

COLLEGE OF DUPAGE



DIAGNOSTIC MEDICAL IMAGING RADIOGRAPHY PROGRAM

CLASS OF 2025

REVISED: May 2023

PROGRAM DESIGN DISCLAIMER

This Program Design is published for informational purposes; however, the information in the Program Design is not to be regarded as an irrevocable contract between the student and the Program. The Program reserves the right to change, at any time, fees and other charges, curriculum, course structure and content, and other such matters as may be within its control, notwithstanding any information set forth in this Program Design in accordance with College of DuPage policies and procedures. Students will be notified of any changes in writing within 14 business days.

NON-DISCRIMINATION POLICY

In compliance with JRCERT *Standard One: Integrity*

Objective 1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

The Radiography Program does not discriminate in its admission on the basis of age, race, color, national origin, sex, disability, ancestry, marital status, religion, unfavorable military discharge, or sexual orientation. The Dean of Student Services and Student Affairs has been designated to handle student inquiries regarding this policy.

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DMIR PROGRAM MISSION STATEMENT

In compliance with JRCERT *Standard One: Accountability, Fair Practices, and Public Information*

Objective 1.1: The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

The primary purpose of the Radiography program is to educate students with didactic, laboratory and clinical experience in preparation for the administration of ionizing radiation to humans for diagnostic purposes. Program policies and procedures are designed to meet or exceed those established by the Joint Committee on Education in Radiologic Technology (JRCERT).

Graduates will demonstrate competency to meet state licensure, and/or certification requirements defined by law for whole-body radiography, deliver compassionate patient-centered care to a diverse population, demonstrate strong critical thinking skills, and function as an integral member of a health care team with competence and confidence. ([Standards](#) pg. 16)

PROGRAM GOALS & OUTCOMES

In compliance with JRCERT *Standard Five: Assessment*

Objective 5.1 Develops an assessment plan that, at minimum measures the program's student learning outcomes in relation to the following four goals: clinical competence, critical thinking, professionalism, and communication skills. ([Standards](#); pg. 58)

1. Students will demonstrate clinical competence.
 - Outcome 1: Students will position patients with accuracy.
 - Outcome 2: Students will select appropriate technical factors.
 - Outcome 3: Students will apply principles of radiation protection.
2. Students will demonstrate critical thinking skills.
 - Outcome 1: Students will demonstrate competency in image evaluation.
 - Outcome 2: Students will adapt to patient's condition when performing non-routine procedures.
3. Students will demonstrate professional and ethical behavior.
 - Outcome 1: Students will demonstrate professional behavior.
 - Outcome 2: Students will demonstrate ethical behavior.
4. Students will communicate effectively.
 - Outcome 1: Students will demonstrate written communication skills.
 - Outcome 2: Students will demonstrate oral communication skills.
 - Outcome 3: Students will effectively communicate in the healthcare environment.
5. Program effectiveness.
 - Outcome 1: Students will successfully graduate from the Radiography program.
 - Outcome 2: Students will successfully pass the ARRT Registry exam on the first attempt.
 - Outcome 3: Students will obtain employment in Radiography within one year of graduation.

PROGRAM CURRICULUM OVERVIEW

SUMMER (2023)

DMIR 1111	Clinical I (T, TR)
DMIR 1131	Radiographic Procedures I

FALL (2023)

DMIR 1112	Clinical II (T, TR)
DMIR 1121	Radiographic Equipment
DMIR 1132	Radiographic Procedures II

SPRING (2024)

DMIR 1113	Clinical III (T, TR)
DMIR 1122	Image Formation and Evaluation
DMIR 1133	Radiographic Procedures III

SUMMER (2024)

DMIR 1145	Ethics, Law and Basic Pharmacology in Radiography
DMIR 2211	Clinical IV (M, W)

FALL (2024)

DMIR 2201	Radiation Physics, Biology, and Protection
DMIR 2212	Clinical V (M, W, F)
DMIR 2225	Basic Pathophysiology

SPRING (2025)

DMIR 2213	Clinical Education VI (M, W, F)
DMIR 2240	Radiographic Image Analysis
DMIR 2235	Quality Management in Diagnostic Imaging

The following general education courses in the following categories are required for Program and Degree completion:

Communications (English 1101, 1102 & Speech 1100 or 1120 or 1150);
Physical/Life Sciences (Anatomy & Physiology)
Math 1102, 1115 or “upper” level Math (1100 or higher);
Humanities; Social/Behavioral Sciences;
Biomedical Terminology (HLTHS 1110); and
Introduction to Diagnostic Medical Imaging Radiography (DMIR 1100)

Consult any Program faculty member for specific course advising.

PROGRAM OVERVIEW

The Program is *approximately* 24 months in length, and begins with the summer semester. All students in the Program are degree-seeking working to complete Program and general education requirements for the Associate of Applied Science degree. Upon completion of all required courses and clinical hours, the student is eligible to apply to take the American Registry of Radiologic Technologists (ARRT) certification examination and may apply for Illinois state licensure status from the Illinois Emergency Management Agency (IEMA).

DMIR didactic classes & labs on campus are *generally* scheduled anytime between 7:30 a.m. and 4:30 p.m (Duly requires some rotations from 10am-6:30pm). The student spends 8½ hours a day at the assigned clinical education setting with specific times varying by site. *It should be noted accommodations cannot be made for special scheduling requests and all clinical site placements/hours are final.*

ADMINISTRATIVE ORGANIZATION

The Radiography Program is under the Nursing & Health Science Division on the Glen Ellyn campus. Dr. Brian Caputo is the President of College of DuPage. Dr. Mark Curtis-Chavez is Provost. Dr. Lisa Stock is the Assistant Provost of Instruction. Dr. Jared Dean is Dean of Nursing and Health Sciences Division. Shelli Thacker is the DMIR Program Chair and Sue Dumford is the DMIR Clinical Coordinator. The College of DuPage organizational chart can be found at https://www.cod.edu/about/humanresources/pdf/org_chart.pdf.

ACCREDITATION

In compliance with JRCERT *Standard One: Integrity Objective 1.5*: The program assures that students and faculty are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of noncompliance with the Standards. ([*Standards*](#); pg. 10)

The basic framework of the DMIR Program arises from the *Standards for an Accredited Educational Program in Radiologic Sciences*. The current JRCERT *Standards* can be located [here](#).

The Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wacker Drive, Suite 2850, Chicago, Illinois 60606-3182. The JRCERT website is www.jrcert.org. The Radiography program received 8-year accreditation award in 2020.

More information about the program effectiveness data and accreditation status is available at [College of DuPage - JRCERT](#). Program effectiveness data be found on the DMIR website at [Radiography Program Effectiveness Data | Radiography | College of DuPage \(cod.edu\)](#) Accreditation status can be found at on the [webpage](#) under Accreditation tab.

CLINICAL EDUCATION SETTINGS & INSTRUCTORS

The Program currently consists of the DMIR Program faculty and 13 Clinical Instructors. The following JRCERT recognized clinical education settings are affiliated with the COD DMIR program:

AdventHealth, Glen Oaks (Glendale Heights)	Kelli Dabek, RT(R)
AdventHealth, LaGrange Memorial Hospital (LaGrange)	Josephine Maher, RT(R)
Advocate Good Samaritan Hospital (Downers Grove)	Patti Holvey, BS, RT(R)
Amita Health Mercy Medical Center (Aurora)	Sydney McGinnis, RT(R)
Amita Health St. Alexius Medical Center (Hoffman Estates)	Pamela Verkuilen, RT(R)
Northwestern Medicine Central DuPage Hospital (Winfield)	Alana Crower, BS, RT(R)(M)(CT)
Duly (Lisle, Lombard, Glen Ellyn)	Meg Baker, RT(R)
	Kimberly Starck, RT(R)
Edward Hines V.A. Hospital (Hines)	Chris Jacobs, BS, RT(R)
Edward Hospital (Naperville)	Tom Chang, BA, RT(R)
Elmhurst Memorial Hospital (Elmhurst)	Emily Baker, RT(R)
Rush Copley Medical Center (Aurora)	Kate Hamilton, RT(R)(M)

RADIOGRAPHY PROGRAM POLICIES

"RE-ADMISSION" POLICY

This policy pertains to students who have withdrawn or been dismissed from the Program for academic or personal reasons, following enrollment in at least one course after official program acceptance. Students who have failed ANY one required Radiography course or who have received a grade of D in more than one Radiography course are not eligible to seek admission under this policy. Students who withdraw during/after the first semester (summer) MUST re-apply and be accepted into the Program (they are not eligible for the re-applicant multiplier). Student's seeking re-admission will be limited to one attempt under this policy and are not guaranteed readmission.

Students seeking readmission to the Program after successfully completing more than two semesters must do so within one year of the date they left the Program. Due to the cumulative nature of clinical skill development in the Program, a student will not be considered for readmission after one year has lapsed. **Students are typically limited for readmission into the Program one time.** Students who designate their intent to return to the Radiography Program after formally withdrawing and who elect to start their clinical rotation after the start of summer, are subject to space availability for clinical placement in a future semester. The Program offers no guarantee for placement once the fall semester has begun. Regardless of coursework completed, the student must repeat the clinical component for the semester in which they withdrew. The student retains the option to repeat previously successfully completed didactic coursework. However, the clinical education setting reserves the right to require that the student repeat all or a portion of the clinical competencies previously completed as a condition of readmission.

Students wishing to be readmitted must comply with the following procedures:

1. Submit a written letter requesting readmission consideration to the Program Coordinator.
2. Provide supportive documentation pertaining to the situation, which caused the withdrawal or dismissal and the actions taken to remediate the problem since the withdrawal or dismissal, including but not limited to:
 - a. Evidence of coursework (transcript), which has been taken increasing the students' chances of academic success.
 - b. Explanation of the corrective actions taken in the student's

- personal situation relative to that which previously affected the student's performance in the Program.
- c. A signed release from a licensed/qualified health professional (physician, psychologist, etc.) for treatment of a medical/psychological condition, which previously affected the student's performance in the Program.
3. The Admissions Committee will review requests for readmission on a case-by-case basis. Readmission is conditional on the decision of the Admissions Committee and their decision is final.
 4. Students readmitted to the Radiography program will be required to meet with the Program Coordinator to discuss how their learning strategies & success goals in the Program. They will be required to sign a learning contract at that time.

"DEFERRING ADMISSION" POLICY

The Radiography Program does not defer admission per se, but will reconsider the admission of students who were admitted, but did not accept or could not begin on schedule. These students must submit a written request for reconsideration to the Admissions Committee, and will be allowed only one attempt at readmission under this clause.

Students who are reconsidered under this policy are not guaranteed admission and will be re-evaluated relative to the other students applying for admission that year, using the **Merit Evaluation System**. Course work taken elsewhere since the previous application should be documented through transcripts sent to the Records Office.

"RE-APPLICANT" POLICY

This policy pertains to students who were not previously admitted to the Program, or have exhausted their one opportunity for "deferred" admission. Students wishing to reapply under this policy must file a new application and complete all required steps of the admission process.

ACADEMIC STANDARDS POLICY

Students must earn a final course grade of "C" or better in every DMIR course to continue in the Program. Students will be dismissed from the Program if they:

- a. Earn a final course grade of "F" in any required Radiography course. A grade of "F" (Failure) of a required course makes the student ineligible to re-enter or re-apply to the Program.
- b. Earn a final course grade of "D" in any required Radiography course/s. Such students may apply for re-admission to the Program one time, on the condition that they repeat the course/s and earn a "C" or better. If they subsequently earn a "D" in any required Radiography course, they are not eligible to complete the program or to be readmitted for another time.

PROGRAM GRADING SCALE

100-93% = A

92.9%-85%=B

84.9%-78%=C

77.9%-75%=D

74.9% and below = F

*****Note: Grade percentages will not be rounded up to the next grade in any course.***

ACADEMIC HONESTY POLICY

Cheating, plagiarism, forgery, misrepresentation are all forms of academic dishonesty. Students at COD & DMIR program are expected to demonstrate qualities of morality, integrity, honesty, civility, honor, & respect. Please review the College policy related to academic dishonesty at https://www.cod.edu/student_life/dean-of-students/academic-integrity.aspx.

A student proven to be cheating will, at the discretion of the instructor, earn an “F” for the exam or assignment, and will earn a failing (F) grade for the course which will result in dismissal from the program. Cheating is not limited to looking at another’s test and/or using notes, etc., but also includes but is not limited to discussing quizzes and/or tests with other students, using unapproved notes/books/resources during test, plagiarism, etc.

Students are not allowed to use a programmable calculator or wear a smartwatch during a quiz, test/exam in any DMIR course. Watches **must** be removed and put away in a secure location out of their view before beginning quizzes, tests/exams in all DMIR courses.

GRADUATION REQUIREMENTS

The student must successfully complete all required Radiography courses with a final course grade of “C” (78%) or better and successfully complete all general education requirements specified by both program and college policy for the AAS degree completion. Students who fail to obtain a “C” in Radiography courses in the last semester of the DMIR program will not be eligible to obtain their AAS degree, IEMA license, or to apply to take the ARRT registry exam. ***Most Radiography courses require students to obtain a 78% average on exams & quizzes before homework and/or lab grades are added in.***

Attendance & Punctuality

Part of the mission of the Radiography program is to develop strong professional behavior necessary for the student to be successful in the healthcare setting. Dependability and punctuality are vital qualities in a Radiographer. The Radiography Program has strict attendance and tardiness policies for the classroom, lab, and clinical settings. They closely mimic policies that a Radiographer will encounter in the healthcare setting.

In accordance with the Health Science Division Policy for Professional Conduct in Classrooms, Labs, and Clinical Sites, students are expected to be at class, lab, and the clinical education site on time. Excessive absenteeism regardless of the reason may affect the student’s ability to successfully complete the Radiography program. Students who demonstrate excessive absence and/or tardiness to the classroom or lab are subject to disciplinary action. Excessive absenteeism & tardiness will be determined by the course instructor and is dependent upon the number of class sessions for that semester. Course attendance policies will be clearly spelled out in the course syllabus.

Disciplinary action for excessive absenteeism and/or tardiness in the classroom/lab will proceed as follows:

Step 1: Written warning

Step 2: Violation of Policy for Professional Conduct filed with Health Science division office

Step 3: Official Last Chance Agreement/Program Probation

Step 4: Program Dismissal

STUDENT SERVICES IN SUPPORT OF STUDENT LEARNING

In compliance with JRCERT Standard Two: Institutional Commitment and Resources Objective 2.3 The sponsoring institution provides student resources. ([Standards](#); pg. 16)

The College has resources available to students in personal counseling, requests for accommodations for disabilities and financial aid. Students may be referred and may request personal counseling through Counseling Services located in SRC 2044. The telephone number is (630) 942-2259 and the website:

https://cod.edu/student_life/resources/counseling/.

The program complies with support service requests recommended by Special Student Services for any enrolled student with a documented learning and/or physical/medical disability as defined by applicable federal and/or state laws. Students that need special assistance can contact the Center for Access and Accommodations at (630) 942-2154 and at the website: https://www.cod.edu/student_life/resources/access-accommodations/.

Students approved for accommodation will be issued an official email through the Center for Access and Accommodations each semester specifically stating the criteria of the support services. A copy of this presented to the Program Chair and course instructors to be kept on file. It should be noted that students enrolled in the program must still meet the physical and academic requirements for the program and the profession.

Various types of financial aid are available through the college's Financial Aid Office, located in SRC 2050. The Financial Aid Office telephone number is (630) 942-2251 and website https://www.cod.edu/costs/financial_aid/index.aspx.

ACTIVITIES AND ORGANIZATIONS

The College of DuPage Radiography Program is involved in a number of activities to add to the student's experience in the profession. The Program also supports the professional organizations described here and strongly encourages student membership.

RADIOGRAPHY STUDENT CLUB

The Radiography student club is a campus club recognized by the College of DuPage Student Life office and is available for all DMIR students to join. The purpose of the club is to provide opportunities for members to enhance their academic experience beyond the classroom, educate and engage members in all facets of the profession, provide opportunities to raise funds to attend various educational conferences, and to allow senior students to act as a mentor and support system for junior DMIR students. Club members can run for elected offices in 3rd semester, building strong leadership skills.

