 6. Unexcused absences during clinical rotation
 - Students must speak with a faculty member when absent.
 - Students must be in assigned clinical area at all times expect when given permission to leave by the clinical instructor.
 7. Failure to abide by the rules and standards of the Radiology Department
 8. Excessive tardiness

Performance Evaluation System

- Performance evaluation system is designed to assess cognitive and psychomotor skills while performing routine examinations.
- Students are required to master a specific number of clinical competencies each trimester.
- Performances will contribute to 40% of the clinical practicum grade in each trimester.

Incomplete

- Students will receive an “incomplete” in clinical practicum if all required performances and/or objectives have not been completed in the specified trimester, the faculty reserves the right to make exceptions if deemed justified.
- The student will receive an incomplete if any time owed is not made up by the beginning of the next trimester.
- Two consecutive incompletes (I) will result in dismissal from the program.

Suspension

- Severe or persistent clinical violations will result in suspension from the program.
- Length of suspension and penalties for violations will be set on an individual basis (see Disciplinary Guidelines).

Incidents/Injuries During Clinical Assignments

- Students are strongly encouraged to carry health insurance.
- Piedmont of Augusta, school of radiography carries accidental insurance which provides minimal coverage for students during regular school hours.
- Claims may be filed by the student under this policy and may be used as a supplement to the student's personal health insurance.
- Students are not employees of Piedmont of Augusta and therefore are financially responsible for any medical treatment required as a result of accidental injury while on clinical assignment.
- Although the facility may suggest and offer treatment within the hospital, a bill for any and all services rendered will be generated and payment will be the responsibility of the student.
- Faculty should be notified immediately if any student suffers an injury while on clinical assignment; a "Variance Report" will be documented in the computer.
- Piedmont of Augusta's Employee Health is available to advise the student on medical treatment and assist in securing a provider.

Seminars and Activities

In order to attend any extracurricular activities that the school sponsors the student must be:

- In good academic standing
- In good clinical standing (not on probation)
- Does not owe more than ½ day of clinic time (in the "hole")
- Students electing to **not** attend the function must attend clinic as usual.
- No student can attend if they have been on academic or clinical probation during any trimester prior to the scheduled function.

Financial Aid and Scholarships

- The School of Radiology does not participate in any governmental financial aid programs.

Piedmont Augusta Work Commitment Scholarship Forgivable Loan: The Piedmont Augusta Foundation offers a Work Commitment Scholarship Forgivable Loan to support students pursuing a career in radiography. This scholarship is designed to

assist students financially during their training while fostering a commitment to serve within the organization after graduation.

- **Eligibility and Application Process**
- **When to Apply:** Students may submit applications during their 3rd or 4th trimester.
- **Award Period:** Scholarships are awarded during the 4th and 5th trimesters.
- **Award Amount:** Recipients are eligible to receive \$3,500 per trimester, for a total of up to \$7,000.
- **Scholarship Requirements:** The Piedmont Augusta Foundation will disburse funds per trimester to students who:
 - Are actively enrolled in the radiography program.
 - Remain in good academic standing.
 - Satisfy all scholarship program participation requirements.
- **Selection Process:** Applicants must submit the following; A completed application form, an essay, letters of recommendation, and participate in an interview.
- *Note:* Not all applicants will be awarded a scholarship.
- **Additional Information:** The total number of scholarships awarded each year depends on the availability of funds and open roles within the organization.
- This scholarship represents an excellent opportunity for students committed to their education and a future career with Piedmont Augusta to gain valuable financial support and professional development.

Awards

- **Senior Student Awards**

Graduating students are recognized for their outstanding achievements and contributions through the following awards. Recipients of each award will have their registry fees paid as part of their recognition.

1. **Academic Award (Tinka Harper Award)**

This award is presented to the graduate student with the highest cumulative GPA, demonstrating exceptional academic excellence throughout the program.

2. **Clinical Award (Doug Siverhus Outstanding Student Award)**

This award is voted on by the clinical staff and honors a graduate student who exemplifies exceptional clinical performance and professionalism. Candidates for this award are evaluated based on the following criteria:

- **Professional Appearance:** Projects a professional image to patients, physicians, and peers.
- **Attendance and Punctuality:** Consistently arrives on time and schedules absences appropriately.
- **Dependability:** Demonstrates reliability, follows directions, and assumes responsibility.

- **Cooperation:** Maintains positive relationships with fellow students, technologists, and managers.
- **Initiative:** Shows interest, curiosity, and a strong work ethic by staying engaged and productive.
- **Concern for Patients:** Displays compassion and responsibility for patients under their care.
- **Quantity and Quality of Work:** Overcomes challenges and consistently produces high-quality radiographs within expected timeframes.
- **Radiation Safety:** Adheres to radiation protection protocols for both patients and themselves.
- **Supply and Room Maintenance:** Assists in cleaning and ensuring the room is stocked with necessary supplies.
- **Knowledge and Skills:** Demonstrates familiarity with departmental routines and the ability to critique images for acceptability.

Eligibility Note: To be eligible for these awards, the student must not have been on academic or clinical probation at any time during their enrollment in the program.

These awards highlight the dedication, professionalism, and excellence of our graduating students as they prepare to embark on their careers in radiography.

Appropriate Use of Energized Laboratories

Students must follow the following guidelines concerning energized labs:

- Students must have permission from faculty to enter the lab
- The door to the energized lab must be closed during all exposures
- Students must wear their radiation dosimeters in the energized lab while practicing and making exposures
- A radiologic technologist must provide supervision when the student is making exposures
- Students may not expose each other or any other person using the lab
- Students must use proper collimation and beam restriction

Student Services

ATM

A Wells Fargo Bank ATM is available on the first floor of the main hospital near the elevators.

Break Room/Conference Room

The departmental break room is located near the Radiology Class Room. A refrigerator, T.V., beverage vending machine, a large table, and seating are available. Microwaves are provided in main dining room.

Computers

The school computers available in the classroom for student use. Students will be provided a Piedmont login and email for the duration of the program.

Dining

Chick-fil-A: This restaurant is located on the first floor near the lobby of the hospital.

Morrison's Cafeteria: The cafeteria is located on the first floor of the hospital near the lobby.

The Bistro: Located in HVI on the first floor

Giftshop

The Sunshine Gift Shop is located on the first floor in hospital's lobby. The gift shop offers snack foods, flowers, greeting cards, special occasion balloons and holiday specialty items.

Health Services

Employee Health (EH) is available for students if exposures to infectious disease and needle sticks occur. EH is located on the 7th floor of POB # 1 which is near the covered cross-walk. If the student requires an outpatient clinic visit or emergency room visit, the student would be required to pay for the service.

Lockers

Students are assigned lockers during the first week of school for books and personal items. Two departmental locker rooms are located on 2nd floor radiology hallway. Students must provide their own padlock.

Parking

Students will be expected to park in the employee parking garage #6 located on Caring Lane. Parking mirror tags and access will be given to students during the first week of school.

Pastoral Care

Students that desire counseling can make appointments through Pastoral Care at Piedmont of Augusta. Faculty advisors can help make these arrangements.

Uniform Shop

The Uniform Shop is located on the second floor of the main hospital. Uniforms and professional shoes as well as socks, totes and stethoscopes are available.

Employee/Student Health Guidelines

- Preventing Infection, General Advice to Healthcare Workers
- Students of Piedmont of Augusta Stephen W. Brown MD School of Radiography will abide by the rules and regulations of the *Piedmont of Augusta Infection Control Manual*; a copy of this manual is located on the Piedmont of Augusta Intranet.
- Categories addressed in the manual include:
 - Exposed Health Care Workers
 - Percutaneous or Permucosal Exposure
 - Unprotected Exposure to Common Childhood Diseases
 - Unprotected Exposure to Tuberculosis and Meningitis

Outbreak Evaluations

Work Restrictions for Infected Healthcare Workers

- Records will be kept on each student regarding required or available inoculations.



Sample of Workman's Compensation Form

Whereas, the curriculum of the Stephen W. Brown School of Radiography requires substantial clinical work which can only be completed within a healthcare facility.

Whereas, Piedmont of Augusta is willing to allow students to fulfill at Piedmont of Augusta the clinical requirements of the Stephen W. Brown School of Radiography curriculum.

Whereas, a student in the Stephen W. Brown MD School of Radiography is not an employee of Piedmont of Augusta.

Whereas, Piedmont of Augusta is not obligated to and will not provide workers' compensation benefits to a student of the Stephen W. Brown School of Radiography engaged in clinical work either at Piedmont of Augusta or elsewhere.

Therefore, in consideration of Piedmont of Augusta, allowing me to use Piedmont of Augusta facilities to complete the clinical portion of the Stephen W. Brown School of Radiography curriculum, I agree, regardless of the theory of liability pursued or the nature and extend of any damages I may suffer, that in no event will I be entitled to recovery from Piedmont of Augusta, for any damage I suffer while engaged in clinical work at Piedmont of Augusta greater than I would receive if my recovery was limited by Article 7 Chapter 9 Title 34 of the Official Code of Georgia (Labor and Industrial Relations, Workers' Compensation, Compensation Scheduled). With respect to any damage I suffer while engaged in clinical work at Piedmont of Augusta arising from acts of omissions of any Piedmont of Augusta further agree to only pursue recovery as above limited from Piedmont of Augusta and I will not bring claim or lawsuit against any individual Piedmont of Augusta employee.

