Radiographer Program
Student Handbook
2021-2022
# TABLE OF CONTENTS

## General Information
- Radiographer Program Faculty ................................................................. 1
- State and National Organizations ...................................................................... 1
- Welcome ........................................................................................................... 2
- Introduction ...................................................................................................... 2
- Student’s Right to Privacy & Access to Records ............................................... 3
- Educational Rights & Responsibilities ............................................................ 3
- Grievance ......................................................................................................... 4
- Grade Appeal Procedure .................................................................................. 4
- Tuition Costs .................................................................................................... 4
- Financial Assistance ........................................................................................ 4
- Student Services .............................................................................................. 5
- Smoking Regulations ....................................................................................... 5
- Advisement and Appointments ...................................................................... 5
- Counseling ...................................................................................................... 5
- Learning Resources ......................................................................................... 5
- Bookstore/Textbooks ...................................................................................... 6
- Emergency Messages ...................................................................................... 6
- Emergency Closings ....................................................................................... 6

## Radiographer Program Academic Policies and Procedures
- Program Mission ............................................................................................. 7
- Program Philosophy ......................................................................................... 7
- Program Goals and Student Learning Outcomes ........................................... 7
- Application for Admission to Program .......................................................... 7
- Transfer Credit ................................................................................................ 8
- Core Performance Standards & Criteria of Admission and Progression ........ 8
- Academic Progression Requirements ............................................................. 8
- Registration and Accreditation Eligibility Requirements ......................... 8
- ARRT Continued Qualifications Requirement ............................................. 9
- ARRT Continuing Education Requirements for Renewal of Registration ...... 9
- Radiography Student Responsibilities ........................................................... 9
- Electronic Devices Usage ............................................................................... 11
- Course Grade and Promotional Requirements ............................................ 12
- Class Attendance ........................................................................................... 12
- Written Examinations .................................................................................... 12
- Written Examination Remediation ............................................................... 13
- Cardiopulmonary Resuscitation ................................................................... 13
- Radiography Practice Laboratory ................................................................. 13
- Energized Laboratory Policy .......................................................................... 14
- Employment .................................................................................................... 14
- Health Status or Condition .......................................................................... 15
- Pregnancy ....................................................................................................... 15
- Accommodation for Lactation or Breastfeeding .......................................... 16
GENERAL INFORMATION

Radiographer Program Faculty
April Tatham, M.S.Ed., R.T.(R) (309) 690-7541
Professor and Program Director

Sarah Plack, B.S., R.T.(R) (309) 690-7554
Assistant Professor and Clinical Coordinator

Shalan Stegmaier, A.A.S., R.T.(R) (309) 672-3154
Clinical Preceptor
Unity Point Health/Methodist

Lynda Anderson, BS., R.T.(R) (309) 353-0368
Clinical Preceptor
Pekin Hospital

Donita Halsey, A.A.S., R.T.(R)(M) (309) 691-1071
Clinical Preceptor
Unity Point Health/Proctor

State and National Organizations
American Registry of Radiologic Technologists (ARRT)
1255 Northland Drive
St. Paul, MN 55120-1155
(612) 687-0048
www.arrt.org

American Society of Radiologic Technologists (ASRT)
15000 Central Avenue SE
Albuquerque, NM 87123-3917
(505) 298-4500
www.asrt.org

Illinois Emergency Management Agency
Division of Nuclear Safety
1035 Outer Park Drive
Springfield, IL 62704
(217) 785-9915
www.iema.illinois.gov

Illinois State Society of Radiologic Technologists (ISSRT)
(800) 947-7789
www.issrt.org

Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 N Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
www.jrcert.org
Welcome

Welcome to the Radiographer Program at Illinois Central College. On behalf of the radiography faculty, I would like to express my pleasure that you have chosen ICC to make your dream of becoming a radiographer a reality. I recommend that you utilize the faculty, staff, and academic resources readily available to you to enhance your opportunity for success.

The 2021-2022 Radiographer Program Handbook, the ICC Student Rights and Responsibilities handbook, and the current ICC College Catalog will provide policies and procedures for which you will be held responsible to follow and accountable to adhere. In some cases, you will find that the requirements for the Radiographer Program may exceed the requirements of the College. It is recommended that you keep current editions of academic college references available as resources. If you have any questions regarding policies and procedures of the Radiographer Program, please contact the Program Director, your program advisor, or myself. We look forward to assisting you in being successful in meeting course objectives, graduate competencies, and program and professional standards.

Wendee Guth, RN, MS, CNE
Dean of Health Careers

Introduction

The Radiographer Program is committed to quality health care, quality education, and professional standards of accreditation and credentialing in the health professions. Educational standards and criteria are established in collaboration with professional organizations and accrediting services. This program meets or exceeds the standards set for education established by these bodies, and students completing the program are eligible to apply to take the certification examination of the American Registry of Radiologic Technologists and to apply for licensure in Illinois. The program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

Academic coursework is developed, scheduled, and evaluated on a semester-to-semester basis. Course format, instructional techniques, evaluation methods, and rescheduling of exams or assignments missed because of student absence are at the discretion of each instructor. Instructors include full-time program faculty, adjunct program faculty, clinical preceptors at the clinical education centers, and occasional participation by faculty of the Health Careers Department. Additionally, students will take general education courses required for the Associate of Applied Science Degree of the College. The program curriculum plan is shown in Appendix A.

The educational program is updated continually in keeping with the rapid advancement of technology and in response to systematic evaluation and assessment. The program draws upon the instructional and human resources of a progressive college.

Illinois Central College is accredited by the Higher Learning Commission of North Central Association of Colleges and Schools. It is the policy of this College that no person, on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, or veteran's status, shall be discriminated against in employment, in educational programs and activities, or in admission. Inquiries and complaints may be addressed to the Title IX/Civil Rights Equity Coordinator, Illinois Central College, 1 College Drive, East Peoria, Illinois 61635-0001, (309) 694-8460 or email Title9@icc.edu.

Illinois Central College shall provide that no otherwise qualified individual with a disability, shall solely by reason of disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity engaged in by the college as required by Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disability Act of 1990.

Students have the right to review their educational records and to limit the release of information under the College's policy on the Confidentiality of Student Records. This policy complies with the Family Educational Rights and Privacy Act of 1974.
Student’s Right to Privacy & Access to Records

According to the Family Education Rights and Privacy Act (FERPA) of 1974, students have the right to (1) inspect and review their educational records; (2) request the amendment of their education records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student’s privacy or other rights; (3) restrict disclosure of information to other individuals or entities; (4) file a complaint with the Family Educational Rights and Privacy Act Office if the College fails to comply with the requirements of the Act.

The College considers the following directory information: (1) student's full name; (2) affirmation of student enrollment status (full/part-time) and class level; (3) dates of attendance, graduation, degree(s), certificate(s) earned, and honors received; (4) pertinent information relating to participation in officially recognized activities and sports.

The College will only disclose directory information to individuals or entities with legitimate education interests. Student schedules, grades, and other academic information will not be released to parents or guardians without written consent of the student. To restrict disclosure of directory information or to authorize release to specified individuals, contact Enrollment Services (309) 694-5600.

Educational Rights & Responsibilities

Students have the same rights accorded all citizens, including the right to free, open, and responsible discussion and inquiry, and the right to a quality education in a program of study provided by competent instructors. It is the right of each student at Illinois Central College to:

• study any controversial issue with a political, economic, or social significance and concern.
• have free access to all relevant information, including materials which circulate freely in the community.
• study under competent instructors in a healthy, responsive atmosphere free from bias and prejudice.
• form and express personal opinions on controversial issues without jeopardizing their relationship with instructors or the College.
• be treated fairly and with full respect; and
• be accorded the best efforts of instructors, including access to them through regular hours.

In return, students are expected to conduct themselves as responsible members of the academic community and to treat other students, faculty, and staff with respect and courtesy. Disruption of the educational process and violation of the rights of others constitutes irresponsible behavior.

Specific responsibilities of Illinois Central College students include:

• attending classes regularly and explaining reasons for absences to instructors
• intelligent care of equipment and facilities used
• actions characterized by honesty. Contrary actions, such as plagiarism or giving unauthorized help on examinations, may result in disciplinary action ranging from a failing grade for the assignment or exam to dismissal from the College (see Academic Misconduct, ICC College Catalog)
• refraining from:
  - giving false or misleading information to any College official or tampering with any College record
  - possessing or taking any narcotic, stimulant, or drug except as prescribed by a physician
  - giving, exchanging, or selling any drug to another person
  - possessing or consuming any alcoholic beverage on campus
  - giving, exchanging, or selling such beverages to another
  - using the College name or emblem in an unauthorized or unseemly manner
Students are responsible for knowing and abiding by all College regulations, together with federal, state, and local laws. These are enforced by appropriate civil, state, or College authorities. If students are in doubt about any matter, they should consult the Vice President of Academic Affairs (309) 694-8584.

Grievance
A student grievance is defined as a complaint arising out of any alleged unauthorized or unjustified act or decision by a member of the ICC community, which in any way adversely affects the status, rights or privileges of any student. A student alleging unfair treatment may make a complaint to the Program Director or Dean of Health Careers within five (5) days of the receipt of the complaint, an attempt shall be made to resolve the problem through a review of the complaint and informal discussion among the parties. If the complaint is not satisfied with the informal resolution, additional steps may be taken as defined in the grievance procedure available in the ICC Student Rights and Responsibilities handbook, at https://icc.edu/student-feedback/formal-grievance.

The radiographer program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) according to the Standards for an Accredited Educational Program in Radiologic Sciences. Using these Standards, the goals of accreditation include promoting academic excellence, stimulating programmatic improvement, and protecting the student and the public. A student may obtain a copy of the Standards by contacting JRCERT, 20 N Wacker Drive, Suite 2850, Chicago IL 60606-3182, (312) 704-5300, or at http://www.jrcert.org. In addition, copies of the Standards are available in the Program Director's office and radiography classroom.

Any and all allegations of program noncompliance to the Standards will be given prompt, fair and continued consideration until resolved and must be submitted in writing to the Program Director and include name of student (or other individual) filing allegation; specific Standard (e.g., Standard 2.5) of noncompliance; date(s) and example(s) of when and how the program was noncompliant with the Standard; and date of submission of the complaint of non-compliance. The Program Director will immediately notify the JRCERT that a radiography student (or other individual) has submitted a complaint of noncompliance. Within fourteen (14) days, the Program Director will provide a written response to the student (or other individual) and JRCERT indicating how the complaint of noncompliance was resolved. If the program’s resolution was not satisfactory, the student (or other individual) may next choose to contact JRCERT. The Program Director will keep a record of all complaints and resolutions of alleged noncompliance.

Grade Appeal Procedure
The purpose of the grade appeal procedure is to afford the student the opportunity to appeal a grade if the student feels that the grade is not representative of their performance according to the instructor’s specified grading standards or system. It is the intent of this procedure to afford students a fair and equitable process by which to appeal a grade while protecting faculty rights and the integrity of the grading system. The grade appeal procedure steps are outlined in the ICC Student Rights and Responsibilities handbook.

Tuition Costs
Tuition is calculated on a per-semester-hour basis and is that amount as established by the College and published in the ICC College Catalog. The student is responsible for tuition, textbooks, transportation, housing, uniforms, duty shoes, and any other fees as required and/or published in the ICC College Catalog.

In addition to tuition, which is billed to the student’s account each semester, course lab fees to cover the instructional costs associated with lab hours for enrolled courses will be billed to the student’s account. During the first semester following acceptance into a Health Careers program, a fee for the cost of the drug screen and fingerprint background check at IWIRC will also be applied to the student’s account. Questions regarding billing may be forwarded to Student Accounting at studentaccounting@icc.edu. Please note that additional costs, contractually required by specific
agencies for assigned student clinical learning, are subject to change and are the responsibility of the student.

**Financial Assistance**

Financial assistance available to college students includes state and federal grants, ICC Educational Foundation scholarships, local and state scholarships, long-term loans, and employment opportunities. Students who need assistance should contact the Financial Assistance Office (L211 at ICC East Peoria or Arbor Hall A002 at ICC Peoria). Contact information: call (309) 694-5311 or email at FinancialAid@ICC.edu.

Tutoring in required classes and financial assistance to purchase necessary equipment and supplies are available for qualified radiography students. Personalized assistance is also available to students having difficulty with any class because of the need to improve study skills or basic academic skills. For more information, contact the Coordinator of Special Academic Services (Arbor Hall 102, ICC Peoria Campus). Contact information: call (309) 690-6881.

**Student Services**

The College provides numerous student services including, but not limited to:

- Academic Advisement
- Counseling Services
- Academic Placement Testing
- Career Services
- Library
- Student Activities
- Academic Support Center
- Office for Access Services
- Transfer Center
- Veterans Affairs
- Testing Center
- Child Center and Child Care

For additional services and information, refer to the *ICC College Catalog* and website.

**Smoking Regulations**

Smoking and/or use of all tobacco products is prohibited on all premises and property of ICC, including but not limited to campus grounds, buildings, College-owned vehicles, etc. Smoking and/or use of all tobacco products is also prohibited on the premises and grounds of the clinical education centers.

**Advisement and Appointments**

Program faculty members welcome the opportunity to meet with students on an individual or group basis. Each student has a program faculty member assigned to serve as his/her academic advisor. Each faculty member posts office hours, and appointments should be made through the department's administrative assistant.

**Counseling**

Counseling services are available at ICC East Peoria Campus, Room CC200 to help students with personal or academic problems. Counselors are available Monday from 8:00 a.m. to 4:30 p.m., Tuesday from 8:00 a.m. to 6:00 p.m., and Wednesday through Friday from 8:00 a.m. to 4:30 p.m. Contact information is phone: (309) 694-5281 and email: Counseling@ICC.edu.

**Learning Resources**

The library has a fine collection of medical reference materials and related subjects. Additional medical imaging texts are available in program faculty offices and the classroom for student use. The library is linked electronically with many public, special, and academic libraries in west central Illinois. Students may use these libraries as well as the Illinois Central College libraries.

Students are automatically provided a free email account, access to online courses, and a student login to the College’s network. Details on obtaining and using these services are available on the ICC website at www.icc.edu.
Instructional computer labs are located on both campuses. Some are available for general use and others for specific courses. Radiography software is available in the library and radiography classroom for use by students. Directions should first be obtained from program faculty members.

**Bookstore/Textbooks**
Radiography textbooks and course materials are available in the ICC bookstore. Radiography students are to purchase all required texts. Do not sell back radiography texts as they are used throughout the two-year program.

**Emergency Messages**
For a medical emergency, Campus Police or program faculty members will attempt to locate students in class and provide a message. Non-emergency messages will not be delivered. In non-emergency cases (change of plans for transportation, etc.), schedules will not be released to a third party without the student’s prior written consent. Students are, therefore, encouraged to provide family members or childcare providers with their schedules for use in non-emergency situations. The use of cell phones and pagers is prohibited during class, laboratory, and clinical experiences.

**Emergency Closings**
Classes including clinical experiences will meet as scheduled unless inclement weather or other emergency circumstances create conditions that necessitate closing the College. Students will be notified of the closing of the College as soon as possible through the College emergency notification system, the College website, and area radio and television stations. The decision to close the College for day classes is usually made by 5:00 a.m. and by 3:00 p.m. for evening classes.
Program Mission
The mission of the Radiographer Program is to prepare competent entry-level radiographers able to function within the health care community.

Program Philosophy
Faculty members believe that educational opportunities should be provided in the preparation of radiographers for entry-level positions. The curriculum for the Associate in Applied Science in Radiography is designed to meet the standards of the Joint Review Committee on Education in Radiologic Technology and to provide a foundation of general education courses for personal growth. Additionally, the curriculum is designed to support and integrate the College philosophy of learning.

Educational objectives are developed to provide an atmosphere that combines academic instruction in the technical aspects of radiography with appropriate clinical experiences. As the student progresses through the educational program, opportunities are provided which allow for the assumption of increased responsibility for patient care to foster independence. Achievement of program goals and learning outcomes are assessed using a variety of methods to ensure effective student preparation for a career in diagnostic radiography and to ensure program achievement of the JRCERT Standards for program completion, national registry exam success, and job placement.

Faculty members are chosen for their demonstrated professional ability and academic preparation. Dedicated to improving diagnostic radiography as a profession, they are committed to expanding their own teaching and professional abilities.

Program applicants should have an interest in the life, physical, and behavioral sciences and should possess a desire to contribute to health care. Program graduates are expected to ethically respond to the needs of their patients with technical competence and compassion. They are aware of the need to update their knowledge and skill through active participation in professional societies, continuing education activities, and lifelong learning.

Program Goals and Student Learning Outcomes

Goal: Students/Graduates will be clinically competent.
Student Learning Outcomes: Students/graduates will accurately evaluate radiographic images.
Students/graduates will select appropriate technical factors.

Goal: Students/Graduates will demonstrate communication skills.
Student Learning Outcomes: Students/graduates will use effective oral communication skills.
Students/graduates will practice written communication skills.

Goal: Students/Graduates will develop critical thinking and problem-solving skills.
Student Learning Outcomes: Students/graduates will appropriately assess image quality and determine corrective action to ensure optimal images.
Students/graduates will modify routine procedures to meet patient needs.

Application for Admission to Program
Applications for Health Careers programs are accepted at all times, but the deadline for fall admission to the Radiographer Program is January 15. Completed applications should be submitted to the Health Careers Department and include: completed ICC application, high school transcript or GED, radiography program checklist, and all college transcripts. Specific eligibility and program requirements are listed in the Health Careers Booklet and ICC website. From the applicants, a predetermined number of students, usually 18, will be selected on the basis of program checklist score/points highest
to lowest. If two or more applicants hold the same score, the student cumulative GPA will be used and students will be selected from highest to lowest. Students who are not admitted are encouraged to review admission requirements and program checklist to continue coursework to satisfy requirements.

Transfer Credit
Students wishing to have courses evaluated for transfer to ICC for the purpose of receiving a degree or certificate or to have coursework earned at another college or university applied to the ICC record must have an official transcript from each institution attended sent to ICC.

Transfer of students from other radiography programs into the ICC Radiographer Program is not permitted. Admission to the program through the normal application process is required.

ICC students have access to the Transfer Center, which will provide accurate information to help them achieve a seamless transfer to the four-year institution of their choice. For more information, contact the center at (309) 694-5322.

Core Performance Standards & Criteria of Admission and Progression
Core Performance Standards are nonacademic criteria for admission and continued program participation. They are directly related to the curriculum and utilize performance criteria that can be applied to all program applicants and participants. These standards are essential functions a student must demonstrate to fulfill program and professional requirements. The Core Performance Standards should be used to assist in determining whether accommodations or modifications are necessary for a student to meet program requirements. A student who identifies potential difficulties with meeting the Core Performance Standards should communicate his/her concerns to the Program Director for possible referral to Access Services or other appropriate resources. The student has the responsibility to identify and document any disability and to request reasonable and appropriate accommodations as needed. All students must be otherwise qualified and able to perform independently in all areas. Determination is made on an individual basis as to whether any accommodations or modifications can be reasonably made. The skills and abilities necessary to meet curriculum requirements are shown in Appendix B.

Academic Progression Requirements
Students must earn a “C” or better or an “S” grade in all RADTK courses and maintain a “C” or better average while in the program each semester, including summer. Students must also continually meet the Radiographer Program Core Performance Standards, complete and maintain compliance with all health requirements, and meet all affiliated clinical agency requirements for drug screening and criminal background checks. Failure to meet any of the above requirements may result in dismissal from the program.

Registration and Accreditation Eligibility Requirements
Applicants seeking registration in radiography with the American Registry of Radiologic Technologists (ARRT) and/or accreditation by the Illinois Emergency Management Agency (IEMA), Department of Nuclear Safety, must answer the following questions. If your answer is ‘yes’ to any one of these questions, you should notify the Program Director as it may be necessary to complete an ARRT pre-application for clarification regarding your eligibility status. You may obtain information at www.arrt.org (Ethics section) or by calling the Ethics Department at (651) 687-0048 ext. 8580.

1. Have you ever been charged with or convicted in court of a misdemeanor or felony (including conviction of a similar offense in a military court-martial)?

Charges or convictions resulting in any of the following must also be reported: plea of guilty, Alford plea, plea of no contest, withheld/deferred adjudication, suspended sentence, court supervision, probation, or pre-trial diversion. Traffic violations charged as misdemeanor or felony or any that involved drugs or alcohol must also be reported. Juvenile convictions processed in juvenile court and traffic citations (unless they involved alcohol or drugs) DO NOT have to be reported.
2. Have you had any professional license, permit, registration, or certification denied, revoked, suspended, placed on probation, under consent agreement or consent order, voluntarily surrendered or subjected to any conditions or disciplinary actions by a regulatory authority or certification board (other than ARRT)?

3. Have you ever been suspended, dismissed, or expelled from an educational program you attended in order to meet ARRT certification and registration requirements?

Applicants seeking employment in health care in Illinois may be required to initiate a criminal background check as a condition of employment under the Illinois Health Care Worker Background Check Act.

**ARRT Continued Qualifications Requirement**
ARRT certifications awarded January 1, 2011, and thereafter will be time limited to 10 years. Prior to the end of the 10-year period, the individual will be required to demonstrate continued qualifications in order to continue to hold the certification.

**ARRT Continuing Education Requirements for Renewal of Registration**
Continuing education is an integral part of ARRT’s emphasis on education as an essential tool in delivering quality care. ARRT’s continuing education requirements for radiographers mandate that every two years a registrant must obtain 24 acceptable continuing education credits.

**Radiography Student Responsibilities**
Honesty is expected of all health professions students. Academic institutions, health care facilities, and the public expect that persons educated and employed in health care possess a moral and ethical code based on honesty. In addition, personal honesty/integrity and professional ethical behavior in radiography is outlined and required by the Code of Ethics of the American Society of Radiologic Technologists.