EDUCATIONAL ACTIVITIES AND TOURNAMENTS

Radiography second year students may elect to participate in the ISSRT Annual Conference and Scholar Bowl Tournament. Try outs are conducted prior to the tournament and interested students are encouraged to participate for a position on the team. There are three team members and a captain. In the tournament, the students answer questions in all areas of Radiography in accordance with the current ARRT content specifications. The purpose of the Program's involvement in these tournaments is to promote education and all students are invited to participate. Students may also submit their scientific research paper and/or ePoster for the ISSRT competition.

GRADUATION DINNER AND STUDENT AWARD CEREMONY

Traditionally, students graduating from the Radiography Program receive a school pin, to be worn on their uniforms. To celebrate the pinning ceremony, the Program sponsors a graduation dinner annually. The graduation dinner is a formal dinner held the last week of 6th semester in May. The dinner may be attended by students, their families, radiologists, clinical staff, etc. At the annual graduation dinner, students will be recognized for various achievements and their awards presented to them that evening.

PROFESSIONAL ORGANIZATIONS

The Illinois State Society of Radiologic Technologists (ISSRT) is the state professional organization and is an affiliate of the American Society of Radiologic Technologists (ASRT). In an effort to get our students more involved in our professional organization, Radiography students are strongly encouraged to join the ISSRT at the start of 2nd semester of the Program (Fall semester). The ISSRT is concerned with the professional standing and education of technologists. It has a number of local regions, which generally have meetings and education seminars in their areas throughout the year. The College and all of its affiliate hospitals are in the Northern Region.

The ASRT is the national professional organization. It is concerned with basic and continuing education in Radiologic Technology and, along with the American College of Radiology, provides curriculum recommendations for the Radiography Program. The ASRT offers many valuable resources to student members including various scholarships. Radiography student are also strongly encouraged to join the ASRT.

TRAJECYSYS

Students will be required to register for Trajecsys Report System before the first day of clinical education. The initial fee for this system is covered by lab fees. Trajecsys will be used to track all clinical documentation, hours, disciplinary action, etc. for the duration of the DMIR program. Students will register and the fee will be paid by the College through lab fees. If a student withdraws for any reason during the course of the program and returns the following year, additional fees (approximately \$100) for extending the access period for Trajecsys will be the responsibility of the student.

CLINICAL EDUCATION



CLINICAL REGISTRATION POLICY

Medical malpractice insurance is effective with official registration and payment for clinical education courses. Therefore, any student whose name is not listed on the official class clinical roster at the start of clinical education in any semester will not be permitted to attend clinical education until proof of registration and payment is provided to both the Program faculty member responsible for the course and the respective Clinical Instructor. In addition, any absence as a result will be counted toward the total clinical absences allowed and the hours must be completed in accordance with the established [clinical hour completion policy](#). Students who attend clinical education knowingly without the provision of insurance will have their hours nullified and will be required to complete the time again. If the student exceeds their absence allowance for the semester as a result of not being registered for clinical education course, they will be dismissed from the DMIR program.

INSURANCE POLICY

Students are **required** to carry personal health/medical insurance coverage. Costs incurred as a result of injury sustained or for testing/treatment/follow up after an exposure to an infectious disease at the hospital during participation in scheduled clinical education training is the sole responsibility of the student. College of DuPage and/or its affiliating clinical education settings are not liable for payment of such costs. Students seeking health insurance can find information about policy options available through the College at [Student Health Insurance | College of DuPage \(cod.edu\)](#).

DRUG TESTING POLICY

Mandatory 10 panel drug testing is part of the admission process as well as the beginning of their 2nd year and are to be scheduled through Castle Branch. However, students should be aware that it has become acceptable practice for a hospital to random drug test its employees. Students may also be asked to submit to a random drug test if it is the policy of the institution to which they are assigned for their clinical education. Students refusing to comply with mandatory and/or random drug testing *may* be subject to Program dismissal. Failing the required drug test will result in Program dismissal pending an investigation. Students are eligible to petition for re-admittance the following year in accordance with DMIR policy.

CRIMINAL BACKGROUND CHECKS

The College of DuPage Radiography Program requires mandatory criminal background checks through Castle Branch. The programs clinical education settings (hospitals) may also require separate background checks as a condition of placement at their site. Students are required to comply or be subject to Program dismissal. Students with disqualifying convictions according to state law cannot be admitted into the program because they are prohibited from participating in clinical education. All criminal charges must be disclosed to the [ARRT](#).

CLINICAL EDUCATION

In compliance with JRCERT *Standard Five: Health and Safety*

Objective 5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

Clinical placement is considered permanent for the length of the program. When a student accepts admission into the program, they agree to the clinical site assigned at the time of admission into the program. Clinical site placement is not negotiable.

All students will participate in a clinical site orientation on the first day of clinical education in 1st semester. This clinical orientation will cover policies and procedures in regard to health and safety and will address at minimum the following: fire hazards, chemical hazards, emergency preparedness, medical emergencies, HIPAA, standard precautions, radiation protection & safety, and MRI safety. Upon completion of this orientation, students are required to complete the New Student Clinical Site Safety Orientation Verification form in Trajecsyst, checking off each topic covered in orientation. The clinical instructor will verify each form with an electronic signature and date.

The clinical education settings are independent hospitals/medical centers, dedicated to education. The student must always maintain the safety, health, and ethical standards of the affiliate. Clinical education settings have the right to "deny access" immediately **without** notice and/or previous warnings if the student poses an immediate threat or danger.

Each clinical education setting has slight variations in procedures, policies, rules, dress codes and security requirements. Therefore, students will be informed of the policies specific to their clinical education setting through an orientation process. The student must abide by the policy and procedures of their clinical education setting at all times. Visible body piercing outside of ear piercing is not allowed during clinical education training. Exceptions include body piercing as part of a religious or cultural obligation and/or traditions. Tattoos should be covered unless otherwise allowed by the clinical site. Refusal to comply may result in the students not being allowed to return to that affiliate. No guarantee is made for an additional clinical placement for noncompliance of program and/or clinical policies. For more information, refer to the [Personal Appearance/Hygiene](#) section.

Students are expected to display professional behavior at all times. While allowances will be made for new students, time and instruction will be given to the student to develop professionally, however, severe violations of professional conduct will not be tolerated. Students may be required to complete certain courses to help their professional development or be referred to counseling services. Students can be asked not to return to an affiliate for the severest types of unprofessional conduct and/or patient endangerment. No guarantee is made for an additional clinical placement under these circumstances or continuation in the Program. ([Discipline Procedures](#))

TRANSPORTATION: Students must provide their own transportation to and from the clinical education settings and may be required to travel to affiliated off-site facilities (geographically-dispersed). Neither the College of DuPage nor any of its affiliates accepts liability for the student during any travel to or from the clinical affiliates or the College of DuPage.

The clinical education portion of the Program was developed by the Clinical Instructors and the DMIR faculty and shall be uniformly applied in all of the Program clinical education settings. The policies were formed with consideration given to the JRCERT *Standards*, COD institutional policies, policies of the affiliates and student needs.

PURPOSE OF CLINICAL EDUCATION

The purpose of clinical education is to allow the student to apply the theoretical principles of the didactic portion of the Program. Students may be required to rotate through alternate clinical education settings in order to achieve the goal of competency in a full range of radiologic procedures on children and adults. Students will not replace members of the affiliated clinical staff - they will have the status of learners. Students are not paid/compensated for clinical hours.

In order to meet the clinical requirements of the Program, students are required to complete clinical education in a Program approved clinical education setting. The specific days that the students are required to be present at their clinical education setting are listed on the Clinical Education Calendar attached to each course syllabus. The student should be aware that these specific days might change at the discretion of the COD DMIR faculty to best meet the educational goals of the Program.

FIRST YEAR - GENERAL DESCRIPTION

During their first year, the student will be assigned to a clinical education setting two days per week. The student will attend a minimum of 16 hours per week. The exact starting times vary at each affiliate and are not negotiable. Beginning with DMIR 1112, the student will be required to complete four additional weekend shifts (32 hours) in each the fall and spring semesters at the clinical affiliate for experience that *may* not be available during the required weekday rotation. These weekend shift hours are in addition to the 16 weekday hours. The time shall be scheduled during sufficiently productive periods in the department to justify the students' presence and when sufficient technologist supervision is available. Students may not attend clinicals on official holidays and times when the college is officially closed (i.e. severe weather closure) in accordance with JRCERT standards. Clinical times and the number of students permitted are under the direct control of the Clinical Instructor and must be pre-approved to ensure proper supervision is available. It is suggested that the students' schedule should also be taken into account when planning for weekend shifts and make up hours.

SECOND YEAR - GENERAL DESCRIPTION

During the second year, the student will be assigned to the clinical education setting three days per week. The student will attend a minimum of 24 hours per week with exception of DMIR 2211 (Summer 4th semester – 16 hours) due to the College being closed on Fridays. They will continue to spend four additional weekend shifts (32 hours) in both the fall and spring semester at the hospital. In addition, 2 weekend shifts (16 hours) will be required in DMIR 2211 Summer semester.

DIRECT VS. INDIRECT SUPERVISION

In Compliance with JRCERT *Standard Five: Health and Safety*

Objective 5.4: The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

All students (1st & 2nd year) must perform medical imaging procedures under the DIRECT supervision of a qualified radiographer or Radiologist until competency is achieved. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- Reviews the procedure in relation to the student's achievement;
- Evaluates the condition of the patient in relation to the students' knowledge,
- Is physically present during the conduct of the procedure, and
- Reviews and approves the procedure and/or image.

Additionally, students must be directly supervised during all surgical and all mobile, including mobile fluoroscopy, procedures *regardless of the level of competency*. (see [Standards](#) pg. 42)

Once competency is achieved, students will be under INDIRECT supervision. The JRCERT defines indirect supervision as that supervision which is provided by a qualified radiographer immediately available to assist students *regardless of the level of student achievement*.

"Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. (see [Standards](#) pg. 42)

The presence of a qualified radiographer (DIRECT supervision) during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present in the room during the conduct of a repeat image and must approve the student's procedure prior to re-exposure. Students must complete a repeat was performed when logging the exam in Trajecsys and have it signed by the supervising technologist to document that they were directly supervised during the repeat radiograph. (see [Standards](#) pg. 42)

Students will be asked to acknowledge that these supervision policies are being followed when completing the Clinical Education Site Evaluation form at the end of each semester. If a student indicates that supervision policy is not being followed, the DMIR clinical coordinator will follow up with the clinical instructor to discuss the situation and ensure that the policies are followed.

Signage will be displayed in the main x-ray department of each clinical setting spelling out these supervision policies. These policies will be reviewed with all technologists annually. Technologists will sign off that they reviewed the policies and will abide by them.

PROPERTY - CLINICAL EDUCATION SETTING

The clinical education setting will issue to each student items customarily issued to hospital/department employees (ID badges, film badges, lead markers, etc.). The student must conform to the affiliate's rules regarding issue, maintenance, loss and return of these items. If student is dismissed or withdraws from the Program, they are responsible for returning all hospital property within 1 week of the last clinical day.

PERSONAL APPEARANCE/HYGIENE

- Shoes must be closed toe, clean and appropriate for a hospital setting. Shoe color is dependent on clinical site policy and must be abided by.
- Hair is to be clean and neat. Long hair (shoulder length or longer) is to be worn pulled back. Hair color must be a naturally occurring color. No unnatural hair color is allowed in the clinical setting.
- Facial hair is to be up kept/neat and in accordance with clinical site policies.
- Long, dangling earrings & necklaces are not allowed.
- The only visible body piercing allowed per DMIR policy are earrings. Tongue piercings are not allowed.
- Ear gauges are strongly discouraged. Ear gauges are only allowed if they are in place at the time of program acceptance. If gauges are in place at the time of DMIR program acceptance the size must not be increased throughout the duration of the program. In addition, all ear gauges must be plugged while in the clinical setting. Failure to abide by this policy will result in disciplinary action up to and including program dismissal under Program Policy #20.
- Personal hygiene is to be maintained at all times. No perfumes or heavy lotions are to be worn, sprayed or used while on the floor. Please use the restroom to freshen up as the various scents may disturb both patients and co-workers.
- Scrubs must be clean, unwrinkled and in compliance with clinical setting policy. This includes color and style.
- Appropriate fit: Clothing that fits neatly without exposing body areas normally covered by undergarments. Clothing that is excessively tight, revealing, oversized or baggy is not acceptable. Baggy pants worn below the hips or exposing underwear are prohibited. Tops must be long enough to cover the entire midriff and back when bending and stretching. Pants must be high enough to cover abdomen and backside. Pant legs should not drag on the floor. Shirts worn under scrubs, if allowed, may not have any advertisement or visible writing unless specific to radiology. Radiology t-shirts must be appropriate, professional, and must be pre-approved by the clinical site.
- Surgery scrubs, masks, and appropriate foot and head wear MUST be worn while in the surgical setting. Jewelry is not allowed in surgery; this includes wedding rings. Please be aware of the days you are in surgery so you can leave valuables at home as the hospital and College are not responsible for lost or stolen personal property. Surgical scrubs should not to be worn outside the surgical area in accordance with hospital policy.
- In accordance with The Joint Commission, both long and artificial nails are prohibited. Nails are to be kept relatively short (less than ¼” from tip of finger), neat and free of chipped polish.
- Hand hygiene is extremely important and hands must be washed or alcohol based hand sanitizer used before and after contact with each and every patient and in front of the patient
- Radiation dosimeter badge must be worn at all times and should be left at the hospital when you leave for the day. If the radiation dosimeter badge leaves the clinical setting, this must be reported to the clinical instructor. If the student returns to the clinical setting without it, they will be sent home.
- Hospital/Facility ID badge must be worn at all times at the clinical education site above the waist and visible.

Any violation of these policies may result in being sent home from the clinical setting for the day. All hours missed as a result must be made up in accordance with Program policy and will count against your affective/final clinical course grade. This is a violation of Program Policy #20 and will result in disciplinary action.

ABSENCES

Students are required to contact the hospital/clinical instructor if they will be absent ***prior to the start of their assigned shift***. Student who do not call in or who call in within 1 hours of schedules start time will be considered a no call/no show and will be subject to disciplinary action for violation of Rule #1.

Calling in after the start of the assigned start time but within 1 hour will count as a tardy.

Absences and/or the amount of clinical hours missed are limited to 16 hours/semester for 1st through 4th semester and 24 hours/semester for 5th and 6th including weekends & make-up time. All clinical hours must be completed by the last regularly scheduled class clinical ending date of each semester.

- All students must complete all required clinical hours by the Program designated date for each semester. If the student has not completed all the required clinical hours by the specified date, they will earn a failing (F) grade for the clinical course and must officially withdraw from the Program. The completion of all clinical hours is a condition of course completion and each clinical course is a prerequisite to the next clinical course.
- Students who exceed the limits specified above and who do **not** qualify under the [Medical Leave Policy](#) will also be required to officially withdraw from the Program and will earn a failing (F) grade for the clinical course.

Calling in for a scheduled, preapproved weekend or make up shift counts as an absence and will affect the student's final grade accordingly. It is the discretion of the clinical instructor to allow for a student to reschedule a weekend of make-up shift if given sufficient advanced notice. What is considered "sufficient advanced notice" is up to the clinical instructor and will be provided to the student in advance.

All absences must be documented as a time exception in Trajecsys. The Clinical Coordinator upon request of the Program Coordinator (Director) will issue an email to all clinical education settings with specific instructions when extreme weather conditions may affect student attendance. Students will receive notice via Black Board when clinical education may be affected. If the college is officially closed due to inclement weather, students should not report to the clinical education site.

REQUIRED CLINICAL HOUR COMPLETION POLICY

In compliance with JRCERT *Standard Four: Curriculum and Academic Practices*

Objective 4.4: The program provides timely, equitable, and educationally valid clinical experiences for all students.

Clinical make up hours may be completed at any time during the semester as **authorized** by the Clinical Instructor. Each Clinical Instructor will have total control over the scheduling of clinical hours with the student, as such; flexibility in scheduling may differ from setting to setting. All completion hours must be scheduled and authorized by the student's designated Clinical Instructor prior to completion. Requests to complete clinical hours outside of the designated college and/or program schedule (i.e. college break) is not permitted unless authorized by the Clinical Coordinator. Hours that are not scheduled and/or authorized by the designated Clinical Instructor prior to completion will **not** be counted towards required time. Students are responsible for any classes missed at the clinical education setting due to their absences. There will be no special provisions made for students who miss class.

