



**Rowan College**  
at  
**BURLINGTON COUNTY**

# **Radiography Program Handbook**

**2025-2026**

Rowan College at Burlington County does not discriminate based on race, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age, disability, or veteran status. Visit [rcbc.edu/hr](http://rcbc.edu/hr) for more details.

\*Information is current to the date of publication\*

## **Welcome**

Our goal is to provide students with a high-quality radiography education that prepares them as caring, safe, and competent entry-level radiographers in today's high-tech healthcare workplaces. We wish you success in your radiography education at Rowan College at Burlington County. The information in this handbook will assist you in navigating the program requirements. Please become familiar with each part and keep it as a reference.

## **Accreditation**

Joint Review Committee on Education in Radiologic Technology

Most Recent: 12/2023 Visit Reaccredited for 8 years

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Chicago, Illinois 60606-3182

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[mail@jrcert.org](mailto:mail@jrcert.org)

New Jersey Department of Environmental Protection

Bureau of X-ray Compliance

PO Box 420, Mail Code 25-01

Trenton, NJ 08625-0420

(609) 984-5890

[www.xray.nj.gov](http://www.xray.nj.gov)

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### **Program Organization and Administration**

The program is run by the full-time director and clinical coordinator. The advisory committee is convened twice a year in October and April in order to review the program and outcomes. The advisory committee also assists with recommendations for Perkins and other healthcare grant funding. In addition, the advisory committee may assist in :

- Public relations within the community (medical as well as Burlington County)
- Reviewing the curriculum for needed updates
- Recommend research or other projects for implementation

### **Radiography Advisory Committee**

Members:

Program Director

Clinical Coordinator

Clinical Preceptors, Radiology managers, and lead technologists, as asked, based on availability

Dean of Health Science Division; RCBC

Associate Dean of Health Science Division; RCBC

Student Development Specialist; RCBC

Outside Employment Representative(s) (as asked, at least 2)

Community Representative(s) (1)

Student Representative(s) (1)

Changes to the program will be determined by the Director and the clinical coordinator with the input of the administration. Outside committee members may make suggestions for change.

### **Health Science Division Meeting**

This meeting is held once a month and is attended by representatives from the Nursing, Health Information Management, Diagnostic Medical Sonography, Dental Hygiene, Paramedic Science, and Radiography programs.

### Clinical Affiliate and Preceptor List

<b>Virtua Memorial</b> Saif Ali, RT(R) Victoria Bergner RT(R) Jen Fadden BS, RT(R) Parul Soni, AAS, RT(R)	<b>Virtua Marlton</b> Jesse Cave, RT(R) Aimee Willis, RT(R) Ian Highland, AAS RT(R) Jea Gun Lee, AAS RT(R) Lauren Smith, AAS RT(R) Alexis Orcutt, RT (R)
<b>Virtua Willingboro</b> Francesca DeSorte RT(R) Robert Griffin AAS, RT(R)(CT) Jean Pierre Juccien, BS RT(R)(CT) Samantha Sage AAS, RT(R)	<b>Hackensack Meridian (SOMC)</b> Jill Errico, AAS, RT (R) Kelli Ann Deckman, RT(R) Donna Halpin, AAS, RT(R) Jennifer Larrata AAS, RT(R)
<b>Virtua Voorhees</b> Michelle Giletto, RT(R)(M) Ian Highland, AAS, RT(R) Jea Gun Lee, AAS, RT(R) Jennifer Lender, AAS, RT(R) Denisse Mejia RT(R)(MR) Timothy Miller, RT(R) Nancy Murray, AAS, RT(R) Lauren Smith, AAS, RT(R) Christine Szymkowski, MS, RT(R)(CT)	<b>Virtua Our Lady of Lourdes</b> Stacey Davis, AAS, RT(R) Wesley Fleuranvil RT (R) Nancy Murray AAS RT(R) Matthew William Richards, RT(R) Brittany Richter, AAS, RT(R) Deborah Slobodian, RT(R) Tonya Smith, AAS RT(R) Kailee Ulrich, AAS RT(R)
<b>Cooper Hospital Camden</b> Dana Schaffhauser, RT(R) Tina Parisi, RT(R) Meryl Settari RT(R) Jaison Philip RT(R) Kathleen Kamman RT(R) Jaclyn Rutledge RT(R)(MR) Marissa Milam RT(R) Andrea Mullison RT(R)(M) Melissa Palmer RT(R)	<b>Cooper Hospital Camden (Continued)</b> Lisa Roberson RT(R) Anto Thattarkunnel RT(R) Sarah Elisabeth Pavlovic RT(R)(CT)

#### RCBC Clinical Preceptors

Genna Beaver, BS, RT(R)  
Jennifer Fadden BS, RT(R)  
Virginia Guccini, RT(R)  
Nancy Murray, AAS, RT(R)  
Parul Soni, AAS, RT(R)



### **Mission Statement**

Rowan College at Burlington County's radiography program transforms lives by delivering innovative educational experiences in an accessible and diverse environment. This will allow the student to develop academically, clinically, and professionally into a competent, entry-level radiographer.

### **Student Learning Goals and Outcomes**

**Goal 1: Students will have knowledge and skills required to be clinically competent in all radiographic tasks necessary for an entry-level radiographer:**

Student Learning Outcomes:

Students will apply positioning skills.

Students will utilize safe radiation protection practices.

**Goal 2: Students will demonstrate communication skills**

Student Learning Outcomes:

Students will demonstrate written communication skills.

Students will demonstrate oral communication skills.

**Goal 3: Students will develop critical thinking skills.**

Student Learning Outcomes:

Students will adapt standard procedures for non-routine patients.

Students will critique images for diagnostic quality.

### **Program Effectiveness Goals**

**Goal 1:** Five-year average credentialing examination pass rate of 85% or greater at first attempt.

**Goal 2:** Five-year average job placement rate of 75% or greater within 12 months of graduation.

**Goal 3:** Annual program completion rates: 80% of the students will complete the program within 3 years of program start.

**Goal 4:** 80% of graduates will express satisfaction with the program on the exit evaluation

**Goal 5:** 80% of employers will express satisfaction with the graduates of the program

### **Academic Requirements**

**The Radiography Program requires 70 credits for graduation:**

- 48 radiography credits and 22 credits in college general education courses.
- The graduate receives an Associate in Applied Science (AAS) degree for Radiography.

## Transcripts and Progress

On application for admission, all potential students must send transcripts to [admissions@rcbc.edu](mailto:admissions@rcbc.edu) for evaluation. The college will evaluate courses for transfer in as program general education or science courses. Please see the curricular plan for sequencing and pre-and co-requisite requirements.

Any student who fails a pre- or co-requisite course may not progress in the program.

The student must successfully repeat the failed course prior to taking a new course. This will put the student out of sequence and they must reapply to the program. Readmission is considered on a space available basis. Please see other policies for further information.

## Radiography Courses:

All radiography courses must be taken in sequence. Course descriptions, as well as pre and co-requisites can be found in the program map <https://www.rcbc.edu/radiography/associate-applied-science> as well as in the online catalog <https://catalog.rcbc.edu/>

Also required in the program curriculum are the general education courses in order to complete the associate degree. These courses include:

English 101 and Speech 102

Math 107

Biology 110/111

Psychology 101

HIT-115

Sociology 101

Program requirements in addition to the radiography courses and general education courses include:

Biology 114/115

Health Information Technology 106

Please note: these courses cannot be substituted- although higher level anatomy and physiology courses can always be accepted. These courses may be taken twice to improve grades, however, must be taken prior to the co-requisite radiography program course and an acceptable grade must be received. A grade of C or higher is considered passing and required in all of the listed courses.

Students who fail a required course while in the program must reapply for admission.

## Grading Policies

Students must maintain a GPA of 2.80 or higher to remain in the program. If the GPA falls below a 2.80, the student is withdrawn and must retake courses and reapply when the GPA is 2.8 or above.

### Radiography Course Grading Scale

A	90-100	D	60-69
B+	85-89 Passing clinical/lab	F	less than 60%
B	80- 84	S	Satisfactory
C+	79 Passing Theory	U	Unsatisfactory
C	70-78		

\*C+ is passing for theory courses and B+ is passing for clinical and laboratory courses. Students who fail a course must repeat the course prior to continuing in the program. No new course may be taken until the failed course is successfully repeated.

Failure of any radiography course in the first semester results in dismissal from the program.

Failure of any radiography course in subsequent semesters of the program will result in the student

having to wait until the course is offered again in order to repeat the course. The student must repeat the entire course sequence (theory, clinical and lab components).

Failure of two radiography courses results in dismissal from the program without readmission.

### **Grade Appeal**

*The college grade appeal policy is for grade disputes over calculation and other specific instances. The policy cannot re-negotiate weights given to projects within the course nor can the policy change the passing grade in a course.*

Per the college and handbook: The policy grade appeal policy applies to all students enrolled in credit bearing courses, offered under any mode of delivery.

The purpose of this policy is to offer students an avenue to discuss and resolve problems that arise with the educational process. This document establishes a policy that defines a grade appeal process for students in the event of a final grade dispute with a course professor. This policy requires a request for a formal meeting with the course professor related to the grade dispute, a review and recommendation by the divisional dean, including separate meetings with the faculty member and student, and a subsequent appeal to the Chief Academic Officer, who will convene the Grade Appeal Committee. This policy also provides for the formation of a Grade Appeal Committee to review the records relevant to any dispute and make a recommendation to the President or designee, whose decision will be final.

Steps for the student :

Write a request to the course professor to meet and discuss the grade and potential dispute.

If this does not resolve the dispute:

Write a request to the dean explaining the issue and asking for a meeting to discuss the grade dispute. The Dean will then review the dispute and send the dispute to the Provost/Vice President of Academic Affairs if the dean considers this the next step. The Provost will notify the student if a grade appeal committee is convened and when they need to attend. The committee makes a recommendation to the President, whose decision is final.

*Please note:*

*Grade appeals governed under this policy must be formally initiated by a student in a timely manner that shall not exceed the conclusion of the next successive semester of the regular academic year or, in the case of a summer term appeal, the next successive Fall semester. Student grade appeals that do not conform to this deadline for appeal shall be considered untimely and without merit. Student grade appeals that do not conform to this deadline for appeal shall be considered untimely and without merit. All decisions of the President are final and there is no further appeal.*

### **Graduation Statement**

The graduate of the radiography program is educated to function as an entry-level diagnostic radiographer in various settings, such as hospitals, imaging centers and private offices. The graduate integrates the component of radiologic science to function as a member of the health care delivery team. Ongoing professional development as a member of the discipline is an expected behavior of all graduates. Participation in continuing radiography education is required of all registered technologists. Additional activities of a registered technologist include accountability to peers and consumers of radiologic services and contributions to improving the delivery of health care.

## Requirements

To be eligible for graduation, the student must:

- Meet all didactic education requirements
- Meet all clinical education requirements

Achieve minimal terminal competencies by being able to:

- Provide basic patient care and comfort
- Apply principles of body mechanics
- Recognize emergency patient conditions
- Initiate first aid and basic life support
- Practice radiation protection for the patient, self and others
- Position the patient and imaging system to perform radiographic procedures
- Modify standard procedures to accommodate for patient condition
- Determine proper exposure factors to obtain the following in accordance with the ALARA concept:
  - diagnostic quality radiographic images;
  - adapt exposure factors based upon various conditions/situations;
  - image gently
- Perform basic mathematical functions
- Apply knowledge of quality assurance
- Objectively critique recorded images for various factors
- Operate radiographic imaging equipment and accessory devices
- Exercise independent judgment and discretion in the technical performance of medical imaging procedures
- Demonstrate an acceptable standard of medical ethics in the performance of all duties
- Recognize the need to keep skills and knowledge through continuing education
- Achieve program goals and educational objectives
- Fulfill all financial obligations to the college
- Earn a minimum of 70 credit hours specified by the program with a ***minimum cumulative grade point average of 2.80.***

## Student Awards

Possible awards to be chosen at the student academic award ceremony are listed below. Awarding of these is dependent upon sponsorship and funding.

### Academic Award

The Academic Award is presented to the student that has the highest RCBC cumulative GPA. If two students have the same GPA, the award will be given to the student who has acquired the greatest number of credits at RCBC.

### Kenneth L. Queener, R.T. Award of Technical Excellence

Kenneth Queener was retired military and worked as a technologist at Virtua Memorial Hospital. He had outstanding clinical skills and deeply cared for the students. He was a mentor to all students and educated them on how to produce the best images possible. Radiology personnel at all the clinical affiliates are asked to select one student, who has produced the highest quality radiographs with the lowest radiation exposure (repeats) to the patient.