Health professions students who are dishonest during their educational program and who manage to obtain passing grades may not be capable of passing national certification exams or practicing competently. Academic dishonesty seriously lowers the standard of professional practice, harms the integrity of the academic institution and its community, and impairs the quality of the health care system.

**Academic dishonesty** refers to forms of lying and/or cheating on academic assignments and exams. Examples of academic dishonesty include but are not limited to:

1. Acquiring examinations or other academic material belonging to an instructor.
2. Obtaining the examination from anyone prior to administration.
3. Use of unauthorized aides during examination.
4. Obtaining information from other students while exam is in progress.
5. Copying another student’s homework or laboratory exercises.

**Plagiarism** is receiving credit for work which is not your own. This includes copying another student’s work or copying information from a book or article. Any information that is copied from another source must be cited appropriately in the assignment. Deliberate acts of plagiarism are considered serious offenses within the college community.

**Clinical practice dishonesty** occurs when a student does not exercise good judgment in the clinical setting. Examples of clinical practice dishonesty include but are not limited to:

1. Falsifying lab or clinical documents and/or attendance records.
2. Not performing exams according to procedure.
3. Not reporting mistakes/errors to clinical instructors.
4. Not completing a clinical incident report in the event of potential error/accident.
5. Using false excuses for an absence from clinical.

Student disciplinary procedures as outlined in the *ICC Student Rights and Responsibilities handbook* under academic misconduct will be followed if an act of dishonesty is discovered. Disciplinary sanctions that may be imposed range from warning to dismissal from the program and expulsion from the College permanently.

**Radiography students have additional responsibilities** because of the confidential role they must assume during their clinical education. These additional responsibilities include:

- Maintaining confidentiality by discussing information related to clients, hospital personnel, and hospital operation in appropriate learning situations in classroom or conferences only.
  
  **Statement of Confidentiality** - It is the responsibility of every student to maintain the confidentiality of patient information, personnel information, and competitive information regarding a clinical agency’s plans and operations.

  During clinical experiences, students may learn of certain personal matters pertaining to nature of illness, financial background, family life, etc., of a patient. This information should not be discussed with anyone outside the agency, among employees of the hospital, or among students unless information is required directly for the care of the patient or as a learning tool within the educational setting.

  In addition to patient information, students are expected to use the utmost discretion concerning other confidential information such as that pertaining to hospital employees or operation of the hospital. Unauthorized disclosure of patient information may result in civil and/or criminal liability under federal or state laws, such as the Health Insurance Portability and Accountability Act (HIPAA).

  The integrity of all data produced by a Hospital Information System (HIS) should not be compromised under any circumstances. Data includes printed materials, oral communication, and information displayed on a computer terminal. Students are prohibited from independently accessing HIS.

  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 clinical facility, or in hospital departments on any social network as described in the Social Networking policy in the Health Careers Policies and Protocols included in this handbook.

- Being prepared to participate in clinical education
  - following policies and procedures of the clinical education centers
  - being punctual reporting to assigned clinical area
  - completing pre-clinical preparations to provide safe and competent care to patients; students whose behavior indicates lack of preparation or unsafe practice may be dismissed from the clinical education center
  - notifying clinical instructor of absence prior to scheduled clinical experience

Violations of these responsibilities may subject the student to disciplinary sanctions in accordance with the procedure established by the College.

Students may also be dismissed from the program for the following actions:

- explicit use of profanity
- falsifying or altering records, including clinical records
• cheating on exams which includes obtaining the examination prior to administration, use of unauthorized aides during examination, knowingly aiding another student with academic work or obtaining information from other students while exam is in progress (see College academic misconduct policy)

• abusing, stealing, or destroying any property on the College or clinical education center premises

• violating confidentiality policy

• possession of guns or weapons on campus or at the clinical education center

• violating or falsifying health/incident forms (including not reporting properly)

• willfully disregarding College or clinical education center policies

• failure to maintain satisfactory academic grades and/or clinical performance

• failure to follow and maintain attendance policies

• unprofessional or unsafe patient care upon recommendation of clinical personnel or instructor

• sexual harassment (see College policy)

• as part of process of chemical impairment policy implementation

• representing self as an ICC student to patients during nonscheduled clinical times

• theft of any kind

Electronic Devices Usage

In classroom/lab

• Personal electronic devices, such as cell phones, smart gadgets, and pagers, shall be placed on silent mode during class time.

• If allowed by the instructor, personal electronic devices, such as cell phones, tablets, and laptop computers may be utilized during designated class time for learning purposes including taking notes, reviewing reference materials, charting data, etc.

• If a faculty member questions student use of an electronic device, the faculty member reserves the right to remove the device from student use. The device will be returned to the student at the conclusion of the session.

In clinical setting

• Use of personal electronic devices, such as cell phones, smart gadgets, pagers, and laptop computers during assigned clinical is strictly prohibited.
Course Grade and Promotional Requirements

The competency-based level of achievement is graded as follows:

- **A** = 92 - 100%
- **B** = 84 - 91%
- **C** = 78 - 83%
- **D** = 70 - 77%
- **F** = below 70%

A 'C' or better grade in didactic program courses (RADTK), and a 'S' in clinical (RADTK) courses is required to progress to the next course in the program sequence. To receive a 'C' or better grade, the student must (1) maintain a grade average of 78% or better and (2) meet all course requirements within specified time limits. Students who earn a grade of 'D' or less will be required to withdraw from the program. The requirements for obtaining an 'S' for clinical courses are outlined in the clinical information section.

Class Attendance

Regular attendance at all class meetings and laboratory sessions is essential to the learning process and expected of all students. Excessive absence is the most common cause of failing grades and may hinder the student from completing course objectives. A student who does not satisfactorily complete the objectives for a radiography course will not progress within the program. All personal and individual appointments (e.g., physician, dentist, etc.) should be scheduled at times other than during assigned radiography experiences, including class, laboratory, and clinical. One tardy or one leaving early occurrence and one unexcused absence per semester is allowed. For each unexcused absence thereafter, 10 points will be deducted from the next exam. In addition, for each minute the student is late, or each minute the student leaves class early, one point will be deducted from the next exam.

It is the student's responsibility to be aware of attendance policies and make-up procedures. Faculty members ordinarily permit students to make up work missed due to illness or participation in college-sponsored activities if prior notification of absence is given. In case of prolonged absences because of illness, accident, or hospitalization, students should notify the Program Director so proper notification can be made to instructors. In addition, it is the student's responsibility to contact instructors about possible make-up work.

Written Examinations

Dates of examinations are identified in the course schedule that is distributed to students at the beginning of each semester. Students will be notified of any schedule changes. An absence on the day of a scheduled exam will result in points being deducted from the overall score achieved on the exam. The following outlines the points deducted based on the number of absences in a semester.

- 1st absence = 0 point deduction
- 2nd absence = 10 point deduction
- 3rd absence = 20 point deduction

Upon the 4th absence on a scheduled exam date, a student will be dismissed from the program.

If the student is to be late or absent the day of an exam, the student must notify the instructor prior to the scheduled time of the exam. Any student taking an exam later than the scheduled time may be given a different exam from the one taken by other students. Make-up exams must be taken no later than the next scheduled class session unless other arrangements have been made with the instructor. Students entering class late may be allowed to take the exam but will not be given additional time to complete the exam. Unannounced quizzes may be given in any class and make-up is rarely allowed. Each instructor, within college policy, will determine if an exception may be made. Students entering class late may be allowed to take the quiz but will not be given additional time.
Final grades are calculated from a combination of exams, quizzes, homework, projects, and a final exam for specific subject areas contained within a course. The final average for each subject area will constitute a predetermined percentage of the course grade. These percentages will be announced at the beginning of each course. An incomplete grade (I) may be given, by arrangement with the Program Director, only when fully justified by serious circumstances such as prolonged illness, accident, or hospitalization. Incomplete grades are not given for such reasons as unjustified failure to complete the required coursework by the end of the semester or failure to appear for a final exam.

**Written Examination Remediation**

Failure to demonstrate the minimal level of knowledge on an exam (<78% score) will result in the student completing a Written Exam Remediation form (Appendix C). Upon completion of this form, the course faculty will review it and determine if the student has met the minimal level of knowledge covered on the exam. This form must be completed within one week (unless otherwise specified) and will be maintained by the course instructor with other course materials. The student must also meet with the course instructor to discuss their completed remediation.

The original exam score will remain as the grade of record with no additional points for completion of the remediation plan. Since the remediation activity involves a review of the original exam, the student must remain on campus, such as in the learning lab, to complete the form. The student will, however, be able to use any course materials and resources to complete the form. It is not permitted to use other students to complete the remediation.

If the student does not complete this activity within the required date, the student will not be allowed to take the next exam and will be required to meet with program faculty regarding progressing in the program.

**Cardiopulmonary Resuscitation**

Students must be certified in Basic Life Support - CPR prior to beginning clinical experience in October of the freshman year. This certification may come from formal classes offered by hospitals, community health agencies, the American Red Cross, the American Heart Association, Illinois Central College (HLTH 041), and other sources. Students must maintain a valid BLS Provider card throughout the program. Certification through online sources may not be accepted and must be approved by the Program Director.

**Radiography Practice Laboratory**

A radiography skills lab is available at scheduled times for use by students. The schedule will be arranged at the beginning of each semester and will always be supervised to ensure safe and efficient use of lab time.

The Clinical Objectives Evaluation System is utilized in the program. One step within this system requires the student to perform a radiographic procedure on a live subject, other than a patient, and simulate the exposure. Therefore, simulated competency evaluations for specified radiographic procedures must be accomplished prior to independent performance of that procedure on a patient in the clinical setting.

It is the student’s responsibility to schedule simulated practice and to complete the required number of simulated competency evaluations during each semester. The following steps may accomplish this:

1. After receiving positioning theory in lecture and demonstration, the student schedules practice time in the lab.
2. The student participates in the peer check system utilizing the Skills Competency Checklist and the Simulation Competency Evaluation Form, both shown in Appendix D.
3. The student, when prepared, then schedules a simulated competency evaluation with the lab supervisor.
4. Upon successful completion of the simulated evaluation, the lab supervisor will initial the student's *Clinical Competency Record*, Appendix E.

During each simulated competency evaluation, specific performance objectives are used. These objectives coincide directly with the objectives used during competency evaluation in the clinical education center and are shown in Appendix D. The student must demonstrate a minimum of 2.7 to be considered acceptable for each position of the procedure.

For scores less than a proficiency level of 2.7, the student must schedule a time to repeat the examination. Competency must be demonstrated on each procedure before moving on to the next skill. Therefore, if additional attempts are needed, the student will not be allowed to continue to the next skill/procedure until the current procedure is successfully completed. The student will be allowed up to three instructor attempts to demonstrate competency of the skill.

If a third instructor competency attempt is required, formal remediation activities are required and determined by program faculty and discussed with the student before the final attempt. Activities may include referral to course materials, additional readings, observation, demonstration, direct instruction, and guided practice and will be documented on the Skill Proficiency Remediation Form shown in Appendix D. Students should refer to the course and/or lab objectives for expectations. Failure to demonstrate proficiency on the third instructor attempt will result in unsuccessful completion of the corresponding course and inability to progress within the program.

**Energized Laboratory Policy**

A student will not make any radiographic exposure of any kind without the supervision of a readily available ARRT-certified instructor. The door to enter the laboratory setting will remain locked while classes are not in session and students are not allowed into the laboratory setting without the supervision of a program official. The only exposures made in the laboratory settings will be on phantoms. Under no circumstance will x-rays be completed on other students or members of the public. The x-ray unit will be activated only during scheduled laboratory sessions.

Students are never to be exposed to radiation during lab. No one is allowed to hold image receptors or phantoms during exposures, but rather positioning aids will be used on the phantoms to maintain positioning requirements, allowing the students to remain behind the control console lead barrier during all exposures.

During the laboratory session, students must adhere to the following procedures:

1. Wear OSL badge
2. Utilize individual markers for every exposure
3. Remain behind the control console lead barrier during all exposures
4. Utilize the appropriate techniques for ALARA
5. Practice radiation shielding

If the student does not adhere to the above policies, they will not be able to participate in lab and will be counted as absent. If radiation protection is not applied where appropriate during competency evaluations, the competency will not be awarded.

**Employment**

The student's primary focus should be the program of study. Students are requested *not to work the shift immediately preceding assigned clinical experience and to ensure that work hours do not conflict with scheduled class, lab, or clinical hours*. Students carrying a full-time course schedule should be employed no more than 10 to 15 hours per week. In most cases, employment of 15 hours per week should be accompanied by corresponding reduction of course schedule. Generally, the student should plan to study 2 to 3 hours for each semester hour of credit carried, remembering that radiography courses tend to require more time.
Students may **not** seek employment under the title Student Radiographer and are not to wear the ICC uniform, photo ID, or patch in the place of employment. The College assumes no responsibility for work performance related to skills learned as a part of the radiography curriculum. Students cannot obtain employment as a radiographer until after program graduation and Illinois accreditation has been obtained.

### Health Status or Condition

A student that experiences a medical condition (including pregnancy), physical/mental illness, surgery, injury, or is taking a prescription/nonprescription medication that limits or interferes with their ability to meet classroom, laboratory or clinical objectives, must have a signed release from his/her physician indicating that he/she may return to classroom, laboratory, and/or clinical without restrictions.

A student who has been absent for two or more consecutive days due to a medical condition, physical/mental illness, surgery, or injury must have a signed clinical release from his/her physician indicating that he/she may return to classroom, laboratory, and/or clinical without restrictions. Students who fail to provide a signed release where required will be unable to attend classroom, laboratory, and/or clinical.

At any time throughout the program, a faculty member may request the student leave the clinical area because of an altered state of health which, in the professional judgment of the faculty member, renders the student unable to perform assigned duties safely and effectively. The time missed will be counted as an absence and the student will be counseled at that time regarding the situation and the necessary steps to return to clinical or for clinical reinstatement if necessary. Clinical agencies reserve the right to determine if a student may practice in their facility while under a physician’s care.

A student experiencing a medical condition, illness/mental illness, surgery, injury, or under the influence of a prescription/nonprescription medication that prevents timely attainment of required course objectives, may encounter a delay in the date of graduation until those objectives can be satisfied. Student options include (1) continuation in program sequence with possible extension of educational period or (2) program withdrawal with request for readmission (see program readmission policy) into program sequence or (3) withdrawal from course/program.

### Pregnancy

The declaration of pregnancy is **voluntary**. Should the student choose to inform program faculty members, a written declaration (Appendix F) should be submitted to the Program Director. The written declaration must include the estimated date of conception for determination of the accumulated dose the embryo/fetus may have received prior to the declaration of pregnancy. During the first semester of the program all students will be instructed in basic radiation protection procedures. These instructions will provide information so that the female student will be able to understand the possible biologic risks of ionizing radiation to the embryo and fetus. The possible risks to the embryo/fetus shall be reviewed (Nuclear Regulatory Commission Guideline and Appendix on Radiation Exposure and Pregnancy) and the review documented by the Program Director and the student. The student may select one of the following options:

1. The student may continue in the program with no modifications. The student who chooses to continue in the program without modifications must acknowledge that all course objectives and clinical experiences shall be equivalent to all students enrolled in those program courses. Two radiation monitors will be used, one worn at the collar outside the lead apron for the student’s whole-body dose and one worn at the waist level under the lead apron to record the embryo/fetus exposure. Other counseling on radiation procedures shall be done as needed. Exposure to the pregnant woman once the pregnancy is declared should be limited to no more than 0.5 mSv per month and 5 mSv for the entire pregnancy. This amount of exposure is considered not to increase the measurable risks. Should the recorded fetal exposure reach 5 mSv at any time during the pregnancy, the student may be reassigned to areas of lesser radiation exposure.
2. The student may continue in the program with modifications including reassignment of clinical rotations to areas generally considered to contain lower potential doses (assignments would not include surgery, fluoroscopy, etc.). The student who chooses to continue in the program with modifications must acknowledge that all course objectives and clinical experiences shall be equivalent to all students enrolled in those program courses. This choice may delay attaining required course objectives and potentially delay the date of graduation until those objectives can be satisfied. Two radiation monitors will be used, one worn at the collar outside the lead apron for the student's whole-body dose and one worn at the waist level under the lead apron to record the embryo/fetus exposure. Other counseling on radiation procedures shall be done as needed. Exposure to the pregnant woman once the pregnancy is declared should be limited to no more than 0.5 mSv per month and 5 mSv for the entire pregnancy. This amount of exposure is considered not to increase the measurable risks. Should the recorded fetal exposure reach 5 mSv at any time during the pregnancy, the student may be reassigned to areas of lesser radiation exposure.

3. A leave of absence may be taken, and all radiography grades will be recorded as withdrawn (W). This will permit the student to request readmission to the same semester the following year.

4. The student has the right at any time to revoke the written declaration of pregnancy. The revoking of the declaration must be in writing.

5. The student may terminate the program.

**Accommodation for Lactation or Breastfeeding**

Illinois Central College will provide a readily available, private space suitable for the lactating or breastfeeding student use. It is the student’s responsibility to discuss this need with the program director, so that such space may be provided.

**Professional Societies**

Program faculty members believe in providing opportunities for development of the entire professional person. A student may gain membership in the American Society of Radiologic Technologists (ASRT) and Illinois State Society of Radiologic Technologists (ISSRT).

As a member of a professional organization, the student may participate in the following activities:

- attendance and participation in regional, state, and national meetings
- preparation and display of scientific exhibits
- preparation and presentation of scientific papers

**Elective Course Withdrawal**

When necessary to withdraw from a class or classes, the student may do so at any time until 75% of the class has elapsed. Withdrawals are accepted online, by mail, fax, or in person at the ICC East Peoria, Peoria, or Pekin campuses.

All students are financially responsible for tuition and fees for classes that they enroll into during a semester. However, if the withdrawal occurs on or before the refund date listed on the class schedule, the student may be entitled to a refund of tuition. Students who are given a failing grade on an assignment for academic misconduct will not be allowed to withdraw from that course without instructor permission. Students who are given a failing grade in the course for academic misconduct will not be allowed to withdraw from the course. Illinois Central College reserves the right to reinstate any individuals who are withdrawn in these situations.

Late withdrawal may be permitted in extenuating circumstances, prior to final exam, upon the recommendation of the course instructor and with the approval of the Program Director and Dean/Associate Dean.
Course Withdrawal for Non-Attendance
Students who are identified as a nonattender by their instructor may be withdrawn from the class at midterm. Students recorded as nonattenders will be notified by mail that they have been administratively withdrawn from the class without refund of tuition. Instructors have individual and often varying policies regarding non-attendance withdrawals. Students must not assume they will be withdrawn if they never attend or stop attending a class. If space is available, and if approval from department and instructor are obtained, students may re-enroll in a class from which they have been withdrawn. Non-attendance without an official withdrawal constitutes a failing or unsatisfactory grade. Students are financially responsible for tuition and fees for all classes not officially dropped by the appropriate refund date.

Program Withdrawal
Students withdrawing from a program are urged to meet with the Program Director prior to withdrawing to explore opportunities for success and discuss options for readmission. Students who withdraw are expected to complete the “Student Withdrawal Follow-up Form” (see Appendix G) and submit it to the Program Director.

Program Readmission
A student who has withdrawn from the program or has failed a program course(s) after the first semester may request readmission to the program one time, with the readmission occurring within one year. A written request for readmission must be initiated through the Program Director. A student who has failed a first semester radiographer course must complete the entire application process. A student who has failed a radiographer course beyond the first semester (academic or clinical) may be readmitted only once during the entire radiographer program. Readmission is based on a space available basis provided that the student has an overall college GPA of 2.00 or higher and is not guaranteed in any semester. Repeating a program academic course also requires repeating the corresponding clinical course.

The student seeking readmission within one year will be required to demonstrate retention of previously learned skills and knowledge (through the semester the student had successfully completed). This includes one of the following options:

- Written exam(s) to evaluate knowledge base with a score of 78% or better (taken only 1 time).
- OR
- Enrollment in RADTK 255 (during the semester prior to the semester that the student was unsuccessful) with the requirement of completion of all assignments and exams corresponding to the course in which the student was unsuccessful with an overall composite score of 78% or better.
- Lab competency exams with a grade of 2.7 or better for each position.
- Clinical refresher if space is available.

The student must follow the readmission policy of the College and the radiographer program. A readmitted student will be subject to policies, procedures, and curriculum that are current at the time of readmission and must have a completed physical examination form including verification of immunization on file before attending lab activities and clinical experience. It is the student’s responsibility to assure that all health requirements are met. In addition, a current criminal background check and drug screen will be required.

Graduation Requirements
Students must fulfill the graduation requirements of the College for the Associate in Applied Science Degree. It is each student’s responsibility to know the current College requirements.

Students should petition for graduation during the spring semester of the sophomore year and verify
with the Program Director that graduation requirements will be completed. The graduation date may be extended for students unable to complete program requirements in the established time frame.

The following general requirements must be met to become eligible for graduation:

- Attain a ‘C’ or better in all radiography courses, BIOL 140, and MATH 115 or MATH 110;
- Attain a ‘S’ in all radiography clinical courses;
- Attain a cumulative minimum 2.00 GPA;
- Complete the required number of clinical experience hours and competency evaluations; and
- Complete course requirements for the Associate in Applied Science Degree.

The student must complete all requirements of the Associate in Applied Science Degree in Radiography and the American Registry of Radiologic Technologists (ARRT) to establish eligibility to apply to take the certification examination of the ARRT and to apply for Illinois accreditation.

