

FORSYTH TECHNICAL COMMUNITY COLLEGE

Radiation Therapy Program

Policies, Rules & regulations Acknowledgement

Each student received a copy/ access of each of the following: Forsyth Technical Community College catalog (available online @ <http://www.forsythtech.edu/catalog/1011>) , Forsyth Technical calendar, and the Radiation Therapy Program's Student Handbook. The contents of the catalog, calendar, and handbook were explained and discussed during the college and program orientation sessions. The student has been offered the opportunity to ask questions regarding the contents of the rules, and regulations as set forth in the catalog, calendar, and handbook. Failure to abide by these policies, rules, and regulations may result in dismissal from the RTT program or from the college.

The signature below indicates the student's understanding, acceptance, and willingness to abide by the contents of the Forsyth Technical Community College catalog, Forsyth Tech calendar, and the RTT Program's Student Handbook.

Student Signature

Date

Faculty Signature

Date

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SECTION ONE

RADIATION THERAPY PROGRAM

GENERAL INFORMATION

STUDENT HANDBOOK

Section 1.00 - Radiation Therapy Program: General Information

1.01 General Program Information

Information about the College, College policies, and the Program's curriculum are available on/in one or more of the following:

- A. College web site.
 - 1. www.forsythtech.edu
- B. College catalog.
 - 1. College catalogs are available on the college's web site (<http://www.forsythtech.edu/catalog>)
- D. Program web site.
 - 1. <http://www.forsythtech.edu/courses-programs/degrees/programs-a-z/radiation-therapy-technology/>
- E. Program handbook.
 - 1. Program handbooks are available in the Program 's faculty offices, the Program's classroom, online through courses with Blackboard access, and in the Radiation Oncology department of each clinical affiliation.

Students receive a copy/access of the College's catalog, as well as the Program's handbook during College and/or Program orientation, when College and Program policies are reviewed.

1.02 Program History

In 1972, the College acquired two existing Radiologic Technology Programs; one at Forsyth Memorial Hospital (FMH) and one at North Carolina Baptist Hospital (NCBH). These two hospitals provided clinical affiliations and clinical staff to serve as adjunct faculty for the Radiologic Technology Program while the College provided instructional personnel. The third clinical affiliation, High Point Regional Hospital (HPRH) was added in March, 1989. In July, 1989, the Board of Trustees and the Forsyth County Board of Commissioners received permission from the North Carolina Board of Community Colleges to add programs in Radiation Therapy Technology and Sonography. The first students in these programs were accepted September 1, 1989. In addition to the three existing clinical affiliations, Moses H. Cone Memorial Hospital was added as the fourth clinical affiliation for the Radiation Therapy Program in September, 1993. In 1999, two of the clinical affiliations changed their names: North Carolina Baptist Hospital changed its name to Wake Forest University Baptist Medical Center (WFUBMC) and Forsyth Memorial Hospital changed its name to Forsyth Medical Center (FMC). In 2001, Moses H. Cone Memorial Hospital (MHCMH) became Moses H. Cone Health Systems (MHCHS). In addition to the change in name, the Radiation Therapy Department was relocated to their Wesley Long Community Hospital (WLCH) campus. The Radiation Therapy Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Graduates of the Program may be eligible to challenge the Radiation Therapy examination for national certification administered by the American Registry of Radiologic Technologists (ARRT).

1.03 Program Philosophy

It is the educational philosophy of the Radiation Therapy Program that knowledge is best gained when the learner is actively engaged in the educational process. Therefore, a variety of educational experiences should be provided to insure that meaningful learning takes place. The nature of the Program requires the student to achieve a high level of proficiency and competency as well as a high standard of care. The Program affords the student some flexibility in how and when the student achieves the expected level of competency. The Program's faculty is committed to assisting each student to progress in the educational process at his/her own pace, while maintaining that all students learn and perform at the expected level. Being a professional is more than being technically excellent. The comprehensive structure of the Program is designed to help create and instill a sense of accountability and responsibility in the student. Having the right frame of mind and distinguishing education as a high priority are essential for the student's success. Education is a continual process and the tools necessary for continued learning should be strengthened and refined through participation in professional organizations and continuing education activities. The Programs faculty will maintain high expectations for the students. We will support, encourage, and challenge the students to do their very best. The following points will be stressed and re-stressed:

- A. Our patients are absolutely the most important aspect of our profession.
- B. The healthiest patient we care for has cancer.
- C. Do not be afraid to ask questions and never make assumptions.
- D. Excuses do not free you from responsibility.
- E. Expect professional growth through the acquisition of technical knowledge and expect personal growth through touching the lives of our very special patients.

1.04 Program Mission and Goals

(<http://www.forsythtech.edu/credit-programs/credit-track/programs-by-division/health-technologies/radiation-therapy-technology> , (BGH W105, Programs faculty offices)

1.041 Program Mission

The mission of the Radiation Therapy Program is to provide a quality education that actively engages the student in classroom, laboratory, and clinical experiences that will produce a professional entry-level Radiation Therapist and prepare the student to challenge the national certification examination in Radiation Therapy.

This program offers a variety of educational experiences in classroom, laboratory, and clinical settings. The coursework will train students in the application of prescribed doses of ionizing radiation for the treatment of disease. The Radiation Therapy Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology.

Advanced placement into the Radiation Therapy Technology Program is available to graduates of radiography programs accredited by the Joint Review Committee on Education in Radiologic Technology. Individuals from these programs must have equivalent college transfer credit or complete the general education course required for the degree.

Graduates may be eligible to sit for the National Radiation Therapy Exam given by the American Registry of Radiologic Technologists.

1.042 Program Goals

- Students will promote empathy, high ethical standards of health care practice, and demonstrate professionalism.
- Students will be able to function as an active and contributing member of the health care team in the community.
- Students will demonstrate a high level of learning through developing and refining critical thinking skills and problem solving skills.
- Students will demonstrate proper communication skills in the clinical environment.
- Students will be clinically competent in treatment and simulation procedures in order to function as an entry level radiation therapist upon completion of the program.

1.05 Welcome to the Radiation Therapy Program

Your selection of Radiation Therapy as a program of study carries with it several important responsibilities, as well as countless rewards. As you begin your formal academic training in Radiation Therapy, you should consider the following:

First, the Radiation Therapy student must be committed to the profession. Being a Radiation Therapist requires physical, mental and emotional stamina. As you give to others, you must often give a little of yourself. Therefore, commit yourself to learning and do not be reluctant to give, for you often receive so much more in return.

Second, the Radiation Therapy student must strive for excellence. The importance of providing good healthcare is paramount. When we, as healthcare providers, fail in our performance, the patient is the one who suffers. Therefore, strive for excellence. Patients deserve our very best efforts.

Third, the Radiation Therapy student must plan for continuing educational growth. Radiation Therapy is an ever-changing science. Advances in technology and therapeutic techniques require new learning. Therefore, learn now what you can, but never expect to reach the summit of all knowledge concerning the profession.

Fourth, the Radiation Therapy student must be actively engaged in the learning process. An instructor can facilitate the learning process by guiding the class, pointing out key materials to be learned, demonstrating procedures, and inviting the student to share their insight and practice an unlearned skill. The degree of learning that you accomplish will depend upon and can be measured by your involvement in the process.

Fifth, the Radiation Therapy student must demonstrate professional attitudes and behaviors as well as technical knowledge and skills. Your relationship with your patients contributes to their recovery. Your relationship with your colleagues contributes to your well-being.

Sixth, the Radiation Therapy student should not become so overwhelmed by the technology and complexity of procedures that he/she loses focus. That focus is to provide a high standard of care for the patient. We treat people, not diseases. Enjoy the time you spend with each patient. Allow them to be the highlight of each day. Remember, patients don't care how much you know until they know how much you care.

The Programs faculty welcomes you to the Radiation Therapy Program. The responsibilities may appear great, but the rewards outnumber them tenfold. You have our very best wishes for a successful and fulfilling professional career as a Radiation Therapist.

1.06 Program Organizational Plan

BOARD OF TRUSTEES

COLLEGE PRESIDENT

Dr. Janet Spriggs,

VICE-PRESIDENT OF INSTRUCTION

DEAN OF HEALTH TECHNOLOGIES

Linda Latham

DIRECTOR OF ALLIED HEALTH

Tammy Beck

PROGRAM COORDINATOR

Christina Gibson, M.P.H., R.T.(R)(T)

CLINICAL COORDINATOR

Sherry Strickland B.S., R.T.(T.)

**RADIATION THERAPY DIDACTIC
INSTRUCTORS**

Christina Gibson, M.P.H., R.T.(R)(T)

Sherry Strickland B.S., R.T.(T.)

Paul Black

RADIATION THERAPY CLINICAL INSTRUCTORS

PRECEPTORS

ADJUNCT FACULTY

ADVISORY COMMITTEE

STUDENTS

1.07 Program Administration, Faculty, Preceptor, & Clinical Affiliation Contacts

1.071 Program Coordinator <http://www.forsythtech.edu/courses-programs/degrees/programs-a-z/radiation-therapy-technology>

- A. Mrs. Christina Gibson, M.P.H., R.T.(R)(T)
Forsyth Technical Community College
Office W205, Bob Greene Hall (BGH)
Office Phone (336) 734-7184
Mobile Phone (336) 908-2504
cgibson@forsythtech.edu

1.072 Clinical Coordinator/Lead Instructor <http://www.forsythtech.edu/courses-programs/degrees/programs-a-z/radiation-therapy-technology/program-detail>

- A. Mrs. Sherry Strickland B.S., R.T.(T.)
Forsyth Technical Community College
Office W206, Bob Greene Hall (BGH)
Office Phone (336) 757-3208
Mobile Phone (336) 972-4633
sstrickland@forsythtech.edu

1.073 Didactic Instructors

- A. Mrs. Christina Gibson, M.P.H., R.T.(R)(T)
Forsyth Technical Community College
Office W205, Bob Greene Hall (BGH)
Office Phone (336) 734-7184
Mobile Phone (336) 908-2504
cgibson@forsythtech.edu
- B. Mrs. Sherry Strickland B.S., R.T.(T.)
Forsyth Technical Community College
Office W206, Bob Greene Hall (BGH)
Office Phone (336) 757-3208
Mobile Phone (336) 972-4633
[sstrickland@forsythtech.edu](mailto:ssstrickland@forsythtech.edu)
- C. Paul Black
Wake Health Baptist Medical Center
Radiation Therapy Department

1.074 Clinical Instructors (Part-Time)

- A. Julie Taylor R.T. (T.)
Forsyth Technical Community College
Radiation Therapy Program
- B. Mandy Parker, B.S., R.T.(R)(T)
Forsyth Technical Community College
Radiation Therapy Program
Department Phone (336) 713-6433
- C. Sharon Bailey, R.T.(T.)
Forsyth Technical Community College
Radiation Therapy Program
- D. Lauren Matthews, M.H.A., R.T.(T.)
Forsyth Technical Community College
Radiation Therapy Program

- E. Matt Perrell, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
- F. Keida Weaver, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
Department Phone (336) 718-5095
- G. Kristen Barker, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
- H. Christi Seidle, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
- I. Misty Bennett, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
- J. Hannah Everhart, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
Department Phone (336) 878-6036
- K. Lindsay Stallings, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
- L. Thaddeus Laughlin, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
- M. Kelly Bodenhamer , A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
Department Phone (336) 564-4098
- N. Forester Myers, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
- O. Sarah Cummings, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program
- P. Juan Ruiz, A.A.S., R.T.(T).
Forsyth Technical Community College
Radiation Therapy Program

1.075 Preceptors

- A. Forsyth Medical Center. (FMC)..... (336) 718-5095
 - 1. Amber Faw, A.A.S., R.T.(R)(T)
 - 2.
 - 3. Keida Weaver, A.A.S., R.T.(T).
- B. Wake Forest University Baptist Medical Center. (WFUBMC)..... (336) 713-3600
 - 1. Beth Dionne A.A.S., R.T.(T.)

2. Sandy Wiles, A.S., R.N.
 3. Valarie Fowler, R.T.(R)(T)
 3. Mandi Moeller, A.A.S., R.T.(R)(T)
 4. Mandy Parker, B.S., R.T.(R)(T)
- C. High Point Regional Hospital. (HPRH) (336) 878-6036
1. Hannah Everhart, A.A.S., R.T.(R)(T)
- D. Wesley Long Community Hospital. (WLCH)(336) 832-1100
1. Jennifer Chavez, A.A.S. R.T.(T)
- E. Kernersville Medical Center (KMC)(336) 564-4098
1. Kelly Bodenhamer, B.S., R.T.(R)(T)

1.076 Clinical Affiliations

- A. Forsyth Medical Center (FMC). <https://www.novanthealth.org/forsyth-medical-center.aspx>
1. Radiation Therapy Department (Main #)..... (336) 718-5095
 2. Radiation Therapy Department (Linac 1) (336) 718-5997
 3. Radiation Therapy Department (Linac 2).....(336) 718-8578
 4. Radiation Therapy Department (Linac 3).....(336) 718-8596
 5. Radiation Therapy Department (Linac 4).....(336) 718-6076
 6. Radiation Therapy Department (CT Simulation)(336) 718-8470
 7. Radiation Therapy Department (Nursing)(336) 718-8585
 8. Radiation Therapy Department (Dosimetry)(336) 718-8598
 9. Radiation Therapy Department (Fax #)(336) 718-9257
- B. Wake Forest University Baptist Medical Center (WFUBMC). www.wfubmc.edu
1. Radiation Therapy Department (Main #).....(336) 713-3600
 2. Radiation Therapy Department (Linac 1).....(336) 713-6634
 3. Radiation Therapy Department (Linac 2).....(336) 713-6635
 4. Radiation Therapy Department (Linac 3).....(336) 713-6631
 5. Radiation Therapy Department (Linac 4).....(336) 713-6646
 6. Radiation Therapy Department (CT Simulation A).....(336) 713-6614
 7. Radiation Therapy Department (CT Simulation B).....(336) 713-6433
 8. Radiation Therapy Department (Nursing)(336) 713-6670
 9. Radiation Therapy Department (Dosimetry)(336) 713-6604
 10. Radiation Therapy Department (Fax #)(336) 713-6622
- C. High Point Regional Hospital (HPRH). www.highpointregional.com
1. Radiation Therapy Department (Main #).....(336) 878-6036
 2. Radiation Therapy Department (Fax #)(336) 878-6704
 3. Radiation Therapy Department (IX)..... (336) 878-6000 Ext. 11038
 4. Radiation Therapy Department (Elekta)..... (336) 878-6000 Ext. 11039
 5. Radiation Therapy Department (CT Simulation)(336) 878-6000 Ext. 11034
 6. Radiation Therapy Department (Nursing) (336) 878-6000 Ext. 12230
 7. Radiation Therapy Department (Dosimetry) (336) 878-6000 Ext. 12238
- D. Wesley Long Community Hospital (WLCH). www.mosescone.com
1. Radiation Therapy Department (Main #).....(336) 832-1100
 2. Radiation Therapy Department (Supervisor).....(336) 832-0638
 3. Radiation Therapy Department Treatment Area.....(336) 832-0645
 4. Radiation Therapy Department (Linac 1)(336) 832-1100 x 80080
 5. Radiation Therapy Department (Linac 2)(336) 832-1100 x 80079
 6. Radiation Therapy Department (Linac 3) (336) 832-1100 x 80078

- 7. Radiation Therapy Department (Linac 4) (336) 832-1100 x 80077
 - 8. Radiation Therapy Department (CT Simulation)(336) 832-0659
 - 9. Radiation Therapy Department (Nursing)(336) 832-1100 x 80064
 - 10. Radiation Therapy Department (Dosimetry)(336) 832-0632
 - 11. Radiation Therapy Department (Fax #)(336) 832-0624
 - E. Kernersville Medical Center (KMC) <https://www.novanthealth.org/forsyth-medical-center.aspx>
 - 1. Radiation Therapy Department Treatment Area.....(336) 564-4098
- 1.077 Other FTCC Contacts**
- A. FTCC Simulation Laboratory on Campus(336) 734-7628

1.08 Instructor of Record

Each course is assigned to an Instructor of Record. The Instructor of Record is responsible for all matters related to their assigned course. Students should direct their questions, comments, and/or complaints regarding a course to the appropriate Instructor of Record. (*Program handbook Section 1.073*)

- A. Instructor of Record for RTT 210, 150, 238, 239, 246,..... Mrs. Sherry Strickland
- B. Instructor of Record for RTT 120, 151, 161, 221, 222, and 232Mrs. Gibson
- C. Instructor of Record for RTT 230 and RTT 231..... Mr. Paul Black
- D. Instructor of Record for RTT 130Mrs. Gibson
- E. In the event that the appropriate Instructor of Record is unavailable, the student should contact the Program Coordinator. (*Program handbook Section 1.071*)

1.09 Advisory Committee

The Programs faculty recognizes the importance of the opinions, observations, and suggestions from individuals who have an interest in the educational value of the Program. In an attempt to evaluate the Programs value in an honest and unbiased perspective, the Programs faculty actively seeks additional input from individuals from within and outside the Colleges and Programs operation. The Program adds the following information regarding the Programs advisory committee:

1.091 Advisory Committee Purpose

- A. The Programs Advisory Committee will serve in the following capacities:
 - 1. To provide input into the Programs curriculum addressing:
 - a. Didactic and Clinical Education Course Content.
 - b. Program and Didactic/Clinical Education Course Objectives.
 - c. Program Faculty.
 - d. Clinical Education Experience.
 - e. Clinical Education Competency.
 - 2. To provide input into the Programs operation addressing:
 - a. Policies and Procedures.
 - b. Student Selection/Admissions Criteria.
 - c. New Clinical Affiliations.

1.092 Advisory Committee Members

The Programs advisory committee is made up of members whose appointment is made by the Program Coordinator. Advisory committee members will include representatives from the Programs faculty, the clinical affiliations medical and clinical staffs, and graduates of the Program. In addition, the Program Coordinator attempts to appoint

members from the clinical affiliations that represent various areas within the Radiation Therapy department, including physicians, physicists, department managers, clinical coordinators/supervisors, administrators, staff therapists, dosimetrists, and nurses. The current advisory committee members are:

- ❖ Medical Advisor.....
- ❖ RTT Program Coordinator Christina Gibson, M.P.H., R.T.(R)(T)
- ❖ RTT Clinical Coordinator Sherry Strickland B.S., R.T.(T)
- ❖ Radiation Therapist (FMC) Melinda Kearns, B.S., R.T.(R). (T)
- ❖ Radiation Therapist (SMCC) Eugenia Jefferson, AAS, R.T. (R). (T)
- ❖ Radiation Therapist(WLCH) Susan Boyles A.A.S., R.T.(R)(T)
- ❖ Clinical Supervisor (WFBH)..... Mandi Moeller, A.A.S., R.T.(R)(T)
- ❖ Department Manager (WFBH) Kathy Flowers, B.S., R.N.
- ❖ Department Manager (WLCH) **VACANT**
- ❖ Clinical Supervisor (FMC)..... Amber Faw, A.A.S., R.T.(R)(T)
- ❖ Radiation Therapist (HPRH)..... Laura Messenger, R.T. (T)
- ❖ Radiation Therapist (WFBH)..... Lou Ann Cullen, R.T. (T)
- ❖ CEO Radiation Simulators & Accelerators Kenneth Wolfe

SECTION TWO

RADIATION THERAPY PROGRAM

CURRICULUM INFORMATION

STUDENT HANDBOOK

2.00 Radiation Therapy Program: Curriculum Information

2.01 General Curriculum Information

Information about the College, College policies, and the Program's curriculum are available on/in one or more of the following:

- A. College web site.
 - 1. www.forsythtech.edu
- B. College catalog.
 - 1. College catalogs are available on the college's web site (<http://www.forsythtech.edu/catalog>), at the Admissions Office
- D. Program web site.
 - 1. <http://www.forsythtech.edu/courses-programs/degrees/programs-a-z/radiation-therapy-technology/>
- E. Program handbook.
 - 1. Program handbooks are available in the Program's faculty offices, the Program's classroom, online through courses with Blackboard access, and in the Radiation Oncology department of each clinical affiliation.

Students receive a copy/access of the College's catalog, as well as the Program's handbook during College and/or Program orientation, when College and Program policies are reviewed.

2.02 Selective Admissions Rationale and Implementation

The Programs curriculum requires an unusual degree of commitment and determination on the student's part in order to be successful. Although applicants are required to complete clinical observations prior to Program acceptance, too often applicants who have been accepted into the Program find that it is not what they expected or that it is too physically, mentally, or emotionally demanding. Applicants who have completed the clinical observation requirement and who have successfully demonstrated the ability to master challenging academic course work generally have the highest probability to complete and succeed in the Program. In an attempt to determine which applicants meet this description, the Program uses a selective admissions process. To ensure the process is unbiased, the Admissions Office completes a ranking sheet on each applicant using specific ranking criteria. The applicants with the highest ranking scores are accepted into the Program. Applicants are also encouraged to meet with current students to gain additional information and helpful tips prior to acceptance

2.03 RTT Course Syllabus/Schedule

All Program courses beginning with the prefix RTT have a course syllabus whose purpose is to give the student an outline of the course content and to serve as a guide for completion of the course requirements. Students will receive a syllabus for every RTT course by the second class meeting.

2.04 Critical Course Requirements

Critical course requirements are those assignments made for a course which may or may not carry a grade but must be successfully completed for a passing grade to be issued for the course. Failure to meet all critical course requirements will automatically result in a Failing grade of "F" for the course, regardless of the other course criteria.

2.041 RTT Critical Course Requirements

A. RTT 151 Critical Course Requirements:

1. Evidence of current and successful completion of a course in Cardiopulmonary Resuscitation (CPR). The course must be at the healthcare provider-level and include instruction on CPR for infant/child/adult as well as emergency care for choking. These courses are required through the American Red Cross (www.redcross.org) and American Heart Association (www.americanheart.org) for a nominal fee. **(Programs faculty offices)**
2. Evidence of successful completion of a course on Occupational Safety and Health Administration (OSHA) (www.osha.gov) guidelines on Infection Control, Tuberculosis (TB), and Blood-borne Pathogens (BBP). **(Programs faculty offices)**
3. Evidence of successful completion of a session on Radiation Protection.
4. Evidence of successful completion of training on the United States Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) (www.aspe.hhs.gov) patient privacy regulations. **(Program's faculty offices)**
5. Keep an up-to-date clinical notebook with the required paperwork.
6. Complete a minimum of 1 clinical competency during the semester with supervisory clinical staff or the Programs faculty with a minimum grade of 80 on each. **(Program handbook Sections 4.06, 4.061, 4.062)**
7. Course final grade average must be passed with a grade of 75 or above. **(Program handbook Sections 3.161)**
8. Additional critical course requirements for clinical education courses, if applicable. **(Program handbook Section 2.042)**

B. RTT 161 Critical Course Requirements:

1. Evidence of current and successful completion of a course in Cardiopulmonary Resuscitation (CPR). The course must be at the healthcare provider-level and include instruction on CPR for infant/child/adult as well as emergency care for choking. These courses are required through the American Red Cross (www.redcross.org) and American Heart Association (www.americanheart.org) for a nominal fee. **(Programs faculty offices)**
2. Evidence of successful completion of a course on Occupational Safety and Health Administration (OSHA) (www.osha.gov) guidelines on Infection Control, Tuberculosis (TB), and Blood-borne Pathogens (BBP). **(Programs faculty offices)**
3. Evidence of successful completion of a session on Radiation Protection.
4. Evidence of successful completion of training on the United States Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) (www.aspe.hhs.gov) patient privacy regulations. **(Program's faculty offices)**
5. Keep an up-to-date clinical notebook with the required paperwork.
6. Complete a minimum of 2 clinical competencies during the semester with supervisory clinical staff or the Programs faculty with a minimum grade of 80 on each. **(Program handbook Sections 4.06, 4.061, 4.062)**

7. Course final grade average must be passed with a grade of 75 or above. (*Program handbook Sections 3.161*)
 8. Additional critical course requirements for clinical education courses, if applicable. (*Program handbook Section 2.042*)
- C. RTT 238 Critical Course Requirements:
1. Evidence of current and successful completion of a course in Cardiopulmonary Resuscitation (CPR). The course must be at the healthcare provider-level and include instruction on CPR for infant/child/adult as well as emergency care for choking. These courses are required through the American Red Cross (www.redcross.org) and American Heart Association (www.americanheart.org) for a nominal fee. (**Programs faculty offices**)
 2. Evidence of successful completion of a course on Occupational Safety and Health Administration (OSHA) (www.osha.gov) guidelines on Infection Control, Tuberculosis (TB), and Blood-borne Pathogens (BBP). (**Programs faculty offices**)
 3. Evidence of successful completion of a session on Radiation Protection.
 4. Evidence of successful completion of training on the United States Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) (www.aspe.hhs.gov) patient privacy regulations. (**Program's faculty offices**)
 5. Keep an up-to-date clinical notebook with the required paperwork.
 6. Cut, pour and verify one electron insert correctly. (*Program handbook Section 4.063*)
 7. Complete a minimum of 2 clinical competencies per clinical assignment with supervisory clinical staff or the Programs faculty with a minimum grade of 80 on each. (*Program handbook Sections 4.06, 4.061, 4.062*)
 8. Complete a minimum of 1 warm-up procedure competency in each clinical education assignment on a simulator and a minimum of three Varian (FMC, KMC, WLCH) and two Elekta (WFBMC, HRHS) linear accelerator competency at each respective clinical facility with supervisory clinical staff with a minimum grade of 80 on each. (*Program handbook Sections 4.06, 4.064*)
 9. Participate in a minimum of 3 continuing education activities per semester. (*Program handbook Sections 4.06, 4.065*)
 10. Complete 3 Simulation and 3 Treatment practical procedure tests with the Programs faculty with a minimum grade of 80 on each. The critical requirements to pass each practical procedure test must be met. (*Program handbook Sections 2.043, 2.044*)
 - a. The practical procedure tests that will be available for testing will include the following: simulation and treatment of a PA Spine, AP/PA Lung, and a RT/LT Lateral Brain.
 11. Course final grade average must be passed with a grade of 75 or above. (*Program handbook Sections 3.161*)
 12. Additional critical course requirements for clinical education courses, if applicable. (*Program handbook Section 2.042*)

