JRCERT Accreditation and Standards Awareness Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to providing a high-quality educational experience that prepares graduates for entry-level practice while maintaining compliance with nationally recognized accreditation standards. The Program is designed to operate in accordance with the Standards for an Accredited Educational Program in Radiography established by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

1.1 Purpose

The purpose of this policy is to:

- Inform students of the Program's accreditation status.
- Provide students with information regarding the JRCERT Standards.
- Explain the process for addressing concerns related to compliance with the JRCERT Standards.
- Ensure transparency regarding institutional and Program responsibilities throughout the accreditation process.

1.2 Scope

This policy applies to all applicants, enrolled students, faculty, and staff participating in the Midland College Radiologic Technology Program.

The Program Director is responsible for implementing and administering this policy; ensuring that the Program accurately represents its accreditation status in all publications, recruitment materials, and communications; maintaining compliance with applicable JRCERT Standards; informing students of the Program's accreditation status and their rights under the JRCERT Standards; making current JRCERT Standards available to students and faculty; maintaining documentation required to support accreditation activities; coordinating Program responses to accreditation-related matters; and serving as the primary liaison between the Program, Midland College, and the Joint Review Committee on Education in Radiologic Technology (JRCERT).

Faculty and staff are responsible for supporting compliance with Program policies and applicable accreditation standards, participating in continuous program assessment and quality improvement activities, and assisting students in understanding Program expectations and institutional procedures.
Students are responsible for becoming familiar with the Program's accreditation status, utilizing established institutional grievance procedures to address concerns, and conducting themselves professionally when communicating questions or concerns related to Program compliance with accreditation standards.
Nothing in this policy replaces Midland College's established grievance procedures or institutional complaint resolution processes.

2.0 POLICY

Midland College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees.
The Midland College Radiologic Technology Program is **seeking Initial Accreditation** from the Joint Review Committee on Education in Radiologic Technology (JRCERT). Until initial accreditation is awarded, the Program shall accurately represent its accreditation status in all publications, promotional materials, and communications.

The Program is committed to developing and maintaining its curriculum and educational processes in accordance with the Standards for an Accredited Educational Program in Radiography published by the JRCERT. The curriculum has been developed in accordance with applicable requirements of:

- The American Registry of Radiologic Technologists (ARRT)
- The American Society of Radiologic Technologists (ASRT)
- The Joint Review Committee on Education in Radiologic Technology (JRCERT)
- The Texas Higher Education Coordinating Board and other applicable state requirements

Graduation from the Program does not guarantee certification by the ARRT. Graduates remain responsible for meeting all ARRT eligibility requirements in effect at the time of application.
Students shall be informed of:

- The Program's accreditation status.
- The JRCERT Standards.
- Their right to review the JRCERT Standards.
- The institutional grievance process.
- The procedure for reporting allegations of noncompliance with the JRCERT Standards.

Student Concerns and Allegations of Noncompliance

Students are encouraged to resolve concerns at the lowest appropriate level through established Midland College procedures.

Concerns regarding Program policies, instruction, clinical education, or other Program matters should first be addressed through the Program's published grievance procedure.

If a student believes that the Program is not operating in accordance with the JRCERT Standards and the concern cannot be resolved through institutional procedures, the student may submit an allegation of noncompliance directly to the JRCERT. Students are encouraged to become familiar with the JRCERT Standards and actively participate in the Program's continuous quality improvement process by providing constructive feedback through Program assessment activities.

The JRCERT investigates allegations only when they involve potential violations of the JRCERT Standards and after reasonable efforts have been made to resolve the issue through the institution's established procedures.

JRCERT Contact Information

Contact information shall be published within the Radiologic Technology Handbook, on the Midland College Website, and within Trajecsys.

Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 North Wacker Drive, Suite 2850

Chicago, Illinois 60606-3182

Telephone: (312) 704-5300

Website: https://www.jrcert.org

3.0 ROLES AND RESPONSIBILITIES

The Program Director shall:

- Ensure the Program accurately represents its accreditation status.
- Inform students of the Program's accreditation status during orientation.
- Make the current JRCERT Standards available to students.
- Maintain documentation demonstrating compliance with applicable JRCERT Standards.
- Respond appropriately to student concerns regarding Program compliance.
- Cooperate fully with JRCERT during the accreditation process and any subsequent accreditation activities.

Faculty

Faculty shall:

- Conduct educational activities consistent with Program policies and applicable JRCERT Standards.
- Inform students of appropriate channels for resolving concerns.
- Support continuous Program assessment and improvement.

Students

Students shall:

- Become familiar with the Program's accreditation status.
- Follow established Program and institutional grievance procedures before contacting JRCERT.
- Conduct themselves professionally when communicating concerns regarding Program compliance.
- Report concerns honestly and in good faith.
  Midland College Radiology Technology Program Director will describe the appropriate policies at new student orientation.

4.0 RELATED POLICIES AND PROCEDURES

- Student Grievance Policy
- Student Handbook
- Academic Integrity Policy
- Professional Conduct Policy

5. REVIEW, APPROVAL & PUBLICATION

This policy shall be reviewed annually by the Program Director and revised as necessary to maintain compliance with institutional requirements and applicable accreditation standards.

6. DOCUMENT CONTROL INFORMATION

Document Name	JRCERT Accreditation and Standards Awareness Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/2026
Date of Last Review	07/30/2026
Date for Next Review	07/01/2027
Related University Policy Documents	NA
JRCERT Cross-reference Primary	Objective 1.1, 1.2
JRCERT Cross-reference Secondary	Objective 2.1, 2.4, 5.4

Student Program Records and Confidentiality Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program maintains confidential educational records necessary to document student progression, clinical performance, competency achievement, health and safety requirements, and compliance with Program, institutional, accreditation, and regulatory requirements.

The Program recognizes its responsibility to maintain student records in a secure and confidential manner while complying with the Family Educational Rights and Privacy Act (FERPA), Midland College policies, and other applicable federal and state laws.

1.1 Purpose

The purpose of this policy is to:

- Protect the confidentiality of student Program records.
- Establish Program procedures for maintaining educational documentation.
- Define authorized access to Program records.
- Ensure compliance with institutional recordkeeping requirements.
- Promote consistency in record management.

1.2 Scope

This policy applies to all educational records maintained by the Midland College Radiologic Technology Program that supplement Midland College's official student records.

Nothing in this policy supersedes Midland College policies regarding FERPA, student educational records, or institutional records retention.

2.0 POLICY

The Program shall maintain student educational records in a secure manner consistent with applicable federal law, Midland College policy, accreditation requirements, and professional standards.

Program records shall be used solely for legitimate educational, administrative, accreditation, regulatory, and student support purposes.

Program records may be maintained in paper or secure electronic formats approved by Midland College.

2.1 Program Records

Program educational records may include, but are not limited to:

- Student acknowledgments
- Advisement documentation
- Academic counseling records
- Clinical counseling records
- Clinical evaluations
- Clinical orientation documentation
- Competency evaluations
- Clinical competency documentation
- Clinical remediation plans
- Professional conduct documentation
- Attendance documentation
- Radiation dosimetry reports
- Radiation safety counseling records
- Pregnancy declaration and withdrawal forms
- Pregnancy counseling documentation
- MRI safety screening questionnaires
- MRI clearance documentation
- Health and safety documentation
- Incident reports
- Exposure reports
- Accommodation documentation received by the Program
- Other Program-specific educational records.

2.2 Confidentiality

Student Program records shall be maintained in a secure location with access limited to individuals who have a legitimate educational interest in accordance with Midland College policy and applicable law.

Program records shall not be released to unauthorized individuals without appropriate authorization or as otherwise required by law.

2.3 Student Access

Students may request access to their educational records in accordance with the Family Educational Rights and Privacy Act (FERPA) and Midland College policies governing student records.

Requests for copies or release of records shall be processed in accordance with applicable Midland College procedures.

2.4 Documentation

Program faculty shall document significant academic, clinical, professional, safety, and advisement interactions when appropriate.

Documentation should be:

- factual;
- objective;
- professional;
- timely;
- complete.

Students may be asked to review and acknowledge documentation by signature.

A student's signature acknowledges that the discussion occurred and does not necessarily indicate agreement with the contents.

2.5 Correction of Program Records

Students who believe Program documentation contains factual inaccuracies may request review by the Program Director.

Requests shall be evaluated using supporting documentation.

Nothing in this section limits Midland College FERPA procedures regarding official educational records.

2.6 Record Retention

Program records shall be maintained and disposed of in accordance with Midland College records retention schedules, applicable state law, accreditation requirements, and institutional policies.

3.0 ROLES AND RESPONSIBILITIES

Program Director

The Program Director shall:

- Maintain confidential Program records.
- Ensure records are securely stored.
- Limit access to authorized personnel.
- Maintain documentation required for accreditation and regulatory compliance.
- Ensure records are retained and disposed of in accordance with Midland College policies.

he Midland College Radiology Technology Program Director will describe the appropriate policies at new student orientation.

Program Faculty

Program faculty shall:

- Maintain accurate documentation.
- Submit records in a timely manner.
- Protect student confidentiality.
- Limit discussion of student records to individuals with a legitimate educational interest.

Students

Students are responsible for:

- Providing accurate information required by the Program.
- Reviewing documentation when requested.
- Promptly reporting changes affecting Program records.
- Following Midland College procedures when requesting access to educational records.

4.0 RELATED POLICIES AND PROCEDURES

- HIPAA and Patient Confidentiality Policy
- Professional Conduct Policy
- Academic, Clinical, and Student Success Advisement Policy
- Radiation Safety and Personnel Dosimetry Policy
- Pregnancy, Pregnancy-Related Conditions, and Radiation Safety Policy
- MRI Safety, Orientation, and Screening Policy
- Midland College FERPA Policy

5. REVIEW, APPROVAL & PUBLICATION

This policy shall be reviewed annually by the Program Director and revised as necessary to maintain compliance with current professional standards, state regulations, institutional policies, and accreditation requirements.

6. DOCUMENT CONTROL INFORMATION

Document Name	Student Program Records and Confidentiality Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/26
Date of Last Review	07/31/26
Date for Next Review	07/01/27
Related University Policy Documents	FERPA, MC Records Policies
JRCERT Cross-reference Primary	Objective 2.2, 2.3
JRCERT Cross-reference Secondary	Objective 5.1, 5.4

Academic, Clinical, and Student Success Advisement Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to providing timely, individualized, and ongoing academic and clinical advisement to promote student success, professional development, patient safety, and progression toward program completion.

Student advisement is an integral component of the educational process and is intended to identify student strengths, address areas requiring improvement, provide appropriate interventions, and connect students with institutional and community resources when appropriate.

1.1 Purpose

The purpose of this policy is to:

- Promote student academic and clinical success.
- Provide timely and individualized feedback.
- Identify students requiring additional support.
- Establish documentation requirements for student advisement.
- Facilitate referrals to appropriate College support services.
- Promote student wellbeing while maintaining Program standards.

The Program encourages students to seek assistance proactively and recognizes that early intervention contributes to academic success, professional development, and student well-being.

1.2 Scope

This policy applies to all students enrolled in the Midland College Radiologic Technology Program.

Academic and clinical advisement is considered a continuous process throughout enrollment and includes both scheduled and unscheduled meetings as necessary to support student success.

2.0 POLICY

The Program provides academic, clinical, professional, and personal advisement throughout enrollment. Advisement may occur on a scheduled basis or whenever faculty determine that intervention, counseling, or additional support would benefit the student's educational progress or professional development.

2.1 Scheduled Advisement

Each student shall participate in an individual advisement conference with the Program Director or designated Program faculty at approximately the **midpoint (8-week point)** of each semester.

Scheduled advisement meetings may include discussion of:

- Academic performance
- Examination and assignment performance
- Clinical progress
- Competency completion
- Attendance
- Professionalism
- Communication
- Time management
- Study strategies
- Clinical concerns
- Student concerns
- Progress toward graduation
- Individual educational goals

Additional meetings may be scheduled whenever deemed necessary by Program faculty.

2.2 Academic Advisement

Students are expected to actively participate in their own academic success.

Students receiving a grade below **70%** on any examination, quiz, assignment, laboratory evaluation, or other major graded activity are expected to contact the course instructor to review performance, discuss missed concepts, and develop strategies for academic improvement.

Faculty may require additional meetings, tutoring, remediation, or other academic interventions when appropriate.

2.3 Clinical Advisement

Students shall receive individualized feedback following competency examinations, clinical evaluations, image critiques, and other significant clinical assessments.

Clinical feedback may include:

- Technical performance
- Positioning
- Radiation safety
- Patient care
- Image evaluation
- Professional communication
- Clinical judgment

- Time management
- Areas requiring improvement
- Recommendations for continued growth

The purpose of clinical advisement is educational improvement rather than disciplinary action.

2.4 Student Success Intervention

Faculty continually monitor student progress throughout the Program.
Students demonstrating indicators of academic or clinical risk may be referred for additional intervention.
Examples include, but are not limited to:

- Multiple failing examination grades
- Multiple failing quizzes
- Repeated deficient assignments
- Unsatisfactory laboratory performance
- Difficulty achieving clinical competencies
- Excessive absences
- Poor professionalism
- Lack of engagement
- Declining academic performance
- Significant changes in behavior affecting educational performance

When appropriate, students may be referred to:

- Midland College Academic Alert Team
- Student Support Services
- Tutoring resources
- Academic Success Center
- Counseling or mental health resources
- Disability and Accommodation Services
- Other institutional support resources

Referral to support services is intended to promote student success and shall not, by itself, constitute disciplinary action.