**Patricia Ann Taylor, R.T. Humanitarian Award**

Patricia Ann Taylor was a technologist that is honored through the Humanitarian Award. She had graduated from the Virtua Memorial Hospital's program and was employed as a technologist when she lost her battle with cancer.

Radiology personnel are asked to select the student who best meets the following criteria:

- Shows love and concern for all
- Empathizes with others feelings
- Gives freely of themselves
- Responds to the need of others
- Exhibits good interpersonal skills
- Shows respect for all

**Clinical Excellence Award**

Radiology Personnel are asked to select the student who best meets the following criteria:

- Demonstrates a thorough understanding of the radiological examination process.
- Plans, organizes and executes all responsibilities of an entry-level radiologic technologist.
- Possesses and uses a sound knowledge base of radiologic technology.
- Works in cooperation with all members of the healthcare team.

**National Honor Society: Lambda Nu**

Lambda Nu is a national honor society for the radiologic and imaging sciences.

Criteria for admission into the honor society include the below requirements. Individuals meeting the criteria are invited to join and the induction typically occurs in the fall semester.

- Enrollment in a radiologic or imaging sciences program as a full-time student and possess a GPA of 3.7 or higher on a 4.0 scale after three semesters.
- Evidence of professional commitment beyond minimal requirements of the program including, but not limited to:
  - Actively pursuing an independent research paper
  - Active membership in a professional organization, as evidenced by:
    - Holding office or committee appointments
    - Preparing for presentation of a professional paper or poster
    - Preparing for competition in a Quiz-Bowl
- No academic or clinical disciplinary actions on file during the duration of the program.

**National Registry Examination**

The Program Director will direct expected graduates in applying for the American Registry of Radiologic Technologists national certification examination. The program is responsible for the provision of all necessary information required. The program is not responsible for submitting or paying application fees.

**New Jersey State Licensure**

Upon successful completion of the ARRT exam, the student may apply for a New Jersey Diagnostic

Radiography License. This application is through the State of New Jersey, Department of Environmental Protection and Energy, Radiologic Technology Board of Examiners. The program is responsible for the provision of all necessary applications and the information required. Submission of the appropriate application and fee is the responsibility of the student. The application cannot be sent until the results from the ARRT registry examination are received. Furthermore, the application must be accompanied by the fee, a copy of the ARRT results, and a letter from the Program Director stating completion of the accredited program (a copy of the degree may not be available at the time of program completion).

### **Clinical Compliances**

To meet requirements of the clinical settings, all students upload documents to the Adam Safeguard/SentryMD account online after paying for their subscription. Students are not fully accepted into the program until all requirements are met. Students who do not submit requirements by the due date will have their admission rescinded. Compliance requirements include: Clear criminal history background screen (admission rescinded with a positive background), clear drug screen (admission rescinded with a positive drug screen), physical exam specifying fitness for clinical, current health insurance documentation (updated yearly) , CPR for the Healthcare Provider through an in-person American Heart Association class (updated yearly or every two years as required). The college provides malpractice liability insurance.

### **Physical Examination**

Prior to admission, all conditionally accepted radiography students are required to have a complete physical examination.

The following must be acceptable:

- Complete physical examination showing fitness for education and duty that includes the providers' name, address, and telephone number clearly printed on the document
- Complete blood count
- Serology
- Urinalysis
- Immunization or titers: Polio, Rubella, Varicella, Tetanus, Covid-19 (depending on the facility), etc.
- Hepatitis B Vaccine: or titer showing immunity.
- Influenza vaccination : must be completed yearly
- Tuberculosis:
  - Initial Testing
    - QuantiFERON blood test OR Skin test (two-step) OR Chest x-ray
  - Annual Testing
    - QuantiFERON blood test OR Skin test (one-step) OR Chest x-ray

*Please note, any student that does not meet requirements will have their admission rescinded. Students may not enter the class, lab or clinical setting while under the influence of prescription or non-prescription pain medications or opioids, alcohol, or medical marijuana. Students may be tested at random while in the program. Testing positive for any legal or non-legal substance that may impair performance, including alcohol and marijuana, at any time while in the*

*program is cause for dismissal. If an applicant challenges the information in their compliance reports they may discuss with the Director and if not resolved, may discuss with the Dean. If the student stops out of the program for a semester for any reason, a repeat drug screen is necessary at the student's expense.*

### **Competency Based Clinical Education Standards: Definition**

Competency based clinical education (CBCE) is a progressive approach to the clinical development of a student. Competency evaluations are designed to assess the student's development of clinical skills, verify the level of competency maintained and ensure that the graduate has achieved entry-level clinical skills. To assure each step has been achieved, evaluation will be performed in a progressive fashion. The following are the descriptions of the evaluation standards for the program: The steps for successfully completing this process are listed in sequence:

1. Clinical observation
2. Classroom instruction and testing
3. Lab demonstration and testing
4. Clinical participation (under direct supervision)
5. Initial Clinical Competency Evaluations
6. Clinical participation (under indirect supervision)
7. Continual Clinical Competency Evaluations
8. Spot Check Testing
9. Terminal Clinical Competency Evaluations

### **Clinical Observation**

Beginning in May of the first year, students are scheduled at a clinical education site for an observational rotation. During this time, students are expected to assist the radiographer to the best of their abilities and training to date, but are NOT permitted to perform any procedure until it has been presented and tested in the classroom and laboratory settings.

### **Laboratory**

Clinical labs are scheduled following didactic instruction to provide hands-on application and skill development. The clinical laboratory procedure will consist of instructor demonstration, student practice, and student return demonstration.

Students will learn and practice clinical skills in the lab before they are performed in the clinical setting. To pass the lab portion of each radiography course, the student must obtain a passing grade of 85% or higher on each lab return demonstration.

- Failure to attend a regularly scheduled laboratory demonstration/return will result in an automatic 10-point deduction from the student's grade regardless of reason.

### **Clinical Participation**

After didactic and laboratory instruction along with documented laboratory proficiency in a procedure, the student is now able to participate in the clinical setting under **direct supervision**. In the participation stage, the student may now assume a more active role in his/her clinical responsibilities.

### **Direct Supervision**

Following the successful completion of laboratory return demonstration of a particular examination, the student will actively participate in that examination under the direct supervision of a qualified

licensed radiographer. Direct Supervision means the licensed radiographer will:

- Review the exam request in relation to the student's knowledge and competency
- Evaluate the condition of the patient in relation to the student's knowledge and competency
- Be present in the room to observe and supervise the student during the examination
- Review and approve the completed radiographic images before the patient leaves
- Be present in the room for any repeat radiographs

### **Initial Competency Testing**

Once a student has performed the minimum number of cases required for a specific body part under direct supervision, he/she is eligible to participate in an Initial Clinical Competency Evaluation.

### **Indirect Supervision**

Upon the successful completion of an Initial Clinical Competency Evaluation (Initial CCE), the student progresses to **indirect supervision** by a qualified licensed radiographer for that procedure.

Indirect Supervision means the licensed radiographer will:

- Review the exam request in relation to the student's knowledge and competency
- Evaluate the condition of the patient in relation to the student's knowledge and competency
- Be immediately available in the room or adjacent to the room to assist the student
- Review and approve the completed radiographs before the patient leaves
- Be present in the room for any repeat radiographs

“**Immediately Available**” is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

The student may remain under indirect supervision for exams of this specific body part for the remainder of the program. During this period, the student will continue to strengthen his/her skills in this exam under more difficult situations (i.e. trauma, difficult patients, etc.)

Regardless of competency status, **mobile radiography, fluoroscopy and operating room rotations** require the student to remain under **direct supervision** at all times regardless of the student's skill level. The student also must always have a radiographer present (*direct supervision*) while repeating any image. It is the responsibility of the licensed radiographer and *not* the student to approve and accept images before the patient leaves the department.

If at any time a program official observes a student performing a procedure and in his/her opinion the student is not fully competent, the student will revert to direct supervision for that procedure.

### **Continual Competency Testing**

Beginning in the spring semester of the first year (third semester), Continual Clinical Competency Evaluations (Continual CCEs) are conducted to ensure that the student has maintained proficiency in a particular exam. Continual CCEs should be performed on procedures and patient types that are progressively more difficult than Initial CCEs. Prior to requesting a continual competency, the student must have successfully completed an initial competency on that exam. The minimum number of Continual CCEs are determined by the Program and are subject to change. All Continual CCEs must be performed on patients; no simulations will be accepted.



### **Spot Checks**

Spot checks will be performed in the third, fourth and fifth semesters. Three spot checks will be completed and factored as part of the clinical grade. The spot checks are done on exams that the students are performing with indirect supervision and are at the discretion of the Clinical Preceptor, Clinical Coordinator or Director.

### **Terminal Competency Testing**

Terminal Clinical Competency Evaluations (Terminal CCEs) are conducted in the last semester prior to graduation. These evaluations encompass various exams to ensure that the student has remained proficient in all previously tested categories. Terminal CCEs should be performed on procedures and patient types that are progressively more difficult than Initial and Continual CCEs. In order to begin the terminal competency process, all other clinical testing must be completed (spot checks, mandatory and elective CCEs). Once all other testing has been completed, this evaluation will take place during the last 3 months of the Program. The minimum number of Terminal CCEs are determined by the Program and are subject to change. All Terminal CCEs must be performed on patients; no simulations will be accepted. Those who successfully complete this will meet program requirements for clinical competency.

The Program's terminal competency procedure minimums are listed below:

- Chest 2-view, AP and lateral in a wheelchair or stretcher (patient cannot be ambulatory)
- Abdomen
- Upper Extremity: Trauma (can include shoulder)
- Lower Extremity: Trauma
- Cervical, Thoracic or Lumbar Spine or a Two-view Hip
  - The two-view hip must include either a Danelius-Miller or Clements-Nakayama cross-table lateral projection
- C-arm Two-View Ortho or Spine Procedure
  - Pain management, Endoscopy, Arthrograms and Retrograde Pyelograms will not be accepted
- Mobile Examination
  - Chest, abdomen or extremity trauma

Students will review the completed Terminal Competency Testing Evaluation Forms in the record maintenance system. A hard copy record of all competencies completed will be on the student in the clinical setting and in his/her clinical file.

### **Simulations**

Occasionally, required exams do not come in as frequently as other exams. Every attempt will be made to have the student pass a competency on a real patient; however, the exam may not be available. In this situation, the student may perform a simulated competency.

Simulated competencies must meet the following criteria:

1. The student is required to competently demonstrate skills as similar as circumstances permit to the cognitive, psychomotor and affective skills required in the clinical setting.

2. The Program Director is confident that the skills required to competently perform the simulated task will transfer to the clinical setting.
3. No more than 10 ARRT “Mandatory and Elective” procedures can be evaluated via simulation.
4. Simulation exams can only be performed during the last 3 months of the program.
5. Simulated exams must be done prior to terminal testing.
  
6. Mandatory testing that **must** be on an actual patient and not simulated:
  - a. Ribs
  - b. Thumb/finger
  - c. Humerus
  - d. Tibia/Fibula
  - e. Femur
  - f. Thoracic Spine
  - g. Hip (Cross-table Lateral)
  - h. Abdomen (Upright)
  - i. C-arm Procedure (requiring manipulation to obtain more than one projection)
  - j. Surgical C-arm Procedure (Requiring manipulation around a sterile field)
  - k. Chest (Pediatric Patient: Age 6 or younger)

For successful completion of the clinical experience of each radiography course, the student must:

- Receive a grade of 85% or higher on all required behaviors identified on the Clinical Performance Evaluation form.
- Demonstrate mastery of all published clinical rotation performance objectives.
- Demonstrate all previously required RCBC Radiography Course Behaviors.
- Practice safety measures pertaining to the patient, self, others and the environment.
- Adhere to the Radiography Program attendance policy.
  - Clinical attendance is necessary for the student to meet the objectives and for the Clinical Coordinator to adequately evaluate required behaviors.

### **Competency Exam Objectives**

1. During each tested procedure the student will be able to:
  - evaluate the requisition;
  - identify the procedure to be completed;
  - identify the correct patient;
  
2. Demonstrate facilities readiness by:
  - keeping the radiographic table and equipment clean;
  - selecting the correct image receptor or collimation field size;
  - preparing the control panel for exposure;
  - placing the tube into the correct position;
  - checking all locks on the tube and table for safety;
  - ensuring availability of immobilization devices and/or positioning aids;
  - ensuring availability of radiation protection devices;
  - fulfilling all other pertinent readiness requirements.