I understand that the sole obligation of Piedmont of Augusta is to allow me to use the facilities of Piedmont of Augusta pursuant to the terms and conditions of the agreement between the Stephen W. Brown School of Radiography and Piedmont of Augusta. I further understand that Piedmont of Augusta, will only be required to compensate me for any damages I may suffer if I establish a right to compensation other than under Chapter 9 Title 34 Official Code of Georgia (Labor and Industrial Relations, Workers' Compensation).

Signature of Student

Radiology Manager

Date

Disciplinary Guidelines

Category I

- Offense: Unprofessional Conduct
- First Occurrence: Dismissal

Category II

- First Occurrence: 3-Day suspension
- Second Occurrence: Dismissal

Offense:

1. Showing disrespect or discourtesy toward patients, customers, employees and peers.
2. Sleeping on clinic time.
3. Showing disrespect to the supervisor/faculty or anyone in an authority position.
4. Making threats to another student/employee.
5. Engaging in conduct that is prejudicial (has the potential to do harm to the school or hospital), for example: complaining to the patients about the working conditions, voicing derogatory remarks about the school and/or hospital.

Category III

- First Occurrence: Verbal warning
- Second Occurrence: Written warning, clinical probation
- Third Occurrence: 1-3-day suspension (Time will be made up)
- Fourth Occurrence: Dismissal

Offense:

1. Failure to follow safety policies or carelessness affecting personal safety.
2. Practical joking and horseplay.
3. Using profanity or abusive language.
4. Gambling on hospital premises.
5. Violating the smoking policy.
6. Leaving clinical area without permission.
7. Abuse of meal and break time.
8. Failing to clock in or out as required.
9. Having personal phone calls, attending to personal business or wasting time during clinic hours.
10. Violating hospital parking regulations.
11. Tardies and/or absences in excess of stated policy.

Dismissal Policy

The School of Radiography reserves the right to dismiss a student from the program for any of the following:

1. Cheating in reference to test evaluation, homework assignments, clinical objectives.
2. Falsification of records including but not limited to time records, expense reports, medical records, billing records, making false entries or altering any hospital records or reports.

3. Unprofessional conduct:
 - Excessive absenteeism and tardies.
 - Engaging in abusive conduct toward faculty, physicians, peers or customers
 - Accessing or revealing confidential patient information
 - Removing hospital property from the hospital premises without permission
 - Theft, destruction, defacement, or misuse of hospital property or property of another student, employee or customer
 - Using, selling, dispensing possessing alcoholic beverages and/or illegal drugs on hospital property.
 - Reporting to school or clinic under the influence of alcoholic beverages and/or illegal drugs
 - Possessing firearms or other weapons on hospital property
 - Engaging in other behavior resulting in loss of confidence and trust
 - Engaging in any form of sexual harassment
 - Demeanor unbecoming of a professional care giver
4. Insubordination, refusal by a student to follow instructions of a supervisor or anyone in an authority position.
5. Failure to obtain a “C” or better on any program course.
6. Failure to satisfy clinical probation deficiencies within a specified time frame.
7. Obtaining two incompletes (I) whether didactically or clinically within the school year.
8. Student being place on probation 3 or more times throughout the duration of the program.

Dismissal Process

Step One:

- **Action:**
The Program Director will inform student of infraction. The Program Director and involved faculty will submit in writing the infraction that warrants dismissal, along with a summary of the student’s academic and clinical progress and their recommendations.

Step Two:

Occurs within the next 3 business days

Review Committee: 3 members of the Advisory Committee, non-didactic faculty appointed as needed

- **Action:**
The Review Committee investigates the case and meets with the faculty and student within 72 business hours. No attorneys or family members may be present. The Review Committee will decide immediately following review board and inform the student of their decision.
- **Appeals Process:**
Dismissed students wishing to appeal the decision may request in writing that the case go before the Directive Board.

Step Three:

Occurs within 5 business days

Directive Board: Three members of the Allied Health department

- **Action:**
The Directive Board can support dismissal of the student or allow continuance depending on deficiencies, setting up criteria to be accomplished within a specified time frame. No attorneys or family members may be present. The Directive Board will make the final decision concerning the student's status and this decision is not subject to additional appeals.

Grievance Policy and Procedure

1. Students desiring to voice complaints regarding courses, faculty or the educational process should submit their complaint in writing to the Program Director. If the complaint involves the Program Director, the student should submit it to the Allied Health Director who is a member of the Advisory Board.

Step One:

Within 2 business days

The Program Director will review the complaint with the student and personnel involved for validity of circumstances. If the complaint cannot be resolved, or if the student requests, the complaint is forwarded to a Grievance Committee within 5 business days of filing.

Step Two:

Within 5 business days of filing

The Grievance Committee is an Ad Hoc Committee consisting of three members of the Advisory Committee and is appointed as needed. They will review the case and make recommendations and/or a decision within 48 hours. Students wishing to appeal the decision may request in writing that the case go before the Directive Board.

Step Three:

Within 3 business days of request

Final appeal action and decision is in the scope of the Directive Board. The Directive Board consists of members of the Allied health Department. The final decision will be submitted within 24 business hours.

2. Students wishing to voice complaints regarding the program's compliance or non-compliance to JRCERT Standards should contact the JRCERT. The address and phone number of the agency is posted and made available to the students and the public. After the JRCERT contacts the program about the complaint, the procedure outlined above will be followed, unless otherwise dictated by the JRCERT.

Joint Review Committee on Education in Radiologic Technology

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-2901

Tel: (312) 704-5300

Fax: (312) 704-5304

Web Site: <http://www.jrcert.org>

E-mail: mail@jrcert.org

Re-Entrance

- Students, who have been dismissed or have withdrawn and desire re-entry, must provide evidence that they have met any set criteria given to them. In addition, the student must have a faculty recommendation.
- These students must compete against current applicants or abide by Transfer Policy III, if applicable.

Program Accreditation

The Stephen W. Brown, M.D., School of Radiography is accredited by:

Joint Review Committee on Education in Radiologic Technology

20 N. Wacker Drive, Suite 2850

Chicago, Illinois 60606

Tel: (312) 704-5300

Fax: (312) 704-5304

Web site: <http://www.jrcert.org>

E-mail: mail@jrcert.org

- A copy of the *Standards for an Accredited Educational Program in Radiologic Sciences* will be available in the classroom at all times for the student's viewing. This can also be found at <http://www.jrcert.org>

Clinical Education Settings

- The Stephen W. Brown MD, School of Radiography utilizes Piedmont of Augusta as the primary clinical education setting.
- The students also rotate to Piedmont Prompt Care facilities.

Student Employment

- Student radiographer positions are available based on position availability. Students will apply as a traditional employees and interview with the Radiology Department Manager.
- While students may seek and obtain employment as “student radiographers” within Piedmont of Augusta, students are strongly advised to limit the number of work hours to twenty hours per week. Moreover, students must understand that employment as student radiographers has no relation of in any way influences their activities/position as program students. In short, employment as a student radiographer is separate and apart from the program's clinical education requirements.
- Student nametags should not be worn during employment hours.

Pregnancy Policy

Piedmont of Augusta Stephen W. Brown M.D. School of Radiography Pregnancy Policy

- According to the Nuclear Regulatory Commission (NRC) regulations (Regulatory Guide 8.13), a female student has the option of whether or not to inform program officials of her pregnancy. If the pregnant student chooses to voluntarily inform the Program Director of her pregnancy, it must be in writing and indicate the estimated date of conception. In the absence of this voluntary written disclosure, a student cannot be considered pregnant. At the time the pregnancy is declared, the student will be reissued a copy of Regulatory Guide 8.13 and will have the opportunity to consult with the Radiation Safety Officer/Physicist (see attachments).
- Noting that the Supreme Court has ruled that “fetal safety is best left to the mother” (International UAW vs. Johnson Controls), the school of radiography has developed the following program options. The first two options alter the student’s schedule to the extent that the program cannot be completed within twenty-four months. After the student chooses one of the options listed below, a contract shall be signed between the student and the program.

The options are:

1. Withdraw from the program immediately upon awareness of her pregnancy. The student can have a one year leave of absence but will need to start the year over and pay for that years’ tuition.
 2. Continue in the program and participate in the regularly scheduled didactic courses and a restricted clinical schedule. Included in the clinical schedule would be emergency room, routine, mammography and some adjunct areas. After delivery and recuperation, the program would be extended to include the fluoro, mobile, operating room procedures and adjunct area objectives to fulfill the graduation requirements. The Program Director, faculty and/or members of the Advisory Committee will determine the length of the extension. Program extension will require no additional tuition. If choosing this option, the student must submit a statement from her physician verifying that she physically able to participate in clinical training in radiography.
 3. The student chooses to disclose her pregnancy but chooses to continue in the program without modification or interruption.
 4. The student chooses a written withdrawal of declaration. This notification should contain the date submitted to the Program Director, faculty or members of the Advisory Committee.
- The National Council on Radiation Protection (NCRP) recommends that pregnant students not be exposed to more than .5 REM at any time during pregnancy. Since radiation exposure is thought to be especially risky during the first trimester, you should make your decision quickly.
 - The following facts should be considered while making your decision:
 1. The first three months of pregnancy is when the fetus is the most radiosensitive
 2. In most cases of occupational exposure, the actual dose received by the unborn baby is less than the dose received by the mother because the mother’s body absorbs some of the dose
 3. At the current occupational exposure limit, the actual risk to the unborn baby is small, but experts disagree on the exact amount of risk.