Students may also independently request an advisement meeting with the Program Director, Clinical Coordinator, or course faculty at any time during enrollment to discuss academic, clinical, professional, or personal concerns affecting their educational progress.

2.5 Specialized Advisement

Students may receive additional individualized advisement related to specific educational or safety circumstances.
Examples include:

Radiation Safety Advisement

Students demonstrating unusual personnel dosimetry readings or radiation safety concerns shall receive individualized counseling in accordance with the Radiation Safety and Personnel Dosimetry Policy.

Pregnancy Counseling

Students who voluntarily declare pregnancy shall receive individualized counseling regarding:

- Student rights under Title IX
- Voluntary declaration and withdrawal procedures
- Radiation safety
- Fetal dosimetry
- Clinical participation
- Available accommodations
- Program policies

Counseling shall be conducted in accordance with the Pregnancy, Pregnancy-Related Conditions, and Radiation Safety Policy.

MRI Safety Advisement

Students requiring additional MRI safety counseling due to screening findings, implanted medical devices, retained metallic foreign bodies, or other MRI safety concerns shall receive individualized advisement before participating in MRI educational activities.

Clinical Incident Advisement

Students involved in clinical incidents, patient safety events, or professional conduct concerns may receive additional counseling, remediation, or corrective education as determined by Program faculty.

2.6 Documentation

All formal advisement meetings shall be documented.

Documentation may include:

- Date of meeting
- Participants
- Purpose of advisement
- Topics discussed
- Faculty recommendations
- Student response
- Follow-up plan
- Required actions
- Target completion dates

Students shall be given the opportunity to review advisement documentation and acknowledge the discussion by signature.

A student's signature acknowledges participation in the advisement meeting and receipt of the information discussed. A signature does **not** necessarily indicate agreement with the contents of the documentation.

Advisement documentation shall become part of the student's confidential Program file.

2.7 Escalation

When Program faculty determine that a student's academic performance, professional conduct, clinical performance, safety practices, or other circumstances warrant additional administrative review, advisement documentation may be forwarded to the Dean of Health Sciences or other appropriate College officials.

Referral does not automatically constitute disciplinary action but may result in additional review, intervention, or action consistent with College policy.

3.0 ROLES AND RESPONSIBILITIES

Program Director

The Program Director shall:

- Coordinate the Program's advisement process.
- Conduct scheduled student conferences.
- Monitor academic and clinical progression.
- Maintain advisement documentation.
- Coordinate referrals to institutional support services.
- Ensure appropriate follow-up.
- Refer matters requiring administrative review to the Dean when appropriate.

Clinical Coordinator

The Clinical Coordinator shall:

- Monitor clinical progression.
- Provide clinical advisement.
- Coordinate competency remediation.
- Identify students requiring additional clinical support.
- Collaborate with Program faculty regarding intervention strategies.

Course Faculty

Course faculty shall:

- Monitor academic performance.
- Provide timely feedback.
- Meet with students requiring additional assistance.
- Document significant advisement.
- Refer students requiring additional intervention.

Students

Students are responsible for:

- Actively participating in advisement meetings.
- Seeking assistance promptly when academic difficulties arise.
- Contacting instructors after earning a grade below 70% on graded assessments.
- Implementing agreed-upon improvement strategies.
- Completing assigned remediation.
- Utilizing available College support services when appropriate.
- Reviewing and acknowledging advisement documentation.

4.0 RELATED POLICIES AND PROCEDURES

- Academic Progression Policy
- Clinical Competency and Evaluation Policy
- Radiation Safety and Personnel Dosimetry Policy
- Pregnancy, Pregnancy-Related Conditions, and Radiation Safety Policy
- MRI Safety, Orientation, and Screening Policy
- Professional Conduct Policy
- Conditions of Admission and Continuing Eligibility Policy
- Student Support Services Policy
- Midland College Academic Alert Procedures

5. REVIEW, APPROVAL & PUBLICATION

This policy shall be reviewed annually by the Program Director and revised as necessary to maintain compliance with current professional standards, state regulations, institutional policies, and accreditation requirements.

6. DOCUMENT CONTROL INFORMATION

Document Name	Academic, Clinical, and Student Success Advisement Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
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Date of Last Review	07/31/26
Date for Next Review	07/01/26
Related University Policy Documents	Student Support, Accommodations
JRCERT Cross-reference Primary	Objective 2.3, 2.4
JRCERT Cross-reference Secondary	Objective 4.8, 5.1, 5.4

Student Support Services and Resource Accessibility Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to promoting student success by ensuring students have equitable access to institutional resources that support academic achievement, personal well-being, financial stability, accessibility, and professional development. This policy establishes the Program's commitment to informing students of available support services and facilitating access to those resources throughout enrollment.

1.1 Purpose

- To ensure students are informed of institutional support services available through Midland College.
- To promote student success by encouraging timely utilization of available campus resources.
- To support student retention, academic achievement, and personal well-being.
- To demonstrate compliance with JRCERT Standards regarding student resources.

1.2 Scope

- This policy applies to all students enrolled in the Midland College Radiologic Technology Program.
- Student support resources are available throughout the student's enrollment and may be accessed at any time.
- Students will receive information regarding available resources during New Student Orientation and throughout the program as needed.

2.0 POLICY

The Midland College Radiologic Technology Program shall provide students with information regarding institutional support services designed to promote academic success, student well-being, and professional development.
During New Student Orientation, students are informed of available campus resources and instructed on how to access those services through the Midland College website and appropriate college offices.

Information regarding available resources may also be provided through course syllabi, Canvas, email communications, advisement meetings, or other Program communications.

Institutional resources available to students include, but are not limited to:

- Academic advising
- Pathways Advising
- Counseling services
- Disability Support Services and accommodations
- Financial Aid
- Academic support and tutoring services
- Library and learning resources
- Technology support services
- Student Success services
- Campus safety resources
- Other institutional and community resources that support student success

Students are encouraged to seek assistance promptly whenever academic, financial, personal, accessibility, or other circumstances may affect their ability to successfully complete the program. Faculty will assist students in identifying and accessing appropriate institutional resources; however, participation in support services remains the student's responsibility.

Students retain the right to independently access Midland College support services without prior referral from Program faculty.

Program faculty may recommend or facilitate referral to appropriate institutional resources when academic, personal, financial, accessibility, health, or other concerns may affect student success.

The Radiologic Technology Program utilizes a proactive advisement model. In addition to routine academic advising, students shall participate in scheduled mid-semester advisement conferences with the Program Director to review academic and clinical progress, discuss program expectations, identify potential barriers to success, and provide individualized guidance to support student achievement and professional development.

Information regarding student services shall be published within the Radiologic Technology Student Handbook, made available through the Midland College website, and reviewed during student orientation.

3. ROLES AND RESPONSIBILITIES

Program Director and Faculty

The Program Director shall:

- Inform students of institutional and program support services available to promote academic success and personal well-being.
- Assist students in accessing appropriate campus resources, including academic advising, counseling services, disability support services, financial aid, tutoring, library services, technology support, and other student support resources.
- Provide referrals to appropriate college departments or support services when academic, personal, financial, or other concerns may affect student success.

- Conduct individual mid-semester student advisement conferences to review academic and clinical performance, discuss strengths and areas for improvement, address student concerns, evaluate progress toward program expectations, and develop action plans when necessary to promote student success.
- Maintain documentation of student advisement meetings when appropriate.

Student

- Utilize available student support services as appropriate.
- Meet with the Program Director, Clinical Coordinator, or designated faculty member as requested to discuss academic or clinical progress.
- Participate actively in mid-semester advisement conferences by discussing progress, concerns, and goals for continued improvement.
- Follow recommendations or action plans developed during advisement meetings when applicable.
- come familiar with available student resources.
- Seek assistance in a timely manner when needed.
- Contact the appropriate campus office to obtain services.
- Comply with institutional procedures for requesting accommodations or other support services.
- Students retain the right to independently access Midland College support services without prior referral from Program faculty.

4. RELATED POLICIES AND PROCEDURES

Midland College Student Handbook
Radiologic Technology Student Handbook
Accommodation Services Policy
Title IX Policy

5. REVIEW, APPROVAL & PUBLICATION

- This policy shall be reviewed annually by the Program Director.
- Students will receive information regarding this policy during New Student Orientation.
- Publication locations include:
    - Radiologic Technology Student Handbook
    - Program Policy Repository-Trajecsys

6. DOCUMENT CONTROL INFORMATION

Document Name	Student Support Services & Resource Accessibility Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/2026
Date of Last Review	7/30/2026
Date for Next Review	7/1/2027
Related University Policy Documents	
JRCERT Cross-reference Primary	Objective 2.3, 2.4
JRCERT Cross-reference Secondary	Objective 5.1, 5.4

Radiation Safety and Student Dosimetry Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to maintaining a safe learning environment by minimizing radiation exposure to students, patients, faculty, and the public through adherence to the **As Low As Reasonably Achievable (ALARA)** principle. Students are expected to continually apply the ALARA philosophy during laboratory instruction, clinical education, and all energized procedures involving ionizing radiation. This policy establishes requirements for the proper use of personnel radiation monitoring devices, review of occupational radiation exposure reports, radiation safety education, and corrective actions when necessary.

1.1 Purpose

This policy is intended to:

- Promote radiation safety through adherence to ALARA principles.
- Ensure compliance with applicable federal, state, institutional, and JRCERT requirements.
- Establish requirements for the issuance, use, care, and return of personnel radiation dosimeters.
- Define the process for monitoring occupational radiation exposure.
- Establish procedures for reviewing radiation exposure reports and investigating unusual exposure levels.
- Promote safe radiation practices in the classroom, energized laboratory, and clinical education settings.

1.2 Scope

This policy applies to all students enrolled in the Midland College Radiologic Technology Program who participate in energized laboratory activities or clinical education requiring occupational radiation monitoring.

2.0 POLICY

The Midland College Radiologic Technology Program shall maintain a comprehensive radiation safety program that promotes safe work practices and minimizes occupational radiation exposure consistent with the ALARA philosophy.
Students shall receive radiation safety instruction before participating in energized laboratory exercises or clinical education. Radiation safety education shall continue throughout the curriculum as students progressively develop clinical competence.

Personnel Dosimetry

Each student participating in energized laboratory activities or clinical education shall be issued an individual personnel radiation dosimeter.
The assigned dosimeter:

- Is assigned exclusively to the individual student.
- Shall not be shared, exchanged, borrowed, or worn by another individual.
- Shall be worn whenever participating in energized laboratory activities or clinical assignments involving ionizing radiation.
- Shall be worn at the collar level and outside the protective apron unless otherwise directed by Program policy or applicable regulations.
- Shall not be intentionally exposed during personal medical or dental radiographic examinations.
- Remains the property of the Midland College Health Sciences Division.

Students are responsible for protecting the dosimeter from damage, excessive heat, moisture, direct sunlight, magnetic fields, or other environmental conditions that may compromise monitoring accuracy.

Radiation Exposure Reports

Radiation exposure reports received from the dosimetry vendor shall be reviewed by the Program Director or designee upon receipt.

Each student shall receive his or her individual radiation exposure report **within thirty (30) school days** of receipt by the Program, consistent with JRCERT Standards. Students shall acknowledge receipt of each report by written or electronic documentation.

Questions regarding radiation exposure reports shall be addressed by the Program Director or designee and documented when additional counseling or corrective action is required.

Radiation exposure reports indicating exposure at or above the Program's established investigation levels shall be reviewed in accordance with the Program Investigation Levels outlined in this policy.

Program Investigation Levels

To support the Program's commitment to the As Low As Reasonably Achievable (ALARA) philosophy, the Midland College Radiologic Technology Program has established the following quarterly investigation levels for student occupational radiation exposure.
Level I Investigation: 125 mrem (1.25 mSv) per calendar quarter
A Level I exposure shall prompt review by the Program Director or designee. The review shall include evaluation of dosimeter usage, clinical assignments, radiation safety practices, and determination of whether additional counseling or education is warranted.
Level II Investigation: 375 mrem (3.75 mSv) per calendar quarter
A Level II exposure shall require a formal investigation, including documentation of findings, student counseling, review of clinical assignments, consultation with the Clinical Coordinator and/or clinical personnel when appropriate, implementation of corrective actions, and follow-up monitoring.
These investigation levels are established as Program ALARA investigation thresholds and are not regulatory occupational dose limits.

Investigation of Elevated Radiation Exposure

The Program Director shall review any radiation exposure report that exceeds the Program's established investigation level.
The investigation may include:

- Review of the student's clinical assignments.
- Review of dosimeter placement and usage.
- Interview with the student.
- Consultation with the Clinical Coordinator and/or clinical personnel.
- Review of radiation safety practices.
- Determination of possible causes of exposure.

When appropriate, corrective actions may include:

- Radiation safety counseling.
- Additional radiation protection education.
- Increased monitoring.
- Documentation of findings.
- Follow-up review of subsequent radiation exposure reports.

Required Radiation Safety Practices

Students shall consistently demonstrate safe radiation protection practices, including but not limited to:

- Application of ALARA principles.
- Appropriate collimation.

- Proper use of shielding.
- Selection of appropriate technical factors.
- Maximizing distance from the radiation source whenever possible.
- Appropriate positioning to minimize repeat exposures.
- Compliance with Program and clinical facility radiation safety policies.