- D. RTT 239 Critical Course Requirements:
1. Evidence of current and successful completion of a course in Cardiopulmonary Resuscitation (CPR). The course must be at the healthcare provider-level and include instruction on CPR for infant/child/adult as well as emergency care for choking. These courses are required through the American Red Cross and American Heart Association for a nominal fee.
 2. Keep an up-to-date clinical notebook with the required paperwork.
 3. Complete a minimum of 2 clinical competencies per clinical assignment with supervisory clinical staff or the Programs faculty with a minimum grade of 80 on each. (*Program handbook Sections 4.06, 4.061, 4.062*)
 4. Complete a minimum of 1 warm-up procedure competency in each clinical education assignment on a simulator and a minimum of three Varian (FMC, KMC, WLCH) and two Elekta (WFBMC, HRHS) linear accelerator competency at each respective clinical facility with supervisory clinical staff with a minimum grade of 80 on each. (*Program handbook Sections 4.06, 4.064*)
 5. Participate in a minimum of 3 continuing education activities per semester. (*Program handbook Sections 4.06, 4.065*)
 6. Complete 3 Simulation and 4 Treatment practical procedure tests with the Programs faculty with a minimum grade of 80 on each. The critical requirements to pass each practical procedure test must be met. (*Program handbook Sections 2.043, 2.044*)
 - a. The practical procedure tests that will be available for testing will include the following: simulation and/or treatment of the following: RT/LT Lateral Larynx, IMRT Lung, 4-Field Pelvis, Extremity, AP/PA Whole Abdomen and Continued Competency
 - b. Once a student has been successfully tested on a practical procedure, that procedure will not be available for practical procedure testing again.
 7. Course final grade average must be passed with a grade of 75 or above. (*Program handbook Sections 3.161*)
 8. Additional critical course requirements for clinical education courses, if applicable. (*Program handbook Section 2.042*)
- E. RTT 246 Critical Course Requirements:
1. Evidence of current and successful completion of a course in Cardiopulmonary Resuscitation (CPR). The course must be at the healthcare provider-level and include instruction on CPR for infant/child/adult as well as emergency care for choking. These courses are required through the American Red Cross and American Heart Association for a nominal fee.
 2. Cut, pour, setup minimum of one electron insert correctly. (*Program handbook Section 4.063*)
 3. Demonstrate the ability to fabricate Custom bolus. (*Program handbook Section 4.063*)
 4. Keep an up-to-date clinical notebook with the required paperwork.
 5. Complete a minimum of 2 clinical competencies per clinical assignment with supervisory clinical staff or the Program=s faculty with a minimum

- grade of 80 on each. (*Program handbook Sections 4.06, 4.061, 4.062*)
6. Complete a minimum of 1 warm-up procedure competency in each clinical education assignment on a simulator and a minimum of three Varian (FMC, KMC, WLCH) and two Elekta (WFBMC, HRHS) linear accelerator competency at each respective clinical facility with supervisory clinical staff with a minimum grade of 80 on each. (*Program handbook Sections 4.06, 4.064*)
 7. Participate in a minimum of 3 continuing education activities per semester. (*Program handbook Sections 4.06, 4.065*)
 8. Complete 1 Simulation and 4 Treatment practical procedure tests with the Program's faculty with a minimum grade of 80 on each. The critical requirements to pass each practical procedure test must be met. (*Program handbook Sections 2.043, 2.044*)
 - a. The practical procedure tests that will be available for testing will include the following: simulation and/or treatment of the following: Extremity, Tangent Breast, Brain Boost, Total Body, and ISO placement & CTA/Off Axis Measurement
 - b. Once a student has been successfully tested on a practical procedure, that procedure will not be available for practical procedure testing again.
 9. Demonstrate the ability to perform 7 dosimetry calculations: (*Program handbook Sections 4.05, 4.053*)
 - a. Student will meet ARRT Dosimetry Competency Requirements with the addition to the following:
 1. Geometric Gap.
 10. Course final grade average must be passed with a grade of 75 or above. (*Program handbook Sections 3.161*)
 11. Additional critical course requirements for clinical education courses, if applicable. (*Program handbook Section 2.042*)
- F. RTT 232 Critical Course Requirement:
1. Minimum grade of 80 on the final exam.
- G. RTT 150 Radiation Therapy Orientation
1. Oral project/presentation with a minimum grade of 80.

2.042 Additional Critical Course Requirements for Clinical Education Courses

The following critical course requirements for clinical education courses must be completed prior to Program completion. These requirements may be met in a combination of the clinical education courses RTT 238, RTT 239, and RTT 246.

- A. Demonstrate the ability to fabricate the following Treatment Accessory Devices: (*Program handbook Sections 4.05, 4.054*)
 1. Custom Immobilization Device
 2. Custom Thermoplastic Mold
- B. Demonstrate the ability to perform the following general patient care procedures: (*Program handbook Sections 2.041 4.05, 4.055*)
 1. Cardiopulmonary Resuscitation (CPR).
 2. Vital signs (Blood Pressure, Pulse, Respiration, and Temperature).
 3. Administer oxygen.
 4. Patient transfer.

- C. Demonstrate the ability to perform the following participatory/low volume/high risks (treatment) procedures: (*Program handbook Sections 4.05, 4.056*)
 - 1. Total Body Irradiation (TBI).
 - 2. Craniospinal. (CNS)
 - 3. Observation of a minimum of 1 brachytherapy procedure in the operating room and completion of the required paperwork
 - 4. Observation of a minimum of 1 each Low Dose Rate (LDR) / High Dose Rate (HDR) brachytherapy procedure and completion of the required paperwork.
- D. Completion of a minimum of 7 simulation competencies and 18 mandatory treatment competencies. 15 treatment procedures must be demonstrated on patients with supervisory clinical staff. Three procedures may be demonstrated in a clinical lab environment. All simulation and treatment procedures must be completed with a minimum grade of 80 on each. (*Program handbook Sections 4.05, 4.051, 4.052*)

2.043 Critical Requirements to Pass Practical Procedure Tests

- A. Students will be allowed a minimum of 40 minutes with a 5-minute grace for a maximum of 45 minutes to complete simulation practical procedure tests. At the end of the allotted time, time will be called and the practical procedure test will end, students will receive a "0" for any uncompleted tasks. The grade will be averaged and a minimum grade of 80 must be met.
 - 1. An additional 5 minutes will be allowed if a contour or immobilization device fabrication is required.
- B. Students will be allowed a minimum of 15 minutes with a 5-minute grace for a maximum of 20 minutes to complete treatment practical procedure tests performed on a "Pixy" phantom. At the end of the allotted time, time will be called and the practical procedure test will end, students will receive a "0" for any uncompleted tasks. The grade will be averaged and a minimum grade of 80 must be met.
 - 1. An additional 5 minutes will be allowed if a port film is required.
 - 2. An additional 5 minutes will be allowed for practical testing consisting of a simulated patient environment.
 - 3. A mis-administration will result in an automatic failure of a treatment practical procedure test. (*Program handbook Section 2.044*)
- C. The following criteria consist of those items that are critical to earn a minimum grade of 80 on specific practical procedure tests. Failure to perform these critical criteria will result in a "Failing" grade of "F" for the practical procedure test. However, the practical procedure test may be failed if key elements are not performed in proper sequence. Practical procedure test may also be failed if student fails to meet minimal state regulator guidelines; students must follow radiation safety guidelines including but not limited to the following - *Patient and equipment monitoring, Equipment operation.*

2.043 Critical Requirements to Pass Practical Procedure Tests

1. PA Spine
 - a. SIM Rotate gantry to PA projection to fluoro correctly, mark PA field and hash marks on anterior skin surface correctly, mark AP set-up point correctly, mark lateral level line/lasers correctly, set PA depth/SSD at CAX correctly, film field correctly, record IFD/SSD at CAX correctly, record critical field data correctly.
 - b. TX Rotate gantry to PA projection correctly, set PA depth/SSD at CAX correctly, correctly verify field clearance of junction zone & table bars, set-up to lateral level line/lasers correctly, check/set AP set-up point SSD correctly, set-up to anterior skin surface field marks correctly, place treatment accessories correctly, deliver dose correctly, record changes correctly.

2. AP/PA Lung
 - a. SIM Rotate gantry to AP/PA projections correctly, mark AP/PA field and hash marks correctly, mark lateral lasers correctly, set AP/PA depths/SSD's at CAX at MP correctly, place BBs on off-axis points correctly, film field's correctly, record IFD/SSD at off-axis points correctly, record IFD/SSD at CAX correctly, place ANT/POST wires for LAT dosimetry film correctly, take LAT dosimetry film correctly, record critical field data correctly.
 - b. TX Rotate gantry to AP/PA projections correctly, correctly verify field clearance of junction zone & table bars, set AP/PA depths/SSDs at CAX to MP correctly, set-up to field marks correctly, set-up to lateral level line/lasers correctly, place treatment accessories correctly, deliver dose correctly, record changes correctly.

3. RT/LT Lateral Whole Brain
 - a. SIM Place BB/arrow on outer canthus correctly, rotate gantry to RT/LT LAT projections correctly, rotate collimator correctly, check/place flash correctly, mark RT/LT LAT fields and hash marks correctly, mark lateral/sagittal lasers correctly, set RT/LT LAT depths/SSDs at CAX correctly, film fields correctly, record IFD/SSDs at CAX correctly, record critical field data correctly.
 - b. TX Rotate gantry to RT/LT LAT projections correctly, rotate collimator correctly, check for flash correctly, check/set RT/LT LAT depths/SSDs at CAX correctly, set-up to lateral/sagittal lasers correctly, set-up to field marks correctly, place treatment accessories correctly, deliver dose correctly, record changes correctly.

4. RT/LT Lateral Larynx
 - a. SIM Place wire on anterior skin surface correctly, rotate gantry to RT/LT LAT projections correctly, rotate collimator correctly, check/place flash correctly, mark RT/LT LAT fields and hash marks correctly, mark AP set-up point correctly, mark lateral/sagittal lasers correctly, set RT/LT at depths/SSDs at CAX correctly, film fields correctly, record IFD/SSDs at CAX correctly, record critical field data correctly, take AP dosimetry film correctly, contour correctly **if applicable (extra 5 mins. given)..*

5. IMRT Lung
 - b. TX Rotate gantry to oblique projections correctly, check oblique depths/SSDs at CAX correctly, verify AP/Lat set-up point SSD correctly, set-up to lateral/sagittal lasers, set-up to field marks correctly, correctly verify field clearance of junction zone & table bars, place treatment accessories correctly, deliver dose correctly, record changes correctly, correctly complete digital image **if applicable (extra 5 mins. given)..*

6. 4-Field Pelvis
 - a. SIM Rotate gantry and fluoro AP and LAT to determine isocenter correctly, rotate gantry to AP/PA/RT/LT LAT projections correctly, set AP/PA/RT/LT LAT depths/SSDs at CAX correctly, mark AP/LAT fields and hash marks correctly, film fields correctly, record IFDs/SSDs at AP/LAT CAXs correctly, record critical field data correctly, contour correctly **if applicable (extra 5 mins. given)..*
 - b. TX Rotate gantry to AP/PA/RT/LT projections correctly, check AP/RT/LT depths/SSDs at CAXs correctly (verify 3 out of 4 before treating), set-up to lateral/sagittal lasers correctly, set-up to field marks correctly, correctly verify field clearance of junction zone & table bars, place treatment accessories correctly, deliver dose correctly, record changes correctly.

7. AP/PA Extremity
 - a. SIM Rotate gantry to AP/PA projections correctly, rotate collimator correctly, check for flash correctly, mark AP/PA field and hash marks correctly, mark lateral/sagittal lasers correctly, set AP/PA depths/SSDs at CAX correctly, film field correctly, record IFD/SSD at CAX correctly, record critical field data correctly.
 - b. TX Rotate gantry to AP/PA projections correctly, rotate collimator correctly, check/set AP/PA depths/SSDs at CAX correctly, set-up to lateral/sagittal lasers correctly, set-up to field marks correctly, check for flash correctly, correctly verify field clearance of junction zone & table bars, place treatment accessories correctly, deliver dose correctly, record changes correctly.

8. AP/PA Whole Abdomen
 - b. TX Rotate gantry to AP/PA projections correctly, set/check AP/PA SSDs at CAX correctly, set-up to lateral level line/lasers correctly, set-up to field marks correctly, correctly verify field clearance of junction zone & table bars, place treatment accessories correctly, deliver dose correctly, treat with LDR correctly, record changes correctly.

9. Tangent Breast
 - a. TX Rotate gantry to MED/LAT Tangent projections correctly, rotate collimator correctly, rotate couch correctly, check for flash correctly, make shift correctly, check MED/LAT Tangent depths/SSDs at CAXs correctly, set depth/SSD at sternal point correctly, set-up to lateral lasers correctly, set-up to field marks correctly, correctly verify field clearance of junction zone & table bars, place treatment accessories correctly, place bolus correctly, deliver dose correctly, record changes correctly.

10. ISO Placement & Off Axis/CTV measurements
 - a. SIM Set-up patient position correctly (positioning aids/immobilization), Set-up original reference marks correctly, Set up and make correct ISO placement shifts, Rotate gantry to field projections and place field correctly, mark field & sagittal laser correctly, determine and mark CTVs & off axis correctly, set/record depths/SSDs at CAXs & /CTVs/Off Axis correctly, place BBs on off-axis & CTVs points correctly, film fields correctly, mark fields and hash marks correctly, record IFDs/SSDs at CAXs correctly, record IFDs/SSDs at off-axis & CTV correctly, record critical field data correctly.

11. Total Central Nervous System (CNS)
 - a. TX Rotate gantry to PA/RT/LT LAT projections correctly, rotate collimator correctly, rotate couch correctly, check for flash correctly, set PA depths/SSDs at CAXs correctly, check RT/LT LAT depths/SSDs at CAXs correctly, set-up to lateral level line/lasers correctly, set-up to field marks correctly, measure and record gap correctly, draw matchline correctly, place treatment accessories correctly, deliver dose correctly.

12. Reduced Field Brain Boost
 - a. TX Rotate gantry to wedge pair projections correctly, check depths/SSDs at CAXs correctly, set-up to lateral lasers correctly, set-up to field marks correctly, place treatment accessories correctly, deliver dose correctly, record changes correctly.

13. Total Body Irradiation (TBI)
 - a. TX Rotate gantry to LAT projection correctly, check for flash correctly, set LAT SSD at CAX correctly, set-up field to include total body, place treatment accessories, place bolus correctly, place compensating filters correctly, place beam spoiler correctly, deliver dose correctly, treat with LDR correctly, record changes correctly.

14. Total Central Nervous System (CNS)
 - a. TX Rotate gantry to PA/RT/LT LAT projections correctly, rotate collimator correctly, rotate couch correctly, check for flash correctly, set PA depths/SSDs at CAXs correctly, check RT/LT LAT depths/SSDs at CAXs correctly, set-up to lateral level line/lasers correctly, set-up to field marks correctly, measure and record gap correctly, draw matchline correctly, place treatment accessories correctly, deliver dose correctly.

2.044 Mis-Administration

Mis-administrations are treatment errors that occur during the set-up and/or delivery of a radiation dose that may adversely affect the patient's well-being and/or treatment outcome. A mis-administration will result in an automatic failure of a treatment practical procedure test. Mis-administrations may include, but are not limited to, the following:

- A. A treatment involving the wrong patient, wrong mode of treatment, or wrong treatment site.
- B. A treatment with any error which results in deviation from the prescribed dose or isocenter depth.
- C. A treatment with any error which results in treatment to the wrong tumor volume or irradiation of normal tissue.
- D. Mis-Administrations may include, but not be limited to the following:
 1. Treating with the wrong field size, electron cone, machine, energy, monitor unit (MU), distance (SSD), gantry angle, collimator angle, couch angle, or dose rate.
 2. Failure to use the required block, electron insert, wedge, or bolus.
 3. Incorrect placement of a block, electron insert, wedge, or bolus.
 4. Treating with the wrong block, electron insert, wedge, or bolus.
 5. Setting-up to the wrong field marks, tattoos, lasers, or set-up points.
 6. Treating with the wrong matchline or geometric gap.
 7. Failure to use the required immobilization device.
 8. Incorrect placement of an immobilization device.
 9. Treating with the wrong immobilization device.

SECTION THREE

RADIATION THERAPY PROGRAM

***POLICIES, RULES,
AND REGULATIONS***

STUDENT HANDBOOK

3.00 Radiation Therapy Program: Policies, Rules, and Regulations

3.01 General Program Information

Information about the College, College policies, and the Program's curriculum are available on/in one or more of the following:

- A. College web site.
 - 1. www.forsythtech.edu
- B. College catalog.
 - 1. College catalogs are available on the college's web site (<http://www.forsythtech.edu/catalog>), at the Admissions Office
- D. Program web site.
 - 1. <http://www.forsythtech.edu/courses-programs/degrees/programs-a-z/radiation-therapy-technology/>
- E. Program handbook.
 - 1. Program handbooks are available in the Program's faculty offices, the Program's classroom, online through courses with Blackboard access, and in the Radiation Oncology department of each clinical affiliation.

Students receive a copy/access of the College's catalog, as well as the Program's handbook during College and/or Program orientation, when College and Program policies are reviewed.

3.02 Program Adherence Policy

3.021 Adherence to College Policies

The Program will adhere to all College policies unless changes and/or addendums are noted in the Program's handbook and/or on the RTT course syllabus. Students are encouraged to review the following College policies: *College catalogs are available on the college's web site (<http://www.forsythtech.edu/catalog>)*

- A. Equal Opportunity Policy.
- B. Advisory Committees.
- C. Admissions Requirements.
 - 1. General Information.
 - 2. Transcripts/Academic Assessment.
 - 3. Admission Requirements for Associate Degree Curricula.
 - a. Selective Admissions.
 - b. Radiation Exposure Regulation.
- D. Transfer Credit.
- E. Re-Admission.
- F. Academic Advising.
- G. Registration.
- H. Graduation Requirements.
- I. Student Withdrawals.
- J. Family Educational Rights and Privacy Act of 1974. (FERPA)
- K. Prerequisites and Co-requisites.

- L. Course Repeat Rule.
- M. Clinical Experience in Health Curricula.
- N. Grading System.
- O. Grade Progression.
- P. Attendance.
- Q. School Closing Due to Inclement Weather.
- R. Academic Appeal - Concerning a Grade.
- S. Academic Standing/Probation/Dismissal.
- T. Appeal to Academic Review Committees.
- U. Tuition, Fees, and Parking.
- V. Student Financial Services.
- W. Scholarships.
- X. Student Services and Support Programs.
 - 1. Counseling and Career Services.
 - 2. Services for Students with Disabilities.
 - 3. Minority Male Mentoring Program.
 - 4. Shugart Women's Center.
 - 5. Learning Resources.
 - a. Library.
 - b. Learning Center.
 - 6. Other Services.
 - a. Bookstore.
 - b. Health Services.
- Y. Student Code of Conduct and Responsibilities.
 - 1. Code of Conduct.
 - 2. Student's Rights.
 - a. Legal Rights.
 - b. Rights of the Learner.
 - c. Student Records/Family Educational Rights and Privacy Act of 1974.
 - d. Due Process.
 - 3. General Campus Rules.
 - a. Disruption and Disorderly Conduct.
 - b. Assault or Verbal Abuse of Forsyth Tech Employee.
 - c. Assault or Verbal Abuse of Persons Other than Employees.
 - d. Weapons and Dangerous Instrumentalities.
 - e. Narcotics, Alcoholic Beverages, and Controlled Substances.
 - f. Academic Dishonesty, Cheating, Forgery, and Related Offenses.
 - g. Student Attire Code.
 - h. Involuntary Psychological or Psychiatric Withdrawal.
 - i. Children in Classrooms or Shop Areas
 - 4. Violation of the Code of Conduct.
 - a. Warnings.
 - b. Disciplinary Probation.
 - c. Restitution.
 - d. Suspension.
 - e. Dismissal or Expulsion.
 - 5. Sexual Harassment Policy.

6. Disciplinary Procedures.
 - a. Instructional Area.
 - b. Non-Instructional Area.
7. Student Appeals Committee.
8. Appeal of Admission Decision.
9. Academic Dishonesty.
 - a. Plagiarism.
 - b. Cheating.
 - c. Fabrication and Falsification.
 - d. Multiple Submission.
 - e. Abuse of Academic Materials.
 - f. Complicity in Academic Dishonesty.
10. Policies.
 - a. Policy on Compliance with the Americans with Disabilities Act.
 - b. Infectious Disease Policy.
 - c. Drug-Free Student Policy.
 - d. Crime Awareness and Campus Security Act.
 - e. Computer Software Copyright Policy.
 - f. Email Communication with Instructors
 - g. Cell phone and Electronic Device Use

3.022 Adherence to Accreditation, Professional, Certification, and Regulatory Organization Policies

The Program's faculty recognize there are policies from professional, certification, and regulatory organizations that support the Program's goals. The Program is accredited and held accountable for its actions and responsibilities by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The Program will adhere to all policies of the (JRCERT), in addition to the following professional, certification, and regulatory organization policies:

- A. The American Society of Radiologic Technologists (ASRT). (www.asrt.org)
 1. Practice Standards for Medical Imaging and Radiation Therapy. **(Program's faculty offices)**
 2. Code of Ethics for Medical Imaging. **(Program's faculty offices)**
 3. Code of Ethics for Radiation Therapy. **(BGH Room W105, Program's faculty offices)**
 4. Professional Radiation Therapy Curriculum.
<http://www.forsythtech.edu/catalog/programs/Radiation%20Therapy%20Technology>. **(Program's faculty offices)**
- B. The American Registry of Radiologic Technologist (ARRT). (www.arrt.org)
 1. Rules and Regulations. **(Program's faculty offices)**
 2. Standards of Ethics. **(Program's faculty offices)**
 3. Didactic and Clinical Competency Requirements. **(Program's faculty offices)**
- C. The Joint Review Committee on Education in Radiologic Technology (JRCERT). (www.jrcert.org)
 1. Standards for an Accredited Educational Program in Radiologic Sciences. **(Program's Director's offices)**
- D. The Nuclear Regulatory Commission. (NRC) (www.nrc.gov)

1. Regulations Part 20: Standards for Protection against Radiation; Subpart-C, Occupational Dose Limits, 20.1201. (*Program Director's Office*)
 2. Regulations Part 20: Standards for Protection against Radiation; Subpart-C, Dose to an Embryo/Fetus, 20.1208. (*Program Director's offices*)
- E. North Carolina Department of Environment and Natural Resources. (NCDENR) (www.drp.enr.state.nc.us)
1. North Carolina Regulations for Protection Against Radiation: Chapter 11; Section .0100, General Provisions. (*BGH Room W104, Program Director's Office*)
 2. North Carolina Regulations for Protection Against Radiation: Chapter 11; Section .0600, X-Rays In The Healing Arts. (*BGH Room W104, Program Director's Office*)
 3. North Carolina Regulations for Protection Against Radiation: Chapter 11; Section .1600, Standards For Protection Against Radiation. (*BGH Room W104, Program Director's Office*)
 4. North Carolina Division of Radiation Protection: Electronic Product Radiation Section; Appropriate Personnel Monitoring. (*BGH Room W105, Program Director's Office*)

3.03 General Rules and Expectations

- A. Students are expected to attend all scheduled course meetings except in the case of illness or emergency.
- B. Students are responsible for all material covered or assignments given during any class, laboratory, and clinical session in which he/she is absent and/or tardy.
 1. Students are encouraged to discuss course work missed with the instructor and classmates.
- C. Students are expected to arrive ***on time*** for all scheduled course meetings.
- D. Students are expected to bring the appropriate textbooks and/or module to each class, laboratory, and clinical session.
- E. Students are expected to be prepared for class, laboratory, and clinical sessions by bringing the appropriate items, which may include, but are not limited to:
 1. Calculator.
 2. Ruler or protractor.
 3. Laboratory dry erase marking pens.
 4. Radiation monitoring device.
 5. Clinical permanent marking/paint pens.
 6. Clinical notebook.
- F. Students are expected to submit all written materials when due. Late assignments ***will not*** be accepted unless previously noted by the instructor.
 1. The instructor may record a "Zero" grade of "0" for late assignments.
- G. Written materials should be neat and legible. ***Only*** pencil and blue or black ink are acceptable, unless otherwise noted.
 1. The instructor may record a "Zero" grade of "0" for assignments which do not meet this requirement.
- H. Graded material will be returned to the student for review, then filed by the instructor in the student's permanent record, unless noted otherwise.
 1. Graded material will be kept on file for at least 3 years.
 2. Graded material should ***NOT*** be Xeroxed for any reason, unless specified by the instructor.