In accordance with JRCERT standard 4.1, clinical hours may not exceed more than 10 hours per day. All program related hours including lecture, lab, and clinical hours may not exceed 40 hours per week (this includes make up and weekend hours). The program recognizes that students may need to exceed these limits on rare occasions and therefore, a student may voluntarily request to exceed the JRCERT limitations by completing a [Clinical Hour Request Form](#) (available on Trajecsys) Students who have accumulated numerous absences and/or consecutive days resulting in a significant number of missed clinical hours may not be able to complete the Programs as scheduled. Students in this situation may be required to break the continuity of the Program and re-enter at a later date. See extended and personal leave policies included as part of this document. (see [Standards](#) pg. 31)

Clinical Hour Request Form

Site:

Clinical Hour Request Form

I am requesting to voluntarily exceed the limits of the required clinical assignment of no more than ten (10) hours per day and/or the total didactic and clinical involvement of no more than 40 hours per week. (Standard 1.4) or to complete clinical time outside of the regularly scheduled clinical hours (i.e. break).

The "Program" is not requiring that I be scheduled at the clinical education setting beyond the limitations set by the JRCERT in Standard 1.4. It is solely by my request.

Please provide a brief rationale below explaining the reason for the request:

I understand I am not to exceed the clinical assignment until my request has been approved or my hours will be considered null and void.

Yes

Clinical Instructor: Indicate if this form is approved or disapproved.

Denied (Please provide brief rationale in comment bubble): Approved N/A

Approved Not Approved

CLINICAL HOURS

Clinical hours cannot be completed in advance of the actual required date. In other words, clinical hours cannot be “banked” or transferred from one semester to another. An exception to this policy is considered under the Medical Leave Policy option #1.

VACATIONS AND PERSONAL REQUESTS FOR TIME OFF

Students are expected to attend clinical education without interruption except when designated as time off by the Program issued calendar. The Program calendar does not necessarily follow the College calendar. Therefore, students taking personal time for vacations or other circumstances not falling under the extended illness policy may risk continuation in the Program. Vacations and personal time off requests for the final week of the semester will NOT be approved.

PREGNANCY POLICY

In compliance with JRCERT *Standard Five: Health and Safety*

Objective 5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

The program’s radiation safety policies must also include provisions for the declared pregnant student in an effort to assure radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The pregnancy policy must be made known to accepted and enrolled female students, and include:

- a **written** notice of voluntary declaration,
- an option for **written** withdrawal of declaration, and
- an option for student continuance in the program without modification (see [Standards](#) pg. 39)

Students who may be pregnant or become pregnant while enrolled in the program are not required to inform program officials. The program follows the Nuclear Regulatory Commission (NRC) regulations regarding the declared pregnant student (declared pregnant worker). A declared pregnant worker is defined as a student who has voluntarily informed a program official (Program Coordinator), in writing, of pregnancy and the estimated date of conception. Upon receipt of written notification via [Declaration of Pregnancy form](#) (found in Trajecsys under “Evaluations”), the risks of radiation damage will be reviewed with the student along with the student’s clinical rotation schedule. The student will also receive a copy of the NRC regulatory guide 8.13 Instruction Concerning Prenatal Exposure (found in Trajecsys under Documents).

Students may continue in the program **without modification**. Students who are pregnant are given the same options for continuance in the program as students with an extended illness, who incur an injury during the course of the program, or with extenuating circumstances (i.e. pregnancy). A student can request reassignment to another clinical site if another site is available.

If a student chooses to declare her pregnancy and continues in the program, it is recommended that she consult with her physician and obtain written permission to perform the duties outlined by the program. The student may submit the physician’s release to the Center for Access & Accommodations. The Radiography Program Release Form will also be reviewed at this time. The clinical education setting and/or the college will provide the student with a second radiation monitor to be worn at the waist under the lead apron. It is the intention of this policy that the student be given all the information necessary to make an informed decision with the guidance of her physician. It should be noted the student has the option to withdraw her declaration at any time, but must do so in writing (Trajecsys form under “evaluations”).

COLLEGE OF DUPAGE
Diagnostic Medical Imaging Radiography Program
Student Declaration of Pregnancy

10 CFR 20.1003 DEFINITIONS -- DEFINES A DECLARED PREGNANT WOMAN AS FOLLOWS:

"Declared pregnant woman means a woman who has voluntarily informed the licensee, in writing, of her pregnancy and the estimated date of conception. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant."

10 CFR 20.1208 DOSE TO AN EMBRYO/FETUS -- STATES:

- (a) The licensee shall ensure that the dose equivalent to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv).
- (b) The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section.
- (c) The dose to the embryo/fetus shall be taken as the sum of--
 - (1) The deep-dose equivalent to the declared pregnant woman: and
 - (2) The dose equivalent to the embryo/fetus resulting from radionuclides in the embryo/fetus and from any radionuclides in the declared pregnant woman.
- (d) If the dose to the embryo/fetus is found to have exceeded 0.5 rem (5 mSv), or is within 0.05 rem (0.5 mSv) of this dose, by the time the woman declares the pregnancy to the licensee, the licensee shall be deemed to be in compliance with paragraph (a) of this section if the additional dose to the embryo/fetus does not exceed 0.05 rem (0.5 mSv) during the remainder of the pregnancy.

- I have read the above Nuclear Regulatory Commission definition of a "DECLARED PREGNANT WOMAN" and section 10 CFR 20.1208 on the dose to an embryo/fetus and understand them. By declaring my pregnancy in writing, I understand I have reduced my maximum permissible deep-dose equivalent exposure to 0.5 rem (5 mSv) during the entire gestation period from that of a non-pregnant woman. With this understanding I am voluntarily informing the College of DuPage that I meet the NRC definition and request that a fetal dosimeter be issued to me. I estimate that the date of conception to be on or about ____ / ____ / ____, with a due date of approximately ____ / ____ / ____.
- I have received a copy of NRC regulatory guide 8.13 Instruction Concerning Prenatal Exposure (can be found in Trajecsys under Documents).
- I agree to continue in the Program without modification.
- I understand that my education as a student radiographer may put me at risk of exposure to radiation and therefore agree to hold harmless the College of DuPage, Radiography Program, or any clinical affiliate for any defects and/or injury that may result from exposure to radiation during the educational program. I understand it is my responsibility to comply with all radiation safety rules established by the Program and the clinical site in order to keep radiation exposure to myself and my unborn child to a minimum.
- I have consulted with my physician and have obtained written permission to perform the duties outlined by the Program without restriction.
- I understand that I have the right to revoke this declaration at any time during the pregnancy and that the revocation must be in writing.

Signature _____

Date _____

Withdrawal of Declaration of Pregnancy Form

Name: _____ Date: _____

- I am withdrawing my previous declaration of pregnancy in writing. I understand that by submitting this form I agree to the removal of additional radiation dosimeters provided by the clinical site and the campus radiography lab.

MEDICAL LEAVE POLICY

Although each student's individual situation may differ, this policy addresses not only extended illnesses, but also injuries, surgical or other medical procedures, as well as other extenuating circumstances that occur during the course of the Program that may limit a student's ability to focus without distraction and fully perform the functions required in the clinical education course, meet the total attendance requirements and/or accomplish the stated objectives. It should be noted that a [Medical Release Form](#) noting no restrictions, signed and dated by a licensed physician must be filed with the Center for Access & Accommodations before a student can return to the clinical education setting.

Depending on the individual situation one or more of the following options may be applied with the approval of the Clinical Coordinator and/or Program Coordinator:

1. Option to complete required clinical hours *prior* to a surgical or other medical procedure requiring extended recovery time.
2. Elect to be assigned a grade of Incomplete (I) in the clinical education course for the semester affected. All course requirements, objectives, and clinical absences must be made up by the end of the spring semester of the first year for first year students and prior to successful Program completion for second year students. Failure to complete all requirements, objectives and clinical hours may result in the failure of the clinical education course.
3. Officially withdraw from the Program and re-enter within one year. Students considering this option should be aware that voluntary withdrawal from the Program holds no guarantee for re-entry or former clinical assignment (["Readmission" Policy](#)).

Note: Neither the Program or its clinical education settings will under any circumstances breach or infringe on the privacy of students and will strictly adhere to FERPA and HIPAA privacy laws. The program will not require a student to disclose any personal information relating to their request for extended illness consideration unless they elect to do so voluntarily.

PERSONAL LEAVE POLICY

Time away for personal reasons will normally be granted for situations requiring a student to be away from the clinical education component of the Program for an extended period of time and is not covered by any other policy. Because each situation tends to be different, the number of days will be determined upon the review of the specific nature of the request with appropriate documentation.

Students wishing to be excused for personal reasons must meet in advance (except in emergency) with the Clinical Coordinator or Program Coordinator certifying that the reason for the day(s) is of an acceptable personal nature. Phone calls (voice mail) or emails may be accepted for emergencies such as illness or death in the immediate family.

FAMILY EMERGENCY/ILLNESS

For the purpose of this policy, student personal leave includes but is not limited to attending to emergency family business or attending to an ill immediate family member for an extended period of time. Absence from required clinical hours must be completed in accordance with the Program policy and will adversely affect grading on attendance (Affective Grade Form) for absences. Additional days of absence may be permitted in addition to their limit of clinical absences and will be determined on a case-by-case basis.

For the purpose of this policy, the immediate family is defined as: Children, Spouse, Mother, Father, Sister, Brother, Stepchild, Mother-in-law, Father-in-law, Brother-in-law, Sister-in-law, Stepparent, and Grandparent.

BEREAVEMENT POLICY

Students suffering a death in their immediate family may receive up to (2) Bereavement days leave per incident per semester in addition to their limit of clinical absences. Bereavement leave hours must be made up in accordance with the Program policy for absences. For the purpose of this policy the immediate family is defined as: Children, Spouse, Mother, Father, Sister, Brother, Stepchild, Mother-in-law, Father-in-law, Brother-in-law, Sister-in-law, Stepparent, and Grandparent.

JURY DUTY

Each student is allowed time off for jury duty and subpoena, with appropriate verification. This policy does not apply to a student's personal court dates. The time missed due to jury duty or court subpoena consisting of one week or less does not need to be completed and will not affect the student's clinical grade (affective & final). If extended jury duty is required beyond one week, make up time will be required.

MILITARY RESERVE

Military reserve release time will be excused upon receipt of dated military orders. Any extended-release time may result in withdraw from the program and re-entry the following year. Specifics to be reviewed on a case-by-case basis. Clinical absences due to military reserve will not affect the clinical grade (affective & final). However, absences exceeding one week will require make up time in accordance with DMIR program policy.

UNITED STATES CITIZENSHIP REQUIREMENTS

Students are allowed to meet U.S. citizenship requirements to a maximum of two days without penalty. An absence/s for this purpose is not counted toward the total absences allowed. In addition, these absences shall not affect the grade on the attendance section of the affective evaluation. The time, however, must be completed in accordance with the stated clinical hour completion policy.

ORGANIZED INSTRUCTION

Although, organized instruction at the clinical site is recommended by the Program, it should be noted that not all clinical education settings will conduct instruction in the same way. Students should receive instruction sufficient for the number of students to complete the requirements of the course syllabus. The program recommends two hours a week for first year students and three hours a week for second year students. The actual scheduling or conduction of instruction is at the discretion of the clinical education setting and/or the Clinical Instructor. It should be noted that instruction is recommended and not a requirement of the program. The instructional content is intended to serve as reinforcement of the didactic instruction delivered at the College and to further enhance the completion of the specified course objectives.

LUNCH BREAKS

Students are *required* to take a lunch/dinner break per clinical education setting (hospital) policy. Students are not allowed to “skip” lunch and/or dinner breaks in an effort to go leave the site early or otherwise. This policy applies to both regularly scheduled clinical days and weekend rotations.

All students are allowed a 45-minute lunch break each full clinical day. However, when this lunch break will occur and how many students may go to lunch at a time is based on the clinical site's policy. Here are some basic rules that apply across all clinical sites:

- Students should check with their clinical instructor to find out more about the guidelines related to lunch breaks.
- Students should understand that the time of the lunch break may be variable each day based on assigned rotation and that day's exam schedule. Students are required to check in with their clinical instructor/lead technologist/technologists they are assigned before leaving to take their lunch break to be sure that it's a good time to go.
- Students should ***NEVER*** walk out in the middle of an exam they are participating in to go to lunch. The students should always complete an exam before asking to leave for their lunch break. *If it is found that a student is leaving an exam without seeing it through to completion, they will be written up for violation of rule #17 of the DMIR Program Design.* The student should find a time between cases to leave for lunch ensuring that they will not miss an educational opportunity.
- While the clinical instructor may allow *some* students to go to lunch at the same time, there is no guarantee that all exam schedules will line up for students to leave at the same time. Part of clinical education is learning the flow of the department and students must learn to be flexible when scheduling their lunch break.
- If a student has questions about the clinical site's policy regarding lunch breaks, they should speak with your clinical instructor to clarify."

COLLEGE OF DUPAGE
Diagnostic Medical Imaging
Radiography Program

MEDICAL RELEASE FORM

DATE: _____

This is to certify that I have examined _____ and find him or her to be sufficiently recovered and able to resume full duties with no restrictions and/or limitations. This release indicates that said student can resume any and all requirements and responsibilities associated with their enrollment and participation in the Radiography Program. This includes but is not limited to the care for hospitalized patients.

Comments:

PHYSICIAN'S SIGNATURE

OFFICE ADDRESS:

TELEPHONE NUMBER:

ROOM ROTATION SCHEDULE

The Clinical Instructor shall design a [room rotation and schedule](#) of educational experiences for the students. Copies shall be posted in the Diagnostic Medical Imaging Department and distributed to the students, supervisors and the College. Room rotations are tentative and are subject to change during the semester based on the need of specific exams.

ROOM OBJECTIVES

The Clinical Instructor shall develop objectives for the students for each semester for each room that the student will be assigned to. The objectives shall direct the student towards performing the current semester's examinations, towards observing procedures for future semesters and towards continuing to perform procedures learned in previous semesters. Each student, each department radiographer and the College shall receive copies of the room objectives prior to the start of each semester.

FACULTY CLINICAL VISITATION

Radiologic Technology faculty shall visit the clinical education setting each semester. Each facility will be visited at least twice during the semester, once for each class. The goals for these clinical visits are to:

- Observe the students in the clinical environment.
- Meet with the students.
- Meet with the Clinical Instructor to review student progress.
- Meet with staff radiographers.
- Possibly meet with department supervisors, directors or administrators;
- Assess whether or not clinical education is being integrated in an organized manner and according to the Program Design.
- Possibly attend a class given by the Clinical Instructor.
- Assess the level of supervision that is being provided by support personnel.

ATTENDANCE AND PERFORMANCE RECORDS

For the program to ensure that the best education possible, a record of the student's attendance and performance of daily examinations must be maintained. Students are required to clock in at the start of each clinical shift and clock out at the end of the shift. Students are also required to clock out for lunch break and in upon return. If a clock in/out is missed, the student must complete a time exception form in Trajecsyst. Failure to clock in/out as instructed will result in disciplinary action in accordance with rule #16. Clinical Instructor's (acting as an agent of the DMIR faculty) responsibility to verify and approve that all hours are completed in accordance with DMIR policy. If a student is absent from clinicals, they are required to complete a time exception reflecting the missed hours.

Students are required to log all exams in Trajecsyst daily. Students can access a skill summary showing all exams that they have completed while in the program. The summary data is used to monitor student progress related to the accreditation and/or ARRT student experience and/or competency requirements. The accuracy of the system output depends upon the quality of the input. It is the responsibility of the student to ensure that the information is submitted accurate. Failure to log exams as instructed will result in disciplinary action in accordance with rule #16.