Students shall never:

- Hold an image receptor during an exposure.
- Hold a patient when an appropriate immobilization device is available.
- Intentionally expose themselves or others to ionizing radiation unnecessarily.
- Remove or intentionally misuse their assigned personnel dosimeter.
- Perform exposures without appropriate supervision as defined by Program policy.

Lost or Damaged Dosimeters

Students shall immediately report a lost or damaged dosimeter to the Program Director or Clinical Coordinator.

Students are responsible for replacement costs resulting from loss, negligence, or misuse of the dosimeter in accordance with current Allied Health Sciences Division policy.

Return of Dosimeters

All personnel dosimeters shall be returned upon graduation, withdrawal, dismissal, or otherwise leaving the Program.

Failure to return the assigned dosimeter may result in:

- Replacement charges.
- A hold being placed on the student's college account until the obligation has been satisfied.

Upon graduation, withdrawal, or dismissal from the Program, the student's cumulative personnel dosimetry report covering the entire period of enrollment shall be provided electronically to the student's Midland College email address within **thirty (30) school days** following receipt of the final dosimetry report from the monitoring vendor. Students are encouraged to retain this record as documentation of their occupational radiation exposure during their educational program.

Declared Pregnancy

Radiation monitoring for declared pregnant students shall be conducted in accordance with the Program's **Declared Pregnancy Policy**, applicable state regulations, and ALARA principles.

3.0 ROLES AND RESPONSIBILITIES

Program Director

- Maintain the radiation monitoring program.

- Review all radiation exposure reports.
- Provide students with exposure reports within thirty school days of receipt.
- Investigate unusual radiation exposures.
- Maintain radiation exposure records.
- Provide radiation safety counseling when appropriate.
- Ensure compliance with institutional, state, federal, and JRCERT requirements.
- Maintain cumulative radiation exposure records for each student.
- Provide each student with a cumulative dosimetry report upon completion of the Program within thirty (30) school days following receipt of the final monitoring report.

Clinical Coordinator

- Assist in monitoring student radiation safety.
- Reinforce proper dosimeter usage.
- Assist in investigations when appropriate.
- Communicate radiation safety concerns to the Program Director.

Student

Students are responsible for:

- Properly wearing their assigned dosimeter.
- Protecting the dosimeter from damage.
- Promptly reporting lost or damaged dosimeters.
- Following ALARA principles.
- Utilizing appropriate radiation protection practices.
- Reviewing and acknowledging radiation exposure reports.
- Complying with all Program and clinical facility radiation safety policies.

4.0 RELATED POLICIES AND PROCEDURES

Declared Pregnancy Policy
Clinical Supervision Policy
Energized Laboratory Policy
Student Health and Safety Policy

5. REVIEW, APPROVAL & PUBLICATION

This policy shall be reviewed annually by the Program Director and revised as necessary to maintain compliance with current professional standards, state regulations, institutional policies, and accreditation requirements.

Students shall receive instruction regarding this policy prior to participation in energized laboratory activities and clinical education.

This policy shall be published in:

- Radiologic Technology Student Handbook
- Program Policy Manual

- Clinical Orientation Materials
- Trajecsys

6. DOCUMENT CONTROL INFORMATION

Document Name	Radiation Safety and Student Dosimetry
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/26
Date of Last Review	07/30/26
Date for Next Review	07/01/2027
Related University Policy Documents	Student Code of Conduct
JRCERT Cross-reference Primary	Objective 5.1, 5.3, 5.5
JRCERT Cross-reference Secondary	Objective 2.3, 4.8

Infection Prevention, Standard Precautions, and Exposure Control Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to maintaining a safe educational environment that minimizes the transmission of infectious diseases and protects students, patients, faculty, clinical staff, and the public.
Students are expected to consistently apply evidence-based infection prevention practices throughout all classroom, laboratory, and clinical education activities.
Compliance with this policy is a condition of participation in laboratory instruction and clinical education.

1.1 Purpose

The purpose of this policy is to:

- Promote safe patient care.
- Prevent transmission of infectious diseases.
- Establish student responsibilities regarding infection prevention.
- Reduce occupational exposure risks.
- Ensure compliance with applicable federal regulations and clinical affiliate requirements.

1.2 Scope

This policy applies to all Radiologic Technology students participating in classroom instruction, energized laboratory activities, simulations, and clinical education.
Students shall comply with this policy and any additional infection prevention policies established by Midland College and assigned clinical affiliates. When differences exist, the more restrictive policy shall apply.

2.0 POLICY

2.1 Standard Precautions

Students shall consistently utilize Standard Precautions during all patient interactions regardless of known or suspected diagnosis.

Standard Precautions include appropriate use of:

- hand hygiene;
- personal protective equipment (PPE);
- respiratory hygiene and cough etiquette;
- safe handling of contaminated equipment;
- environmental cleaning;
- safe injection practices (where applicable);
- prevention of occupational exposure.

2.2 Hand Hygiene

Hand hygiene is the single most effective measure to reduce the transmission of infectious organisms.

Students shall perform hand hygiene:

- before patient contact;
- after patient contact;
- before clean or aseptic procedures;
- after exposure to blood or body fluids;
- after glove removal;
- after contact with contaminated equipment or environmental surfaces;
- whenever hands are visibly soiled; and
- at any additional time required by clinical affiliate policy.

Students shall utilize soap and water or alcohol-based hand sanitizer according to established clinical protocols.

2.3 Personal Protective Equipment (PPE)

Students shall appropriately select, wear, remove, and dispose of PPE consistent with:

- Standard Precautions;
- Transmission-Based Precautions;
- clinical affiliate requirements;
- manufacturer recommendations.

PPE may include:

- gloves;
- gowns;
- masks;
- respirators;
- eye protection;
- face shields;
- other required protective equipment.

Students shall not reuse disposable PPE unless specifically permitted by clinical affiliate policy.

2.4 Transmission-Based Precautions

Students shall comply with all Contact, Droplet, Airborne, Protective Environment, and other isolation precautions established by the clinical affiliate.

Students shall:

- recognize isolation signage;
- follow required PPE procedures;
- comply with patient transport requirements;
- follow room entry and exit procedures;
- seek guidance whenever uncertain regarding required precautions.

Students shall not refuse patient care assignments solely because a patient is under isolation precautions.

2.5 Cleaning and Disinfection

Students are responsible for maintaining clean patient care environments.

Students shall properly clean and disinfect:

- imaging receptors;
- positioning sponges;
- mobile radiographic equipment;
- C-arm equipment;
- portable ultrasound equipment (when applicable);
- control panels;
- lead protective equipment when indicated;
- high-touch surfaces;
- patient contact equipment.

Cleaning shall be performed according to manufacturer recommendations and clinical affiliate policies. Students shall not disinfect equipment using products or methods inconsistent with manufacturer recommendations or clinical affiliate policy.

2.6 Occupational Exposure

Students experiencing occupational exposure shall immediately notify:

- supervising technologist;
- clinical instructor (if applicable);
- Clinical Coordinator; and
- Program Director.

Occupational exposures include, but are not limited to:

- needlestick injuries;
- blood or body fluid exposure;
- mucous membrane exposure;
- non-intact skin exposure;
- respiratory exposure requiring evaluation;
- exposure to potentially infectious materials.

Students shall follow all clinical affiliate exposure reporting, medical evaluation, treatment, and documentation procedures.

2.7 Student Illness

Students are expected to evaluate their health before reporting for educational activities. Students shall not report to classroom, laboratory, or clinical activities when experiencing symptoms that could compromise patient safety, including but not limited to:

- fever;
- vomiting;
- diarrhea;
- influenza-like illness;
- new or worsening cough;
- unexplained rash;
- conjunctivitis;
- other communicable diseases.

Students are responsible for notifying Program faculty as soon as reasonably possible when illness prevents participation in classroom, laboratory, or clinical education activities.
Students shall notify Program faculty and follow attendance procedures.
Medical clearance may be required before returning to laboratory or clinical education.

2.8 Environmental Safety

Students shall maintain continual awareness of:

- contaminated surfaces;
- sharps hazards;
- trip hazards;
- equipment safety;
- patient mobility risks;
- fall prevention;
- infection prevention practices.

Students are expected to immediately correct safe conditions when possible or report unsafe conditions to appropriate personnel.

2.9 Professional Responsibility

Students shall demonstrate professional accountability by:

- practicing infection prevention at all times;
- maintaining appropriate personal hygiene;
- complying with dress code requirements that support infection control;
- maintaining short, clean natural nails;
- avoiding artificial nails or nail enhancements;
- minimizing jewelry that interferes with hand hygiene or PPE;
- properly reporting safety concerns;
- protecting patients, coworkers, and themselves from preventable exposure.

3.0 Exposure Incident Reporting

Any student involved in an occupational exposure shall:

1. Immediately notify the supervising technologist.
2. Follow the clinical affiliate's exposure protocol.
3. Notify the Clinical Coordinator or Program Director as soon as possible.
4. Complete all required clinical affiliate documentation.
5. Complete Midland College Program documentation within 24 hours.

Failure to report an occupational exposure or breach of infection prevention procedures may result in disciplinary action.

4.0 ROLES AND RESPONSIBILITIES

Program Director

- Provides infection prevention education.
- Maintains exposure documentation.
- Coordinates follow-up after occupational exposures.
- Reviews incidents for quality improvement.

Clinical Coordinator

- Reinforces infection prevention practices.
- Monitors student compliance.
- Coordinates remediation when necessary.

Students

Students are responsible for:

- practicing Standard Precautions;
- performing appropriate hand hygiene;
- wearing required PPE;
- complying with isolation precautions;
- cleaning equipment;
- reporting exposures;
- self-monitoring for communicable illness;
- following all Program and clinical affiliate policies.

5.0 RELATED POLICIES AND PROCEDURES

- Radiation Safety and Personnel Dosimetry Policy
- HIPAA and Patient Confidentiality Policy
- Clinical Supervision Policy
- Professional Conduct Policy
- Pregnancy, Pregnancy-Related Conditions, and Radiation Safety Policy
- Dress Code and Professional Appearance Policy

6.0 References

- **Centers for Disease Control and Prevention (CDC).** *Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings.*
- **Centers for Disease Control and Prevention (CDC).** *Guideline for Hand Hygiene in Health-Care Settings.*
- **Occupational Safety and Health Administration (OSHA).** *Bloodborne Pathogens Standard* (29 CFR §1910.1030).
- **Occupational Safety and Health Administration (OSHA).** *Personal Protective Equipment Standards.*
- **JRCERT Standards for an Accredited Educational Program in Radiography.*
- Clinical Affiliate Infection Prevention and Exposure Control Policies.

7. REVIEW, APPROVAL & PUBLICATION

This policy shall be reviewed annually by the Program Director and revised as necessary to maintain compliance with applicable laws, regulations, accreditation standards, evidence-based infection prevention practices, and clinical affiliate requirements.

Students shall receive education regarding this policy before participating in energized laboratory activities and clinical education.

8. DOCUMENT CONTROL INFORMATION

Document Name	Infection Prevention, Standard Precautions, and Exposure Control Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/26
Date of Last Review	07/31/26
Date for Next Review	07/01/26
Related University Policy Documents	NA
JRCERT Cross-reference Primary	Objective 5.1, 5.2
JRCERT Cross-reference Secondary	Objective 4.3, 4.8

MRI Safety, Orientation, and Screening Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to maintaining a safe educational environment for students participating in magnetic resonance imaging (MRI) observation and clinical experiences. Although students enrolled in the Radiologic Technology Program are not MRI technologists, they may encounter MRI environments during clinical education and must understand the hazards associated with static magnetic fields, gradient magnetic fields, radiofrequency energy, and ferromagnetic objects.

Because MRI hazards differ significantly from those associated with ionizing radiation, all students shall successfully complete MRI safety orientation before participating in any clinical experience where MRI services are provided.

1.1 Purpose

The purpose of this policy is to:

- Establish MRI safety education requirements.
- Minimize risk to students, patients, visitors, and healthcare personnel.
- Establish MRI screening procedures.
- Define student responsibilities while assigned to MRI areas.
- Establish reporting requirements for changes in MRI safety status.

1.2 Scope

This policy applies to all students enrolled in the Midland College Radiologic Technology Program who participate in classroom instruction, laboratory activities, simulation, clinical education, or observational experiences involving the magnetic resonance imaging (MRI) environment.

MRI safety education is delivered through a progressive competency model. Students receive initial MRI safety awareness education during New Student Orientation, followed by comprehensive MRI safety education and orientation during the fourth semester of the curriculum. Students are eligible to participate in MRI clinical rotations only during the fifth semester after successfully completing all Program MRI

safety education, required MRI safety screening, site-specific orientation, and receiving clearance from an authorized representative of Midland Memorial Hospital. Students shall comply with this policy and all applicable MRI safety policies established by Midland College and assigned clinical affiliates. When differences exist, the more restrictive policy shall apply.

2.0 POLICY

2.1 MRI Safety Education

MRI safety education within the Midland College Radiologic Technology Program is provided through a progressive educational model designed to ensure students possess the knowledge and skills necessary to safely participate in MRI clinical experiences. Students shall receive:

- **Initial MRI safety awareness education** during New Student Orientation. This introductory education includes basic MRI hazards, magnetic field safety, ferromagnetic objects, projectile hazards, MRI Safety Zones, and general expectations for avoiding unsafe entry into MRI environments.
- **Comprehensive MRI safety education and orientation** during the fourth semester of the Program. This instruction shall include, but is not limited to:
    - MRI physics and magnetic field hazards;
    - MRI Safety Zones (I–IV);
    - Projectile ("missile") effect;
    - Patient and personnel screening procedures;
    - Implantable medical devices and metallic foreign bodies;
    - MRI emergencies;
    - Pregnancy considerations;
    - Clinical affiliate MRI safety policies;
    - Safe conduct within the MRI environment; and
    - Student responsibilities while assigned to MRI clinical experiences.