ARRT and Illinois accreditation applications are available from the Program Director during the spring and summer semesters of the sophomore year.
CLINICAL INFORMATION

Introduction
The clinical portion of the program provides an environment for supervised competency-based clinical education and experience and offers a sufficient and well-balanced variety of radiographic exams/procedures and equipment. The clinical education flowchart is shown in Appendix H.

Competency-based clinical education requires that students successfully completing the program be able to perform radiographic procedures according to accepted professional standards. Clinical education is therefore a planned method of evaluating the overall clinical performance of students. Formal evaluations are used to demonstrate and document student progression toward clinical competency.

The purpose of clinical education is to allow the student to apply theoretic principles of radiography, patient care, and department procedures to practical experiences. The student’s role in the clinical setting is one of a learner and not a staff radiographer.

The College arranges clinical education experiences at UnityPoint Health Methodist, Pekin Hospital, and UnityPoint Health Proctor Hospital. Clinical centers have the right to refuse or dismiss a student from participating in clinical education experiences.

Health Requirements
At any time throughout the program a faculty member may request the student leave the clinical area because of an altered state of health which, in the professional judgment of the faculty member, renders the student unable to perform assigned duties safely and effectively. The time missed will be counted as an absence and the student will be counseled at that time regarding the situation and the necessary steps for clinical reinstatement.

Transportation
Transportation to clinical centers is each student’s responsibility. Parking is available in designated areas.

Clinical Schedules
The Program Director and Clinical Coordinator prepare clinical schedules that are distributed to each student on an annual basis. During the six-semester program, the student will participate in 1,616 clock hours of clinical experience, including evenings and weekends. Approximately 19% of the student’s total clinical education experience is completed during evening hours or weekends.

Clinical Assignments
Each student will have an opportunity for clinical education experience in at least two of the clinical centers. The Clinical Coordinator prepares this rotation assignment with input from the Program Director and Clinical Preceptors to give each student varied and similar experiences. Special student requests will be honored, if possible, and should be submitted in writing to the Clinical Coordinator prior to preparation of the assignments. Once assignments have been prepared and distributed, no changes will be made.

Weekend and weeknight clinical assignments are made to add further variety to student clinical experiences. In such assignments, the student will improve the ability to deal with trauma patients and other critical care situations due to the additional exposure to emergency procedures, have the opportunity to perform an increased number and variety of procedures, and develop closer working relationships with other health care professionals due to the nature of these clinical experiences. These experiences begin during RADTK 121 (freshman year, spring semester) and continue through each subsequent semester of the program. The objectives form for these experiences is included as Appendix I.
Area/room assignments within the clinical centers are prepared by the Clinical Preceptors and ensure equitable experiences for all students. Each student must report to the assigned clinical area by the scheduled starting time, in proper attire, and prepared to carry out clinical assignments. **Personal cellular phones are not allowed during scheduled hours in the clinical centers.**

A student is not allowed in the radiology department in a student capacity except during assigned clinical hours. All clinical experiences must be scheduled with the Clinical Preceptor prior to that experience.

During the fall semester of the second year of the program, a student may request an **elective rotation** in any or all the following imaging modality areas: Sonography, Mammography, or Radiotherapy. This rotation will be of limited experience and requests should be directed to the Clinical Coordinator.

The student should inform family members, children's schools, etc. of clinical schedules and telephone numbers in case of an emergency.

**Relationships Within Clinical Education Centers**

The student is expected to cooperate with clinical personnel. While at the clinical centers, the student must observe regulations imposed by the agencies regarding patient safety and welfare, personal cleanliness, and hygiene. If any concerns arise concerning the performance of specific assignments, consult the Clinical Preceptor.

**Supervision**

While performing clinical assignments, the student is **directly** responsible to the staff radiographer in charge of the assigned room/area and to the Clinical Preceptor. The student must have adequate and proper supervision during all clinical assignments.

Each student progresses from the role of observer and assistant to relative independence according to initiative and capabilities. Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the **direct supervision** of a staff radiographer (a radiographer is physically present during the administration of the exam). After demonstrating competency, the student may perform those procedures with **indirect supervision** (a radiographer is immediately available, i.e., adjacent to the room or location where the procedure is being performed, to assist the student). A student shall not take the responsibility or the place of a qualified staff radiographer.

Students must be directly supervised during all surgical and mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

At all times, regardless of a student's level of achievement, a staff radiographer must:

- review the exam requisition to determine the capability of the student to perform the exam and/or determine if the condition of the patient contraindicates performance of the exam by the student.
- check and approve all radiographs taken by a student prior to dismissal of a patient; and
- be present during the performance of all repeat radiographs.

A student is responsible for performing radiographic procedures that have been learned and practiced. If the student is asked to perform procedures for which no instruction or practice has been obtained, it is the student's responsibility to notify the staff radiographer and Clinical Preceptor of this fact. The student must also assume responsibility for assuring that all repeat radiographs are performed under the direct supervision of a staff radiographer. Documented violation of supervision policies will be reflected in the clinical performance evaluation as failure to adhere to professional standards (Section 4, Professional Ethics).
Attendance

The assigned schedule of experience must be followed closely and is arranged by the College. Should it be necessary for the student to be absent, the student must personally notify the Clinical Preceptor (or designee) prior to the assigned clinical period. Failure to do so will result in the student being required to schedule make-up time regardless of having excused absences available.

A student is allowed a maximum of two (2) absences during RADTK 121, RADTK 211, and RADTK 221, and one (1) absence during RADTK 112, RADTK 201, and RADTK 231. These absences are intended for such reasons as personal illness, family member illness, and death in the family and are not intended for use at any time and for any reason. All absences are reflected in the student’s clinical performance evaluation regardless of reason.

Additional absences may jeopardize satisfactory completion of the semester in which they occur and must be rescheduled. While program faculty recognize that there may be times when attendance is not possible, it is imperative that students respect the significance of consistent attendance and punctuality. Therefore, the following guidelines have been established for use in determining appropriate corrective action for absenteeism:

<table>
<thead>
<tr>
<th>Number of Occurrences in a Continuous Three Semester Time Period (Fall, Spring &amp; Summer)</th>
<th>Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Coaching/Counseling awareness discussion</td>
</tr>
<tr>
<td>6</td>
<td>Written Warning</td>
</tr>
<tr>
<td>7</td>
<td>Dismissal from the program</td>
</tr>
</tbody>
</table>

An occurrence is defined as one absence or two instances of tardy or early departure from the clinical setting.

Due to the limited number of evening/weekend experiences available for calculating performance evaluation grades, all evening/weekend experiences must be rescheduled regardless of reason for absence, with the exception of college closure due to inclement weather.

Faculty members are aware that at times there are valid reasons other than those listed above that necessitate absences during scheduled clinical activities. Requests of this nature are to be directed to the Program Director or Clinical Coordinator and will be given consideration.

All make-up time must be completed within 14 calendar days of the originally assigned experience or prior to the last regularly scheduled day of semester classes, whichever occurs first, to receive a satisfactory (S) course grade. An evaluation grade of zero (0) will be assigned for missed clinical experience not completed within this time. Make-up time must be arranged with the Clinical Preceptor and correspond to the type of experience missed.

Dress Policy

Dress, grooming and personal cleanliness standards contribute to the professional image of the individual, program, and healthcare discipline. Without exception, students are expected to adhere to the dress policy during assigned clinical activities. Students may be permitted to wear otherwise specified attire as required by agency or department policy. The Radiographer Program uniform guidelines are found in Appendix J.

1. **Clinical uniform** must be clean, neat, wrinkle-free, and of proper fit and length, and be worn during assigned clinical activities only.

2. **Undergarments** must be of a color and design that will not show through the uniform.

3. **Photo ID** must be worn with the uniform (arrangements for securing photo ID will be announced).

4. **College patch** must be sewn on the upper left sleeve of top, shirt, and jacket (patch is purchased in College bookstore).
5. **Shoes** must be low-topped white or black leather walking shoes, tennis shoes, or uniform shoes (closed toe and heel; no colored ties, stripes or insignias).

6. Neutral nylons or white above-the-ankle socks are permitted.

7. **Cell phone or pager use is not permitted** during clinical experience; it is recommended that devices be left in secure place and not be carried on person.

8. **Jewelry** is limited to a wedding band, watch, and no more than two small post earrings per ear. Visible body piercing jewelry (rings or studs in nose, tongue, lips, eyebrows, etc.) is not allowed.

9. **Tattoos**, if visible, must be covered.

10. **Hair** must be clean, neat, and worn away from the face to maintain sepsis. Long hair must be tied back at all times for the safety of the student and patient. Male students must keep beards and mustaches trimmed, neat, and clean.

11. **Makeup** should be used in moderation. **Perfume, cologne,** and **aftershave** should be used sparingly or not at all. Deodorant is recommended to control body odor.

12. **Artificial nails (including gel and shellac)** are not allowed; long nails must be trimmed.

13. Mouthwash and breath freshener/mints are recommended to control body odor, cigarette breath, or halitosis. **Gum chewing** is not permitted.

14. **Smoking** is prohibited on clinical facility grounds and students must ensure that clothing and hair do not smell of tobacco.

15. **Gloves** should be worn when working with blood and body fluids; **standard precautions should be adhered to at all times.**

### Performing Program Skills Outside of the Laboratory/Clinical Setting

Students are permitted to perform program-specific patient care skills only while participating in a scheduled and approved program laboratory session or clinical shift and may not function as a program student outside of those settings. The term “function” includes but is not limited to performing skills as a Radiographer, specifically, initiating a radiographic exposure or administering contrast media.

Students working/volunteering in other patient care disciplines are prohibited from performing program-specific patient care skills in those settings unless those skills are allowed as part of the approved job description for the position they are functioning in. If requested to perform program-specific skills outside of their current licensure level scope, the student will decline the request and report the incident to the program clinical coordinator. Example: a radiography student working as a technologist assistant employed by a clinical facility may not perform certain skills that are allowed when serving in the student capacity (i.e. radiographic exposures) during the times that they are working as a technologist assistant at that facility, even if the student has participated or is currently participating in clinical shifts at the agency.

### Radiation Monitoring Service

Radiation monitoring service cost is included in the course fee and monitors are changed on a quarterly basis.

Exposure reports will be reviewed by the Program Director upon receipt to assure that student exposures are within acceptable limits. The maximum established by the program is 250 mrem (2.5 mSv) whole body per year or 50 mrem (.5 mSv) for the declared pregnant student wearing a fetal monitor. Reports will be provided for student review within 30 days of receipt. Should the exposure exceed 100 mrem (1 mSv) in any given monitoring period, the student will be required to meet with the Program Director or Clinical Preceptor to discuss radiation protection practices and every effort will be made to determine the cause of the comparatively higher reading and corrective steps taken to prevent reoccurrence. Any exposure exceeding NCR limits will be reported in accordance with 10 CFR 20.2203 and a copy of the report will be provided to the exposed individual. Exposure records are...
available for review in the Program Director’s office and are maintained on a permanent basis.

During **general diagnostic procedures**, the monitor is to be attached to the uniform collar. During **fluoroscopic procedures**, the monitor is to be worn attached to the top of the protective apron and on the outer surface.

During **pregnancy**, a second fetal/abdominal monitor will be provided. The monitor for dose to an embryo/fetus of a declared woman shall be located at the waist under any protective apron being worn by the woman.

**Radiation Safety Guidelines for Students**

Radiography students will adhere to the following radiation safety precautions. The three basic methods of protection from radiation are shielding, distance, and length of time exposed.

1. Radiation monitoring devices are to be worn during all clinical education experiences. Monitors shall be worn at the collar level and outside of any lead protective devices. Students should check the posted monitoring reports for their specific readings.

2. A female student with a declared pregnancy shall be provided two radiation monitors. One is to be worn at the collar level as previously described and the second worn at the waist level under lead protective devices to record fetal exposure.

3. The student shall stand behind a fixed barrier during an exposure when working in a radiographic room.

4. Students shall wear lead aprons and maintain maximum distance when working in radiographic and/or fluoroscopic rooms.

5. Students must not hold image receptors during any radiographic procedure. Students should not hold patients. Mechanical restraining devices should be used. Only when all other methods of immobilization have failed should another person be used to restrain a patient. A person used for restraint must wear lead protective garments and if the hands fall in the primary beam, they should be protected by leaded gloves.

6. Students must wear lead aprons and use maximum distance when performing mobile radiography. Persons in the area should be alerted that an exposure is to be made so that they can move completely out of the area or at least six feet away from the mobile unit. This distance should be increased to at least ten feet if there is a possibility of pregnancy.

Students must use gonadal shielding for general diagnostic radiography procedures where possible in addition to proper beam limitation, not as a substitute for it.

**MRI Safety Guidelines for Students**

An MRI room has a very strong magnetic field that may be hazardous to individuals entering the MRI environment if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all students are required to complete the Magnetic Resonance Imaging (MRI) Safety Screening form (Appendix K) prior to beginning their clinical internship. If at any time after completing the form, your status changes regarding MRI hazardous devices, you are required to notify program personnel immediately. Be advised, the MRI system magnet is ALWAYS on so students should never take carts, wheelchairs, oxygen tanks, or any other items into the MRI room without checking with a technologist.

While assisting in the MRI environment, should an ICC Radiographer Program student feel any intolerable pulling, unnatural heat or burning sensation within himself/herself, the student must leave the MRI environment as quickly as possible, to prevent personal injury.

Do not enter the MRI environment if you have any question or concern regarding an implant, device, or object.
Imaging Identification Markers
Students will be required to purchase two sets of identification markers prior to the start of the clinical experience. Guidelines and sources for acquiring the markers will be provided to students.

Intravenous Injection Policy
Preparation of substances used for direct intravenous administration is to be performed with direct supervision only. A student is not allowed to administer substances intravenously. Simulated practice and competency evaluation of intravenous injection will be provided in the College lab.

Clinical Records
In order for the College to certify that a student has fulfilled all program and certification requirements, it is imperative that specified clinical records be maintained. It is the student’s responsibility to maintain experience and competency records (Appendices O-R).

Clinical Competency Requirements
There are ten (10) major competency areas that must be completed by the student prior to program completion/graduation and meeting eligibility requirements for the certification examination of the American Registry of Radiologic Technologists (ARRT).

<table>
<thead>
<tr>
<th>chest and abdomen</th>
<th>pelvic girdle</th>
</tr>
</thead>
<tbody>
<tr>
<td>upper extremity</td>
<td>vertebral column</td>
</tr>
<tr>
<td>lower extremity</td>
<td>cranium</td>
</tr>
<tr>
<td>bony thorax</td>
<td>contrast studies</td>
</tr>
<tr>
<td>shoulder girdle</td>
<td>mobile radiography</td>
</tr>
</tbody>
</table>

Refer to the Student Clinical Competency Record (Appendix E) and ARRT Clinical Competency Requirements (Appendix N) for specific procedures included in each category. Failure to complete the required competencies in all categories will necessitate extending the student’s graduation date until such time as all requirements have been successfully completed.

Program Requirements
A minimum of 8 evaluations must be performed with trauma patients (i.e., program evaluation = initial radiographs following an accidental injury; ARRT evaluation = a serious injury to the body that requires modifications in positioning and monitoring the patient’s condition). Trauma requirements include:

- 2 evaluations - upper extremity
- 2 evaluations - lower extremity
- 1 evaluation - cervical spine
- 1 evaluation - other spine/pelvis
- 1 evaluation - hip (includes AP pelvis, cross-table lateral)
- 1 evaluation - cranium (skull, facial bones, mandible, nasal bones)

A minimum of 7 evaluations must be performed with pediatric patients (i.e., program evaluation = 12 years-of-age or younger; ARRT = 6-years-of-age or younger) and as indicated. In addition, 4 of the 7 evaluations must be classified as pediatric trauma.

- 1 evaluation - chest or abdomen
- 2 evaluations - lower extremity
- 2 evaluations - upper extremity
- 2 evaluations - any other category
ARRT Requirements
Students must be CPR certified and demonstrate competence in nine patient care activities: vital signs to include blood pressure; temperature; pulse; respiration; pulse oximetry; sterile and medical aseptic technique; venipuncture; transfer of patient; and care of medical equipment (e.g., oxygen tank, IV tubing). In addition, students must demonstrate competence in all 36 of the mandatory radiologic procedures and at least 15 of the 34 elective procedures, with at least one being selected from the head section and two from the fluoroscopy section as part of the 15 electives. All procedures should be demonstrated on patients whenever possible but if indicated on the form may be simulated when demonstration on a patient is not feasible. Only 10 procedures can be simulated and include only those indicated as being eligible for simulation.

Non-Routine Requirements
Students must complete at least five non-routine exams during the second year of the program (August-May). The student must recognize, identify, and formulate an exam plan that requires them to change the routine for an exam to accommodate the specific needs of the patient. In addition, the student must initiate and complete the non-routine exam.

Grading of Clinical Experiences
The clinical evaluation system consists of an orderly combination of methods and procedures designed to assist both students and instructors in the teaching, learning, evaluation, and documentation of the student's progress toward achievement of entry-level professional competency. To fulfill these multiple purposes, multiple evaluation instruments and direct observation of your clinical performance by instructors are used. The Clinical Preceptors will explain the evaluation criteria during the clinical orientation period.

Clinical evaluation for each semester is based upon competency exam evaluations and performance evaluations conducted by the Clinical Preceptors in concert with College faculty members. In addition to these evaluations, completion of clinical experiences and maintenance of clinical records determine the final grade for each semester.

In order to receive a Satisfactory (S) grade for clinical experience, the student must:

1. Complete a minimum of twelve (12) competency exam evaluations (except during RADTK 112 which requires completion of one (1) evaluation) with a minimum proficiency level of 2.7 for each position of the exam evaluation by the last regularly scheduled day of the semester (see Appendices O and P).

2. Attain a minimum of 6.0 evaluation points (27 total points) for all general performance evaluation (see Appendix Q). Should a student receive lower than 6.0 for a performance evaluation, the student will be placed on clinical probation. A second performance evaluation lower than 6.0 within the same semester of clinical experience will constitute an Unsatisfactory (U) grade for that course.

3. Attain a minimum of 6.0 evaluation points (27 total points) for all evening/weekend performance evaluations. These evaluations are performed on a monthly basis (refer to Appendix R); Evening/weekend performance evaluations are considered in the overall student performance. Therefore, an evening/weekend performance evaluation lower than 6.0 within the same semester of a general performance evaluation lower than 6.0 or two evening/weekend performance evaluations lower than 6.0 within the same semester of clinical experience will constitute an Unsatisfactory (U) grade for that course.

4. Maintain clinical experience records and submit them to the designated program official by the announced due date.

5. Complete the required number of clinical experience hours by the last regularly scheduled day for the semester.
Should a student not comply with all clinical requirements, the student will receive an Unsatisfactory (U) grade for the course. Upon receiving an unsatisfactory clinical grade, the student will be withdrawn from the program. Although a grade of 2.0 (C) may be maintained in the corresponding academic course, if the clinical performance is unsatisfactory the student will be required to withdraw from the program.

A student who does not complete all areas of competency and/or the required number of clinical experience hours by the scheduled completion date of the program will not be eligible to (1) graduate, (2) write the ARRT examination, or (3) obtain Illinois accreditation until such time as all areas have been successfully completed.

**Competency Exam Evaluation Grading Method**
The grading form (Appendix O) has been designed for completion of a maximum of four positions per radiographic exam. The student must demonstrate a minimum proficiency level of 2.7 to successfully complete each position of the competency evaluation. If any one position is below the minimum score of 2.7, the entire exam evaluation must be repeated. If the student’s performance is not adequate, the evaluator has the prerogative to stop the evaluation for further instruction/practice by the student in that exam. Criteria used by evaluators in grading competency exam evaluations are included in Appendix P. The grading scale is as follows:

0 = unacceptable  
1 = requires major improvement  
2 = requires minor improvement  
3 = acceptable

Evening/weekend exam competency evaluations may be requested with a designated ARRT registered radiographer. The designated radiographer will observe the student while performing the patient’s exam and will provide input to the Clinical Preceptor based on the established evaluation criteria (Appendix R). The Clinical Preceptor will complete the image evaluation section of the competency exam evaluation with the student at the earliest available opportunity to determine if the student has demonstrated a minimum proficiency level to successfully complete the competency evaluation.

**Final Competency Evaluations**
Final competency evaluations for all exams may be completed with the Clinical Preceptors, Assistant Clinical Preceptors, technologists appointed by the Clinical Preceptor, or College faculty members and only during the second year of the program. Although the student may successfully complete a clinical competency evaluation early in clinical education, continuing performance of that exam/procedure must be demonstrated for the student to excel in final competency evaluations. If unsuccessful, the student returns to the lab for structured remedial instruction and reassignment to an appropriate clinical area for practice under direct supervision. The student is reevaluated and the successful completion of all final competencies completes the requirements for clinical education. If at any time a student does not demonstrate competency after completion of a final competency evaluation, that third and final evaluation can be voided and completion of another final competency evaluation can be required.

**Performance Evaluation Grading Method**
The Clinical Preceptor will assess professional development as the student progresses through the clinical education program (see Appendix Q).

As a part of clinical experience, the student will:
- subscribe to the basic concepts of the practice of diagnostic radiography;
- comply with the standards of accuracy and thoroughness;
- organize time constructively and productively;
- assist in completing appropriate amount of work in the time expected;
- respond to the needs of patients;
- evaluate pressure/crisis situations and respond accordingly;
• display appropriate interpersonal relationships with supervisors, peers, patients, and other employees;
• display motivation, interest, and responsibility in completing tasks;
• pursue the ability to reason, interpret, and use discretion in carrying out assignments;
• conform to the attendance/punctuality standards;
• adhere to the guidelines regarding personal appearance; and
• adhere to the professional standards of conduct.