**RADIOGRAPHY PROGRAM
CLINICAL ROTATION ASSIGNMENT (SAMPLE)**

CLINICAL EDUCATION SETTING _____

SEMESTER: FALL SPRING SUMMER 20_____

REQUIRED COMPETENCIES

ADDITIONAL ROOM ROTATIONS

ROOMS/AREAS THAT WILL PROVIDE EXPERIENCE

WEEKLY ASSIGNMENT

STUDENT NAME							

CLINICAL EDUCATION EVALUATION

This policy was developed by the Clinical Instructors Committee and shall be uniformly applied at all clinical education settings. The policy includes the minimum objectives to be completed each semester and the grading method for Clinical Education.

CLINICAL EDUCATION GRADE

Student performance is evaluated in psychomotor, cognitive, and affective areas.

The students will receive a letter grade for each Clinical Education course. The letter grade and explanation are:

- 100-93% = A (Superior Achievement)
- 92.9-85% = B (Above Average Achievement)
- 84.9-78% = C (Average Achievement)
- 77.9-75% = D (Below Average Achievement)
- 74.9 & below = F (Failure to complete minimum requirements)
- I = Incomplete

****NOTE: Percentages will not be rounded up to the next grade****

The "I" grade is given only when a student, for extenuating circumstances, has been unable to complete the minimum requirements by the designated date as stated in the course syllabus and/or program calendar.

The final grade is calculated in Trajecsys as follows:

- Clinical Competency Evaluation (psychomotor skills) = 50% of final grade
 - 40% Semester competencies (50% in 1st Semester)
 - 10% Comprehensive competency (2nd-6th Semester)
- Clinical Profile (Technologist-Student Evaluations) = 10% of final grade
- Cognitive Evaluation (written exams) = 10% of final grade
- Affective Evaluation = 30% of final grade
 - Attendance & Punctuality = 10%
 - Questions 2-7 = 20%

All minimum clinical competency objective requirements must be completed by the last assigned clinical day of each semester. The Clinical Instructor will submit final grades to the college at the end of each semester.

CLINICAL COMPETENCY EVALUATION

The clinical competency evaluation area is evaluated by the student's performance of specific radiographic procedures as required by the ARRT (separate document), performed on both pediatric and adult patients. Performance is evaluated on the [Clinical Competency Evaluation Form](#). The Clinical Instructor is the final say on all competencies and reserves the right to reverse or change any clinical competency conducted by someone other than themselves if they feel it does not meet the standards of the Program. If there is a question regarding the student's competency, the Instructor of Record and/or the Clinical Coordinator or Program Coordinator should be consulted.

The graded areas contribute 50% to the final course grade. There are four possible ratings that the student may receive for each item on the form. Students may be awarded:

- 3.00 points (100%) – Excellent
- 2.78 points (93%) – Above Average
- 2.54 points (85%) – Average
- 2.33 points (78%) – Below Average
- 0 points - Unacceptable and Voids the Evaluation (F)

As a further guideline when evaluating image quality, the student may receive 3 points if the factor has no room for improvement; 2.78 points if the factor is good, but not perfect, 2.54 if the factor needs improvement, 2.33 point if the procedure needs major improvements but the image is still acceptable; 0 points if the factor causes the image to be repeated. If the student receives 0 in any category, they have failed the evaluation and must attempt it again. There is a limit of **three times** (combination of actual and simulation) on the number of official attempts the student can make on each exam/procedure.

In the yes/no areas, the student either performs each function or they do not. If they perform the function satisfactorily, the Clinical Competency is marked reflecting the function was met. If they perform unsatisfactorily, the form is marked and an explanation must be provided as to why the performance was unsatisfactory, and how the student should correct it (image evaluation).

Each student will be allowed a total of **three attempts** (combination of actual and simulation) to successfully complete each required radiographic exam/procedure listed in their respective semester. If a student fails a competency three times on an elective procedure that is required for the semester, they may not substitute another elective in order to void a previously failed attempt. Clinical competencies account for **50%** of the final clinical course grade. However, if a student is unsuccessful after the third and final attempt, this negates the necessity to calculate a final clinical course grade as the student is considered to have failed the clinical course for that semester. Failed simulation competencies may not be completed consecutively. If a patient or simulation competency is failed, the clinical instructor must take time to discuss the errors with the student prior to a 2nd or 3rd attempt. Students should be given ample time to practice the exam on an actual patient (if available) before another attempt. All attempts should not be completed within the same day.

The student may request the evaluation when they have assisted and performed the exam often enough so that they feel confident of being able to successfully complete the evaluation. This is considered an official attempt to pass the Clinical Competency. The student may request the Clinical Instructor's unofficial evaluation of their progress at any time (mock competency). The student may request to be evaluated on an exam listed in a future semester, as long as it has been covered in didactic lecture, but it *may* be subject to re-evaluation (re-competency) in the semester in which the competency is required.

If the clinical competencies cannot be completed because of a lack of patients needing a particular exam/procedure, the students must be evaluated by simulating the exam ([ARRT Radiography Didactic and Clinical Competency Requirements](#)). A simulation includes everything that the normal Clinical Competency has except for taking the exposure. After the simulation, the student must be evaluated on an actual patient as soon as possible. The Clinical Instructor shall decide if there have not been sufficient patients for regular evaluation. The Clinical Instructor is not obligated to simulate clinical competency exams/procedures if there has been ample patient and opportunities, or attributed to procrastination or absences on the part of

the student. *It is the student's responsibility to ensure all required competencies are completed. It is not the responsibility of the Clinical Instructor or designated faculty member.*

CLINICAL PROFILE

An important part of a final clinical evaluation grade is the observance and evaluation of the technologist staff working with and evaluating the student's assigned to the clinical education setting. The **Technologist-Student Evaluation Form** will be distributed to the technologists working with the students at intervals specified by the clinical instructor. To protect the confidentiality of the "evaluator" the original forms are not reviewed with the student. Rather, the completed evaluations are summarized by the Clinical Instructor and then reviewed with the student accounting for **10%** of the final clinical course grade.

COGNITIVE TESTING

Cognitive testing is included as an integral part of the evaluation process. Its purpose is to evaluate the student's knowledge of departmental procedures, techniques, and classroom instruction. Cognitive testing contributes 10% to the student's final clinical course grade. Written exams will be provided by DMIR faculty for all clinical education sites. Exams will be administered at the clinical site at the assigned date. Grades will then be converted to a three-point scale as noted on the Final Grade Form. Two cognitive tests are to be administered to each class of students during the fall and summer semesters of each year (DMIR 1111, 1112, 2211 and 2212). Tests should reflect material in the current ARRT content specification and reflect the competencies for that semester. Students will be notified via BlackBoard and syllabi when the exam will be held and what material it will cover. All students at all clinical sites will take the same exam on the same scheduled day. A comprehensive exam will be administered on campus in the spring semester to both classes (DMIR 1113 & DMIR 2213). The comprehensive exam accounts for the total cognitive grade (10%).

THE AFFECTIVE AREA

The Affective area will be evaluated using the Affective Evaluation Form. The affective evaluation is **30%** of the student's final clinical course grade. The student will be evaluated at mid-semester and at the end of the semester. The end of semester evaluation will be used for grading. On the Affective [Grade Form](#), there is a space provided for both the student's and Clinical Instructor's written comments. The Clinical Instructor must also indicate recommendations for student improvement.

COMPREHENSIVE EXAMINATIONS

One of the more difficult aspects of the Program is the retention of presented material. The student cannot stop studying material just because a class or clinical competency has been successfully completed. Therefore, a system has been devised in an attempt to ensure that students retain a proper amount of previous material. The comprehensive exam is designed to achieve this goal. The written exam is administered through an outside source (i.e. RadTechBootCamp) on campus during Spring semester of both years. The exam immediately provide the student with their score with additional information about what areas need improvement.

The exam will imitate the ARRT registry exam in the number of questions from the various categories and will reflect similar format to the ARRT registry exam. The comprehensive grade is entered on the final grade form.

With the exception of Summer semester (DMIR 1111) of the first year of the program, the student must also complete a **one-attempt** comprehensive clinical competency each successive semester. This is a re-performance of any procedure the student has previously completed a clinical competency on. Patients and exams are selected at random by the clinical instructor, but patient condition is to be taken into account. This comprehensive clinical competency accounts for **10%** of the final clinical competency evaluation grade.

GENERAL GRADING

Students who do not earn a final course grade(s) of “C” (78% minimum level) or better in any required DMIR course(s) will not be permitted to continue in the Program ([Academic Standards Policy](#)). The Program faculty and clinical staff have established a 78% minimum level on all competencies to maintain a high level of performance and assure that, upon graduation, graduates perform as a qualified entry-level staff radiographer and are prepared to successfully pass the ARRT national certification examination (registry).

Prior to a student being awarded the “I” grade for clinical, the Clinical Instructor must consult with the appropriate faculty member. When the student receives an "I" grade, the [Incomplete Grade Form](#) must include an explanation of why the grade was given, how the "I" will be completed and when the requirements for removing the "I" are to be completed. A separate *official* incomplete grade form will be completed to comply with college policy. A default grade must also be specified in case the student does not complete the requirements during the allotted time. The student shall sign the agreement. The "I" must be completed before the student begins the next clinical education course unless other arrangements have been agreed to between the student, designated faculty member and/or Clinical Instructor. Program faculty will consult with the Clinical Instructor should there be a grade dispute, however the faculty reserve the right to revise the initial grade issued by the Clinical Instructor.

REPEAT POLICY

In compliance with JRCERT **Standard Five, Objective 5.4** ([Standards](#) pg. 42), students that must repeat unsatisfactory radiographs must do so under the direct supervision of a qualified radiographer.

All repeat radiographs taken must be documented in Trajecsys when the associated exam is logged. The supervising technologist must add their initials in Trajecsys to verify proper supervision occurred. Failure to comply with this policy will result in disciplinary action ([Rule 16](#)). Signage is placed at each clinical education site in a common area to remind staff radiographers of this policy. This policy will be reviewed with all staff technologists on a yearly basis to ensure compliance.

STATEMENT ON STUDENT ASSIGNED LEAD MARKERS

Because lead markers are used to identify a student, students are not to loan or share their lead markers with another student and/or radiographer. Some clinical education sites may require the student to purchase their own lead markers. Prior to purchase of lead makes, students should consult with their clinical instructor approval of initials included on the marker. Students should consult with program faculty about locations to purchase said markers. Students shall not loan their lead marker to any other student or technologist when they are not directly involved in positioning of the patient during the exam.

RADIATION SAFETY: DOSIMETERS AND MONITORING REPORTS

In compliance with JRCERT *Standard Five: Health and Safety*
Objective 5.1- The program assures the radiation safety of students through the implementation of published policies and procedures.

All radiographic personnel (including student radiographers) are issued some form of personal monitoring device to record any radiation exposure that may be received. Student monitoring devices are usually in the form of a thermoluminescent dosimeter (TLD) or an optically stimulated luminescent dosimeter (OSL). Radiation monitoring devices are to be worn at the collar with the front facing forward, and are not to be covered by lead shielding. During fluoroscopic examinations, the student shall not turn his/her back to the fluoroscope during its operation and should maintain a reasonable distance from the patient when possible. The radiation dosimeters are worn for either one month/quarter (as required by the facility) and then they are sent for processing to obtain a report of any radiation dose received. The radiation report is received by the radiology department at the clinical education setting and must be made available to all personnel upon receipt. The clinical instructor must review the official radiation report with the student. Students are required to review their dosimeter reading, initial the report, and record the reading on the "Dosimeter Report Verification Form" in Trajecsys upon receipt. A hard or electronic copy of the report is to be submitted to the DMIR program faculty at College of DuPage on a monthly/quarterly basis for review. Any radiation exposure exceeding the threshold limit of 1 millisievert or 100 millirem per month will trigger an inquiry by the program faculty to ensure that subsequent readings do not exceed this threshold limit in the future. Students must submit an explanation in writing. Repeated high exposure rates may be cause for dismissal from the DMIR program if it is determined that improper safety precautions on the part of the student are the cause of the high readings. (*Standards* 5.1, pg. 39).

In accordance with the JRCERT Standards 5.1, "all students must be monitored for radiation exposure when using equipment in energized laboratories as well as in the clinical environment during, but not limited to, simulation procedures, image production, or quality assurance testing." This includes all activities utilizing the x-ray equipment in lab. Students are expected to wear their dosimeter badge at all times while participating in activities requiring use of the energized x-ray equipment. Failure to wear the monitor during clinicals or lab sessions will result in the student being dismissed from the lab and/or clinicals. The missed time/work must be made up at the discretion of instructor. Any lab work not completed will result in a grade of "0" for the lab exercises being performed if not made up within reasonable time during the semester. Students must be positioned in the control panel area with an instructor present when exposures are made in lab class. Students may not expose each other. Badges must be returned to the specified location prior to leaving the clinical site and lab each day. If the student does not return the badge before the shipping date, the student will be responsible to pay all late fees associated with the delayed shipment. Dosimetry reports will be available for student review quarterly in the lab. All reports will be reviewed by DMIR faculty. Any radiation exposure exceeding the above stated threshold limit will trigger an inquiry by the program faculty to ensure that subsequent readings do not exceed this in the future. Students must submit an explanation in writing. Students must initial the reports (available in the Radiograph lab) upon review each quarter.

Should the student lose the radiation dosimeter supplied at the clinical education site or lab, the dosimeter will be replaced at the student's expense.

STATEMENT ON STUDENTS HOLDING PATIENTS FOR RADIOGRAPHIC PROCEDURES

In accordance with JRCERT standard 5.3, "Students should not hold patients during any radiographic procedures when an immobilization method is the appropriate standard of care." It is the DMIR program's policy that students should *never* hold a patient during exposure. Furthermore, in accordance with this policy, "students must not hold the image receptor during a radiographic procedure" under no circumstance.

RADIATION SAFETY: RADIOGRAPHY CAMPUS LAB SUPERVISION

Radiation safety procedures as they pertain to the lab setting will be covered on the first day of 1st semester. Students may only utilize the energized x-ray equipment under the supervision of the qualified radiography lab instructor. Student must wear the provided radiation dosimeter at the collar outside the lead at all times when using the energized x-ray equipment in lab. This includes but is not limited to "simulation procedures, image production, or quality assurance testing" (JRCERT Standard 5.1). Any violation of radiation safety policies will result in disciplinary action.

MRI SAFETY TRAINING AND SCREENING PROCESS

*In compliance with JRCERT Standard Five: Health and Safety
Objective 5.3 – The program assures that students employ proper safety practices.*

In accordance with the JRCERT Standards 5.3, students will be required to complete a screening process for magnetic wave or radiofrequency hazards prior to the 1st day of clinical education in 1st semester. This will be completed in addition to any MRI training and screening students complete at their clinical education site. This screening process will occur during new student orientation prior to beginning their clinical education rotation. An MRI safety training video and assignment must be completed prior to the first day of clinical education. Students must complete the MRI verification form in Trajecsys documenting the date of completion. Any students who have not completed the screening form, video, and assignment will not be allowed to attend the clinical site. Should the status of the student change during the program, students must complete another MRI screening form and submit to the program director immediately.

EVALUATION OF CLINICAL EDUCATION SETTING AND CLINICAL INSTRUCTOR

At the conclusion of each semester, all currently enrolled students will complete a DMIR Program Clinical Education Evaluation Form evaluating specific areas of clinical instruction and the clinical instructor. These forms are anonymous, completed on campus, collected and submitted to the Clinical Coordinator who will have the data compiled by COD staff services. An electronic copy of the summation will be sent to all program faculty, each respective clinical instructor and/or designee, and hospital management upon request. Failure to complete the evaluation as instructed will result in disciplinary action in accordance with rule #16.

CLINICAL RE-ASSIGNMENT POLICY

Although transfer of students from one clinical education setting to another is discouraged, the Program recognizes that there may be circumstances warranting such consideration. *Clinical re-assignment requests for convenience (i.e. distance) will not be considered.* However, clinical re-assignment *may* be considered when it is deemed in the best interest of the student, clinical

education setting or both. A written request for re-assignment may be made by the student, Clinical Instructor at the site to which the student is assigned, or a DMIR program faculty member. The Program will not consider the re-assignment of a student who has been issued serious or multiple disciplinary actions related to patient safety, unprofessional, unethical, or threatening behavior. There is no guarantee that another clinical site will be available for transfer. The clinical instructor will interview the potential transfer student and has the right to decline the transfer. The Clinical Instructor has the right to view the student's file including all disciplinary action prior to transfer. Students are encouraged to bring clinical issues to the attention of the designated course program faculty member as soon as possible for recommendations, clarification on policy, or intervention. The student should not wait until the issue escalates before discussing it with the course faculty member and/or Clinical Coordinator and/or Program Coordinator.