Students must successfully complete all required MRI safety education before participating in MRI clinical rotations.

2.1 MRI Clinical Eligibility

MRI clinical education is considered an advanced clinical experience.
Students shall **not** be assigned to an MRI clinical rotation until all of the following requirements have been met:

- Successful completion of the fourth-semester MRI safety education and orientation;
- Successful completion of the Program's MRI Safety Screening Questionnaire;
- Completion of any additional MRI safety training required by the assigned clinical affiliate;
- Clearance by an authorized representative of **Midland Memorial Hospital** confirming completion of required MRI safety orientation; and
- Authorization by the Program Director and Clinical Coordinator.

2.1.1 Additional Medical Clearance

Students whose MRI screening identifies a potential risk for retained metallic foreign bodies, including but not limited to a history of welding, grinding, machining, metal fabrication, or ocular metallic injury, may be required to obtain additional medical clearance before participating in MRI clinical education.

Required clearance shall be obtained at the student's expense unless otherwise provided by the clinical affiliate or another responsible party.

When orbital imaging is required, the student shall submit an **official radiologist's report** documenting the absence of metallic foreign bodies within the orbits. Copies of radiographic images alone are not sufficient. The official radiology report shall be maintained in the student's confidential Program file.

Students shall not participate in MRI clinical education until all required medical clearance has been received and approved by the Program.

Students are **not eligible** to participate in MRI clinical rotations before the **fifth semester** of the Radiologic Technology Program.
MRI clinical rotations are scheduled during the fifth semester to ensure students have successfully completed the prerequisite radiographic curriculum, demonstrated satisfactory academic and clinical progression, completed Program MRI safety education, and met all Program and clinical affiliate safety requirements before entering the MRI environment.
Participation in MRI rotations is based upon educational progression, satisfactory academic and clinical performance, clinical availability, and successful completion of all prerequisite MRI safety requirements. Placement in MRI rotations is not guaranteed.

2.2 Change in MRI Safety Status

Students shall immediately notify the Program Director and Clinical Coordinator if their MRI safety status changes after initial screening.
Examples include:

- implanted medical devices;
- pacemakers;
- neurostimulators;
- cochlear implants;
- aneurysm clips;
- embolization coils;
- retained metallic foreign bodies;
- surgical implants;
- pregnancy when MRI restrictions apply under Program policy; or
- any condition that could affect MRI safety.

Updated MRI screening may be required before the student returns to an MRI clinical environment.

2.3 MRI Safety Zones

Students shall comply with all MRI safety zones established by the clinical affiliate.
Students shall not enter restricted MRI areas without authorization and supervision.
Students shall never bring unauthorized ferromagnetic equipment into the MRI environment.
Students shall immediately report unsafe MRI conditions or concerns.

2.4 Pregnancy

In accordance with Program policy and current American College of Radiology recommendations, students who are pregnant, whether declared or undeclared, shall not enter MRI Zone IV during active image acquisition.
Pregnant students remain eligible to participate in MRI educational experiences while remaining outside Zone IV during scanning.

2.5 Student Responsibilities

Students shall:

- Successfully complete all required MRI safety education before entering an MRI clinical environment.
- Successfully complete MRI screening.
- Immediately report any change in medical condition, implanted device, injury involving metallic foreign bodies, or other circumstance that may affect MRI eligibility.
- Follow all MRI safety signs.
- Comply with all Program and clinical affiliate MRI safety requirements.
- Never bypass MRI screening procedures.
- Never enter restricted MRI areas without authorization.
- Ask questions whenever uncertain regarding MRI safety.
- Complete all MRI orientation requirements established by Midland Memorial Hospital before beginning an MRI clinical rotation.

3.0 ROLES AND RESPONSIBILITIES

3.1 Program Director

The Program Director shall:

- Develop, implement, and annually review the MRI Safety, Orientation, and Screening Policy.
- Ensure students receive initial MRI safety awareness education during New Student Orientation.
- Ensure students receive comprehensive MRI safety education during the fourth semester of the curriculum.
- Maintain documentation of student MRI safety education, orientation, acknowledgments, and screening records.

- Verify that students have successfully completed all Program MRI safety requirements before authorizing participation in MRI clinical experiences.
- Coordinate with clinical affiliates regarding MRI educational requirements and student eligibility.
- Ensure compliance with applicable JRCERT Standards, American College of Radiology (ACR) MRI safety recommendations, and clinical affiliate policies.

3.2 Clinical Coordinator

The Clinical Coordinator shall:

- Verify student eligibility for MRI clinical rotations.
- Coordinate MRI clinical assignments with affiliated clinical education sites.
- Confirm completion of required Program and clinical affiliate MRI safety orientation before students begin MRI rotations.
- Communicate student eligibility and clinical placement information with MRI department personnel.
- Monitor student compliance with MRI safety requirements during clinical education.

3.3 Clinical Affiliate (MRI Department)

The assigned MRI clinical affiliate shall:

- Provide site-specific MRI safety orientation and department-specific safety training.
- Complete any required institutional MRI safety education prior to student participation in MRI clinical experiences.
- Determine, through an authorized MRI representative, whether the student has satisfactorily completed all required site-specific MRI safety training.
- Notify the Program of any MRI safety concerns or student noncompliance.
- Provide appropriate supervision of students during MRI clinical experiences in accordance with Program and clinical affiliate policies.

3.4 Students

Students are responsible for:

- Successfully completing initial MRI safety awareness education during New Student Orientation.
- Successfully completing comprehensive MRI safety education during the fourth semester.
- Completing the Program's MRI Safety Screening Questionnaire and providing accurate, complete information.
- Immediately notifying the Program Director and Clinical Coordinator of any change in MRI safety status, including implanted medical devices, retained metallic foreign bodies, surgery involving implanted hardware, pregnancy when applicable under Program policy, or any other condition that may affect MRI safety.
- Successfully completing all MRI safety orientation requirements established by Midland Memorial Hospital prior to participating in MRI clinical experiences.
- Complying with all MRI safety policies of the Program and assigned clinical affiliate.

- Following all MRI Safety Zone restrictions and reporting any unsafe condition immediately.
- Refraining from entering restricted MRI areas without authorization.
- Understanding that they **shall not participate in MRI clinical rotations before the fifth semester** and only after receiving written authorization from the Program and clearance from an authorized Midland Memorial Hospital representative.

4.0 RELATED POLICIES AND PROCEDURES

Pregnancy, Pregnancy-Related Conditions, and Radiation Safety Policy
Clinical Supervision Policy
Clinical Education Policy

5. REVIEW, APPROVAL & PUBLICATION

This policy shall be reviewed annually by the Program Director and revised as necessary to maintain compliance with current professional standards, state regulations, institutional policies, and accreditation requirements.

Students shall receive instruction regarding this policy prior to participation in energized laboratory activities and clinical education.

6. DOCUMENT CONTROL INFORMATION

Document Name	MRI Safety, Orientation, and Screening Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/26
Date of Last Review	7/31/26
Date for Next Review	7/1/26
Related University Policy Documents	NA
JRCERT Cross-reference Primary	Objective 4.3, 4.4, 5.2, 5.5
JRCERT Cross-reference	Objective 2.3

Pregnancy, Pregnancy-Related Conditions, and Radiation Safety Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to providing a safe, equitable, and supportive educational environment for students who are pregnant or experiencing pregnancy-related conditions. The Program complies with Title IX of the Education Amendments of 1972, applicable federal and state laws, Nuclear Regulatory Commission (NRC) regulations governing occupational radiation exposure, and applicable JRCERT Standards.

The Program recognizes that pregnancy is a personal matter. Students have the right to voluntarily declare or not declare a pregnancy, request reasonable accommodations when appropriate, and continue participation in the Program without discrimination.

1.1 Purpose

The purpose of this policy is to:

- Protect the rights of students experiencing pregnancy or pregnancy-related conditions.
- Establish procedures for voluntary pregnancy declaration and withdrawal.
- Promote radiation safety for the declared pregnant student and embryo/fetus.
- Describe available educational resources and accommodations.
- Ensure compliance with applicable federal regulations and accreditation standards.

1.2 Scope

This policy applies to all students enrolled in the Midland College Radiologic Technology Program.

The Program Director is responsible for implementing this policy, providing radiation safety counseling, maintaining confidential documentation, coordinating with Midland College Title IX and Accommodation Services when requested by the student, issuing fetal dosimeters following voluntary declaration, monitoring occupational fetal radiation exposure, and ensuring compliance with applicable regulations and institutional policies.

2.0 POLICY

2.1 Non-Discrimination

Midland College prohibits discrimination based upon pregnancy, childbirth, false pregnancy, termination of pregnancy, recovery from these conditions, lactation, related medical conditions, or parental status.

Students shall not be denied admission, participation, clinical education, or educational opportunities solely because of pregnancy or pregnancy-related conditions.

ring new student orientation, all students will be made aware of Midland Memorial Hospital's threat systems, RACE procedures, and expected responses.

2.2 Voluntary Pregnancy Declaration

Declaration of pregnancy is entirely voluntary.

Students are not required to disclose or declare pregnancy.

A decision not to declare pregnancy shall not affect admission, enrollment, academic standing, clinical participation, progression, or graduation.

Students choosing to voluntarily declare pregnancy shall submit a written Pregnancy Declaration Form to the Program Director.

Only the month and year of conception are required in accordance with NRC guidance.

2.3 Withdrawal of Declaration

A declared pregnant student may withdraw her declaration at any time.

Withdrawal must be submitted in writing to the Program Director.

No explanation or documentation is required to withdraw a declaration.

Upon withdrawal, the student shall again be subject to the standard occupational dose limits applicable to all radiation workers.

2.4 Radiation Safety Counseling

Following voluntary declaration, the Program Director shall provide individualized radiation safety counseling.

Counseling shall include, at a minimum:

- Student rights under Title IX.
- Voluntary nature of pregnancy declaration.
- Right to withdraw declaration.
- NRC embryo/fetal dose limits.
- ALARA principles.
- Proper use of personal protective equipment.
- Proper placement and use of the fetal dosimeter.
- Review of occupational radiation exposure reports.
- MRI safety considerations.
- Available academic and clinical accommodations.
- Opportunity for the student to ask questions.

The student shall be provided the opportunity to discuss available educational options and ask questions before making decisions regarding continued participation in clinical education.
Documentation of counseling shall be maintained in the student's confidential file.

2.5 Radiation Monitoring

Students voluntarily declaring pregnancy shall be issued an additional fetal dosimeter.
The fetal dosimeter shall:

- Be worn at waist level beneath any lead apron.
- Be worn whenever participating in laboratory or clinical activities involving ionizing radiation.
- Be exchanged according to the Program's established dosimetry schedule.

Radiation exposure shall be monitored in accordance with NRC regulations.
The total dose equivalent to the embryo/fetus during the entire gestation shall not exceed **5 mSv (0.5 rem)**.
Dosimetry reports shall be reviewed by the Program Director.
If radiation exposure approaches established investigation levels or indicates an unusual exposure pattern, the Program Director shall conduct an exposure investigation and provide additional counseling or corrective recommendations as appropriate.

2.6 Clinical Education

Pregnancy declaration does not automatically alter:

- enrollment;
- academic progression;
- clinical participation;
- competency requirements;
- graduation requirements; or
- clinical assignments.

Students remain eligible to participate in all required educational activities unless:

- accommodations are approved through Midland College;
- a healthcare provider recommends restrictions;
- a clinical affiliate requires specific limitations consistent with applicable law; or
- radiation safety concerns require modification.

Students shall continue to comply with all radiation safety practices, including ALARA principles, proper shielding, and dosimeter use.
Students shall not be required to accept alternative assignments solely because of pregnancy.

2.7 Pregnancy-Related Accommodations

Students requesting accommodations related to pregnancy or pregnancy-related conditions shall follow Midland College Title IX and Accommodation Services procedures.
Examples may include:

- temporary clinical modifications;
- seating adjustments;
- schedule flexibility;
- lactation accommodations;
- medically necessary restrictions.

Accommodations are determined through Midland College's established interactive process and are not automatic.

The Program Director shall implement approved accommodations while maintaining essential program requirements and clinical competencies whenever possible.

2.8 MRI Safety

Pregnant students shall comply with the Midland College Radiologic Technology Program MRI Safety Policy.

Students who are pregnant, whether declared or undeclared, shall not enter MRI Zone IV during active image acquisition in accordance with current Program policy and applicable MRI safety recommendations.

Students remain eligible to participate in MRI educational experiences consistent with Program MRI Safety Policy.

2.9 Confidentiality

Information regarding pregnancy declarations, counseling, dosimetry reports, and accommodations shall be treated as confidential educational records.

Information shall be shared only with individuals who have a legitimate educational or safety-related need to know, or as otherwise required by law.

3.0 ROLES AND RESPONSIBILITIES

Program Director

The Program Director shall:

- maintain confidential pregnancy records;
- receive written declarations and withdrawals;
- provide radiation safety counseling;
- issue fetal dosimeters;
- review radiation exposure reports;
- coordinate approved accommodations;
- maintain documentation of counseling and dosimetry;
- ensure compliance with applicable regulations.