The student will be evaluated during each clinical area assignment, e.g., fluoroscopy, surgery and mobile, etc., based upon performance appropriate to the current level of education and program objectives.

The student must attain a minimum of 6 evaluation points (27 total points) for all but one performance evaluation during each semester to receive a Satisfactory (S) grade for that course.

The grading scale is as follows:

<table>
<thead>
<tr>
<th>Total Points</th>
<th>Evaluation Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 - 45</td>
<td>10 - exceptional</td>
</tr>
<tr>
<td>38 - 41</td>
<td>9 - above average</td>
</tr>
<tr>
<td>34 - 37</td>
<td>8 - above average</td>
</tr>
<tr>
<td>27 - 33</td>
<td>6 - satisfactory</td>
</tr>
<tr>
<td>24 - 26</td>
<td>4 - unsatisfactory</td>
</tr>
<tr>
<td>21 - 23</td>
<td>2 - unsatisfactory</td>
</tr>
<tr>
<td>0 - 20</td>
<td>0 - unsatisfactory</td>
</tr>
</tbody>
</table>

Students also participate in the evaluation process by completing an evaluation form and analyzing their own strengths and limitations. This form is shown in Appendix S.

**Evening/Weekend Performance Evaluation Grading Method**

Each student will be evaluated on a monthly basis for performance during evening/weekend clinical assignments (Appendix R). The student must attain a minimum of 6 evaluation points (27 total points) for all performance evaluations during each semester to receive a Satisfactory (S) grade. The grading scale is as follows:

- 9 - 10 evaluation points = excellent
- 7 - 8 evaluation points = above average
- 6 - 7 evaluation points = average
- 0 - 6 evaluation points = unacceptable

**Scheduling Competency Exam Evaluations**

It is each student's responsibility to schedule competency exam evaluations, which is accomplished by the following steps:

1. Participate in positioning classes and campus lab practice.
2. Schedule simulation evaluation of specific position(s) with campus lab supervisor.
3. Perform exam(s) in clinical education center with direct supervision by staff radiographers (record number of exams performed on appropriate log sheets).
4. Request a competency evaluation by the Clinical Preceptor (or College faculty member, Assistant Clinical Preceptor, evening/weekend designated ARRT registered radiographer) after completing
practice and when the student feels competent in performing the exam; if the student does not pass, get more experience, and request the competency evaluation again.

The student may **not** be evaluated in the clinical education center until the specific exam has first been evaluated in the College lab under simulated conditions and performed at least once in the clinical setting, except for mobile and rare exams.

Clinical Preceptors, Assistant Clinical Preceptors, staff ARRT registered radiographers designated by the Clinical Preceptors (such as in the case of surgical evaluations and evening/weekend experiences), and College faculty members are the **only** persons who can perform a competency exam evaluation. Final competencies for all exams must be completed with the Clinical Preceptors, Assistant Clinical Preceptors, or College faculty members and only during the second year of the program.

Clinical Preceptors, Assistant Clinical Preceptors, and College faculty members are the only persons who may sign the student's *Radiographer Program Clinical Competency Record* and *ARRT Clinical Competency Requirements Record*. 
APPENDICES

A. Curriculum Plan .......................................................................................................................... 30
B. Core Performance Standards & Criteria of Admission and Progression ............................... 31
C. Written Exam Remediation Form ............................................................................................ 33
D. Simulation Competency Objectives, Form, Checklist, and Skill Proficiency Remediation Form... 34
E. Student Clinical Competency Record ...................................................................................... 39
F. Declaration of Pregnancy ......................................................................................................... 41
G. Student Withdrawal Follow Up Form ...................................................................................... 42
H. Clinical Education Flowchart .................................................................................................. 43
I. Evening and Weekend Clinical Assignments ............................................................................ 44
J. Uniform Guidelines .................................................................................................................... 45
K. Magnetic Resonance Imaging (MRI) Safety Screening Form .................................................. 46
L. Student Exam Log ..................................................................................................................... 47
M. Student Exam Record .............................................................................................................. 48
N. ARRT Clinical Competency Requirements ............................................................................ 51
O. Clinical Competency Exam Evaluation Form ........................................................................ 55
P. Clinical Competency Evaluation Criteria ............................................................................... 57
Q. Clinical Performance Evaluation Criteria and Form ............................................................... 59
R. Evening and Weekend Evaluation Criteria and Form ............................................................ 66
S. Student Self-Evaluation ............................................................................................................ 70
# Appendix A

## RADIOGRAPHER PROGRAM

### CURRICULUM PLAN

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>No. Hours/Week</th>
<th>2nd Semester</th>
<th>No. Hours/Week</th>
<th>3rd Semester</th>
<th>No. Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 140</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>HLTH 121</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>MATH 110</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>or 115</td>
<td>(4)</td>
<td>(4)</td>
<td>-</td>
<td>3</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>RADTK 110</td>
<td>6</td>
<td>6</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>RADTK 112</td>
<td>1</td>
<td>-</td>
<td>16</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Open Lab</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total = 35 hrs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>No. Hours/Week</th>
<th>2nd Semester</th>
<th>No. Hours/Week</th>
<th>3rd Semester</th>
<th>No. Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 110</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>PSY 110</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>3</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>RADTK 120</td>
<td>6</td>
<td>6</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>RADTK 121</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>6</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>Open Lab</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total = 38 hrs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>No. Hours/Week</th>
<th>5th Semester</th>
<th>No. Hours/Week</th>
<th>6th Semester</th>
<th>No. Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMM 110</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>RADTK 210</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>RADTK 260</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>RADTK 211</td>
<td>3</td>
<td>-</td>
<td>24</td>
<td>-</td>
<td>24</td>
<td>-</td>
</tr>
<tr>
<td>Open Lab</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total = 38 hrs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
<th>No. Hours/Week</th>
<th>6th Semester</th>
<th>No. Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>RADTK 270</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>RADTK 280</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>RADTK 221</td>
<td>3</td>
<td>-</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total = 30 hrs</td>
<td></td>
</tr>
</tbody>
</table>

[Note: Totals reflect maximum possible hours per week; hours per week will vary according to general education courses previously completed.]
Appendix B

Illinois Central College
Radiography Program
Core Performance Standards

Radiography is a practice discipline with cognitive, sensory, affective, and psychomotor performance requirements. Based on these requirements the following list of "Core Performance Standards" has been developed. Each standard has examples of activities, which a student will be required to perform while enrolled in the Radiography Program. These standards are a part of each Radiography course and of the professional role expectation of a Radiographer.

Core Performance Standards may assist in identifying necessary accommodations or modifications for a student to meet program requirements. A student who recognizes potential difficulties with meeting the Core Performance Standards must communicate his/her concern to the Program Director, for possible referral to Access Services or other appropriate resources. The student is responsible to provide official documentation of a disability to request reasonable and appropriate accommodations, as needed. Determination of reasonable and appropriate accommodations or modifications is conducted on an individual basis. See appendix B.

<table>
<thead>
<tr>
<th>CORE STANDARD</th>
<th>PERFORMANCE STANDARD</th>
<th>EXAMPLES OF REQUIRED ACTIVITIES (NOT ALL INCLUSIVE)</th>
</tr>
</thead>
</table>
| Critical Thinking                    | Critical thinking ability sufficient for safe clinical judgment                      | * Identify cause-effect relationships in clinical situations.  
* Evaluate radiographic images to ascertain that they contain proper identification and are of diagnostic value.  
* Select exposure factors and accessory devices for all radiographic procedures with consideration of patient size, age, and extent of disease.  
* Assess patient’s condition and needs from a distance of at least 20 feet.  
* Initiate proper emergency care protocols, including CPR, based on assessment data.                                                                                                                   |
| Interpersonal Behavioral and Social Skills | Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds | * Establish rapport with patients, families, and colleagues.  
* Allow mature, sensitive, and effective relationships with patients and fellow workers (interpersonal skills).  
* Function effectively under stress.  
* Adapt to changing environments (flexible schedules, emergency conditions).  
* Display compassion, professionalism, empathy, integrity, and concern for others.  
* Maintain patient confidentiality and abide by guidelines set forth in the Health Information Portability and Accountability Act.  
* Accept criticism and reflect upon provided feedback to improve performance and practice.  
* Adhere to the policies and procedures required by academic and clinical settings.                                                                                                                         |
<table>
<thead>
<tr>
<th><strong>Communication</strong></th>
<th>Communication abilities sufficient for interaction with others in verbal and written form.</th>
<th>* Communicate in English to patients of all age levels in order to: converse, give instructions, relieve anxiety, gain their cooperation during procedures, understand the patient when communicating symptoms of a medical emergency. * Read the patient’s medical chart and/or physician’s orders. * Legibly write patient history. * Documents own actions and patient responses as indicated.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mobility</strong></td>
<td>Physical abilities sufficient to move from room to room and maneuver in small spaces.</td>
<td>* Assist all patients, according to individual needs and abilities, in moving, turning, transferring from transportation devices to the x-ray table, etc. * Be able to lift and carry 50 pounds. * Exert up to 100 pounds force or push/pull. * Push a stretcher, wheelchair or other transportation device without injury to self, patient, or others. * Push a portable x-ray machine from one location to another, including turning corners, getting on and off of an elevator, and manipulating it in a patient’s room.</td>
</tr>
<tr>
<td><strong>Motor Skills</strong></td>
<td>Gross and fine motor abilities sufficient to provide safe and effective care.</td>
<td>* Manually move the x-ray tube and position the tube at various angles at heights up to 7 feet. * Accurately draw up sterile contrast media and other solutions without contaminating the syringe and/or needle, etc. * Place image receptors in Bucky trays and spot film devices and properly manipulate all locks. * Physically be able to administer emergency care including performing CPR. * Be able to stand for a minimum of 2 hours wearing lead protection and to walk a distance of up to 5 miles during a normal work day.</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td>Auditory abilities sufficient to monitor and assess patient needs, and to provide a safe environment</td>
<td>* Demonstrate auditory acuity (with correction if needed) that includes hearing muffled voices (through surgical mask) with extraneous background noise. * Hear a patient talk in a normal tone from a distance of 20 feet. * Hear monitor alarm, emergency signals, and cries for help. * Discern soft sounds, such as those associated with taking a blood pressure.</td>
</tr>
<tr>
<td><strong>Visual</strong></td>
<td>Visual ability sufficient for observation and assessment necessary in the operation of equipment and care of patients.</td>
<td>* Observe the patient in order to assess the patient’s condition and/or needs from a distance of, at least, 20 feet. * Can see numbers, letters, calibrations, etc. of varying sizes located on equipment utilized by a radiographer.</td>
</tr>
</tbody>
</table>
Radiographer Program
Written Exam Remediation Form

Student Name: ____________________________________________________________

Course: RADTK  Exam: ___________  Date: _______________________

For each missed test/exam question, complete the exam analysis and remediation. Use back of form if needed.

<table>
<thead>
<tr>
<th>Missed test/exam Question Number</th>
<th>Lack of Knowledge (poor retention, inadequate notes, comprehension of material, application of knowledge)</th>
<th>Language Skills (didn’t understand the question or available answers, did not know the vocabulary, slow reading speed)</th>
<th>Exam Panic (decreased concentration, mental block, forgot exam techniques)</th>
<th>Exam Skills (didn’t read the question, didn’t consider all choices, changed answer, inadequate answer, careless/clerical error)</th>
<th>Correct Answer</th>
<th>Justification for answer: why is it the correct answer? Site source (may not be notes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total for this exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Comments:</td>
</tr>
</tbody>
</table>
SKILL: Chest X-ray (Practice)

(Place a ✓ in the box as the student completes each section of the skill. If a skill is not completed or is incorrect, do not check that box on this form. Document the error on the lab simulation competency evaluation peer review form.)

<table>
<thead>
<tr>
<th>Objective: Successfully complete a radiographic examination of a PA Chest X-ray.</th>
<th>Peer check</th>
<th>Instructor check #1</th>
<th>Instructor check #2</th>
<th>Instructor check #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Place the patient in the upright position, with the arms hanging at the patient’s sides, in front of a vertical grid device.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Adjust the height of the IR so that its upper border is about 1.5 to 2 inches above the relaxed shoulders. The central ray should enter at the level of T7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Align the image receptor and central ray.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Center the midsagittal plane of the patient’s body to the midline of the IR.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Have the patient stand straight, with the weight of the body equally distributed on the feet.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Extend the patient’s chin upward or over the top of the grid device, and adjust the head so the midsagittal plane is vertical.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Ask the patient to bend their elbows and place the backs of the patient’s hands low on the hips. Depress the shoulders and adjust them to lie in the same transverse plane.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Rotate the shoulders forward so that both touch the vertical grid device.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Collimate to the part.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Place the appropriate marker on the grid device over the proper shoulder.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Shield the gonads.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Make the simulated exposure after the second full inspiration to ensure maximum expansion of the lungs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Initials and Date
**Objective:** Successfully complete a radiographic examination of a Lateral Chest X-ray.

<table>
<thead>
<tr>
<th></th>
<th>Peer check</th>
<th>Instructor check #1</th>
<th>Instructor check #2</th>
<th>Instructor check #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Place the patient in the left lateral position, with the arms by the sides.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Adjust the position of the patient so that the midsagittal plane is parallel with the IR and the adjacent shoulder is touching the grid device.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Align the image receptor and central ray.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Center the thorax to the grid; the midcoronal plane should be perpendicular and centered to the midline of the grid.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Have the patient extend the arms directly upward, flex the elbows, and the place the forearms on the head (or grasp the overhead bar with the hands).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Adjust the height of the IR so that the upper border is about 1.5 to 2 inches above the shoulders.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Recheck the position of the body, making sure the patient is standing erect and not leaning against the grid device</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Collimate to the part.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Place the left marker on the grid device free from pertinent anatomy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>Shield the gonads.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>Make the simulated exposure after the second full inspiration to ensure maximum expansion of the lungs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Initials and Date
### RADIOGRAPHER PROGRAM

Lab Simulation Competency Evaluation

<table>
<thead>
<tr>
<th>Student:</th>
<th>Evaluator:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam:</td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSITION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMPETENCY EVALUATION GRADE SHEET**

The Competency Evaluation Grade Sheet has been designed for evaluating four positions per radiographic examination. Each exam requested necessitates a separate grade sheet.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Unacceptable</td>
</tr>
<tr>
<td>1</td>
<td>Requires major improvement</td>
</tr>
<tr>
<td>2</td>
<td>Requires minor improvement</td>
</tr>
<tr>
<td>3</td>
<td>Acceptable</td>
</tr>
</tbody>
</table>

The evaluator will mark each area with a check (✓) or (X) to indicate that point value. EACH POSITION MUST HAVE A MINIMUM OF 2.7 TO BE CONSIDERED ACCEPTABLE. If any one position/projection is below the minimum score, the ENTIRE EXAM must be repeated.

Evaluator’s Signature: ___________________________  Student Signature: ___________________________
LAB SIMULATION COMPETENCY OBJECTIVES

The student will be able to:

1. **Physical Facilities Readiness:**
   A. Have appropriate image receptor available.
   B. Locate accessories and supplies as necessary.
   C. Turn machine “on” in preparation for simulated exposures(s)
   D. Position tube appropriately for examination to be performed.

2. **Patient-Radiographer Relationship:**
   A. Give proper instructions for moving, breathing, etc. to patient.

3. **Positioning Skills:**
   A. Position patient correctly on table (head at appropriate end, prone or supine, etc)
   B. Properly align anatomic structure to image receptor.
   C. Center central ray appropriately to part and image receptor

4. **Equipment Manipulation:**
   A. Turn tube appropriately for required examination (horizontal to vertical, 250 cephalic angle, etc.)
   B. Move bucky tray and utilize lock.
   C. Correctly identify and utilize tube and table locks
   D. Insert and remove image receptor from bucky tray.
   E. Measure the patient

5. **Image Identification:**
   A. Correctly identify the image with “R” or “L”
   B. Properly use minute, hour, erect, etc. markers if appropriate.

6. **Radiation Protection:**
   A. Collimate to part.
   B. Use gonad shields or other protective apparatus as necessary.
Radiographer Program
Skill Proficiency Remediation Form

If, at any time, a student fails to demonstrate proficiency of a new procedure or a previously learned procedure in a successful manner in the lab or clinical setting, this referral for remediation is issued and the student must demonstrate the procedure with the required minimum of 2.7 for each position to be considered acceptable.

Name: ______________________________ Date: ______________

PROCEDURE TO BE REMEDIATED: __________________________________________________________

CONCERNS:
☐ Positioning Skill
☐ Equipment Manipulation
☐ Technique
☐ Image Evaluation Knowledge
☐ Other: __________________________________________________________

________________________________________________________
Signature & Date of Faculty

________________________________________________________
Signature & Date of Student

REMEDIATION: Remediation activities are determined by program faculty and discussed with the student. Activities may include referral to course materials, additional readings, observation, demonstration, direct instruction, and guided practice. Students should refer to the course and/or lab objectives for expectations. Failure to demonstrate proficiency may result in unsuccessful completion of the corresponding course and inability to progress within the program.

REMEDIATION ACTIVITY: __________________________________________________________

DEADLINE for COMPLETION of Remediation & Demonstration of Skill: ______________

☐ Successful Remediation
☐ Unsuccessful Remediation
☐ Comments:

________________________________________________________
________________________________________________________

________________________________________________________

Signature & Date of Faculty

________________________________________________________
Signature & Date of Student
# Clinical Competency Record

<table>
<thead>
<tr>
<th>Category</th>
<th>Lab Simulation</th>
<th>Competency Evaluation #1</th>
<th>Competency Evaluation #2</th>
<th>Competency Evaluation #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chest &amp; Abdomen</strong></td>
<td>Date Grade</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
</tr>
<tr>
<td>1. Chest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Abdomen Series</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Upper Extremity</strong></td>
<td>Date Grade</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
</tr>
<tr>
<td>1. Hand</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Wrist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Forearm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Elbow</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Humerus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lower Extremity</strong></td>
<td>Date Grade</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
</tr>
<tr>
<td>1. Foot</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ankle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Lower Leg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Knee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Femur</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bony Thorax</strong></td>
<td>Date Grade</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
</tr>
<tr>
<td>1. Ribs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sternum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mammogram</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shoulder Girdle</strong></td>
<td>Date Grade</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
<td>Date Grade Signature</td>
</tr>
<tr>
<td>1. Shoulder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. AC Joints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix E

<table>
<thead>
<tr>
<th>Category</th>
<th>Lab Simulation</th>
<th>Competency Evaluation #1</th>
<th>Competency Evaluation #2</th>
<th>Competency Evaluation #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pelvic Girdle</strong></td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>1. Pelvis</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
</tr>
<tr>
<td>2. Hip</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sacroiliac Joints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vertebral Column</strong></td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>1. Cervical</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
</tr>
<tr>
<td>2. Thoracic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Lumbar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sacrum/Coccyx</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cranium</strong></td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>1. Skull Series</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
</tr>
<tr>
<td>2. Sinus Series</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Facial Bones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Mandible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Nasal Bones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. TM Joints</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contrast Studies</strong></td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>1. Upper GI</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
</tr>
<tr>
<td>2. Colon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mobile Studies</strong></td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Chest, Abd, Ortho</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
<td>Grade</td>
</tr>
</tbody>
</table>

Date of Completion _______________________________
RADIOGRAPHY PROGRAM

DECLARATION OF PREGNANCY

I, ________________________________, do hereby make this voluntary declaration of pregnancy. My estimated date of conception was _______________.

It has been explained to me that I am making this voluntary declaration of pregnancy. I understand that this means that Illinois Central College will take measures to ensure that the total dose to the embryo/fetus during the entire pregnancy from occupational exposure does not exceed 5 mSv (0.5 rem). If, as of this date, the total dose to the embryo/fetus is 4.5 mSv (0.45 rem) or greater, the total dose to the embryo/fetus during the remainder of the pregnancy shall not exceed 0.5 mSv (0.05 rem).

It has been explained to me that these measures may include the reassignment of clinical experiences that will result in lower occupational exposure and possible extension of the educational period, but that decision is mine to make.

It has also been explained to me that I may revoke the declaration of pregnancy at any time and that the revoking of the declaration must be in writing.

________________________________________  _______________________
Student Signature                        Date

________________________________________  _______________________
Program Director Signature               Date
I have withdrawn from the __________________________ Program, primarily because of the following:

(Please check all that apply.)

☐ Due to personal reasons

☐ Due to financial reasons

☐ Personal

☐ Financial aid

☐ Due to present work obligations or promising job opportunity

☐ Due to not meeting academic requirements

☐ Due to academic expectations of program being not as I expected

☐ Due to discomfort with clinical responsibilities or experiences involved

☐ Other

In an effort for Health Careers to enhance student success, please provide a more descriptive explanation for selections above:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Student signature: ____________________________ Date: ______________

Student name: ________________________________

I would like a Health Careers Advisor and/or Program Director to contact me to discuss options for pursuing an alternate academic path or health career. If so, provide the following:

Telephone number: ______________ Email address: ________________________________

Thank you for your feedback.

Please return this completed form to: Dean of Health Careers, Illinois Central College, 5407 N. University Street, Peoria, IL 61635, within 7 days of receipt.
Clinical Education Flowchart

**DIDACTIC EDUCATION**

**LABORATORY PRACTICE**

**SUCCESSFUL**

**LABORATORY COMPETENCE**

**UNSUCCESSFUL**

**OBSERVATION IN CLINICAL ASSIGNMENT**

**ASSISTING WITH DIRECT SUPERVISION BY QUALIFIED RADIOGRAPHER**

**UNSUCCESSFUL**

**COMPETENCY EVALUATION**

**PERFORMANCE WITH INDIRECT SUPERVISION BY QUALIFIED RADIOGRAPHER**

**UNSUCCESSFUL**

**PERIODIC COMPETENCY RECHECK**

**SUCCESSFUL**

**CONTINUED INDIRECT SUPERVISION**

**FINAL COMPETENCY EVALUATION**

**UNSUCCESSFUL**

**SUCCESSFUL**

**COMPLETES PROGRAM REQUIREMENTS for CLINICAL PERFORMANCE**
RADIOGRAPHY PROGRAM
EVENING/WEEKEND CLINICAL ASSIGNMENTS

Rationale

Weekend and weeknight clinical experiences are first introduced during RADTK 121 (spring semester of first year) and continue through the remainder of the program. Assignments made during the evening hours, Saturday or Sunday increase the student’s clinical proficiency by providing opportunities for more varied and unique radiography experiences.