4. There is no need to be concerned about sterility or loss of your ability to bear children. The radiation dose required to produce such effects is more than 100 times larger than the department of Natural Resources' dose limits for adults
5. Even if you work in an area where you only receive .5 REM per trimester, you might receive 1.5 REMS in nine months and the unborn child could receive more than the .5 REM, the full-term limit suggested by the NCRP.

Regardless of the option chosen, the student must complete the requirements before graduation. There will be no discrimination against duty or clinical hours granted because of pregnancy. Although it is both procedure and practice of this program to offer the utmost in radiation protection to the students, neither the school of radiography nor Piedmont of Augusta assumes liability for injury to the mother or child arising from the mother's participation in the program.

I have read the above pregnancy policy and understand its contents.

Signed _____ Date _____

1985 Rev. 2003; 2011; 2013
Reviewed: 2022

Technical Standards for Admission/Physical Abilities

Career Description

A healthcare professional possessing the knowledge and skills necessary to use diagnostic x-radiation and instrumentation in the production of medical images and in the performance of radiologic procedures; provides basic patient care and assists with emergency treatment as indicated.

Physical Tasks

1. Transport patients within the department and throughout the hospital.
2. Lift patients on/off examination tables, assist with dressing/undressing patients, ensures patient's physical safety and wellbeing.
3. Position patients to obtain the desired radiographic results according to established procedures and physician specifications.
4. Provide basic life support services as needed.
5. Calculate and select proper technical factors in the operation of radiologic equipment and adjunct instruments for imaging.
6. Assists physicians by preparing and using procedural materials such as sterile drugs, contrast media, sterile trays and instruments, linens and patient care items.
7. Perform clerical and computer related tasks such as, answering phones, relaying messages, completing requisitions and related paperwork.
8. Evaluate images for technical accuracy.
9. Perform surgical and bedside radiography.
10. Perform basic and preventive equipment maintenance.

Psychomotor and Communication Capabilities

- Self- Mobility
- Capable of moving radiologic equipment, wheelchairs, stretchers and related patient care equipment
- Ambulatory
- Maintain center of gravity when lifting/supporting patients

Good Vision or Correctable to Good Vision

- Interpret orders, read instructions
- Identify patients, observe patients above the standard exam window height of 36 inches
- Position patients
- Depth perception
- Evaluate technical quality of radiographs

Good Hearing or Correctable to Good Hearing

- Oral communication, able to effectively communicate with patients and physicians

Possess all limbs, Artificial Limbs if They Afford the Ability to Function/Transfer Patients

- Ability to reach, manipulate and operate imaging tables, x-ray tubes, control consoles, processors/readers, etc.
- Ability to handle pharmaceuticals vials syringes, catheters, IV's etc.
- Perform procedural tasks in patient's room and OR
- Able to provide resuscitation in emergency situations

Weight Limits

- Allow movement in control booths
- Fit into hospital scrub suits
- Move quickly in emergency situations

Summary: Piedmont of Augusta Work Performance Center Job Analysis

Job Title

Radiologic Technologist

U.S. Department of Labor Physical Demands Level

Very Heavy Duty

Very Heavy Duty

Lifting objects in excess of 100 lbs. with frequent lifting and/or carrying of objects weighing 50 lbs. or more

Finger/Hand Dexterity

Above Average

Eye/Hand Dexterity

Above Average

Perceptual-Motor skills in Spatial Orientation and Occluded Vision

Above Average

<u>Physical Demands</u>	<u>Average lbs.</u>	<u>Maximum lbs.</u>
Lifting	50	100
Carrying	40	40
Push/Pull	30	40

Documented Disabilities

The student may submit in writing a request for reasonable accommodations and adaptations for a documented disability. Blood work may be required.

Students cannot return to clinical obligations unless released by a physician and agreeing with the Technical Standards. "Light Duty" is not an option to complete Technical Standards.

Substance Abuse

Our program abides by the Piedmont of Augusta Substance Abuse Policy, which is contained in the hospital policy manual located on the intranet. Copies of the policy are also available at the back of the handbook.

Rev: 11/13; 6/17; 3/22

Piedmont of Augusta Radiation Monitoring Policy

Policy No: G-124
Approval: _____
Effective: 10/95
Revised: 8/2010, 1/2014, 5/2016, 5/2021
Reviewed: _____

Policy Title: **Radiation Monitoring and Safety**

Policy Purpose: To establish a Radiation Monitoring and Safety Program whereby employees and other workers who work in areas where they may be exposed to radiation and radioactive material are instructed regarding radiation risks and are monitored in an attempt to keep the occupational radiation level As Low As Reasonably Achievable (ALARA).

Policy: **Instruction**

- A. Instructions on radiation risks will be provided to those that meet the criteria for dosimetry before they are allowed to work in an area where they are likely to receive an occupational dose of radiation. Dosimetry monitoring is provided to those that are likely to receive 10% or more of the annual allowable dose. As a precautionary measure, dosimetry monitoring is provided to those that routinely work in or around areas where radiation or radioactive material are routinely used.
- B. Instructions on radiation risks will include specific instruction about the risks of radiation exposure to the embryo/fetus. Written instructions will include U.S. Nuclear Regulatory Commission Regulatory Guide No. 8.13 entitled “Instruction Concerning Prenatal Radiation Exposure” And U.S. Nuclear Regulatory Commission Regulatory Guide No. 8.36 entitled “Radiation Dose to the Embryo/Fetus” Copies of each of these instructions will be kept in the offices of the Radiology Manager and the Radiation Safety Officer (“RSO”).
- C. Each participant will be given an opportunity to ask questions about the radiation instructions. Each participant will also be asked to acknowledge in writing that radiation safety instructions were received, read and understood.

Monitoring Generally

Federal and state radiation safety regulations require monitoring of certain workers who are occupationally exposed to radiation or radioactive material. Federal and state radiation safety regulations also set an annual limit on the amount of occupational radiation a worker may receive. In order to comply with federal and state radiation safety

regulations, Piedmont of Augusta will require monitoring of any hospital physician, employee or student who is likely to receive an annual dose greater than 0.5 rems of radiation. A “rem” is a special unit of measurement used to describe the amount of radiation absorbed. Hospital staff physicians, employees and students working in various hospital departments (including, but not limited to, Radiology, Nuclear Medicine, Endoscopy, Surgical Services, Oncology, Cardiac Cath Lab, and Blood Bank Laboratory) and satellite facilities providing radiology services may be occupationally exposed to radiation or radioactive material. The RSO and/or respective departmental supervisor will determine which hospital physicians, employees and students in the various departments and satellite facilities are required to be monitored. Federal and state radiation safety regulations require Piedmont of Augusta to control the occupational dose so that each monitored individual receives less than 5 rems of radiation annually.

- A. Those individuals to be monitored must submit their full name, social security number date of birth, any previous and/or concurrent employment radiation exposure experience to their supervisor, program director or the RSO.
- B. Radiation dosimeters will be used to monitor the monthly occupational dose received by an individual. Monitored individuals will wear a radiation dosimeter on the collar outside any lead apron. Each Nuclear Medicine employee will also wear a finger dosimeter ring. A monitored individual shall wear only the radiation dosimeter assigned to him/her; a monitored individual shall not exchange a radiation dosimeter with another individual.
- C. Radiation dosimeter will be distributed by the first day of each month, or every other month for areas with low radiation. Radiation dosimeter worn during the previous time period will be returned to the appropriate distribution areas by the 15th day of the month. Any monitored individual failing to return his/her badge, or returns a badge unused, must give a written explanation to his/her supervisor.
- D. Radiation dosimeter must be worn only at the work place. Monitored individuals should take care not to expose the radiation dosimeter to water or heat (such exposure may affect the dose readings). Also, radiation dosimeter should not be worn while employee is receiving medical exposure, i.e., personal x-rays.