**COLLEGE OF DUPAGE RADIOGRAPHY PROGRAM
CLINICAL COMPETENCY EVALUATION**

STUDENT _____ DATE _____
 EXAM _____ ATTEMPT _____

TYPE OF EVALUATION COMPETENCY ADULT SIMULATED
 RE-COMP PEDIATRIC

The competency evaluation form has been designed for evaluating a maximum of 3 views. If the exam requires more, additional evaluation forms will be used. Each exam necessitates a separate grade sheet.

The evaluator will mark each area with an X to indicate the point value. EACH VIEW MUST HAVE A MINIMUM OF 2.54 TO BE CONSIDERED ACCEPTABLE. If any one view is below the minimum score, the ENTIRE EXAM must be repeated. A zero in any category will result in an automatic failure for this competency.

PERFORMANCE EVALUATION

- A. Evaluate Requisition
- B. Room Preparation
- C. Obtain & Document Patient History

PASS

FAIL

	POSITION														
	Projection/Position A					Projection/Position B					Projection/Position C				
	Excellent	Above Average	Average	Below Average	Unacceptable	Excellent	Above Average	Average	Below Average	Unacceptable	Excellent	Above Average	Average	Below Average	Unacceptable
PERFORMANCE EVALUATION															
<i>Patient Care</i>															
<i>Equipment Operation</i>															
<i>Positioning Skills (3 minutes)</i>															
<i>Apply Principles of Radiation Safety</i>															
IMAGING EVALUATION															
<i>Anatomy Evaluation</i>															
<i>Radiographic Techniques</i>															
<i>Image and/or other Identification</i>															
<i>Radiation Protection</i>															
NUMBER OF POINTS SCORED															
AVERAGE SCORE															

	POSITION														
	Projection/Position D					Projection/Position E					Projection/Position F				
	Excellent	Above Average	Average	Below Average	Unacceptable	Excellent	Above Average	Average	Below Average	Unacceptable	Excellent	Above Average	Average	Below Average	Unacceptable
PERFORMANCE EVALUATION															
<i>Patient Care</i>															
<i>Equipment Operation</i>															
<i>Positioning Skills (3 minutes)</i>															
<i>Apply Principles of Radiation Safety</i>															
IMAGING EVALUATION															
<i>Anatomy Evaluation</i>															
<i>Radiographic Techniques</i>															
<i>Image and/or other Identification</i>															
<i>Radiation Protection</i>															
NUMBER OF POINTS SCORED															
AVERAGE SCORE															

COMPETENCY SCORE _____

SCALE 3.00=Excellent 2.78=Above Average 2.54=Average 2.33=Below Average 0.00=Unacceptable

COMMENTS:

**PERFORMANCE EVALUATION
(PERFORMED BY EVALUATOR)**

		Y	N	N/A
A.	EVALUATION OF REQUISITION			
	1. identified procedure(s) to be performed	___	___	___
	2. identified the patient's age, name & sex	___	___	___
	3. identified patient location & mode of transportation	___	___	___
	4. acknowledged any pathological conditions & acquired appropriate patient history	___	___	___
B.	ROOM PREPARATION			
	1. verified that equipment is operational	___	___	___
	2. provided a clean & orderly work area	___	___	___
	3. obtained appropriate supplies for examination	___	___	___
C.	PATIENT CARE			
	1. selected the correct patient	___	___	___
	2. introduced themselves to patient & briefly explained the procedure	___	___	___
	3. requested the menstrual period (LMP) date of female patients of child bearing age	___	___	___
	4. transported patient to appropriate imaging area	___	___	___
	5. verified if patient is properly prepared for the examination	___	___	___
	6. provided appropriate assistance to radiographic table based on patient's condition	___	___	___
	7. maintained patient dignity & modesty through proper gowning & covering the patient	___	___	___
	8. talked to patient in a concerned, professional manner	___	___	___
	9. applied universal precautions as established by the Centers for Disease Control	___	___	___
	10. provided proper instructions for moving & breathing	___	___	___
	11. checked patient's condition at regular intervals	___	___	___
	12. provided for patient security if the patient is left alone in the radiographic room	___	___	___
D.	EQUIPMENT OPERATION			
	1. maneuvered x-ray tube & bucky utilizing appropriate controls, locks & proper tube/bucky alignment	___	___	___
	2. selected the proper image receptor, grid, etc.	___	___	___
	3. selected appropriate SID	___	___	___
	4. used immobilization devices, as needed	___	___	___
	5. referred to technique chart	___	___	___
	6. selected exposure factors	___	___	___
	7. used equipment so as not to exceed recommended safety guidelines	___	___	___
E.	POSITIONING SKILLS			
	1. positioned the patient	___	___	___
	2. aligned center of part to be demonstrated to the center of image receptor	___	___	___
	3. set the correct tube angle	___	___	___
	4. time not to exceed 3 minutes per view; starts at beginning of student positioning	___	___	___
F.	APPLY PRINCIPLES OF RADIATION PROTECTION			
	1. collimated to the part	___	___	___
	2. used gonadal shields, if appropriate	___	___	___
	3. demonstrated use of lead apron, gloves & lead blockers, if appropriate	___	___	___

**IMAGE EVALUATION (PERFORMED
BY CLINICAL INSTRUCTOR)**

A.	ANATOMY EVALUATION			
	1. anatomy is shown in proper position	___	___	___
	2. adequate detail (no motion visible)	___	___	___
	3. anatomical structures identified	___	___	___
B.	RADIOGRAPHIC TECHNIQUES			
	1. technique chart used correctly (proper contrast & density)	___	___	___
	2. adjusted exposure factors for motion, pathology or patient size when appropriate	___	___	___
	3. image exhibits adequate contrast & density	___	___	___
C.	IMAGE IDENTIFICATION AND/OR OTHER IDENTIFICATIONS			
	1. right & left markers properly displayed (free of pertinent anatomy)	___	___	___
	2. accessory markers visible, if required (minute, hour & directional)	___	___	___
	3. verify correct patient information	___	___	___
	4. portables identified appropriately	___	___	___
D.	RADIATION PROTECTION			
	1. evidence of collimation	___	___	___
	2. gonadal shields in place, if required	___	___	___

** THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY!

Affective Evaluation - Attendance - Final

Purpose: To document strengths & weaknesses so the student will know what area of clinical performance needs improvement; so a plan of action for improvement can be established for more quality productivity.

Rating: Please evaluate the student in each category with the level of performance demonstrated either in mid term or cumulatively for the final evaluation.

Note: Any rating of 2.33 or 0 must have anecdotal documentation & suggestions for improvement. Please add a comment by clicking on the comment bubble to the right.

Select the rating as follows:

Unacceptable - 0

Below Average - 2.33

Average - 2.54

Above Average - 2.78

Excellent - 3

ATTENDANCE: The commitment to attending clinical education as required, and reporting on time.

Note: This does not include absences related to the DMIR medical leave policy (requires licensed physician's release), jury duty, military reserve, US citizenship requirements, or bereavement in accordance with DMIR policy.

Attendance category counts for 10% of the final affective evaluation.

Unacceptable - Excessive absenteeism; absent the maximum allowable time according to clinical policy and/or late more than 3 times including returning from lunch break (1 week suspension administered).

Below Average - Poor attendance & reliability; absent more than 12 hours up to the maximum allowable time according to clinical policy and/or late 3 times including returning from lunch break (1 day suspension administered).

Average - Usually present; absent at least 8 to 12 hours and/or late 2 times including returning from lunch break (written warning administered).

Above Average - Very prompt & reliable; absent up to 8 hours and/or late one time including returning from lunch break (verbal warning administered).

Excellent - Consistently (daily) prompt & reliable; perfect attendance for the semester; always on time; never late returning from lunch break.

Unacceptable Below Average Average Above Average Excellent

Comments/Recommendations:

Student Signature: Student may add signature by attaching a post-submission comment.

Instructions

Approved Not Approved

Affective Evaluation - Final

Purpose: To document strengths & weaknesses so the student will know what area of clinical performance needs improvement; so a plan of action for improvement can be established for more quality productivity.

Rating: Please evaluate the student in each category with the level of performance demonstrated either in mid term or cumulatively for the final evaluation.

Note: Any rating of 2.33 or 0 must have anecdotal documentation & suggestions for improvement. Please add a comment by clicking on the comment bubble to the right.

Select the rating as follows:

Unacceptable - 0

Below Average - 2.33

Average - 2.54

Above Average - 2.78

Excellent - 3

PERSONAL APPEARANCE: Consider cleanliness, grooming, neatness, & personal hygiene. In accordance with DMIR Personal Appearance/Hygiene policy in Program Design.

Unacceptable - Below average - untidy & careless about personal appearance; personal appearance is unsatisfactory for healthcare professional. This includes, but is not limited to: wrinkled, stained, or dirty looking uniform; consistently forgetting or losing lead markers, badges, pens, or other supplies.

Below Average - Periodically unacceptable appearance, etc. Frequently needs to be reminded of DMIR policy regarding personal appearance & hygiene.

Average - Average personal appearance, but sometimes need reminder of dress code including: needs to be reminded to bring appropriate working supplies, badges not always on or in appropriate visible location.

Above Average - Usually well groomed & careful about personal appearance; wears appropriate uniform. Rarely forgets or is missing working supplies & badges.

Excellent - Always presents a professional image; always well groomed; careful about appearance, uniform is ironed, ID badge(s) worn, & visible at all times. Radiation dosimeter on at all times, in possession of appropriate lead markers, pens, & any other supplies deemed necessary at clinical site.

Unacceptable Below Average Average Above Average Excellent



COOPERATION & ATTITUDE: The ability to work with others, the ability to do their share of workload, & the ability to accept instruction & feedback.

Unacceptable - Often difficult to work with; responds negatively to feedback; poor spirit of cooperation & attitude not positive; always has to have the "last word".

Below Average - Occasionally difficult to work with especially with specific personalities; does not always accept feedback positively; occasionally demonstrates negative attitude.

Average - Accepts feedback in an average/complacent manner; average attitude.

Above Average - Cooperative; usually interacts well with staff & instructors; usually accepts feedback in a positive manner.

Excellent - Excellent attitude & spirit of cooperation; good team player; always accepts feedback in a positive manner.

Unacceptable Below Average Average Above Average Excellent



PROFESSIONAL ETHICS: Consider integrity, loyalty, impression the student makes on others, & professional judgment.

Unacceptable - Does not follow professional standards when dealing with others, negative attitude, rude, and/or arrogant to clients/peers (staff radiographers & fellow students); uses poor professional judgment.

Below Average - Does not always adhere to professional standards and/or utilize good judgment in stressful situations; overly friendly with staff.

Unacceptable Below Average Average Above Average Excellent



Average - Average professional manner; sometimes needs reminder to use good judgement.

Above Average - Above average professional manner; frequently uses good judgment in stressful situations.

Excellent - Conducts self in a professional manner at all times conforming to professional standards of conduct; inspiring to others and impressive in professional performance.

INITIATIVE: Ability to think constructively & originates action in meeting objectives. Unacceptable Below Average Average Above Average Excellent

Unacceptable - Puts forth little or no effort; lazy.

Below Average - Frequently has to be told what to do; introverted; does just enough to get by.

Average - Sometimes needs encouragement to use time efficiently; shy.

Above Average - Consistently above average; utilizes time efficiently & rarely needs encouragement to do so.

Excellent - Thinks & acts constructively; looks for things to do; hard worker; always productive; self motivated.

QUALITY OF PERFORMANCE: (in meeting standards) Includes positioning expediency, room readiness, radiation protection, patient care, & organization of work. Unacceptable Below Average Average Above Average Excellent

Unacceptable - Poor concentration & low accuracy, makes frequent mistakes & careless recurrent errors; demonstrates little retention; poor patient care & organization skills.

Below Average - Inconsistent performance and/or retention.

Average - Usually able to comprehend mistakes when shown, and learns from them; forgets information due to nerves when comping.

Above Average - Requires little correction; consistently above average; recognizes mistakes & takes corrective measures.

Excellent - Superior; consistently competent; exceptionally high quality of performance in all phases of practical applications.

Above Average - Requires little correction; consistently above average; recognizes mistakes & takes corrective measures.

Excellent - Superior; consistently competent; exceptionally high quality of performance in all phases of practical applications.

CRITICAL THINKING SKILLS: Ability to apply knowledge & skills to practical applications. Unacceptable Below Average Average Above Average Excellent

Unacceptable - Consistently frustrated in clinical situations and makes poor decisions.

Below Average - Frequently uses poor judgment; sometimes becomes frustrated in clinical situations.

Average - Thinks situations through with guidance of technologist; may be easily thrown off when working with a difficult patient.

Above Average - Usually handles clinical situations with confidence.

Excellent - Impressive in thinking things through & making good decisions.

COMMUNICATION: Student ability to communicate effectively, professionally, and appropriately in the healthcare setting with patients, patient families, technologists, fellow students, doctors, and other members of the healthcare team. Communication includes verbal, written, listening, and nonverbal skills.

Unacceptable – Fails to communicate effectively, professionally, and appropriately on a regular basis; uses profanity or inappropriate language in the healthcare setting;

Below Average – Often fails to communicate effectively, professionally, and appropriately;

Average – Average communication skills; sometime difficult to understand; does not always give patient clear instructions during an exam;

Above Average – Usually communicates effectively; usually gives patient clear instructions during an exam

Excellent – Always communicates effectively, professionally, and appropriately; speaks clearly and is easily understood; uses appropriate language for the healthcare environment.

- Unacceptable Below Average Average
 Above Average Excellent

College of DuPage
DMIR PROGRAM
DMIR 1111 CLINICAL FINAL GRADE FORM

STUDENT NAME _____

DATE _____

CLINICAL SITE _____ SUMMER SEMESTER 1ST YEAR

CLINICAL COMPETENCY EVALUATION – GRADED AREA (50%)	
PROCEDURES & AVERAGE POINTS: (50%)	
_____	_____
_____	_____
Total Average Points _____ divided by # exams _____ = _____ x .50 = _____	
CLINICAL PROFILE (10%)	
Technologist-Student Evaluations	
Total Average Points _____ divided by # forms _____ = _____ x .10 = _____	
COGNITIVE EVALUATION (10%)	
NOTE: Grades must be converted to a 3-point scale.	
_____	_____
Total Average Points _____ divided by # of tests _____ = _____ x .10 = _____	
AFFECTIVE EVALUATION (30%)	
Total Points from Question 1 _____	_____ x .10 = _____
Total Points from Questions 2 – 7 _____	_____ x .20 = _____

GRADE SCALE:

- A 3.00 to 2.79
- B 2.78 to 2.55
- C 2.54 to 2.34
- D 2.33 to 2.25
- F below 2.25

TOTAL POINTS _____

SEMESTER GRADE _____

STUDENT

DATE

CLINICAL INSTRUCTOR

Rev. 4/2007

College of DuPage DMIR PROGRAM CLINICAL FINAL GRADE FORM

STUDENT NAME _____ DATE _____

CLINICAL SITE _____ SEMESTERS (2-6) _____

CLINICAL COMPETENCY EVALUATION – GRADED AREA (50%)	
PROCEDURES & POINTS: (40%)	(Use other form for DMIR 1111)
_____	_____
_____	_____
Total Average Points _____ divided by # exams _____ = _____ x .40 = _____	
Comprehensive Competency: (10%)	
Points _____ x .10 = _____	
CLINICAL PROFILE (10%)	
Technologist-Student Evaluations	
Total Average Points _____ divided by # forms _____ = _____ x .10 = _____	
COGNITIVE EVALUATION (10%)	
The comprehensive exam in the semester administered is the ONLY exam to be listed.	
Complete for Comprehensive Exam in Semesters III and VI.	