3. Demonstrate appropriate student/patient relationship by:
  - addressing the patient by proper name;
  - speaking to the patient in a polite and gentle manner;
  - ensuring patient safety at all times;
  - escorting the patient to/from the radiographic room;
  - assisting the patient on/off radiographic table;
  - ensuring patient privacy and modesty;
  - providing appropriate moving and breathing instructions;
  - conducting the examination in a professional and ethical manner;
  - fulfilling all other pertinent communication requirements.
4. Demonstrate procedural skills by:
  - manipulating the patient into the correct position for each projection;
  - utilizing positioning aids and restraining devices as needed;
  - appropriately orienting the part of interest to the image receptor;
  - placing markers appropriately on the image receptor;
  - angling the central ray appropriately;
  - directing the central ray to the midpoint of the image receptor and/or part;
  - performing all projections in a logical sequence;
  - completing the examination in a reasonable time period;
  - fulfilling all other pertinent procedural requirements.
5. Manipulate equipment effectively by:
  - utilizing the Bucky tray and all associated locks;
  - utilizing the tube and all associated locks;
  - utilizing the table and all associated locks;
  - utilizing the control panel;
  - fulfilling all other pertinent equipment manipulation requirements.
6. Demonstrate proper radiation protection measures by:
  - documenting the patient's stated last menstrual period and chance of pregnancy;
  - utilizing appropriate collimation for the part of interest;
  - utilizing appropriate gonadal shielding;
  - utilizing required radiation monitoring devices;
  - utilizing appropriate radiation safety devices for all concerned (i.e. lead apron, thyroid shield, etc.);
  - fulfilling all other pertinent radiation protection requirements.
7. Set appropriate exposure factors by:
  - determining patient body habitus;
  - using appropriate technical factors for the body part;
  - adjusting basic factors for changes in SID and/or grid ratio;
  - adjusting basic factors for patient pathology, body habitus and the reduction of motion;
  - setting adjusted factors on control panel;
  - fulfilling all other pertinent exposure factor requirements.

8. Demonstrate proper image evaluation techniques by identifying at least five anatomic structures on the finished radiograph and proper contrast and brightness.

## **Clinical Competency Grading Policy**

### **Competency Grades**

Each Clinical Competency Evaluation (CCE) performed evaluates the student's abilities within a specific clinical procedure. The clinical preceptor assigns a number of points as determined by the student's performance from the criteria. *To be considered competent, the student must achieve a minimum of 85% or higher.*

All Initial CCEs completed within a semester will be averaged to determine a numerical grade for that portion of the clinical grade. Students who do not meet the number of required initial competencies will receive a grade of zero for the competencies not completed.

In semesters where applicable, all Continual CCEs completed within a semester will be averaged to determine a numerical grade for that portion of the clinical grade. Students who do not meet the number of required continual competencies will receive a grade of zero for the competencies not completed. In the final semester, all Terminal CCEs will be averaged to determine a numerical grade for that portion of the clinical grade.

## **Failure Protocol**

Students are permitted a maximum of *three* opportunities to achieve a minimum passing grade of 85% on each clinical examination on which they are tested. Students who fail to achieve the minimum passing grade after three attempts will be dismissed from the program. Failures are handled as follows:

### **Didactic (procedure courses)**

The instructor will:

1. record grade achieved
2. conference with the student (one-on-one) and review reason for failure
3. review specific test items answered incorrectly
4. tutor student in areas of actual difficulty
5. give written assignment for reinforcement
6. document session

### **Lab (return demonstration)**

The lab instructor will:

1. conference with the student (one-on-one) and review reason for failure;
2. review specific procedural aspects performed incorrectly;
3. reinforce those aspect by didactic review and repeat demonstration in the laboratory setting;
4. assign a date for re-evaluation;
5. document session on lab form (from failed session).
6. upon the successful completion of step 5, a maximum grade of 85% is recorded.

### **Initial Competency Testing**

The clinical preceptor will:

1. conference with the student (one-on-one) and review reason for failure;
2. the program coordinator will create an educationally valid plan of remediation as based upon specific reason for failure;
3. apply reinforced knowledge in a laboratory setting.

Upon completion of steps 1, 2, and 3, the student will:

4. apply reinforced knowledge in the clinical setting;
5. present proof of a minimum number (assigned by clinical coordinator) of exams performed under direct supervision.

Upon completion of steps 4 and 5, the instructor will:

6. perform a second competency test on that procedure;
7. document remediation and performance on a student counseling form.
8. upon the successful completion of step 6, a maximum grade of 85% is recorded.

### **Continual Competency Testing**

Indirect supervision status is removed for that exam only.

The clinical preceptor will:

1. conference with the student (one-on-one) and review reason for failure;
2. develop an educationally valid plan of remediation as based upon specific reason for failure;
3. apply reinforced knowledge in a laboratory setting.

Upon completion of steps 1, 2, and 3, the student will:

4. apply reinforced knowledge in the clinical setting;
5. present proof of a minimum number (assigned by clinical coordinator) of exams performed under direct supervision.

Upon completion of steps 4 and 5, the clinical preceptor will:

6. perform a second initial competency test on that procedure;
7. restore indirect status upon passing this competency;
8. perform a second continual competency on that procedure approximately two weeks later.
9. upon the successful completion of step 8, a maximum grade of 85% is recorded.

### **Terminal Competency Testing**

Indirect supervision status is removed for that exam only.

The clinical preceptor will:

1. conference with the student (one-on-one) and review reason for failure;
2. develop an educationally valid plan of remediation as based upon specific reason for failure;
3. apply reinforced knowledge in a laboratory setting.

Upon completion of steps 1, 2, and 3, the student will:

4. apply reinforced knowledge in the clinical setting;
5. present proof of a minimum number (assigned by the clinical coordinator) of exams performed under direct supervision.

Upon completion of steps 4 and 5, the clinical preceptor will:

6. perform another initial competency on that procedure;
7. restore indirect status upon passing the competency;
8. perform a final competency exam on that procedure;
9. upon the successful completion of steps 6 through 8, a maximum grade of 85% is recorded.

### **Clinical Performance Evaluations**

In addition to competency testing, five clinical performance evaluation tools are utilized to assess vital aspects of clinical objective mastery. Descriptions are listed below.

#### **Clinical Procedure Competency Evaluation Form**

This form is used to determine the student's mastery of clinical procedures. It is also designed to assess: (1) the development of clinical skills, (2) the verification level of competency maintained and (3) that the graduate has achieved entry-level clinical skills. To assure each step has been achieved, the evaluation process will be performed in a progressive fashion. The steps utilized are initial, continual and terminal evaluation.

#### **Clinical Rotation Evaluation Forms**

The licensed radiographer will evaluate student achievement of published objectives at the completion of each clinical rotation using the *Clinical Rotation Evaluation form*.

#### **Adjunct Clinical Preceptor Student Observations**

The Program employs adjunct clinical preceptors to help aid the student to achieve his/her clinical evaluation requirements for each semester. All adjunct clinical preceptors are to provide appropriate, accurate feedback and constructive criticism to the Program Director and Clinical Coordinator for each student when visiting the clinical sites.

#### **Program Staff Clinical Evaluations**

At the end of each semester, the clinical preceptors evaluate students at their respective site. This evaluation consists of various criteria. Each student is evaluated in terms of how he/she has met the stated objectives and not in comparison with other students.

#### **Mid-Semester and End-of-Semester Evaluations**

Radiography students require mid-semester and end-of-semester evaluations with the Clinical Coordinator and/or the Program Director. This formative evaluation also allows the student to set personal goals and gives the Clinical Coordinator and Program Director the opportunity to provide support and direction for continued clinical performance.

### **Clinical Performance Guidelines for Satisfactory and Safe Performance**

Safety is a primary goal of patient care. Students will perform within the legal and ethical codes of radiology; demonstrate accountability in imaging procedures and provide for appropriate patient, personnel and general public radiation safety and/or monitoring.

Examples of unsafe or unsatisfactory performance include, but are not limited to the following:

- Inappropriate behavior in any assigned clinical experience, such as not reporting known errors, falsifying documents, signatures, or assignments.
- Incorrect or omission of appropriate radiation safety and/or monitoring, such as imaging equipment abuse, gross procedure errors, or failure to comply with monitoring standards.
- Physical, mental or emotional abuse of patients.
- Inappropriate interpersonal relations with the clinical affiliate, staff, peers, or faculty members.
- Failure to accurately document imaging procedure parameters.
- Failure to maintain confidentiality of patient information and records.
- Failure to notify the clinical affiliate and/or college faculty/staff of absence.
- Coming to clinical under the influence of alcohol/drugs.
- Unexcused tardiness to clinical assignments.
- Smoking in areas where it is prohibited.

A student whose behavior is unsafe or unsatisfactory will be removed from the clinical area at the discretion of the clinical site, Clinical Coordinator, and/or Program Director. Such behavior may result in an unsatisfactory grade for clinical and/or dismissal from the program.

### **Clinical Rotations**

Each student is scheduled for the indicated number of two-week rotations in the following areas of diagnostic radiology. Below is a list of mandatory and optional rotations as mandated by program and accreditation standards.

General Diagnostic Radiology	Mandatory
Emergency Department	Mandatory
Fluoroscopy	Mandatory
Operating Room	Mandatory
Mobile Radiography	Mandatory
Interventional Radiography	Mandatory/Optional
Computed Tomography (CAT Scan)	Mandatory
Mammography	Optional
DEXA Scan	Optional
MRI	Mandatory/Optional
Ultrasonography	Optional
Cardiac Cath Lab	Optional
Radiation Oncology	Optional
Nuclear Medicine	Optional

At the completion of the rotation, the student's performance will be evaluated by a licensed technologist based on the objectives. Additionally, the radiographer, clinical preceptor and/or supervisor assigned to the area may provide a brief written student performance review.

Students involved in fluoroscopy, mobile, and operating room rotations may not spend 100% of their time in these areas and therefore must report to a busier area where no student is present.

### Specialty Rotations

A radiography related discipline may not account for more than 10% of the total clinical education experience. If a student expresses an interest in a specific discipline, he/she may request to spend additional time in that area during the spring semester of the second year (sixth semester) provided that the related discipline total does not exceed the maximum.

At the completion of the specialty rotation, student performance will be evaluated by a licensed registered technologist in that area. Additionally, the area supervisor (or assignee) may provide a brief written student performance review.

### Fluoroscopy

Students will not fluoroscope any patient, unless under the direct supervision of a Radiologist. All fluoroscopic procedures must always be performed under direct supervision of a licensed technologist, regardless of the level of competency.

### Operating Room (OR)

No more than one student shall be permitted in a single operating room at any time. All surgical procedures using either radiographic or fluoroscopic equipment must always be performed under direct supervision of a licensed technologist, regardless of the level of competency. Once the case has been completed, the student observing/participating must return to the radiology department with the technologist. Under no circumstances may a student remain in the operating room area unsupervised.

**Procedures** that must be performed in the clinical settings are listed below:

### Imaging Procedures Identification List

This list may change to meet the current New Jersey Competency Based Clinical Education Standard and ARRT competency requirements for the examination in radiography.