- E. The radiation dose readings from the badges will be recorded by the RSO or his/her designee and compiled into a monthly monitoring report. Unusually high monthly radiation dose measurements will be investigated by the Radiology Manager and, if needed, by a medical physicist. For all employees routinely involved with the use of radioactive material (nuclear medicine, etc.), monthly radiation dose measurements exceeding 400 mRem/month level will be investigated and appropriate notification action taken. Copies of the current monthly monitoring reports are available for employee review.
- F. Any monitored individual having a radiation dose reading of more than 1,200 mRem in one quarter will be notified in writing by the RSO or his/her designee. Written notification will be in the form of a Radiation dosimetry report which is to be signed by the person receiving such notification and kept on file. All radiation dosimetry Reports will be investigated by the Radiology Manager and if needed by a medical physicist. The Manager will make any necessary written report of the findings, recommending corrective measures if needed.
- G. Each monitored individual will receive an annual written report containing the occupational radiation dose received by that individual during that year.
- H. Each monitored individual will be required to notify the RSO in writing when he/she becomes concurrently employed in another health care facility where he/she is also being monitored for occupational exposure to radiation. The individual is responsible to ensure that the combined occupational radiation doses received at both employer's facilities are within the annual limit of 5 rems by providing their manager with a copy of any outside exposure records.
- I. Piedmont of Augusta will attempt to obtain the records of lifetime cumulative occupational radiation dose for each monitored individual.
- J. In order to comply with federal and state radiation safety regulations, Piedmont of Augusta will not permit any monitored individual who has reached the annual occupational dose limit of 5 rems to be exposed to further occupational radiation. (The 5 rems limit applies to "whole body" radiation dose which may be overestimated by a radiation dosimetry worn at the collar level outside a lead apron. In special cases steps can be taken to provide a more realistic whole-body dose than provided by the collar badge.)

Radiation Monitoring of Pregnant Physicians, Employees and Students

A special situation arises when an occupationally exposed female is pregnant. Exposure of the abdomen to penetrating

radiation from external or internal sources would also involve some exposure of the embryo/fetus to radiation. Federal and state radiation safety regulations provide for additional monitoring of radiation dose as a result of occupational exposure of a fetus. When a woman has declared her pregnancy, the radiation dose limit to the fetus is 0.5 rem during the entire pregnancy, accumulated at no more than 50 millirems per month.

- A. In order to receive additional monitoring of the radiation dose to embryo/fetus, female hospital physicians, employees and students must voluntarily declare their pregnancy in writing. Upon declaring her pregnancy, a woman will be required to reread written instructions about the risks of radiation exposure to the embryo/fetus and will be asked to acknowledge that she has reread the materials.
 - B. Females who have declared their pregnancy will wear an additional fetal radiation dosimeter as close to the pelvis as possible, under the lead apron. Fetal radiation dosimeters will be distributed and returned in the manner provided in Section II.B. The monthly radiation dose readings will be investigated by the Radiology Manager and, if needed, by a medical physicist.
 - C. If a woman who has declared that she is pregnant has received 0.45 millirems of radiation dose to the fetus during her pregnancy, then the woman will be reassigned to duties that would limit her exposure to radiation. To the extent possible, Piedmont of Augusta will reassign the woman to duties without loss of salary or benefits; however, reassignment may necessitate a change in schedule, salary or benefits.
- **In addition to the above radiation safety policy, students of the S.W. Brown, MD, School of Radiography, are not permitted to hold image receptors or patients for radiographic procedures.**

Piedmont of Augusta Compliance Program Policy

Policy No: 5490432
Approval: _____
Effective: 1/2007
Revised: 7/2020
Reviewed: _____

Purpose: The purpose of this policy is to establish a formal compliance program for Piedmont Healthcare and its affiliates.

Scope: This policy covers all of Piedmont Healthcare and its affiliates, including Piedmont Atlanta Hospital, Piedmont Fayette Hospital, Piedmont Henry Hospital, Piedmont Mountainside Hospital, Piedmont Newnan Hospital, Piedmont Heart Institute, Piedmont Medical Care Corporation, Piedmont Clinic ACO, LLC, and Piedmont Healthcare.

Policy: It is the policy of Piedmont Healthcare, Inc. and affiliates (PHC) to establish and maintain a formal compliance program and management structure responsible for monitoring, maintaining and assuring an effective compliance program which will develop effective internal controls that promote adherence to applicable federal and state law, and the program requirements of federal, state and private health plans. The compliance program shall:

- Concretely demonstrate to employees and the community at large the organization's strong commitment to honest and responsible provider and corporate conduct.
- Provide an expectation of employee and contractor behavior relating to fraud and abuse.
- Identify and prevent criminal and unethical conduct; • be tailored to meet the organization's specific needs.
- Improve the quality of patient care.
- Create a centralized source for distributing information on health care statutes, regulations and other program directives related to fraud and abuse and related issues.
- develop a methodology that encourages employees to report potential problems.
- Develop procedures that allow the prompt, thorough investigation of alleged misconduct by corporate officers, managers, employees, independent contractors, physicians, other health care professionals and consultants.
- Initiate timely and appropriate corrective action; and through early detection and reporting, minimize the loss to the government from false claims, and thereby reduce the hospital's exposure to civil damages and penalties, criminal sanctions, and administrative remedies, such as program exclusion.

Procedures:

- A. The Compliance Program reflects the PHC's commitment to identify and reduce risk, to improve internal controls, and to establish system-wide standards. As such, PHC adopts the following principles of compliance:
 1. Developing and distributing a written Code of Conduct (attachment A) as well as written policies and procedures promoting PHC's commitment to compliance.
 2. Designating a Chief Compliance Officer and Compliance Oversight Committee charged with the responsibility of operating and monitoring the Compliance Program.
 3. Developing and implementing regular, effective education and training programs for all PHC employees, officers, Directors of the Board of Trustees ("Directors") and medical staff members.
 4. Maintaining an effective and well-publicized program to provide guidance and receive complaints about potential Compliance Program violations without fear of retaliation for the complainant.
 5. Appropriately reviewing and responding to allegations or performance of improper or illegal activities; and carrying out the equitable enforcement of these standards on ineligible persons and other individuals who have violated laws the Compliance Program standards.
 6. Maintaining effective auditing and monitoring systems and protocols to evaluate PHC's compliance with laws, regulations, other federal healthcare program requirements and the Compliance Program standards.
 7. Investigating, responding to and preventing identified compliance problems.
8. The Compliance Program standards shall apply to all employees, officers, directors, medical staff and agents affiliated with PHC. It is the responsibility of all employees, officers, directors, medical staff and agents to be familiar and comply with requirements of the Compliance Program that pertain to their respective areas of responsibility, to recognize and avoid actions and relationships that might violate those requirements, and to seek guidance from the Compliance Office in situations raising concerns.

Piedmont of Augusta Code of Safe Practices Policy

Policy No: 9096313
Approval: _____
Effective: 2/2018
Revised: 1/2021
Reviewed: _____

Purpose: The purpose of this policy is to furnish a safe, accessible, effective and efficient physical environment. This includes the provision of a safe and secure physical environment that protects patients, staff, visitors and property.

Scope: This policy covers all buildings under the control of Piedmont Healthcare and areas in which PHC employees work and will provide a safe, secure and comfortable environment for patients, staff and visitors.

Policy: It is the policy of Piedmont Healthcare to provide and maintain an environment and system of care designed to protect the safety and health of visitors and employees and to preserve the physical environment.

Responsibilities: Leadership Shall:

- Support the Physical Environment by assigning a Safety Officer to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results.
- Authorize a Safety Officer to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings.
- Make available the necessary resources to ensure a safe, secure and comfortable Physical Environment for patients, personnel and guests using the facilities of Piedmont Healthcare.
- Ensure that the Physical Environment and associated management systems adequately address issues identified throughout the organization and there is prevention, correction, improvement and training programs to address these issues.

Procedure: Accident prevention for employees.
Employees Shall:

1. Read this policy.
2. Successfully complete both New Employee Orientation (NEO) and their department-specific orientation.
3. Be aware of surroundings at all times and take control and ownership by performing such actions as adjusting workstations, chairs and monitor.
4. Accomplish all daily work activities in a safe manner.

5. Understand and follow Piedmont Healthcare safety policies and procedures, as well as, department-specific policy and procedures related to specific work activities.
6. Identify and immediately report all unsafe acts and actual and/or potential safety hazards to their department manager and ultimately the Safety Officer.
7. Work with their department manager to maintain job safety awareness as job requirements or conditions change.
8. Attend safety-related training/in-services both at the department and facility level.
9. Participate in environmental, health and safety audits designed to ensure the effectiveness of the safety program and compliance with laws and regulations.
10. Tag and remove from service all damaged or defective equipment and report such conditions to their department manager.
11. Know the facility and department-specific emergency evacuation plan, including but not limited to, individual and department responsibilities during a fire, the location of fire alarm pull stations, the location of fire extinguishers, the location of disaster and first aid supplies and the departments evacuation route.
12. Report all injuries, however slight, to their department manager and follow the guidelines for reporting injuries to Employee Health.
13. Seek assistance if not sure of a safe work practice or procedure.
14. Never leave objects on stairs, in corridors and/or lock or block fire exits or equipment.
15. Never remove a lock or a tag used to "Lock Out" or "Tag Out" items that may contain hazardous energy unless they themselves placed the lock or tag and have completed their task.
16. Always wear appropriate personal protective equipment (PPE), such as, safety shields, goggles, safety shoes, gloves and harnesses, in required areas or when performing hazardous tasks (Personal Protective Equipment Policy).
17. Work to reduce the amount of excess supplies and equipment located in the department and return items to their proper location when finished using them.
18. Ensure that nothing is stored within 18" of the ceiling and/or fire sprinkler system.
19. Dispose of all waste (hazardous, universal and pharmaceutical) in the appropriate container and report incorrect disposal to their department manager (Waste Disposal Matrix Policy).
20. Use correct body mechanics when lifting materials and seek assistance if too heavy.