The student is evaluated by the supervising radiographer(s). The Clinical Preceptor in compiling the student’s monthly performance evaluation uses these evaluations.

Objectives

At the completion of each weeknight or weekend clinical assignment, the student will:

1. Improve the ability to deal with trauma patients and other critical care situations due to the additional exposure to emergency procedures.
2. Have the opportunity to perform an increased number and variety of procedures.
3. Develop closer working relationships with other health care professionals due to the nature of these clinical experiences.
Uniform – must be of proper style, fit and length; hem of pants should be at top of shoes and must not drag on the floor. The program uniform consists of a uniform jacket, pants, scrub top, and under scrub top.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Style Code</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cherokee</td>
<td>4350</td>
<td>Pewter (warm-up jacket)</td>
</tr>
<tr>
<td>Cherokee</td>
<td>2625A</td>
<td>Pewter (mock wrap top) or</td>
</tr>
<tr>
<td>Cherokee</td>
<td>4727</td>
<td>Pewter (V-neck top) or</td>
</tr>
<tr>
<td>Cherokee</td>
<td>2624A</td>
<td>Pewter (round neck top) or</td>
</tr>
<tr>
<td>Cherokee</td>
<td>CK695</td>
<td>Pewter (V-neck top)</td>
</tr>
<tr>
<td>Cherokee</td>
<td>4101 R, P, or T</td>
<td>Pewter (flare leg drawstring) or</td>
</tr>
<tr>
<td>Cherokee</td>
<td>4020</td>
<td>Pewter (cargo pant) or</td>
</tr>
<tr>
<td>Cherokee</td>
<td>1031 R, P, or T</td>
<td>Pewter (mid-rise knit waist pull-on pant)</td>
</tr>
<tr>
<td>Cherokee</td>
<td>4881</td>
<td>Black or white (knit top under scrub)</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cherokee</td>
<td>WW360</td>
<td>Pewter (warm-up jacket)</td>
</tr>
<tr>
<td>Cherokee</td>
<td>4876 R or T</td>
<td>Pewter (V-neck top) or</td>
</tr>
<tr>
<td>Cherokee</td>
<td>WW670</td>
<td>Pewter (V-neck top) or</td>
</tr>
<tr>
<td>Cherokee</td>
<td>CK900A</td>
<td>Pewter (athletic fit V-neck)</td>
</tr>
<tr>
<td>Cherokee</td>
<td>4000 R, S, or T</td>
<td>Pewter (cargo pant) or</td>
</tr>
<tr>
<td>Cherokee</td>
<td>4100 R, S, or T</td>
<td>Pewter (drawstring pant) or</td>
</tr>
<tr>
<td>Cherokee</td>
<td>WW140 R or T</td>
<td>Pewter (fly front pant)</td>
</tr>
<tr>
<td>Cherokee</td>
<td>WW700</td>
<td>Black or white (knit top under scrub)</td>
</tr>
</tbody>
</table>

Shoes – low-topped black or white leather walking shoes, tennis shoes, or uniform shoes are acceptable (closed toe and heel; no colored stripes or insignia).

Socks – black or white above-the-ankle socks or white/neutral nypons are allowed.

College patch - must be sewn on the upper left sleeve (centered 1-1/2" to 2" below the seam) of all shirts and jackets. Patches are available for purchase at the ICC bookstore (East Peoria campus).

College photo ID - must be worn during all clinical assignments. Arrangements for obtaining the ID will be made during the first weeks of class.

For assistance call April Tatham, Radiography Program Director, at 221-9498.
4/21
WARNING:

An MRI room has a very strong magnetic field that may be hazardous to individuals entering the MRI environment if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all students are required to complete this form before going to their clinical internship. Be advised, the MRI system magnet is ALWAYS on so students should never take carts, wheelchairs, oxygen tanks, or any other items into the MRI room without checking with a technologist.

While assisting in the MRI environment, should an ICC Radiographer Program student feel any intolerable pulling, unnatural heat or burning sensation within himself/herself, the student must leave the MRI environment as quickly as possible, to prevent personal injury.

Do not enter the MRI environment if you have any question or concern regarding an implant, device, or object.

Please indicate if you have any of the following known MRI-hazardous devices:

- Aneurysm clip(s)
- Cardiac pacemaker
- Implanted cardioverter defibrillator (ICD)
- Electronic implant or device
- Magnetically-activated implant or device
- Neurostimulation system
- Spinal cord stimulator
- Cochlear implant or implanted hearing aid
- Insulin or infusion pump
- Implanted drug infusion device
- Any type of prosthesis, implant
- Tattoo less than six weeks old
- Artificial or prosthetic limb
- Any metallic fragment, foreign body, or piercing
- Any external or internal metallic object
- Hearing aid
- Implanted spine straightening rods
- Other implant_____________________
- Other device_____________________

Please indicate below if you have not specified any of the above:

- I have not received any implants, devices, or objects to the best of my knowledge

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. I also understand that I am required to inform the program should my status regarding MRI hazardous devices change.

_________________________________  __________________
Student Signature                Date
# Appendix L

## ILLINOIS CENTRAL COLLEGE

### RADIOGRAPHER PROGRAM

# Student Exam Log

<table>
<thead>
<tr>
<th>Date</th>
<th>ID Number</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix M

**ILLINOIS CENTRAL COLLEGE**
**RADIOGRAPHER PROGRAM**

**Student Exam Record**

| CATEGORY | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | Total |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Chest and Thorax |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Chest |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Ribs |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Sternum |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Upper airway (soft-tissue neck) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Other |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Upper Extremity |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Thumb or Finger |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Hand |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Wrist |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Forearm |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Elbow |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Humerus |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Shoulder |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Clavicle |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Scapula |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| AC Joints |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Other |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Lower Extremity |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Foot |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Ankle |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Tibia and Fibula |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Knee |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Femur |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Patella |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Calcaneous |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Toe |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Other |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
### Appendix M

#### Exam Record

**Name:** ____________________________________________

**Appendix M - Student Exam Record**

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abdomen</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen supine (KUB)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen, Decubitus or Upright (Series)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous Urography (IVU)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cranium</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skull</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paranasal Sinuses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facial Bones</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orbits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zygomatic Arches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal Bones</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMJs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Spine and Pelvis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbosacral Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacrum and/or Coccyx</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scoliosis Series</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacroiliac Joints</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fluoroscopy Studies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper GI Series (single or double contrast)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barium Enema (single or double contrast)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Bowel Series</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophagus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystography/Cystourethrography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERCP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CATEGORY</td>
<td>OCT</td>
<td>NOV</td>
<td>DEC</td>
<td>JAN</td>
<td>FEB</td>
<td>MAR</td>
<td>APR</td>
<td>MAY</td>
<td>JUN</td>
<td>JUL</td>
<td>AUS</td>
<td>SEP</td>
<td>OCT</td>
<td>NOV</td>
<td>DEC</td>
<td>JAN</td>
<td>FEB</td>
<td>MAR</td>
<td>APR</td>
<td>MAY</td>
<td>JUN</td>
<td>JUL</td>
<td>Total</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Surgical Studies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Arm Procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Cholangiography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retrograde Pyelography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mobile Studies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Special Studies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myelography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthrography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angiography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube Insertion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar Puncture</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Extremity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Extremity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cranium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Study</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoroscopy Study</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computed Tomography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### IMAGING PROCEDURES

Institutional protocol will determine the positions and projections used for each procedure. When performing imaging procedures, the candidate must independently demonstrate appropriate: • patient identity verification; • examination order verification; • patient assessment; • room preparation; • patient management; • equipment operation; • technique selection; • patient positioning; • radiation safety; • image processing; and • image evaluation.

#### CHEST AND THORAX

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest Routine</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest AP (Wheelchair or Stretcher)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ribs</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Chest Lateral Decubitus</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Sternum</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Upper airway (Soft-Tissue Neck)</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Steroclavicular Joints</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### UPPER EXTREMITY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thumb or Finger</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forearm</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humerus</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Shoulder (Scapular Y, Transthoracic or Axillary)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Upper Extremity (Non-Shoulder)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clavicle</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Scapula</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>AC Joints</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

#### LOWER EXTREMITY

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toes</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Ankle
- ✓

## Tibia and Fibula
- ✓
- ✓

## Knee
- ✓

## Femur
- ✓
- ✓

## Trauma Lower Extremity
- ✓

## Patella
- ✓
- ✓

## Calcaneous (Os Calcis)
- ✓
- ✓

## HEAD

<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must select at least one elective procedure from this section.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Skull
- ✓

### Paranasal Sinuses
- ✓

### Facial Bones
- ✓

### Orbits
- ✓

### Nasal Bones
- ✓

### Mandible
- ✓

### Temporomandibular Joints
- ✓

## SPINE AND PELVIS

<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
</table>
| Cervical Spine
- ✓

### Thoracic Spine
- ✓

### Lumbar Spine
- ✓

### Cross-Table Lateral Spine (Patient Recumbent with Horizontal beam)
- ✓

### Pelvis
- ✓

### Hip
- ✓

### Cross-Table Lateral Hip (Patient Recumbent with Horizontal Beam)
- ✓

### Sacrum and/or Coccyx
- ✓

### Scoliosis Series
- ✓

### Sacroiliac Joints
- ✓

## ABDOMEN

<table>
<thead>
<tr>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
</table>
| Abdomen Supine
- ✓
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen Upright</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen Decubitus</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous Urography</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FLUOROSCOPY STUDIES**

*Must select two procedures from this section and perform per site protocol.*

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper GI Series (Single or Double Contrast)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contrast Enema (Single or Double Contrast)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Bowel Series</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Esophagus (Not Swallowing Dysfunction Study)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystography/Cystourethrogram</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERCP</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myelography</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthrography</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hysterosalpingography</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MOBILE C-ARM STUDIES**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MOBILE STUDIES**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper or Lower Extremity</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PEDIATRICS (Age 6 or Younger)**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest Routine</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper or Lower Extremity</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Study</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GERIATRICS (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mandatory</th>
<th>Elective</th>
<th>Eligible for Simulation</th>
<th>Date</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest Routine</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper or Lower Extremity</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip or Spine</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### GENERAL PATIENT CARE

ARRT candidates must be CPR/BLS certified and have demonstrated competence in the remaining nine patient care procedures listed below. The procedures should be performed on patients whenever possible, but simulation is acceptable if state regulations or institutional practice prohibits candidates from performing the procedures on patients.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date Completed</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR/BLS Certified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs – Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs - Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs - Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs - Respiration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs – Pulse Oximetry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile and Medical Aseptic Technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venipuncture*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Venipuncture can be simulated by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device.
ILINOIS CENTRAL COLLEGE
RADIOGRAPHER PROGRAM

Clinical Competency Exam Evaluation Form

Student: ____________________________ Grade: ____________________________
Evaluator: ____________________________ Date: ____________________________
Type of Evaluation: __________________ Accession Number: __________________

(identify exam and specific positions)

<table>
<thead>
<tr>
<th>Trauma:</th>
<th>Pediatric:</th>
<th>Non-routine:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Performance Evaluation:
A. Sufficient evaluation of requisition Yes (  ) No (  )
B. Adequate physical facilities readiness Yes (  ) No (  )

EXAM/POSITION

| 1. Patient-radiographer relationship | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 2. Positioning skills (incl. expediency) | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 3. Patient centering | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 4. Equipment manipulation | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 5. Collimation when possible | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |

IMAGE EVALUATION

| 6. Anatomical parts | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 7. Proper alignment | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 8. Technique manipulation | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 9. Image identification | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |
| 10. Evidence of collimation | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 | 0 | 1 | 2 | 3 |

TOTAL

Comments (please list by number and position): ____________________________

COMPETENCY EVALUATION GRADE SHEET

The Competency Evaluation Grade Sheet has been designed for evaluating four positions per radiographic examination. Each exam requested necessitates a separate grade sheet.

<table>
<thead>
<tr>
<th>0 = Unacceptable</th>
<th>1 = Requires major improvement</th>
<th>2 = Requires minor improvement</th>
<th>3 = Acceptable</th>
</tr>
</thead>
</table>

The evaluator will mark each area with a check (✓) or (X) to indicate that point value. EACH POSITION MUST HAVE A MINIMUM OF 2.7 TO BE CONSIDERED ACCEPTABLE. If any one position/projection is below the minimum score, the ENTIRE EXAM must be repeated.

Evaluator’s Signature: ____________________________ Student Signature: ____________________________
<table>
<thead>
<tr>
<th>Position:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Estimated Technical Factors</td>
<td>kVp</td>
<td>mAs</td>
</tr>
<tr>
<td>Actual Technical Factors</td>
<td>kVp</td>
<td>mAs</td>
</tr>
<tr>
<td>Were the exposure factors within range?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If the exposure factors were not within range, what was/were the reason(s)?</td>
<td>Centering</td>
<td>Pathology</td>
</tr>
<tr>
<td></td>
<td>Collimation</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Did the student know how to correct the position?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Estimated Technical Factors</td>
<td>kVp</td>
<td>mAs</td>
</tr>
<tr>
<td>Actual Technical Factors</td>
<td>kVp</td>
<td>mAs</td>
</tr>
<tr>
<td>Were the exposure factors within range?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If the exposure factors were not within range, what was/were the reason(s)?</td>
<td>Centering</td>
<td>Pathology</td>
</tr>
<tr>
<td></td>
<td>Collimation</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Did the student know how to correct the position?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Estimated Technical Factors</td>
<td>kVp</td>
<td>mAs</td>
</tr>
<tr>
<td>Actual Technical Factors</td>
<td>kVp</td>
<td>mAs</td>
</tr>
<tr>
<td>Were the exposure factors within range?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If the exposure factors were not within range, what was/were the reason(s)?</td>
<td>Centering</td>
<td>Pathology</td>
</tr>
<tr>
<td></td>
<td>Collimation</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Did the student know how to correct the position?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Estimated Technical Factors</td>
<td>kVp</td>
<td>mAs</td>
</tr>
<tr>
<td>Actual Technical Factors</td>
<td>kVp</td>
<td>mAs</td>
</tr>
<tr>
<td>Were the exposure factors within range?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If the exposure factors were not within range, what was/were the reason(s)?</td>
<td>Centering</td>
<td>Pathology</td>
</tr>
<tr>
<td></td>
<td>Collimation</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Did the student know how to correct the position?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Clinical Competency Evaluation Criteria

Upon satisfactory completion of course work, laboratory practice, and clinical education, the student is eligible to perform a competency evaluation. The following criteria are used to assess the student's competency.

PERFORMANCE EVALUATION

A. Evaluation of requisition

The student will:
1. identify procedure(s) to be performed
2. identify patient's name and age
3. identify patient location and mode of transportation
4. acknowledge any pathological condition(s) that would modify procedure, if appropriate
5. select correct patient
6. acquire appropriate patient clinical history

B. Physical facilities readiness

The student will:
1. verify that equipment is operational
2. provide a clean and orderly work area
3. obtain appropriate supplies/accessories for procedure

EXAM/POSITION

A. Patient-radiographer relationship

The student will:
1. introduce self to patient and briefly explain procedure
2. transport patient to appropriate imaging area
3. request last menstrual period (LMP) date of female patients ages 10-55 and secure signature on authorization form
4. instruct patient regarding preparation prior to imaging procedures, including providing information about oral or bowel preparation and allergy preparation when appropriate
5. verify if patient is properly prepared for the procedure, if appropriate
6. assess factors that may contraindicate the procedure, such as medications, insufficient patient preparation or artifacts (dentures, jewelry, removable medical devices, etc.)
7. provide safe storage for patient's personal belongings
8. provide appropriate assistance to radiographic table based on patient's condition
9. maintain patient dignity and modesty through proper gowning and covering for the patient
10. speak with patient in a concerned and professional manner
11. apply universal standards
12. provide proper instructions for moving and breathing
13. check patient's condition at regular intervals
14. provide for patient security if the patient is left unattended in the imaging room

B. Positioning skills

The student will:
1. position the patient
2. align the center of anatomic part to center of image receptor
3. set the correct tube angle
4. set the correct SID
C. Equipment manipulation
   The student will:
   1. maneuver the radiographic tube and bucky utilizing appropriate controls and locks
   2. select the proper image receptor, grid, etc.
   3. select appropriate SID
   4. manipulate image receptor as appropriate for accurate imaging
   5. measure the patient (anatomic part), as needed
   6. use immobilization devices, as needed
   7. refer to technique chart
   8. select exposure factors
   9. use equipment so as not to exceed recommended safety guidelines

D. Evidence of radiation protection
   The student will:
   1. collimate to image receptor size/anatomic part
   2. use gonadal shields, if appropriate
   3. demonstrate use of lead apron, gloves, lead blockers, etc., if appropriate
   4. select proper exposure factors
   5. adjust exposure factors for motion, pathology, or patient size when appropriate

IMAGE EVALUATION
A. Anatomical parts
   Image(s) demonstrates:
   1. part shown in proper position
   2. adequate detail (no motion visible)
   The student will:
   1. identify anatomical structures

B. Proper alignment
   Image(s) demonstrate:
   1. image detector centered
   2. anatomic part centered
   3. radiographic tube centered
   4. patient aligned correctly

C. Technique manipulation
   Image(s) demonstrate:
   1. technique chart was used correctly (proper contrast and brightness)
   2. compensation of exposure factors for pathology, if appropriate
   3. correct exposure factors used to produce diagnostic image, including proper exposure range
   4. correct image receptor size, grid, SID, OID, etc.

D. Image identification
   Image(s) demonstrate:
   1. right/left identification markers properly displayed (free of pertinent anatomy)
   2. accessory markers visible, if required (minute, hour, directional)
   3. patient information and date displayed

E. Radiation protection
   Image(s) demonstrate:
   1. evidence of proper collimation
   2. gonadal shields in place, if required
   The student will:
   1. verify no repeats
# Appendix Q

## ILLINOIS CENTRAL COLLEGE

### RADIOGRAPHER PROGRAM

## Area Clinical Evaluation

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Good</th>
<th>Below Average</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attendance</strong></td>
<td>Consistently prompt and reliable; no days missed or tardy occurrences</td>
<td>Very prompt; absent only when necessary</td>
<td>Usually present on time; 1 absence or 1 day tardy</td>
<td>Frequently late or absent; absent more than 1 day or 2 tardy occurrences</td>
<td>Consistently late or absent; more than 2 days missed or 2 tardy occurrences</td>
</tr>
<tr>
<td><strong>Personal Appearance</strong></td>
<td>Consistently presents professional image; always careful about appearance</td>
<td>Usually well-groomed and careful about personal appearance</td>
<td>Satisfactory personal appearance</td>
<td>Below average — occasionally careless about appearance</td>
<td>Frequently untidy; personal appearance unsatisfactory</td>
</tr>
<tr>
<td><strong>Cooperation and Attitude</strong></td>
<td>Excellent attitude and spirit of cooperation</td>
<td>Above average — cooperative; interacts well with staff and others</td>
<td>Satisfactory — does what is expected</td>
<td>Can be difficult to work with; sometimes accepts direction in manner showing displeasure</td>
<td>Spirit of cooperation and attitude not satisfactory; inclined to be quarrelsome</td>
</tr>
<tr>
<td><strong>Professional Ethics</strong></td>
<td>Conducts self in a professional manner at all times</td>
<td>Above average impression; uses good judgment in stressful situations</td>
<td>Average impression; adheres to professional standards in acceptable manner</td>
<td>Often does not follow professional standards when dealing with others</td>
<td>Consistently negative attitude; rude and arrogant to others; poor professional judgment</td>
</tr>
<tr>
<td><strong>Initiative</strong></td>
<td>Thinks and acts constructively; always productive; no supervision needed</td>
<td>Consistently above average; minimum supervision; utilizes time efficiently</td>
<td>Average — meets minimum requirements; may need encouragement</td>
<td>Needs frequent instruction; often unable to perform independently</td>
<td>Puts forth little effort; requires constant supervision</td>
</tr>
<tr>
<td><strong>Quantity of Work</strong></td>
<td>Always productive; consistently does more than is required</td>
<td>Very industrious — usually does more than is expected</td>
<td>Volume of work satisfactory; meets minimum requirements</td>
<td>Does just enough to get by; rarely does more than what is expected</td>
<td>Does not meet minimum requirements</td>
</tr>
<tr>
<td><strong>Quality of Performance</strong></td>
<td>Exceptionally high quality of performance in all phases of practical applications</td>
<td>Exact, precise, requires little correction; recognizes mistakes and takes</td>
<td>Usually accurate; makes only average number of mistakes</td>
<td>Careless; makes recurrent errors</td>
<td>Makes frequent errors; demonstrates little retention; poor client care</td>
</tr>
</tbody>
</table>

Circle the statement for each category which best describes the student’s performance while working with you. Your input will assist in documenting the student’s strengths and limitations.
<table>
<thead>
<tr>
<th>Dependability</th>
<th>Corrective measures</th>
<th>Measures</th>
<th>ATTENDANCE:</th>
<th>PERSONAL APPEARANCE:</th>
<th>COOPERATION AND ATTITUDE:</th>
<th>PROFESSIONAL ETHICS:</th>
<th>INITIATIVE:</th>
<th>QUANTITY OF WORK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently knowledgeable of policies and procedures and performs accordingly</td>
<td>Trustworthy and reliable; knowledgeable of policies and procedures</td>
<td>Satisfactory performance</td>
<td>The faithfulness of coming to work daily and conforming to clinical requirements. Reporting to clinical assignments on time.</td>
<td>Consider cleanliness, grooming, and neatness.</td>
<td>The ability to work with others, the ability to share in the workload, and the ability to accept instruction and constructive criticism.</td>
<td>Consider integrity, loyalty, impression the student makes on others, and professional judgement.</td>
<td>Ability to assess situations and initiate action plans immediately.</td>
<td>Output of satisfactory work.</td>
</tr>
<tr>
<td>Judgment</td>
<td>Handles difficult situations with authority and ease; able to determine and implement non-routine exams</td>
<td>Impressive in thinking things through and making good decisions; able to recognize non-routine exams</td>
<td>Average performance; able to consistently perform non-routine exams</td>
<td>Sometime becomes frustrated in stressful situations; unable to apply knowledge consistently</td>
<td>Frequently uses poor judgment or becomes frustrated in stressful situations; unable to perform consistently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Radiographer: 

Signature ____________________ Date ____________________

**ATTENDANCE:**

The faithfulness of coming to work daily and conforming to clinical requirements. Reporting to clinical assignments on time.