### 1<sup>st</sup> Year Summer: upper extremity, chest and abdomen

\*Minimum Required Testing: 3 Actual

<b><i>Chest Routine:</i></b>	PA & Lateral	<b><i>Forearm:</i></b>	AP & Lateral
<b><i>Chest AP:</i></b>	AP Stretcher or Wheelchair & Lateral	<b><i>Elbow:</i></b>	AP, Both Obliques, Lateral
<b><i>Chest:</i></b>	Lateral Decubitus	<b><i>Humerus:</i></b>	AP & Lateral
<b><i>Abdomen:</i></b>	AP Supine	<b><i>Shoulder:</i></b>	Department Protocol
<b><i>Abdomen:</i></b>	Upright	<b><i>Clavicle:</i></b>	AP & Axial
<b><i>Abdomen:</i></b>	Decubitus	<b><i>Scapula:</i></b>	AP & Oblique
<b><i>Thumb/Finger:</i></b>	Department Protocol	<b><i>AC Joints:</i></b>	AP w/ & w/o weights



<b>Hand:</b>	PA, Oblique, Lateral	<b>Trauma Shoulder:</b>	Scapular Y, Transthoracic or Axial
<b>Wrist:</b>	PA, Both Obliques, Lateral		

### 1<sup>st</sup> Year Fall: lower extremity, pelvis and bony thorax

\* Minimum Required Testing: 9 Actual

<b>Toes:</b>	Department Protocol	<b>Hip:</b>	AP and Frog Lateral
<b>Foot:</b>	AP, Oblique, lateral	<b>Pelvis:</b>	AP
<b>Ankle:</b>	AP, Both Obliques, lateral	<b>Cross-Table Lateral Hip:</b>	Danelius-Miller or Clements Nakayama Method
<b>Knee:</b>	AP, Both Obliques, lateral	<b>SI Joints:</b>	AP Axial & Obliques
<b>Tibia/Fibula:</b>	AP & Lateral	<b>Ribs:</b>	AP (Upper & Lower) & Obliques
<b>Femur:</b>	AP & Lateral	<b>Sternum:</b>	RAO oblique & Lateral
<b>Patella:</b>	Department Protocol	<b>SC Joints:</b>	PA & Obliques
<b>Calcaneus:</b>	AP Axial & Lateral		

### 1<sup>st</sup> Year Spring: spine & skull

\* Minimum Required Testing: 10 Actual

<b>Soft Tissue Neck:</b>	AP and Lateral	<b>Skull:</b>	PA Caldwell, Both Laterals, AP Axial Towne
<b>Cervical Spine:</b>	AP, Lateral, Both Obliques, Open Mouth Odontoid, & Cervicothoracic Lateral (If Needed)	<b>Facial Bones:</b>	PA Caldwell, Lateral (Affected Side), Parietoacanthial Waters Method (Or Modified Waters Method)
<b>Thoracic Spine:</b>	AP, Lateral, & Cervico-thoracic Lat. (If Needed)	<b>Mandible:</b>	PA, PA Axial, Axiolateral Oblique, AP Axial Towne, Submentovertex
<b>Lumbar Spine:</b>	AP, Both Obliques, Lateral, L5/S1	<b>Temporomandibular Joints:</b>	AP Axial Towne Method, Axiolateral Modified Schuller Method, Axiolateral Oblique Modified Law Method
<b>Sacrum &amp; Coccyx:</b>	AP & Lateral	<b>Nasal Bones:</b>	Parietoacanthial Waters Method, Both Laterals
<b>Scoliosis:</b>	Department Protocol	<b>Orbits:</b>	PA Axial Modified Caldwell Method, Parietoorbital Oblique Rhese Method, Parietoacanthial Modified Waters Method, Lateral

		<i>Sinuses:</i>	PA Axial Caldwell Method, Lateral, Submentovertex, Parietoacanthial Waters Method
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## 2<sup>nd</sup> Year Summer: mobile/trauma, pediatric/geriatric, fluoroscopy, and surgical

\* Minimum Required Testing: 9 Actual

<b>Mobile Radiography:</b>	AP Chest	<i>Upper GI Series, Single or Double:</i>	Department Protocol
<b>Mobile Radiography:</b>	Abdomen	<i>Contrast Enema, Single or Double:</i>	Department Protocol
<b>Mobile Radiography:</b>	Upper or Lower Extremity	<i>Small Bowel Series:</i>	Department Protocol
<b>Pediatric:</b>	Chest Routine	<i>Esophagus:</i>	Department Protocol
<b>Pediatric:</b>	Upper or Lower Extremity	<i>Cystography:</i>	Department Protocol
<b>Pediatric:</b>	Abdomen	<i>ERCP:</i>	Department Protocol
<b>Pediatric:</b>	Mobile Study	<i>HSG:</i>	Department Protocol
<b>Geriatric:</b>	Chest Routine	<i>Intravenous Urography:</i>	Department Protocol
<b>Geriatric:</b>	Upper or Lower Extremity	<i>C-arm Procedure:</i>	Requiring Manipulation to Obtain More Than One Projection
<b>Geriatric:</b>	Hip or Spine	<i>Surgical C-Arm Procedure:</i>	Requiring Manipulation Around a Sterile Field

\* Pediatric imaging: patients 6 years or younger

\* Geriatric imaging: at least 65 years old *and* physically or cognitively impaired

## 2<sup>nd</sup> Year Fall: advanced procedures – venipuncture, arthrography, and myelography

\* Minimum Required Testing: 9 Actual

<b>Venipuncture:</b>	Department Protocol
<b>Arthrography:</b>	Department Protocol
<b>Myelography:</b>	Department Protocol

## 2<sup>nd</sup> Year Spring: All remaining and terminal testing

### Clinical Hours

The radiography program schedules students Monday through Friday from 8:00 a.m. to 4:30 p.m.\*. The number of days per week that the student is scheduled is determined by the class year.

The total number of clinical hours assigned for Program completion is 1,680.

The student cannot participate in clinical if the College is officially closed. In addition, the total number of students at a particular clinical assignment cannot exceed the number on file with the Joint Review Committee on Education in Radiologic Technology (JRCERT). All clinical hours generally take place between 7:30am and 4:30pm. Each student is responsible for providing his/her own transportation to and from the clinical sites and other health related facilities required and stated in the course syllabi. Furthermore, the student is also responsible for additional fees if applicable (i.e. parking, tolls, etc.).

### **Attendance Policies**

The program week is Monday through Friday. Required student participation in didactic and clinical education may not exceed 40 (forty) hours per week and 8 (eight) hours per day. Regular clinical hours may be scheduled between 7:30 a.m. and 4:30 p.m. each day.

Students are provided digital schedules posted on BlackBoard, which indicate the required didactic and clinical education hours. Schedule modifications are made at the discretion of the Clinical Coordinator and/or Program Director.

### **Clinical Attendance**

Students **are required to attend** all clinical education and other designated program activities as scheduled. Any unreported absence of *three* consecutive clinical days will be regarded as the voluntary termination of the educational process.

The program utilizes a competency based clinical education system. Each student achieves clinical competence at a unique pace, therefore it is impossible to establish a minimum number of required hours for each student. However, as the student continues to gain clinical expertise after achieving competence no student is permitted to reduce his/her total clinical hours from those scheduled as to gain critical experience.

Upon arrival at the clinical site, students will access the Trajecsyst system as per the site's protocol. This tool is used to monitor clock in and clock out times. Students who do not report for didactic or clinical education as scheduled each day will be marked absent. The students will be given a schedule of their clinical days and if there are any absences it should be noted on that day.

All absences must be personally reported to the Program Director, Clinical Coordinator, all traveling clinical preceptors and clinical preceptors at the assigned clinical site prior to scheduled clinical hours stating the actual reason and duration of the absence. If length cannot be specified, students must call daily. As per policy of the clinical site, students who are ***not well*** are not permitted on site, as they may pose a health risk to the patients.

An attending physician's written verification indicating a **physical reason** and medical release for absence and restriction (including duration) must be presented to program authorities before a student is permitted to resume the educational process if the absence is for 3 or more consecutive days. Any clinical time lost due to illness/injury must be made up. *Please see Make-Up Policy.*

### **Absence**

Absence negatively impacts the educational process. Limits for classroom absence are identified in

accordance with Rowan College at Burlington County Attendance Policy. See student handbook <https://www.rcbc.edu/publications> Students who will be absent from clinical must notify the faculty members of RCBC at least 1 hour prior to the start of their clinical day. Students who do not follow the procedure will receive a **zero** for their clinical professionalism grade for each occurrence. Students are to follow the procedure below:

1. Contact the clinical site via telephone and obtain the person's name.
2. Send **ONE** email to **ALL** of the following: Program Director, Clinical Coordinator, all traveling clinical preceptors and site clinical preceptors.

### **Lateness**

All lateness must be reported to the Clinical Coordinator, Program Director, and traveling and site preceptors via email, stating the reason and duration of the lateness. A call must also be placed to the clinical site if a student anticipates arriving later than the five-minute grace period. A student arriving late for clinical education must physically report to a program official upon arrival. Three occurrences of lateness in a semester is abuse of the policy and will be subject to disciplinary actions. A lateness is considered a clock-in time of six minutes (6) after the student's scheduled start time. For example, a student with a start time of 8:00 a.m. clocking in at 8:06 a.m. is considered to have arrived late at his/her clinical assignment. Any student arriving and clocking in 30+ minutes after his/her scheduled start time will be required to make up their entire 8.5-hour day. Any clinical time lost due to lateness must be made up. *Please see Make-Up Policy.*

### **Early Dismissal**

Under extreme conditions students may **request** early dismissal. Students must receive permission from program authorities before departure. Any clinical time lost due to early dismissal must be made up. Any unapproved early departure from the clinical site will be considered as an absence. Students will be required to make up the entire 8.5 hours of clinical at the end of the semester during finals week. *See Make-Up Policy.*

### **Make Up Time Policy**

Any time missed due to an absence, lateness, or early dismissal, must be made up during final exam week. The time to be made up is equal to what was missed. Make up time must be scheduled with the Program Director and Clinical Coordinator. Clinical time may not be made up when the College is closed (i.e. holidays or weekends). Absence, tardiness, or early dismissal on three occasions per semester is considered excessive and may warrant disciplinary action. Every three (3) lateness, early dismissal or no clock-in equals one absence which the student will be required to make up during finals week at the end of the semester.

### **Dress Code**

Reasonable standards of dress, grooming and appearance as well as identification are important to good patient care. Identification badges are considered part of the uniform. Students are required to be in complete uniform when reporting to the lab at the college and clinical at the affiliating hospitals. Professional dress is described as having a uniform that fits properly and is neat and clean. Odors are not acceptable and should not be detectable in the workplace. Appropriate footwear are white leather or leather like shoes. No crocs or clogs are acceptable. Shoes that are made of material and porous are not appropriate. The scrub uniform is purchased from the

bookstore and cannot be altered or purchased elsewhere (it is embroidered). Pants must be worn at the waist, and hemmed appropriately if too long. Socks must be white. A plain long sleeve white crew neck tee shirt may be worn under the scrub top. The student must wear a name badge purchased from the bookstore showing their name and identifying them as a radiography student. The radiation monitoring device must be worn in the clinical setting. Students must have positioning / annotation markers, a pen, a watch to monitor vital signs and an N-95 fitted mask available while in lab and clinical settings. Tattoos should be covered.

Acceptable jewelry includes:

- ear piercings -two pair per ear small and modest earrings or studs no larger than the size of a nickel.
- wedding band or plain band ring
- short necklace
- no external jewelry

Unacceptable are:

- body dermals and all subdermals including facial, lip, tongue spacers and gauges.
- tattoos on the face, head or front of the neck.
- head coverings or hats are not permitted unless work required or related to a medical condition or religious belief
- sunglasses worn inside in the clinical setting
- perfumes, colognes and scented personal products are discouraged as many are sensitive to smells. Often, students work in small spaces and the smell can cause allergic reactions or be offensive to others.
- fingernails longer than ¼ inch
- chipped nail polish (nail polish can be clear)
- artificial nails, acrylic nails, nail jewelry, gel polish
- sweatshirts, hoodies, sweaters: the only acceptable attire if the student is cold is a scrub jacket that matches the color of the uniform- purchased from the bookstore.

Also acceptable with the uniform are:

- scrub jacket of the same color as the uniform (purchased from the bookstore )
- hair that does not interfere with patient care- long hair pulled off the face and fastened (such as in a bun or a clip or clasp. Hair should be a natural color (black, brown, blonde, etc) - of course can be dyed or highlighted, however, no colors that are not natural hair colors (no blue, green, bright red, orange, etc.. )
- The N-95 mask must fit appropriately over any facial hair.

*Please Note:*

It is considered unprofessional behavior for students to eat, drink or chew gum in the clinical setting. Any hair accessory or clip should be plain and professional appearing (no flowered headbands, bows, headbands wider than 2 inches, etc).

In addition, students are not permitted to bring any cell phones, laptops, or other electronic devices into the clinical setting. Student uniforms cannot have any objectionable smell- students should not smoke while in uniform. Vape pens are also not permitted. Students may be asked to leave the clinical setting if they are not in compliance with the dress code.

### **Clinical Disciplinary Measures**

If a student should display behavior that is not conducive to that of a student radiographer, the following will occur:

- 1) First occurrence is a verbal warning
- 2) Second occurrence results in a written warning
- 3) Third occurrence may result in suspension, probation, or possible dismissal from the program

### **Clinical Suspension**

The Radiography Program reserves the right to suspend a student from the clinical setting if their behavior places the health and safety of a patient at risk. The clinical preceptor or manager notifies the Program Director and Clinical Coordinator about the incident leading to suspension, verbally and in writing, as soon as noted. The student is informed about the suspension by the clinical coordinator and may not return to the clinical site until the incident is reviewed and a determination is made. The student may attend theory classes while the incident is under review.

### **Clinical Dismissal**

It is essential that necessary regulations be established for students to follow to enable the Program to provide the best education possible to each student. Students will perform and adhere within the legal and ethical codes of radiography. Students will also demonstrate accountability in preparation, provision, documentation, and continuity of care and promote the well-being of the total patient.