21. Be familiar with the hazardous materials and chemicals listed on the department hazardous substance inventory.
22. Handle all chemicals and hazardous materials with respect. Know the location and procedure for obtaining a Material Safety Data Sheet (SDS). SDS's are available via the "Village."
23. Never remove labels or tags from chemicals and hazardous materials and always label secondary/temporary containers with the appropriate information including but not limited to the name of the chemical or mixture, physical hazards, health hazards, target organs and route of entry.
24. Know the location and ensure clear pathways and access to eyewashes and showers are maintained at all times and report concerns to their department.
25. Wear ID badge (above waist) at all times and question/report those without one.
26. Do not allow visitors to enter without checking ID, confirming appointment and arranging for an escort.
27. Know and practice the Always Safe safety tools and behaviors.
28. Never recap needles.
29. Submit a work order for all physical environment repairs or broken equipment.

Note: Failure to abide by this policy may result in disciplinary measures up to and including dismissal.

MRI Safety

During orientation the student is made aware of MRI safety rules. At this time the students are required to watch a video on “MRI Safety.” Students are also given a copy of the power point presentation on MRI safety. In addition, students must fill out a modified MRI questionnaire. All MRI safety requirements must be met prior to the student’s first day of clinic. All documentation is kept on file for viewing if needed. The student is responsible for letting the program know of any medical changes.

Mammography Rotation Guidelines

The policies of the radiography program sponsored by Piedmont of Augusta regarding the placement of students in clinical mammography rotations to observe and/or perform breast imaging are as follows. (Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient).

Under the 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.

JRCERT Position on Gonadal Shielding

JRCERT Position Statement on Gonadal Shielding in the Clinical Setting
The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. **Standard Five - Objective 5.3** of the **Standards** requires programs to assure students employ proper safety practices. Programs achieve this by instructing students in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Gonadal shielding has been a longstanding practice during radiography examinations in instances where the clinical objectives of the examination are not compromised 1. Recent research 2. In the effectiveness of gonadal shielding during abdominal and pelvic radiography has found, in most instances, that:

- Gonadal shielding does not contribute significantly to reducing patient risk from radiation exposure;
- Gonadal shielding positioned improperly may have the unintentional consequence of increasing patient exposure;
- Gonadal shielding positioned improperly may result in the loss of valuable diagnostic examination results.

Based on the recent research pertaining to the use of gonadal shielding during abdominal and pelvic radiography and the longstanding practice in radiography to only shield in instances in which diagnostic quality will not be compromised, the JRCERT has concluded that routine use of gonadal shielding for abdominopelvic radiography exams should not be standard practice for clinical radiography students when the use of such could interfere with the diagnostic quality of the exam and may result in the risk of a repeat exposure.

Educational programs should review and consider amending, if necessary, policies to assure that the use of gonadal shielding should only be utilized when it will not interfere with the purpose of the examination and when it aligns with clinical facility policy.

Consistent with **Standard Five**, programs must have policies/processes in place to assure students are educated on the importance of the proper use of shielding and optimal use of radiation to promote the health and safety of students, patients, and the public.

1[NCRP] National Council on Radiation Protection and Measurements. 2021. NCRP Recommendations for Ending Routine Gonadal Shielding During Abdominal and Pelvic Radiography. Bethesda (MD): National Council on Radiation Protection and Measurements. Statement No. 13. 2[FDA] U.S. Food and Drug Administration. 2020. Food and Drugs; radiation protection recommendations; radiological health; recommendations for the use of specific area gonadal shielding on patients during medical diagnostic x-ray procedures. Washington (DC): US Government Publishing Office. 21 CFR Part 1000.50.

Schedules

Stephen W. Brown, MD

School of Radiography

Class of 2026 #2

2025-2026

Fall I Trimester

Trimester Break

Fall Holidays

April 28 – Aug 15 (16 weeks)

Aug 18-22

Memorial Day (May 26)

Independence Day (July 4)

Winter I Trimester

Trimester/Christmas Break

Winter Holidays

Aug 25 – Dec 12 (16 weeks)

Dec 15 – Jan 2

Labor Day (Sept 1)

Thanksgiving and Day after (Nov 27-28)

Christmas Eve and Day (Dec 24-25)

New Year's Day (Jan 1)

Summer I Trimester

Trimester Break

Jan 5 – April 24 (16 weeks)

April 27- May 1

2026

Fall II Trimester

Trimester Break

Fall Holidays

May 4 – Aug 28 (16 weeks)

Aug 31 – September 4

Memorial Day (May 25)

Independence Day (July 4)

Winter II Trimester

Trimester/Christmas Break

Winter Holidays

September 7 – Dec 18 (15 weeks)

Dec 15 – Jan 2

Labor Day (Sept. 7)

Thanksgiving and Day after (Nov. 26-27)

Graduation

December 18

Curriculum

Course Descriptions

1983; Revised: 8/88;
12/91; 12/96; 7/99; 6/02;
7/04; 11/04; 11/06; 11/09;
4/11; 2/12; 3/14; 7/15;
1/18; 5/18; 3/19; 3/22; 1/25

This program follows an ASRT-approved Curriculum

Certificate Program in Radiography

RAD 101 Patient Care I (3-0-3)

This introduction to the patient management process for emergency and routine situations will be presented to the junior radiography student during the first trimester. Psychological interactions of the patient, technologist-patient relationships, medico-legal considerations, basic first aid, CPR, contrast media, isolation techniques, quality assurance, suctioning techniques, oxygen administration, patient transfer, pharmacology, drug administration, radiation protection, aseptic technique, effective communication, body mechanics, radiation protection and review of patient transfer is discussed as well as cultural diversity in the workplace.

RAD 202 Patient Care Practicum/Medical Terminology (1-1.5-1.75)

Pre-requisite: RAD 101

This is a continuation of Patient Care I that will offer topics of greater detail. The areas that are covered are a venipuncture lab is incorporated in this course as well as a bladder catheterization lab. Sterile technique and demonstration (include a lab) and vital signs (with a lab) will be addressed. This is a course in medical terminology using a component part approach to acquire a large medical vocabulary.

RAD 131 Radiographic Exposure and Processing Techniques (3-0-3)

This is a two-course sequence involving radiation concepts. This course introduces basic math and radiologic terminology, x-ray production and equipment, filtration and beam restricting devices, interactions with patients, grids, contrast, density, geometric details on film and the art of image critique. The student will also be introduced to computed radiography, digital radiography, PACS and AEC systems.

RAD 132 Radiologic Digital Technology (4-1.5-4.75)

Pre-requisite: RAD 131

A continuation of the concepts presented in Technique I. This course provides students with a more in-depth discussion of radiation concepts. Specific topics include x-ray tube and production, tube failures, quality control, kVp, contrast, mAs, fluoroscopy, and digital fluoroscopy. Additional review of digital imaging systems and digital processing. Students will also take a technique/physics mock.

RAD 111 Anatomy, Physiology and Related Pathology I (3-0-3)

Co-requisite: RAD 121

The first in a series of three courses concerning human anatomy, body function and associated medical jargon. The topics of concern in this course will be the integumentary system, respiratory system, extremities, bony thorax, pelvis, ossification, joints, and fractures. Emphasized is the anatomy that is visualized by radiographic procedures and pathology as related to body systems. This course is offered to junior radiography students. In order to facilitate learning, this series of courses is correlated with the positioning courses in content.

RAD 112 Anatomy, Physiology and Related Pathology II (3-0-3)

Pre-requisite: RAD 111; RAD 121

Co-requisite: RAD 122

The second in a series of courses offered for junior radiography students. The areas to be presented will be skulls, spines, digestive, urinary, biliary, and central nervous system, as well as cross-sectional anatomy of the brain and abdomen.

RAD 121 Positioning and Image Analysis I (3-1.5-3.75)

Co-requisite: RAD 111

This is the first in a series of three courses providing the junior radiography students with the knowledge of radiographic positioning skills. Methodology for routine procedures performed for the chest, abdomen, extremities, bony thorax, and pelvis are presented. Practice in this didactic education is obtained in laboratory sessions. The student will be provided instruction on radiation protection, evaluation of the qualitative and quantitative information displayed on processed radiographic images. The content of these courses is correlated with student rotation in clinical practicum.

RAD 122 Positioning and Image Analysis II (3-1.5-3.75)

Pre-requisite: RAD 111, RAD 121

Co-requisite: RAD 112

This course is second in a series of courses for junior radiography students. Methodology for the routine procedures performed for the spine, skull, gastrointestinal, urinary and biliary tracts as well as mammography are presented. Laboratory sessions and image evaluations practice will be provided.