**PERSONAL APPEARANCE:**

Consider cleanliness, grooming, and neatness.

**COOPERATION AND ATTITUDE:**

The ability to work with others, the ability to share in the workload, and the ability to accept instruction and constructive criticism.

**PROFESSIONAL ETHICS:**

Consider integrity, loyalty, impression the student makes on others, and professional judgement.

**INITIATIVE:**

Ability to assess situations and initiate action plans immediately.

**QUANTITY OF WORK:**

Output of satisfactory work.
QUALITY OF PERFORMANCE: (In meeting professional standards) Includes positioning progress, room readiness, radiation protection, client care, and organization of work.

DEPENDABILITY: Works conscientiously according to instructions; ability to follow procedures; ability to meet and exceed objective requirements.

JUDGMENT: Ability to apply knowledge and skills to practical applications.
Instructor Performance Evaluation

Student: ____________________________ Date: ____________________________
Clinical Area: ____________________________ Semester: ____________________________

PURPOSE: To document strengths and weaknesses so the student will know what areas of clinical performance need improvement; so a plan of action for improvement can be established for more quality productivity.

GRADING SYSTEM: Nine categories are evaluated on a scale of 5-0 (5 being superior and 0 unsatisfactory).

They are graded as follows:

<table>
<thead>
<tr>
<th>Total Points</th>
<th>Evaluation Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>42-45 points</td>
<td>10 points</td>
</tr>
<tr>
<td>38-41 points</td>
<td>9 points</td>
</tr>
<tr>
<td>34-37 points</td>
<td>8 points</td>
</tr>
<tr>
<td>27-33 points</td>
<td>6 points</td>
</tr>
<tr>
<td>24-26 points</td>
<td>4 points</td>
</tr>
<tr>
<td>21-23 points</td>
<td>2 points</td>
</tr>
<tr>
<td>Below 20 points</td>
<td>0 points</td>
</tr>
</tbody>
</table>

1. ATTENDANCE: The faithfulness of coming to work daily and conforming to clinical requirements. Reports to clinical assignments on time.

5 _______ Consistently prompt and reliable; no days missed and no tardy occurrences; volunteers for overtime when needed
4 _______ Very prompt; reliable in attendance; is absent only when necessary
3 _______ Usually present on time; 1 day missed or 1 day tardy
1 _______ Frequently late or absent; more than 1 day missed or 2 tardy occurrences
0 _______ Consistently late or absent with/without excuse; more than 2 days missed or 2 tardy occurrences

Comments:

2. PERSONAL APPEARANCE: Consider cleanliness, grooming, and neatness.

5 _______ Always presents a professional image; always well groomed and careful about appearance
4 _______ Usually well groomed, and careful about personal appearance
3 _______ Satisfactory personal appearance
1 _______ Below average – occasionally careless about appearance or needs to be reminded of dress code
0 _______ Frequently untidy; personal appearance unsatisfactory

Comments:
3. **COOPERATION AND ATTITUDE:** The ability to work with others, the ability to do share in the workload, and the ability to accept instruction and constructive criticism.

- **5** _______ Excellent attitude and spirit of cooperation; excellent leader
- **4** _______ Above average – cooperative; good team leader; interacts well with staff and instructors
- **3** _______ Satisfactory – does what is expected
- **1** _______ Sometimes accepts direction in manner showing displeasure; can be difficult to work with
- **0** _______ Inclined to be quarrelsome; spirit of cooperation and attitude not satisfactory

**Comments:**

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

- **5** _______ Conducts self in a professional manner at all times conforming to professional standards of conduct; inspiring to others and impressive in professional performance
- **4** _______ Above average impression; uses good judgment in stressful situations
- **3** _______ Average impression; adheres to professional standards in an acceptable manner
- **1** _______ Often does not follow professional standards when dealing with others
- **0** _______ Consistent negative attitude; rude, arrogant to clients, and fellow students; uses poor professional judgment

**Comments:**

5. **INITIATIVE:** Ability to assess situations and initiate actions plans independently.

- **5** _______ Thinks and acts constructively; looks for things to do; hard worker; no supervision needed
- **4** _______ Consistently above average; minimum supervision; utilizes time efficiently
- **3** _______ Average – meets minimum requirements; may need some encouragement and or direction
- **1** _______ Needs frequent instruction; often unable to perform independently
- **0** _______ Puts forth little effort; requires constant supervision

**Comments:**
6. QUANTITY OF WORK: Output of satisfactory work.
   5 _______ Superior work – always productive, consistently does more than is required
   4 _______ Very industrious – usually does more than is expected
   3 _______ Volume of work satisfactory; meets minimum requirements
   1 _______ Does just enough to get by; rarely does more than what is expected (slow in meeting
   minimum requirements)
   0 _______ Does not meet minimum requirements

   Comments:

7. QUALITY OF PERFORMANCE: (In meeting professional standards) Includes positioning
   progress, room readiness, radiation protection, client care, and organization of work.
   5 _______ Superior; consistently competent; exceptionally high quality of performance in all phases
   of practical applications
   4 _______ Is exact, precise, requires little correction; consistently above average; recognizes
   mistakes and takes corrective measures
   3 _______ Usually accurate; makes only average number of mistakes
   1 _______ Careless; makes recurrent errors
   0 _______ Makes frequent errors; demonstrates little retention; poor client care and organization

   Comments:

8. DEPENDABILITY: Works conscientiously according to instructions; ability to follow
   procedures; ability to meet and exceed objectives requirements.
   5 _______ Top performer – consistently knowledgeable of policies and procedures and performs
   accordingly
   4 _______ Trustworthy and reliable; knowledgeable of policies and procedures
   3 _______ Satisfactory performance
   1 _______ Needs frequent reminder to follow standard procedure(s)
   0 _______ Continuous reinforcement necessary

   Comments:
Appendix Q

9. **JUDGMENT**: Ability to apply knowledge and skills to practical applications.

   5 _______ Handles difficult situations with authority and ease; able to determine and implement non-routine exams
   4 _______ Impressive in thinking things through and making good decisions; able to recognize non-routine exams
   3 _______ Average in performance; able to consistently perform routine exams
   1 _______ Sometimes becomes frustrated in stressful situations; unable to apply knowledge consistently
   0 _______ Frequently uses poor judgment or becomes frustrated in stressful situations; unable to perform consistently

Comments:

This is the opinion of the instructor(s) and does not reflect in point value.

<table>
<thead>
<tr>
<th>TOTAL OVERALL PERFORMANCE: Professional opinion of ability and potentiality.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently above average; superior skills in all areas of performance</td>
</tr>
<tr>
<td>Above average</td>
</tr>
<tr>
<td>Average; satisfactory</td>
</tr>
</tbody>
</table>

**Current Number of Competency Evaluations**  _____ Semester  _____Total

Comments:

Summary of Comments No. 1-9:

Recommendations:

Student’s Signature  Date  Total Points = ______

Instructor’s Signature  Date  Evaluation Points = ______
### Evening/Weekend Performance Evaluation

Circle the statement for each category which best describes the student’s performance while working with you. Your input will assist in documenting the student's strength's and limitations.

<table>
<thead>
<tr>
<th>Clinical Skills</th>
<th>Excellent (10)</th>
<th>Above Average (8)</th>
<th>Average (6)</th>
<th>Below Average (4)</th>
<th>Unsatisfactory (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Meeting physical needs/observation of patient condition</td>
<td>Justifies complete confidence; makes wise decisions; takes charge</td>
<td>Usually self-reliant; requires little help</td>
<td>Average; needs some instructions</td>
<td>Afraid to take charge</td>
<td>Inadequate skills</td>
</tr>
<tr>
<td>2. Meeting emotional needs; communication, compassion and respect</td>
<td>Justifies complete confidence; makes wise decisions; takes charge</td>
<td>Usually self-reliant; requires little help</td>
<td>Average; needs some instructions</td>
<td>Afraid to take charge</td>
<td>Inadequate skills</td>
</tr>
<tr>
<td>3. Organization, judgment, and expedience in performing exam.</td>
<td>Superior; knows what to do and does it.</td>
<td>Above average; needs little help; learns from mistakes</td>
<td>Average</td>
<td>Below average; needs to be told when to do things</td>
<td>Confused, appears lost</td>
</tr>
<tr>
<td><strong>Adaptability to emergency situations.</strong></td>
<td>Always handles emergency situations with authority and ease</td>
<td>Impressive in thinking things through and making good decisions</td>
<td>Average in performance – sometimes becomes frustrated or uses poor judgment in emergency situations</td>
<td>Frequently uses poor judgment; often becomes frustrated in stressful situations</td>
<td>Consistently uses poor judgment in stressful situations</td>
</tr>
<tr>
<td><strong>Positioning ability</strong></td>
<td>Superior skills; rarely needs assistance</td>
<td>Above average; makes few mistakes</td>
<td>Average; normal mistakes</td>
<td>Below average application of knowledge</td>
<td>Makes frequent mistakes</td>
</tr>
<tr>
<td><strong>Knowledge/selection of exposure factors</strong></td>
<td>Excellent abilities</td>
<td>Makes few mistakes</td>
<td>Average; requires little help</td>
<td>Careless errors</td>
<td>Constantly needs assistance; frequent repeated mistakes</td>
</tr>
<tr>
<td><strong>Adherence to radiation protection standards</strong></td>
<td>Superior; always follows radiation protection standards.</td>
<td>Consistently above average; requires little correction</td>
<td>Usually follows radiation protection standards.</td>
<td>Careless, needs frequent reminders</td>
<td>Continuous reinforcement necessary</td>
</tr>
<tr>
<td><strong>Performance of duties related to 2nd/weekend shift.</strong></td>
<td>Always productive, consistently does more than is required</td>
<td>Very industrious – usually does more than is required</td>
<td>Volume of work satisfactory; meets minimum requirements</td>
<td>Does just enough to get by; slow in meeting minimum requirements</td>
<td>Does not meet minimum requirements</td>
</tr>
<tr>
<td><strong>Professionalism (Behavior, Attitude, and Personal Traits)</strong></td>
<td>Excellent (10)</td>
<td>Above Average (8)</td>
<td>Average (6)</td>
<td>Below Average (4)</td>
<td>Unsatisfactory (0)</td>
</tr>
<tr>
<td>9. Dependability – Attendance/Punctuality</td>
<td>Prompt and reliable; dependable; consistent top performer</td>
<td>Very prompt and reliable; ready to work with enthusiasm</td>
<td>Satisfactory performance. Absent only when necessary</td>
<td>A few minutes late; needs frequent reminders to follow time requirements</td>
<td>More than a few minutes late; continuous reinforcement necessary</td>
</tr>
<tr>
<td>10. Initiative/Self-confidence/willingness to accept responsibility</td>
<td>Thinks and acts constructively; always productive; no supervision necessary</td>
<td>Consistently above average; minimum supervision; utilizes time efficiently</td>
<td>Average – meets minimum requirements; may need encouragement</td>
<td>Puts forth little effort; does just enough to get by</td>
<td>Puts forth practically no effort; requires constant supervision</td>
</tr>
<tr>
<td>11. Response to instructions and corrections/general rapport with ED personnel</td>
<td>Excellent attitude and spirit of cooperation</td>
<td>Above average – cooperative; interacts well with staff</td>
<td>Satisfactory</td>
<td>Sometimes accepts direction in manner showing displeasure; can be difficult to work with</td>
<td>Inclined to be quarrelsome; spirit of cooperation and attitude no satisfactory</td>
</tr>
<tr>
<td>12. Ethical conduct/personal appearance</td>
<td>Conducts self in a professional manner at all times; consistently presents professional image</td>
<td>Above average impression; usually well groomed and careful about personal appearance</td>
<td>Average impression; adheres to professional standards in acceptable manner;</td>
<td>Often does not follow professional standards when dealing with others; occasionally careless about appearance</td>
<td>Consistently negative attitude; rude and arrogant to others; frequently untidy</td>
</tr>
</tbody>
</table>

Please use other side for comments.

Appendix R - Evening-Weekend Performance Evaluation
Grading Scale:

9 - 10 pts = Excellent
7 – 8 pts = Above Average
6 pts  = Average
< 6 pts = Unacceptable

Total Points = ________________
Total Points/12 = ________________

Clinical Skills:

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Professionalism:

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Radiographer: ________________________________

Signature ________________________________

Date ________________________________
### Preliminary Clinical Competency Exam Evaluation Form

**Student:** ____________________________  
**Evaluator:** ____________________________  
**Date:** ____________________________  
**Type of Evaluation:** ____________________________  
**Accession Number:** ____________________________

(identify exam and specific positions)

<table>
<thead>
<tr>
<th>Trauma</th>
<th>Pediatric</th>
<th>Non-routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

#### PERFORMANCE EVALUATION

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Verified patient name, date of birth, exam ordered; completed appropriate clinical history</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Obtained supplies/accessories for exam (markers, correct image receptor size, shield, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

#### EXAM POSITION

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Patient-radiographer relationship: provided appropriate assistance to patient and a safe environment; spoke with patient in a concerned and professional manner; provided proper instructions for moving and breathing</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Positioning skills: completed each position of exam (without asking or looking up routine protocol) using correct centering point, SID, tube angles; adapted routine positioning for trauma or injury</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Equipment manipulation: moved tube, table, bucky using proper controls and locks; selected correct image receptor, grid, etc.; used immobilization devices if needed; selected proper exposure factors for each position (AEC, mAs, kVp); adjusted exposure factors for motion, pathology, patient size as needed</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Collimation when possible</td>
<td></td>
</tr>
</tbody>
</table>

#### IMAGE EVALUATION

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Anatomical parts: image demonstrated part shown in proper position and with adequate detail</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Proper alignment: image demonstrated image detector centered, anatomic part centered, tube centered, patient aligned correctly</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Technique manipulation: image demonstrated proper brightness and contrast, correct compensation for pathology, if appropriate</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Image identification: image demonstrated properly displayed markers, patient information, and date</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Demonstrated evidence of proper collimation.</td>
<td></td>
</tr>
</tbody>
</table>

**Number of images taken:**  
**Number of images repeated:**

**Comments (please list by number and position):** ____________________________________________

The **Preliminary Clinical Competency Exam Evaluation Form** is to be completed for each radiographic examination evaluation. The evaluator will mark each area "yes" or "no" and final grade determination will be completed by the Clinical Instructor.

**Evaluator’s Signature:** ____________________________  
**Student Signature:** ____________________________
<table>
<thead>
<tr>
<th>Position:</th>
<th>Student Estimated Technical Factors</th>
<th>kVp</th>
<th>mAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Technical Factors</td>
<td>kVp</td>
<td>mAs</td>
<td></td>
</tr>
<tr>
<td>Were the exposure factors within range?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If the exposure factors were not within range, what was/were the reason(s)?</td>
<td>Centering _______</td>
<td>Pathology _______</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collimation _______</td>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>Did the student know how to correct the position?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
## Student Self-Evaluation

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Good</th>
<th>Below Average</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cooperation &amp; Attitude</strong></td>
<td>Excellent team worker; positive leader</td>
<td>Consistently works well with others; cooperative</td>
<td>Does what is expected</td>
<td>At times, arrogant; passive; impudent, and/or surly</td>
<td>Causes problems; inclined to be quarrelsome</td>
</tr>
<tr>
<td><strong>Professional Ethics</strong></td>
<td>Excellent relationship with patients and staff; professional</td>
<td>Above average impression; takes charge</td>
<td>Adheres to professional standards in an acceptable manner</td>
<td>Often uses poor professional judgment</td>
<td>Frequent negative attitude; rude; poor professional judgment</td>
</tr>
<tr>
<td><strong>Quality of Work</strong></td>
<td>Superior; consistently competent</td>
<td>Consistently above average in performance</td>
<td>Average – does what is required</td>
<td>Careless; makes recurrent errors</td>
<td>Requires constant supervision; makes frequent errors</td>
</tr>
<tr>
<td><strong>Quantity of Work</strong></td>
<td>Superior amount of quality work</td>
<td>Very industrious; above average</td>
<td>Satisfactory – meets minimum requirements</td>
<td>Slow; just enough to get by</td>
<td>Has to be prodded, works very slow</td>
</tr>
<tr>
<td><strong>Ability to Follow Instructions</strong></td>
<td>Learns rapidly; implements and retains knowledge</td>
<td>Above average; follows instructions well</td>
<td>Average retention</td>
<td>Hesitant to respond; needs reassurance</td>
<td>Headstrong; ignores instructions</td>
</tr>
<tr>
<td><strong>Self-confidence</strong></td>
<td>Superior; self-reliant</td>
<td>Above average self-esteem</td>
<td>Average self-assurance</td>
<td>Below average self-assurance; stands back</td>
<td>Too independent; ignores policy and procedures</td>
</tr>
<tr>
<td><strong>Care for Patients</strong></td>
<td>Justifies complete confidence; makes wise decisions; takes charge</td>
<td>Usually self-reliant; requires little help</td>
<td>Average; needs some instructions</td>
<td>Afraid to take charge</td>
<td>Inadequate skills</td>
</tr>
<tr>
<td><strong>Use and Care of Equipment</strong></td>
<td>Justifies complete confidence</td>
<td>Very knowledgeable</td>
<td>Adequate</td>
<td>Needs to be told</td>
<td>Careless and wasteful</td>
</tr>
<tr>
<td><strong>Ability to Read Charts &amp; Adjust Techniques</strong></td>
<td>Excellent abilities</td>
<td>Makes few mistakes</td>
<td>Average; requires little help</td>
<td>Careless errors</td>
<td>Consistently needs assistance; frequent repeated mistakes</td>
</tr>
<tr>
<td><strong>Positioning Skills</strong></td>
<td>Superior skills; rarely needs assistance</td>
<td>Above average; makes few mistakes</td>
<td>Average; normal mistakes</td>
<td>Below average application of knowledge</td>
<td>Makes frequent mistakes</td>
</tr>
<tr>
<td><strong>Organization of Work</strong></td>
<td>Superior; knows what to do and does it</td>
<td>Above average; needs little help; learns from mistakes</td>
<td>Average</td>
<td>Below average; needs to be told when to do things</td>
<td>Confused; appears lost</td>
</tr>
<tr>
<td><strong>Initiative</strong></td>
<td>Superior – always looks for things to do</td>
<td>Very industrious</td>
<td>Meets minimum requirements</td>
<td>Has to be told or reminded</td>
<td>Lazy</td>
</tr>
</tbody>
</table>

**Comments:**
Students are required to carry personal health care insurance at all times while enrolled in a Health Careers Department program at Illinois Central College (ICC). In addition to carrying personal health care insurance, ICC requires all students enrolled in a health career program to complete drug screening, background check/fingerprinting, physical examination and immunizations as explained herein.

Drug screening and background check/fingerprinting, submission of physical examination, and up-to-date immunizations MUST be successfully completed prior to student start of academic health career program. No student will be permitted on clinical without being 100% compliant. Compliance is monitored. Any student not in compliance will not be allowed to enter or continue in the health career program. These records must remain or be maintained current for the duration of the student’s enrollment in any health career program at Illinois Central College.

Students’ medical records (drug screening, background check/fingerprinting, physical examination, and immunization records) are maintained on file at Illinois Work Injury Resource Center (IWIRC). Required drug screening and background check/fingerprinting must be performed at IWIRC. It is recommended that required physical examination and required immunizations be completed at IWIRC; however, the student may choose his or her own healthcare provider and submit the documents to IWIRC.

**Illinois Work Injury Resource Center (IWIRC)**
736 SW Washington Street, Suite 2A
(Washington and State Street)
Peoria, Illinois 61602

Phone: (309) 497-0300
Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.

The student is responsible for all fees incurred. ICC will bill the student for the cost of drug screening ($44) and fingerprint/background check ($36), both performed at IWIRC. Payment for physical examination and immunizations conducted at IWIRC must be paid at time of service. Payment to IWIRC may be by debit card, credit card, or money order (no cash accepted). Please note – prices are subject to change at any time.