Patient safety is of paramount importance. Unsafe clinical performance places a patient in physical and psychological jeopardy. The Program must assure the best care and safety possible for all patients. Students may be dismissed at any time for clinically unsafe behavior without chance of readmission.

Examples of unsafe or unsatisfactory performance include, but are not limited to, the following:

- Not meeting the hospital performance standards.
- Abuse or inconsiderate treatment of visitors, patients, students, clinical personnel, school faculty, and staff.
- Inappropriate language, treatment, or demeanor in the clinical setting
- Any unsafe behavior

### **College Closure Policy**

If the College is closed for adverse weather or a national disaster, the student may not go to the clinical setting. If adverse weather conditions occur during the day and the College closes, the student must leave the clinical site. However, if the College is not closed the student will be encouraged to complete all scheduled educational experience.

If the college is open, but the student and/or clinical coordinator determines that the conditions place student safety in jeopardy, contact should be made with the clinical site, all traveling clinical preceptors, the Clinical Coordinator and the Program Director if the student is not attending.

Any clinical time lost due to adverse weather conditions when the College is not closed must be made up. *Please see Make-Up Policy.*

### **Contaminated Uniform Policy**

In accordance with OSHA's Blood borne Pathogen Standard, students whose uniforms become

contaminated should ask the clinical setting for scrubs. The contaminated uniform must be taken home and laundered. Students must return the scrubs to the hospital or they may be charged the cost of the scrubs.

### **Communicable Disease Exposure**

Each clinical site may restrict student involvement with procedures based on communicable disease exposure. Students should check with the department and lead technologist in special circumstances with patients who have communicable diseases. Students must wear appropriate N-95 masks when respiratory disease is noted.

### **Ebola Policy**

The New Jersey Board of X-ray Compliance recommends to all educational programs under its jurisdiction that students are not permitted to be involved in the care of patients with suspected or confirmed Ebola. The Board made this recommendation because: (a) students have not completed the educational program in radiologic technology; and (b) there are adequate numbers of licensed radiologic technologists to assist in such care.

### **Energized Lab Policy**

The radiography program laboratory consists of a fully energized tube in the Health Science Center, room 229 on the Mount Laurel Campus. The unit meets all state and federal regulations. The unit is utilized to meet the objectives in courses as stated in the curriculum.

The uses of the energized radiography lab will be restricted to the following:

- 1) Admission to the lab accompanied by a member of the radiography program faculty.
- 2) Admission requires that the student wear his/her radiation monitoring device at all times.
- 3) Exposures will be made under the direction of the radiography program faculty.
- 4) Students in the lab will observe all rules and standards of the practice of radiation safety as covered in:
  - RAD 107: Radiographic Protection and Biology
  - RAD 127: Radiographic Image Production, Characteristics, and Principles
  - RAD 129: Digital Image Acquisition and Display
  - RAD 142: Clinical Practicum and Image Evaluation 1
  - RAD 152: Clinical Practicum and Image Evaluation 2
  - RAD 162: Clinical Practicum and Image Evaluation 3
  - RAD 235: Radiographic Imaging Equipment
  - RAD 242: Clinical Practicum and Image Evaluation 4
  - RAD 252: Clinical Practicum and Image Evaluation 5
  - RAD 262: Clinical Practicum and Image Evaluation 6
- 5) Students must wear closed-toed/fully enclosed shoes in the laboratory setting
- 6) Students must wear their RCBC uniforms for positioning labs.
- 7) Students must sign in and out when using the lab for off hours (i.e. open lab)

***Students who refuse to adhere to these rules are subject to dismissal.***

### **Fair Practices in Education Policy**

The program supports and complies with “Fair Practices in Education.” Therefore, all students are required to participate in the same clinical education experience regardless of gender.

### **HIPAA Policy**

Disclosure of Patient Information is prohibited. “Patient Information” is defined as any information relating to a patient or patient encounter, including, but not limited to patient records, patient images, videos, or recordings, personal patient information such as name, date of birth, address, or family names, conversations and interactions with patients, any information about a patient’s health condition, medications, admission/discharge, treatment, diagnosis, payment, or financial information, etc. Patient Information is confidential and may not be disclosed whether or not it includes personally identifiable information. It is prohibited to photograph, interview, videotape, record or publish information, statements or images of any patient.

Due to the potential for issues such as HIPAA breaches, invasion of privacy (patient, families or students) sexual or other harassment, confidential and proprietary information, videotaping, photographing, or recording (including via personal cell phones) is prohibited in any clinical institution where the student is assigned. No photographs should be taken in any area of a clinical institution as this can identify the student with that institution. ***Students cannot take cell phones into clinical settings under any circumstance.***

### **Pregnancy Policy**

Students are informed of the policy during orientation to the program. Students acknowledge understanding of the policy, as they sign and date the page acknowledging receipt of the handbook and understanding and adherence of all policies. The pregnancy policy clearly informs students that if pregnancy occurs the student has the following options:

- Continue their education without modification, interruption, and continue in their scheduled clinical education cycle.
- Interrupt their education in radiography by taking a leave of absence
- Withdrawal from the program (discussion should occur with the director as to the consequences and if the student can be readmitted to the program)

It is recommended by the National Council on Radiation Protection & Measurement (NCRP) that the student inform program authorities immediately upon learning of the pregnancy. At any time, a declared pregnant student may voluntarily undeclare (withdraw the declaration) her pregnancy (associated form can be requested from the Program Director). The student who has declared her pregnancy to the program staff will receive advice and discussion will include the nature and potential radiation injury associated with in utero exposure, the regulatory limits established by the NCRP and the required preventative measures to be taken throughout the gestation period. After advisement, the student will be required to sign a counseling form.

If remaining in the program, the student will be required to wear a second radiation monitoring device at the abdominal level, which enables program/hospital authorities to monitor exposure to the embryo and/or fetus. If a protective lead apron is worn, the secondary badge must be worn under the protective apron in order to determine the absorbed dose. The NCRP recommends that the Maximum Permissible Dose (MPD) equivalent to the embryo-fetus from occupational exposure to the expectant mother should be limited to 0.5 rem for the entire gestation period. It is possible to limit all occupational exposure to under 0.5 rem per year through proper instruction of all safety precautions. Please refer to the State of New Jersey’s Board



of Medical Examiners Policy that supports the Nuclear Regulatory Commission Regulation 10 CRF.20.1208 – “Dose to the Embryo/Fetus” and NCRP Report No. 116 “Protection of the Embryo–Fetus”.

Within seven calendar days of the school's receipt of a radiation dosimetry report, the school shall inform the pregnant student of her most recent exposure readings. If the Deep Dose Equivalent in any month is 50 mrem (0.5 mSv) or higher, the school and student shall consult with a medical physicist or health physicist, who is certified by the American Board of Radiology, American Board of Medical Physics, American Board of Health Physics or the equivalent as determined by the Commission; and submit to the Department, with a copy to the student, a report of the consultation provided, if required, including any recommendation(s), assignment modifications and the student's exposure history, within 21 calendar days of the school's receipt of the radiation dosimetry report.

A declared pregnant student continuing in the program will be required to complete all program requirements (didactic courses and clinical education missed) as a result of any absence. Student disability and duration of excused absence must be determined by a physician and require written verification.

### **College Policies**

All college policies approved by the Board of Trustees can be found at <https://www.rcbc.edu/policies-procedures> and are too numerous to put in this handbook. The student is encouraged to review the policies and adhere to them. According to college policies, no use of alcohol, drugs or smoking is admissible while on the college campus, taking courses or in the classroom, or clinical setting.

Persons violating the policies will be subject to all applicable civil and criminal penalties. Violations of local ordinances or of state or federal laws regarding alcohol or controlled dangerous substances by members of the College community, if they are of a serious nature, may entail College disciplinary action regardless of where such violations occur. When appropriate, the College will apply progressive discipline and depending on the particular circumstances, continued association with the College by violators of this policy may be made contingent upon satisfactory participation in an alcohol or drug abuse assistance or rehabilitation program. In addition to the above sanctions, violators of this policy may also be subject to forfeiture of public employment under State Forfeiture of Public Office laws and/or loss of grant or other financial aid. For more information regarding local, state, and federal regulations and applicable sanctions, HR or the Office of the Dean of Student Success should be contacted

In addition to the above sanctions, violators of this policy may also be subject to forfeiture of public employment under the State Forfeiture of Public Office Statute (N.J.S.A. 2c:51-2) and/or loss of grant or other financial aid. For more information regarding state, local or federal regulations and applicable sanctions, contact the Human Resources Department or the Office of the Vice President of Student Services. The College shall provide an awareness program to educate students, faculty, and staff to the dangers of drug and alcohol abuse and to enable administrators, supervisors, and faculty to identify persons who may need assistance and refer them for evaluation and treatment.

### **Radiation Protection Policy**

Students must comply with all rules which have been established to ensure radiation safety for all patients and personnel. The program uses the New Jersey Administrative Code (N.J.A.C.)

Subchapter 19 and the NJ Radiologic Technology Board of Examiners Accreditation Standards for schools of Diagnostic Radiologic Technology to form the radiation policy.

The student is made aware of the radiation policy several times throughout the program. During orientation the student is given a Radiography Program Handbook approximately one month prior to the start of the program covering the policies in greater detail. In addition, the student must sign and return the final page of the student handbook denoting that he/she read and understands the handbook. The policy is reviewed again when the student is given his/her radiation dosimeter on the first day of class.

Before entering the clinical education component, relative risks from radiation exposure (including the relative risks to an embryo or fetus in the event of student pregnancy) and radiation protection methods must be explained by a qualified program instructor. *Each student must complete a cognitive and psychomotor evaluation with a minimum grade of 85% before being permitted to begin clinical education.*

### **Radiation Monitoring**

The college provides each student with a radiation monitoring device. The monitoring device is left at the student's clinical site in a specific non-ionizing location when it is not in use. The exception is when the student moves from one clinical location to another and/or attends lab. The radiation readings are reviewed by the Program Director and the student each month. If there is an unusually high reading, the student is questioned and a Student Radiation Safety Incident Report Form is completed. The student will initial the report noting knowledge of his/her reading.

### **Safety Rules**

1. **NEVER** become careless or complacent while working with radiation. As ionizing radiation can destroy body tissue, it is a powerful weapon and must be treated with respect.
2. A radiation monitoring device must be worn while in the clinical areas at the collar level.
3. Students are **FORBIDDEN** to hold a patient during radiographic exposures.
4. Radiographic room doors must be closed during exposures.
5. Remain behind a lead barrier when an exposure is being made.
6. Wear lead aprons, thyroid shields and gloves when there is no other type of protective barrier available during fluoroscopy or mobile examinations.
7. **NEVER** stand in the path of the primary beam.
8. Withhold exposures until all persons are adequately protected.
9. Written authorization from a physician is required for radiographic examinations. Do not make a radiographic exposure until you have the proper authorization.
10. Restrict the exposure to the area of interest only.
11. Refer all radiation protection questions to a program official, supervisor, radiation safety officer or radiologist.
12. **DO NOT** proceed until you are sure of the proper procedure.

### **Radiation Safety:**

A. The use of x-ray equipment by students must comply with N.J.A.C. 7:28-1 et seq.

B. The school of diagnostic radiologic technology shall ensure that each student is provided with a personnel radiation-monitoring device during his or her period of attendance. [N.J.A.C. 7:28- 19.13(f)13].

Although this provision requires each student to be provided with a personnel radiation-monitoring device during the period of attendance, the device only needs to be worn during laboratory instruction (prior to and during any x-ray exposures) and during all times at clinical education.

C. Student exposure to radiation shall not exceed any of the occupational limits prescribed in N.J.A.C. 7:28-6.1. [N.J.A.C. 7:28-19.13(f)13]

D. Within 30 calendar days of the school's receipt of any radiation dosimetry report, the school shall inform all students of their most recent exposure readings. [N.J.A.C. 7:28-19.13(f)13].

A radiation monitoring device must be exchanged with a new device in accordance with the vendor's requirements. (Example: a device having a vendor's required wear period of one month must be exchanged monthly and cannot be used as a quarterly monitoring device.) The school may use either monthly or quarterly monitoring devices. However, a student, who has declared a pregnancy, must be provided with a monthly device.

E. In the event that a student receives an exposure of 50 mrem (0.5 mSv) or greater on any monthly radiation dosimetry report, or 100 mrem (1.0 mSv) or greater on any bimonthly radiation dosimetry report, or 150 mrem (1.5 mSv) or greater on any quarterly report, or an exposure that exceeds any of the occupational limits in N.J.A.C. 7:28-6.1, the school shall begin an investigation to find the cause and prevent recurrence of the exposure. The investigation report shall be completed within 30 calendar days of the school's receipt of notification of the exposure. This investigation report shall include any action to be taken to reduce unnecessary radiation exposure.