RAD 213 Positioning and Image Analysis, Anatomy, Physiology and Related Pathology III (4-1-4.5)

Pre-requisite: RAD 111; RAD 112; RAD 121; RAD 122

Co-requisite: RAD 223

The third in a series offered for senior students, this course covers more anatomic areas and the functions. Areas to be presented are reproductive radiographic procedures and anatomy, lymphatic and circulatory systems along with venograms and arteriograms, panorex, optional views of skull, myelograms, arthrograms, laboratory sessions and related image evaluation sessions are provided.

RAD 141 Radiologic Physics (3-0-3)

Pre-requisite: RAD 131

This is a course sequence concerning the principles of radiation physics applied to the field of radiology. This course is offered to first year radiology students. It is designed to introduce students to basic concepts of radiologic science and structures of matter. Topics discussed are electromagnetic energy, electricity, magnetism, electromagnetism, image acquisition, radiologic artifacts, and scatter radiation. Additional instruction on digital technique will also be discussed.

RAD 142 Radiation Safety (4-0-4)

Pre-requisite: RAD 121, RAD 131; RAD 141;

Co-requisite: RAD 132

The principles of radiation protection for personnel, patients, and facilities are presented to junior radiography students. This will include such areas as definition, types and sources of ionizing radiation, units of measurements, maximum permissible dose, Cardinal Principles, protection of the patient and radiographer, and basic interactions of radiation with matter. monitoring devices, shielding, radio-sensitivity, radiation syndromes, digital imaging, ALARA, and special considerations during pregnancy.

RAD 206 Creative Topics (3-1-3.5)

Pre-requisite: RAD 111; RAD 121; RAD 213; RAD 121; RAD 122; RAD 223; RAD 142; RAD 244; RAD 101; RAD 202; RAD 131; RAD 132; RAD 141; RAD 243; RAD 104; RAD 103

Co-requisite: RAD 244, RAD 202

This course is presented during the senior year. The student is introduced to mock registry examinations with round table discussions and job preparation skills such as resume production. A critical thinking module will be included which will encourage students to adequately think through various patient problems and arrive at acceptable answers. Lab sessions will be conducted to assess positioning proficiency. An oral article presentation is included in this course to enhance communication skills.

RAD 207 Curriculum Proficiency (6-0-6)

Pre-requisite: RAD 111, RAD 112; RAD 213; RAD 121; RAD 122; RAD 223; RAD 142; RAD 244; RAD 131; RAD 132; RAD 141; RAD 243; RAD 101; RAD 202

Co-requisite: RAD 245

This course is designed to provide the senior radiography students with a comprehensive review of the curriculum. A continuation of the mock registry examinations is conducted. A career plan and a class synopsis are submitted. Interview material is submitted and a mock interview is conducted. Areas of deficiency will be identified and students will be given individualized assignments to improve the area of weakness. Oral and written examinations will be administered to students to validate competency.

RAD 151-256 Clinical Practicum

Co-requisite: RAD 111,112,121.122.213.223

Students are assigned clinical practicums in routine and special procedure areas. The student will work under the direct and indirect supervision of the technologists in the first and second year of the clinical practicum. Practicums will include routine diagnostic areas, emergency room, operating room, portable procedures, ultrasound, computerized tomography, special procedures, mammography and private physician offices. Assignments will be correlated with anatomy and positioning courses.

Program Curriculum Overview:

Curriculum Outline

The S.W. Brown School of Radiography, Piedmont Augusta curriculum comprises courses relevant to Radiologic Technology. The school follows the *Curriculum Guide for Radiography Programs* published by the American Society of Radiologic Technologists (ASRT). During the twenty months in the program, students receive didactic and supervised clinical training. Students who successfully complete the program will be awarded a certificate and eligible to apply for credentialing through the American Registry of Radiologic Technologists (ARRT).

- ❖ There is no articulation agreement with any post-secondary institution; therefore, our academic credits are not transferable.

System for Course Numbers:

- First number denotes academic status of students:
 - 1 = Junior
 - 2 = Senior
- Second number denotes types of course:
 - 0 = Supportive to profession
 - 1 = Anatomy and Physiology
 - 2 = Positioning and Image Analysis
 - 3 = Radiographic Exposure and Processing Techniques
 - 4 = Science Related Courses
 - 5 = Clinical Practicum
- Third number denotes sequence of a course in a series.

Junior Year (1st year)

Fall Trimester I

Course Code	Course Title	Lecture Hours	Lab Hours	Clinic Hours	Total
RAD 101	Patient Care	3	0	0	3
RAD 111	Anatomy & Physiology I	3	0	0	3
RAD 121	Positioning & Image Analysis I	3	1.5	0	3.75
RAD 131	Radiographic Exposure & Processing Technique I	3	0	0	3
RAD 151	Clinical Practicum I	0	0	19.5	3.9

Total semester Credit Hours 16.65

Winter Trimester I

Course Code	Course Title	Lecture Hours	Lab Hours	Clinic Hours	Total
RAD 103	Medical Terminology	1.5	0	0	1.5
RAD 112	Anatomy & Physiology II	3	0	0	3
RAD 122	Positioning & Image Analysis II	3	1.5	0	3.75
RAD 141	Radiologic Physics I	3	0	0	3
RAD 152	Clinical Practicum II	0	0	19.5	3.9

Total semester Credit Hours 15.15

Summer Trimester I

Course Code	Course Title	Lecture Hours	Lab Hours	Clinic Hours	Total
RAD 142	Radiation Safety	4	0	0	4
RAD 132	Radiologic Digital Technology	4	1.5	0	4.75
RAD 153	Clinical Practicum III	0	0	24	4.8

Total semester Credit Hours 13.55

Senior Year (2ND year)

Fall Trimester II

Course Code	Course Title	Lecture Hours	Lab Hours	Clinic Hours	Total
RAD 206	Creative Topics	3	1	0	3.5
RAD 213	Anatomy & Physiology/Positioning III	4	1	0	4.5
RAD 202	Patient Care Practicum	.5	2	0	1.5
RAD 254	Clinical Practicum IV	0	0	24	4.8

Total semester Credit Hours 14.30

Winter Trimester II

Course Code	Course Title	Lecture Hours	Lab Hours	Clinic Hours	Total
RAD 207	Curriculum Proficiency	6	0	0	6
RAD 255	Clinical Practicum V	0	0	27	5.4

Total semester Credit Hours 11.40

Entrance Date:	Fall (First Week of May annually)
Length of Program:	5 Terms (20 months)
Total Clinical Hours	1824 hours
Credit Hours Required for Graduation:	71.05

Rev. 1/99; 7/01;8/01;9/01;3/02;5/04; 2/07; 5/08, 1/25
 Reviewed 2/01; 6/03;8/05; 2/09; 2/11; 4/13; 6/17; 6/18; 3/19; 3/20; 3/21; 3/22

Didactic and Clinical Correlation

Stephen W. Brown, M.D. School of Radiography

Didactic and Clinical Correlation

Fall I Trimester				
*Patient Care I	Anatomy I	*Positioning I	*Exposure I	*Clinic I
Rad. Protection Body Mechanics Infection Control Communication Patient Prep Contrast/Reactions Ethics/Bill of Rights Psychology O ₂ Administration CPR Vital Signs Barium Studies Cultural Diversity Communication EKG Incidents and hazards Pharmacology	Cells Integumentary Respiratory Ossification Extremities Bony Thorax Pelvis Joints Fractures	Preliminaries Chest Abdomen Extremities Bony Thorax Pelvis, Hips	Math Review History of x-ray Radiation Concepts X-ray tube X-ray equipment X-ray production Beam Restriction and Filtration Geometric issues/Distortion/Spatial Resolution kVp Contrast mAs/Image receptor exposure Interactions with Matter Scatter/Grids	PE: routine equipment Chest: PA, lateral Supine Abdomen Upright Abdomen Routine Clavicle, Ribs, Sternum, Tib/fib, Humerus Mobile: Chest, Abdomen Rotations: Diagnostic Operating Room/ Mobile Emergency Room
Winter I Trimester				
Medical Term.	Anatomy II	*Positioning II	*Physics I	*Clinic II
Terms Prefixes Suffixes	Spines Skulls Facial Bones Sinuses Urinary Digestive Biliary Cross-sec. abdomen. Central Nervous Sys. Cross-sec. brain	Spines Skulls Sinuses Urinary Biliary Gastro. Intestine Mammography Random Labs	Radiation concepts Structure of matter X-ray imaging system/Generator basics Electrodynamics Electromagnetic Electromagnetism Generators/Circuits Transformers/Rectifiers AEC Fluoroscopy Digital fluoroscopy X-ray tube failures X-ray emissions	PE: Routine hand, wrist, forearm, elbow, shoulder, foot, ankle, knee, femur, hip, AP pelvis, scapula, C-spine, T-spine, L-spine, Sacrum/coccyx Mobile: Abd, Baby Chest, & extremity Rotations: ER Diagnostics Mobile/OR Prompt Care