Clinical Coordinator

The Clinical Coordinator shall:

- implement approved clinical accommodations;
- assist with clinical scheduling when appropriate;

- monitor continued compliance with radiation safety practices.

Students

Students are responsible for:

- deciding whether to voluntarily declare pregnancy;
- submitting declaration or withdrawal forms when applicable;
- properly wearing assigned dosimeters;
- following radiation safety procedures;
- requesting accommodations through Midland College when needed;
- complying with approved accommodations and Program policies.

4.0 RELATED POLICIES AND PROCEDURES

- Radiation Safety and Personnel Dosimetry Policy
- MRI Safety Policy
- Clinical Supervision Policy
- Student Health and Safety Policy
- Attendance Policy
- Title IX Policy
- Accommodation Services Policy

5. References

- Title IX of the Education Amendments of 1972
- 10 CFR §20.1208 – Dose to an Embryo/Fetus
- NRC Regulatory Guide 8.13, *Instruction Concerning Prenatal Radiation Exposure*
- JRCERT Standards for an Accredited Educational Program in Radiography
- American College of Radiology (ACR) Manual on MR Safety
- Midland College Title IX Policies
- Midland College Accommodation Services Policies

6. REVIEW, APPROVAL & PUBLICATION

This policy shall be reviewed annually by the Program Director and revised as necessary to maintain compliance with applicable laws, regulations, accreditation standards, and institutional requirements.

Students shall receive education regarding this policy during New Student Orientation and prior to participation in clinical education.

6. DOCUMENT CONTROL INFORMATION

Document Name	Pregnancy, Pregnancy-Related Conditions, and Radiation Safety Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/2026
Date of Last Review	7/31/2026
Date for Next Review	07/01/2026
Related University Policy Documents	Title IX, Accommodations
JRCERT Cross-Reference Primary	Objective 5.1, 5.5
JRCERT Cross-reference Secondary	Objective 2.3, 5.3

Clinical Supervision Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to providing a safe, structured, and progressive clinical education environment that promotes patient safety, quality imaging, and student competency. Clinical supervision is essential to ensuring that students develop the knowledge, technical skills, critical thinking, and professional judgment necessary to become competent entry-level radiologic technologists.

This policy establishes the requirements for direct supervision, indirect supervision, repeat radiographic examinations, and student responsibilities while participating in clinical education.

1.1 Purpose

- To establish requirements for clinical supervision in accordance with JRCERT Standards.
- To promote patient safety and quality radiographic practice.
- To define direct and indirect supervision requirements.
- To establish supervision requirements for repeat radiographic examinations.
- To ensure students progressively develop competency while maintaining appropriate faculty and clinical oversight.

1.2 Scope

This policy applies to all students enrolled in the Midland College Radiologic Technology Program while participating in laboratory activities, clinical education, and any educational activity involving ionizing radiation.

Students shall comply with all Midland College, Allied Health Division, Radiologic Technology Program, and clinical affiliate supervision requirements. When differences exist, the more restrictive policy shall apply.

The Program Director and Clinical Coordinator are responsible for implementing and enforcing this policy, educating students regarding supervision requirements,

maintaining documentation of student competency progression, and ensuring compliance with JRCERT Standards and clinical affiliate expectations.
Qualified radiographers serving as clinical instructors, supervising radiographers, and preceptors are responsible for providing supervision consistent with this policy and evaluating student performance during clinical education.

2.0 POLICY

Clinical supervision shall be maintained throughout all phases of the student's education to ensure patient safety and appropriate educational progression.
Students shall never substitute for qualified radiologic personnel.
Clinical competency shall be documented through successful completion of required clinical competencies and evaluations as outlined in the Clinical Competency Handbook.

2.1 Direct Supervision

Direct supervision is defined as supervision provided by a qualified radiographer who:

- Reviews the requested examination in relation to the student's level of competency.
- Evaluates the patient's condition with respect to the student's knowledge and skill.
- Is physically present during the examination.
- Reviews and approves the completed images before the patient leaves the department.

Direct supervision is required for:

- All radiographic examinations until clinical competency has been documented.
- All mobile radiographic procedures.
- All fluoroscopic procedures.
- All surgical procedures utilizing mobile imaging equipment.
- All repeat radiographic examinations regardless of competency level.
- All patient transports outside the imaging department when performed by students.
- Any examination requiring direct supervision under Program or clinical affiliate policy.

2.2 Indirect Supervision

Indirect supervision is permitted only after documented clinical competency has been achieved for the specific examination.

The supervising radiographer shall be immediately available to provide assistance, instruction, or intervention whenever patient condition, procedure complexity, or student performance warrants additional supervision.

Immediately available means the qualified radiographer is physically present adjacent to the room or clinical location where the examination is being performed and is readily available to provide assistance.

Students who have demonstrated competency may perform routine radiographic examinations under indirect supervision unless otherwise restricted by this policy or by the clinical affiliate.

2.3 Repeat Radiographic Examinations

To promote patient safety and minimize unnecessary radiation exposure, all repeat radiographic examinations shall be performed under the direct supervision of a qualified radiographer regardless of the student's level of competency.
The supervising radiographer shall:

- Evaluate the reason for the repeat examination.
- Provide instruction or corrective guidance as appropriate.
- Remain physically present throughout the repeat exposure.
- Review the repeated image before the patient leaves the department.

All repeat examinations shall be accurately documented within the Program's repeat examination log in accordance with Program requirements.
Failure to accurately document repeat examinations may result in corrective or disciplinary action.

2.4 Student Competency Progression

Clinical competency is achieved through progressive education, laboratory instruction, simulation activities, clinical experience, skills assessments, competency evaluations, and faculty review.

Documented competency authorizes the student to perform only that specific examination under indirect supervision when otherwise permitted by this policy.
Competency in one examination does not authorize indirect supervision for other examinations.

2.5 Student Restrictions

Students shall not:

- Perform examinations under indirect supervision before documented competency has been achieved.
- Perform repeat radiographic examinations without direct supervision.
- Perform mobile, fluoroscopic, or surgical imaging procedures under indirect supervision.
- Substitute for qualified radiologic personnel.
- Perform procedures outside their educational preparation or Program-approved scope of practice.

3.0 ROLES AND RESPONSIBILITIES

Program Director / Clinical Coordinator

- Educate students regarding supervision requirements.
- Maintain documentation of student clinical competency.
- Monitor compliance with Program and JRCERT supervision requirements.
- Investigate supervision violations.
- Provide corrective action when necessary.

Clinical Instructors / Qualified Radiographers

- Provide direct or indirect supervision as required.
- Ensure patient safety.
- Review examinations performed by students.
- Supervise all repeat radiographic examinations.
- Evaluate student performance and provide immediate feedback.

Students

Students shall:

- Follow all supervision requirements established by the Program and clinical affiliate.
- Perform only examinations authorized by their documented competency.
- Request assistance whenever uncertain regarding a procedure.
- Document all repeat examinations according to Program policy.
- Immediately report supervision concerns to the supervising radiographer, Clinical Coordinator, or Program Director.

4.0 RELATED POLICIES AND PROCEDURES

Clinical Competency Handbook
Radiation Safety and Personnel Dosimetry Policy
Professional Conduct Policy
Clinical Documentation Policy
Allied Health Clinical Code of Conduct

5. REVIEW, APPROVAL & PUBLICATION

- This policy shall be reviewed annually by the Program Director.
- Revisions shall reflect current JRCERT Standards, evidence-based educational practices, and clinical affiliate requirements.
- Students shall receive instruction regarding this policy during New Student Orientation.

Publication locations include:

- Radiologic Technology Student Handbook
- Clinical Competency Handbook

- Program Policy Repository (Trajecsys)

6. DOCUMENT CONTROL INFORMATION

Document Name	New Student Hospital Orientation-Radiology
Owner	Tabitha Fuquay, Program Director
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Related University Policy Documents	Student Code of Conduct, AH Clinical Student Conduct
JRCERT Cross-reference Primary	Objective 4.5, 4.6
JRCERT Cross-reference Secondary	Objective 4.7, 5.2

Clinical Education Site Orientation Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to providing a structured orientation process that prepares students to safely and effectively participate in clinical education. Prior to engaging in patient care activities at any assigned clinical education setting, students shall receive orientation appropriate to the clinical affiliate and department in which they are assigned.

Clinical orientation promotes student safety, patient safety, professional conduct, and successful integration into the clinical learning environment. Orientation is educational in nature and is designed to familiarize students with site-specific expectations, policies, workflows, emergency procedures, and available resources.

1.1 Purpose

The purpose of this policy is to:

- Ensure students receive appropriate orientation before beginning clinical education.
- Promote patient, student, and employee safety.
- Familiarize students with clinical affiliate policies and departmental procedures.
- Establish consistent orientation expectations across all clinical education settings.
- Document completion of required orientation activities.
- Students shall complete a site orientation each time they are assigned to a new clinical affiliate or clinical department requiring a separate orientation.

1.2 Scope

This policy applies to all Radiologic Technology students assigned to any clinical education setting affiliated with Midland College.

Students shall complete orientation before participating in clinical activities at a new clinical site or department. Additional orientation may be required whenever students rotate to a new department, specialty area, or clinical affiliate.

2.0 POLICY

Students shall successfully complete Program and site-specific orientation before participating in patient care activities at any assigned clinical education setting.
Orientation shall be completed at the beginning of each new clinical assignment and whenever required by the clinical affiliate or Program.
Documentation of orientation shall be maintained in accordance with Program requirements.

2.1 Program Orientation

Prior to the initial clinical assignment, students shall receive Program orientation addressing topics including, but not limited to:

- Clinical education philosophy
- Student responsibilities
- Professional conduct
- Chain of command
- Direct and indirect supervision
- Radiation safety
- Infection prevention and exposure control
- HIPAA and patient confidentiality
- MRI safety awareness
- Incident reporting procedures
- Emergency procedures
- Clinical attendance procedures
- Personnel dosimetry
- Clinical documentation requirements
- Scope of student practice

2.2 Clinical Affiliate Orientation

Prior to participating in patient care at a new clinical education setting, students shall receive orientation appropriate to the assigned affiliate.
Clinical affiliate orientation may include:

- Department layout
- Emergency exits
- Fire and disaster procedures
- Department-specific emergency codes
- Chain of command
- Department policies
- Workflow
- Patient identification procedures
- Infection prevention practices
- Radiation safety procedures
- MRI safety zones (if applicable)
- Equipment orientation

- PACS/RIS workflow (when applicable)
- Location of emergency equipment
- Lead protective equipment
- Contrast procedures (when applicable)
- Communication expectations
- Clinical documentation procedures
- Department-specific safety requirements

Additional orientation may be required by the clinical affiliate.

2.3 Department-Specific Orientation

Students rotating to specialty areas may receive additional orientation appropriate to the assigned department.

Examples include:

- Surgery
- Emergency Department
- Trauma
- Mobile Radiography
- Computed Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Fluoroscopy
- Outpatient Imaging

Department-specific orientation shall be completed before students participate in activities unique to those clinical environments.

2.4 Documentation

Completion of orientation shall be documented using Program-approved orientation checklists or clinical affiliate documentation.

Orientation documentation shall include:

- Clinical affiliate
- Department
- Date completed
- Orientation topics reviewed
- Student signature
- Clinical instructor, preceptor, or Program representative signature

Completed orientation records shall become part of the student's confidential Program file.

2.5 Ongoing Orientation

Orientation is considered an ongoing educational process.

Students are expected to seek clarification whenever unfamiliar equipment, procedures, or policies are encountered.

Additional orientation shall be provided whenever:

- new equipment is introduced;
- departmental procedures change;

- students rotate to new clinical areas;
- remediation is necessary; or
- Program faculty determine additional instruction is appropriate.

3.0 ROLES AND RESPONSIBILITIES

Program Director

The Program Director shall:

- Develop and maintain the Clinical Education Site Orientation Policy.
- Ensure orientation requirements are incorporated into the clinical education program.
- Review orientation procedures periodically for effectiveness and compliance.
- Maintain orientation documentation in accordance with Program policies.
- Collaborate with clinical affiliates to ensure orientation content remains current.

Clinical Coordinator

The Clinical Coordinator shall:

- Coordinate student orientation to each clinical education setting.
- Verify completion of required orientation before students begin clinical assignments.
- Maintain orientation checklists and related documentation.
- Coordinate updates to orientation materials as clinical affiliate requirements change.
- Monitor student compliance with orientation requirements.

Clinical Preceptor / Clinical Instructor

The designated clinical preceptor or clinical instructor shall:

- Provide or coordinate site-specific orientation.
- Familiarize students with departmental policies, workflows, equipment, and safety procedures.
- Verify completion of required orientation topics.
- Notify the Clinical Coordinator of any orientation deficiencies requiring follow-up.

Students

Students are responsible for:

- Completing all required Program and clinical affiliate orientation activities.
- Reviewing and complying with clinical affiliate policies and procedures.
- Asking questions whenever clarification is needed.
- Demonstrating safe and professional behavior during orientation and throughout clinical education.
- Signing required orientation documentation.
- Immediately reporting unfamiliar situations, unsafe conditions, or concerns to the supervising technologist, clinical instructor, Clinical Coordinator, or Program Director.
- Participating in additional orientation or remediation when required.