3.04 Reading, Video, and Homework Assignments

Instruction received in class, laboratory, and clinical sessions are not the sum total of the learning process. To facilitate the teaching/learning process beyond the physical boundaries of the classroom, laboratory, and clinical sessions, assignments will be given that may require library or internet research, reading, use of computer programs, audio-visual material, hands-on practice, and at home study. These assignments are designed to strengthen the instruction and enhance the instructional material for tests and exams. Instructors may opt to include these assignments in tests or when computing final grades.

- A. Students may check-out certain Program materials and/or equipment for use outside class, laboratory, and clinical education. (*Program handbook Sections 3.29, 3.291, 3.292*)

3.05 Dress Code Policy

The student's personal appearance and demeanor should appropriately reflect the professional standards of the Program. First impressions are critical when meeting patients and their families and may influence the professional rapport you are able to establish with them. Equally important is how students are regarded by their instructors, clinical staff, and physicians who may be a future job reference, employer, or colleague. Students should keep in mind that appearance is an area of concern. It is a personal characteristic that will be evaluated in class, laboratory, and clinical education sessions. It is also listed on most employment reference forms.

Students may purchase their uniforms/lab coats from the vendor of their choice. If the student would like a uniform shirt or lab coat with embroidered Forsyth Tech. Radiation Therapy Program logos, they may be purchased from selected vendor (see Program Director for information). In addition to the College's policy on student attire the Program will adhere to the following dress code policies:

3.051 Dress Code for Attending Class

The dress code policy for attending class is the same as the College attire policy (*College Catalog*) with the following exceptions:

- A. Appropriate undergarments are required and must not be visible or revealing.
- B. The student is prohibited from wearing inappropriate length shorts, tank tops, low cut, halter, mid-drift tops, offensive tee-shirts, torn or badly worn clothing, or revealing attire.
- C. Cell phones must be silent or vibrate mode and out of sight of instructor.
- D. Other electronic devices may be allowed but must be in silent or vibrate mode.

3.052 Dress Code for Attending Laboratory on Campus

The dress code policy for attending laboratory on campus is the same as the dress code policy for attending class (*Program handbook Section 3.051*) with the following exceptions:

- A. Shoes must cover both the heel and the toes.
- B. Radiation monitoring device must be worn at all times. (*Program handbook Sections 3.14, 3.141*)
- C. Failure to comply with the appropriate dress code may result in the student being sent home to dress appropriately. (*Program handbook Sections 3.03, 3.07, 3.0721*)

1. Any absence due to dress code violations may be considered an un-excused absence. (*Program handbook Sections 3.08, 3.082, 3.083, 3.102, 3.11*)

3.053 Dress Code for Attending Laboratory in a Clinical Affiliation

The dress code policy for attending laboratory in a clinical affiliation is the same as the dress code policy for attending class (*Program handbook Section 3.051*) and the dress code policy for attending laboratory on campus (*Program handbook Section 3.052*) with the following exceptions:

- A. Students must wear a lab coat if they are not wearing clean, neatly ironed uniform in good repair.
 1. Lab coats must be all white/black, clean, neatly ironed, and in good repair.
- B. Cell phones are **not allowed**.
- C. Jewelry must be limited. Students may wear a maximum of 2 small earrings per ear, 1 simple necklace, a watch, and wedding bands or 1 ring on each hand.
- D. Students are prohibited from wearing nose rings, pierced eyebrows, lips, tongue rings/bars, or other visible body piercing.
- E. Visible tattoos/body art must be smaller than two inches in diameter. Students who have visible tattoos should keep tattoo covered completely and professionally at all times while in the clinical setting.
- F. Students are not allowed to wear artificial fingernails. This includes, but is not limited to, acrylic, bonding, extensions, silk wraps, tapes, gels, or other substances added to natural nails. Finger nails should be no longer than 1.2 cm from the cuticle or 1/4 inch in total length. Polish must be maintained, not chipped or cracked, and color must be non-offensive.
- G. Students must wear a College issued clip-on photo ID badge at all times.
 1. The ID badges are a service included in the student's activity fee.
 2. ID badges can be obtained in the Student Service office.

3.054 Dress Code for Attending Clinical Education

The dress code policy for attending clinical education is the same as the dress code policy for attending laboratory on campus (*Program handbook Section 3.052*) and the dress code policy for attending laboratory in a clinical affiliation (*Program handbook Section 3.053*) with the following exceptions:

- A. Students must wear an appropriate uniform, black pants & white/black tops, clean, neatly ironed uniform in good repair.
 1. With the exception of attending clinical at Wake Forest Baptist Health, where students will wear black pants with ONLY a white top as their option.
- B. Lab coats, white/black, worn over the uniform is optional.
- C. The student is prohibited from wearing inappropriate length skirts or dress uniforms.
- D. Females must wear solid hose and a slip when wearing skirts or dress uniforms.
- E. Shoes must be all leather, clean, all or mostly -white or black, and must cover both the heel and the toes.
- F. Socks must be all-white or black.
- G. Scrubs may be worn only when assigned to the operating room.
 1. Scrubs must be clean, neatly ironed, and in good repair.
- H. Hair must be neat and styled in a fashion that keeps hair out of the face and away from the patient.

- I Males must be clean shaven.
 - 1. If a beard or mustache is worn, it must be neatly trimmed.
- J. Students are **not** allowed to smoke while attending clinical education.
 - 1. The patient's sense of smell is often heightened and extremely sensitive to odors. They may be offended or sickened by the residual odor of smoke on hair, skin, clothes, and breath.
 - 2. Students should be aware of the detrimental effects of smoking on their health and well-being, as well as the positive role model we strive to set for our patients, their families, colleagues, and others.
- K. Any absence in clinical education due to dress code violations may be considered an un-excused absence. (*Program handbook Sections 3.08, 3.082, 3.083*)
- L. Any missed clinical education time must be made-up. (*Program handbook Sections 3.0731, 3.12*)

3.06 Personal Hygiene Policy

Students are expected to take pride in their personal appearance and hygiene. First impressions are critical when meeting patients and their families and may influence the professional rapport you are able to establish with them. Equally important is how students are regarded by their instructors, clinical staff, and physicians who may be a future job reference, employer, or colleague.

3.061 Personal Hygiene for Attending Class

Students must demonstrate acceptable personal hygiene. Example: Daily bathing with soap, shampooing hair, shaving, brushing teeth, and wearing deodorant.

3.062 Personal Hygiene for Attending Laboratory on Campus

The personal hygiene policy for attending laboratory on campus is the same as the personal hygiene policy for attending class (*Program handbook Section 3.061*) with the following exceptions:

- A. Failure to comply with the appropriate personal hygiene policy may result in the student being sent home. (*Program handbook Sections 3.07, 3.0721*)
 - 1. Any absence due to personal hygiene violations may be considered an un-excused absence. (*Program handbook Sections 3.08, 3.082, 3.083, 3.102, 3.11*)

3.063 Personal Hygiene for Attending Laboratory in a Clinical Affiliation

The personal hygiene policy for attending laboratory in a clinical affiliation is the same as the personal hygiene policy for attending class (*Program handbook Section 3.061*) and the personal hygiene policy for attending laboratory on campus (*Program handbook Section 3.062*) with the following exceptions:

- A. Absolutely no perfume, scented body sprays, lotions, creams, aftershave, or scented hair spray may be worn.
 - 1. The patient's sense of smell is often heightened and extremely sensitive to odors. They may be offended or sickened by perfume or scents.

3.064 Personal Hygiene for Attending Clinical Education

The personal hygiene policy for attending clinical education is the same as the personal hygiene policy for attending laboratory on campus (*Program handbook Section 3.062*) and the personal hygiene policy for attending laboratory in a clinical affiliation (*Program handbook Section 3.063*) with the following exceptions:

- A. Any missed clinical education time due to personal hygiene violations must be made-up. (*Program handbook Sections 3.0731, 3.12*)

3.07 Attendance and Absence Policy

Responsibility and dependability regarding attendance are essential characteristics of a professional and employee. Equally important is how students are regarded by their instructors, clinical staff, and physicians who may be a future job reference, employer, or colleague. Students should keep in mind that attendance is an area of concern. It is a personal characteristic that will be evaluated in class, laboratory, and clinical education sessions. It is also listed on most employment reference forms. Scheduled course meeting refers to any scheduled class, laboratory, or clinical education session. In addition to the College's policy on attendance (www.forsythtech.edu, *College catalog*) the Program will adhere to the following attendance and absence policies:

3.071 Attendance for Class (*Program handbook Section 3.03*)

- A. Attendance is recorded at the beginning of all scheduled course meetings. Instructors may opt to record a late arrival/tardy as an un-excused absence. (*Program handbook Sections 3.08, 3.081, 3.082, 3.083, 3.09, 3.092, 3.101, 3.102*)
- B. Students should schedule personal appointments outside scheduled course meetings.

3.0711 Absences in Class (*Program handbook Sections 1.073, 1.08, 3.03, 3.071, 3.08, 3.081, 3.082, 3.083, 3.09, 3.092, 3.101, 3.102*)

- A. Students must notify the instructor prior to the scheduled course meeting if they are going to be absent for any reason.
- B. The student must make every possible effort to personally speak to the instructor.
- C. Do not leave a message on the instructor's office phone until all other means to personally speak to the instructor have been exhausted.
- D. Notifying the instructor after the scheduled course meeting has begun does not constitute a prior notice.
- E. Failure to properly notify the instructor will be considered an un-excused absence. (*Program handbook Section 3.08, 3.082, 3.083, 3.102*)
- F. Students who have excessive absences may be dropped from the course.
 - 1. The student must satisfy the instructor that he/she should be permitted to remain in a course after incurring any absence in excess of the following:
 - a. 5 hours of class.
 - 2. A passing grade will not be issued for a course if a student has been absent for more than 25% of the total course.

3.0712 "Planned Absence" in Class (*Program handbook Section 3.03*)

"Planned absence" is a future absence in a scheduled course meeting that is anticipated. Students are expected to remain in scheduled course meetings in their entirety. "Planned absence" may vary from leaving a few minutes early from a scheduled course meeting to taking days off for a personal situation.

- A. Students must request permission from the instructor to take a "Planned absence" (*Program handbook Section 1.08*)

- B. The request for a “Planned absence” must be made prior to the desired absence.
- C. Requests made after the scheduled course meeting has begun does not constitute a prior notice.
- D. Following the student’s request for a “Planned absence” the instructor will determine if a “Planned absence” will be granted or denied.
 - 1. If the student’s request for a “Planned absence” is granted, the absence will be considered excused. (*Program handbook Sections 3.08, 3.081, 3.101*)
 - 2. If the student’s request for a “Planned absence” is denied, the student is expected to attend the scheduled course meeting.
 - a. Failure to attend a scheduled course meeting after a “Planned absence” request is denied will be considered an un-excused absence. (*Program handbook Sections 3.08, 3.082, 3.083, 3.102*)
- E. Failure to properly request and receive permission for a “Planned absence” from the instructor will be considered an un-excused absence. (*Program handbook Sections 3.08, 3.082, 3.083, 3.102*)

3.0713 Consecutive-Day Absence in Class (*Program handbook Sections 1.073, 1.08, 3.03, 3.071, 3.08, 3.081, 3.082, 3.083, 3.101, 3.102*)

The consecutive-day absence policy is applied when the student has been absent for 3 consecutive days of scheduled course meetings due to illness. In addition to the absence in class policy (*Program handbook Section 3.0711*) and the “Planned absence” in class policy (*Program handbook Sections 3.0712*), the Program will adhere to the following consecutive-day absence policy:

- A. The student is required to bring a doctor's written explanation concerning the illness and the expected date of return to the instructor.
 - 1. Consecutive day absences with a doctor’s written explanation will be considered excused absences. (*Program handbook Sections 3.08, 3.081, 3.101*)
- B. In the absence of a doctor’s written explanation, the absences will be considered an un-excused absence. (*Program handbook Sections 3.08, 3.082, 3.083, 3.102*)

3.072 Attendance for Laboratory on Campus and Laboratory in a Clinical Affiliation

The attendance policy for laboratory on campus and laboratory in a clinical affiliation is the same as the attendance policy for class (*Program handbook Section 3.071*) with the following exceptions:

- A. If possible, the student who is absent from laboratory should exchange laboratory assignments with another student.
 - 1. Students may not switch laboratory assignments without prior approval from the instructor.

3.0721 Absences in Laboratory on Campus and Laboratory in a Clinical Affiliation

The absence policy for laboratory on campus and laboratory in a clinical affiliation is the same as the absence policy for class (*Program handbook Section 3.0711*) with the following exceptions:

- A. A make-up laboratory may or may not be granted. (*Program handbook Section 3.11*)

- B. The student must satisfy the instructor that he/she should be permitted to remain in a course after incurring any absence in excess of the following:
1. 2 hours of laboratory.

3.0722 “Planned Absence” in Laboratory on Campus and Laboratory in a Clinical Affiliation

The “Planned absence” policy for laboratory on campus and laboratory in a clinical affiliation is the same as the “Planned absence” policy for class (*Program handbook Section 3.0712*) with the following exceptions:

- A. A make-up laboratory may or may not be granted. (*Program handbook Section 3.11*)

3.0723 Consecutive-Day Absence in Laboratory on Campus and Laboratory in a Clinical Affiliation

In addition to the absence and “Planned absence” policies for laboratory on campus and laboratory in a clinical affiliation (*Program handbook Sections 3.0721, 3.0722*), the Program will adhere to the consecutive-day absence policy for class. (*Program handbook Section 3.0713*)

3.073 Attendance for Clinical Education

The attendance policy for clinical education is the same as the attendance policy for class (*Program handbook Section 3.071*) with the following exception:

- A. Absences/Tardies must be clearly documented. (*Program handbook Sections 3.091, 4.0431*)

3.0731 Absences in Clinical Education

- A. Students must notify both the clinical coordinator and the clinical affiliation prior to the scheduled clinical education session if they are going to be absent for any reason. (*Program handbook Sections 1.073, 1.076*)
- B. Do not leave a message on the clinical affiliation’s voice mail or answering service until all other means to personally speak to the clinical affiliation have been exhausted.
1. The student may leave a message on the clinical affiliation’s voice mail or answering service if the student attempts to notify the clinical affiliation before office hours.
- C. Notifying the clinical affiliation after the clinical education session has begun does not constitute a prior notice.
- D. Absences must be clearly documented on the student’s time record. (*Program handbook Section 4.0431*)
- E. Failure to properly notify both the clinical coordinator and clinical affiliation will be considered an un-excused absence. (*Program handbook Sections 3.08, 3.082, 3.083, 3.102*)
- F. Any missed clinical education time must be made-up. (*Program handbook Section 3.12*)
- G. The student must satisfy the instructor that he/she should be permitted to remain in a course after incurring any absence in excess of the following:
1. 3 hours of clinical education.

3.0732 “Planned Absence” for Clinical Education

In addition to the absence policies for clinical education (*Program handbook Sections 3.0731- with the exception of Sections 3.0731 G*), the Program will adhere to the “planned absence” policy for class. (*Program handbook Section 3.0712*)

3.0733 Consecutive-Day Absence for Clinical Education

In addition to the absence and “planned absence” policies for clinical education (*Program handbook Sections 3.0731, 3.0732*), the Program will adhere to the consecutive-day absence policy for class. (*Program handbook Section 3.0713*)

3.08 Excused and Un-Excused Absence Policy

The validity of an absence, either excused or un-excused, will be determined by the instructor.

3.081 Excused Absence

Excused absences for class, laboratory on campus, laboratory in a clinical affiliation, and clinical education are limited to the following:

- A. Absences where student **did** notify **both** the clinical coordinator and the clinical affiliation prior to the desired absence.
- B. Emergency.
- C. Severe inclement weather.
- D. Approved “planned absences” (*Program handbook Sections 3.0712, 3.0722, 3.0732*)
- E. Consecutive day absences with a doctor’s written explanation for the absence. (*Program handbook Sections 3.0713, 3.0723, 3.0733*)

3.082 Excused Absence Penalty

The penalty for excessively excused absences include the following:

- A. First occurrence after 3 absences - The student will be notified of occurrence by receiving a written reprimand requiring the student’s signature.
 1. The reprimand will be filed in the student’s record.
 2. The student will conference with the Program’s faculty regarding the student’s explanation for the excused absences, possible remedies, and the penalty for subsequent occurrences.
- B. The second occurrence after 4 absences, will result in the lowering of the student’s letter grade by one letter, as will each subsequent occurrence.

3.083 Un-excused Absence

Un-excused absences for class, laboratory on campus, and laboratory in a clinical affiliation include the following:

- A. Absences where student **did not** notify **both** the clinical coordinator and the clinical affiliation prior to the desired absence.
- B. Unapproved “planned absences” (*Program handbook Sections 3.0712, 3.0722, 3.0732*)
- C. Absences due to violations of the dress code policy. (*Program handbook Sections 3.05, 3.051, 3.052, 3.053, 3.054*)
- D. Absences due to violations of the personal hygiene policy. (*Program handbook Sections 3.06, 3.061, 3.062, 3.063, 3.064*)
- E. Absences due to violations of the radiation monitoring policy. (*Program handbook Sections 3.14, 3.141, 3.142*)
- F. Absences due to violations of the work policy. (*Program handbook Section 3.28*)
- G. Absences due to violations of the drug testing policy. (*Program handbook Sections 3.30, 3.301*)
- H. Absences recorded due to tardiness. (*Program handbook Sections 3.071, 3.072, 3.073, 3.09, 3.091, 3.092*)

- I. Failure to properly notify the instructor and/or clinical affiliate of an absence. (*Program handbook Sections 1.073, 1.076, 3.0711, 3.0721, 3.0731*)
- J. Failure to provide a doctor's written explanation for a consecutive-day absence. (*Program handbook Sections 3.0713, 3.0723, 3.0733*)

3.084 Un-Excused Absence Penalty

The penalty for un-excused absences include the following:

- A. **First occurrence** - The student will be notified by receiving a written reprimand requiring the student's signature.
 - 1. The reprimand will be filed in the student's record.
 - 2. The student will conference with the Program's faculty regarding the student's explanation for the un-excused absence, possible remedies, and the penalty for subsequent occurrences.
- B. The **second** occurrence will result in the lowering of the student's letter grade by one letter, as will **each** subsequent occurrence.

3.09 Tardy Policy

Punctuality is an essential characteristic of a professional and employee. Equally important is how students are regarded by their instructors, clinical education staff, and physicians who may be a future job reference, employer, or colleague. Students should keep in mind that punctuality is an area of concern. It is a personal characteristic that will be evaluated in class, laboratory, and clinical education sessions. It is also listed on most employment reference forms. In addition to the College's policy on attendance (www.forsythtech.edu, *College catalog*), the Program will adhere to the following tardy policy: (*Program handbook Sections 3.03, 3.071, 3.072, 3.073, 3.082, 3.083, 3.102, 3.11, 3.28*)

- A. Additional time will not be granted for a test if the student is tardy for a course meeting in which there is a test.
- B. Additional time will not be granted for scheduled lab if the student is tardy.

3.091 Tardy for Clinical Education

The tardy policy for clinical education is the same as the tardy policy for class, laboratory on campus, and laboratory in a clinical affiliation (*Program handbook Section 3.09*) with the following exceptions:

- A. Tardies must be clearly documented on the student's time record. (*Program handbook Section 4.0431*)
 - 1. Any missed clinical education time must be made-up. (*Program handbook Sections 3.12*)

3.092 Tardy Penalties

- A. **The second occurrence** - The student will be notified of the second occurrences by receiving a written reprimand requiring the student's signature.
 - 1. The reprimand will be filed in the student's record.
- B. **The third occurrence** - The penalty for the third occurrence is the same second occurrence with the following exceptions:
 - 1. The student will conference with the Program's faculty regarding the student's explanation for the habitual tardiness, possible remedies, and the penalty for subsequent occurrences.
- C. **The fourth and each subsequent occurrence** - The penalty for the fourth and each subsequent occurrence is the same as the third occurrence with the following exceptions:

1. The fourth occurrence will result in the lowering of the student's letter grade by one letter, as will each subsequent occurrence.

3.10 Make-up Test Policy

3.101 Make-up Test for an Excused Absence (*Program handbook Sections 3.08, 3.081*)

- A. Students are expected to schedule make-up tests with the instructor on the first day the student returns to school.
 1. Make-up tests will be scheduled at times other than scheduled course meetings.
 2. If the student does not contact the instructor on or before the first day the student returns to school, no make-up test will be administered.
 - a. The instructor may record a "Zero" grade of "0" for the missed test.

3.102 Make-up Test for an Un-Excused Absence (*Program handbook Sections 3.08, 3.082*)

- A. Make-up tests will not be administered to students who have an un-excused absence.
 1. The instructor may record a "Zero" grade of "0" for the missed test.

3.11 Make-up Laboratory Procedure Policy

- A. Students who have an excused absence from laboratory on campus or laboratory in a clinical affiliation (*Program handbook Sections 3.08, 3.081*) and who are unable to switch laboratory assignments with another student, may request a make-up laboratory from the instructor.
 1. Any make-up laboratory will be scheduled at a time and location of the instructor's discretion.
- B. Make-up laboratory will not be scheduled for students who are tardy or who have an un-excused absence. (*Program handbook Sections 3.08, 3.082*)

3.12 Make-up Clinical Time Policy

- A. Students are not allowed to enter the clinical affiliations for Program related activities when the College is closed
- B. Students are not allowed to enter the clinical affiliations for Program related activities outside of scheduled clinical education sessions without prior permission from the instructor.
- C. The student's malpractice insurance is not in effect outside scheduled clinical education sessions unless the student obtains prior permission to be in the clinical affiliation from the instructor.
- D. If the student wants to complete clinical make-up time before or after scheduled clinical education sessions, they must notify and obtain permission from the instructor before entering the clinical affiliation. (*Program handbook Sections 1.073, 1.08*)
 1. If prior approval is not given make-up time will not be counted toward time missed.
- E. Make-up time must be documented in-order for the time to be considered. (*Program handbook Section 4.0432*)
- F. Make-up time must be completed during the semester in which the time was missed.
 1. Failure to complete clinical make-up time before the end of the semester may result in a 'Failing' grade of "F" for the clinical education course.
- G. Make-up time must be completed at the clinical affiliation and assignment in which the time was missed.

- H. All clinical make-up time must be scheduled during the office hours of the clinical affiliation in which the time was missed.
 - 1. Clinical make-up time must be scheduled Monday through Friday after clinical education session hours on days that the College is open for students and/or faculty.
 - 2. College recognized holidays cannot be used to complete clinical make-up time.
- I. The lunch break may not be used as clinical make-up time unless it is documented and can be proven that students are actively participating with patient care or related procedures.
- J. Clinical make-up time must be patient-centered.
 - 1. Machine warm-up, chart rounds, working on clinical paperwork, and practicing with “Pixy” will not be counted toward clinical make-up time.
- K. “Pooling” of clinical “overtime” is not permitted.
 - 1. Any “overtime” that is accumulated prior to an absence cannot be used to make-up for the absence or to take “time off.”
- L. Clinical make-up time can only be made-up after the absence has occurred.
 - 1. If a student has received an approved “planned absence,” (***Program handbook Section 3.0732***) they may request permission from the instructor to make-up anticipated clinical time in advance of the “planned absence.”
- M. An “Incomplete” grade of “I” may be given if the student has a valid reason for failure to complete the clinical make-up time before the end of the semester.
The following criteria must be met:
 - 1. The student must notify the instructor in writing before the end of the semester of their failure to complete their clinical make-up time.
 - 2. The student may request that an “Incomplete” grade of “I” be granted.
 - 3. The student must satisfy his/her instructor that he/she should be permitted additional time to complete the clinical make-up time.
 - 4. The issuance of an “Incomplete” grade of “I” is at the discretion of the instructor.
 - 5. If an “Incomplete” grade of “I” is granted, the terms, conditions, and a date of completion must be specified in writing.
 - a. If the student fails to complete the clinical make-up time according to the specifications, the “Incomplete” grade of “I” will remain permanently recorded.
 - b. If an “Incomplete” grade of “I” is permanently recorded for a course that is a prerequisite for a higher level course, the student will not be allowed to progress in the Program. (***Program handbook Section 3.17***)

3.13 Scheduled Practice for Laboratory on Campus Policy

- A. If the student wants to practice in the laboratory on campus before or after class or clinical education sessions, they must request permission and schedule a time with the Program’s faculty. (***Program handbook Section 1.073***)
- B. Students are not allowed to enter the laboratory on campus without permission and supervision of the Program’s faculty. (***Program handbook Sections 3.25, 3.251, 3.2511***)

3.14 Radiation Monitoring Policy

Exposure to ionizing radiation is known to be harmful. Though the probability of radiation exposure is low when working in radiation therapy, it is still an occupational hazard of which the student should be aware. The radiation monitoring policy is designed to help protect the student’s health and well-being. In addition to the College’s policy on radiation exposure

(www.forsythtech.edu, *College catalog, Program handbook Section 3.021*), the Program will adhere to the following radiation monitoring policy: (*Program handbook Section 3.022, BGH Room W105, Program's faculty offices*)

3.141 Radiation Monitoring for Laboratory on Campus and Laboratory in a Clinical Affiliation

- A. Students must wear only the radiation monitoring device issued by the Program.
- B. Students must wear only their own radiation monitoring device.
- C. The student must wear their radiation monitoring device at all times when in an energized laboratory/room. (*Program handbook Sections 3.052, 3.053*)
- D. Students will not be allowed to enter energized laboratories/rooms without their radiation monitoring device.
 - 1. In the absence of the radiation monitoring device, the student will be sent home. (*Program handbook Sections 3.03, 3.07, 3.0721*)
 - 2. Any missed laboratory time due to radiation monitoring violations may be considered an un-excused absence. (*Program handbook Sections 3.08, 3.082, 3.083, 3.102, 3.11*)
 - 3. Entering the energized laboratories/rooms without their radiation monitoring device is a violation of the unsafe practice policy. (*Program handbook Sections 3.23, 3.231, 3.232, 3.24, 3.241*)
- E. The radiation monitoring device should be worn at waist level or above on the anterior aspect of the body. The collar is the most common location.
- F. The student should keep their radiation monitoring device in a cool, dry location.
 - 1. If the radiation monitoring device is exposed to excessive heat, humidity, or radiation, the student should report it to the Program Coordinator and Radiation Safety Officer (RSO) immediately. (*Program handbook Sections 1.073, 1.077, 3.143*)
- G. Do not leave the radiation monitoring device in the car.
- H. Students will be issued a new radiation monitoring device on a pre-determined schedule.
 - 1. Expired radiation monitoring devices must be promptly returned to the Program's faculty when the new radiation monitoring device is issued.
- I. Students will have an opportunity to review their personal and confidential radiation exposure report in a timely fashion.
 - 1. Radiation exposure reports will be kept on file for at least 2 years.
- J. Lost radiation monitoring devices must be reported immediately to the Program's faculty. (*Program handbook Section 1.073*) Radiation monitoring devices are relatively easy to replace.
 - 1. Failure to promptly notify the Program's faculty of a lost radiation monitoring device for replacement will result in a violation of the unsafe practice policy. (*Program handbook Sections 3.23, 3.231, 3.232, 3.24, 3.241*)
- K. The student should never be in the primary radiation beam or in the treatment room during beam-on.
- L. The student will not directly handle any radioactive materials.
- M. Limiting radiation exposure is a personal responsibility and should be kept as low as reasonably achievable (ALARA).
- N. Excessive permissible radiation doses are a violation of the unsafe practice policy. (*3.23, 3.231, 3.232, 3.24, 3.241*)

3.142 Radiation Monitoring for Clinical Education

The radiation monitoring for clinical education is the same as the radiation monitoring policy for laboratory on campus and laboratory in a clinical affiliation (*Program handbook Sections 3.14, 3.141*) with the following exceptions:

- A. Any missed clinical education time must be made-up. (*Program handbook Section 3.12*)

3.143 Radiation Incident

If accidental or excessive permissible radiation doses are suspected:

- A. Notify the Program Coordinator and Radiation Safety Officer (RSO) immediately. (*Program handbook Sections 1.073, 1.077*)
- B. Upon investigation and determination of the nature of the accident or excessive radiation exposure, the student may be placed on disciplinary probation for a violation of the unsafe practice policy. (*3.23, 3.231, 3.232, 3.233, 3.24, 3.241*)
- C. Report and record the accident according to the clinical affiliation's department policy.
- D. The Radiation Safety Officer (RSO) will notify the Division of Radiation Protection, if applicable.