The investigation report shall be given to the student and shall be maintained in the student's file. If any of the occupational limits in N.J.A.C. 7:28-6.1 is exceeded, a copy of the investigation report must be submitted to the Department. [N.J.A.C. 7:28- 19.13(f)13]

F. Within 90 calendar days of departure from the school, the school shall provide each student with a complete record of his or her radiation exposure history. [N.J.A.C. 7:2819.13(f) 13]

This cumulative record of radiation exposure will contain:

1. badge number
2. name
3. date of birth
4. period monitored
5. cumulative record of radiation exposure
6. occurrence of high or unusual exposure and reason
7. monitoring company's name and address
8. hospital/school account number

The student must comply with all guidelines, which have been established to ensure radiation safety for all patients and personnel.

### **Safety Procedure Policies: Specific to clinical affiliates**

This policy is to ensure the health and safety of employees and students to common workplace hazards, including fire, electrical and chemical contact in the clinical setting. (Virtua Health Policy as this is a primary site that students attend for clinical). Please note, these are subject to change and are different at different hospitals. Students must refer to the hospital site for policies and procedures. This is given as an example of general procedure for the hospital setting.

#### **Procedure:**

- Prior to the start of the program, students are introduced to the Annual Mandatory Competencies (aka: Virtua Annual Compliance for Colleagues).
- Prior to the start of the program all students must complete:
  - Virtua Hospital confidentiality form
  - Virtua safety training
- At the onset of the second year of the program the student must repeat the Safety Training and submit another confidentiality agreement.
- In addition, prior to the first clinical day, the students must complete an MRI screening form and also view the MRI PowerPoint. The PowerPoint will be e-mailed to the students and they must submit the answers to the Program Director. If a student receives a grade of less than 80%, he/she must review the information and retake the quiz.
  - If the student's health status changes he/she must notify the Program Director and complete a new MRI screening tool.

### **Sex Discrimination and Sexual Harassment Title IX Regulations**

Policies and Procedures related to discrimination and harassment based on sex at the college are detailed on the Title IX website and available at <https://www.rcbc.edu/titleix>

It is the policy of this program that no member of the college community may sexually harass another. If you believe you are the victim of sexual harassment, please refer to this page on the college website for reporting and procedure.

If you believe you are the victim of sexual harassment in the clinical education site, go directly to the Administrator of the radiology department. However, since this is a college course, you are still directed to report this through the Title IX reporting guidelines.

All instructors and most employees of the college are mandatory reporters and must report incidents related to Title IX, including pregnancy related conditions, to the Title IX Coordinator as well as provide Title IX contact information to the reporting individual.

### **Social Media Policy**

Social Media is a term that describes Internet-based technology communication tools and refers to venues such as blogs, networking sites, photo sharing, video sharing, microblogging, and podcasts,

as well as comments posted on these sites. RCBC's Radiography Program respects the desire of students to use social media for personal expression. However, students' use of social media can pose risks to patients' confidential, proprietary and sensitive information, can harm affiliates' reputation in the community, and can jeopardize RCBC's compliance with business rules and laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and related laws and regulations protecting patients' protected health information.

Students should refer to and utilize the social media policy as defined by the Board of Trustees and adopted by the college at the following site: <https://www.rcbc.edu/policies-procedures>

### **Student Grievance Policy**

This policy is designed to outline, for the student, the due process for complaints, misgivings, or grievances that can be handled and given prompt consideration until resolved. As per the JRCERT, a grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure or regulation.

The student should proceed as follows:

- Step 1:** Within five (5) College workdays of the alleged incident, the student will attempt to resolve the problem personally by meeting with the College employee.
- Step 2:** If the student is unable to reach a satisfactory resolution of the complaint with a College employee as outlined in Step 1, the student should, within three (3) College workdays of the meeting, make a written request for a meeting with the Clinical Coordinator and Radiography Program Director. This meeting with the Clinical Coordinator and Radiography Program Director is to take place within five (5) College workdays from the receipt of the request. The Program Director will hear the student, collect data and investigate pertinent information from all parties involved in the alleged grievance and render a decision on the matter within five (5) College workdays. This decision will be communicated in writing to the student and the College employee no later than the fifth (5<sup>th</sup>) College workday. *Note: If the grievance involves the Radiography Program Director, the student shall make a written request for a meeting with the Dean of Health Sciences, following the same procedure as outlined in Step 2.*
- Step 3:** If the student is unable to reach a satisfactory resolution of the complaint as outlined in Step 2, the student should, within three (3) College workdays of the receipt of the Radiography Program Director's written decision, make a written request for a meeting with the Dean of Health Sciences. This meeting is to take place within five (5) College work days from receipt of the request. The Dean of Health Sciences will review the facts presented by the student, College employee and Radiography Program Director. The Dean of Health Sciences will render a decision on the matter and communicate this decision in writing to the student, the College employee against whom the student has made the complaint, and the Radiography Program Director within three (3) College workdays after the meeting.
- Step 4:** If the student is unable to reach a satisfactory resolution of the complaint as outlined in Step 3, the student may appeal the decision of the Dean of Health Sciences directly to the Senior Vice President and Provost of Academics. The notice of appeal must be received by

the Senior Vice President and Provost of Academics within three (3) College workdays of the date of the decision from the Dean of Health Sciences. The Senior Vice President and Provost of Academics, within three (3) College workdays of receiving the notice of appeal, shall confirm, reverse, or modify the decision of the Dean of Health Sciences. The Senior Vice President and Provost of Academic's written decision shall include his or her reasons for arriving at said decision. Said decision shall be final. The grievance process should not exceed thirty-five (35) days in length.

Documentation of the grievance is recorded on the Radiography Program's Record of Student Conference Form by the Radiography Program Director and will be held in the student's permanent record.

Recommendations, to the Dean of Health Sciences for the dismissal of a student, can be made by the Radiography Program Director for any serious reason, including but not limited to:

- unsafe clinical practices, when the health and safety of a patient is affected by the negligent, incompetent, or illegal practice of a student;
- health problems which interfere with attainment of program goals and which cannot be resolved;
- behavior which is contrary to the ethical code of the Radiography profession;
- misuse of privileges extended by the clinical education site.

A student who has been dismissed from the Radiography Program is not eligible for re-admission into the Radiography Program.

## **Student Health Policies**

### **Accident**

Any student injured at the clinical site must immediately report the occurrence to program authorities and site clinical preceptors. An Incident/Occurrence Report must be completed in accordance with the clinical site's policy. Failure to complete an Incident Report at the time of the injury may jeopardize the student's rights. A copy of the report must be placed in the student's clinical file.

The student may opt to go to the Emergency Room, his/her personal physician for treatment, or waive treatment. All expenses incurred are the responsibility of the student. The student is responsible for the completion of all didactic and/or clinical assignments missed as a result. Please note: the facility nor the school is liable for payment of the fee for an emergency room visit.

### **Illness on duty**

Any student who becomes ill while on duty must report to the program clinical coordinator and site clinical preceptors to request permission for early departure. The program clinical coordinator or a clinical preceptor must ask the student if they need transportation or if he/she can transport him/herself. Transportation will be arranged if needed.

### **Infectious Disease Control**

Students or faculty who contract any communicable disease must notify the Program Director immediately. These persons are to be excluded from classes, labs and clinical activities for the period that their condition may endanger the health of others. This may interrupt the course of study and depending on the length of absence, students may be required to take a medical leave or

withdraw from the program. A return to clinical form must be completed by the physician and will be required for the resumption of class, lab and clinical experiences. Because each case and surrounding circumstance is different, each will be evaluated on an individual basis.

Communicable disease is defined as an illness due to an infectious agent or its toxic products, which is transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host or vector, or through the inanimate environment.

Communicable disease shall include, but not be limited to:

- |                            |                              |
|----------------------------|------------------------------|
| ● AIDS                     | Influenza                    |
| ● Chickenpox               | Measles                      |
| ● Conjunctivitis           | Meningitis                   |
| ● Coronavirus              | Positive HIV antibody status |
| ● Hepatitis A, B, and D    | Tuberculosis                 |
| ● Infectious Mononucleosis | Whooping Cough               |

### **Periodic Physicals**

At any time, program director or clinical coordinator may request a student be evaluated during the educational process if it is believed the student is not physically able to perform essential clinical education functions. This expense is also the responsibility of the student.

### **Accidental needle stick/mucous membrane exposure**

Any student experiencing accidental exposure to blood, body tissues or body fluids, will be evaluated for testing and possible treatment against Hepatitis B and Human Immunodeficiency Virus. The student is required to report the occurrence to the Program Director or designee and complete a Needle Stick/Mucous Membrane Occurrence Report. A copy of the report will be placed in the student's clinical file. Evaluation will be done by the Occupational Health Department and/or Emergency Department. Follow-up care will be determined on a case-by-case basis.

All expenses incurred are the responsibility of the student. The student is responsible for the completion of all didactic and/or clinical assignments missed as a result.

### **Influenza Immunization**

The purpose of this policy is to provide protection to students by minimizing transmission of the influenza virus in the clinical setting to fellow students, colleagues, patients and members of the community which we serve.

Annual influenza vaccination has been found to be both safe and effective in reducing the risk of influenza and health-care related transmission. The Centers for Disease Control and Prevention (CDC) recommends vaccination of all workers in health care settings. This policy is intended to maximize the protection offered to our students and patients.

#### **POLICY:**

All radiology students attending clinical education must obtain the influenza vaccine annually. Students are required to obtain the vaccination by October 31<sup>st</sup> of each calendar year. The vaccine can be obtained through:

- the student's current clinical site (if provided),
- the student's physician,

- other health care facility,
- other vaccination services available in the community.

Documentation of the vaccination includes a receipt listing the influenza vaccine information, lot number, and date of administration. Documentation must be submitted to the program's repository.

#### Compliance Monitoring

- The Program Director will have proof that the students received the influenza vaccine. Under our affiliation agreement with the clinical sites, the program will maintain records and monitor compliance for the students. The Program Director will release a copy of said documents to the clinical site upon request.
- Students not in compliance by October 31<sup>st</sup> will not be able to attend clinical until documentation is received.

**Please Note: currently, influenza vaccination for all healthcare employees is a state law (2024)**

#### Student Health: Returning to Clinical Policy

**Purpose:** To ensure the health of the student when he/she has been out of the clinical setting due to illness or injury. If a student becomes physically or mentally ill while in the program, a note from an appropriate health care provider is required stating that the student can safely return to his or her duties.

#### Reasoning:

- To ensure that if the patient under the student's care needs to be lifted or to protect him/her from a fall that the **patient** does not become injured by the student having limitations.
- To ensure that if the patient under the student's care needs to be lifted or to protect him/her from a fall that the **student** does not become injured by the student extending their limitation.
- To educate the student's **physician** as to the physical expectations of the student engaging in clinical activity does not **jeopardize the healing process**.

#### When the student:

- presents with any type of limiting device on his/her body (braces, wraps, etc.)
  - has had surgery/procedure of any kind.
1. When returning after an illness (i.e. cold, flu, infection, etc.) present a return to school/clinical note/prescription from your physician or provider to the Program Director.
  2. When returning after an injury or procedure/surgery – present a Technical Requirements Form signed by the physician or health care provider to the Program Director.

*All clinical time missed from an illness, injury, or procedure must be made up during finals week at the end of the semester.*

#### Employment

The NJ Administrative Code, Title 7, DEPE, expressly forbids unlicensed students enrolled in a radiography program from using acquired clinical skills for financial gain prior to completion of the program. This includes the positioning, selection and setting of technical exposure factors and the actual production to ionizing radiation for the purpose of making a radiographic exposure on a living human being for pay during program off hours.



The program will report all suspected violations of this code to the New Jersey Department of Environmental Protection for investigation and possible legal action.

### **Financial Aid**

Refer to Rowan College at Burlington County's website, <https://www.rcbc.edu/financial-aid/policies>

### **Funerals**

Students are permitted a maximum of 3 (three) consecutive clinical days when a death occurs in their immediate family (including: spouse, partner, child, parent, brother, sister, grandparent, parent-in-law, grandparent-in-law, or family member living in their household). Any clinical time missed due to a funeral does not have to be made up.

- A student will not lose points on quizzes missed for an immediate family member funeral.
- A student will not lose points on labs missed for an immediate family member's funeral.
- A student will not lose points on assignments missed for an immediate family member's funeral

Funeral leave may be requested by contacting the Program Director for those who are not listed above. However, the day missed needs to be made up according to the make-up policy.