4.0 RELATED POLICIES AND PROCEDURES

- Clinical Supervision Policy
- Clinical Competency Evaluation and Grading Policy
- Radiation Safety and Personnel Dosimetry Policy
- Infection Prevention and Exposure Control Policy
- HIPAA and Patient Confidentiality Policy
- MRI Safety, Orientation, and Screening Policy
- Professional Conduct Policy
- Academic, Clinical, and Student Success Advisement Policy
- Incident Reporting Policy

5.0 References

- JRCERT Standards for an Accredited Educational Program in Radiography
- Midland College Allied Health Policy and Procedure Manual
- Midland College Radiologic Technology Student Handbook
- Clinical Affiliate Policies and Procedures
- OSHA Standards
- CDC Infection Prevention Guidelines

5. REVIEW, APPROVAL & PUBLICATION

This policy shall be reviewed annually by the Program Director in collaboration with the Clinical Coordinator and revised as necessary to maintain compliance with Midland College policies, clinical affiliate requirements, accreditation standards, and applicable regulatory guidance.

6. DOCUMENT CONTROL INFORMATION

Document Name	Clinical Education Site Orientation Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/26
Date of Last Review	07/31/26
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Related University Policy Documents	Allied Health Policy & Procedure Manual
JRCERT Cross-Reference Primary	Objective 4.3, 4.4, 4.6, 5.2
JRCERT Cross-reference Secondary	

Clinical Education, Competency Evaluation, Continued Competency, and Clinical Grading Policy

Contents

1.0 INTRODUCTION

Clinical education is the cornerstone of the Midland College Radiologic Technology Program. It provides students the opportunity to integrate didactic knowledge, laboratory instruction, technical skill, critical thinking, communication, professionalism, and patient-centered care within authentic healthcare environments under the supervision of qualified medical imaging professionals.

The Program recognizes that clinical competency is not achieved through observation alone, nor is it demonstrated by the successful completion of a single examination. Rather, competency is developed through progressive instruction, repeated clinical experience, immediate faculty and preceptor feedback, reflective practice, and continued demonstration of safe and effective performance across a variety of patient populations and clinical environments.

The Program maintains a structured clinical education process designed to ensure that graduates have demonstrated the knowledge, technical skills, clinical judgment, professionalism, and ethical behavior expected of an entry-level radiologic technologist. The Program is committed to balancing educational excellence, patient safety, and equitable student learning opportunities throughout the clinical education experience. Clinical competency evaluation, continued competency assessment, and clinical performance evaluation collectively provide objective evidence that each student has achieved the Program's educational outcomes and the clinical competency requirements established by the American Registry of Radiologic Technologists (ARRT).

1.1 Purpose

The purpose of this policy is to establish uniform standards governing clinical education, competency evaluation, continued competency, clinical performance assessment, remediation, and grading within the Midland College Radiologic Technology Program.

This policy is intended to:

- establish consistent standards for clinical competency evaluation;
- promote progressive clinical skill development throughout the curriculum;
- ensure competency is demonstrated through safe, ethical, and professional patient care;
- define expectations for initial and continued clinical competency;
- establish semester competency progression expectations;
- outline procedures for clinical evaluation, feedback, remediation, and grading;
- ensure compliance with ARRT Clinical Competency Requirements and applicable JRCERT Standards; and
- provide a fair, objective, and educationally sound process for evaluating student clinical performance.

1.2 Educational Philosophy

The Midland College Radiologic Technology Program believes that competency is earned through demonstrated performance rather than elapsed time or a prescribed number of attempts**.** Students develop clinical proficiency at different rates and through varying clinical experiences. Accordingly, the Program is committed to providing meaningful opportunities for students to develop, practice, and demonstrate competency while maintaining a single entry-level performance standard for all graduates.

Clinical competency is viewed as a continuous developmental process rather than a single event. Initial competency validates a student's ability to safely perform a specific examination under appropriate supervision. Continued competency demonstrates that the student can consistently reproduce that performance across varying patient presentations, equipment configurations, clinical environments, and increasingly complex situations throughout the curriculum.

The Program further believes that competency evaluation is fundamentally an educational process. Every competency evaluation is intended not only to assess performance but also to provide meaningful feedback, reinforce appropriate clinical behaviors, identify opportunities for improvement, and promote continued professional growth.

Authentic patient care experiences remain the preferred method for competency development. Simulation serves as a supplemental educational strategy and shall be utilized only in accordance with Program policy and current ARRT Clinical Competency Requirements.

Patient safety, radiation protection, ethical practice, professionalism, and compassionate patient-centered care shall remain the highest priorities throughout all clinical education activities.

1.3 Scope

This policy applies to all students enrolled in clinical education courses within the Midland College Radiologic Technology Program.

This policy governs:

- initial clinical competency evaluations;
- continued clinical competency requirements;
- semester competency progression expectations;
- clinical performance evaluations;
- competency remediation;

- simulation utilized for competency credit;
- clinical grading;
- documentation of clinical performance; and
- responsibilities of students, clinical instructors, clinical preceptors, Program faculty, the Clinical Coordinator, and the Program Director.

1.4 Definitions

Clinical Competency

The formal evaluation process used to determine whether a student can safely and independently perform a specific radiographic examination while demonstrating appropriate patient care, communication, radiation protection, positioning accuracy, technical performance, image evaluation, professionalism, and clinical judgment.

Continued Clinical Competency

The ongoing demonstration of consistent clinical performance following successful completion of an initial competency. Continued competency validates that students maintain technical proficiency, adaptability, critical thinking, image quality, and professional practice throughout the remainder of the Program.

Clinical Performance Evaluation

A comprehensive assessment of the student's overall clinical performance, including professionalism, communication, patient care, technical skills, radiation safety, critical thinking, dependability, and ethical conduct.

Competency Attempt

A formal evaluation during which a student seeks credit for successful completion of a required clinical competency.

Successful Competency

A competency evaluation in which all required performance standards have been satisfactorily demonstrated and competency credit is awarded.

Unsuccessful Competency

A competency attempt in which one or more required performance standards have not been demonstrated. Unsuccessful competency attempts do not receive competency credit and require additional instruction, remediation, or subsequent competency attempts before credit may be awarded.

Continued Competency Submission

A documented collection of completed examinations demonstrating sustained competency following successful initial competency validation, as required during the fourth and fifth semesters.

Clinical Remediation

A structured educational process designed to assist students in correcting identified deficiencies through additional instruction, supervised practice, faculty guidance, clinical coaching, image review, or other educational interventions.

1.5 Educational Principles

Clinical education within the Midland College Radiologic Technology Program is founded upon the following principles:

- Patient safety shall remain the highest priority during all clinical education activities.
- Clinical competency is achieved through demonstrated performance and sustained application rather than elapsed time or a prescribed number of attempts.
- Students progress at different rates and shall be afforded educational opportunities to develop competency while meeting the same entry-level standard for graduation.
- Competency evaluation is intended to be educational and shall include timely, constructive feedback designed to promote continued improvement.
- Clinical learning is progressive, with increasing expectations for independence, efficiency, critical thinking, professionalism, and clinical judgment throughout the curriculum.
- Authentic patient care experiences are the preferred method for competency development. Simulation shall supplement, but not replace, clinical education in accordance with Program policy and ARRT requirements.
- Continued competency is necessary to demonstrate consistent clinical performance and readiness for independent professional practice.
- Students are expected to actively participate in their own learning by seeking feedback, evaluating their own performance, and engaging in remediation when necessary.
- Professionalism, ethical conduct, effective communication, radiation safety, infection prevention, and patient-centered care are evaluated throughout the clinical education experience and are integral components of clinical competency.

2.0 Initial Clinical Competency

Clinical competency is the formal evaluation process used to verify that a student has demonstrated the knowledge, technical skill, patient care, communication, professionalism, radiation protection practices, image evaluation ability, and clinical judgment necessary to safely perform a radiographic examination at the expected entry-level standard.

Successful completion of an initial clinical competency signifies that the student has demonstrated the ability to perform a specific examination under appropriate supervision in accordance with Program requirements. Initial competency serves as the foundation for continued competency development throughout the remainder of the curriculum and is not intended to represent the completion of clinical learning. Continued practice and repeated demonstration of competency are required to develop consistent clinical proficiency.

2.1 Eligibility for Competency Evaluation

Students shall not attempt a clinical competency evaluation until they have successfully completed all prerequisite educational requirements established by the Program.

Prior to requesting a competency evaluation, students must:

- Successfully complete the applicable didactic instruction for the examination;
- Successfully complete all required laboratory instruction and positioning checkoffs, when applicable;
- Demonstrate readiness for competency evaluation as determined by Program faculty, the Clinical Coordinator, or the assigned clinical instructor;
- Perform the examination under the required level of supervision in accordance with the Clinical Supervision Policy; and
- Obtain approval from the supervising clinical instructor, clinical preceptor, or Program faculty before initiating the competency evaluation.

Competency evaluations shall not be attempted when patient safety, departmental workflow, or clinical circumstances would compromise the educational process or the quality of patient care.

2.2 Competency Evaluation Standards

Each competency evaluation shall assess the student's ability to integrate all aspects of professional radiographic practice, including but not limited to:

- Patient identification and verification;
- Patient communication and education;
- Patient assessment and care;
- Infection prevention and standard precautions;
- Radiation protection and ALARA principles;
- Equipment operation and preparation;
- Examination positioning and anatomical demonstration;
- Appropriate technical factor selection;
- Image receptor and central ray alignment;
- Image evaluation and critique;
- Professionalism and ethical conduct;
- Clinical judgment and adaptability; and
- Overall diagnostic quality of the completed examination.

Competency evaluations shall reflect routine clinical practice and shall be completed using actual patient examinations unless otherwise permitted under the Program's Simulation Policy.

2.3 Competency Evaluation Process

Competency evaluations shall be conducted using Program-approved evaluation forms and standardized performance criteria contained within the Clinical Competency Handbook. Faculty and clinical evaluators shall apply evaluation criteria consistently to ensure fair, objective, and equitable assessment of student performance.

Students shall independently perform the examination to the greatest extent appropriate for their level of education while maintaining patient safety and complying with Program supervision requirements.

Upon completion of the examination, the evaluator shall review the student's performance, complete the competency evaluation documentation, and determine whether competency credit has been earned.

The evaluator shall determine whether competency standards have been achieved and provide immediate formative feedback consistent with Program policy.

2.4 Immediate Feedback

Students shall receive immediate formative feedback following every competency evaluation, regardless of outcome.

Evaluators shall review the student's performance, identify strengths, discuss any deficiencies observed during the examination, and provide recommendations for continued improvement. Feedback is intended to reinforce appropriate clinical practice, promote critical thinking, and facilitate continued development toward independent clinical practice.

When practical, competency feedback should include direct review of the completed radiographic images within the clinical department. Students may also participate in faculty-guided image critique, comparison with similar examinations, or additional laboratory instruction to reinforce image evaluation principles and improve future performance.

For unsuccessful competency evaluations, identified deficiencies and recommendations for improvement shall be documented on the competency evaluation scoresheet or other Program-approved documentation and reviewed with the student. This documentation becomes part of the student's clinical education record.

2.5 Competency Attempts

The Midland College Radiologic Technology Program recognizes that students develop clinical proficiency at different rates. Therefore, the Program does **not** establish a maximum number of competency attempts.

Students are afforded repeated opportunities to demonstrate competency following appropriate instruction, practice, and remediation as needed. Competency credit shall be awarded only after all Program performance standards have been successfully demonstrated.

Unsuccessful competency attempts do not receive competency credit and do not satisfy Program competency requirements. Students demonstrating repeated patterns of unsuccessful performance may be referred for additional advisement, remediation, faculty review, or other educational interventions designed to promote student success while maintaining patient safety.

3.0 Clinical Competency Progression

The Midland College Radiologic Technology Program utilizes a progressive competency model designed to promote continuous development of clinical knowledge, technical skill, critical thinking, professionalism, and independent clinical practice. Students are expected to demonstrate increasing levels of competency and clinical responsibility as they advance through each semester of the Program.

Clinical competency progression is intended to ensure students develop broad clinical experience throughout the curriculum rather than concentrating competency completion near graduation. The Program believes that repeated application of learned skills over time strengthens clinical judgment, promotes retention of knowledge, and better prepares students for entry-level professional practice.

3.1 Semester Competency Expectations

To promote satisfactory clinical progression, the Program establishes both **minimum** and **recommended** competency expectations for each clinical course.

Minimum competency requirements are intended to ensure students maintain appropriate progress toward completion of all Program and ARRT clinical competency requirements. Recommended competency goals encourage students to exceed minimum expectations whenever appropriate clinical opportunities are available.

Semester-specific competency expectations are published within each clinical course syllabus and may be modified by Program faculty based upon curriculum sequencing, clinical opportunities, accreditation requirements, or changes to ARRT Clinical Competency Requirements.

Students who fail to achieve established minimum competency expectations may be required to participate in clinical advisement, individualized remediation, faculty review, or the development of a Clinical Success Plan.

3.2 Student Responsibility for Clinical Progression

Students are expected to actively seek appropriate competency opportunities during assigned clinical rotations and to communicate with supervising technologists, clinical instructors, and Program faculty regarding their competency needs.

Students are encouraged to complete competencies whenever suitable patient examinations are available rather than delaying competency acquisition until later semesters. Consistent clinical participation and timely completion of competencies contribute to continued skill development and reduce the likelihood of delayed program progression.

Failure to pursue reasonable competency opportunities or demonstrate satisfactory clinical progression may result in faculty intervention, advisement, or additional educational requirements.

3.3 Advanced Clinical Experiences

Students who consistently maintain satisfactory academic standing, demonstrate professional behavior, and complete competency requirements in a timely manner may have increased opportunities during the fifth semester to participate in educational experiences within advanced imaging and specialty practice areas.