**Maintain copies of your records. It is recommended you keep a copy of all information submitted.**

Questions? Contact ICC Health Careers Department: phone (309)690-7532 or email stephanie.becker@icc.edu
DRUG SCREENING

As per the Federal Drug Free Workplace Act of 1988 and the Drug Free Schools and Campuses Act Amendments of 1989, Illinois Central College (ICC) is committed to maintain a safe and healthy academic environment. In compliance with existing state and federal law, ICC prohibits the use, sale, distribution, manufacture and/or possession of drugs including controlled substances. Even though the Illinois Cannabis Regulation and Tax Act (effective January 1, 2020) allows for persons over the age of 21 to use cannabis, no person shall use or possess any cannabis product, marijuana, or any substances containing THC (tetrahydrocannabinol), recreational or medicinal, while on any college property or while participating in an ICC Health Careers Department program and its associated clinical experience.

ICC adheres to all policies of clinical facilities with which the College affiliates for student clinical education. Students admitted to a health career program must have a current negative drug screen prior to beginning program. It is recommended the drug screen be completed within 10 days of receiving this information.

At time of service, the student will sign consent for drug screen provided by Illinois Work Injury Resource Center (IWIRC).

1. The student will provide a urine specimen for the drug screen. The specimen itself will be collected at IWIRC, under that facility’s procedures and control.

2. If the initial drug test indicates a positive result, the student will be given an opportunity to refute the results. The student may also have the same specimen retested, at the student’s expense. A second test must be done within 48 hours of receiving the results, at the student’s expense.

3. If the positive test is not due to justifiable prescription drug use, the student must withdraw from the health career program for a minimum of one semester. The student must be retested (expense paid by student) proving drug free before he/she will be admitted into a health career program.

   NOTE: A student will not be able to complete the health career program if he/she cannot be placed in a clinical site due to a failed drug screen.

4. If the testing facility determines that a student has tampered with a sample during the testing, the student will be immediately dismissed from the program and will not be considered for readmission to an ICC Health Careers Department program.

5. Students shall be subject to the drug testing policy and rules of the facility providing the clinical education experience, which may require additional drug testing, in compliance with that facility’s policies and requirements.

6. Students shall also be subject to additional testing as required by ICC, on a for cause basis or as deemed necessary for the administration of student clinical education experiences.

7. A student in the program who has tested positive may be dismissed from the program. Whether any student may remain in the program will be determined at the sole discretion of ICC.

8. Student health information will be maintained at IWIRC. All reasonable efforts will be made to maintain confidentiality of results. Results will be shared with the ICC Health Careers Department assistant, who monitors student health compliance. Students will forfeit course/program admission if this requirement is not met or if drug screen result is positive.

9. A student not in compliance will not be allowed to enter or continue in the program. While enrolled in an ICC Health Careers Department program, ICC will continuously monitor individual student compliance.

The student is responsible for all costs incurred, and the amount will be billed to the student’s ICC account. It is recommended that students keep a copy of all information submitted. Program director/faculty are not allowed to accept student health records or information.
DRUG SCREENING FAQs

Why do I need a drug screen?

As part of the clinical affiliation agreements, healthcare facilities require drug screenings for students who utilize their sites for learning opportunities.

When do I have to complete the drug screen?

Students who do not have results that have cleared before the first day of clinical will not be permitted to begin their clinical rotation.

Will I have to repeat the drug screen?

You may have to repeat the drug screen depending on the facility you are assigned for clinical rotations. Timeframes and expiration may vary from site to site.

Where do I go to get the drug screen?

IWIRC. Drug screens completed by any other vendor will not be accepted. If the clinical site provides the drug screen as part of the onboarding process, you should not obtain your own drug screen and you should follow the protocol as directed by the clinical site.

Who views my drug screen results?

Drug screen results are maintained confidentially between IWIRC and the ICC Health Careers Department assistant who manages clinical compliance. Drug screen results may be shared with the Dean of Health Careers, Program Director, or external clinical facilities for placement purposes only.

What if I fail the drug screen?

Any student who tests positive for a prohibited drug will be given the opportunity to contest the results. If the failure is due to justifiable prescription drug use, specific prescription documentation must be provided. If the positive test is not due to justifiable prescription drug use, the student:

1. Must withdraw from the health career program for a minimum of one semester.
2. Must be retested (expense paid by student) proving drug free before he/she will be admitted into a health career program.

   NOTE: A student will not be able to complete the health career program if he/she cannot be placed in a clinical site due to a failed drug screen.

What is a negative dilute?

Dilution is the process of reducing the concentration of drug or drug metabolites in the urine sample. This is accomplished by adding fluid to the sample or by drinking large amounts of fluid to dilute the specimen, called “internal dilution.” Drug testing laboratories routinely test samples to detect dilution.

A dilute specimen can be caused by two circumstances. The first circumstance is caused by an individual diluting the urine with water, or other liquid, by actually pouring it into the specimen at the time of collection. The second method of obtaining a dilute specimen is by consuming too much fluid, especially liquids that contain diuretics, prior to collection (e.g., coffee, soda pop, medications, etc.). This may be inadvertent or may be on purpose on the part of the donor.

A student whose drug screen result is dilute negative will be required to complete another drug screen at their own expense.
BACKGROUND CHECK/FINGERPRINTING

At the request of clinical agencies who accept students from the College, students enrolled in an ICC Health Careers Department program will be required to submit to a criminal background check and fingerprinting. Students may not use similar reports on file at other agencies to satisfy this requirement. Failure to consent to release information or to cooperate appropriately with regard to the process shall result in the student not being able to enter or progress in the health career program. Criminal history background information is defined as information collected by criminal justice agencies on individuals consisting of identifiable descriptions and notations of arrests, detentions, indictments, or other formal charges, and any dispositions; including sentencing, correctional supervision, and releases.

Policy

Illinois Central College (ICC) is committed to providing a safe environment for students, patients cared for by students, and employees. Therefore, ICC will conduct a criminal background check and fingerprinting of all students who will be enrolled in an ICC Health Careers Department program. The fingerprinting will be conducted at Illinois Work Injury Resource Center (IWIRC), Peoria, Illinois. The student is responsible for costs incurred and will be billed by ICC.

Students may be withdrawn from course and program if this requirement is not completed or results are disqualifying. Students who have disqualifying convictions may have the option to obtain a Health Care Worker Waiver.

Procedure

1. Student will be provided the authorization form for the fingerprint/background check from the Health Careers Department assistant. The student must complete the authorization, providing all necessary biographical information.

2. Consent will be provided at time of service, at IWIRC, to complete background check/fingerprinting. Results will be made available to select ICC Health Careers Department employees.

3. Omission of required information, or false or misleading information provided by the student, on the criminal background check or in any communication with the College may result in disciplinary action or dismissal from the health career program at ICC.

Dealing with Disqualifying Convictions

1. Fingerprint/background check results will be kept confidential and will be maintained separate from the student's admission/academic file.

2. The Health Careers Department assistant will access the electronic report.

3. A student who has a disqualifying conviction will be notified. No messages regarding the results will be left on answering machines or with other individuals.

4. If the student has a disqualifying conviction but wishes to remain enrolled in the health career program, the student must submit an application for a Health Care Worker Waiver. A waiver is not guaranteed. A waiver does not guarantee certification or licensure. An application for the waiver is available online at: http://www.idph.state.il.us/nar/WAIVER_APPLICATION.pdf

5. If a student with a disqualifying conviction is unable to obtain a Health Care Worker Waiver, the student will be dismissed from the health career program. Academic advisers at ICC will offer assistance to redirect the student to another career path.

For more information regarding Health Care Worker Background Check, go to: http://dph.illinois.gov/topics-services/health-care-regulation/health-care-worker-registry
PHYSICAL EXAMINATION AND IMMUNIZATIONS

Illinois Central College (ICC) recognizes the following regarding students enrolled in Health Careers Department programs. These facts are taken directly from the recommendations of the Advisory Committee on Immunization Practices (ACIP) for Health Care Workers and the Hospital Infection Control Practices Advisory Committee (HICPAC). These facts led to the guidelines currently in place under the CDC and recognized by OSHA. These facts also provide the basis for ICC’s policy regarding Health Careers student immunizations.

Enforcement of this policy allows ICC to fulfill contractual obligations required by health care facilities that provide clinical learning experiences for Health Careers students.

- Because of their direct contact with medical patients or infective material from medical patients during clinical experiences, Health Careers students are at risk for exposure to and possible transmission of vaccine-preventable diseases during clinical experiences.

- The risks for percutaneous and permucosal exposure to blood and blood products are often highest during the professional training period: therefore, vaccination should be completed during training and prior to students having any contact with blood.

- Optimal use of immunizing agents safeguards the health of both health care workers and those in training and protects patients from becoming infected through exposure to infected care providers.

- Any health care worker who is susceptible can, if exposed, contract and transmit certain vaccine-preventable diseases. Therefore, all medical institutions should ensure that those who work within their facilities are immune to those diseases for which immunization is strongly recommended in ACIP/HICPAC guidelines.

POLICY STATEMENT

In order to adhere to CDC/OSHA recognized guidelines, it is the policy of Illinois Central College that all enrolled Health Careers students will comply with physical, immunization, and tuberculosis requirements as detailed in the attached document. No exceptions will be made to this policy and no waivers given except in the event of pregnancy and breastfeeding. In those instances, a temporary reprieve will be granted for immunizations during the duration of the pregnancy and or breastfeeding if and only if a student is able to provide medical documentation of such condition. In addition, a student requesting a temporary reprieve of immunization requirements due to pregnancy or breastfeeding must prove that their immunizations are up to date through the onset of the condition.

Physical Examination:
Physical examination performed by a healthcare provider expires after 24 months. The examination must remain current for the duration of the student’s enrollment within the health career program.

See attached form to have health care provider complete and sign - submit completed physical examination form to IWIRC.

Immunizations:
Immunizations are required for students enrolled in Health Careers Department programs, and must be maintained current for duration of the student’s enrollment within a health career program. Documentation of immunizations must be submitted to IWIRC. Additional immunizations/titers may be contractually required by specific agencies for student clinical experiences. Additional immunization costs are the student’s responsibility.
REQUIRED IMMUNIZATIONS

Student must complete immunizations at IWIRC, or provide documentation of the following completed immunizations to IWIRC, to participate in assigned clinical experiences.

**Seasonal Flu Vaccine (Influenza)**
Flu vaccine is a seasonal vaccine. Students must submit documentation of evidence of receiving a flu vaccine. *Likely to be administered after October 1st of each academic year.*

**Tuberculosis Testing**
(2-step TB Skin Test: 2 separate TB skin tests/read 1-2 weeks apart)
Students must show proof of a 2-step tuberculin skin test in the past along with an annual 1-step test thereafter following the 2-step. If students have NOT had a 2-step tuberculin skin test, one must be completed prior to the start of the health career program. Once the 2-step test is completed, a 1-step tuberculin skin test is required every year thereafter while the student is enrolled in a health career program.

**Tdap**
Students are required to submit proof of a current Tdap vaccination within 10 years of the start of their respective health career program.

**MMR**
Students must submit proof of 2 MMR vaccine injections in the past or show immunity to Measles, Mumps, and Rubella in the form of a laboratory titer.

(If born before Jan. 1, 1957: Exempt from the MMR requirement at this time)

**Varicella (Chickenpox)**
All students must show evidence of immunity to the varicella (chickenpox) virus. Evidence of immunity may include documentation of two doses of varicella vaccine or blood tests that show you are immune to varicella (immunity to varicella test).

**Hepatitis B**
The 3-injection Hepatitis B vaccine series is REQUIRED. Students must show proof of at least the first injection in the series prior to the start of the health career program. Students must then follow through with the remaining injections in the series and provide proof of the injections.

(1st vaccination ■ 4 weeks, 2nd vaccination ■ 5 months, 3rd vaccination)
# PHYSICAL EXAMINATION FORM

**RETURN THIS FORM TO:**
IWIRC Illinois Work Injury Resource Center  
736 SW Washington Street, Suite 2A  
Peoria, Illinois 61602  
Phone: (309) 497-0300  
Hours: Monday - Friday, 7:30 a.m. - 5:30 p.m.

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

**PHYSICAL EXAMINATION**

<table>
<thead>
<tr>
<th>Allergies (drug, latex, environmental, food):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam (Snellen Chart) Rt.____ Lt.____</td>
<td>□ Glasses □ Contacts (please check one if exam with corrected vision)</td>
</tr>
</tbody>
</table>

Are there abnormalities of any of the following (please check Yes or No):

- Head, ears, nose, throat  □ Yes □ No  Hearing/use of device? □ Yes □ No
- Eyes, visual acuity  □ Yes □ No  Respiratory/lungs □ Yes □ No
- Integumentary/skin  □ Yes □ No  Cardiovascular □ Yes □ No
- Gastrointestinal/rectal  □ Yes □ No  Neurological □ Yes □ No
- Genitourinary/Pelvic  □ Yes □ No  Musculoskeletal □ Yes □ No
- Metabolic/endocrine  □ Yes □ No

Current medical condition or history of the following illnesses (please check and comment if applicable):

- Rheumatic Fever  
- Hepatitis  
- Diabetes  
- Kidney/Urinary condition  
- Epilepsy/Seizures  
- Seizure-free for 6 months? □ Yes □ No  Date of Last Seizure  
- Heart Disorder/Attack/Disease  
- Tuberculosis/Asthma/Other respiratory disorder or disease  
- Varicosities  
- Mental Illness/Condition (diagnosed)  
- Abnormal Menstrual History/Pap/Pelvic  
- Skeletal or muscular injury/condition  
- Abdominal or Inguinal Hernia  
- Other current medical condition:  

Please list current prescription and frequent-use OTC medications:  

Please list surgical procedures/dates:  

Do you have any recommendations, precautions, or limitations for this student in their role in patient contact? □ Yes □ No

If Yes, please comment:  

Based on your findings, should this student be restricted from patient contact? □ Yes □ No

**VERIFICATION:** Your signature below indicates that you have completed the Physical Examination Form and that this student is able to participate in the Health Careers Department program at Illinois Central College.

Healthcare Practitioner’s Signature:  
Clinic/Office Name and Location:  
Date:  
Telephone Number (____) 

Print Last Name:
HEALTH INSURANCE/FINANCIAL RESPONSIBILITY WAIVER

Students are required to carry personal health care insurance at all times while enrolled in a Health Careers program. Students are financially responsible for any and all expenses resulting from injury, illness, and positive drug screenings occurring during classroom, clinical, and/or laboratory courses.

I understand that I am responsible for maintaining my own major medical health insurance throughout the course of being enrolled in an Illinois Central College Health Careers Program. I further understand that I will be financially responsible for any medical care, treatment, or examinations that a clinical affiliate provides to me while in a student capacity at that facility.

By signing below, I am verifying that I either 1) carry major medical insurance or 2) will accept responsibility for the cost of any and all medical care, treatment, or examinations provided to me while in a student capacity at the program clinical affiliates.

PRINT Full Name: _____________________________________________________________

Student ID Number: ____________________________________________________________

Health Careers Program: ________________________________________________________

Signature: X_____________________________________________ Date: ________________
STUDENT CHEMICAL IMPAIRMENT POLICY AND PROCEDURES

Illinois Central College policy prohibits the illegal possession, use, or distribution of drugs and/or alcohol by students on College property or as a part of any College activity. Violators will be prosecuted in accordance with applicable laws and will be subject to disciplinary action by the College in conformance with College policy. (See the College Catalog and Student Rights and Responsibilities Handbook). In accordance with this policy, the following procedure has been developed to address issues unique to students enrolled in the College’s Health Career Programs.

Procedure

All Health Careers students will be required to sign and adhere to the Illinois Central College Student Chemical Compliance Contract.

When a faculty member or a clinical agency representative observes a student engaging in behaviors or presents with signs that are often associated with drug or alcohol misuse or abuse the following procedure, based on the belief that measures to be taken should be assistive rather than punitive, will be implemented:

1. Seek corroboration regarding the observed student behavior, if possible.
   a. Should the impaired behavior occur at a clinical site, the faculty or agency representative will relieve the student from the clinical assignment.
   b. Should the observed behavior occur on campus, the faculty member should use their discretion in allowing continued participation in the learning activity.
   c. Immediately notify program director/coordinator and provide written documentation of observed behavior or physiologic characteristics of suspected chemical impairment as soon as possible.
   d. Upon request, the student will undergo a drug screen and breath alcohol test. The drug screens and breath alcohol tests will be completed at the student’s expense. A student who refuses to be tested or who otherwise fails to cooperate in required tests shall be dismissed from the Health Careers program.
      i. If the student is at a hospital clinical site the student will be taken to the emergency department/occupational or employee health as designated by agency. An instructor, fieldwork educator, Program Director/Coordinator, or designee must remain with the student while the student is at the testing facility and complete and sign an authorization form. The student must present a photo ID.
      ii. If the student is at a non-hospital clinical site out of the Peoria area the student will need to go to the emergency department of a local hospital by calling a cab, friend, or family member to transport the student to the facility.
      iii. If the student is at a non-hospital clinical site in the Peoria area the student will need to call a cab, friend, or family member to transport to:
          Illinois Work Injury Resource Center (IWIRC)
          736 SW Washington Street Suite 2A
          Peoria IL 61602
          (309) 497-0300
          Should IWIRC be closed, the student may go to the UnityPoint Emergency Department.

2. Upon receipt of written documentation, a conference consisting of, but not limited to, the involved student, faculty member and/or agency representative, Program Director/Coordinator, Dean of Health Careers and Dean of Student Services or their designee will be held. The purpose of the conference is to present and discuss documented observations of behavior(s) and test results.
3. If results are negative, Illinois Central College will be responsible for costs incurred by the student. If results are positive, the student will be responsible for costs incurred.

4. A student who tests positive for illegal drugs and/or alcohol will be administratively withdrawn from the Health Careers program.

**Eligibility for Professional Licensure/Certification**
Students should understand that the use/abuse of drugs and alcohol is prohibited by laws and standards in the health professions, and that a person with a history of such use/abuse may be denied certification or licensure, or placed on a probationary status. Faculty will assist students with providing required documentation for professional licensure application process.

Students and faculty are reminded of the professional ethical responsibility of reporting knowledge of substance use/abuse by healthcare personnel.
I, ___________________________, agree to undergo a drug screen and breath alcohol test upon request and, if needed, a comprehensive substance use/abuse evaluation by a mental health professional selected from the approved list of accredited agencies provided by the Program Director/Coordinator.

I understand that the payment for the drug screening and breath alcohol test, evaluation, treatment and follow up care will be my responsibility. If treatment is recommended, I must complete the individualized plan determined by the evaluator and follow all procedural steps of the Illinois Central College Chemical Impairment Policy. Written evidence of my treatment program, ability to return to the health program (evidence of exhibiting positive student behaviors), and my follow up care plan will be submitted to the Program Director/Coordinator.

I further understand that random drug screens and breath alcohol testing may be a part of my treatment and follow up program.

Date: _________________________________

Student Signature:

Agree _________________________________

or

Disagree _________________________________

Program Director/Coordinator/
Faculty Signature: _________________________________

Witness Signature: _________________________________
AUTHORIZATION FORM FOR STUDENT CHEMICAL IMPAIRMENT TESTING

Student’s Name: ____________________________________________________________
Student ID#: ______________________________________________________________
Date: ___________________________________________________________________

Requested Service: (circle all that apply)
☐ Alcohol and Drug Testing: Non – DOT
☐ Urine Drug Screen: Collection with results
☐ Breath Alcohol Test

Purpose: (circle one)
☐ Reasonable Suspicion    ☐ Random

Billing Information:
If Positive for chemical impairment, please bill:
    Student or submit to student’s personal health care insurance company

If Negative for chemical impairment, please bill:
    Illinois Central College
    Attn. Risk Management Room 236A
    1 College Dr.
    East Peoria, IL 61635
    (309) 694-5398

    Printed name of ICC
    Authorized Employee: ____________________________________________________

    Signature of ICC
    Authorized Employee: ____________________________________________________
COMMUNICABLE DISEASE PROCEDURE

Illinois Central College places a high priority on safety and the need to prevent the spread of dangerous chronic communicable diseases on its campus. This procedure is designed to promote the health and regular attendance of students. The College is committed to protecting the civil rights of individuals while preserving the health and safety of all students, therefore, strict confidentiality must be maintained.

Communicable diseases may be referred to as “contagious, infectious or transmissible to others.” Students are reminded not to come to campus or participate in class, labs, or clinical/internships if feeling ill or experiencing any symptoms of illness. Students identified with an acute communicable disease or exposed to a communicable disease that places others at risk may need to quarantine for a recommended period of time until symptoms subside and temperature is normal without fever-reducing medication.

Students with identified chronic communicable diseases may not be excluded from the College as long as, through reasonable accommodation, the risk of transmission of the disease and/or the risk of further injury to the student is sufficiently remote in such setting so as to be outweighed by the detrimental effects resulting from the student’s exclusion from the College. Whenever possible, the College will attempt to assist students in continuing their pursuit of educational goals. Placement decisions will be made by using these objectives in conjunction with current, available public health guidelines concerning the particular disease in question. Individual cases will not be prejudged; rather, decisions will be based upon the facts of the particular case. The determination of whether a student with a chronic communicable disease may attend college shall be made in accordance with procedures implemented by the College.

Procedure in the event of potential risk to others:
1. The College shall respect the right to privacy of any student who has a chronic communicable disease. The student's medical condition shall be disclosed only to the extent necessary to minimize the health risks to the student and to others. The number of personnel aware of the student's condition will be kept at the minimum needed to assure proper care of the student and to detect situations in which the potential for transmission of the disease may increase. Persons deemed to have "a direct need to know" would be provided with appropriate information; however, these persons shall not further disclose such information.

2. The program director/coordinator shall investigate, as the situation warrants, the health status of any student known to have a communicable disease. In addition, the health status of any student in a Health Careers program identified to the program director/coordinator by public health officials as being strongly suspected of having a communicable disease will be investigated under proper guidelines identified by the public health officials. The program director/coordinator shall investigate and then refer the case to the Dean of Health Careers. As the situation warrants, a task force shall be formed and may include the following individuals: the Dean of Health Careers, Vice President of Human Resources, Program Director/Coordinator, Manager-Risk, Safety & Benefits, Vice President of Student Success, and the Coordinator of Public Relations and Public Information officer.