3.144 High Exposures

- A. Suspected high exposures to the badge through routine student clinical use or accidental exposure should be reported to the RSO immediately. A signed note describing the incident may be requested of the student.
- B. Dosimeter reports from the badge provider company are posted for student review after being received by the program. These reports will include DDE (whole body), LDE (lens of eye) and SDE (shallow) doses for the student for the length of the enrollment.
- C. Dosimeter reports are reviewed by the RSO for unusual or high doses. Copies of ALARA 1 letters from the badge company will be provided to students receiving a bimonthly dose greater than 2.5% but less than 5% of the annual occupational dose limits for adults.

| Dose Equivalent | Annual Limit (mrem) | ALARA 1 Level (mrem) | ALARA 2 Level (mrem) |
|-----------------|---------------------|----------------------|----------------------|
| Whole Body | 5,000 | 125 | 250 |
| Lens | 15,000 | 375 | 750 |
| Shallow | 50,000 | 1,250 | 2,500 |

- D. Any student receiving a dose greater than 5% for a bimonthly reading will receive an ALARA 2 letter, but is required to submit an explanation in writing to the RSO describing any possible explanation for the high dose.

******Limits will be adjusted to 10% for students enrolled in an educational training program.***

3.145 Overexposures

- A. Exposures that exceed the occupation dose (educational training program) dose limits will be reported by the RSO to the NC Radiation Safety Protection Section.
- B. The RSO will consult with a radiation physicist or the NC

1. Radiation Safety Protection Section concerning any over exposures and take appropriate action to insure the welfare of the student

3.146 MRI Safety

SIGNAGE- The Zone signs may be placed in the MRI suite



- **Zone I** –All areas accessible to the general public
- **Zone II** –area between the public-accessible Zone 1 and the restricted areas of Zones III and IV.
- **Zone III** –area where free access by unscreened non- MR personnel or ferromagnetic objects or equipment can result in serious injury or death.
- **Zone IV** –actual area with the MRI scanner.

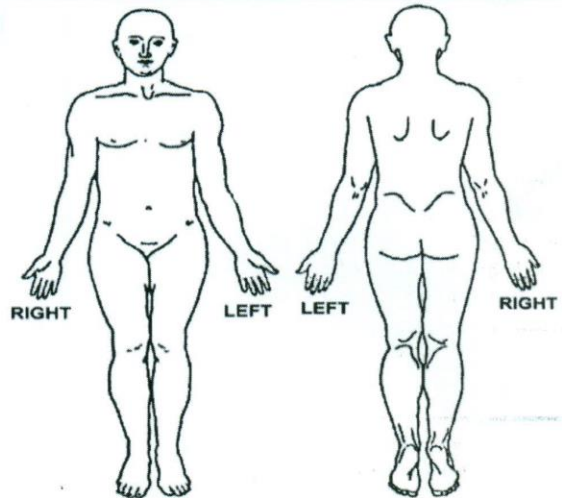


WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please indicate if you have any of the following:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aneurysm clip(s) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cardiac pacemaker |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implanted cardioverter defibrillator (ICD) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Electronic implant or device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Magnetically-activated implant or device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neurostimulation system |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Spinal cord stimulator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Internal electrodes or wires |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bone growth/bone fusion stimulator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cochlear, otologic, or other ear implant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insulin or other infusion pump |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implanted drug infusion device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any type of prosthesis (eye, penile, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart valve prosthesis |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Eyelid spring or wire |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Artificial or prosthetic limb |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Metallic stent, filter, or coil |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shunt (spinal or intraventricular) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vascular access port and/or catheter |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Radiation seeds or implants |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Swan-Ganz or thermodilution catheter |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medication patch (Nicotine, Nitroglycerine) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any metallic fragment or foreign body |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wire mesh implant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tissue expander (e.g., breast) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Surgical staples, clips, or metallic sutures |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Joint replacement (hip, knee, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bone/joint pin, screw, nail, wire, plate, etc. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | IUD, diaphragm, or pessary |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dentures or partial plates |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tattoo or permanent makeup |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Body piercing jewelry |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hearing aid |
| | | <i>(Remove before entering MR system room)</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other implant _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Breathing problem or motion disorder |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Claustrophobia |

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

3.15 Change of Health Status Policy

The College is committed to ensuring, as much as reasonably possible, that each employee, student, clinical staff, and patient enjoy safe and healthful conditions at work, study, and/or clinical affiliation.

3.151 Change of Health Status - Pregnancy

- A. The Program's faculty requests a declaration of change in health status from any student whose health changes so that it could adversely affect clinical performance or the personal safety of the patient, clinical staff, Program's faculty, themselves, and others.
- B. The pregnant student is not required to declare their pregnancy. Declaration of pregnancy is optional and voluntary. Declaration of pregnancy may be revoked at any time without penalty.
- C. The pregnant student should know that exposure to radiation should be avoided during pregnancy due to possible harmful effects to the developing fetus.
(Program handbook Section 3.022, BGH Room W105, Program's faculty offices)
- D. The pregnant student should know that the clinical education experience is physically demanding and could possibly have adverse effects on both the pregnant student and fetus.
- E. A student who chooses to declare their pregnancy should do the following:
 1. Notify the Division Dean and the Program Coordinator in writing of their declaration of pregnancy.
 - a. Include the estimated date of conception.
 - b. Include the student's wish to:
 1. Continue in the Program without modification.
 2. Temporarily withdraw from clinical education courses only.
 3. Withdraw from the Program entirely.
 2. If the declared pregnant student wants to continue in the Program without modification, they should provide an updated physical where a qualified physician in the appropriate specialty verifies good health and makes a recommendation for the student to continue in the clinical education portion of the Program.
 3. If the declared pregnant student chooses to temporarily withdraw from clinical education courses only or to withdraw from the Program entirely, readmission may occur after completion of the pregnancy or after a qualified physician in the appropriate specialty verifies good health.
 4. If the declared pregnant student chooses to reenter the Program, all general readmission requirements must be met. The student will receive credit for curriculum courses that were completed prior to the declared pregnancy if reentry to the Program occurs within 1 year following the declaration of pregnancy. In the event that curriculum requirements change during the declared pregnant student's absence, those requirements must also be met.
- F. Whether or not the pregnant student declares their pregnancy, it is recommended that the pregnant student do the following:
 1. Wear a lead apron during fluoroscopy if assigned to the CT/simulation area.
 2. Wear an additional fetal radiation monitoring device, which will be provided upon request.
 3. Do not assist with or be present during active brachytherapy procedures.

3.152 Change of Health Status - Physical, Emotional, or Mental Conditions

- A. The Program's faculty requests a declaration of change in health status from any student whose health changes so that it could adversely affect clinical performance or the personal safety of the patient, clinical staff, Program's faculty, themselves, and others.
- B. The student is not required to declare their condition. Declaration of any physical, emotional, or mental condition is optional and voluntary. Declaration of any physical, emotional, or mental condition may be revoked at any time without penalty.
- C. The student should know that the quality of patient care and the safety of the patient, clinical staff, Program's faculty, them self, and others must not be compromised due to their condition or as a result of medication for their condition.
- D. A student who chooses to declare their condition should do the following:
 1. Notify the Division Dean and the Program Coordinator in writing of their declaration of their condition.
 - a. Include the student's wish to:
 1. Continue in the Program without modification.
 2. Temporarily withdraw from clinical education courses only.
 3. Withdraw from the Program entirely. A student who wants to declare their physical, emotional, or mental condition should do the following:
 2. If the declared student wants to continue in the Program without modification, they should provide an updated physical where a physician in the appropriate specialty verifies good health and makes a recommendation for the student to continue in the clinical education portion of the Program.
 3. If the declared student chooses to temporarily withdraw from clinical education courses only or to withdraw from the Program entirely, readmission may occur after appropriate treatment and recovery of a physical, emotional, or mental condition is confirmed by a qualified physician in the appropriate specialty.
 4. If the declared student chooses to reenter the Program, all general readmission requirements must be met. The student will receive credit for curriculum courses that were completed prior to the declaration of physical, emotional, or mental condition if reentry to the Program occurs within 1 year following the declaration of physical, emotional, or mental condition. In the event that curriculum requirements change during the declared student's absence, those requirements must also be met.
- E. Whether or not the student declares their condition, it is recommended that the student do the following:
 1. Seek medical assistance with a qualified physician who is specialized in the field of interest.

3.153 Change of Health Status - Infectious and/or Communicable Diseases

The change of health status policy for infectious and/or communicable disease conditions is the same as the change of health status policy for physical, emotional, or mental conditions (*Program handbook Section 3.152*) with the following exceptions:

- A. Whether or not the student declares their infectious and/or communicable disease condition, it is recommended that the student do the following:

1. Consider the fragile condition of the radiation therapy patient=s immune system and the detrimental effect an infectious and/or communicable disease could have on their health and well-being.
2. Do not attend class, laboratory, or clinical education sessions when the following symptoms are present:

| | |
|----------------------------------|----------------------------|
| a. Diarrhea. | g. Strep infections. |
| b. Vomiting. | h. Mononucleosis. |
| c. Fever. | i. Chicken pox. |
| d. Rash, boils, or open sores. | j. Measles. |
| e. Conjunctivitis. | k. Herpes or shingles. |
| f. Upper respiratory infections. | l. Parasitic infestations. |
3. Use appropriate universal precautions to protect the personal safety of the patient, clinical staff, Program=s faculty, them self, and others.

3.16 Grading Scale Policy

The Program will adhere to the following grading scales for all RTT courses:

- A. The grading scale for RTT 150, 210, 221, 222, 230, 231, 232 238, 239, and 246 is as follows:

| | |
|--------------------|---|
| 90-100 | A |
| 80- 89 | B |
| 70- 79 | C |
| 60- 69 | D |
| 59 and below | F |

3.161 Radiation Therapy Grade Policy

In order to remain in good academic standing in the Radiation Therapy Program, all courses with a RTT prefix, must be passed with a grade of 75 or above. Some courses may also have critical requirements which must be met in order to receive a passing grade for that course. These courses will have the critical course requirement stated in the course syllabus which is distributed the first day of class. (*Program handbook Section 2.04, 2.041, 2.042, 2.043, 2.044*)

3.17 Grade Progression Policy

The nature of the radiation therapy profession demands that the student be able to understand and apply knowledge of the underlying theories of radiobiology, pathology, oncology, treatment modalities, quality assurance, radiation protection, radiation physics, and dosimetry. The student must also be able to demonstrate an acceptable level of competency in patient-care and clinical procedures. The student’s inability to meet these demands will result in the student’s failure to progress in the Program.

- A. Students who earn a “Failing” grade of “F” a permanently recorded “Incomplete” grade of “I” or any “Withdrawal” grade (W, WP, WF) in any of the Program’s required science courses, RTT courses, or prerequisite courses will be dismissed from the Program. (*College catalog, College handbook, Program handbook Sections 3.12, 3.16*)
- B. Students who fail to satisfactorily meet or complete any of the Program’s critical course requirements will be dismissed from the Program. (*Program handbook Sections 2.04, 2.041, 2.042, 2.043*)

3.171 READMISSION POLICY FOR IMAGING PROGRAM

A completed application must be submitted to the Admissions Office. Students applying for readmission must write a letter to the Program Coordinator stating (1) the reason(s)

they desire to be readmitted and (2) the circumstances which have changed since withdrawal that would indicate that they will successfully complete their health education. Upon receipt of the application and letter, the following guidelines will be used in making decisions regarding readmission:

1. Readmission is **always conditional** on the **availability** of clinical space.
2. Courses listed as concurrent in the catalog must be repeated in that manner.
3. Students who have been dismissed for academic reasons will only be permitted one readmission in the same health program. After two unsuccessful attempts in the same health program, the student will be referred to the Counseling Center for Career Guidance.
4. Students seeking readmission to a health curriculum will repeat all courses with a grade of "F" and may be required to repeat any health or science course(s) in which they made a "D" or below.
5. Students must have a 2.00 or better cumulative GPA (calculated only on courses in curriculum needed for graduation) in order to be readmitted.
6. Students will not be allowed to register for health courses (with the prefix of CVS, NMT, NUR, RAD, RCP, RTT, ICV, MRI or SON) until they have been readmitted to the health curriculum.
7. A new physical examination, or portions thereof, may be required for readmission. In cases of withdrawal due to health (physical, emotional, or cognitive), the problems should be nonexistence or controlled under an appropriate plan of treatment at the time of readmission. This status must be verified by a letter from the attending physician/therapist to the Program Coordinator stating the student's health **will not be hindered** by readmission and participation in the health curriculum.
8. If a change has occurred in a health curriculum (i.e. sequencing, prerequisites, new courses, electives, etc.) since the student withdrew, the student may have to repeat course(s) and/or semester(s) and meet graduation requirements if readmitted.
9. Any student seeking readmission must meet the admissions requirements which were in effect for the class he/she will be joining.
10. All supportive required materials for readmission must be submitted.
11. All students will be sent a letter in writing by the Program Coordinator of the conditions necessary for readmission.
12. Students who have been absent from a health curriculum for less than three semesters may re-enter at the beginning of the semester in which they withdrew providing they meet all requirements (i.e. GPA, prerequisites). However, students may be required to repeat or audit previous health courses(s) taken while in that curriculum regardless of previous grade earned (prefix ICV, CVS, MRI, NMT, NUR, RAD, RCP, RTT, or SON).
13. The student who has been absent from a health curriculum for five or more consecutive semesters may be required to repeat all or some of the health (prefix CVS, NMT, NUR, RAD, RCP, RTT, SON, MRI, ICV) courses regardless of previous grade earned.
14. The student may be required to take preparatory courses and a specific grade may be required on these courses.
15. Unusual cases may be reviewed on an individual basis by the appropriate Program Coordinator.

3.18 Practical Procedure Retest Policy

Students who fail to pass a practical procedure test with a minimum grade of 80 will be allowed to take 1 retest on the failed practical procedure. The highest possible score on a retest is 94%. Failure to pass the practical procedure retest will result in a “Failing” grade of “F” for the clinical education course and the student will not be allowed to progress in the Program. (*Program handbook Sections 2.04, 2.041, 2.042, 2.043, 3.17*)

3.181 Practical Procedure Retest Policy Remediation

- A. Students who have failed two practical’s and successfully passed the re-test of both will be required to have mandatory remediation with one or all listed; clinical coordinator, preceptor or clinical instructor. Remediation will be determined by the clinical instructor and documented in a plan outlined by both the student and clinical coordinator.

3.19 Student Evaluation of Clinical Affiliations and Staff, RTT Courses, and the Program’s Faculty Policy

The Program’s faculty values the opinions and observations of the students. Regular evaluations will be conducted to monitor and improve the educational value of the Program.

3.191 Student Evaluation of Clinical Affiliations and Staff

- A. At the end of each clinical assignment, students will be asked to evaluate the clinical affiliation, as well as the performance of their supervisory clinical staff and preceptors.
- B. The information from these evaluations will be shared with the clinical staff and preceptors at the end of each semester.
- C. A copy of these evaluations will be kept on file by the Program’s faculty for at least 2 years.

3.192 Student Evaluation of RTT Courses and the Program’s Faculty

- A. Approximately mid-semester, students will be asked to evaluate the quality of instruction for all RTT courses and the Program’s faculty using the college’s accepted evaluation form.
- B. The information from these course evaluations will be shared with the Program’s faculty at the end of each semester after grades have been posted in the Records Office.
- C. A copy of these evaluations will be kept on file by the Program’s faculty for at least 2 years.

3.20 Academic Integrity and Plagiarism Policy

In addition to the College’s policies on academic Dishonesty the Program will adhere to the following academic integrity and plagiarism policy:

- A. The Program’s faculty are convinced that integrity is an essential part of any true educational experience, integrity on our part as faculty members and the integrity on your part as a student. To view an easy example, would you want to be operated on by a doctor who cheated his/her way through medical school? If we don’t have integrity in the small things, or if we find it possible to justify plagiarism or cheating or sloppy work in things that don’t seem important, how will we resist doing the same in areas that really do matter, where a patient’s life may be at stake? Personal integrity is not a quality we’re born to naturally. It’s a quality of character we need to nurture. We can only become persons of integrity if we practice it daily.

1. **Preparation for Class, Laboratory, and Clinical Education**

Come to class, laboratory, and clinical education sessions having done the things necessary to make the class, laboratory, and clinical education sessions a worthwhile educational experience. You have a responsibility to yourself, to the Program's faculty, and to the other students to do the things necessary to put yourself in a position to make fruitful contributions to class, laboratory, and clinical education session discussions. What does this require of you?

- a. Read the text or assignments before coming to class, laboratory, and clinical education sessions.
- b. Clarify anything you are unsure of (including looking up words you don't understand).
- c. Formulate questions you might have so you can ask them in class, laboratory, and clinical education sessions.

2. **Actions in Class, Laboratory, and Clinical Education**

The principles of academic integrity require you to take both the Program's faculty and your fellow students seriously and to treat us and one another with respect. What does this require of you?

- a. Show up for all classes, laboratories, and clinical education sessions, unless you are simply unable to do so.
- b. Come to class, laboratory, and clinical education sessions on time and do not leave early.
- c. Make good use of class, laboratory, and clinical education sessions by being engaged in what's going on.
- d. Ask questions about anything you do not understand, and not just for your own sake but because other students might not realize that they also don't understand.
- e. Participate in the class, laboratory, and clinical education session discussions so as to contribute your thinking to the shared effort to develop understanding and insight. Remember, even something that's clearly wrong can contribute to the discussion by stimulating an idea in another student that he/she might not otherwise have had.
- f. Monitor your own participation so as to allow for and encourage the participation of others.
- g. Respect the other students by not making fun of them or their ideas, and by not holding side-conversations that distract them and the Program's faculty from the discussion.

3. **Plagiarism**

- a. Definition Plagiarism is the act of using someone else's words, ideas, data, conclusions, or material as your own, whether in a single sentence, paragraph, entire document, or speech. As the *MLA Handbook for Writers of Research Papers* says, ".....to plagiarize is to give the impression that you have written or thought something that you have in fact borrowed from someone else." Plagiarism as the result of misunderstanding or misapplying the rules of documentation may be unintentional, but it is still plagiarism. Plagiarism includes but is not limited to:

1. Copying from a written source, another student, or a data base (whether professional or nonprofessional; whether published or non-published) without proper citation in either a document or a speech;

2. Rewording (paraphrasing) or summarizing someone else's material without proper citation in a document or a speech;
3. Failing to cite word-for-word passages in a document or a speech;
4. Using purchased pre-written materials as your own or having someone else do your work.

3.201 Penalties for Plagiarism

Plagiarism can occur in any academic situation, not just an English class, for the rules of ethical use of sources are the same in all academic areas. Plagiarism is cheating and is punishable by the instructor in whose class it occurs and/or by the College itself. It is a serious offense which can have long-term consequences for your academic career. If your instructor finds that you have plagiarized, you may be given a "Failing" grade of "F" in the course. (*Program handbook Section 3.17*) The instructor's choice of penalty will be determined by the circumstances of the plagiarism. The College may further decide to dismiss you from the College and refuse to readmit you. The record of this action can become a part of your permanent record.

3.21 Academic Probation and Program Dismissal Policy

In addition to the College's policies on academic probation and dismissal (www.forsythtech.edu, *College catalog*), the Program will adhere to the following probation, disciplinary action, and program dismissal policy:

3.211 Academic Probation and Program Dismissal

- A. Students who do not earn the required 2.0 cumulative GPA in the semester following academic probation will be dismissed from the Program.

3.22 Unethical Behavior, Disciplinary Action, and Program Dismissal Policy (www.forsythtech.edu, *College catalog*, *Program handbook Section 3.022*)

The Program will adhere to the following unethical behavior, disciplinary action, and program dismissal policy:

- A. A "profession" is defined as an occupation that has or utilizes a specific body of knowledge, special literature, and a code of ethics. Students are expected to demonstrate ethical professional conduct. Codes of ethics and professional regulations for healthcare providers serve several important purposes:
 1. They protect the integrity of the profession.
 2. They enhance the delivery of patient care.
 3. They provide opportunities for personal growth while enhancing competence as care-givers.

3.221 Unethical Behavior Definition

Unethical behavior is defined as a student exhibiting qualities and characteristics that are inconsistent with the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, the American Society of Radiologic Technologists (ASRT) Code of Ethics for Medical Imaging, the American Society of Radiologic Technologists (ASRT) Code of Ethics for Radiation Therapy, the American Registry of Radiologic Technologists (ARRT) Rules and Regulations, the American Registry of Radiologic Technologists (ARRT) Standards of Ethics, or that violate appropriate moral, ethical, social, and/or legal aspects.

- A. Unethical behavior will include, but not be limited to:
1. Violating the patient's rights, including:
 - a. Autonomy.
 - b. Privacy.
 - c. Confidentiality.
 - d. Respect.
 - e. Nondiscrimination.
 - f. Informed consent.
 2. Professional misconduct including:
 - a. Inappropriate speech and/or tone of voice.
 - b. Unprofessional, negative, or disrespectful attitude.
 - c. Using or being under the influence of alcohol or drugs.
 - d. Dishonesty, lack of integrity, or irresponsibility.
 - e. Violating professional and certification organization policies: **(BGH Room W105, Program's faculty offices)**
 1. Practicing outside the ASRT Practice Standards for Medical Imaging and Radiation Therapy.
 2. Violating the ASRT Codes of Ethics.
 3. Violating the ARRT Rules and Regulations.
 4. Violating the ARRT Standards of Ethics.
 - f. Violating civil or criminal law, including:
 1. Negligence.
 2. Assault and/or battery.
 3. Defamation of character.
 4. Invasion of privacy.
 5. False imprisonment.
 6. Malpractice

3.222 Unethical Behavior, Disciplinary Action, and Program Dismissal

- A. The first occurrence - Upon investigation and determination of the nature of the incident and/or behavior, the student will be placed on disciplinary probation for the remainder of the Program. In addition, one or more of the following actions may occur:
1. The student may be removed from the class, laboratory, or clinical affiliation in which the incident and/or behavior occurred until the inappropriate or unethical behavior can be corrected.
 2. Any applicable course material will be reviewed with the student.
 3. Other actions as deemed appropriate by the instructor.
- B. The second occurrence - Upon investigation and determination of the nature of the incident and/or behavior, the student will be dismissed from the Program.
- C. The student will be notified in writing of the dismissal, and copies of the notice will be sent to the Records Office, the Division Dean, and the student's faculty advisor.
- D. Students who are dismissed from the Program due to a violation of the unethical behavior policy will not be eligible to re-enter or re-apply to the Program.