Total Average Points _____ divided by # of tests = _____ x .10 = _____	
AFFECTIVE EVALUATION (30%)	
Total Points from Question 1 _____	x .10 = _____
Total Points from Questions 2 – 7 _____	x .20 = _____

GRADE Points:

- A= 3.00-2.79
- B= 2.78-2.55
- C= 2.54-2.34
- D= 2.33-2.25
- F= below 2.25

Total Points _____

SEMESTER GRADE _____

Office of Student Records

SRC 2150, 425 Fawell Blvd., Glen Ellyn, IL 60137-6599
 (630) 942-2440/2445 Fax (630) 942-3693

PLEASE PRINT ALL INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Student Last Name</i>	<i>First Name</i>	<i>M. Initial</i>
<input type="text"/>		
<i>School ID Number</i>		
<input type="text"/>		
<i>Phone Number</i>		
<input type="text"/>		
<i>Email</i>		
<input type="text"/>		

<input type="text"/>
<i>Course (ex. ENGLI-1101-NET01)</i>
<input type="text"/>
<i>Term & Year</i>
<input type="text"/>
<i>Instructor Name</i>
<input type="text"/>

All Areas Must Be Filled In For Processing!

Work completed to date (include grades and weight given to each grade):

Tests	Papers	Labs	Assignments	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Work to be completed (include weight given to each assignment):

Tests	Papers	Labs	Assignments	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Deadline for all work to be completed:
- I understand that if my work is not completed by the deadline date above, the "I" will be changed to .
- The "I" will automatically change to "F" if a grade change has not been submitted to the Records Office within 12 months from the end of the term in which the "I" was assigned.
- I understand if an appointment is needed to complete coursework, it is my responsibility to make an appointment.
- I must notify my instructor when I have completed my coursework.
- It is my responsibility to notify the instructor and college if my contact information changes.
- I understand that I **cannot withdraw** from the course once the INCOMPLETE (I) grade is issued.
- I have read, understand and agree to the terms of this contract.

Student's Signature

Date

Instructor's Signature

Date

Please print and submit signed form to the **Records Office**. For internet classes or other extenuating circumstances when the student cannot sign, please contact us for instructions at gradesdept@cod.edu.

CLINICAL EDUCATION OBJECTIVES AND ARRT CLINICAL COMPETENCY REQUIREMENTS FOR THE CLASS OF 2025

Students must demonstrate competence in all 36 procedures identified as mandatory. Clinical competence is defined as requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing and image evaluation.

SUMMER 2023

1. Observe the general function of the Radiology Department.
2. Participate for training purposes: Process for identifying and verifying the patient, order entry and verification, patient safety (i.e. radiation, cart rails, locking wheels, patient transfer etc.). PACS and other clinical education setting specific training requirements. A checklist or similar document is recommended as a guide for these areas.
3. Participate in professional and ethical development questions.
4. Successfully complete a Clinical Competency and review image evaluation criteria for: Chest (M). Abdomen Supine (KUB) (M) may be completed in fall semester.

FALL 2023

1. List and describe the general function of the Radiology Department.
2. Assist with the routine radiographic procedures, which are directed to the room to which the student is assigned.
3. Participate in professional and ethical development questions.
4. Successfully complete a Clinical Competency and review image evaluation criteria for: Abdomen Supine (M) (if not completed in summer), Thumb or Finger (M), Hand (M), Wrist (M), Forearm (M), Elbow (M), Foot (M), Ankle (M), Tibia/Fibula (M), Knee(M), Two elective exams (see list on page 50).

SPRING 2024

1. Observe and assist with portable procedures according to the discretion of the Clinical Instructor or supervising radiographer.
2. Observe and assist with routine fluoroscopic procedures.
3. Observe and assist with routine surgical procedures according to the discretion of the Clinical Instructor or supervising radiographer.
4. Assist with routine radiographic procedures and observe and assist with trauma radiographic procedures, which are directed to the room to which the student is assigned.
5. Collect techniques and develop a technique chart for the Image Formation and Evaluation course, DMIR 1122.
6. Participate in professional and ethical development discussions.
7. Successfully complete a Clinical Competency and review image evaluation criteria for: Abdomen Upright (M), Clavicle (M), Routine Shoulder (M), Trauma Shoulder (Scapular Y, Transthoracic or Axillary) (M), Humerus (M), Hip (M), Pelvis (M), Cross-Table Lateral Hip (M), Femur (M), Wheelchair or Stretcher Chest (M), One elective exam (see list on page 50).

SUMMER 2024

1. Assist with routine fluoroscopic procedures.
2. Observe and assist with routine surgical procedures according to the discretion of the Clinical Instructor or supervising radiographer.
3. Successfully set-up room for fluoroscopic procedures.
4. Assist with routine radiographic procedures, which are directed to the room to which the student is assigned.
5. Participate in professional and ethical development discussions.
6. Successfully complete a Clinical Competency, set technique, and review image evaluation criteria for: Cross-table Lateral Spine (M), Cervical Spine (M), Thoracic (Dorsal) Spine (M), Lumbar Spine (M), Portable Chest (M), Geriatric Routine Chest (65 year or older & physically or cognitively impaired as a result of aging) (M), Four elective exams (see list on page 50).

FALL 2024

1. Identify all radiation dosage levels involved in the Radiography Department.
2. Participate in surgical, minor special procedures and portable radiographic procedures while under the direct supervision of a qualified radiographer.
3. Continue to perform routine radiographic procedures as assigned.
4. Begin to collect pathological and images for radiographic evaluation.
5. Participate in professional and ethical development discussions.
6. Successfully complete a Clinical Competency, set technique, and review image evaluation criteria for: Geriatric Upper or Lower Extremity (65 year or older & physically or cognitively impaired as a result of aging) (M), Pediatric Chest (6 years or younger) (M), Ribs (M), and Three elective exams (see list on page 50).
7. Select either UGI or BE.
8. Two (2) **minor** procedures from the following list:
 - Cystography or Cystourethrography
 - ERCP
 - Myelogram
 - Arthrogram
 - Hysterosalpingogram
 - Retrograde Pyelogram

SPRING 2025

1. Observe special imaging and therapeutic departments, to include Mammography, Radiation Therapy, Ultrasound, Nuclear Medicine, CT, MRI, Interventional Radiology, and Cardiac Catheterization.
2. Identify the various types of contrast media used for all invasive radiographic procedures.
3. Observe radiologist reading and dictation. Note how patient history technical and positioning factors relate to the diagnosis. Complete a synopsis of this experience and submit to the Clinical Instructor.
4. Familiarize yourself with the function of the various types of special imaging equipment.
5. Observe and participate in routine quality assurance procedures for processing and exposure equipment.

6. Continue to perform routine radiographic procedures as assigned including surgery.
7. Participate in professional and ethical development discussions.
8. Successfully complete a Competency Evaluation, set technique and review image evaluation criteria for: C-Arm Procedure (requiring manipulation to obtain more than one projection) (M), Surgical C-Arm (requiring manipulation around sterile field) (M), Mobile Abdomen (M), Mobile Orthopedic (upper or lower extremity) (M), Trauma Lower Extremity (M), Trauma Upper Extremity (Non-Shoulder) (M), and One elective exam (see list below).
9. Select *at least* one elective procedure from the following list:
 - Skull
 - Paranasal Sinuses
 - Facial Bones
 - Orbits
 - Nasal Bones
 - Mandible
 - Temporomandibular Joints

Any of the elective procedures (**E**) listed below may be substituted for any other elective procedure. Candidates must demonstrate competence in **15** of the **34** elective (**E**) procedures to meet ARRT requirements.

- | | |
|---|---|
| • Toes | • Sternum |
| • Calcaneus | • Acromioclavicular Joints |
| • Patella | • Chest Lateral Decubitus |
| • Pediatric Mobile Study (6 years or younger) | • Skull |
| • Pediatric Upper or Lower Extremity (6 years or younger) | • Paranasal Sinuses |
| • Pediatric Abdomen (6 years or younger) | • Facial Bones |
| • Geriatric Hip or Spine | • Orbits |
| • Abdomen Lateral Decubitus | • Nasal Bones |
| • Intravenous Pyelography or Intravenous Urography | • Mandible |
| • Scapula | • Temporomandibular Joints |
| • Soft Tissue Neck | • Upper GI Series (single or double contrast) |
| • Sacrum and/or Coccyx | • Barium Enema (single or double contrast) |
| • Sacroiliac Joints | • Small Bowel Series |
| • Scoliosis Series | • Esophagus |
| • Sternoclavicular Joints | • Cystography/Cystourethrography |
| • ERCP | • Myelography |
| • Arthrography | • Hysterosalpingography |

Note regarding simulations:

In accordance with ARRT clinical competency requirements, the following exams **CANNOT** be simulated: Upper GI, Contrast Barium Enema, Small Bowel Series, Esophagus, Cystography/Cystourethrography, ERCP, Myelogram, Arthrogram, Hysterosalpingogram, mobile chest, mobile abdomen, mobile upper/lower extremity, geriatric routine chest, geriatric upper/lower extremity, geriatric hip/spine, routine chest, chest AP (wheelchair/stretcher), hand, wrist, forearm, elbow, shoulders, trauma shoulder/humerus, trauma upper extremity, foot, ankle, knee, trauma lower extremity, cervical spine, lumbar spine, pelvis, hip, supine abdomen, or intravenous urography.

TARDINESS POLICY

Students are expected to report to their clinical setting at their assigned time or earlier. Students who know they will be late are expected to contact their Clinical Instructor ***prior to the start of their assigned shift***. Students who fail to contact their clinical instructor prior to the start of their shift regarding an absence will be considered tardy. Extreme weather conditions affecting student travel should be taken into consideration. In such circumstances the Clinical Coordinator and/or Program Director will issue an email with instructions.

Students who are late one hour or less will receive a verbal warning. Students who are more than 1 hour late without contacting their clinical instructor will be considered a no call/no show for that shift and the student will be considered in violation of Rule #1 resulting in a 1-day suspension for the first offense. A student who is late the second time will receive a written warning. When a student is late for the third time, they will be suspended for one day. A fourth occurrence will result in a one-week suspension. Any tardy that is more than 1 hour late and the student did contact their clinical instructor prior to the start of the shift will jump to a written warning for 1st offense. Justifiable extenuating circumstances will be taken into consideration if the tardy is more than 1 hour. What is considered an extenuating circumstance will be at the discretion of the DMIR program chair and/or clinical coordinator.

This tardiness policy includes regular weekday shifts, pre-approved weekend shifts, and make-up hours previously approved by the clinical instructor.

All required clinical time must be completed according to [Program Policy](#).

The appropriate disciplinary forms will be issued through Trajecsys every time a student is late. Tardiness violations are cumulative for each year of the program, June 2023 through May 2024 and June 2024 through May 2025.

The following table summarizes the Tardiness Policy:

ANY TARDINESS		
	1. Verbal Warning & Completion	
	↓	
	2. Written Warning & Completion	
	↓	
1 DAY SUSPENSION & COMPLETION OF TIME		
	↓	
1 WEEK SUSPENSION & COMPLETION OF TIME		
	↓	
PROGRAM DISMISSAL		

RULES FOR DMIR PROGRAM (Didactic Courses/Labs & Clinical Education)

In identifying these rules, and the consequences of violating them, the Program has tried to maintain a developmental approach, so that unprofessional behavior is encouraged to change. However, student behavior that poses and immediate threat or danger cannot be tolerated. It is the student's responsibility to know and abide by these rules. **NOTE: Disciplinary actions related to these rules are cumulative, over the two years (2023-2025) of the program.**

In addition to these rules the student must maintain the health, safety and ethical standards of the affiliates and adhere to the Health and Science Division Program Standards for Professional Conduct (included). Patient endangerment, incompetence, extremely unethical conduct, or disruptive behavior, may result in immediate dismissal from the clinical education setting and/or Program dismissal without prior warning or notice. However, the Program Coordinator or other program faculty member must be notified prior to such action unless the student poses a threat or an immediate danger. Student actions not covered by College, Program, or affiliate policies will be dealt with on a case-by-case basis by the Program faculty and/or HSC appeal committee.

DEFINITIONS OF DISCIPLINARY ACTIONS

To Accompany Rules

ARRT HONOR CODE – A student who has been suspended, dismissed, or expelled from an educational program will be required to attest to this fact on the ARRT application for certification. In addition, the applicant will be required to provide documentation relevant to the matter, along with a detailed explanation of the events that occurred. *Therefore, the student is responsible for maintaining their copies of any disciplinary action taken for this purpose.*

CLINICAL CONFERENCE- A verbal discussion which is documented in writing on the Clinical Conference or other such form between the Clinical Instructor and the student. The original is provided to the student and a copy is sent to the Instructor of Record AND Clinical Coordinator. The clinical education setting should also retain a copy in the student's file until graduation or termination from the Program.

WRITTEN WARNING - A warning or reprimand in writing from the Clinical Instructor to the student. The original is given to the student and copies are sent to the Instructor of Record and Clinical Coordinator. A copy is also placed in the student's file until graduation or termination from the Program. Students who receive a written warning will be required to meet with the responsible faculty member.

PROGRAM SUSPENSION - Denial of the privilege to use a facility as a clinical education area for a specified length of time. The time missed must be made up at a later date with the approval of the Clinical Instructor. It should also be noted that this missed time will be apply to the attendance section of the affective evaluation form. The original notice is given to the student and copies are permanently placed in the student's file and sent to the Instructor of Record and Clinical Coordinator. Student suspensions are taken seriously in the College of DuPage Radiography program. Students issued a suspension should take time to reflect on the actions that lead to the suspension and how it affects the care they provide to their patients. In preparation for submission of the details of the suspension to the ARRT Ethics Review Committee, students are required to prepare their statement immediately after the suspension is issued. This response must include the following information: the student's account of the

incident leading to the suspension, which DMIR rule this incident violated, an explanation of why the student's behavior is unacceptable/unprofessional and how it affects the care they provide to their patient, & how the student will correct their behavior in the future. All final responses must be completed and submitted to Trajecsyst within 24 hours of serving the suspension. The Radiography Program Director and/or Clinical Coordinator will review the response. These program officials have the right to refuse and/or require corrections to the response to be resubmitted in Trajecsyst.

PROGRAM DISMISSAL – Dismissal is considered final with no option for program re-admission, continuation, or completion. However, the student dismissed from the hospital and/or Program may appeal according to the policy of the Nursing & Health Sciences Division (HSC 1220). Should the student elect to appeal the decision, they may continue in classroom courses only pending a final decision from the [HSC appeal committee](#).

Program dismissal includes but is not limited to the following conditions:

1. A final DMIR course grade below the program standard grade of “C” (78%).
2. Failure to successfully complete the required clinical competencies by 3rd official attempt for each clinical course by the specified date as published in the course syllabus.
3. Excessive tardiness from scheduled clinical education. Note: This does not include tardiness for extreme weather condition or other such incident as defined by program policy.
4. Excessive absences from scheduled clinical education. Note: This policy does not include absences due to court subpoena or medical issues documented with a physician's release.
5. Cheating any DMIR course (including clinical education) or related professional courses (i.e. Anatomy and Physiology, Biomedical Terminology, etc.).
6. Performing radiographic exams on fellow students and/or family and/or friends etc.
7. **Any** HIPAA violation as defined by the “program” and/or the clinical education setting.
8. Posing a threat or danger to patients or others.

CLINICAL AND PROGRAM DISMISSAL

1. Absent for scheduled clinical day (includes make-up or weekend hours) without calling in within 1 hour of scheduled shift and without a reasonable explanation for not calling.
 - 1.1 1 Day Suspension
 - 1.2 1 Week Suspension
 - 1.3 Clinical and Program Dismissal

Absent for two consecutive clinical days (includes make-up or weekend hours) without calling in within 1 hour of scheduled shift and without a reasonable explanation for not calling.