		Summer I Trimester		
	*Radiation Safety	Digital Concepts I		*Clinic III
	Definitions, sources & types, Quantities, units DEL (Efd), Rules Cardinal Principles Protection of patient Protection of R.T. Basic interactions Digital Imaging Monitoring Shielding Signs, labels Waste disposal Radiosensitivity Radiation syndromes Early & late effects Radiation & pregnancy Digital Imaging ALARA	Quality control Computed tomography PACS/MIMPS Computer radiography Digital radiography TFT Digital technology Informatics Digital Imaging processing Heat Units Exposure review		PE: skull, sinuses, Fluoro equipment Myelogram, BE, UGI, SBFT, BSW Mobile: Abd, Baby Chest, & extremity Jr. Final Performance <u>Rotations:</u> Operating Room/Mobile Emergency Room Diagnostics, Prompt Care

		Fall II Trimester		
Anatomy/Positioning III	Patient Care Practicum	Creative Topics		*Clinic IV
Male & Female Reproduction Lymphatic Circulatory Endocrine Muscular Special Senses EKG Venography Arteriography Heart Cath Optional Skulls Panorex Sialogram Myelogram Arthrography Hysterosalpingogram Random Labs	Venipuncture Bladder catheterization Vital signs Patient transfer Aseptic and sterile procedures Hand washing Patient restraint Safety procedures Pt care video project	Critical Thinking Module Med. Article Presentations Random Labs Résumé's Job Interview Techniques N. Western (Mock) Registries Corrections with Round Table Discussion		PE: Decub chest, decub abd, Transthoracic shoulder, Patella, SI joint, Os Calsis, Navicular, Cross-table hip, Intercondyloid fossa, finger/thumb, cross-table spine, C-Arm CT head, abdomen, chest (if applicable) <u>Rotations:</u> ER Diagnostics Adjunct Modalities Sections Prompt Care OR/Mobile

		Winter II Trimester		
*Curriculum Proficiency				*Clinic VI
Corectec Computer Mock Registries and Review Modules ASRT Road Maps Computer Mocks Rad Tech Boot Camp Registries and Review Modules Physics Review Technique Review Positioning Review Radiobiology Review Radiation Protection Review Patient Care Review Career Plan Synopsis Interview Material/Mock Interview Completion and Submission of Registry Application Informational Videos from ARRT				PE: Facial bones, mandible Sr. Final Performance CT head, abdomen, chest (if applicable) Graduation Performances <u>Rotations:</u> Diagnostic, Emergency Room, Operating Room, and Mobile Rad. Prompt Care Adjunct Modalities

Rev. 1989/1996; 7/99; 6/01; 5/02; 6/03; 1/2004; 6/04; 5/08; 2/11; 12/11; 8/12; 4/13; 5/18; 3/19; 3/22; 1/25

Clinical Overview

Junior Year

Fall I Trimester

A. Performances Due:	40%
Routine Equipment Check Off	
Chest	
Flat and Upright Abdomen	
Clavicle, Ribs, Tib/Fib, Sternum,	
Humerus	
Portable Exams: Chest	
B. Rotation Evaluations from Techs	40%
One/Month	
C. Objectives due for each area	
D. Rad Notes Assignments (due date posted)	10%
Designate all Practices and Performances,	
Clinic (totals)	
E. Attendance:	10%
Absences and Tardies	

Winter I Trimester

A. Performances Due:	40%
Hand, Wrist, Forearm, Elbow,	
Shoulder, Foot, Ankle, Knee, Femur,	
Hip, AP Pelvis, Scapula, C-spine, T-spine,	
L-Spine, Sacrum/Coccyx	
Portable exams:	
Abdomen, Baby Chest, Extremity	
B. Rotation Evaluations from Techs	40%
One/Month	
C. Objectives due for each area	
D. Rad Notes Assignments (due date posted)	10%
Designate all Practices and Performances,	
Clinic (totals)	
E. Attendance:	10%
Absences and Tardies	

Summer I Trimester

A. Performances Due:	40%
Fluoro equipment check off, C-Arm check off	
Skulls, Sinuses, Myelogram, BE,	
UGI, SBFT, BaSw	
Junior Final Performance I	
Portable Exams:	
Abdomen, Baby chest, Extremity	
B. Rotation Evaluations from Techs	40%
One/Month	
C. Objectives due for each area	
D. Rad Notes Assignments (due date posted)	10%
Designate all Practices and Performances,	
Clinic (totals and goals)	
E. Attendance:	10%
Absences and Tardies	

Senior Year

Fall II Trimester

A. Performances Due: Optional Views I Optional Views II Portable exams: Abdomen, Baby Chest, Extremity CT exams: Head, Chest, Abdomen	40%
B. Rotation Evaluations from Techs One/Month	40%
C. Objectives due for each area	
D. Rad Notes Assignments (due date posted) Designate all Practices and Performances, Clinic (totals)	10%
E. Attendance: Absences and Tardies	10%

Winter II Trimester

A. Performances Due: Portable exams: Abdomen, Baby Chest, Extremity CT exams: Head, Chest, and Abdomen C-Arm check off Senior Final Performance II	40%
B. Rotation Evaluations from Techs One/Month	40%
C. Objectives due for each area	
D. Rad Notes Assignments (due date posted) Designate all Practices and Performances, Clinic (totals) Graduation Performances: (3 upper, 3 lower, 3 x-table c-spine.) (fluoro performances)	10%
E. Attendance: Absences and Tardies	10%

Rev: 9/96; 7/99; 3/03; 4/07; 03/08; 2/12; 7/13; 1/25
Reviewed: 12/11

Clinical Competency Requirements

Clinical Competency Requirements

Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation.

Imaging Procedures

Fall I	<i>Mandatory</i>	<i>Elective</i>	<i>Completed</i>
CXR	✓		
*Upright Abdomen	✓		
Supine Abdomen	✓		
PCXR	✓		
*Clavicle	✓		
*Ribs	✓		
*Sternum		✓	
*Tib/Fib	✓		
*Humerus	✓		
Winter I	<i>Mandatory</i>	<i>Elective</i>	<i>Completed</i>
Hand	✓		
Wrist	✓		
Forearm	✓		
Elbow	✓		
Shoulder	✓		
Foot	✓		
Ankle	✓		
Knee	✓		
*Femur	✓		
Hip	✓		
AP Pelvis	✓		
*Scapula		✓	
C-spine	✓		
*T-Spine	✓		
L-Spine	✓		
*Sacrum/Coccyx		✓	
Summer I	<i>Mandatory</i>	<i>Elective</i>	<i>Completed</i>
*Skulls		✓	
*Sinus		✓	
Myelogram		✓	
Barium Enema		✓	
Upper GI		✓	
Small Bowel Series		✓	

Barium Swallow		✓	
Fall II	<i>Mandatory</i>	<i>Elective</i>	<i>Completed</i>
*Decubitus Chest		✓	
*Decubitus Abdomen		✓	
*Transthoracic Shoulder		✓	
*AC Joints		✓	
*Navicular		✓	
*Patella		✓	
*SI Joints		✓	
*Os Calsis		✓	
*Cross-Table hip	✓		
*Intercondyloid Fossa		✓	
*Finger/Thumb	✓		
*Cross-Table spine	✓		
*Facial bones (include zygomatic arches)		✓	
*Mandible		✓	
Winter II			
Makeup any missed exams			
CT Abdomen		✓	
CT Chest		✓	
CT Head		✓	
Additional Exams	<i>Mandatory</i>	<i>Elective</i>	<i>Completed</i>
Portable Abdomen	✓		
Portable Extremity	✓		
Portable Baby Chest	✓		
C-Arm	✓		
Senior Performances	<i>Mandatory</i>	<i>Elective</i>	<i>Completed</i>
Geriatric CXR	✓		
Geriatric Upper or Lower Ext.	✓		
Wheelchair/Stretcher CXR	✓		
Trauma Shoulder	✓		
Trauma Upper Ext.	✓		
Trauma Lower Ext.	✓		
Total Mandatory	35		
Total Elective		21	
Total CT		3	

Requirement: candidates must demonstrate competence in all 35 procedures identified as mandatory (M). Procedures should be performed on patients; however, up to (10) mandatory procedures may be simulated if demonstration on patients is not feasible. Images that may be simulated are annotated in red.

Performance Evaluation System Descriptive Summary

The Certificate Radiography Program is designed to correlate the didactic and clinical aspects of the curriculum in order to produce an educational environment for students to develop those competencies required for an entry level radiographer. To ensure the attainment of these requisite competencies, the performance evaluation system is utilized to assess cognitive and psychomotor skills of student technologists when performing routine radiographic examination. Students are required to master a specific number of performance evaluations during each trimester to show progress in attaining clinical competencies. Performance evaluations are graded on a point system which lends a numerical grade. All performances will be averaged at the end of each trimester and will contribute 40% of the final clinical grade.

Validation of the required practice attempts must be made prior to attempting a performance. The evaluations are performed utilizing real patients or through simulated situations. All mobile evaluations are performed on actual patients. Each body section area has a specific number of projections that must be met in order to pass the evaluation. Designated clinical instructors in each area grade performance evaluations. All film analysis sessions are graded by the Clinical Coordinator (or Program Director if applicable).