3.223 Unethical Behavior, Disciplinary Action, and Program Dismissal for denied clinical access

If a student is denied access to a clinical facility based on unethical behavior, inability to re-hire status etc., the student will NOT receive a secondary placement in another facility. The student will not be able to progress in the program due to the inability to meet the clinical objectives. The student may discuss the concerns of the incident or findings with the human resources officer or designee at the clinical agency.

3.23 Unsafe Practice, Disciplinary Action, and Program Dismissal Policy

The Program will adhere to the following unsafe practice, disciplinary action, and program dismissal policy:

3.231 Unsafe Practice Definition

Unsafe practice is defined as a student performing an unsafe procedure causing harm or possible harm to the patient, clinical staff, Program's faculty, them self, or equipment.

A. Unsafe practice will include, but not be limited to:

1. Injuring the patient, clinical staff, Program's faculty, them self, or others.
2. Damaging equipment, accessories, or physical facilities.
3. Failure to protect the patient, clinical staff, Program's faculty, them self, or others from accidental or unnecessary radiation exposure.
4. Failure to wear radiation monitoring device. (*Program handbook Sections 3.14, 3.141*)
5. Excessive permissible radiation doses. (*College catalog, Program handbook Sections 3.021, 3.022, 3.141, 3.24, 3.241, BGH, Rooms W105, W208, 217*)
6. Failure to practice Universal Precautions or utilize personal safety devices when appropriate or required.
7. Being under the influence of narcotics, alcoholic beverages, or controlled substances. (*College Catalog, Program handbook Sections 3.30, 3.301*)

3.232 Unsafe Practice in Laboratory on Campus and for Laboratory in a Clinical Affiliation, Disciplinary Action, and Program Dismissal

- A. The first occurrence - Upon investigation and determination of the nature of the incident, the student will be placed on disciplinary probation for the remainder of the Program. In addition, the following actions may occur:
1. Any applicable course material or clinical education procedures will be reviewed with the student.
 2. The student may be prohibited from entering the laboratory without direct supervision by the Program's faculty.
 3. Other actions as deemed appropriate by the instructor and/or clinical staff.
- B. The second occurrence - Upon investigation and determination of the nature of the incident, the student will be dismissed from the Program.
- C. The student will be notified in writing of the dismissal, and copies of the notice will be sent to the Records Office, the Division Dean, and the student's faculty advisor.
- D. Students who are dismissed from the Program due to a violation of the unsafe practice policy will not be eligible to re-enter or re-apply to the Program.
- E. The student may be asked to leave the clinical affiliation in which the incident occurred.

1. If a student is asked to leave the clinical affiliation by clinical staff or the Program's faculty, the student must leave immediately and maintain their professional behavior while exiting the department. Cursing, raising your voice, or causing a scene in front of clinical staff, patients, or their families will prohibit the student from returning to the clinical affiliation and may result in dismissal from the Program. (*College catalog, Program handbook Sections 3.22, 3.221, 3.222*)

3.233 Unsafe Practice in Clinical Education, Disciplinary Action, and Program Dismissal

The unsafe practice, disciplinary action, and Program dismissal policy in clinical education is the same as the unsafe practice, disciplinary action, and Program dismissal policy in laboratory on campus and laboratory in a clinical affiliation (*Program handbook Section 3.232*) with the following exceptions:

- A. In addition to the examples of unsafe practice will in laboratory on campus and laboratory in a clinical affiliation, unsafe practice in clinical education will also include, but not be limited to:
 1. Initiating "Beam On"

3.25 Supervision Policy

- A. Students will be supervised by the following qualified individuals:
 1. Program faculty.
 - a. A Radiation Therapist certified by the American Registry of Radiologic Technology (ARRT), employed by the College, and recognized by the Joint Review Committee for Education in Radiologic Technology (JRCERT) to have met the criteria for Program Coordinator, Clinical Coordinator, or Clinical Instructor.
 2. Adjunct faculty/Clinical staff/Preceptors.
 - a. A Radiation Therapist certified by the American Registry of Radiologic Technology (ARRT), employed by a clinical affiliation, and recognized by the Joint Review Committee for Education in Radiologic Technology (JRCERT) to have met the criteria for Adjunct Faculty.
 1. Radiation Therapists who are registry eligible are not allowed to supervise students unless a certified Radiation Therapist is also present.
 - b. A Registered Nurse licensed by the Board of Nursing, employed by a clinical affiliation, and recognized by the Joint Review Committee for Education in Radiologic Technology (JRCERT) to have met the criteria for Adjunct Faculty.
 1. Nurses who are board eligible are not allowed to supervise students unless a Registered Nurse is also present.
- B. Students will be supervised during all laboratory and clinical education procedures.
 1. Students will be directly supervised by a qualified Radiation Therapist for all simulation and treatment procedures.
 2. Students will be directly supervised by a qualified Registered Nurse for all nursing/patient care procedures.

3.251 Supervision for Practice in Laboratory on Campus

Students practicing in the laboratory on campus with the Pixy phantom will be supervised by the Program's faculty who are readily available.

3.252 Supervision for Laboratory in a Clinical Affiliation

Students attending laboratory in a clinical affiliation will be directly supervised by the Program's faculty and/or Adjunct faculty/Clinical staff/Preceptors.

3.253 Supervision for Clinical Education

Students attending clinical education will be directly supervised by the Program's faculty and/or Adjunct faculty/Clinical staff/Preceptors.

3.26 Accident and Emergency Policies

3.261 Imaging Blood Born Pathogen Policy

“In the event of an exposure during the Clinical Experience to the extent required by law, Facility will be responsible for offering appropriate testing to the affected participant, providing appropriate medical care and counseling, and record-keeping. Facility will use its best efforts to appropriately test the source patient and to obtain that patient’s consent to disclosure of test results.” *The above is our clinical facility’s policy from our affiliate contracts.*

Once an exposure has been identified:

1. Preceptor/Clinical Instructor notifies:
 - Program Clinical Coordinator
 - Program Coordinator
2. Preceptor/Clinical Instructor takes student to Employee Health in designated location for testing. Student is then followed-up with by the facility.
3. An Imaging Incident report is to be filled out. Facilities are not required to give us a copy of their report. Imaging Incident report copies should be given to:
 - Director
 - VP of Business

Student should self-report to Campus Security.

3.262 Student Medical Incident in Clinical (other than exposure)

1. Preceptor/Clinical Instructor takes student to ER where treatment if any is administered.
2. Preceptor/Clinical Instructor to notify:
 - Clinical Coordinator
 - Program Coordinator
3. Imaging Incident to be filled out and copies to:
 - Director
 - VP of Business

Student should self-report to Campus Security.

3.263 Accidents Within the Radiation Therapy Department

- A. Try to break patient's fall, if applicable.
- B. Do not move the patient.
- C. Call a Radiation Therapist or Nurse for assistance.

- D. Assist with treatment and have emergency tray or cart available.
- E. Notify the appropriate Radiation Oncologist and/or Resident Oncologist.
- F. Report and record the accident according to the clinical affiliation's Radiation Therapy department policy.

3.264 Accidents Outside the Radiation Therapy Department

Render assistance that you are qualified to provide and notify the Emergency Department and/or Security.

3.265 Reporting a Cardiac Arrest

The procedures for reporting a cardiac arrest will vary at each clinical affiliation. Students will review the procedures for reporting a cardiac arrest and complete the Clinical Site Orientation Checklist form upon entering a clinical assignment at each clinical affiliation.

3.266 Reporting a Fire

The procedures for reporting a fire will vary at each clinical affiliation. Students will review the procedures for reporting a fire and complete the Clinical Site Orientation Checklist form upon entering a clinical assignment at each clinical affiliation. In general, students should remember the word RACE:

- A. **R** - In the event of a fire, rescue the patient, yourself, and colleagues.
- B. **A** - If you see/smell smoke or fire, pull the nearest fire alarm. Notify the fire response team by telephone if it is safe to do so.
- C. **C** - Close windows and doors as you exit the area to contain the smoke/fire.
- D. **E** - Locate and use the nearest fire extinguisher

3.27 Patient Care Policies

3.271 Identification of Patients

- A. Students must confirm the identification of every patient prior to every procedure. This should include, but not be limited to the following:
 1. Ask the patient his/her full name.
 2. Check the photo ID of all patients with the patient's chart.
 3. Check wrist bands on all in-house patients.
 4. Ask the patient his/her date of birth, address, etc. and check it with the information on the patient's chart.

3.272 Transportation of Patients

- A. Students will not transport patients to/from the hospital/department, but may be asked to assist in the transportation of patients within the Radiation Therapy department.
- B. The mode of transportation (ambulatory, wheelchair, stretcher) is determined by the patient's physician. Students must maintain the indicated mode to travel.
 1. The mode of travel may be increased but may not be decreased, for example changing a patient from a wheelchair to a stretcher is acceptable but changing a patient from a stretcher to a wheelchair is not acceptable.
- C. When transporting a patient in a wheelchair, safety restraints should be secured, if available.
- D. When transporting a patient on a stretcher, the side rails must be raised and safety restraints should be secured, if available.

- E. All patients, ambulatory or non-ambulatory, should be escorted to/from the waiting room to/from the designated area within the Radiation Therapy department.
- F. Students must inform the patient and receive the patient's permission prior to moving or transporting.

3.273 Supervision of Patients

- A. Patients should never be left unattended while on a simulation table, treatment table, stretcher, or in a wheelchair unless proper safety restraints are in place.
 - 1. Patients who receive contrast material should never be left unattended under any circumstances.
 - 2. In-patients and patients who are critically ill should never be left unattended under any circumstances.
- B. In-Patients and critically ill patients must receive priority attention.
 - 1. Have emergency equipment available.
 - a. Oxygen.
 - b. Suction.
 - c. Crash cart.
 - 2. Notify the nurse and/or physician of any condition change.
- C. Students should never keep valuables for a patient. The student should:
 - 1. Instruct the patient to keep their valuables on his/her person or give to a family member.
 - 2. Instruct the patient to give their valuables to the supervisory clinical staff.

3.274 Patient Privacy and Confidentiality

The procedures for maintaining patient privacy and confidentiality will vary at each clinical affiliation. Students will receive training of each clinical affiliation's patient privacy and confidentiality during Program orientation, when the United States Department of Health and Human Services Health Insurance Portability and Accountability Act (HIPAA) (www.aspe.hs.gov) patient privacy regulations are reviewed. (*Program handbook Section 2.041, W208, W206*)

3.28 Work Policy

- A. Students may accept employment in clinical affiliations or other healthcare facilities.
- B. The employment agreement is strictly between the student and the clinical affiliation or healthcare facility.
 - 1. The student's malpractice insurance is not in effect while the student is functioning as an employee of the clinical affiliation or healthcare facility.
- C. The Program accepts no responsibility for student preparedness. Employment of students is solely at the discretion of the clinical affiliation or healthcare facility.
- D. Students are not allowed to function as an employee of the clinical affiliation or healthcare facility during class, laboratory, or clinical education hours.
 - 1. Any absence in class, laboratory, or clinical education due to employment will be considered an un-excused absence. (*Program handbook Sections 3.03, 3.0711, 3.0721, 3.0731, 3.08, 3.082, 3.0821, 3.083, 3.09, 3.091, 3.092, 3.102, 3.11, 3.12*)
- E. The student's hours of employment within the clinical affiliation or healthcare facility will not count toward fulfillment of the Program's clinical education hours.
- F. Students must not wear their Program issued radiation monitoring device while functioning as an employee of the clinical affiliation or healthcare facility.

1. Excessive permissible radiation doses are a violation of the unsafe practice policy. (*College catalog, Program handbook Sections 3.021, 3.022, 3.23, 3.231, 3.232, 2.233, 3.24, 3.241*)

3.29 Check-Out Policy

Students may check-out certain Program materials and/or equipment for use outside class, laboratory, and clinical education.

3.291 Digital Check-Out

Students may check-out the Program's videos/CDs to assist them in completing Program related activities (homework assignment, project, etc.). In addition to the College's computer software copyright policy (www.forsythtech.edu, *College catalog*), the Program will adhere to the following videos/CD check-out policy:

- A. Students must request permission to check-out a videos/CD from the Program's faculty.
 1. Students must indicate the RTT course and number for which they are requesting videos/CD privileges.
- B. Students must read and sign the videos/CD Check-Out Agreement.
- C. Students are allowed to check-out videos/CD for 1 day.
 1. Students may request permission to renew their videos/CD Check-Out Agreement for an additional day from the Program's faculty.
 - a. Students must read and sign the Renewal Agreement.
- D. Students are solely responsible for the condition and security of the videos/CD they check-out.
 1. A damage fee will be assessed for videos/CD returned in poor condition.
 2. A replacement fee will be assessed for videos/CD that are not returned due to lose, theft, or other reasons.
- E. Students must return the videos/CD when the videos/CD Check-Out Agreement expires.
- F. An "Incomplete" grade of "I" may be given if the student has a valid reason for failure to return the videos/CD when the videos/CD Check-Out Agreement expires.
 1. If an "Incomplete" grade of "I" is granted, the terms, conditions, and a date of return must be specified in writing.
 - a. If the student fails to return the videos/CD according to the specifications, the 'Incomplete' grade of 'I' will remain permanently recorded.
 - b. If an "Incomplete" grade of "I" is permanently recorded for a course that is a prerequisite for a higher level course, the student will not be allowed to progress in the Program. (*Program handbook Section 3.17*)
- G. Failure to pay damage or replacement fees for videos/CD that are damaged or not returned due to lose, theft, or other reasons will result in a "Failing" grade of "F" for the course for which the videos/CD was checked-out. (*Program handbook Section 3.17*)

3.292 Textbook/Laptop Computer Check-Out

Students may check-out the Program's textbook/laptop computers to assist them in completing Program related activities (research paper, case study, etc.). In addition to the College's computer software copyright policy (www.forsythtech.edu, *College catalog*),

the Program will adhere to the following textbook/laptop computer check-out policy:

- A. Students must request permission to check-out a textbook/laptop computer from the Program's faculty.
 1. Students must indicate the RTT course and number for which they are requesting textbook/laptop computer privileges.
- B. Students must read and sign the textbook/laptop Computer Check-Out Agreement.
- C. Students are allowed to check-out textbook/laptop for 2 weeks.
 1. Students may request permission to renew their textbook/laptop Computer Check-Out Agreement for additional weeks from the Program's faculty.
 - a. Students must read and sign the Renewal Agreement.
- D. Students are solely responsible for the condition and security of the textbook/laptop they check-out.
 1. A damage fee will be assessed for textbook/laptop returned in poor condition.
 2. A replacement fee will be assessed for textbook/laptop that are not returned due to lose, theft, or other reasons.
- E. Students must return the textbook/laptop when the La textbook/laptop ptop Computer Check-Out Agreement expires.
- F. An "Incomplete" grade of "I" may be given if the student has a valid reason for failure to return the textbook/laptop when the textbook/laptop Computer Check-Out Agreement expires.
 1. If an "Incomplete" grade of "I" is granted, the terms, conditions, and a date of return must be specified in writing.
 - a. If the student fails to return the textbook/laptop computer according to the specifications, the "Incomplete" grade of "I" will remain permanently recorded.
 - b. If an "Incomplete" grade of "I" is permanently recorded for a course that is a prerequisite for a higher level course, the student will not be allowed to progress in the Program. (***Program handbook Section 3.17***)
- G. Failure to pay damage or replacement fees for textbook/laptop computers that are damaged or not returned due to lose, theft, or other reasons will result in a "Failing" grade of "F" for the course for which the textbook/laptop was checked-out. (***Program handbook Section 3.17***)

3.30 Narcotics, Alcoholic Beverages, and Controlled Substances Policy

In addition to the College's narcotics, alcoholic beverages, and controlled substances policy and the drug-free student policy, the Program will adhere to the following drug testing policy:

3.301 Drug Testing Policy

When students are attending laboratory in a clinical affiliation or clinical education, they must abide by all policies and procedures of the clinical affiliation. The procedures for drug testing will vary at each clinical affiliation. Students will review the procedures for drug testing and complete the Clinical Site Orientation Checklist form upon entering a clinical assignment at each clinical affiliation.

- A. Students who are suspected of being under the influence of narcotics, alcoholic

beverages, or controlled substances may be asked by the clinical staff to submit to a drug test.

- B. The student may be asked to leave the clinical affiliation in which the incident occurred. (*Program handbook Sections 3.07, 3.0721, 3.0731*)
 - 1. If a student is asked to leave the clinical affiliation by clinical staff or the Program's faculty, the student must leave immediately and maintain their professional behavior while exiting the department. Cursing, raising your voice, or causing a scene in front of clinical staff, patients, or their families will prohibit the student from returning to the clinical affiliation and may result in dismissal from the Program. (*College catalog, Program handbook Sections 3.22, 3.221, 3.222*)
 - a. Any absence in laboratory in a clinical affiliation or clinical education may be considered an un-excused absence. (*Program handbook Sections 3.08, 3.082, 3.0821, 3.083, 3.102, 3.11*)
 - b. Any missed clinical education time must be made-up. (*Program handbook Sections 3.0731, 3.12*)
 - 2. The Program will not be responsible for any fees associated with the drug test requested by a clinical affiliation.
- C. A "positive" test for narcotics, alcoholic beverages, or controlled substances while attending laboratory in a clinical affiliation or clinical education is a violation of the unsafe practice policy. (*Program handbook Sections 3.23, 3.231, 3.232, 3.233, 3.24*)

3.302 Criminal Background Checks/Drug Screening

Clinical facilities require criminal background checks and/or drug screening for students assigned to their facility for clinical education.

After the student completes the requirements of the facility, the clinical agency will notify the college if a student will not be allowed at the site due to a finding on the criminal background check or drug screening. Specific information will **NOT** be disclosed to the college.

If a student is denied access to a clinical facility based on criminal background checks and/or a drug screen, the student will NOT receive a secondary placement in another facility. The student will not be able to progress in the program due to the inability to meet the clinical objectives. The student may discuss the finding of the criminal background checks and /or drug screening with human resources officer or designee at the clinical agency.

In addition, national and/or state registry and/or licensure boards **may prohibit** eligibility for registry or licensure based on criminal background records. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies. Please refer to the Health Technologies section on www.forsythtech.edu for further information and updates.

3.31 Radiation Safety for Laboratory on Campus

The Program is committed to providing a safe learning environment for students in the laboratory on campus.

3.311 North Carolina Department of Environment and Natural Resources (NCDENR) Division of Radiation Protection (DRP) (www.drp.enr.state.nc.us, Program handbook Section 3.022, BGH Room W105, Program's faculty offices)

- A. The Program will adhere to the North Carolina Department of Environment and Natural Resources (NCDENR) Division of Radiation Protection (DRP) policies for radiation safety.

3.3111 (NCDENR) Mission Statement

To safeguard life, promote human health, and protect the environment through the practice of modern environmental health science, the use of technology, rules, public education, and above all, dedication to the public trust.

3.3112 (DRP) Mission Statement

The purpose of the Division of Radiation Protection (DRP) is to reduce radiation exposure to citizens, radiation contamination to the environment, and to protect the public from radiation risks by providing consultative, regulatory, licensing,

registrations, inspection, and enforcement services, by monitoring and controlling environmental radiation, by responding to radiation accidents and emergencies, and by licensing and regulating the generation, management, and practices for disposal of low-level radioactive waste.

3.3113 Laboratory Equipment Installation)

- A. The Varian Ximatron simulator located in the laboratory on campus (*BGH, Room W104*) was installed following the manufacturer's specifications.
 - 1. Students must not alter, tamper with, or remove any of the filters or collimators, or in any way cause unnecessary radiation exposure.
- B. The Varian Ximatron simulator is registered with the North Carolina Department of Environment and Natural Resources (NCDENR) Division of Radiation Protection (DRP).

3.32 Quality Assurance Policy

The Program is committed to providing a safe learning environment for students in the laboratory on campus.

- A. Quality assurance procedures will be demonstrated as a laboratory experience.
- B. Quality assurance procedures will be performed by students, the Program's faculty, and/or a contracted vendor/service representative.
- C. Quality assurance procedures will be performed at specified intervals.
- D. Quality assurance procedures will be documented in the Quality Assurance Manual for the specific equipment.

3.321 Simulator Quality Assurance

- A. The warm-up procedure will be performed daily when the simulator is turned on and/or when the simulator has been idle for more than 1 hour.
- B. The door interlock will be checked daily.
- C. A laser alignment test will be performed weekly.
- D. A light field coincidence test will be performed monthly.
- E. A technique chart will be posted at the remote console.
- F. The Simulator Quality Assurance Manual is located in the Program's laboratory on campus. (*BGH Room W104*)

3.322 Processor and Film Quality Assurance

- A. The film processor located in the laboratory on campus was installed following the manufacturer's specifications.
- B. The temperature on the processor will be checked daily when the processor is turned on.
 - 1. The temperature must be 92°.
- C. 2 test films will be run through the processor to clean the rollers prior to developing films.

- D. Processor chemicals will be replenished as needed.
 - 1. The expiration dates on processor chemicals will be checked prior to replenishing.
- E. Processor chemical reservoirs will be drained and new chemicals added quarterly by the service representative.
- F. The processor lid will be propped open daily when the processor is turned off.
- G. Unopened processor chemicals will be stored in a cabinet in a dark, cool location.
- H. The expiration date on film will be checked prior to loading film in the film bin.
- I. Opened unexposed film will be stored in the original box with lid inside a light-tight film bin.
 - 1. Unopened film will be stored in a cabinet in a dark, cool location.
- J. Film will be developed under safe light conditions
 - 1. The safe light will use a Wratten 6B filter, 15 watt bulb, and be installed at a distance of 6 feet from the film bin and processor.
- K. The Processor Quality Assurance Manual is located in the Program's laboratory on campus. (*BGH Room 104C*)

3.323 Blockcutter Quality Assurance

- A. The central axis/beam divergence check will be performed annually.
- B. The Blockcutter Quality Assurance Manual is located in the Program's laboratory on campus. (*BGH Room W104B*)

SECTION FOUR

***RADIATION THERAPY PROGRAM
CLINICAL EDUCATION PROCEDURES
AND EVALUATION***

STUDENT HANDBOOK

4.00 Radiation Therapy Program: Clinical Education Procedures and Evaluation

4.01 Clinical Education

The following information is available in one or more of the following locations:

- A. Program's faculty offices.
- B. Program's classroom. (*BGH Room W105*)
- C. Student course module. (*RTT 238/239/246 Clinical Rotations Module*)
 - 1. Students purchase the course module at the beginning of the Program. The module is reviewed during Program orientation.
- D. Trajecsys Report System (<https://www.trajecsys.com/programs/>)
- E. Radiation Therapy department of each clinical affiliation. (*FMC, WFBMC, HPRH, WLCH, KMC*)

4.02 Clinical Education Evaluation of Performance

- A. Students will be evaluated on an on-going basis for the duration of the Program.
- B. Students will rotate through a variety of clinical education assignments under direct supervision of qualified individuals. (*Program handbook Sections 3.25, 3.253*)
- C. Clinical education forms will be completed by supervisory clinical staff as well as the Program's faculty.
- D. The Program's faculty will be available to students in each of the clinical education affiliations on a rotating basis to instruct, advise, or assist students as necessary.
- E. Students will have the opportunity to review completed clinical education forms as they are received and graded/recorded.
- F. Students will be provided praise, encouragement, constructive criticism, and suggestions for improvement as needed.

4.03 Clinical Education Forms (*RTT 238/239/246 Clinical Rotations Module, & Trajecsys Record System*)

The purpose of the clinical education forms is to give the student an outline of the clinical education course content and to serve as a guide for the completion of the clinical education course requirements. Upon completing each clinical education assignment, the student should be able to identify, describe, explain, or perform the objectives and/or tasks from the clinical education forms. The following forms will be used for clinical education:

- | | |
|--|--------------------------------|
| A. Clinical Site Orientation Checklist. | H. Clinical Rotation Worksheet |
| B. Clinical Objectives Check Sheet. | Nursing Worksheet. |
| C. Proficiency Evaluation. | Dosimetry Worksheet |
| D. Personal/Professional Growth Evaluation. | Brachy Observation Worksheet |
| E. Clinical Practice Record Log. | I. Patient Log (Trajecsys) |
| F. Competency. (2 minimum/rotation) | J. Simulation Practical Test |
| Patient Care Competency Evaluation. | K. Treatment Practical Test |
| Simulation Competency Evaluation. | . |
| Treatment Competency Evaluation. | . |
| G. Clinical Rotation Warmup (<i>as needed</i>) | . |

4.04 Clinical Education General Guidelines and Procedures

4.041 Clinical Education General Guidelines

- A. Students should confirm the identification of every patient. (*Program handbook Section 3.271*)
- B. Students should escort every patient to and from their clinical education assignment/room. (*Program handbook Section 3.272*)
- C. Students should introduce them self to every patient every day.
- D. Students should offer to touch-up and maintain patient skin markings as needed.
- E. Students should not get in the habit of sitting at the simulation/treatment console each time they exit the simulation/treatment room.
 1. Students should stand as close to the console as possible to observe the patient on the TV monitors without blocking the work station.
- F. Students must maintain professionalism in dress, speech, and actions. (*www.forsythtech.edu, College catalog, Program handbook Sections 3.022, 3.05, 3.054, 3.06, 3.063, 3.22, 3.221, 3.222, 3.24, 3.2743.30, 3.301*)
 1. Students should not get involved in the politics within the department.
 2. Students should not engage in gossip or criticism of physicians, residents, clinical staff, other clinical affiliations, fellow students, the College, or the Program's faculty.
- G. Students must remain in their clinical education assignment unless they are asked to perform a task elsewhere by their supervisory clinical staff or the Program's faculty.
 1. Students must notify and obtain permission from the supervisory clinical staff before leaving the clinical education assignment for any reason.
 2. Students do not receive "scheduled breaks" during clinical education sessions.
 3. Students are expected to actively participate in every clinical education procedure or patient related activity in their clinical education assignment.
 4. Students should remain throughout a procedure/activity once it has begun (i.e. Finish what you start).
- H. Students should not leave their clinical education paperwork/notebooks laying out on the counters where they obstruct the flow of work or clutter the work area.
 1. Ask the supervisory clinical staff where book bags/notebooks should be stored.
 2. The student's name or initials must be on each clinical education form.
 3. Students must complete assignments and distribute/notify staff of clinical education forms in a prompt manner.
 - a. Assignments and clinical education forms may not be completed after the clinical education assignment is complete. (*Program handbook Section 3.03-F*)
- I. Students are expected to utilize their clinical education time wisely.
 1. Clinical education is not a study hall or social hour.
 2. When students are not actively participating in clinical education procedures or patient related activities in their clinical education assignment, they should:
 - a. Review and practice with the equipment and console.
 - b. Practice with the radiographic phantom "Pixy" if time allows.