 - 1.1.2 It will be assumed the student has quit the Program and the student will be dismissed from the Program.
2. Absent for 2 consecutive scheduled days includes make-up or weekend hours of required days due to illness.
 - 2.1 Must present a completed doctor's release form and be able to return to full duty without restrictions of any kind.
3. Theft of hospital property and/or services, dishonesty, cheating, falsifying records (including use of markers belonging to anyone not directly involved in the exam), or possession of the Clinical Instructor's files or records.
 - 3.1 Clinical and Program Dismissal
4. Reporting for duty under the influence of drugs, narcotics or alcohol or possession of drugs, narcotics, and or alcohol on clinical affiliate property or campus. The student may be required to submit to a blood test at their expense.
 - 4.1 Clinical and Program Dismissal
5. HIPAA violation. HIPAA violations are taken very seriously and therefore, will result in immediate dismissal from the clinical site and program, pending an investigation of the circumstances surrounding such violations. HIPAA violations include but are not limited to, cell phone or other such photos taken of patient information in any form (charts, images etc.), talking about a patient, removing patient information in any form from the clinical setting, reviewing or accessing patient information electronically for purposes unrelated to the study without authorization. Note: Patient is defined as any individual on record as a registered patient of the clinical education facility.
 - 5.1 Clinical and Program Dismissal
6. Clinical education setting (hospital) has the right to "deny access" based on the contractual (affiliation) agreement.
 - 6.1.1 Effective immediately and may be without prior notice in the event the student poses an immediate threat or danger. Upon notification, DMIR faculty will immediately review the circumstances to determine student's continuation in the Program.
 - 6.1.2 If validated a student denied access with documented and validated program rule violations with regard to unethical or unprofessional behavior will not be considered for clinical re-assignment or program continuation.

**PROGRAM SUSPENSION
CLINICAL AND PROGRAM DISMISSAL**

7. Unintentional divulgence of confidential patient information, unauthorized release and/or misuse of patient information or institutional data (invasion of privacy).
 - 7.1 1 day suspension
 - 7.2 1 week suspension
 - 7.3 Clinical and Program Dismissal

8. Making threats (assault) while on hospital property.
 - 8.1 Clinical and Program Dismissal
Note: Student should be escorted off property.

9. Physical violence (battery) while on hospital property.
 - 9.1 Clinical and Program Dismissal
Note: Student should be escorted off property.

10. Student exhibits "odor" of alcohol. Student will be required to submit to a blood test at their expense. Below is the action to be taken pending the test results. If, positive refer to Rule #4.
 - 10.1 1 week suspension
 - 10.2 Clinical and Program Dismissal

11. Patient endangerment and/or disregard for patient safety other than radiation safety.
Note: Subject to Clinical Instructor Judgment
 - 11.1 1 day suspension
 - 11.2 1 week suspension
 - 11.3 Clinical and Program dismissal

12. Blatant disregard for radiation safety and/or noncompliance with JRCERT Standards Four. This includes but is not limited to performing an x-ray on the wrong exam/side/patient, performing radiographic examinations without required direct supervision, repeating radiographic examinations without direct supervision, performing a competent exam without indirect supervision, or not having patient images approved by a qualified radiographer before dismissing the patient (indirect supervision) as defined by JRCERT Standard Five: Objectives 5.4. (See *Standards Attachment*).
 - 12.1 1 day suspension
 - 12.2 1 week suspension
 - 12.3 Clinical and Program dismissal

13. Leaving the imaging department and/or hospital premises during clinical hours without notifying the Clinical Instructor.
 - 13.1 1 day suspension
 - 13.2 1 week suspension
 - 13.3 Clinical and Program Dismissal

14. Not participating in assigned clinical activities.
 - 14.1 1 day suspension
 - 14.2 1 week suspension
 - 14.3 Clinical and Program Dismissal

15. Violation of hospital safety (not patient safety). Includes but is not limited to abuse/misuse of equipment, failure to obtain required health requirements (i.e. flu vaccine), failure to renew CPR and/or TB test requirements etc.
 - 15.1 1 day suspension
 - 15.2 1 week suspension
 - 15.3 Clinical and Program Dismissal

**WRITTEN WARNING
CLINICAL AND PROGRAM DISMISSAL**

16. Failure to maintain all clinical documentation through Trajecsys and/or hard copy forms as required by the Program and clinical education site. This includes but is not limited to clocking in/out for the clinical day, clocking in/out for lunch breaks, logging exams, documenting all repeat radiographs, completing clinical site evaluations, and technologist/student evaluations.
- * Note that up to 3 time exception entries will be allowed each semester before discipline action occurs.
- 16.1 1 written warning
 - 16.2 1 day suspension
 - 16.3 1 week suspension
 - 16.4 Clinical & Program Dismissal
17. Studying or involved in any other activity during an assigned clinical shift without permission, or not staying in assigned room/area according to room rotation. Note: Electronic tablets, IPADS, Kindles, laptops, etc. are not allowed at the clinical education setting.
- 17.1 1 written warning
 - 17.2 1 day suspension
 - 17.3 1 week suspension
 - 17.4 Clinical & Program Dismissal
18. Use of hospital telephones to conduct personal business and/or unauthorized use of hospital computers (i.e. Internet).
- 18.1 1 written warning
 - 18.2 1 day suspension
 - 18.3 1 week suspension
 - 18.4 Clinical & Program Dismissal
19. All electronic devices and cell phones (including smart watches) are *strictly* forbidden at the clinical education setting. Students are not allowed to carry their cell phones on their person when clocked in at the clinical education site unless dictated by the rules of the clinical education site. Use of cell phones, smart watches, and other electronic devices may only be used in designated public areas and on the students own time if allowed by the respective clinical education setting (i.e. break or lunch).
- 19.1 1 written warning
 - 19.2 1 day suspension
 - 19.3 1 week suspension
 - 19.4 Clinical & Program Dismissal

Note: Should it be determined a student violated this policy by use of a wireless electronic device (cell phone, smart watch, PDA, or similar) in a patient care area or on time other than their own Rule #5 applies.

20. Noncompliance with the clinical education setting’s specified dress code, unprofessional appearance, and/or hygiene. (Student will be sent home and return to the clinical site with appropriate attire – hours missed must be completed in accordance with Program policy)
 - 20.1 1 written warning
 - 20.2 1 day suspension
 - 20.3 1 week suspension
 - 20.4 Clinical and Program Dismissal
21. Insubordination, disrespect to superiors, discourteous behavior or inappropriate behavior toward others includes patients, visitors, hospital staff, and other students.
 - 21.1 1 written warning/1 day suspension (at clinical instructor’s discretion)
 - 21.2 1 week suspension
 - 21.3 Clinical and Program Dismissal
22. Lack of retention or maintenance of competency skills.
 - 22.1 1 written warning
 - 22.2 1 day suspension
 - 22.3 1 week suspension
 - 22.4 Clinical and Program Dismissal
23. Using commonly acknowledged profane language or make inappropriate comments within hearing distance of patients or hospital personnel.
 - 20.1 1 written warning
 - 20.2 1 day suspension
 - 20.3 1 week suspension
 - 20.4 Clinical and Program Dismissal
24. In accordance with the ASRT advisory opinion, it is outside of our scope of practice to use “post-exposure shuttering, cropping, electronic collimation or electronic masking to eliminate any anatomical information.”
 - 24.1 1 written warning
 - 24.2 1 day suspension
 - 24.3 1 week suspension
 - 24.4 Clinical and Program Dismissal
25. Cumulation of three written warnings and/or suspensions for any violations during enrollment in the DMIR Program. This includes Violations of Professional Conduct.
 - 25.1 Last Chance Agreement
 - 25.2 Clinical and Program Dismissal
26. Failure to meet clinical competency progress benchmarks as defined in the DMIR Program Design on page 58.
 - 26.1 1 written warning
 - 26.2 1 day suspension
 - 26.3 1 week suspension
 - 26.4 Clinical and Program Dismissal

Clinical Competency Progress Guidelines

1st Semester: chest competency should be *attempted* by week 5

2nd Semester: minimum of 3 competencies must be successfully completed by mid-term

3rd Semester: minimum of 5 competencies must be successfully completed by mid-term

4th Semester: minimum of 5 competencies must be successfully completed by mid-term

5th Semester: minimum of 5 competencies must be successfully completed by mid-term

6th Semester: minimum of 5 competencies must be successfully completed by mid-term

DMIR Discipline Forms (Available through Trajecsys)

Clinical Conference Form

Clinical Conference Form-Clinical Instructor

Subject:

Site:

Clinical Conference Form-Clinical Instructor

Please document below a brief summary of the conference, attaching additional pages as needed.

Check to complete later, then click "Submit" Approved Not Approved

Submit

Written Warning Form

Written Warning Form - Faculty

Subject:

Written Warning Form - Faculty

State the rule violated:

Description of the situation:

Warning number:

Next action: Written Warning 1-Day Suspension 1-Week Suspension
 Last Chance Agreement Program Dismissal
 Instructions

Student Signature: Student may add signature by attaching a post-submission comment.

Check to complete later, then click "Submit" Approved Not Approved

Submit

Clinical Suspension Form

Notice of Clinical Suspension - Faculty


Subject:


Notice of Clinical Suspension - Faculty

Note: The hours that the student miss must be made up on their own time and must be scheduled / approved in advance by the Clinical Instructor. This absence will result in a reduction of points in attendance.

Rule Violated:

Description of Situation:

Suspension Start Date: 

Suspension End Date: 

Next Action: Written Warning 1-Day Suspension 1-Week Suspension
 Last Chance Agreement Program Dismissal
 Instructions

Student Signature: Student may add signature by attaching a post-submission comment.

Check to complete later, then click "Submit" Approved Not Approved

Submit

Last Chance Agreement

Last Chance Agreement - Faculty 🔍

Subject:


Last Chance Agreement


The following are violations of the Radiography program policy and/or NHS Professional Conduct policy as stated in the DMIR Program Design. In accordance with rule #25, cumulation of three written warnings and/or suspensions for any violations during enrollment in the DMIR Program results in a last chance agreement.

Describe Rule Violation #1:

Describe Rule Violation #2:

Describe Rule Violation #3:

This probation period will last from: 

This probation period will last too: 

You must abide by the rules set forth by the DMIR Program Design and the clinical education site. Any additional violations during this period will result in immediate dismissal from the DMIR program and clinical education site. Instructions 🗨

Student Signature: Student may add signature by attaching a post-submission comment. Instructions 🗨

Program Coordinator Signature: Instructions 🗨

Clinical Coordinator Signature: Instructions 🗨

Approved Not Approved

Notification of Program Dismissal

Notification of Program Dismissal ✕

Subject:

Notification of Program Dismissal

According to the Rule(s) listed in the College of DuPage Radiography Program Design, the named student is dismissed from the DMIR program and clinical education site effective immediately.

In accordance with DMIR program policy as stated in the Program Design, clinical education and Program dismissal is considered final with no option for program re-admission, continuation, or completion.

Rule(s) violated:

Student Signature: Student may add signature by attaching a post-submission comment. Instructions 🗨

Clinical Coordinator: Enter 🗨

Program Director (required signature): Enter 🗨

Check to complete later, then click "Submit" Approved Not Approved

Submit

COLLEGE OF DUPAGE

Diagnostic Medical Imaging

Radiography Program

Clinical Site Grievance (Complaint) Procedure

1. Should a student have a grievance (complaint) related to the clinical education setting to which they are assigned, the student must document the grievance using the Clinical Site Incident Form in Trajecsys within five working days and meet with the *Instructor of Record*. It is the responsibility of the *Instructor of Record* to inform the DMIR Clinical Coordinator and/or Program Coordinator immediately of any potential grievance. Upon review of the grievance, the *Instructor of Record* may elect to involve the Dean of Nursing & Health Sciences.
2. The “program” faculty will make every effort to resolve the student’s grievance at the program level and will notify the student in writing of any decision or action to be taken within 5 working days of the filing of the grievance.
3. The student may elect to appeal any decision made by the *Instructor of Record* to the Program Coordinator and/or Dean of Nursing & Health Sciences, but must do so within the time frame stated by the Nursing & Health Sciences Division. See Due Process policy.
4. Discipline while officially enrolled as a COD student in the DMIR program are subject to all applicable policies and procedures of the clinical education setting to which the student is assigned.
5. A student may only be dismissed (denied access) from the clinical education setting after all other appropriate disciplinary action has been taken in accordance with published policy and procedure and ONLY after consultation with the instructor of record and/or, Clinical Coordinator and/or Program Coordinator. However, a student may be denied access to the clinical education setting without consultation if they pose an immediate threat or danger. In such case, the *Instructor of Record* and/or Clinical Coordinator and the Program Coordinator must be notified immediately if such action is taken.

Clinical Site Incident Form
✕

Site:

Clinical Site Incident Form

Explain the incident in detail. Please include the names of all involved, date(s) of occurrence, etc.	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
Were there any witnesses to this incident? Please provide names.	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
Did you speak with your clinical instructor or any site management regarding this situation? If yes, who did you speak with and when? If no, why not?	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
Did you mention this incident to any other student or site staff? If yes, who did you speak with?	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
What action would you like the DMIR program director and/or clinical coordinator to take regarding resolution of this situation?	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>
Do you give permission for this incident to be discussed with your clinical instructor?	<input style="width: 95%; border: 1px solid #ccc;" type="text"/>

Approved Not Approved

CONFLICT RESOLUTION

Interpersonal conflicts sometimes arise in the work environment. These conflicts can increase or decrease, or be productive or damaging, according to an individual's style. Although they cannot always be solved, they can often be managed so that they can be lived with.

The Program has established guidelines to assist the student with conflicts at the affiliate hospitals. The College has a procedure for conflicts with a faculty member. The Program guidelines are listed here. Students with faculty conflicts may wish to speak to the Dean of the Nursing & Health Science Division or they may wish to follow the procedures listed in the College of DuPage catalogue.

With all conflicts, the student is expected to first try to resolve the problem directly with the person involved. The student should employ the guidelines listed here when they approach the person. If their efforts prove unsuccessful, they should discuss the matter with the following people, in order:

- Clinical Instructor
- Department Supervisor (student may have a DMIR faculty member present if they wish)
- Department Head
- Clinical Coordinator (or Faculty member for that course)
- Program Director

The following guidelines should help the student in managing conflict and should be used during each step of the process.

- Project a positive image - which you expect the conflict to end successfully for all parties.
- Accept the other party as a person, even though you may disagree with their values or beliefs. Never say that you dislike the person, instead say that you disagree with their behavior or attitude.
- Explain your views calmly and rationally.
- Be descriptive, using non-judgmental terms. Avoid strong emotion-laden words. Report the facts, rather than give opinions.
- Focus on the problem. Avoid threats, name-calling, or ego-involvement.
- Choose specifics rather than generalities. Do not complain that a situation is "bad". We have no cure for "badness". If, however, you say there is inadequate supervision, then that is something that can be measured and changed.
- Discuss the issues that are most open to change, rather than those that have little chance of alteration.

APPEAL OF DISCIPLINARY ACTION DUE PROCESS

Students wishing to appeal dismissal and/or other disciplinary actions, and/or issuance of academic grades issued by an Instructor and/or the Program must do so in writing within ten days of receiving the letter stating the action imposed.

- A letter or email will be sent to the student stating disciplinary action imposed.
- The student should obtain an appeal form from the Nursing & Health Science Division office (HSC 1220).
- An appeal board will be formed as soon as possible under the guidance of the Dean of Nursing & Health Sciences. If the semester is near the end, every effort will be made to conduct the hearing and render a decision.
- The student will be contacted to appear before the committee.
- The committee will hear the student's appeal, consult with each other and a decision will be rendered and the student will be immediately notified by mail of the committee's decision.
- The decision of the committee is considered final.

STUDENTS RIGHT TO SUBMIT PROGRAM GRIEVANCES TO JRCERT

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards.

JRCERT expanded standards are posted on the JRCERT website.

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure. The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT at:

20 N. Wacker Drive Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Fax: (312) 704-5304
www.jrcert.org

ESSENTIAL FUNCTIONS FOR RADIOGRAPHY STUDENTS

- Receiving an AAS Degree in Diagnostic Medical Imaging Radiography from College of DuPage signifies that the holder has been educated to competently practice in **all** Radiography department settings and eligible to apply for licensure in the State of Illinois.
- The DMIR Program requires students to engage in diverse, complex, and specific experiences essential to the acquisition and practice of essential healthcare practitioner skills and functions. These functions are necessary to ensure the health and safety (including radiation safety) of patients, fellow students, faculty, and other healthcare providers.
- The essential functions necessary to acquire or demonstrate competence in Radiography are vital for successful admission and continuance in the Radiography Program in addition to the standards of behavior and academic conduct set forth in the College of DuPage Code of Student Conduct, Health Science Programs POLICY FOR PROFESSIONAL CONDUCT, and Radiography Program Design, include, but are not limited to, the following functions, skills, competencies, abilities, and behaviors:

Motor Capability:

- Move from room to room, and maneuver in small spaces.
- Squat, crawl, bend/stoop, reach above shoulder level, use standing balance, and climb stairs.
- Lift and carry up to 50 lbs., and exert up to 100 lbs. force or push/pull.
- Use hands repetitively; use manual dexterity; sufficient fine motor function.
- Must be able to walk and stand for extended periods of time.
- Perform CPR.
- Travel to and from academic and clinical sites.