### **Leave of Absence Standard Practice**

To meet the needs of the student for extenuating circumstances.

#### **Standard Practice**

A student enrolled in the program, after completing the first semester, may take a leave and return a year later on a space available basis.

### **Procedure**

1. Initiation of a Leave of Absence – may be made by the student or upon the recommendation of the Program Director.
2. Reasons for Leave:
  - personal
  - health of one's self
  - health of a family member
  - financial reasons
  - academic – failure of a radiography or support course taken in sequence
3. Completion of Form – student requests a form:
  - form is filled out by the Program Director
  - an advising session is arranged
  - form is explained, reviewed by student and signed

### **Reinstatement**

- Leave is only for one (1) year.
- Reinstatement is dependent on available space.
- Students must meet all health, background and drug screening.
- Students must take a test to assess the knowledge retained.
- Students must meet with the Clinical Coordinator to assess skills retained.
- Students are responsible for material mastered to and including the last full semester completed.
- Students must satisfy all current program requirements prior to graduation.

## **Membership, Licensure, Registration, Certification**

### **Accreditation Standards**

New Jersey Radiologic Technology Board of Examiners accreditation standards for Schools of Diagnostic Radiologic Technology

This document contains the Board's accreditation standards for schools of diagnostic radiologic technology that must be fulfilled to receive and maintain Board approval. This document also provides guidance on activities that require Board approval and activities that must meet the Joint Review Committee on Education in Radiologic Technology (JRCERT) standards.

### **New Jersey Society of Radiologic Technologists- Student Membership**

The purpose of the student membership in the New Jersey Society of Radiologic Technologists (NJSRT) is to assist in the professional development of students. Student membership is offered at a reduced rate for the duration of the educational process and entitles the student to participate in professional activities at a reduced rate, attend continuing education lectures and enables the student to participate in the Annual Student Competition. Students are requested to join the NJSRT and attend the annual meeting.

### **New Jersey State Licensure**

Radiologic Technologist licensure is regulated by the New Jersey Department of Environmental Protection. Each applicant for a diagnostic x-ray technologist, RT(R) license shall have satisfactorily completed a 24-month of study in radiography approved by the Radiologic Technology Board of Examiners (Board) or its equivalent as determined by the Board.

Applications are available through the Director and online. Submission of the appropriate form, letter of completion of the program from the Program Director, copy of the ARRT results, and the associated fee are to be sent to the State of New Jersey and is the responsibility of the student. Submission of the information can only be done after receipt of the grades from the ARRT. A license will be mailed to you. You must possess the license in order to work as a registered technologist in the state of New Jersey.

If the student fails to meet all program graduation requirements as of the anticipated completion date, the program has the duty to inform the NJ DEP that the student is ineligible for licensure until all program requirements have been achieved.

### **American Registry of Radiologic Technologist Certification Examination**

The ARRT establishes qualifications for certification and for registration in radiography. It evaluates applicants for certification and registration using those qualifications and certifies and registers individuals meeting these qualifications:

- a. be a graduate of an approved educational program or demonstrate professional preparation equivalent to that of a graduate of an approved educational program.
- b. be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT rules of ethics.
- c. pass all required and elective radiographic competencies per the ARRT standards
- d. agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics

The ARRT Board of Trustees shall have the right to reject the application of any person for certification as the Board determines in its sole and absolute discretion that the person does not meet the qualifications for certification. The ARRT examination is a computer-based test. Digital application booklets are available on the ARRT website. Submission of the application and associated fee to the ARRT is the responsibility of the student. If the student fails to meet all program graduation requirements, the program has the duty to inform the ARRT that the student is ineligible for certificate until all program requirements have been achieved.

### **Military**

Federal law prohibits reservists from making up time missed to fulfill their obligation to the Federal Government.

### **NJ Administrative Code**

All violations will be reported by program authorities to the Department of Environmental Protection (DEP) for legal action.

### **7:28-19.12 Requirements for students engaging in the scope of practice of radiologic technology**

(a) Only students who meet the requirements of N.J.A.C. 7:28-19.1(c) 4 are permitted to engage in the practice of radiologic technology.

(b) Any licensed practitioner, registered dental hygienist, or licensed radiologic technologist, who is acting within the scope of that license or registration, shall provide direct or indirect supervision to student technologists that include:

1. The evaluation of the request for the radiological examination in relation to the student's knowledge and competency;
2. The evaluation of the condition of the patient in relation to the student's knowledge and competency; and
3. The evaluation and approval of all resultant radiological images and/or data.

(c) The school of radiologic technology and the clinical education center shall:

1. For students in schools of diagnostic radiologic technology, ensure that students are supervised in accordance with the following:

i. Prior to a Board-approved faculty member determining that a student is clinically competent in a given radiographic procedure, the student shall perform that procedure only under the direct supervision of a licensed diagnostic radiologic technologist.

ii. After clinical competency in a radiographic procedure has been determined by a Board-approved faculty member, the student may perform that procedure under indirect supervision of a licensed diagnostic radiologic technologist.

iii. Any exposure that needs to be repeated shall be repeated under the direct supervision of a licensed diagnostic radiologic technologist.

2. For students in schools of radiation therapy technology, ensure that all therapy simulation and therapeutic procedures are performed under direct supervision of a licensed radiation therapist.

3. For students in schools of chest, orthopedic, podiatric, and urologic radiologic technology, ensure that all radiographic procedures are performed under direct supervision of a licensed practitioner, a licensed diagnostic radiologic technologist, or a person licensed in that specific

category of radiologic technology.

4. For students in schools of dental radiologic technology, ensure that all procedures are performed under direct supervision of a licensed dentist, registered dental hygienist, a licensed diagnostic radiologic technologist, or a licensed dental radiologic technologist.

5. Ensure that students in schools of diagnostic radiologic technology do not initiate x-ray exposure during fluoroscopic procedures.

6. Ensure that students are not assigned to clinical education rotations in such a manner as to substitute for radiologic technologists.

7. Ensure that during clinical education activities the number of students assigned to a clinical education center and on site at any time does not exceed the Board-approved student capacity for that clinical education center.

8. Ensure that during clinical education activities students wear visible identification name badges that identify them as student radiologic technologists.

9. Ensure that during clinical education activities each student wears a personnel radiation-monitoring device.

10. Ensure that all activities involving clinical education are performed in accordance with the school's published policies and procedures, and the agreement between the school of radiologic technology and the clinical education center.

11. Ensure that students are not:

i. In the primary beam;

ii. Permitted to remain in the x-ray room outside the control booth during an x-ray exposure unless the student is provided with a protective apron or shield that is at least 0.5 mm of lead equivalent; or

iii. Permitted to engage in any other practices likely to result in unnecessary exposure to ionizing radiation.

### **Radiography Club**

The objectives of this organization shall be to cultivate, promote, and sustain the art and science of radiology, to represent and safeguard the common interest of the members of the radiology profession, and to contribute toward the improvement of radiation awareness and medical pathological conditions of the public.

The organization functions within the RCBC Student Government Association (SGA) and has its own bylaws, representation at meetings, a budget and requirements to remain as an organization. In addition to the objectives of the organization and the requirements to SGA, the students need to participate in community service projects and have the opportunity to raise funds. Funds are used to promote unity, attend competitions, and celebrations.

### **Resources & Records**

Various resources are available for students in the RCBC radiology lab.

Below is a listing:

**Sectional body phantoms** - Available phantom body parts are:

1. pelvis (transparent)
2. knee (transparent)
3. elbow (transparent)
4. disarticulated skeletons
5. articulated skeletons
6. patient care materials

Phantom body parts are kept in the RCBC Radiography Lab. Phantom parts borrowed must be signed in/out with program authorities and logged on the sheet located in the lab. The borrower will be held financially responsible for any phantom part damaged or lost.

### **Radiograph Teaching File**

A variety of teaching file radiographs may be borrowed with permission of the program director or clinical coordinator. A teaching file is maintained in the laboratory at HSC 229. Radiographs to be used within the confines of the program lab/classroom need not be signed out. Individuals wishing to remove the radiographs from the confines of the classroom for any reason must submit a written request no later than three working days before the required date. The borrower must sign a “Radiograph Release Form” upon pick up. To maintain patient confidentiality, all patient identification must be removed before the radiographs can be signed-out. Borrowed radiographs must be returned within one week of the date on which they were signed-out. Upon return, all radiographs must be signed-in with program authorities.

### **Computer Software**

The program has a variety of computer software for the use of the student. These materials are available for use by instructors and students and are maintained within the lab.

### **Library**

The program maintains a collection of print material, which contains a variety of up-to-date books, periodicals, reference material, and research subscriptions pertinent to the study of radiography. Books borrowed must be signed in and out in accordance with RCBC library policies. The borrower will be held financially responsible for any book damaged or lost.

### Hospital

Some clinical education settings maintain a Health Science Library. See individual clinical sites for days and times.

### **Student Records**

#### **Non-Permanent Records**

Files maintained on current students may contain the following:

1. radiography course grades
2. student conference forms
3. clinical lab evaluation forms
4. clinical competency evaluations
5. spot check forms
6. staff evaluation forms
7. program staff evaluation forms
8. correspondence
9. physician's written verification of illness
10. occurrence reports
11. student counseling documentation
12. formal warning notices & associated documentation
13. letter(s) of reference generated by the program

14. pre-admission records
  - applicant advising session form
  - AAS advising form
  - technical requirement documents
15. change of vital information form

These records will be maintained for a period of two (2) years following a student's departure from the program.

### **Permanent Records**

The following records will be permanently maintained:

1. course grades (online)
2. final radiation dosimetry report
3. all data pertinent to student completion of clinical competency
4. all data pertinent to student dismissal
5. all data pertinent to legal cases between the student and the program
6. letters of recommendation
7. information associated with application to ARRT credentialing and State of New Jersey licensing.

### **Access to Records**

The following persons are authorized to access student records:

1. Program Director
2. Dean of Health Science Division
3. Accrediting organizations (JRCERT, State of NJDEP, Middle States)
4. Court officials (the program will attempt to notify the student before complying with a court order)

***Prior consent is not required for disclosure of educational records to the parties listed above.***

#### **I. Maintenance and Access of Records**

- A. RECORDS: are identified above
- B. LOCATION: student records are secured in a location at the college.
- C. PROCEDURE: all requests for access to records must be submitted in writing to program authorities. Files covered by the act will be made available within 45 days of the request. Under normal circumstances, arrangements will be made for the student to read his/her records in the presence of a program authority in program facilities. Students may have copies of their records at their own expense at prevailing rates charged by the program.

#### **II. Disclosure limitations and exclusions**

- A. State of New Jersey: the program will release to the Department of Environmental Protection and Energy, Bureau of Radiation Protection the following information:
  1. student name
  2. address
  3. phone number
  4. social security number
  5. entrance date
  6. exit date

- B. PRIOR CONSENT NOT REQUIRED: for disclosure of educational records to parties as identified above
  - C. PRIOR CONSENT REQUIRED: the program will not release or allow access to any personally identifiable records without prior consent of the student. Unless the disclosure is to the student him/herself. A written consent form is signed and dated by the student. This will specify the records to be disclosed, the recipient, and purpose of the disclosure. Upon request, a copy of the disclosed record will be provided to the student at his/her own expense. The program will maintain each request for disclosure with the permanent record, except:
    - 1. disclosure to the student
    - 2. disclosure permitted by student's written consent
    - 3. disclosure to program authorities
    - 4. disclosure to the State of New Jersey (see III: A)
- III. Correction of educational records
- A. REQUEST TO AMEND: a student who believes information contained in his/her records is inaccurate, misleading, or a violation of privacy or other rights, may submit a written request to the Program Director specifying the documents challenged and the basis of the complaint. A copy of the request will be forwarded to the person originating the record in question. The student should follow the due process policy.
- IV. Release of information
- A. GENERAL: The following information will be released, without student permission in response to an inquiry.
    - 1. student's current enrollment status
    - 2. dates of attendance
    - 3. certificate of completion earned
    - 4. honors received
  - B. GOVERNMENTAL: Investigators appearing in person and presenting proof of identity will be assisted by a designated program official for purposes of explanation and evaluation of educational records.
    - 1. formal request to view records must be presented
    - 2. requests received via U.S. mail from government agents will be completed as identified in II-A.

### **Student Advising: Standard Practice**

The purpose of advising is to communicate the expectations of the program and the progression of the students. Advising occurs at several points along the student's progress.

**Information Session:** for prospective students may be online or in person.

**Acceptance and orientation:** In the Spring semester prior to the start of the program the students that have met the criteria and are conditionally accepted will be advised as to the requirements of the program in a group orientation.