- c. Review patient charts, CT simulation images, and treatment images/DRR's.
 - d. Complete clinical education paperwork.
 - e. Enter data into Trajecsys
 - f. Review clinical education objectives.
 - g. Clean and restock room with supplies.
 - h. Ask for a temporary reassignment if there is more than 30 minutes of idle time.
 - i. Do not congregate with other students during idle time.
 - 1. Students who have completed all of the above suggestions and cannot think of something productive to do should ask the supervisory clinical staff to give them an assignment.
- J. Students must not conduct personal business during clinical education hours.
- 1. In an emergency, personal phone calls, business, etc. may be conducted during inactive time and with the permission of the supervisory clinical staff.
- K. Students are allowed a maximum of .5 hours for lunch when clinical education hours extend beyond 12:00 pm.
- 1. The actual lunch may vary in time (i.e. 12:00 - 12:30 or 1:00 - 1:30, etc.). Students may **not** take lunch during the last hour of scheduled rotation to leave early without prior approval from program clinical coordinator or director.
 - 2. Students should generally go to lunch and return from lunch at the same time as the supervisory clinical staff, regardless of the time.
- L. All clinical affiliation policies and procedures must be abided by.
- 1. Violations may result in dismissal from the clinical affiliation and/or the Program.
 - 2. Clinical affiliation policies and procedures are located within each department. (*FMC, WFBMC, HPRH, WLCH, KMC*)
 - 3. Any questions concerning policies and procedures should be directed to the supervisory clinical staff or the Program's faculty.
- M. Food and drinks in the clinical education assignment are restricted to designated areas.
- 1. Students should keep caps or lids on liquids and secure them in a closed space in case an accidental spill occurs, computer equipment and patient records will not be damaged.
 - 2. Eating and drinking are allowed in the staff lounge, conference room, and the doctor's workroom.
 - 3. Students should ask the supervisory clinical staff for specific department policies and procedures regarding food and drinks.
 - 4. Absolutely no food or drinks in the block cutting area.

4.042 Clinical Education Procedures Notebook

- A. Students must maintain a clinical education notebook which will include all the required clinical education forms, relevant laboratory material, and assignments for each of the clinical affiliation assignments.
 - 1. The clinical education notebook must accompany the student at all times when they are attending clinical education.

2. The Program's faculty may ask to review the student's clinical education notebook or clinical education paperwork at any time. The student must render their clinical education notebook or clinical education paperwork upon request.
- B. Upon entering a clinical affiliation assignment, the student should:
1. Record arrival/attendance using the Trajecsys Report System
*Making sure to identify the proper site location
 2. Proceed to the clinical education rotation assignment.
 3. Introduce yourself to supervisory clinical staff.
 4. Observe room preparation and warm-up procedure.
 - a. Make arrangements with supervisory clinical staff to observe the warm-up procedure as deemed necessary in preparation for Warm-Up Competency.
 5. Review all clinical education forms with supervisory clinical staff.
 - a. Complete the **Clinical Site Department Orientation Checklist** within 2 days of entering clinical affiliation.
 1. This form should be returned to the student after it is verified and initialed by supervisory clinical staff.
 - b. Review the **Clinical Objectives Check Sheet**.
 1. Complete the objectives throughout the clinical education assignment, do not wait until the last day.
 2. This form should be returned to the student after it is verified and initialed by supervisory clinical staff.
 3. This form serves as an appropriate study guide in preparation for clinical assessment testing.
 - c. Notify the supervisory clinical staff the first day in each clinical education assignment of the **Proficiency Evaluation** available on Trajecsys Report System.
 1. This form is available online to the student and the Program's faculty after it is submitted and verified by supervisory clinical staff.
 - d. Notify the supervisory clinical staff the first day in each clinical education assignment of the **Personal and Professional Growth Evaluation** available on Trajecsys Report System.
 1. This form is available online to the student and the Program's faculty after it is submitted and verified by supervisory clinical staff.
 - e. Complete the **Clinical Practice Record Log** throughout each day during inactive patient care time.
 1. Record information thoroughly and accurately, following HIPAA regulations.
 2. The patient's ID # must include the following information and be recorded in the following order:
 - a. First and last name initial.
 - b. Last three digits of the Radiation Therapy/medical record number.
 - f. Complete the **Skill Summary/ARRT Competency List** as competency requirements are completed.

1. Record information thoroughly and accurately, following HIPAA regulations.
 2. The patient's ID # must include the following information and be recorded in the following order:
 - a. First and last name initial.
 - b. Last three digits of the Radiation Therapy/medical record number.
 3. Record ARRT specific and general anatomical guidelines for specific competency procedures thoroughly and accurately
- g. Notify the supervisory clinical staff prior to attempting a competency of the **Competency Evaluations** (Patient Care, Simulation, Treatment, Warm-Up) all available on Trajecsys Report System.
1. This form is available online to the student and the Program's faculty after it is submitted and verified by supervisory clinical staff.
 2. Complete a **Competency Worksheet (Part I)** in addition to the evaluation form.
 - a. The worksheet may be returned to the Program's faculty for validation of the Competency Evaluations
 - b. Treatment worksheet; General Disease Information Must be completed and signed at least one day prior to performing a treatment competency of the patient in order to receive a grade.
 - c. CT Sim worksheet; General Disease Information Must be completed and signed in conjunction to performing a CT Simulation competency of specific patient in order to receive a grade.
- h. Complete the **Brachytherapy Observation Worksheet & Evaluation Form** after observation/attendance.
1. The worksheet may be returned to the Program's faculty
 2. The observation form is available online on Trajecsys Report System to the student and the Program's faculty after it is submitted and verified by supervisory clinical staff.
- i. Complete the **Rotation Worksheets** throughout each clinical education assignment.
1. This form may be returned to the Program's faculty
- j. Complete daily Attendance and Make-up **Time Record** entry.
Available on Trajecsys Report System.
- k. Complete required Simulation and Treatment Practical Test throughout the semester with the Program's faculty or as required on the course syllabus/schedule. (*Program handbook Sections 4.067, 4.068, 4.069*)
- l. Complete the **CE Evaluation Form** after attendance. Available on Trajecsys Report System
1. Enter staff's name in the comments of who can verify your attendance

- a. Staff will need to confirm your attendance after the form is completed
 - m. Complete the **Treatment Warmup Worksheet** after completion (if needed). Available on Trajecsys Report System
 - 1. Staff will grade the answers & enter a comment with their signature after the form is completed
- C. Students must submit their clinical education notebook and all clinical education forms to the instructor at the end of each clinical education assignment, as noted on the course syllabus. (*Program handbook Sections 2.03, 3.03*)
- D. **Post Evaluation Signatures** is required on all Comp forms and P&P & Proficiency evaluation in Trajecsys (after review with staff)

4.043 Time Record

Each student is responsible for maintaining a time record. The Attendance Time Record and Make-up Time Record are used to document participation and completion of required clinical education hours.

Attendance is recorded through a web based electronic portal system (Trajecsys) for tracking student clinical arrival and departure. Students have the option of reporting from a PC at the location, or by clocking in/out into Trajecsys using their mobile device. If a site computer is used, IP address is recorded; and if using a mobile device with GPS, GPS must be enabled so that the geographical location is recognized. If GPS is not enabled on the smart phone, then the student is advised to log in from a PC.

4.0431 Attendance Time Record

Log into Trajecsys on a computer or on a smart phone at this link:

<https://www.trajecsys.com/programs/login.aspx>.

- A. **Clock In/Out - select the clinical site** from a dropdown on the home page. Then the student will click the **clock in / out** button.
* NOTE: Students can clock IN/OUT more than once per day.
- B. Students should see “**Good Accuracy**” on the phone screen before they click the clock in/out button.
- C. Student will see a “**time accepted**” message. IF not they must use the site computer to clock IN/OUT ASAP
- D. Computer designated at each site for student access:

| | |
|---------------------------|--|
| <i>FMC- in simulation</i> | <i>KMC – at tx. console</i> |
| <i>WL - in simulation</i> | <i>WF – in the workroom;</i> |
| <i>HP – at HDR suit</i> | <i>use your login from orientation</i> |
- E. Location point for mobile clocking is at the patient waiting area of each cancer center
- F. Students must arrive in the clinical site radiation oncology department designated clocking in area a minimum of **5 minutes early** to clock in, this allows for machine/patient hand-off time and for the student to be ready to “work” with staff/patients
- G. The student’s assigned clinical education hours are documented on the clinical education rotation schedule.

1. Clinical education hours may not be altered without the prior permission of the Program's Clinical Coordinator; if said person is not available you must obtain prior permission from the Program Director.
 2. If the student arrives early, it does not result in an early departure!
- H. **Time Exception** is required for each missing clock IN/OUT record. If a student has a missed time entry, the student is responsible for manually entering the missed arrival or departure time.
- 3 exceptions are allowed per semester (one per occurrence)**
** only one time-exception is needed if "Absent"*
1. The correct Time In/Out must be documented and able to be verbally verified by the supervisory clinical staff or the Program's faculty. (if needed)
 - a. Enter into the comments faculty/supervisory staff that are able to verify correct clock in/out time.
 - b. The individual who verifies the student's Time In/Out must be able to verify that the student actually arrived and departed at the designated time.
 2. **The forth occurrence will result in the lowering of the student's letter grade by one letter, as will each subsequent occurrence**
- I. **Tardies due to leaving early** will need a time exception entry with an explanation stating why you left early. If it is due to clinical issues contact clinical coordinator immediately and you will be guided on how to proceed with your clinical time. If it is for personal reasons, you will need to state your plan for making up the clinical time missed.
- J. Falsification of the Attendance Time Record, in any shape, form, or fashion, will result in a "Failing" grade of "F" being given for the course and dismissal from the Radiation Therapy Program for all parties involved.
- K. Do not clock another student IN or OUT.

4.0432 Make-Up Time Record

- A. If make-up time is being completed before or after clinical education hours on an assigned clinical education day, the student should clock IN/OUT once per day as normal and email the clinical coordinator to indicate the time, outside assigned clinical education hours documented on the clinical rotation schedule, to count toward makeup time.
- B. The email should consist of the following structure:
Subject line "MAKE-UP TIME (name)", include in the **body** the **time missed**: rotation site, date, amount of time along with **make-up time information**: indicating the date, amount of make-up time (time frame) that will need to be counted toward the needed missed time.
Ie: Subject: MAKE-UP TIME (Sherry Strickland)
Body: Time missed: FMC L3 September 4th 2.5 hours
Makeup time: September 24th 2.00-4.30 (2.5hours)
1. If the student comes in on a non-clinical day to complete make-up time, it will be documented separately from regularly scheduled clinical education hours.

4.0433 Treatment/Simulation Preceptor Lab Time Record/ Tardy Record

(Program handbook Section 3.03, 3.072, 3.073, 3.091, 3.092, 3.11, 3.12)

The student's Lab Group is based on their individual clinical rotation assignment. A student's lab group will inevitably change as they rotate through the various clinical sites and machine assignments. This may mean that their lab group is not at their clinical assignment and will require you to travel between to two sites.

A. Tardies due to lab/practice testing will require you to clock in at your clinical assignment once arriving.

1 The individual preceptor must be able to verify that the student actually arrived and departed at the documented time.

4.05 The American Registry of Radiologic Technology (ARRT) Core Clinical Education Competency Requirements (*Program handbook Sections 2.042, 6.06, Program's faculty offices*)

There are core clinical education competency requirements that students must demonstrate to establish eligibility to challenge the American Registry of Radiologic Technologists (ARRT) certification examination in Radiation Therapy. The (ARRT) core clinical education competency requirements are in addition to graduation from an educational program accredited by a mechanism acceptable to the (ARRT). The (ARRT) core clinical education competency requirements are the minimum necessary to establish eligibility to challenge the (ARRT) certification examination in Radiation Therapy. The (ARRT) encourages students to obtain education and experience beyond these core clinical education competency requirements. Clinical Education Competency Evaluations for simulation, treatment, dosimetry, beam modification devices, general patient care, and low-volume/high risk procedures will be completed by the supervisory clinical staff and/or the Program's faculty.

A. Clinical education procedures will be presented in the classroom and demonstrated in the laboratory, followed by written and competency based testing.

1. Clinical education procedures in simulation and treatment delivery will be demonstrated using the radiography phantom "Pixy"

B. Simulated Versus Actual Patient Performance. The ARRT requirements specify that certain clinical procedures may be simulated as designated in the specific requirements. Simulated patient must meet the following criteria:

1. The candidate must simulate the procedure on another person with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. Examples of acceptable simulation include: demonstrating CPR on a mannequin, setting up another person for a treatment without actually activating the beam and evaluating a related portal image from a teaching file.

2. The program director must be confident that the skills required to competently perform the simulated task will generalize or transfer to the clinical setting and if applicable the candidate must evaluate the related images.

4.051 (ARRT) Simulation Competency Requirements

Students must complete a minimum of the following simulation competencies:

- A. 7 Simulation Competencies (All must be demonstrated on patients.) The student must demonstrate competency on a variety of simulation procedures independently with no assistance.
 1. For each simulation competency, the student must demonstrate the following:
 - a. Radiation safety.
 - b. Equipment operation.
 - c. Patient and equipment monitoring.
 - d. Patient positioning and marking.
 - e. Treatment volume localization.
 - f. Imaging procedures.
 - g. Record keeping.
 - h. Patient management and education.
 2. The Simulation Competencies that must be completed include:
 - a. Brain.
 - b. Head & Neck.
 - c. Thorax.
 - d. Breast.
 - e. Abdomen.
 - f. Pelvis.
 - g. Skeletal.
 3. CT simulation competency must include:
 - a. Assuring that the therapist and patient follow ALARA.
 - b. Operating the CT scanner, performing daily quality assurance as appropriate (lasers, phantom scans, etc.).
 - c. Explaining the procedure to the patient (greeting the patient, checking for consent form), preparing supplies needed for simulation (collecting pertinent films or medical records, preparing the room), and monitoring equipment during the procedure.
 - d. Positioning and immobilizing the patient using available tools and instrumentation as required (lasers, fiducial markers).
 - e. Performing CT scan for region of interest; participate in determining treatment fields (on film or digitally).
 - f. Review and discuss CT scan and treatment plan with appropriate personnel.
 - g. Utilize preset protocols or adjust imaging to obtain image.
 - h. Mark isocenter and transmit network images to workstation.
 - i. Recording patient positioning and other required information (i.e. set-up, table position).
 - j. Manage patient as situations require, including monitoring for possible contrast reactions.
 - k. Instruct patient on maintenance of skin marks
 - l. Any CT simulation procedure that does not meet these criteria will not count as a simulation competency.
- B. The following anatomic guidelines will be used to determine what constitutes completion of the simulation competencies:
 1. Brain: Whole Brain, Partial Brain, Meninges, Cerebellum, Pineal Gland, or Pituitary Gland.
 2. Head & Neck: Eye, Nasal, Paranasal & Pyriform Sinuses, Lips, Buccal mucosa, Tongue, Hard & Soft Palates, Gingivae, Tonsil, Salivary glands, Cricoid,

- Nasopharynx, Oropharynx, Hypopharynx, Epiglottis, Larynx, Weldeyer's Ring, Thyroid gland, or Parathyroid gland.
3. Chest: Trachea, Lung, Thymus, Mantle, Mini-Mantle, or Esophagus.
 4. Breast: 2, 3, or 4-Field Intact Breast or Chest Wall.
 5. Abdomen: Kidney, Adrenal Gland, Spleen, Liver, Pancreas, Gallbladder, Bile Ducts, Stomach, Small Bowel, Para-Aortics, or Inverted Y.
 6. Pelvis: Bladder, Urethra, Prostate, Testes, Penis, Ovary, Fallopian tube, Uterus, Vagina, Vulva, Inguinal, Inverted Y, Hockey Stick, Appendix, Colon, Rectum, or Anus.
 7. Skeletal: Bones, Cartilage, Soft Tissue Sarcomas, or Muscles.
- C. Students must notify the supervisory clinical staff of the Competency Evaluation **prior** to the time the competency is attempted. With each Simulation Competency Evaluation students are required to submit section "**Part One**" **General Disease Information in conjunction** to performing a competency.
1. The supervisory clinical staff is encouraged to review the completed Competency Evaluations with the student and provide praise, encouragement, constructive criticism, and/or suggestions for improvement.
 2. If the supervisory clinical staff opts not to review the completed Competency Evaluations with the student, this should be noted on the completed Competency Evaluation online and returned to the Program's faculty for grading/recording at which time the faculty will review with the student.
 - a. Students will have the opportunity to review completed clinical education evaluation forms as they are received and graded/recorded. (*Program handbook Section 4.02*)
 3. Students must satisfactorily complete the (ARRT) core clinical competency requirements with a minimum grade of 80 per competency prior to graduation. (*Program handbook Section 2.042*)
 4. Students are encouraged to attempt new clinical education procedures without fear of penalty.
 - a. Students will not be penalized for attempting competencies that result in an unsatisfactory grade. Unsatisfactory evaluations (a grade less than 80) will be reviewed with the student promptly and will not count toward the required total.

4.052 (ARRT) Treatment Competency Requirements

Students must complete a minimum of the following treatment competencies:

- A. 18 Specific Mandatory Treatment Competencies. Fifteen procedure must be demonstrated on patients. Three competencies may be demonstrated in a clinical lab environment, if necessary).
 1. The student must demonstrate competency on a variety of treatment procedures independently with no assistance. For each treatment competency, the student must demonstrate:
 - a. Radiation safety.
 - b. Equipment operation.
 - c. Patient and equipment monitoring.
 - d. Patient positioning.
 - e. Treatment volume localization.

- f. Dose to critical structures.
 - g. Imaging acquisition and registration (ie: MV, kV, CBCT).
 - h. Dose verification.
 - i. Record keeping.
 - j. Patient management and education.
2. The Specific Mandatory Treatment Competencies that must be completed include: (Multi Field procedures include two or more fields and may be 3D conformal, IMRT and /or arc therapy)
- a. Brain (Primary).
 - b. Brain (Metastatic).
 - c. Head & Neck (Multi Field).
 - d. Thorax (IMRT and /or arc therapy).
 - e. Thorax (Multi Field non IMRT).
 - f. Breast (Tangentials).
 - g. Breast (Tangentials, Supraclavicular).
 - h. Breast (Tangentials, Supraclavicular and Posterior Axilla Boost).
 - i. Breast (Special Setup)
 - j. Abdomen (Multi Field non IMRT).
 - k. Abdomen (IMRT and /or arc therapy)
 - l. Pelvis (Multiple Fields: Supine).
 - m. Pelvis (Multiple Fields: prone).
 - n. Skeletal (Single Field Spine).
 - o. Skeletal (Multi Field Spine).
 - p. Skeletal (Extremity).
 - q. Electron Fields (Single).
 - r. Electron Fields (Abutting Fields).
3. A treatment competency must include reviewing the patient's chart and CT simulation films, greeting the patient, checking for consent form, explanation of the procedure, setting-up the field, checking and/or adjusting distances, placing beam modification devices, programming treatment at the remote console, performing necessary films or portal vision image capture. Any treatment procedure that does not meet these criteria will not count as a treatment competency (i.e. MLC block checks, simply verifying treatment parameters, etc.).
- B. The anatomic guidelines used to determine what constitutes completion of the treatment competencies is the same as the process for simulation competency. (***Program handbook Section 4.051-B***) with the addition of the following:
- 1. Electron Fields: Breast scar boost, Cervical node boost, any Skin.
- C. The process for treatment competency is the same as the process for simulation competency. (***Program handbook Section 4.051-C***)

4.053 (ARRT) Dosimetry Competency Requirements

Students must complete a minimum of the following dosimetry competencies:

- A. 6 dosimetry calculations (May be demonstrated under simulated conditions, if necessary).
 - 1. The Dosimetry Competencies that must be completed include:
 - a. Single Field.
 - b. Parallel Opposed Fields.
 - c. Electron Field.
 - d. Weighted Fields.

- e. Wedged Fields.
- f. Computer Generated Isodose Plan.
- B. The process for dosimetry competency is the same as the process for simulation and treatment competency. (*Program handbook Sections 4.051-C, 4.052-C*)

4.054 (ARRT) Treatment Accessory Device Competency Requirements

Students must complete a minimum of the following treatment competencies:

- A. Fabrication of 4 beam modification devices (May be demonstrated under simulated conditions, if necessary).
 - 1. The Beam Modification Device Competencies that must be completed include:
 - a. Custom Block (Photon and/or electron).
 - b. Custom Bolus
 - c. Custom Immobilization Device
 - d. Thermoplastic Mold
 - 2. A beam modification device competency must include setting blockcutting parameters, placing film/R-graph, cutting the block, preparing styrofoam for pouring, pouring the block, preparing the block for mounting, mounting the block, orientation of the tray.
 - 3. Bolus competency must include selecting the correct thickness and type of bolus, cutting pre-fabricated bolus to specification, mixing and shaping custom bolus material.
 - 4. Custom Immobilization Device and Thermoplastic Mold competency may include mixing of chemicals, follow proper safety of product, wears proper safety equipment, Mold was properly formed to area.
 - 5. Any beam modification device procedure that does not meet these criteria will not count as a beam modification device competency (i.e. block checks, use of prefabricated bolus without modification, etc.).
- B. The process for beam modification device competency is the same as the process for simulation, treatment, and dosimetry competency. (*Program handbook Sections 4.051-C, 4.052-C, 4.053-B*)

4.055 (ARRT) General Patient Care Competency Requirements

Students must complete a minimum of the following treatment competencies:

- A. Demonstration of 4 general patient care procedures (May be demonstrated under simulated conditions, if necessary).
 - 1. The General Patient Care Competencies that must be completed include:
 - a. CPR.
 - b. Vital Signs (Blood Pressure, Pulse, Respirations, Temperature).
 - c. Oxygen Administration.
 - d. Patient Transfer.
 - 2. General patient care competency must include reviewing the patient's chart, greeting the patient, explanation of the procedure, utilizing the proper safety equipment/body mechanics, performing the tasks, recording the data. Any general patient care procedure that does not meet these criteria will not count as a general patient care competency (i.e. weighing the patient, watching someone else perform the procedure, etc.).
- B. The process for general patient care competency is the same as the process for simulation, treatment, dosimetry, and beam modification device competency. (*Program handbook Sections 4.051-C, 4.052-C, 4.053-B, 4.054-B*)

4.056 (ARRT) Participatory/Low Volume/High Risks (Treatment) Procedures Competency Requirements

Students must complete a minimum of the following low volume/high risks (treatment) procedures competencies:

- A. 4 Participatory/low volume/high risks (treatment) procedures (May be demonstrated under simulated conditions, if necessary).
 - 1. Participation means that the candidate takes an active role in the procedure and understands the critical concepts vital to the success of the procedure.
 - 2. The Participatory/low volume/high risks (Treatment) Procedures that must be completed include:
 - a. Total Body Irradiation (TBI).
 - b. Craniospinal.
 - c. Brachytherapy in operating room
 - d. Low Dose Rate (LDR) / High Dose Rate (HDR) brachytherapy procedure
 - 3. Program Brachytherapy Observation Requirement
 - a. Students must observe a minimum of 1 brachytherapy procedure in the operating room and complete the required paperwork. (*Program handbook Sections 2.04, 2.042-D*)
 - b. Students must observe a minimum of 1 Low Dose Rate (LDR) / High Dose Rate (HDR) brachytherapy procedure and complete the required paperwork. (*Program handbook Sections 2.04, 2.042-E*)
 - 4. A Participatory/ procedures competency must include reviewing the patient's chart and CT simulation films, greeting the patient, checking for consent form, explanation of the procedure, setting-up the field, checking and/or adjusting distances, placing beam modification devices, programming treatment at the remote console, performing necessary films or portal vision image capture.
- B. The process for Participatory/low volume/high risks (treatment) procedures competency is the same as the process for simulation, treatment, dosimetry, beam modification device, and general patient care competency. (*Program handbook Sections 4.051-C, 4.052-C, 4.053-B, 4.054-B, 4.055-B*)

4.057 (ARRT) Quality Control Procedures

- A. Students must demonstrate competence a minimum of the following three quality control activities.
 - 1. Linear Accelerator
 - a. Laser Alignment
 - b. Beam output and Symmetry
 - 2. Simulator
 - a. Laser Alignment
- B. The process for Quality Control Procedures competency is the same as the process for simulation, treatment, dosimetry, beam modification device, general patient care competency and Participatory/low volume/high risks (treatment) procedures competency. (*Program handbook Sections 4.051-C, 4.052-C, 4.053-B, 4.054-B, 4.055-B, 4.056-B*)

4.06 Program Clinical Education Competency Requirements

There are clinical education competency requirements that students must demonstrate to meet the Program's critical course requirements (*Program handbook, Section 2.04, 2.041*) and establish eligibility to graduate from the College. The Programs clinical education competency requirements are designed to assist the student in completing the (ARRT) core clinical education competency requirements (*Program handbook Section 4.05, 4.051, 4.052, 4.053, 4.054, 4.055, 4.056, 4.057*). The Program's clinical education competency requirements are the minimum necessary to establish eligibility to graduate from the College. The Program's faculty encourages students to obtain education and experience beyond these clinical education competency requirements. Clinical Education Competency Evaluations for simulation, treatment, dosimetry, quality control, beam modification devices, and general patient care will be completed by the supervisory clinical staff and/or the Program's faculty.