3. After reviewing the case and guidelines set forth by public health officials, the task force shall determine the appropriate action to be taken for the particular case based upon the following criteria:
   a. The nature of risk  
   b. The duration of the risk  
   c. The potential harm to other parties  
   d. Possibility of transmission of the disease

4. The recommendation will include a summary of the findings relative to each of the above criteria, a description of the recommended attendance accommodations and specific description of the notifications suggested.

5. After a recommendation is made by the task force and an action set forth, the Vice President of Student Success will inform appropriate College officials of that recommendation and action.
   a. During the notification procedure, all efforts shall be made to keep confidential the name of the person/persons involved.
   b. Whenever a decision is made that might have an adverse effect on the educational placement of a student and the student disagrees with the decision, an appeal may be made to the President of the College for a review of that decision. The decision of the President shall be final.
CLINICAL TUBERCULOSIS (TB) EXPOSURE PROCEDURE

Due to the fact it can take several weeks to confirm TB, the clinical site will collect the names of those potentially exposed. The bacteria that cause TB are very slow growing and can take weeks to identify in the laboratory. The sputum smear is a fast laboratory result, but it is not specific for tuberculosis; other closely related bacteria can be smear positive also. Not all smear positive patients are diagnosed with tuberculosis. There are many more instances of ruled out TB that are not confirmed than there are actual instances of culture positive TB; people that are exposed are not necessarily infected.

Procedure in the event of exposure:

1. Report TB exposure at clinical site/fieldwork to Program Director/Coordinator. The Program Director/Coordinator will then notify the student(s) and ICC Risk Management (309-694-8911 or 309-694-5398).

2. Complete ICC Health Careers Student TB Exposure Report Form (see attached).

3. Obtain TB skin test at ICC IWIRC as soon as possible after the exposure is reported. Each exposed student (except those with documented positive reactors) will receive a baseline TB skin test. A baseline test is not required for anyone with a documented negative TB skin test within the preceding 3 months prior to the exposure.
   a. If the TB skin test is negative, the test will be repeated 12 weeks after the exposure.
   b. If the TB skin test is positive, reactions of 10 mm or greater or students who are experiencing symptoms suggestive of TB will be referred for a chest X-ray.

NOTE: THOSE WITH POSITIVE TEST RESULTS PRIOR TO EXPOSURE DO NOT REQUIRE SKIN TESTING OR X-RAYS UNLESS EXPERIENCING SYMPTOMS SUGGESTIVE OF TB.

These students do need to complete the ICC Health Careers TB Exposure Assessment Questionnaire.

Return forms to:
Program Director/Coordinator

and

Illinois Central College
Risk Management, Room 236A
1 College Drive
East Peoria, IL 61635
Phone: (309) 694-5398
Fax: (309) 694-8563
STUDENT TB EXPOSURE FORM

Student Name _____________________________ Student ID __________________
Student Phone # ___________________________ Program __________________
Date of Exposure __________________________ Time __________________

Describe the circumstances surrounding the exposure:

Is this a confirmed case of TB? ______ YES, per the following:

☐ Health Department ☐ Hospital ☐ MD

Date of the last TB Montoux Test _________________________

Results of last TB Mantoux Test: ☐ Negative ☐ Positive

If positive, date and results of most recent chest x-ray:

If the student has had a negative TB test within past three months, no immediate TB testing is needed. Follow-up TB test is required in 12 weeks.

Date TB Test Due ________________________________ (Continue to Section B)

Section A

If over 3 months since last TB test, TB test should be done ASAP

Date Administered _____________________________

Date Read _____________________________ By: _____________________________

Results: ☐ Negative ☐ Positive

If positive, refer to health department or personal physician for chest x-ray.

Section B

Follow-up 12 week testing

Date Administered _____________________________

Date Read _____________________________ By: _____________________________

Results: ☐ Negative ☐ Positive

If positive, refer to health department or personal physician for chest x-ray.
TB EXPOSURE ASSESSMENT STUDENT QUESTIONNAIRE

Name: ___________________________ Student ID#: ___________________________
Program: ___________________________ Birthdate: ___________________________

I. Have you recently experienced any of the following symptoms?
   Yes ☐ No ☐
   ☐ ☐ Anorexia – loss of appetite?
   ☐ ☐ Weight loss – other than dieting?
   ☐ ☐ Night Sweats?
   ☐ ☐ Low Grade Fever?
   ☐ ☐ Cough – productive?
   ☐ ☐ Spitting blood or bloody sputum?

   If “yes” to any of the above, please explain.

II. For any of the symptoms above, have you consulted a physician? Yes ☐ No ☐

III. Are you currently taking any TB medications? Yes ☐ No ☐

   Have you taken any TB medications in the past? Yes ☐ No ☐

   If yes, when? ___________________________
   For how long? ___________________________

IV. When did you have your last TB Skin Test (PPD)?

   Where? ___________________________
   Was the test: Negative ☐ Positive ☐

V. When did you have your last chest x-ray? ___________________________
   (Date)
Clinical Blood and Body Fluid Exposure

The following procedure must be followed after an accidental exposure to blood or body fluids in a clinical setting. This procedure is to be followed by all Illinois Central College Health Careers students in any clinical location. **NOTE:** Dental Hygiene students are to follow Dental Clinic procedure as noted in Dental Hygiene student handbook.

1. In the event of a needle stick, force the wound to bleed if possible by squeezing. Then wash the exposed area thoroughly with soap and water. In the event of mucous membrane exposure (eye, nose, mouth, etc.), flush mucous membranes with water as soon as possible.

2. **IMMEDIATELY** notify ICC clinical supervisor. Notify ICC Risk Management, (309) 694 5475 and Program Director/Coordinator. If the exposure occurs at a facility where no ICC clinical supervisor is present, notify the facility personnel and follow their instruction. **It is the student’s responsibility to adhere to the ICC procedure.**

3. Complete the facility’s incident report and the ICC Student Exposure Report Form provided. The ICC clinical supervisor should complete the applicable portion of the form and send the completed form to ICC Risk Management at the address/fax listed on the back of the form. If no clinical supervisor is present, it is the student’s responsibility to obtain a copy of the facility’s incident report that was completed and send a copy of it to ICC Risk Management at the address/fax listed in item 10.

4. A blood sample is typically drawn from the student and the patient who is the source of the exposure. The blood from the student and the source is tested for HIV, Hepatitis B, and Hepatitis C.

5. If off-campus and blood can be drawn at the clinical facility request blood draws there. In this instance, a copy of all the results should be sent to the student’s personal physician AND an additional copy of all the results need to be sent to ICC Risk Management at the address/fax listed in item 10.

6. If on-campus or at a facility where a blood sample cannot be drawn, YOU MUST NOTIFY THE PROGRAM DIRECTOR/COORDINATOR IMMEDIATELY to arrange for the student and the source to have blood drawn.

**During morning or afternoon** clinical students may go to any of the Peoria or East Peoria Unity Point/Proctor First Cares, or call Risk Management at (309) 694-5398 for assistance.

**During evening hours** please send student and source to:
- Unity Point/Proctor First Care
  3915 W. Barring Trace
  Peoria, IL 61615
  (Across Route 150 from Sam’s Club)
  Hours: 8am-10pm
  Phone: 309-689-3030

The facility should forward ALL lab results to the student’s personal physician and to ICC Risk Management at the address/fax listed in item 10.

7. Payment:
   a) ICC will cover the entire cost of the source’s blood work.
   b) The student is financially responsible for any medical care, treatment or examination that was provided to the student at that facility. (Signature of an Acknowledgement of Health Insurance / Financial Responsibility form is required.)

8. The program director/coordinator will contact the student approximately a week after exposure to make sure the student has received blood work and the sources blood work and also to give post-exposure counseling from the facility in which the exposure occurred. The student should then follow-up with their personal physician for the appropriate follow-up treatment. **Follow-up treatment and laboratory testing with the student’s personal physician is HIGHLY recommended in all occurrences.**

9. The student is ENTIRELY responsible for obtaining all follow-up treatment and for all medical bills associated with the follow-up treatment.

10. **Mailing Address/Fax Information:**
    Illinois Central College
    Risk Management 236A
    1 College Drive
    East Peoria, IL 61635
    Phone: (309) 694-5398
    Fax: (309) 694-8563
# STUDENT EXPOSURE REPORT FORM

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>ICC Student ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>DOB:</td>
<td>Gender:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date/Location of Exposure</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Exposure Reported:</td>
<td>Time:</td>
</tr>
</tbody>
</table>

**Student’s Personal Physician:**

Description of exposure incident, including details of where, when, how, as well as the route of entry and areas of body affected:

What type of personal protection was being used?

Name the person to whom you were exposed (if known):

List names of witnesses to the incident (and contact information):

Describe factors contributing to the incident:

<table>
<thead>
<tr>
<th>Dates of Hepatitis B Vaccinations:</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locations of Hepatitis B Vaccinations:</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
</tr>
</tbody>
</table>

Student Signature:
**Supervisor’s Section:**

<table>
<thead>
<tr>
<th>Supervisor’s description of the exposure:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What action was taken?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did unsafe conditions or actions contribute to the incident? If yes, please explain in detail.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What follow up or specific corrective action has or will be taken to prevent a recurrence?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICC Supervisor’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE SEND THIS COMPLETED REPORT TO:**

Illinois Central College  
Risk Management Room 236A  
1 College Drive  
East Peoria, IL 61635  
Phone: (309) 694-5398  
Fax: (309) 694-8563
ACCIDENT/INCIDENT/INJURY REPORTING PROCEDURE

A student who is injured during a clinical/fieldwork experience should:

1. Notify clinical/fieldwork instructor and program director/coordinator.

2. The instructor/supervisor completes the clinical facility incident report.

3. The instructor/supervisor completes the ICC Health Careers Student Accident/Injury Report.

4. The instructor notifies ICC Risk Management (309) 694-5398.

5. If medical attention is needed the student may choose to receive care at the clinical facility or from the student’s personal physician, with the student responsible for any and all medical expenses resulting from the injury.

6. If the student is injured while in on-campus laboratory activity, the student is to notify the instructor immediately. The instructor will complete the ICC Health Careers Student Accident/Injury Report. The student is responsible for any and all medical expenses resulting from the injury.
**ACCIDENT/INCIDENT/INJURY REPORT**

**PRINT LEGIBLY & COMPLETE ALL SECTIONS OF THE FORM**

<table>
<thead>
<tr>
<th>Person’s Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Individual Involved:</td>
<td>DOB:</td>
</tr>
<tr>
<td>ID #:</td>
<td>Classification:</td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
</tr>
</tbody>
</table>

| Sex: | |
| M | F |

<table>
<thead>
<tr>
<th>Accident/Incident/Injury Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Occurrence:</td>
<td>Time of Occurrence:</td>
</tr>
<tr>
<td>Facility Location (Building and Room #):</td>
<td></td>
</tr>
</tbody>
</table>

| Body Part Injured: (Be specific Left or Right/Upper or Lower) |  |

| Description of Accident, Incident, or Injury in Detail: |  |

<table>
<thead>
<tr>
<th>Witness Name:</th>
<th>Witness Phone:</th>
</tr>
</thead>
</table>

(Additional space is provided on back of the form.)

| Treatment: |  |

| Other Action Taken (person transported to hospital, Sent to IWIRC etc.): | Transported by: |
| Transported by: | |

| Signature |  |
| X | |

| Campus Police called: | |
| Yes | No |

| Officer’s Name: |  |

| Injured Person Refused Attention: | |
| Yes | No |

| Injured Person’s Signature: |  |

<table>
<thead>
<tr>
<th>Staff Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Person Completing this Report:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Date Report Completed:</td>
<td></td>
</tr>
</tbody>
</table>

-over-
Additional Space (if needed) to describe Accident, Incident, or Injury:

<table>
<thead>
<tr>
<th>Follow-up Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Member Conducting Follow-up:</td>
</tr>
<tr>
<td>Follow-up Comments:</td>
</tr>
</tbody>
</table>

** RETURN ALL COMPLETED REPORTS TO BOTH:

RISK MANGEMENT & BENEFITS  
East Peoria Campus, Room 236A  
Fax# (309) 694-8563

and  
CAMPUSS POLICE  
East Peoria Campus, Room 105A  
Fax # (309) 694-5242
PROFESSIONAL CONDUCT POLICY
IN CLASSROOMS/LABORATORY/CLINICAL/FIELDWORK SITES

This policy for professional conduct is to assure a standardized professional image of all Health Careers Program students and to promote a recognizable image across all Program settings. Any violation will be handled immediately so as to not affect ICC’s use of the clinical site for future students.

In accordance with these expectations, when participating in classroom experiences, laboratory exercises, and/or assigned to clinical sites, students enrolled in Programs must adhere to the following Professional Conduct Policy. This policy is in addition to the Student Code of Conduct outlined in the College catalog. Program-specific attendance policies and program-specific clinical/fieldwork expectations/attire/conduct will take precedence over the general Health Careers conduct guidelines presented here.

Appropriate professional conduct is a significant component of the Health Careers Programs (the “Program”) of Illinois Central College. Students of 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 Illinois Central College (the “College”) in a respectful manner, and observe all 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 for whom services are being provided. Students placed at clinical sites and in clinical must realize the privilege of this experience, its responsibilities, and the reflection on Illinois Central College and its numerous health career programs.

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

1. Being prepared for the learning environment and actively participating in appropriate ways that will ensure learning of key components.
   a. Be on time.
   b. Refrain from excessive absenteeism.
   c. Remain in assigned area of clinical experience, leaving only with permission.
2. Providing competent and reliable services to patients/clients using sound judgment and discretion. Students are expected not leave patients unattended and/or release patients without prior approval from a qualified staff member (if applicable).
3. Demonstrating respect and courtesy to patients/clients and their families
4. Demonstrating respect and courtesy to peers/classmates, instructors, college staff, supervisors, and all other members of the health care provider team in classroom, labs, and clinical sites.
5. Cooperating with all faculty, staff and peers without insubordination.
6. Providing safe care and/or services on a non-discriminatory basis.
7. Wearing uniform, name badge, student ICC patch at all times at clinical/fieldwork sites for student to be identified as an ICC Health Careers student. The student is allowed to identify himself or herself as a student ONLY during assigned clinical hours.
8. Wearing of uniform, student ID name badge and student patch is prohibited on non-assigned, nonclinical days, during outside employment, or in other facets of personal life. The ICC student ID should only be worn during ICC academic related activities.
9. Demonstrating and maintaining professional behavior by not exchanging personal contact information with patients/clients, not communicating with patients/clients outside of the clinical experience, and/or not accepting gifts from clients/patients.
10. Performing procedures and/or services only authorized by ICC faculty and/or ICC delegated supervisor in accordance with accepted professional standards.

11. Observing the rules of classroom/laboratory and clinical facility regulations including but not limited to:
   a. Proper use of equipment and other property.
   b. Not removing equipment or other property from facilities.
   c. Not distributing, possessing and/or being under the influence of illegal drugs or controlled substances.
   d. Not distributing, possessing and/or being under the influence of alcohol.
   e. Complying with all current health requirements, drug testing, and criminal background check requirements.
   f. Not possessing or using any type of weapon.
   g. Complying with cell phone or other electronic device (iPod, iPad, etc.) usage consistent with the policies of classroom syllabi, laboratory rules, and clinical site regulations.
   h. Refraining from smoking and the use of tobacco products, including e-cigarettes, at all clinical/fieldwork sites. Student will adhere to the College smoking policy on College premises.

12. Maintaining the confidentiality of patient/client information in accordance with recognized professional and institutional rules; without unauthorized release and/or misuse of patient/client information or institutional data.

13. Maintaining proper dress, appearance, hygiene, and decorum in accordance with the standards set by the clinical site, Program and professional standards **including but not limited to:**
   a. Hair clean. In direct patient care, hair shoulder length or longer must be pulled back for safety and to prevent the spread of infection.
   b. Mustaches and beards must be clean, well-trimmed, and neat.
   c. Fingernails trimmed and clean. No polish, artificial nails including wraps, decorative printing, shellac, extensions, decals, or jewels. Nail length is limited to ¼ inch above the fingertip.
   d. Makeup that is conservative and appropriately complements professional appearance.
   e. Offensive body odor and poor personal hygiene are not acceptable. Smoke odors are not allowed.
   f. Perfume, cologne, aftershave colognes, scented lotions, and smoking by-products should be avoided altogether as some individuals may be sensitive.
   g. Jewelry that undermines the professional image or creates a safety hazard is prohibited. Wearing an excessive amount of jewelry is prohibited. Jewelry must be removed from facial and tongue piercing or replaced with a very small clear stud. Earrings should be small studs, with no more than two piercings per ear worn.
   h. Wristwatches with a second hand are appropriate.
   i. Clothing will be clean, neatly pressed, properly fitted, and in good repair. Extreme styles and appearance, including low cut tops, tops that expose the abdomen, and short skirts/shorts that when seated expose the upper thigh are not acceptable for classroom, laboratory, or clinical settings. Clothing which is too tight or too loose fitting negatively impacts the professionalism of the students and should be avoided. Undergarments will be worn at all times but will not be exposed during normal movement. Pant hem lines must not touch the ground.
   j. Student uniforms will consist of the Program’s designated scrub color when scrubs are required as Program uniforms.
   k. Stockings or socks will be worn with Program uniforms.
I. Leather or impervious shoes that are white will be permitted. Open-toe shoes are not permitted. Casual sandals (flip flops, sport sandals, etc.) and slippers are not permitted.

m. Tattoos will be concealed and covered to maintain a professional appearance. If a tattoo is unable to be covered by clothing, it is covered by a bandage.

Disciplinary action for a violation of proper dress will include an initial verbal warning. On second offense, the student will be sent home and may return only when appropriately attired. That day will count as an absence.

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

If the disciplinary action is suspension or dismissal from the Program, documentation will be completed by the Program Director/Coordinator and submitted to the Dean/Associate Dean of Health Careers and Dean of Student Services. The student may provide a written appeal of the disciplinary action to the Health Careers Dean/Associate Dean within 10 business days of the discipline imposed. The student will not be permitted to participate in the Program during the appeal process.

All Health Careers Programs require completion of current health requirements, drug testing, and fingerprint background check, as a condition of program participation. Drug testing will precede clinical experience in all cases and will be required prior to admission to some Programs. Positive results on a drug screen or misrepresentation regarding drug use will lead to immediate dismissal from, or non-admittance to the Program.

Positive fingerprint background checks revealing non-waiverable offense will lead to immediate dismissal or non-admittance to the Program. Offenses requiring a waiver may be permitted if waiver is issued prior to admission to the Program.

ACKNOWLEDGEMENT

I acknowledge receipt of the Health Careers Professional Conduct Policy. 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 Professional Conduct Policy may result in my suspension or dismissal from the Program. I understand that I will not receive a refund of tuition or fees or book, supplies, instruments, or equipment purchased should I be dismissed from the Program due to violating this policy.

Student Signature

Printed Student Name: ____________________________ ____________________________
First Last

ICC Student ID # ____________________________

Date: ____________________________

Reviewed Summer 2021
SOCIAL NETWORKING POLICY

Professional behavior is expected as outlined in the standards of each healthcare profession. 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 clinical facility, or in hospital departments on any social network.

The following are guidelines that should be followed when creating blogs, commenting on a blog, creating a LinkedIn profile, using Facebook, Twitter or other social sites, 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 a student may be held liable as representing the views of the college (program) and/or clinical education setting. Therefore, students must refrain from discussing and sharing photos related to their 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 educational setting and third parties.

BE RESPECTFUL AND EXERCISE COMMON SENSE
All blogs and social networking contributions must comply with this Health Careers policy. When posting a blog and/or contributing to, or through, any social networking site, be respectful of others. Assume faculty, other students, co-workers, hospital personnel, patients, and potential future employers are reading your blogs and contributions.

The Health Careers Program will determine, in its sole discretion, whether a particular blog or social networking use violates the policy. As with all other policies, violation of this policy may result in discipline, including dismissal from the Program.

ACKNOWLEDGEMENT

I have read and agree to comply with the terms of this policy which outlines my responsibility to Illinois Central College Health Careers and respectful social networking. I understand that violation of this policy may result in disciplinary action, including dismissal from the Program.

Student Signature: __________________________

Printed Student Name: __________________________

First: __________________________

Last: __________________________

ICC Student ID #: __________________________

Date: __________________________
UNDERSTANDING OF PROGRAM POLICIES

I, undersigned, have read and understand the policies as stated in the Health Careers Handbook. As a Health Careers student, I accept the responsibility to abide by all policies as outlined in this handbook.

I understand that if I have not complied with health requirements, I will not be allowed to attend clinicals until the requirements are met.

STATEMENT OF CONFIDENTIALITY

I, undersigned, have read and understand Confidentiality and accept my responsibility to maintain confidentiality, including avoiding any disclosure within social media, as a Health Careers student in the health care setting.

CORE PERFORMANCE STANDARDS & CRITERIA OF ADMISSION AND PROGRESS

I, undersigned, have read the Core Performance Standards & Criteria of Admission and Progression and hereby represent that I can effectively and safely perform the competencies listed.

ACADEMIC WORK

I, undersigned, understand during my enrollment as a Health Careers student, give my permission to the program faculty and coordinator/director to use my academic work from courses within the program for education purposes, curriculum design and improvement, and program accreditation. I understand that my name will be removed from the academic work prior to its use.

Student Signature

Printed Student Name: ____________________________________________

   First                        Last

ICC Student ID # ____________________________

Date: ____________________________