Examples may include:

- Computed Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Mammography
- Surgery
- Interventional Radiology
- Other specialty imaging areas as available

Participation in specialty rotations is educational in nature and **is not guaranteed**. Placement is contingent upon successful completion of prerequisite Program requirements, clinical site availability, departmental workflow, student readiness, and approval by Program faculty and the clinical affiliate.

3.4 Simulation for Clinical Competency

The Midland College Radiologic Technology Program is committed to providing students with authentic patient care experiences whenever possible. Accordingly, **clinical**

competency evaluations are expected to be completed through actual patient examinations during the first four semesters of the Program.

Simulation may be utilized as an educational teaching strategy throughout the curriculum; however, **simulation shall not be used for the purpose of awarding clinical competency credit during the first four semesters** except as otherwise required by Program faculty due to extraordinary circumstances.

During the fifth semester, simulation may be utilized to satisfy remaining competency requirements when appropriate clinical opportunities are unavailable and in accordance with current ARRT Clinical Competency Requirements.

The Program recognizes the ARRT limitation that **no more than ten (10) clinical competencies may be completed through simulation**. Simulation is intended to supplement, not replace, authentic clinical education and shall be used only when necessary to ensure completion of competency requirements while maintaining educational integrity.

The Program's simulation philosophy is founded upon the belief that competency is best developed through repeated performance on actual patients presenting with varying anatomy, pathology, body habitus, mobility limitations, trauma considerations, and clinical circumstances. Authentic patient care experiences remain the preferred method for competency development whenever feasible.

3.5 Faculty Monitoring of Clinical Progression

Program faculty continuously monitor each student's clinical progression through competency records, continued competency documentation, clinical evaluations, advisement meetings, and documentation maintained within Trajecsys and other approved Program records. Students demonstrating delays in competency acquisition, repeated unsuccessful competency attempts, declining clinical performance, professionalism concerns, patient safety issues, or other indicators of academic concern may be referred for additional educational interventions, including:

- Clinical advisement;
- Individualized remediation;
- Development of a Clinical Success Plan;
- Academic Alert referral;
- Student Support Services referral;
- Increased faculty observation;
- Temporary restriction from competency attempts until deficiencies have been addressed; or
- Other educational interventions determined appropriate by Program faculty.

The purpose of faculty monitoring is to promote student success, ensure satisfactory clinical progression, and maintain patient safety throughout the clinical education experience.

4.0 Continued Clinical Competency

Successful completion of an initial clinical competency demonstrates that a student has met the minimum performance standard for a specific radiographic examination at a single point in time. The Midland College Radiologic Technology Program recognizes that professional competence requires continued practice, refinement of technical skills, adaptation to diverse clinical situations, and consistent performance over time.

Accordingly, students are required to demonstrate **continued clinical competency** throughout the advanced stages of the Program. Continued competency validates that students consistently perform examinations at the expected entry-level standard while adapting to varying patient conditions, clinical environments, equipment configurations, and workflow demands.

The purpose of continued competency is to reinforce clinical proficiency, strengthen critical thinking, promote image quality, and verify sustained readiness for independent professional practice.

4.1 Continued Competency Requirements

Students enrolled in the fourth and fifth clinical semesters shall complete the Program's Continued Clinical Competency Requirement.

Continued competency consists of repeated, documented performance of selected examinations following successful completion of the initial competency evaluation. These examinations are intended to demonstrate consistent technical performance, sound clinical judgment, appropriate patient care, and the ability to apply previously acquired skills across a variety of patient presentations and clinical situations.

Program faculty establish continued competency categories and minimum submission requirements based upon educational objectives, ARRT expectations, and the clinical experiences necessary to prepare graduates for entry-level practice. Semester-specific requirements shall be published within the applicable clinical course syllabus and the Clinical Competency Handbook.

4.2 Continued Competency Performance Standards

All continued competency submissions shall demonstrate performance consistent with entry-level professional expectations.

Each examination submitted for continued competency shall be evaluated using Program-approved image performance standards that assess, as applicable:

- Anatomical inclusion;
- Appropriate collimation;
- Proper anatomical marker placement;

- Accurate centering;
- Central ray, anatomical part, and image receptor alignment;
- Appropriate exposure factors and image quality;
- Positioning accuracy;
- Absence of preventable motion or distortion;
- Compliance with Program image evaluation criteria;
- Compliance with radiation protection principles;
- Overall diagnostic acceptability; and
- Professional performance throughout the examination.

Program faculty may periodically revise image evaluation criteria to maintain consistency with current professional standards while preserving the educational intent of continued competency evaluation.

4.3 Image Quality Standards

Competency credit shall be awarded only for examinations that meet the Program's established diagnostic image quality standards.

Images submitted for continued competency shall accurately demonstrate the required anatomy, appropriate positioning, acceptable image quality, and adherence to radiation protection principles. Digital manipulation or post-processing shall not be used to compensate for deficiencies that should have been corrected during image acquisition.

Detailed image evaluation criteria are maintained within the Clinical Competency Handbook and associated evaluation rubrics.

4.4 Repeat Image Policy

The Midland College Radiologic Technology Program recognizes that each radiographic exposure represents both patient radiation exposure and a diagnostic opportunity.

Accordingly, examinations requiring repeat imaging due to preventable student error shall **not** receive continued competency credit.

For the purposes of continued competency evaluation, examinations requiring repeat exposures because of positioning errors, inappropriate technical factor selection, procedural error, or other preventable student deficiencies shall be considered unsuccessful submissions and shall not satisfy Program continued competency requirements.

Repeat images resulting from factors beyond the student's control may be reviewed by Program faculty on an individual basis.

4.5 Submission and Documentation

Continued competency documentation shall be submitted according to deadlines established within the clinical course syllabus and Clinical Competency Handbook.

Documentation may be maintained within Trajecsys, Program-approved competency forms, or other Midland College-approved clinical education records.

Students are responsible for ensuring all required documentation is complete, accurate, and submitted by established deadlines.

Failure to submit required continued competency documentation or failure to meet Program performance standards may affect the clinical course grade and may require remediation, advisement, or additional competency submissions as determined by Program faculty.

4.6 Continuous Quality Improvement Review

The Midland College Radiologic Technology Program periodically evaluates continued clinical competency requirements as part of the Program's Continuous Quality Improvement (CQI) process. Program faculty shall review competency continuation categories, progression expectations, and related assessment criteria using available Program assessment data, student outcomes, clinical affiliate feedback, registry performance, accreditation requirements, and changes in professional practice.

Competency continuation requirements, minimum expectations, and associated educational processes may be revised as necessary to ensure continued alignment with entry-level radiographer practice, clinical opportunity, Program outcomes, and current ARRT Clinical Competency Requirements.

Any revisions shall be implemented through the Clinical Competency Handbook, applicable course syllabi, or other Program-approved educational documents, as appropriate.

5.0 Clinical Evaluation, Feedback, and Remediation

Clinical evaluation is a continuous educational process designed to assess student development, reinforce successful clinical performance, identify opportunities for improvement, and promote progression toward independent entry-level practice. Evaluation extends beyond technical skill and includes patient care, communication, professionalism, radiation safety, critical thinking, image evaluation, and clinical judgment.

The Midland College Radiologic Technology Program is committed to providing fair, objective, timely, and constructive evaluation throughout the clinical education experience. Evaluation is intended to facilitate student learning and professional growth while ensuring patient safety and maintaining the standards of the profession.

5.1 Clinical Performance Evaluation

Student clinical performance shall be evaluated throughout each clinical course using Program-approved evaluation instruments and established performance criteria.

Clinical performance evaluations may assess, as appropriate:

- Professionalism and ethical conduct;
- Patient care and communication;
- Infection prevention and standard precautions;
- Radiation protection practices;
- Technical proficiency;
- Positioning accuracy;
- Image evaluation;
- Clinical judgment and problem-solving;
- Adaptability;
- Initiative and dependability;
- Organization and workflow management;
- Professional interaction with patients, technologists, physicians, faculty, and healthcare team members; and
- Overall readiness for increasing levels of clinical responsibility.

Clinical evaluations shall be completed at intervals established by the Program and shall contribute to the student's clinical course grade as outlined in the applicable course syllabus.

5.2 Immediate Feedback

Students shall receive timely and constructive feedback following competency evaluations and other significant clinical performance assessments.

Feedback is intended to reinforce appropriate clinical practice, identify performance deficiencies, promote critical thinking, and facilitate continued development toward entry-level competence.

Whenever practical, evaluators shall review the competency evaluation immediately upon completion of the examination. Strengths, identified deficiencies, recommended corrective actions, and educational guidance shall be discussed directly with the student.

Feedback provided during competency evaluations shall be documented on the Program-approved competency evaluation scoresheet or associated clinical documentation.

5.3 Image Review and Clinical Coaching

Image evaluation is an essential component of competency development and continued clinical education.

Whenever practical, students shall review completed examinations with the clinical evaluator, faculty member, or clinical instructor immediately following the examination. Image review may occur within the clinical department utilizing the completed examination or at another appropriate time as determined by Program faculty.

Students may be required to:

- Critically evaluate their own radiographic images;
- Identify positioning, technical, or procedural deficiencies;
- Recommend appropriate corrective actions;
- Compare completed examinations with similar diagnostic images;
- Participate in faculty-guided image critique sessions; and
- Demonstrate understanding of the Program's standardized image evaluation process.

Image review may include discussion of positioning accuracy, anatomical demonstration, exposure indicator evaluation, collimation, image receptor alignment, technical factor selection, artifacts, and overall diagnostic acceptability.

Program faculty may utilize clinical images, comparable examinations, laboratory instruction, or other educational resources to reinforce image analysis principles and strengthen clinical decision-making.

5.4 Clinical Remediation

Clinical remediation is an individualized educational process intended to correct identified deficiencies while promoting continued student success and protecting patient safety.

Remediation is educational in nature and shall not be considered punitive. Students identified through competency evaluations, clinical performance evaluations, faculty monitoring, or advisement as requiring additional educational support may participate in individualized remediation designed to address identified deficiencies and promote continued clinical progression.

Students may be referred for remediation following:

- Unsuccessful competency evaluations;
- Repeated technical or positioning deficiencies;
- Image quality concerns;
- Patient care deficiencies;

- Radiation safety concerns;
- Professionalism concerns;
- Clinical performance deficiencies; or
- Other concerns identified by Program faculty or clinical instructors.

Remediation activities shall be individualized and may include one or more of the following:

- Review of competency evaluation results;
- Individual conferences with Program faculty;
- Faculty-guided image critique;
- Laboratory instruction and supervised positioning practice;
- Review of anatomy, positioning, technical factors, or image evaluation;
- Additional supervised clinical practice;
- Assigned educational activities or directed study;
- Development of a Clinical Success Plan;
- Clinical advisement;
- Referral to the Academic Alert Team;
- Referral to Student Support Services;
- Referral to Midland College counseling or mental health resources when appropriate;
- Radiation safety counseling;
- Pregnancy counseling when applicable; and
- MRI safety counseling when applicable.

Students are expected to actively participate in the remediation process by evaluating their own performance, identifying deficiencies, implementing corrective strategies, and demonstrating improvement during subsequent clinical experiences.

6.0 Clinical Grading

Clinical course grades are intended to reflect a student's overall achievement of the learning outcomes established for each clinical education course. Evaluation of clinical performance extends beyond successful completion of individual competencies and incorporates the student's continued development in technical proficiency, professionalism, patient care, communication, radiation safety, clinical judgment, image evaluation, and professional responsibility.

Clinical grading is based upon multiple assessment methods designed to provide a comprehensive evaluation of student performance throughout the clinical education experience.

6.1 Clinical Grade Components

Clinical course grades may include one or more of the following assessment components, as applicable to the specific clinical course:

- Clinical competency evaluations;
- Continued clinical competency documentation;
- Clinical performance evaluations;
- Professionalism assessments;
- Image evaluation assignments;
- Clinical documentation;
- Required clinical assignments;
- Clinical participation;
- Attendance, when applicable under Program policy; and
- Other assessment methods identified within the applicable course syllabus.

The assessment methods utilized for each clinical course shall be published in the course syllabus.

6.2 Grade Weighting

The grading methodology for each clinical course is established by Program faculty and is published within the applicable course syllabus.

Grade weighting may vary between clinical courses to reflect course objectives, student progression, competency expectations, and curriculum sequencing.

Students are responsible for reviewing and understanding the grading methodology applicable to each clinical course.

6.3 Clinical Performance Expectations

Successful completion of a clinical course requires consistent demonstration of safe, ethical, and professional clinical practice.

Students are expected to:

- Demonstrate progressive improvement throughout the semester;
- Maintain professional conduct consistent with Program and clinical affiliate expectations;

- Provide safe, compassionate, and patient-centered care;
- Adhere to radiation protection and infection prevention principles;
- Demonstrate competency consistent with their level in the curriculum;
- Successfully complete required clinical documentation;
- Meet established competency progression expectations; and
- Comply with all Program, College, and clinical affiliate policies.

6.4 Failure to Meet Clinical Requirements

Failure to successfully complete required clinical course components may adversely affect the student's clinical course grade.

Examples include, but are not limited to:

- Failure to demonstrate required clinical competencies;
- Failure to maintain satisfactory clinical progression;
- Failure to submit required competency documentation;
- Failure to complete required clinical assignments;
- Unsatisfactory clinical performance;
- Failure to comply with Program or clinical affiliate policies;
- Unsafe clinical practice; or
- Professional conduct inconsistent with Program expectations.