- A. Clinical education procedures will be presented in the classroom and demonstrated in the laboratory, followed by written and competency based testing.
 1. Clinical education procedures in simulation and treatment delivery will be demonstrated using the radiography phantom "Pixy" &/or a Simulated Environment.
- B. Simulated Versus Actual Patient Performance. The ARRT requirements specify that certain clinical procedures may be simulated as designated in the specific requirements. Simulated patient must meet the following criteria:
 - The candidate must simulate the procedure on another person with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. Examples of acceptable simulation include: demonstrating CPR on a mannequin, setting up another person for a treatment without actually activating the beam and evaluating a related portal image from a teaching file.
 - The program director must be confident that the skills required to competently perform the simulated task will generalize or transfer to the clinical setting and if applicable the candidate must evaluate the related images.

4.061 Program Simulation Competency Requirements Per Clinical Education Assignment

- A. A minimum of 2 competencies in each clinical education assignment. (*College catalog, Program handbook Sections 2.04, 2.041*)
 1. Students who fail to obtain a minimum of 2 competencies during each clinical education assignment are solely responsible for making arrangements with the appropriate clinical education affiliation/assignment to return and complete the required competencies outside regularly scheduled clinical education sessions prior to the end of the semester of the assigned clinical education assignment.
 - a. Students may not alter their clinical assignment or miss time from another clinical education assignment in order to fulfill a missed opportunity to complete their competencies while in the clinical education assignment.
 2. Students who fail to satisfactorily complete the required number of competencies in each clinical education assignment may be given an "Incomplete" grade of "I" if the student has a valid reason for failure to complete the competency requirements prior to the end of the respective semester/graduation.

The following criteria must be met:

- a. The student must notify the instructor in writing before the end of the semester of their failure to complete their competency requirements.
 - b. The student must satisfy his/her instructor that he/she should be permitted additional time to complete the competency requirements.
 - c. The student may request that an “Incomplete” grade of “I” be granted.
 - d. The issuance of an “Incomplete” grade of “I” is at the discretion of the instructor.
 - e. If an “Incomplete” grade of “I” is granted, the terms, conditions, and a date of completion must be specified in writing.
 1. Program progression/graduation will be delayed until the “Incomplete” grade of “I” is removed.
 2. If the student fails to complete the competency requirements according to the specifications, the “Incomplete” grade of “I” will remain permanently recorded.
- B. The process for Program simulation competency is the same as the process for (ARRT) simulation competency. (*Program handbook Section 4.051-C*)

4.062 Program Treatment Competency Requirements Per Clinical Education Assignment

- A. The Program’s Treatment Competency requirements per clinical education assignment is the same as the Program Simulation Competency requirements per clinical education assignment. (*College catalog, Program handbook Sections 2.04, 2.041*)
- B. The process for Program treatment competency is the same as the process for (ARRT) simulation and treatment competency. (*Program handbook Sections 4.051-C, 4.052-C*)
- C. In order to perform a treatment competency a student must be previously exposed to the patient and treatment setup by reviewing the setup with the clinical staff and reviewing the treatment chart information. With each Treatment Competency Evaluation students are required to submit section “**Part One**” **General Disease Information prior** to performing a competency.
 By giving appropriate notice to the staff prior to the patients arrival that they wish to test on. Once the student begins a competency he/she must complete it and perform all critical requirements to receive a passing grade. If the critical requirement is not meet then a grade of 79 will be given for the competency. If a student fails to give staff paperwork for the competency before the procedure or terminates the competency early then a zero will be given for that competency.

4.063 Program Beam Modification Device Competency Requirement Per Clinical Education Blockcutting/Bolus Assignment Per Semester

- A. The Program’s Beam Modification Device Competency requirements per clinical education blockcutting & bolus assignment is the same as the Program Simulation Competency and Treatment Competency requirements per clinical education assignment. (*Program handbook Sections 2.04, 2.042*)
- B. The Program’s Beam Modification Device Competency requirements per

semester is as follows:

1. Cut and cut, pour and verify 1 custom electron insert in the fall semester for RTT 238. (*Program handbook Sections 2.04, 2.041-C6*)
 2. Cut and cut, pour and verify a minimum of 1 custom electron insert in the summer semester for RTT 246. (*Program handbook Sections 2.04, 2.041-E2*)
 3. Demonstrate the ability to fabricate Custom bolus. (*Program handbook Section 2.04, 2.041*)
- C. The process for Program beam modification device competency is the same as the process for (ARRT) simulation, and treatment, beam modification device competency. (*Program handbook Sections 4.051-C, 4.052-C, 4.054-B*)

4.064 Program Warm-up Procedure Competency Requirements

Students must complete a minimum of the following warm-up procedure competencies:

- A. A minimum of 1 warm-up procedure competency in each clinical education assignment on a simulator and a minimum of three (3) Varian (FMC, WLCH, KMC) and two (2) Elekta (WFBMC, HPRH) linear accelerator competency at each respective clinical facility. (*College catalog, Program handbook Sections 2.04, 2.041*)
1. A treatment machine warm-up competency must include setting-up the room and monitoring device, placing build-up material for each energy, checking/recording necessary machine parameters, programming the machine for each energy, recording output data for each energy, checking necessary lasers recognizing/reporting output data that is out of range. A simulation machine warm-up competency must include setting-up the room and machine, making necessary exposures, checking necessary lasers, distances, and drift, recognizing/reporting data that is out of range. Any warm-up procedure that does not meet these criteria will not count as a warm-up procedure competency (i.e. watching someone else perform the procedure, simply recording the data, etc.).
- B. The process for Program warm-up procedure competency is the same as the process for (ARRT) simulation, treatment, and beam modification device competency. (*Program handbook Sections 4.051-C, 4.052-C, 4.045-B*)

4.065 Program Continuing Education Activity Requirement

Students must participate in a minimum of 3 continuing education activities per semester.

(*Program handbook Sections 2.04, 2.041-H, 2.041-I, 2.041-J*) Continuing education activities may include the following:

- a. Chart rounds.
- b. Tumor Board.
- c. In-service lecture or training.
- d. Professional meeting/reading.

4.067 Program Practical Procedure Test Requirement

The (ARRT) recommends that educational programs include a mechanism of continuing and terminal competency evaluation to assure students maintain proficiency during the course of the Program. Competency demonstration should incorporate patient-specific variations such as age and pathology. Competency based Practical Procedure Tests will be completed by the Program's faculty/instructor.

- A. Practical Procedure Tests will be scheduled approximately mid-semester and near the end of each semester, as noted on the course syllabus. (*Program handbook*

Sections 2.03, 3.03)

1. Students may request to attempt a Practical Procedure Test earlier than scheduled testing times if they believe they are adequately prepared and it is approved by the instructor of record for the course.
- B. Successful completion of the Practical Procedure Tests requires dedication and a generous time commitment from the student. The surest way to prepare adequately for Practical Procedure Tests is diligent practice throughout the entire semester using the radiographic phantom “Pixy” and practice with the virtual software system (VERT). The Program’s faculty cannot stress enough how important this is to the student’s success.

4.0671 Program Simulation Practical Procedure Test Requirement

Students must complete 7 Simulation Practical Procedure Tests with a minimum grade of 80 per practical procedure with the Program’s faculty prior to graduation. (*Program handbook Section 2.04, 2.041, 2.043, 2.044, 3.17, 3.18*)

- A. The required simulation practical procedures are as follows:

| | |
|-------------------------------|----------------------|
| PA Spine | 4-Field Pelvis |
| AP/PA Lung | Extremity |
| RT/LT Lateral Brain | RT/LT Lateral Larynx |
| ISO Placement/CTA Measurement | |

4.0672 Program Treatment Practical Procedure Test Requirement

Students must complete 10 Treatment Practical Procedure Tests with a minimum grade of 80 per practical with the Program’s faculty prior to graduation. (*Program Handbook Section 2.04, 2.041, 2.043, 2.044, 3.17, 3.18*)

- A. The required treatment practical procedures are as follows:

| | |
|---------------------|------------------------|
| PA Spine | AP/PA Whole Abdomen |
| AP/PA Lung | Tangent Breast |
| RT/LT Lateral Brain | Extremity |
| IMRT Lung | Wedge Pair Brain Boost |
| 4-Field Pelvis | CNS |

4.068 Program Proficiency Evaluations

Students must notify the supervisory clinical staff of the Proficiency Evaluation (available on the Trajecsyst Report System) at the beginning of each clinical education assignment. Do not wait until the last day of a clinical education assignment to make the staff aware of the Proficiency Evaluation.

1. The supervisory clinical staff is encouraged to review the completed Proficiency Evaluation with the student and provide praise, encouragement, constructive criticism, and/or suggestions for improvement.
2. If the supervisory clinical staff opts not to review the completed Proficiency Evaluations with the student, this should be noted on the completed Evaluation online at which time the faculty with review with the student.
 - a. Students will have the opportunity to review completed clinical education evaluation forms as they are received and graded/recorded. (*Program handbook Section 4.02*)
3. Since evaluations are part of the student grade, the student is responsible for his or her evaluations. This may require politely reminding the clinic supervisor to

complete the evaluation in Trajecsys

- After the student has signed the evaluation, the evaluation will be reviewed by the clinical coordinator in Trajecsys. **Signing the evaluation is required to demonstrate that the student has received the evaluation.** Signing the evaluation does not mean that the student agrees with the evaluation.
- If for any reason the student disagrees with the evaluation, the form should be signed and an explanation added

4.069 Program Personal and Professional Growth Evaluations

Students must notify the supervising clinical staff of the Personal and Professional Growth Evaluation form available on Trajecsys Report System at the beginning of each clinical education assignment. Do not wait until the last day of a clinical education assignment to make the staff aware of the Personal and Professional Growth Evaluation.

1. The supervisory clinical staff is encouraged to review the completed Personal and Professional Growth Evaluation with the student and provide praise, encouragement, constructive criticism, and/or suggestions for improvement.
2. If the supervisory clinical staff opts not to review the completed Personal and Professional Growth Evaluations with the student, this should be noted on the completed Evaluation online at which time the faculty will review with the student.
 - a. Students will have the opportunity to review completed clinical education evaluation forms as they are received and graded/recorded. (**Program handbook Section 4.02**)
3. Since evaluations are part of the student grade, the student is responsible for his or her evaluations. This may require politely reminding the clinic supervisor to complete the evaluation in Trajecsys
 - After the student has signed the evaluation, the evaluation will be reviewed by the clinical coordinator in Trajecsys. **Signing the evaluation is required to demonstrate that the student has received the evaluation.** Signing the evaluation does not mean that the student agrees with the evaluation.
 - If for any reason the student disagrees with the evaluation, the form should be signed and an explanation added

4.07 Clinical Education Affiliation Directions

4.071 General Information

- A. Students must not park in the Radiation Therapy patient parking lots or validate their parking tickets if they are at the hospital for reasons other than school related business.
- B. Students who ignore parking restrictions or abuse the patient parking lots may not be allowed to complete their clinical education assignment at the clinical education affiliation in which the infraction occurs.
 1. Failure to complete clinical education assignments in each clinical education affiliation may prevent the student from completing graduation requirements. **SO...DON'T DO IT!!!**
- C. Students are expected to arrive in the department ready to begin clinicals, not the

parking lot, at the scheduled time.

1. Allow enough time for traffic jams, to park, and to walk/shuttle to the department without being tardy.

D. If you are unsure of how to get to the clinical education affiliation, do a test drive a day or so before you are scheduled to be there.

4.072 Driving Directions

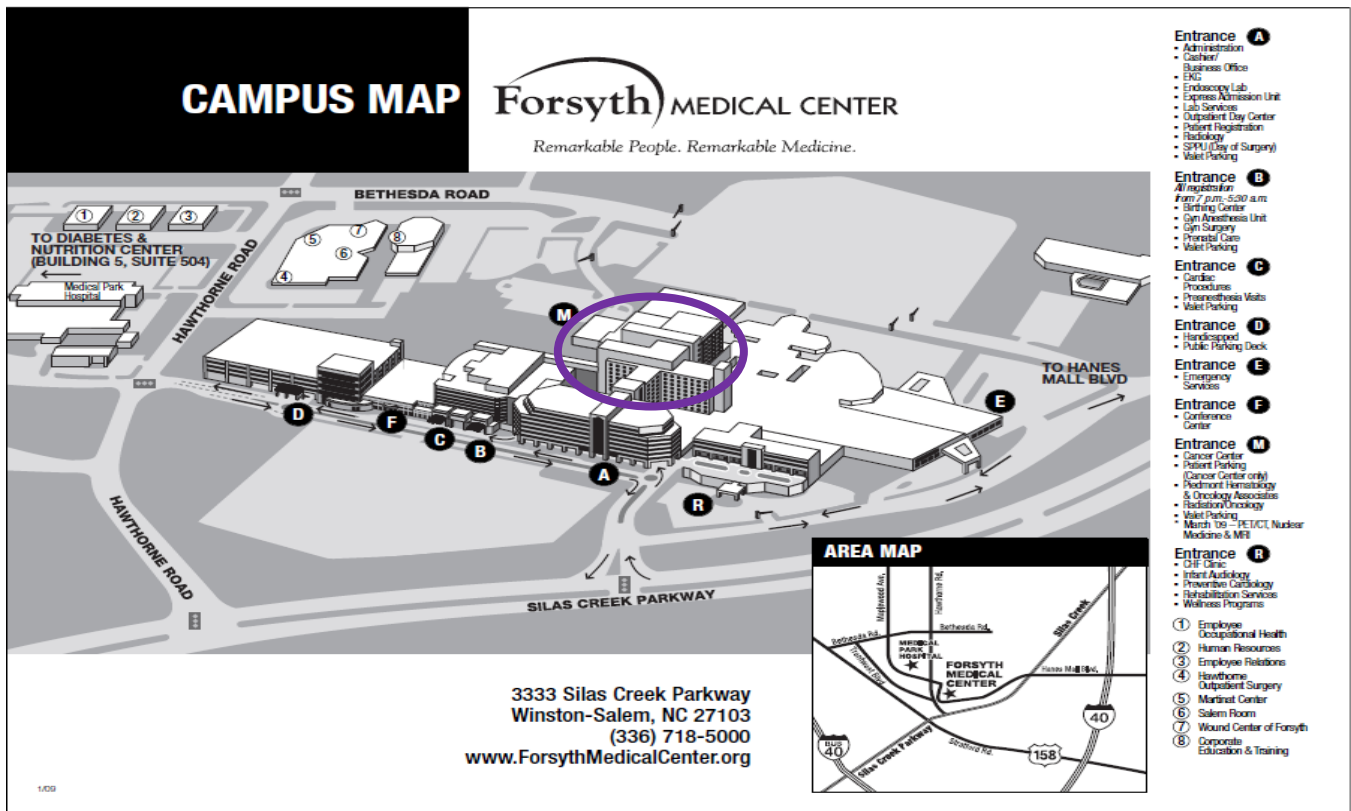
All directions are available online through various map apps. Please refer to the clinical site address for directions.

4.0721 Forsyth Medical Center

3333 Silas Creek Pkwy, Winston-Salem, NC 27103

The Radiation Oncology Department is located on the First Floor of Forsyth Regional Cancer Center at the back of the hospital facing the parking lot.

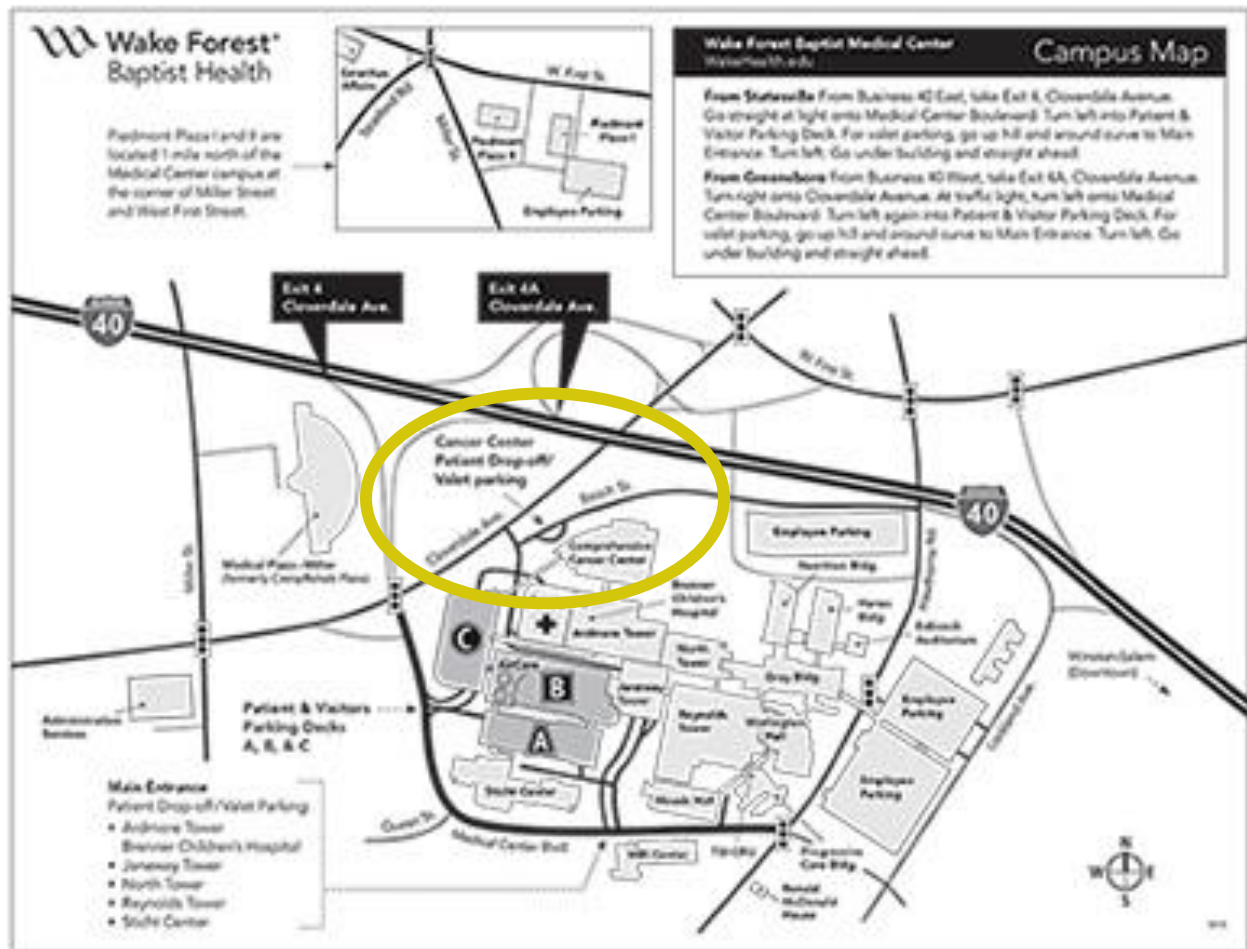
NOTE: Students will need a parking card to enter the FMC parking lot. Students may purchase a parking card for \$10.00 fee from the Public Safety Administrative Office at FMC.



4.0722 Wake Forest University Baptist Medical Center Medical Center Boulevard

The Radiation Oncology Department is located on the Main Floor of the Comprehensive Cancer Center directly behind the Shell Station.

NOTE: Students are permitted to park in the employee parking deck. A parking pass will be issued to grant students access to park on the rooftop level of the Hawthorne Road employee deck. Students may purchase a parking card for \$10.00 fee from the Human Resources.

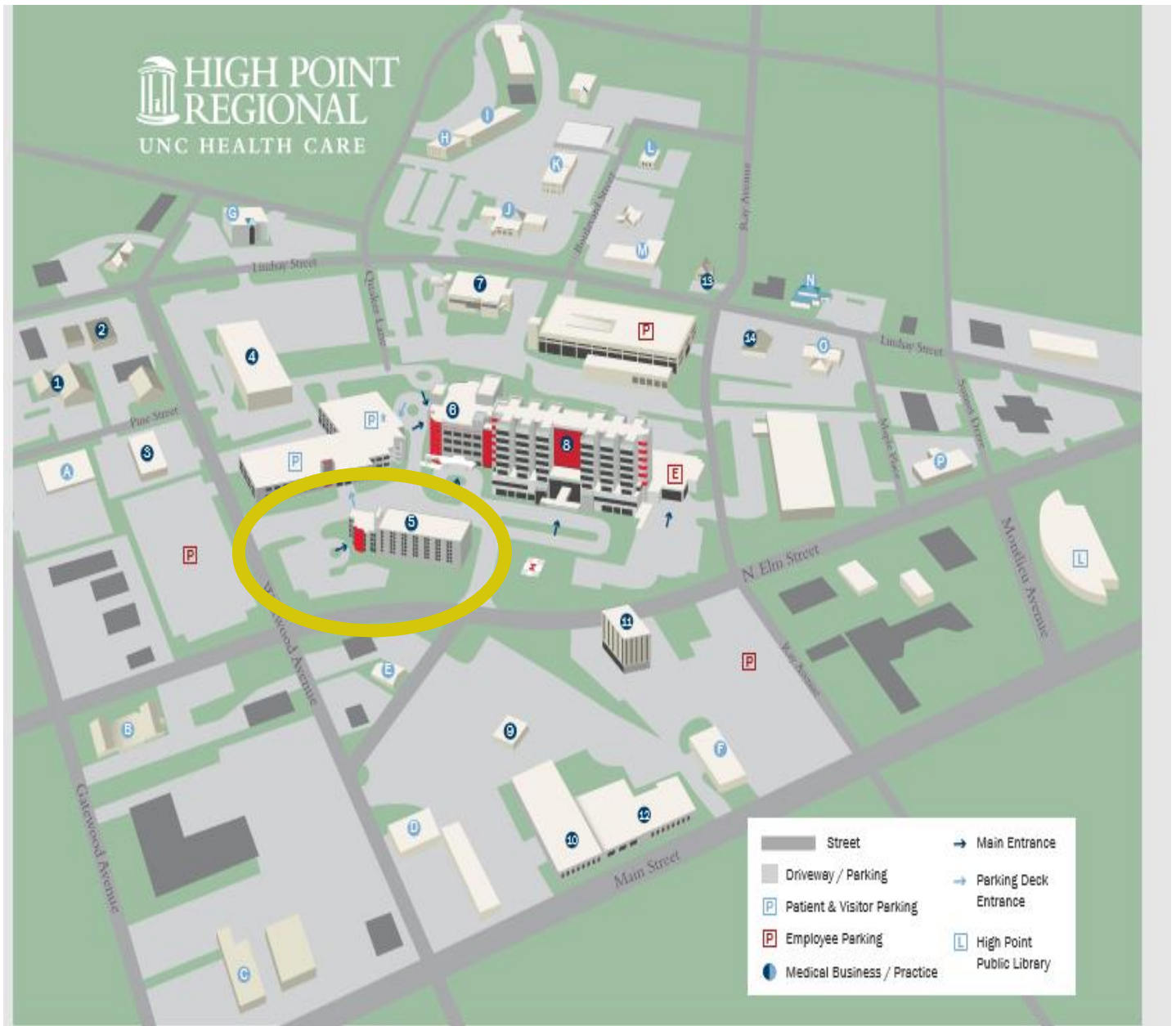


4.0723 High Point Regional Hospital

601 North Elm Street
High Point, North Carolina

The Radiation Oncology Department is located on the Basement Level of the Elm Street Building on the corner of Elm Street and Westwood Avenue.

NOTE: Students are permitted to park on the top level of the employee parking deck at HPRH. Use the entrance to the employee deck off Lindsey St., at the gate push the communication button to talk with security (let them know you are a student of FTCC in the Oncology Dept.). Drive to the top level and park.