Sensory Capability:

- Coordinate verbal and manual instruction.
- Auditory ability sufficient to hear verbal communication from clients and members of the health team; includes ability to respond to emergency signals.
- Discern soft sounds, such as those associated with taking a blood pressure.
- Visual acuity to acquire information from documents such as charts.
- Comfortable working in close physical proximity to patient.

Communication Ability:

- Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing.
- Effectively adapt communication for intended audience.
- Interact; establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
- Assume the role of a health care team member.
- Function effectively under supervision.
- Sufficient command of the English language in order to read and retrieve information from lectures, textbooks, as well as understand medical terminology.
- Skills include computer literacy.

Problem Solving Ability:

- Function effectively under stress.
- Respond appropriately to emergencies.
- Adhere to infection control procedures.
- Demonstrate problem-solving skills in patient care. (Measure, calculate, reason, prioritize, and synthesize data.)
- Use sound judgement and safety precautions.
- Address problems or questions to the appropriate persons at the appropriate time.
- Organize and prioritize job tasks.

Behavioral Skills & Professionalism:

- Follow policies and procedures required by academic and clinical settings.
- Adhere to College of DuPage Academic Honesty Policy (per College Catalog).
- Adhere to College of DuPage Code of Conduct (per College Catalog).
- Abides by the guidelines set forth in the Health Insurance Portability and Accountability Act (i.e. the National privacy act).
- Demonstrate cooperation with all instructors and members of the health care team.

NOTE: The DMIR Admission Committee has the right to deny admission to any applicant that they feel is unable to fulfill these essential functions as described.

College of DuPage
Nursing and Health Sciences Programs
POLICY FOR PROFESSIONAL CONDUCT IN CLASSROOMS, LAB, SIMULATION, AND CLINICAL
SITES
Revised Fall 2019

Socialization of students to appropriate professional conduct is a significant component of the Nursing and Health Sciences Programs of College of DuPage (the "Programs"). Students in the programs are expected and required to be reliable and competent, exercise sound judgment, act with a high degree of personal integrity, represent themselves and College of DuPage (the "College") in a respectful manner, and observe all the rules and regulations of the clinical sites to which they are assigned. Students also have a responsibility to protect the welfare and safety of the patients/clients/residents for whom services are being provided. Students placed at clinical sites must realize the privilege of this experience, its responsibilities, and the reflection on the College and its numerous health programs. Any violation will be handled immediately so as to not affect the College's use of the clinical site for future students.

In accordance with these expectations, when participating in laboratory exercises and /or assigned to clinical sites, students in the programs must adhere to the following Policy for Professional Conduct. This policy is in addition to the Student Code of Conduct outlined in the College catalogs and/or policy (Board Policy 20-35).

The Policy for Professional Conduct includes, but is not limited to:

1. Providing competent and reliable services to patients/clients/residents using sound judgment and discretion. Students are expected to:
 - a. Be prepared for the learning environment and actively participate in appropriate ways to ensure learning of key components
 - b. Be on time
 - c. Refrain from excessive absenteeism
 - d. Remain in assigned work areas, leaving only with permission
 - e. Not leave patients unattended and/or release patients without prior approval from a qualified staff member (if applicable)
 - f. Provide care to all patients/clients/residents regardless of age, gender, gender identification, race, sexual orientation, or religion
2. Demonstrating respect and courtesy to patients/clients/residents and their families
3. Demonstrating respect and courtesy to peers/classmates, instructors, supervisors and all other members of the health care provider team in classrooms and at the site
4. Cooperating with faculty, staff and peers without insubordination
5. Providing care and/or services on a non-discriminatory basis
6. Performing only procedures and/or services authorized by supervisor(s) in accordance with accepted professional standards
7. Observing the rules and regulations of classrooms, lab, simulation, and all clinical facilities including (but not limited to):
 - a. Proper use of equipment and other property
 - b. Not removing property of clinical facilities
 - c. Not distributing, possessing, and/or being under the influence of any illegal drugs or controlled substances
 - d. Not possessing and/or being under the influence of alcohol
 - e. Complying with all current health requirements, drug testing and criminal background checking requirements
 - f. Not possessing or using any type of weapon
 - g. Comply with cell phone or other electronic device (e.g.iPod, iPad, electronic tablets, etc.) usage consistent with the policies of the classroom, lab, and clinical sites.
8. Maintaining the confidentiality of patient/client/resident information in accordance with recognized professional and institutional rules; without unauthorized release and/or misuse of patient/client information or institutional data
9. Maintaining proper dress, appearance, hygiene and decorum in accordance with the standards set by the program, clinical site, and professions

10. Complying with the ethical and professional standards set by the profession and the programs including (but not limited to):
 - a. Never taking prescription blanks or writing prescriptions
 - b. Never falsifying documents regarding student performance or the care of patients

The penalty for violating the Policy for Professional Conduct will be discipline up to and including suspension or dismissal from the program. Due to the sequential design of the curriculum in most Nursing and Health Sciences Programs, any period of suspension or dismissal may result in a delay in program completion.

If the disciplinary action is suspension or dismissal from one of the programs, the Student Violation of Professional Conduct form will be completed by the Program Coordinator and submitted to the Dean. The student may appeal that disciplinary action to the Nursing and Health Sciences Professional Conduct Review Board within 10 business days of the discipline imposed. The Student Appeal of Professional Conduct form must be submitted to the Dean in the program area (HSC 1220).

The student will not be permitted to participate in the clinical/lab portion of the programs during the appeal process. However, the student may continue with on campus courses until a final decision is rendered from the appeal process. The appeal will result in a hearing before the Nursing and Health Science Professional Conduct Review Board, comprised of faculty from other COD Nursing and Health Science Programs within 5 business days of the date the appeal is filed with the Dean. Both the student and faculty involved in the disciplinary action may make an oral presentation to the Board in addition to written comments; there is no further appeal, the decision of the Board is final. If the decision to dismiss or suspend a student from a program is upheld, no refund of tuition, fees, equipment or books will be provided. When a student is dismissed from a health program for professional misconduct, they are not eligible for readmission, or admission to any other health program at the College of DuPage.

All health programs require completion of current health requirements and drug testing as a condition of program participation. Drug testing (performed at the student's expense) will precede clinical experience in all cases, and will be required prior to admission in some programs. Positive results on a drug screen or misrepresentation regarding drug use will lead to immediate dismissal from, or non-admittance to the particular program(s). When a student is dismissed from or not admitted to a program for a positive drug screen, he/she may reapply to the same program or to any other College of DuPage health programs after one year has elapsed.

If your drug test results in a negative dilute, you will be required to re-take the drug test (performed at the student's expense). If a student wishes to dispute the results of a positive drug test, only the original specimen will be re-tested (performed at the student's expense).

Criminal background checks are performed at the student's expense, and are required for many programs prior to admission. Positive results will be handled by individual program faculty, as per program policies.

ACKNOWLEDGMENT

I acknowledge receipt of the Nursing and Health Sciences Programs Policy for Professional Conduct. I have read and understand the statement and agree to abide by the standards and rules set forth therein. I understand that failure to abide by the Policy for Professional Conduct may result in my suspension or dismissal from the program. I understand that I will not receive a refund of tuition, fees, books, supplies or equipment purchased, should I be dismissed from the program for violating this policy.

Signature

Date

Print

Program Name

College of DuPage
Nursing and Health Science Programs

Student Violation of Professional Conduct

(Must be submitted to appropriate Dean within 10 business days of an alleged violation if it results in suspension or dismissal from the program. Signed *Policy for Professional Conduct in Classrooms, Lab, Simulation, and Clinical sites* must be attached to this form.)

Date _____ Course # _____ Instructor Name _____
Section # _____ Clinical Site Location (if applicable) _____

Program Name _____ Telephone (home) _____
Student Name _____ (cell) _____

Address _____

E-mail Address _____ Student ID # _____

Write a short description of the violation – include date(s), names of faculty/clinical staff, or students involved, names of any witnesses, where the situation occurred. Please be as complete as possible, listing facts that you can confirm, and any other pertinent information about your concern.

(please continue on back if more space is needed)

What can student do to remedy this violation?

When did you discuss this violation with the student? _____

Detail the discussion

Faculty Signature _____ Student Signature _____ Date _____

For Internal Use Only – only used if violation resulted in suspension/dismissal from the program:

Name of Dean handling this violation _____

Date student submitted an appeal (must be within 10 business days of suspension or dismissal from program)

Method Received (circle one) hard copy e-mail

Date of Health Science Professional Conduct Review Board meeting (must be within 5 business days of appeal filed by student) _____

Results of Health Science Professional Conduct Review Board Meeting – list faculty members participating in review.

Attach any pertinent notes or e-mails to this form.

College of DuPage
Nursing and Health Science Programs

Student Appeal of Professional Conduct

(Must be submitted to appropriate Dean within 10 business days of an alleged violation if it results in suspension or dismissal from the program. Signed *Policy for Professional Conduct in Classrooms, Lab, Simulation, and Clinical sites* must be attached to this form.)

Date _____ Course # _____ Student Name _____
Section # _____ Clinical Site Location (if applicable) _____

Program Name _____

Telephone (home) _____ (cell) _____

Address _____

E-mail Address _____ Student ID # _____

Write a short description of why you are appealing this decision – include date(s), names of faculty/clinical staff, or students involved, names of any witnesses, where the situation occurred. Please be as complete as possible, listing facts that you can confirm, and any other pertinent information about your concern.

(Please continue on back if more space is needed)

Student Signature _____ Date _____

Attach any pertinent notes or e-mails to this form.

RADIOGRAPHY PROGRAM DESIGN RELEASE

I acknowledge receipt of an electronic version of the College of DuPage Radiography Program Design Class of 2025. I have read this document completely; understand its contents, the Radiography Program and my responsibilities as a student enrolled in said program.

I further understand that any false answer or statements made by me on my application, or any supplement there to, will be grounds for immediate dismissal from the DMIR classes/program.

PRINT NAME

DATE

SIGN NAME

****Form is to be signed and uploaded to Castle Branch.***

RADIOGRAPHY PROGRAM RELEASE

I, _____, have accepted a position in the Radiography Program at College of DuPage. In consideration for my participation in said Program; I am executing the hereinafter-stated release.

I understand that successful completion of the course of study requires the ability to perform all of the normally assigned tasks, but not limited to, lifting, moving, and caring for the physical needs of hospitalized patients.

I understand that since I have accepted a position in the Program I am attesting that I am able to communicate effectively in the English language both orally and in writing. I understand that I must be able to follow verbal and written directions quickly and without hesitation. If it is determined that I am unable to meet this requirement I will be considered ineligible to continue in the Program and will be officially withdrawn.

I further understand that I will be required to spend two days per week during the first year and three days per week during the second year in the clinical practice area and that the hours will be determined by the schedule and availability of the clinical education settings.

I further understand that my contact with hospitalized patients will expose me to infection from diseases, some of which are undiagnosed. I realize that such contact increase the risk of complications in pregnancy.

I further understand that my participation in the clinical program gives rise to a potential exposure to radiation from x-ray and/or other equipment. I realize that exposure to radiation could cause complications in pregnancy.

I further understand that I may be dismissed without prior notice or warning from the clinical education setting under the affiliation agreement clause of “deny access” for situations or circumstances previously described in this document.

I have read the foregoing, and if necessary I have consulted with my physician, and wish to participate in the Radiography Program.

I hereby release the College of DuPage and its employees or agents from any and all claims arising out of my participation in said Program.

PRINT NAME

DATE

SIGN NAME

****Form is to be signed and uploaded to Castle Branch.***

BLOGGING AND SOCIAL NETWORKING POLICY

Professional Ethics is outlined in the DMIR Program Design. Students should avoid all discussion of personalities, etc. involving **college faculty, clinical instructors, other students, doctors, hospital personnel and patients**. Students must refrain from discussion of problems, issues, or negative experiences encountered either on campus, in the Diagnostic Imaging Department or in any other hospital area on any social network.

The following are guidelines that should be followed when creating blogs, commenting on a blog, creating a LinkedIn profile, using Twitter, Facebook, MySpace, etc., and/or engaging in any other social networking, including contributing to or through any of the other online media.

PERSONAL EXPRESSION

Personal Blogs and social networking contain the views of a particular student, not the views of the college and/or clinical education setting (hospital). However, readers may not immediately appreciate this concept and you may be held liable as representing the views of the college (program) and/or clinical education setting. Therefore, students are advised not to discuss clinical experiences while using social networking sites.

PROTECT CONFIDENTIAL/TRADE SECRET INFORMATION

When posting blogs and/or contributing to or through any social networking site, students must refrain from disclosing confidential, proprietary, sensitive and/or trade secret information of the clinical education setting and third parties.

BE RESPECTFUL AND EXERCISE COMMON SENSE

All blogs and social networking contributions must comply with the DMIR Program policies, including but not limited to the program Code of Conduct and College of DuPage policies and procedures. When posting to your blog and/or contributing to or through any social networking site, be respectful of others. Assume faculty, other students, co-workers, hospital personnel and potential future employers are reading your blogs and contributions.

The DMIR Program will determine, in its sole discretion, whether a particular blog or social networking use violates the profession and/or program and/or college policies. As with all other policies, violation of this policy may result in discipline, up to and including dismissal from the program.

ACKNOWLEDGEMENT OF UNDERSTANDING

I have read and agree to comply with the terms of this policy outlining understanding of my responsibility to the College of DuPage and the Diagnostic Medical Imaging Radiography program with regards to social networking. I understand that violation of this policy may result in disciplinary action up to and including dismissal from the program.

Printed Name: _____

Student Signature

Date

Approved & Adopted 10/11

**Form is to be signed and uploaded to Castle Branch.*

College of DuPage Diagnostic Medical Imaging Radiography Program

Contingency plan

Purpose

Whenever an emergency affecting the education of Radiography students enrolled in the program reaches magnitudes that cannot be handled by routine measures, the following contingency guidelines may be executed by the DMIR Program Chair, Clinical Coordinator, and/or Nursing & Health Science Administration.

Since an emergency may be sudden and without warning, these procedures are designed to be flexible to accommodate the contingencies of various types and magnitude.

- unable to continue with in classroom and lab didactic education
- unable to participate in patient's exams at the clinical education sites
- provide an extension for graduation dates until students are able to fulfill their didactic and clinical education requirements
- consider delaying admissions to enable to currently enrolled students the opportunity to matriculate

Policy

Classroom & Lab Didactic Education

- A. Students will be notified immediately via COD email and BlackBoard routes that face-to-face classroom and lab instruction has to be altered or discontinued
- B. Faculty will adjust lesson plans to accommodate distance education delivery via BlackBoard
- C. Students will return to the didactic education when College deems it safe

Clinical Education

- A. If possible, clinical labs may continue in a controlled environment under the supervision of the program chair, clinical coordinator, or faculty member
- B. Students will return to clinical sites in the facility deems it safe
- C. This may mean that students could be reassigned to a different clinical facility or site, or to a non-traditional shift, such as evenings and weekends in order to accommodate the student
- D. The program will adhere to all supervision policies as stated by JRCERT standard 5.4
- E. The program will ensure adequate PPE is provided to maintain student safety
- F. The program will review and possibly revise the clinical education plan to ensure student safety
- G. The program will review and revise/update the clinical education plan to assure that all students are provided equitable learning activities regardless of the type of activity

College of DuPage Diagnostic Medical Imaging Radiography program will maintain open communication with its affiliates to assure they are aware of the steps being taken to ensure student safety and to keep them apprised of the program's plan for the students' education.