The performance evaluation system is a sound manner by which mastery of clinical skills can be approached and documented. Students must complete all parts of the performance evaluation system prior to graduation from the certificate radiography program. Upon successful completion of each performance evaluation, the student will be allowed to perform said examination under indirect supervision. Repeat radiographs will be performed with a registered technologist present with the student.

The performance evaluation system consists of three types of assessment tools; equipment evaluation, category examination and final examinations.

Equipment Evaluation

The equipment evaluations must be successfully passed by each student to ensure that the student is aware of the operation, function, and manipulation of equipment and components. The three equipment evaluations are as follows:

- Fluoroscopic Equipment
- Radiographic Equipment
- C-Arm Equipment

Evaluation Grading

A detailed explanation of the grading system for the Performance Evaluation System is included within this summary (see Grading Procedure). A brief summary of the grading procedure will be included here. Penalties will be assessed if the student has not completed the evaluation by the due date. Students who fail the category evaluations will be allowed to reattempt the evaluation with an attached penalty for each rescheduled attempt. After the third failure of any specific categorical evaluation, the student will have to attain a clinical and didactic remediation before further attempts can be made.

An incomplete (I) will be received if all required performances have not been completed by the end of the trimester. Two consecutive incompletes will result in dismissal from the Program. Students must successfully complete all performance evaluations to be eligible for graduation.

All performance evaluations can be graded by any of the following Program Faculty:

- Program Director
- Clinical Coordinator
- Clinical Instructor(s)

A variety of evaluation forms are used in the performance evaluation system. These forms are available on Trajecsys.

Category and Final Evaluations

Category evaluations includes all body areas divided into specific segments. Final evaluations are comprehensive in nature, which encompass all categorical exams that have been mastered in prior trimesters. The purpose of the final evaluation is to assure that the student maintains categorical competencies throughout the program.

The category and final evaluations consist of four sections that are averaged to represent a single score on each particular evaluation. The section and a brief listing of items in each section are as follows:

Section A: Patient Assessment and Room Readiness

Includes: Introduction of self, proper patient identification, proper patient preparation, attention to patient modesty, room cleanliness, and friendliness towards patient, etc. Using AIDET appropriately with every patient interaction.

Section B: Performance

Includes: Proper positioning of patient and equipment, providing needed radiation protection, using correct anatomical markers, etc.

Section C: Technical Quality of Film

Includes: Appropriate prime technical factors selection and collimation to determine a diagnostic quality image was produced.

Section D: Film Critique

Includes: Identification of anatomy, evaluation of positioning, technique, equipment utilization, quality factors, radiation protection, acceptability of film, etc.

Sequence/Scheduling/Practices

The category and final evaluations are distributed throughout the length of the Program. Each student receives time tables at the beginning of the Program and each trimester which reflects the proper sequence and scheduling of all performance evaluations. The sequence correlates with the presentation of didactic material and laboratory sessions. These time tables are designated to help the student meet the objectives of clinical training at an even pace. Students may attempt categories prior to a deadline, if he/she feels that the category has been mastered. The dates which appear on the schedules reflect the last day in which an evaluation may be attempted before a penalty is assessed. Students must document, in Trajecsyst, at least two practices on an actual patient or four practice simulations, on each separate body part. These practices must be verified by a Clinical Instructor or before a Performance Evaluation can be attempted on the body part.

Grading Procedures for Performance Evaluations

- I. Actual vs. Simulation
 - Applies to Section A only
 - 100 points maximum in section on actual patient
 - 90 points maximum in section on simulation
- II. Chest/Abdomen Categories
 - Any film repeat constitutes a failure of the evaluation with a deduction of 10 points from the category grade for that particular procedure (avg. of sections A-D)
- III. Portable Categories
 - Same as above
- IV. Extremities/Spines/ Skulls
 - Any view which has to be repeated constitutes a failure of the evaluation with a deduction of 10 points from the category grade of that particular procedure (avg. of sections A-D)
 - The following projections must be attempted, but is not a failure if a repeat occurs: Odontoid projection of cervical spine
- V. Fluoroscopic Procedures
 - One repeat is allowed per procedure, with a 3-point penalty assed to the performance section B only
 - More than one repeat constitutes a failure of the evaluation with a 10-point deduction from the category grade (avg. of sections A-D)
- VI. Film Critique
 - A failure constitutes a deduction of 10 points from the final grade (avg. of all procederes)
 - All practices and performances must be complete prior to film critique, or it will be rescheduled by the Clinical Coordinator
- VII. General Summary
 - Penalties (minimum 10 points) will be assed to the final categorical grade (avg. of all procederes) if due date is not met. Total penalty points determined by tardiness.
 - After 3 failures, remediation is required (highest grade will be 75)
 - An incomplete will be received if all performances have not been completed in the specified trimester (exception mobile/OR). Two consecutive incompletes will result in dismissal from the program

- Mobile/OR performances must be complete by the end of the Program.
- Students who do not complete the entire performance evaluation system prior to program completion, will not graduate

Rev. 7/92; 6/01; 5/08

Reviewed 5/99; 12/11; 3/22; 1/25

Routine Protocol

Procedure	Routine Protocol
Chest	PA & Lateral (2 Views)
Abdomen	Flat & Upright Abdomen (2 Views)
Upper Extremity	
Finger	PA Hand, Oblique, & Lateral (3 Views)
Hand	PA, Oblique, & Lateral (3 Views)
Wrist	PA, Both Obliques, & Lateral (4 Views)
Forearm	AP & Lateral (2 Views)
Elbow	AP & Lateral (2 Views)
Humerus	AP & Lateral (2 Views)
Lower Extremity	
Toes	AP Foot, Oblique, & Lateral (3 Views)
Foot	AP, Oblique, & Lateral (3 Views)
Ankle	AP, Oblique, & Lateral (3 Views)
Knee	AP & Lateral (2 Views)
Tib/Fib	AP & Lateral (2 Views)
Femur	AP upper, AP lower, & Lateral lower (3 views)
Shoulder Girdle	
Shoulder	AP (Internal & External), Trans-axillary or Y-view (3 Views)
Clavicle	AP & AP Axial (2 Views)
Scapula	AP & Lateral (2 Views)
Bony Thorax	
Ribs	AP upper, AP lower, Oblique (3 Views)
Sternum	RAO & Lateral (72") (2 Views)
Hip	AP & Lateral (Frog leg/x-table) (2 Views)
Pelvis	AP (1 View)
Spines	
Cervical	AP axial, Lateral, Both Obliques, & Odontoid (optional views Swimmers and tip shot) (5+ Views)
Thoracic	AP & Lateral (2 Views)
Lumbar	AP, Both Obliques, Lateral, & L-5/S-1 Spot (5 Views)
Sacrum	AP & Lateral (2 Views)
Coccyx	AP & Lateral (2 Views)
Skulls	
Skull	AP/PA, Townes, Waters, & Both Laterals (5 Views)
Sinus	PA Caldwell, Waters, & Lateral (3 Views)
Facial	AP/PA, Waters, Rhese x 2, Lateral & Right and Left lateral nose (6 Views)
Mandible	AP/PA, Waters, Ramus x 2, & Lateral (5 Views)
Fluoroscopy	
SBFT	Scout, 20 min films first hour, 30 min after, Spot (# of Views varies per Pt.)
UGI	Scout, AP, PA, RAO, Lateral (5 Views)
BASW	Scout, RAO, & Rt. Lateral (3 Views)
BE	Scout, AP, RPO, LPO, Sigmoid, Lateral, Post (7 Views)
Myelogram	Radiologist routine

Performance Evaluations (Final Examinations)

Junior Final Performance

- Must Perform
 - Routine C-Spine
 - Routine L-Spine
 - Routine Skull
 - Routine Sinuses
- Draw 1
 - **Card 1** – Sternum or Ribs
- Draw 2
 - **Card 1** – Hand, Wrist, Forearm, Elbow, Humerus, Shoulder, Clavicle, Scapula
 - **Card 2** – Foot, Ankle, Tib/Fib, Knee, Femur, Hip

Senior Final Performance

- Must Perform
 - Routine C-Spine
 - Routine L-Spine
 - Routine Sternum
 - Routine Ribs
 - Knee (AP, Lateral, Sunrise, Intercondyloid Fossa)
 - Hip (AP, Frog leg, X-table Lat)
 - Routine Mandible
 - Routine Facial Bones
- Draw 1
 - **Card 1** – Routine Elbow or Routine Forearm
 - **Card 2** – Routine Wrist or Routine Hand
 - **Card 3** – Carpal Tunnel or Navicular
 - **Card 4** – Routine Clavicle or Routine Scapula
 - **Card 5** – Routine Humerus and Transthoracic Humerus or Routine Shoulder
- Graduation performances
 - Must be documented in Trajecsyst as a senior performance in the appropriate category
 - Trauma performances
 - 3 trauma C-Spines
 - 3 Trauma lower extremity
 - 3 Trauma upper extremity
 - Fluoroscopy performances
 - 8 Total (at least 1 of each must be logged) (No Modified)
 - UGI
 - SBFT
 - BE
 - BSW
 - Mobile exams (1 of each)
 - PCXR, PKUB, PEXT, PBABY