4.0724 Wesley Long Community Hospital
1118, 2400 W Friendly Ave, Greensboro, NC 27403

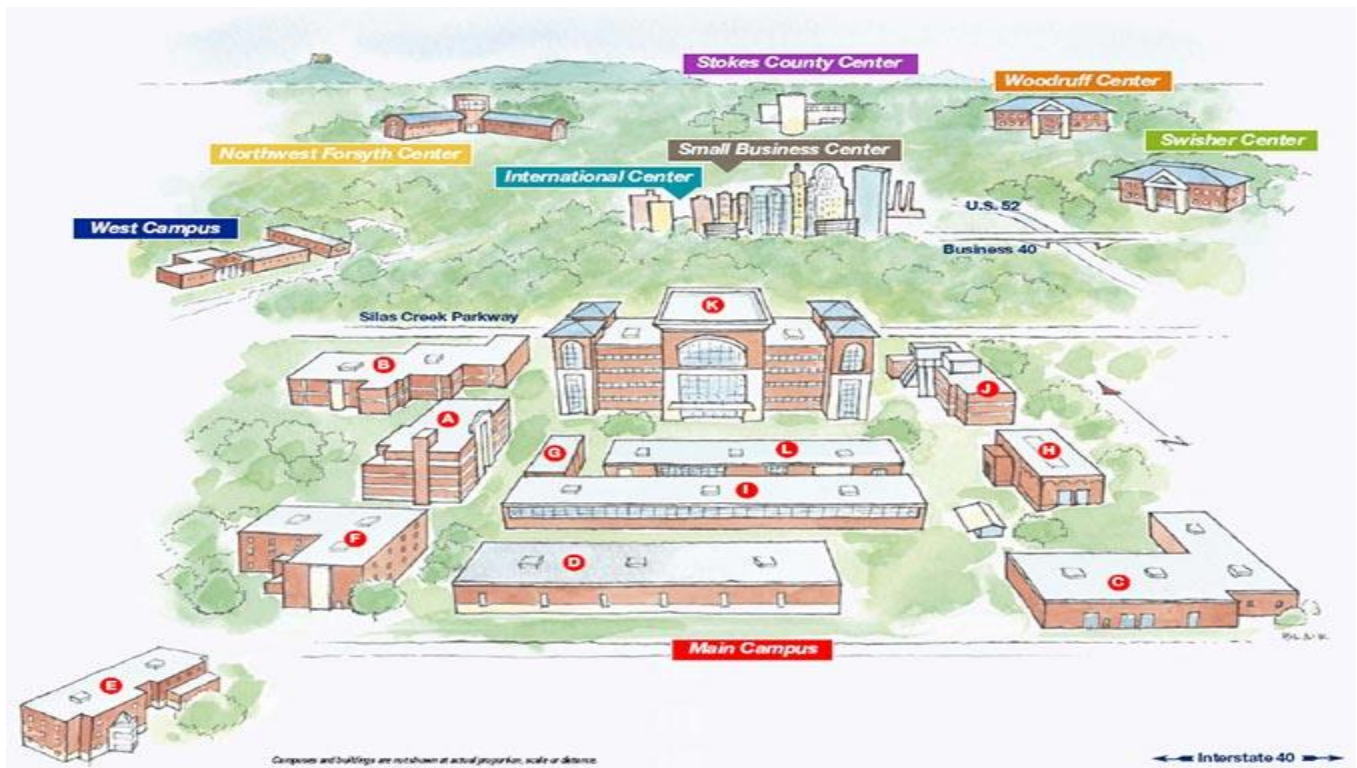
The Radiation Oncology Department is located on the Ground Floor in the Regional Cancer Center building just to the left of the Main Hospital Entrance.

NOTE: Students are permitted to park in lot 1 or 9 at the farthest point from the hospital.

Parking - Wesley Long Community Hospital



4.0725 Forsyth Technical Community College



Campus and Center Locations

Main Campus

2100 Silas Creek Parkway
Winston-Salem, NC
Phone: 336.723.0371

Grady P. Swisher Center

1251 Dudley Products Dr.
Kernersville, NC
Phone: 336.734.7903

Forsyth Tech International Center

Forsyth County Public Library
660 West 5th Street
Winston-Salem, NC
Phone: 336.631.1325 or 1326
Se habla español

Stokes County Center

1012 Main Street
Danbury, NC
Phone: 336.593.2482

West Campus

1300 Bolton Street
Winston-Salem, NC
Phone: 336.761.1002

Northwest Forsyth Center

3111 Big Oaks Drive
King, NC
Phone: 336.734.7050

Small Business Center

Chamber Building
601 West 4th Street
Winston-Salem, NC
Phone: 336.631.1320

Mazie S. Woodruff Center

4509 Lansing Dr.
Winston-Salem, NC
Phone: 336.734.7950

Map Legend

- (A) Allman Center
- (B) Ardmore Hall
- (C) Carolina Building
- (D) Forsyth Building
- (E) Greene Hall
- (F) Hauser Hall
- (G) Parkway Building
- (H) Piedmont Building
- (I) Salem Building
- (J) Snyder Hall
- (K) Technology Building
- (L) Winston Building

4.0726 Kernersville Medical Center

710 Kernersville Medical Pkwy #116, Kernersville, NC 27284

The Radiation Oncology Department is located on the Ground Floor at the back of the Main Hospital Entrance.

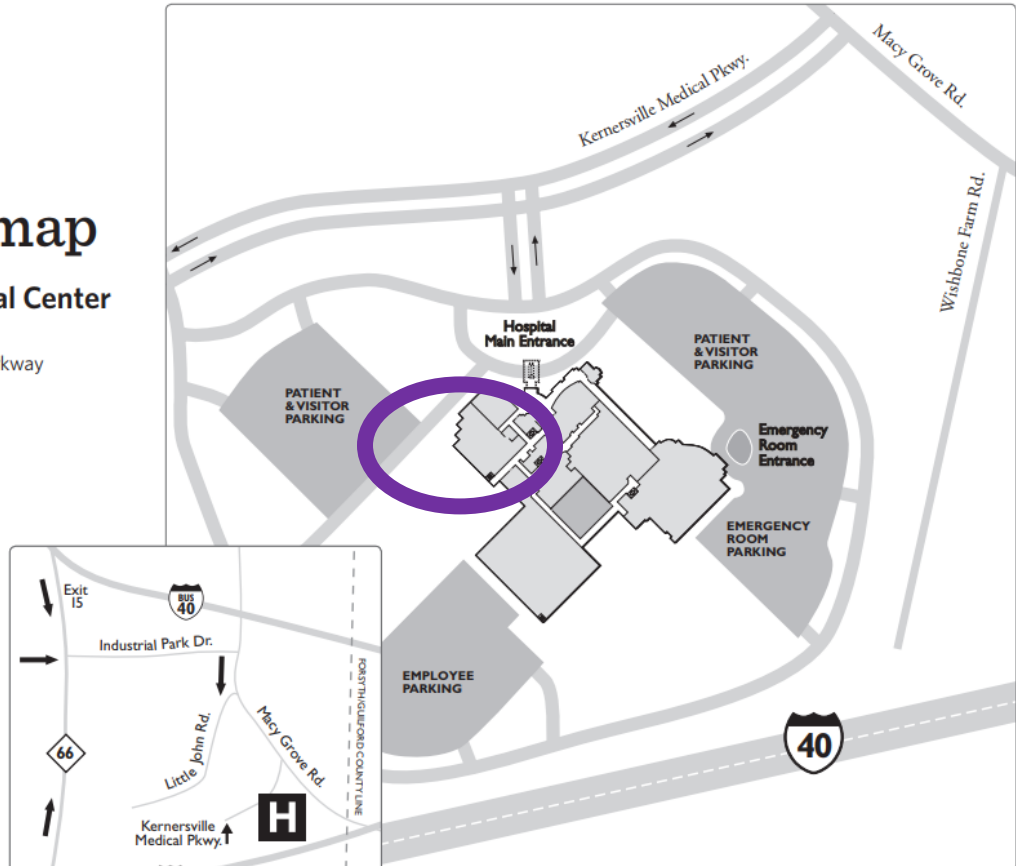
NOTE: Students are permitted to park in patient lot at the farthest point from the hospital.

NI

Campus map

Kernersville Medical Center

1750 Kernersville Medical Parkway
Kernersville, NC 27284
336-564-4000
NovantHealth.org



SECTION FIVE

***THE JOINT REVIEW COMMITTEE
ON EDUCATION IN
RADIOLOGIC TECHNOLOGY***

***STANDARDS FOR AN ACCREDITED
EDUCATIONAL PROGRAM
IN RADIOLOGIC SCIENCES***

STUDENT HANDBOOK

Section 5.00 - The Joint Review Committee on Education in Radiologic Technology: Standards for an Accredited Educational Program in Radiologic Sciences (www.jrcert.org)

5.01 The Joint Review Committee on Education in Radiologic Technology (JRCERT)

The following information is available on the (JRCERT) web site, the College web site (www.forsythtech.edu), the Program's faculty offices, and the Program's classroom .

5.011 (JRCERT): Who We Are

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is the only organization recognized by the U.S. Department of Education (USDE) for the accreditation of education programs for radiographers and radiation therapists in the United States. The JRCERT may be contacted at:

20 North Wacker Drive, Suite 900
Chicago, Illinois 60606-2901
(312) 704-5300

5.012 (JRCERT) Mission Statement

The (JRCERT) promotes excellence in education and enhances quality and safety of patient care through the accreditation of educational programs.

5.013 (JRCERT) Purpose of Accreditation

The value of programmatic accreditation includes, but is not limited, to the following:

- A. Provides Consumer Protection.
Accreditation recognizes that the education offered by an accredited program has been extensively evaluated and meets standards established by and for the profession.
- B. Advances and Enhances a Profession.
Accreditation brings together practitioners, educators, and students in the vital activities of setting standards for educating entry-level professionals and striving to continuously improve the educational system.
- C. Protects Against Compromise of Educational Quality.
Accreditation assures that programs develop and deliver quality curricula that result in appropriate learning outcomes in the areas of knowledge, skills, and values.

5.014 (JRCERT) Standards

The Standards for an Accredited Educational Program in Radiologic Sciences are directed at the assessment of program and student outcomes. Using these standards, the goals of the accreditation process are to: protect the student and the public, stimulate programmatic improvement, provide protective measures for federal funding or financial aid, and promote academic excellence.

Each standard is titled and includes a narrative statement, supported by objectives, describing the outcome required for compliance with the standard. Selected key terms are underlined and defined in the Glossary to clarify the meaning. The definitions contained in the Glossary are considered a component of the standards and, as such, must be satisfied to comply with the standards.

5.02 Resolution of (JRCERT) Non-Compliance Allegations

If a student believes the Program is non-compliant with the (JRCERT) Standards:

- A. Schedule a conference between student and Program Coordinator.
 - 1. After the conference, the Program Coordinator will respond to the allegation of non-compliance within 10 working days.
- B. If the allegation of non-compliance is not resolved at this level, the student should:
 - 1. Arrange a conference with the Division Dean.
 - 2. After the conference, the Division Dean will respond to the allegation of non-compliance within 10 working days.
- C. If the allegation of non-compliance is not resolved by the Division Dean, the student may:
 - 1. Submit allegation of non-compliance to the Vice President of Instruction.
 - 2. The student has the responsibility to provide the Vice President of Instruction with a written letter of the allegation of non-compliance within 10 working days after receiving the response from the Program Coordinator in order for the allegation of non-compliance to be considered.
 - 3. After conferring with the student, the Vice President of Instruction will convene a division appeals committee. This committee will hear the allegation of non-compliance and make the final decision. The Vice President of Instruction will notify the student and the Program Coordinator in writing.
- D. Questions concerning the allegation of non-compliance process should be directed to the Program Coordinator, Division Dean, or Vice President of Instruction.
- E. The student's letter of allegation of non-compliance should include:
 - 1. Date, student's name, signature, address, and telephone number.
 - 2. The specific Standard(s) and Objective(s) the student believes is in non-compliance with the (JRCERT) accreditation.
 - 3. Brief explanation of why the student feels the Program is non-compliant with the specific (JRCERT) Standard(s) and Objective(s) and what the student feels the appropriate action would be to resolve the allegation of non-compliance.
 - 4. Any supporting documentation the student feels is needed to explain more fully the student's position of the non-compliance.
- F. The letter of allegation of non-compliance and any supporting documentation will be duplicated for the committee to review.

SECTION SIX

***THE AMERICAN REGISTRY OF
RADIOLOGIC TECHNOLOGISTS***

***RADIATION THERAPY
EXAMINATION FOR
CERTIFICATION INFORMATION***

STUDENT HANDBOOK

Section 6.00 - The American Registry of Radiologic Technologists: Radiation Therapy Examination for Certification Information (www.arrt.org)

6.01 The American Registry of Radiologic Technologists (ARRT)

The following information is available on the (ARRT) web site, the College web site (www.forsythtech.edu), the Program's faculty offices, and the Program's classroom .

6.011 (ARRT) Who We Are

The (ARRT) is the world's largest credentialing organization that seeks to ensure high quality patient care in radiologic technology. We test and certify technologists and administer continuing education and ethics requirements for their annual registration.

6.012 (ARRT) Mission Statement

The American Registry of Radiologic Technologists promotes high standards of patient care by recognizing qualified individuals in diagnostic medical imaging, interventional procedures and radiation therapy.

6.013 (ARRT) Certification

Certification is the one-time process of initially recognizing individuals who have satisfied certain standards within a profession. A person is certified by the (ARRT) after completing educational preparation standards, complying with the ethical and character standards, and passing a certification exam.

6.014 (ARRT) Purpose of Examination

The purpose of (ARRT) exams is to assess the knowledge and cognitive skills underlying the intelligent performance of the major tasks typically required of a staff technologist at entry level.

Certification exams are not intended to test an entire educational curriculum presented over several months, nor would that necessarily be desirable. Certain aspects of the curriculum are viewed as enrichment activities (e.g., history of the field) that, although important for a well-rounded education, are not an essential element to practice as an entry-level staff technologist.

In turn, (ARRT) exams are not meant to affect what an educational program teaches. A program that taught only with the examination in mind would provide an impoverished educational experience.

6.02 General Examination Information

- A. The (ARRT) Radiation Therapy examination is computer-based and is administered by Pearson VUE, the electronic testing business of Pearson Education.
- B. The examination is 200 questions and examinees are given 3 hours to complete the test.
- C. Pearson VUE provides the calculator and will not permit examinees to use their own.
- D. The Examinee Handbook provides additional details regarding exam application, test center scheduling, exam content, computer-based testing format, and score reporting.
- E. Application forms and the Examinee Handbook can be obtained from the Program Coordinator in the summer semester.
- F. The Program Coordinator is responsible for ensuring that graduating students have reached a level of competency on specified procedures that is appropriate for entry-level Radiation Therapists.
 1. The Program Coordinator's signature on Registry Eligibility forms verifies that the student has met all competency requirements and is eligible to sit for the exam.
 2. The Program Coordinator's signature will be withheld if a student has not met all competency and graduation requirements and the student will be ineligible to sit for the exam.

- G. Students are encouraged to sit for the examination as soon after graduation as possible.
- H. The student is solely responsible for obtaining the Program Coordinator's signature and submitting their application accurately, completely, and promptly.
- I. The fee for taking the examination is \$150.
- J. The Pearson VUE testing centers are busiest in the spring and summer. Students are encouraged to schedule their test early. It takes approximately six weeks for the application to be processed.
- K. Once the application has been processed, the student has 90 days to sit for the examination.
- L. If the student fails to sit for the examination within the 90-day window, the examination fee must be paid again. The (ARRT) has specific eligibility requirements that may exclude a student or graduate from sitting for the examination.

6.03 General Eligibility for (ARRT) Certification (BGH faculty offices)

6.04 How to Apply for (ARRT) Certification (BGH faculty offices)

6.05 (ARRT) Pre-Application Review of Eligibility (BGH faculty offices)

6.06 (ARRT) Clinical Competency Requirements (BGH faculty offices)

6.07 (ARRT) Didactic Competency Requirements (BGH faculty offices)

6.08 (ASRT) Professional Radiation Therapy Curriculum (www.forsythtech.edu, BGH faculty offices)

6.09 (ARRT) Content Specifications for the Examination in Radiation Therapy (BGH faculty offices)

6.10 (ARRT) Exam Format (BGH faculty offices)

6.11 Pearson VUE Testing Center Information (www.pearsonvue.com/arrt, BGH faculty offices)

6.12 North Carolina Test Center Locations (BGH faculty offices)

6.13 Employment Assistance

In addition to the College's Federal Work Study Program (*College catalog*) and the Employment Assistance Center (*College catalog*, *College handbook*), the Program's faculty will assist students seeking employment by:

- A. Posting job opportunities.
- B. Encouraging students to attend professional meetings to meet recruiters.
- C. Encouraging students to attend recruitment luncheons sponsored by the clinical affiliations.
- D. Arranging a subscription to the professional magazine *Advance* for each student.
- E. Encouraging students to attend local and college sponsored job fairs.
- F. Sharing information received from recruiters.
- G. Assisting students in preparing cover letters and resumes.
- H. Reviewing interview skills with students.

SECTION SEVEN

THE AMERICAN REGISTRY OF RADIOLOGIC

TECHNOLOGISTS

CONTINUING EDUCATION AND

REGISTRATION RENEWAL

STUDENT HANDBOOK

Section 7.00 - (ARRT) Continuing Education and Registration Renewal

7.01 Professional Societies and Organizations

Throughout your professional career, you will be expected to continue your learning beyond your formal academic training. As an American Registry of Radiologic Technology (ARRT) certified Radiation Therapist, you will be required to participate in continuing education activities in order to maintain your professional certification. It's never too early to start. Become active, involved, informed, and educated.

7.02 (ARRT) Continuing Education Requirements for Renewal of Registration (www.arrt.org, Program's faculty offices)

7.03 Renewal of (ARRT) Registration (www.arrt.org, BGH Program's faculty offices)

7.04 General Eligibility Requirements for (ARRT) Registration (www.arrt.org, BGH Program's faculty offices)

7.05 American Society of Radiologic Technologists (ASRT) (www.asrt.org)

The following information is available on the (ASRT) web site, the College web site (www.forsythtech.edu), the Program's faculty offices, and the Program's classroom

7.051 (ASRT): Who We Are

The American Society of Radiologic Technologists (ASRT) is the world's largest radiologic science organization. Founded in Chicago in 1920, the business office is now located in Albuquerque, N.M., and houses more than 80 employees. Our principal customers are our members -- 100,000 radiologic technologists throughout the United States and overseas. Our customers include the profession as a whole, other health care providers, patients and the public. The (ASRT) provides its members with educational opportunities, promotes radiologic technology as a career and monitors state and federal legislation that affects the profession. The Society's Board of Directors, 234-member House of Delegates, volunteer committee members and staff are responsible for establishing standards of practice, educational curricula and entry-level standards for the profession. The (ASRT) also has affiliate relationships with 54 state or local societies for radiologic technologists. These affiliate societies operate independently of the national organization, governed by their own officers and boards, with (ASRT)'s assistance and guidance upon request. The (ASRT) conducts two national educational conferences annually. It also publishes two peer-reviewed research journals and a monthly news magazine. (ASRT)'s members, radiologic technologists, are the medical personnel who perform diagnostic imaging examinations and deliver radiation therapy treatments. They may specialize in a specific area of radiologic technology, such as computed tomography, mammography, magnetic resonance, medical dosimetry, nuclear medicine, sonography, cardiovascular- interventional technology, radiation therapy or diagnostic radiography. Other (ASRT) members are managers and educators.

Active members of (ASRT) must be registered radiologic technologists. To become registered, an individual must complete an accredited educational program in the radiologic sciences and pass a national certification examination. Registered radiologic technologists also must earn 24 continuing education credits every two years, ensuring that they stay up-to-date with the technological changes in their profession.

7.052 (ASRT) Mission Statement

The mission of the American Society of Radiologic Technologists is to lead and serve its members, the profession, other health care providers and the public on all issues that affect the radiologic sciences.

7.053 (ASRT) Benefits to Membership

- A. The direct benefits of membership include, but are not limited to the following:
1. Six Radiologic Technology journals per year.
 2. Opportunity to earn at least 12 Free Category A Continuing Education (CE) credits per year.
 3. Evidence of Continuing Education (ECE) program for CE tracking.
 4. Twelve Scanner news magazines per year.
 5. (ASRT) member identification card.
 6. Certificate of membership and code of ethics suitable for framing.
 7. Up to 50% off nonmember prices for most educational products.
 8. (ASRT) Annual Conference program offering discounted registration fees for members.
 9. Opportunity to take Directed Readings from your join date forward, online with immediate grading.
 10. Representation/advocacy for federal and state regulatory issues affecting the industry.
 11. Automatic transfer of CE credits to the American Registry of Radiologic Technologists (ARRT), when 24 or more credits are on file 60 days before biennium end date.
 12. 24-hours-a-day, seven-days-a-week access to CE credits on file via (ASRT) Web site or by phone.
 13. Assistance with (ASRT) Chapter and Affiliate activity.
 14. Opportunity for leadership roles and experience in (ASRT)'s governance system.
 15. Member Longevity Recognition gift program.
 16. Distinctive (ASRT) Fellows program for those who meet or exceed criteria.
 17. Annual printout of CE credits mailed two months prior to biennium end date.
 18. (ASRT) Board or staff representation at state and national meetings.
- B. The indirect benefits to membership include, but are not limited to the following:
1. Access to current knowledge about the industry and best practices standards.
 2. Opportunities to network with peers and industry leaders.
 3. Health insurance coverage through Marsh Affinity Services.
 4. Access to professional liability insurance through National Professional Group.
 5. Access to MasterCard and VISA credit cards and Lines of Credit
 6. Advocacy for the profession's image and status.
 7. Advocacy for patients' rights.
 8. Advocacy for research.
 9. Guidance to resources and information about the industry.

10. Collaboration with influential organizations that impact the profession, including (ASRT) appointments to accrediting and credentialing organizations such as (ARRT) and Joint Review Committee on Education in Radiologic Technology (JRCERT).
 11. Opportunities to earn scholarships, grants, and awards.
- C. The expanded benefits of membership include, but are not limited to the following:
1. Toll-free telephone access to (ASRT) at 800-444-2778 and a knowledgeable Customer Services department.
 2. Profession @ a Glance and Patient Information on www.asrt.org
 3. National Radiologic Technology Week (NRTW⁷⁷) products and information.
 4. Two Radiation Therapist journals per year for all (ARRT)-registered therapists and (ASRT) radiation therapy and medical dosimetry chapter members.
 5. Opportunity to attend the Annual Radiation Therapy Conference in conjunction with American Society for Therapeutic Radiology and Oncology (ASTRO) annual meeting.
 6. Free access to approximately 50 industry-related documents through (ASRT) Fax-on-Demand service.
 7. Employment opportunities for job seekers via (ASRT) JobBank.
 8. Advertising opportunities for employers and a means to review potential employees résumés via (ASRT) JobBank.
 9. Educational Products brochure featuring products such as videotapes and home studies for CE credit, as well as study guides, research studies, education- and practice-related materials.
 10. Institutional discounts on educational products.
 11. Educational information for patients in Radiologic Technology Journal and on the Web site.
 12. Addresses and phone numbers of affiliated organizations by phone or Web links.
 13. The most current professional curricula and practice standards for the industry.
 14. CE program approval through (ASRT), a Recognized Continuing Education Evaluation Mechanism (RCEEM).
 15. Urgent Care Program for last-minute CE credits.
 16. Industry position statements.
 17. Open and helpful relationship between (ASRT) and (ARRT).
 18. Access to the imaging and radiation therapist communities.
 19. Opportunity to attend (ASRT) Annual Conference.
 20. Support for educational initiatives and research in the radiologic sciences through (ASRT) Education and Research Foundation.

7.054 (ASRT) Continuing Education Guide

7.06 North Carolina Society of Radiologic Technology (NCSRT) (www.ncsrt.org)

The following information is available on the (NCSRT) web site, the Program=s faculty offices, and the Program’s classroom (*BGH Room W105*).

7.061 (NCSRT): Who Are We

The NCSRT is the unified voice that represents the interests of every certified technologist in the radiation and imaging sciences throughout the state.

7.062 (NCSRT) Purpose

The purpose of the Society shall be to advance the Radiologic Sciences. The North Carolina Society of Radiologic Technologists, Inc. (NCSRT) is the unified voice that represents the interests of every certified technologist in the radiation and imaging sciences throughout the state. Any student who is currently enrolled in an educational program accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) or its equivalent is eligible for membership.

7.063 (NCSRT) Benefits to Membership

The benefits of membership include, but are not limited to the following:

- A. Earn continuing education (CE) credits for (ARRT) certification renewal.
- B. Receive the professional publication *ATarheel Technology Highlights* @ four times a year and membership directories when published.
- C. Legislative representation on all new and pending legislation that may affect the professional practice of the radiation and imaging sciences.
- D. Employment opportunities and career advancement. Recruiters attend (NCSRT) sponsored meetings to share job openings and benefits of employment. Schools and colleges attend to share information on the programs of study that are available in advanced radiation and imaging sciences.
- E. Professional development and enhanced leadership skills through involvement in competitions, elected offices, committees, business meetings, board meetings, and other functions.
- F. An opportunity to have fun and socialize with colleagues

7.064 (NCSRT) Membership and Renewal Applications

7.07 Other Professional Organizations

There are numerous other professional organizations. Each offers its own unique benefits of membership. The following list includes some of the best known professional organizations related to radiation therapy:

- A. Radiological Society of North America (RSNA). (www.rsna.org)
- B. Association of Educators in Radiological Sciences (AERS). (www.aers.org)
- C. American Society of Therapeutic Radiology Oncology (ASTRO). (www.astro.org)
- D. Society for Radiation Oncology Administrators (SROA). (www.sroa.org)
- E. American Association of Physicists in Medicine (AAPM). (www.aapm.org)
- F. American College of Medical Physicists (ACMP). (www.acmp.org)
- G. American College of Radiology (ACR). (www.acr.org)
- H. American Roentgen Ray Society (ARRS). (www.rrs.org)
- I. Health Occupations Students of America (HOSA). (www.hosa.org)
- J. International Society of Radiographers and Radiologic Technologists (ISRRT). (www.isrrt.org)
- K. Medical Imaging and Radiation Oncology Data Alliance (MIRODA). (www.miroda.org)
- L. American Radium Society (ARS). (www.americanradiumsociety.org)