The students accepted into the program will attend an orientation prior to the start of the program. The objectives of this meeting are to have the students meet the other members of their cohort, review the handbook and the policies they will need to know for the start of the program, review assignments they will need to complete and register for classes. Second year students may also be in attendance to answer any questions from a student's perspective.

**Advising as needed:** Students enrolled in the program are advised on a regularly scheduled basis. Advising sessions are scheduled as needed or if necessary for reviewing grades and evaluations as well as academic progress.

Student advising shall be conducted to provide positive reinforcement in any area where the student has shown exceptional initiative. The Program Director, Clinical Coordinator, Clinical preceptors and/or other authorities shall provide and document all students advising through the Trajecsyst system. Student advising should also be provided in the event of problems or concerns in the following areas:

1. didactic education
2. clinical education
3. published policies
4. professional ethics
5. discipline
6. personal

**Transferring in courses from other programs is not permitted.**

### **Transfer to Other Programs:**

Every effort has been made to design a curriculum that consists of courses that are required in most other college based AAS in Radiography programs. Understanding the uniqueness of each radiography program, other programs may not accept credits earned in this curriculum and may necessitate repeating courses. The curriculum does articulate with a BS in Health Studies at Rowan University and may articulate with other colleges as well.

### **Trips/Seminars/Special Classes**

The radiography program may request or grant permission for groups of students to attend activities outside the Radiography program. Permission is granted through the Director and coordinated with the instructors. All expenses and transportation for any activities are the responsibility of the individual student. Students are required to dress in business casual attire to any trips, seminars, or special classes in which they are participants.

### **Tuition**

Tuition charts and fees can be found on the website <https://www.rcbc.edu/tuition> Students should direct all questions about tuition to financial aid- not the department.

### **Trajecsyst**

Trajecsyst is the clinical record keeping database the Program uses on behalf of its students. The cost and fees associated with access to Trajecsyst are included in the student's tuition and fees.

### **Refunds, Withdrawals**



No student is guaranteed a refund if they withdraw, as this depends on the timing of the withdrawal. Please refer to the tuition website or speak with someone in student services.

Student handbook reviewed and revised 8/2025

**Rowan College at Burlington County**  
**Radiography Program**  
**Leave of Absence Form**

I, \_\_\_\_\_ interrupt my formal education process by requesting a Leave of Absence.

The reason for this request is: \_\_\_\_\_.

I am fully aware that:

1. a leave of absence may not exceed 1 (one) year;
2. re-entry is on a space-available basis;
3. only full semesters will be counted toward program completion;
4. upon re-entry, I must satisfy all current program requirements prior to graduation;
5. upon re-entry, I must undergo a continual clinical competency to determine my level of clinical skills.
6. upon re-entry, I must undergo a didactic evaluation to determine the level of my academic skills.
7. upon re-entry, I must undergo a drug screening, background check, physical exam, etc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For department use only:*

A leave of absence has been granted with the following conditions:

Anticipated return: \_\_\_\_\_

Conditions:

.

\_\_\_\_\_  
Radiography Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

I agree to comply with the stipulations set herein. Should I violate the terms of this agreement, I understand I will be terminated from the program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Rowan College at Burlington County  
Radiography Program  
Change in Demographics Form**

Anytime a student has a change in demographics, the student must notify the Radiography Program Director and Registrar in writing.

**\*\* Please complete the information below for submission within 5 days of occurrence\*\***

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Change effective: \_\_\_\_\_

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New name: \_\_\_\_\_

New address: \_\_\_\_\_

New phone number: \_\_\_\_\_

New next of kin: \_\_\_\_\_

Student signature: \_\_\_\_\_

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For internal use only

Form received: \_\_\_\_\_ Filed: \_\_\_\_\_

**Rowan College at Burlington County  
Radiography Program: Radiation Safety  
Student Radiation Incident Report Form**

NAME: \_\_\_\_\_

CLASS OF: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

Classification:

\_\_\_\_ lost monitoring device

\_\_\_\_ monitoring device exposure

\_\_\_\_ damaged monitoring device

\_\_\_\_ other

Description of incident:

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Signature of Preparer

***Submit completed report to program authorities for forwarding***

\*\*\*\*\*

RADIATION SAFETY COMMITTEE COMMENTS:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**8/2025**

**Rowan College at Burlington County**  
**Radiography Program**  
**Technical Requirements**

**To be signed on admission and on return from injury or illness:**

All applicants accepted into the Radiologic Technology program must be able to meet the technical standards as outlined in the policy and according to the job requirements of a radiologic technologist. Students requiring accommodations must provide appropriate documentation to the Student Support office. Students must submit the form attached stating they have read, understand, and can meet the standards required to perform in the radiologic technologist program.

Technical Standards include non-academic criteria used in the admission, promotion and graduation of students for the program. The standards are specific to the duties essential for the safe and reasonable practice of Radiologic Technology. This includes statements of the minimum physical, sensory motor, communication, behavioral/social, mental, emotional and environmental requirements for normal and safe professional function. They are intended to inform the prospective student of the attributes and abilities essential to the practice of radiologic technology. Professional competency requires the ability of cognitive, affective and psychomotor skills competency. The college has a responsibility to educate and certify competent and safe students and practitioners that have the ability to assure patient safety and health, which makes it essential for us to measure these competencies and standards for all students. The student must sign that they understand and can perform all competencies listed.

All students for the Associate Degree in Radiologic Technology must possess the essential skills and abilities necessary to complete the curriculum successfully with or without reasonable accommodations for any disabilities an individual may have.

Students must demonstrate numerous competencies in cognitive, psychomotor and affective domains within the classroom, laboratory and clinical settings. To achieve classroom competencies, students must perceive and integrate from verbal instruction, printed materials, visual media, and demonstrations. Students must participate in discussions, presentations and pass written and computer based exams. This includes the interpretation of radiographic images. This requires cognitive skills including reading, writing and problem solving within the English language. To be physically capable of classroom work students must, with assistance, be able to see, hear, speak, sit and touch as well as competently understand the English language.

In laboratory sessions, students must be able to participate in procedures, demonstrations, acquire skills in radiographic technique development, radiation safety practices and image development. In addition to cognitive skills necessary in the classroom setting and laboratory setting, students must demonstrate the psychomotor skills to position patient phantoms and radiologic equipment.

Students must demonstrate professional behavior including teamwork and the ability to communicate with others. Students must be able to perform all procedures without critical errors in the laboratory setting.

In addition to physical capabilities for classroom activities, laboratory sessions require students, with assistance, to reach, manipulate and adjust the radiographic tube six feet from the floor while using both hands to perform procedures. This requires both fine motor skills and considerable strength. This also requires lifting and manipulating mannequins, turning and moving patients,

pushing wheelchairs and performing cardiopulmonary resuscitation.

While in the clinical setting, the student must be able to apply the knowledge and skills learned in the classroom and laboratory settings to live patients in the clinical environment. Students must be competent to obtain a medical history on the patient utilizing correct terminology and English language, deliver, receive and interpret verbal and non-verbal communication from the patient, and communicate effectively with patients, other students, family members and other professionals.

Students must have the ability to interpret and assess medical emergencies and respond quickly and appropriately. They must be able to record medical histories, interpret charts, and radiographic procedures, which may be in decreased lighting and via monitors during procedures.

Students must have the ability to utilize keyboards to input data in a timely manner, and to input settings and data as well as utilize controls. Radiographic procedures may be performed in many settings, including diagnostic radiography rooms, emergency rooms, operating rooms, trauma settings and patient rooms. The student must be able to move quickly in patient care areas and meet the mental and physical demands in each environment.

Students must be respectful and caring with all patients and demonstrate sensitivity in their responses to patients in the clinical setting. Responses must be professional and appropriate with all peers, patients, staff and faculty in a way that is interpreted to be emotionally stable, professional and ethical. Respect for all must be demonstrated. In signing this form, I understand the abilities I must be able to demonstrate to provide safe patient care and interactions with all.

By signing this form my healthcare provider is attesting to the fact that I can do all of these stated competencies without restrictions in order to fulfill my role of safe patient care as well as the ability to learn and complete these competencies as necessary in my role as a student. I understand that if I am returning from an illness or injury, this form must be signed again by my primary healthcare provider indicating that I can complete all the stated competencies without restriction once again.

I, \_\_\_\_\_ (student), acknowledge the technical requirements required to perform the competencies of the student radiographer and deliver safe patient care and affirm that I can meet all of these competencies.

By signing this document, I \_\_\_\_\_ (healthcare provider) attest to the fact that after assessment, I have found this person to be capable of performing all cognitive, psychomotor and affective competencies described in this document.

Healthcare provider name and credentials

\_\_\_\_\_  
Healthcare provider's signature and date

\_\_\_\_\_  
Healthcare providers contact information for verification (seal from office also desired)  
Revised 8/2025



Rowan College  
at  
BURLINGTON COUNTY

Radiography Program  
Radiation Safety Policy Form: Pregnancy Student Response

I, \_\_\_\_\_ upon declaring my pregnancy, have elected to:  
Print Name

- ☐ Continue my education without modification, interruption, and continue in my scheduled clinical education cycle.
- ☐ Interrupt my education in radiography by taking a leave of absence beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- ☐ Withdraw from classes \_\_\_\_\_ I have discussed this with the program director and/or clinical coordinator on \_\_\_\_\_

Prior to making the above decision, I was provided with a full explanation of the U.S. Nuclear Regulatory Commission, Regulatory Guide 8.13 Instruction Concerning Prenatal Radiation Exposure and have been counseled by program authorities and the Radiation Safety Officer.

I fully understand that:

- I must use all precautions/procedures to keep my exposure as low as reasonably achievable.
- I shall not receive a dose of more than 0.5 rem (500 millirem or 5 mSv) during the nine-month gestation period.
- I shall not receive a dose of 0.05 rem (50 millirem or 0.5 mSv) in any one month of my pregnancy.
- My exposure rate will be closely monitored in accordance with program and institutional policies.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Completed

**Rowan College at Burlington County**  
**Radiography Program**  
**Program Policy Acknowledgments**  
**2025-2026**

Student Name (please print) \_\_\_\_\_ Student ID# \_\_\_\_\_

**Instructions**

Please read the following statements carefully to assure yourself that the information contained in the statement is true and understood by you before signing at the bottom. Your *initials* are to be entered in the space provided at the end of *each* statement.

**Students Handbook Acknowledgment**

The radiography program at RCBC assures that students employ proper safety practices through its use of a competency-based curriculum sequence. All procedural didactic courses must be passed with a grade of 79% or higher. If the student falls below this requirement, the instructor provides the student assignments to reinforce the areas of strength and remediate areas of weakness. Furthermore, a student cannot generate radiation on a live patient until they have successfully completed the sequence of lecture, laboratory demonstration, and return laboratory demonstration. The laboratory grade must be at least 85% or higher for the student to progress to taking radiographs on a patient. Once the above sequence has been met, the student can be permitted to radiograph a patient under direct supervision.

The college provides each student with a radiation monitoring device. The monitoring device is left at the student's clinical site in a specific non-ionizing location when it is not in use. The exception is when the student moves from one clinical location to another and attends the lab.

The student receives a PowerPoint to view and a link with a short film on safety that is completed prior to the first day of clinical. The quiz must be completed with a score of 80% . This screening tool is kept in the student's record.

The student has read the contents of the handbook, and agrees to abide by all policies, procedures and rules.

Your initials: \_\_\_\_\_

**RCBC Handbook Acknowledgment**

I have researched the RCBC online handbook <https://www.rcbc.edu/handbook> and have read and understand its contents, and agree to abide by all policies, procedures, and rules.

Your initials: \_\_\_\_\_

**Academic Calendar**

I have received the RCBC Academic Calendar (2025-2026):

<https://catalog.rcbc.edu/attending/academic-calendar>

I have read and understand the contents of the handbook, and agree to abide by all policies, procedures, and rules.

Your initials: \_\_\_\_\_



**Confidentiality Statement**

I understand and agree that in the pursuance of my education as a student in the radiography program I must hold all medical information with regard to specific patients, healthcare workers, and healthcare facilities in confidence. I understand that I will be privy to such information both in the classroom as well as at the clinical affiliates. I also understand that all medical information regarding specific patients, healthcare workers and healthcare facilities, whether it is obtained in written, verbal, or any other format, is considered a privileged communication between the patient and the patient's physician, and as such, may not be released without the patient's written consent. I further understand that any violation of the confidentiality of medical information may result in dismissal from the Radiography program as well as possible legal action against me.

Your initials: \_\_\_\_\_

I read and understand each of the above statements individually, as indicated by my initials, and I agree to abide by these statements.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date