Students who fail to meet clinical course requirements may be referred for advisement, remediation, or other educational interventions in accordance with Program policy.

6.5 Successful Completion

To successfully complete a clinical education course, students must satisfy all academic, clinical, and professional requirements established for the course, including satisfactory demonstration of clinical competency, continued competency when applicable, successful completion of required evaluations and assignments, and achievement of the minimum course grade established by the Program.

Successful completion of one clinical course does not automatically satisfy competency requirements for subsequent clinical courses. Students are expected to demonstrate continued progression and increasing clinical proficiency throughout the curriculum.

6.6 Clinical Grading Philosophy

Clinical grading is intended to evaluate the student's overall development toward entry-level professional practice rather than isolated technical performance.

The Program recognizes that competency develops progressively throughout the curriculum. Accordingly, clinical grades reflect sustained performance, continued professional growth, patient safety, technical proficiency, professionalism, communication, and the student's ability to integrate knowledge and skills in authentic clinical environments. Students are not evaluated solely on their ability to produce diagnostic images, but also on their ability to apply sound clinical judgment, communicate effectively, adapt to changing clinical situations, and consistently provide safe, patient-centered care.

The purpose of clinical grading is to verify readiness for increasing clinical responsibility while promoting continuous improvement and lifelong professional learning.

7.0 Clinical Documentation and Record Management

Accurate documentation is an essential component of clinical education and provides objective evidence of student progression, competency achievement, advisement, remediation, grading, and compliance with Program, institutional, accreditation, and regulatory requirements.

The Midland College Radiologic Technology Program maintains clinical education records in a secure and confidential manner consistent with Midland College policies, the Family Educational Rights and Privacy Act (FERPA), applicable state and federal laws, and Program policies regarding student records and confidentiality.

7.1 Clinical Documentation

Students are responsible for maintaining accurate, complete, and timely clinical documentation throughout the Program.

Clinical documentation may include, but is not limited to:

- Clinical competency evaluations;
- Continued clinical competency documentation;
- Clinical performance evaluations;
- Midterm and final clinical evaluations;
- Clinical attendance and time records;
- Clinical orientation documentation;
- Clinical advisement records;
- Counseling and remediation documentation;
- Clinical Success Plans;
- Academic Alert documentation;
- Professionalism documentation;
- Incident reports related to clinical education;

- Radiation safety counseling documentation;
- MRI safety documentation;
- Other documentation required to verify satisfactory progression through the Program.

Failure to maintain or submit required documentation may affect the student's clinical progression or course grade.

7.2 Clinical Education Management System

The Program utilizes approved clinical education management systems to facilitate documentation, communication, competency tracking, evaluations, attendance, and other clinical education records.

Trajecsys serves as the Program's primary clinical education management system for designated clinical documentation and recordkeeping. Additional Midland College-approved electronic systems or secure Program records may also be utilized when appropriate.

Students are responsible for ensuring that documentation submitted through Trajecsys or other approved systems is accurate, complete, and submitted within established deadlines.

7.3 Student Review and Acknowledgment

Documentation related to competency evaluations, clinical performance, advisement, remediation, counseling, or other significant clinical education matters shall be reviewed with the student whenever practical.

Students may be asked to acknowledge receipt of documentation by written or approved electronic signature.

A student's signature or electronic acknowledgment confirms that the documentation has been reviewed and discussed with the student and does not necessarily indicate agreement with its contents.

Failure or refusal to acknowledge documentation shall not invalidate the documentation or prevent the Program from maintaining it as part of the student's educational record.

7.4 Confidentiality and Record Security

Clinical education records are confidential educational records.

Access to student clinical records is limited to individuals with a legitimate educational interest as defined by Midland College policies and applicable law.

Records shall be maintained in secure physical or electronic locations and protected against unauthorized access, disclosure, alteration, or destruction.

Confidential information obtained during clinical education shall be handled in accordance with HIPAA, FERPA, Program policies, and applicable clinical affiliate requirements.

7.5 Record Retention

Clinical education records shall be retained in accordance with Midland College record retention policies and applicable legal, regulatory, and accreditation requirements.

Program faculty are responsible for maintaining documentation necessary to demonstrate student progression, competency achievement, clinical evaluation, and compliance with Program requirements.

7.6 Documentation Integrity

All clinical documentation submitted by students shall accurately reflect clinical activities actually performed by the student.

Students shall not falsify, alter, fabricate, or intentionally misrepresent competency documentation, attendance records, evaluations, patient information, clinical assignments, electronic submissions, or any other Program record.

Falsification or misrepresentation of clinical documentation constitutes a serious violation of Program standards and may result in disciplinary action in accordance with Midland College policies, the Allied Health Division Handbook, and the Radiologic Technology Program Student Handbook.

7.7 Documentation Corrections

Students are responsible for reviewing submitted clinical documentation for accuracy prior to submission.

Errors or omissions identified after submission shall be reported promptly to the Clinical Coordinator or Program Director. Corrections shall be made in accordance with Program procedures and, when applicable, within the capabilities of the approved clinical education management system.

Students shall not alter previously submitted documentation in a manner that misrepresents the date, time, patient encounter, competency status, evaluator comments, or other official clinical education records.

8.0 Roles and Responsibilities

The effectiveness of the clinical education program depends upon the collaborative efforts of students, Program faculty, clinical instructors, preceptors, and clinical affiliates. Each individual shares responsibility for maintaining a safe, ethical, and educational clinical environment that promotes student learning while protecting patients and maintaining professional standards.

8.1 Program Director

The Program Director has overall responsibility for the administration, oversight, evaluation, and continuous improvement of the clinical education program.

Responsibilities include, but are not limited to:

- Administering the clinical education program in accordance with institutional policies, JRCERT Standards, and ARRT requirements;
- Developing, implementing, and evaluating clinical education policies and procedures;
- Monitoring student clinical progression and competency achievement;
- Reviewing competency documentation, evaluations, and clinical records;
- Providing academic and clinical advisement;
- Developing individualized remediation or Clinical Success Plans when appropriate;
- Coordinating referrals to Academic Alert, Student Support Services, counseling, or other institutional resources as appropriate;
- Collaborating with the Clinical Coordinator and clinical affiliates regarding student performance;
- Maintaining confidential clinical education records;
- Evaluating program effectiveness through continuous quality improvement activities; and
- Ensuring graduates have demonstrated the competencies necessary for entry-level practice.

8.2 Clinical Coordinator

The Clinical Coordinator serves as the primary liaison between the Program and affiliated clinical education settings and assists in the implementation and evaluation of the clinical education curriculum.

Responsibilities include:

- Coordinating clinical assignments and rotations;
- Monitoring student clinical progression;
- Assisting with competency evaluations and continued competency;
- Providing clinical advisement and educational support;
- Communicating with clinical instructors and affiliate personnel regarding student performance;
- Monitoring completion of required clinical documentation;
- Assisting with remediation activities when appropriate;
- Participating in evaluation of clinical education effectiveness; and
- Reporting significant student concerns to the Program Director.

8.3 Clinical Instructors and Clinical Preceptors

Clinical instructors and designated preceptors are essential members of the clinical education team and provide direct supervision, instruction, mentoring, and evaluation of students during assigned clinical experiences.

Responsibilities may include:

- Providing instruction consistent with Program objectives;
- Ensuring patient safety during clinical education;
- Supervising students in accordance with the Clinical Supervision Policy;
- Evaluating student performance objectively and consistently;
- Providing immediate, constructive feedback;
- Assisting students with image evaluation and technical improvement;
- Documenting competency evaluations and clinical performance;
- Promote a positive clinical learning environment;
- Communicating significant concerns to the Clinical Coordinator or Program Director; and
- Serving as professional role models.

8.4 Student Responsibilities

Students are responsible for actively participating in their clinical education and demonstrating professional behaviors consistent with the expectations of the Program and clinical affiliates.

Student responsibilities include:

- Preparing for assigned clinical experiences;
- Adhering to all Program, College, and clinical affiliate policies;
- Demonstrating professional conduct and ethical behavior;
- Providing safe, compassionate, patient-centered care;
- Complying with radiation safety, infection prevention, HIPAA, MRI safety, and other applicable safety requirements;
- Seeking appropriate competency opportunities;
- Completing required clinical documentation accurately and on time;
- Participating actively in image evaluation, remediation, and clinical advisement when indicated;

- Accepting constructive feedback professionally and incorporating recommendations into future performance;
- Promptly communicating concerns affecting clinical education to Program faculty; and
- Assuming increasing responsibility for independent clinical performance as competency develops.

8.5 Shared Responsibility

Clinical education is a collaborative process requiring open communication, mutual respect, professionalism, and shared accountability among students, faculty, clinical instructors, preceptors, and clinical affiliates.

All participants are expected to contribute to a clinical learning environment that:

- Promotes patient safety;
- Encourages professional growth;
- Supports constructive feedback;
- Fosters critical thinking and lifelong learning;
- Maintains mutual respect and professionalism; and
- Upholds the ethical standards of the radiologic sciences profession.

8.6 Clinical Affiliate Responsibilities

Clinical education affiliates are essential partners in the educational process and provide the patient care environment in which students develop clinical competency.

Participating clinical affiliates agree to:

- Provide learning experiences that support achievement of Program objectives;
- Designate qualified personnel to supervise and evaluate students;
- Maintain a safe clinical environment;
- Notify Program faculty of significant concerns regarding student performance, safety, or professionalism;
- Collaborate with Program faculty to support student learning and competency development; and
- Participate in Program evaluation activities as appropriate.

9.0 Related Policies

This policy shall be implemented in conjunction with applicable Midland College policies, the Allied Health Division Handbook, the Radiologic Technology Program Student Handbook, the

Clinical Competency Handbook, course syllabi, and other Program policies governing clinical education.

Related policies include, but are not limited to:

- Academic and Clinical Advisement Policy
- Clinical Supervision Policy
- Clinical Education Site Policy
- Clinical Attendance Policy
- Student Records and Confidentiality Policy
- Radiation Safety Policy
- Infection Prevention and Exposure Control Policy
- MRI Safety, Orientation, and Training Policy
- Pregnancy and Pregnancy-Related Conditions Policy
- Student Professional Conduct and Progressive Discipline Policy
- Incident Reporting Policy
- Conditions of Admission and Continued Enrollment Policy
- HIPAA and Patient Confidentiality requirements
- Midland College Student Code of Conduct
- Midland College Title IX Policies
- Allied Health Division Handbook

When differences exist between institutional policies, Allied Health Division policies, clinical affiliate policies, or Program-specific policies, students shall comply with the **more restrictive requirement**, unless otherwise directed by the Program Director or required by law.

Clinical affiliates may establish site-specific operational procedures, orientation requirements, or safety expectations. Students are required to comply with all applicable clinical affiliate policies while participating in clinical education experiences, provided such requirements do not conflict with Midland College policies or applicable law.

9.1 Supporting Documents

The following documents support implementation of this policy but do not supersede the requirements contained herein:

- Clinical Competency Handbook
- Continued Clinical Competency Guidelines

- Clinical Course Syllabi
- Clinical Orientation Checklists
- Competency Evaluation Forms
- Clinical Performance Evaluation Forms
- Clinical Advisement Forms
- Clinical Success Plan Forms
- Trajecsys Clinical Documentation
- Other Program-approved instructional and evaluation materials

Program faculty may revise supporting documents as part of the Program's Continuous Quality Improvement (CQI) process without requiring formal revision of this policy, provided such revisions remain consistent with institutional policy, accreditation standards, and Program objectives.

10.0 References

The Midland College Radiologic Technology Program administers clinical education in accordance with applicable institutional policies, accreditation standards, professional practice standards, and regulatory requirements. This policy shall be interpreted and implemented in conjunction with the following authorities and governing documents, as applicable:

Midland College

- Midland College Board Policies
- Midland College Student Handbook
- Midland College Catalog
- Midland College Title IX Policies and Procedures
- Midland College Student Code of Conduct
- Midland College Record Retention Policies
- Midland College FERPA Policies

Allied Health Division

- Midland College Allied Health Division Student Handbook
- Allied Health Division Clinical Policies and Procedures

Radiologic Technology Program

- Radiologic Technology Program Student Handbook

- Clinical Competency Handbook
- Clinical Course Syllabi
- Clinical Orientation Materials
- Program Forms and Clinical Evaluation Instruments
- Program-approved Clinical Education Management System (Trajecsys)

Accreditation and Professional Organizations

- Joint Review Committee on Education in Radiologic Technology (JRCERT), Standards for an Accredited Educational Program in Radiography
- American Registry of Radiologic Technologists (ARRT), Radiography Clinical Competency Requirements
- American Registry of Radiologic Technologists (ARRT), Radiography Content Specifications
- American Registry of Radiologic Technologists (ARRT), Rules of Ethics
- American Society of Radiologic Technologists (ASRT), Practice Standards for Medical Imaging and Radiation Therapy
- American Society of Radiologic Technologists (ASRT), Radiography Curriculum

Federal and State Requirements

- Family Educational Rights and Privacy Act (FERPA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard
- Nuclear Regulatory Commission (NRC), as applicable
- Texas Administrative Code (TAC), when applicable
- Texas Higher Education Coordinating Board (THECB), when applicable

10.1 Policy Review

This policy shall be reviewed periodically by Program faculty as part of the Midland College Radiologic Technology Program's Continuous Quality Improvement (CQI) process and may be revised as necessary to maintain compliance with institutional requirements, accreditation standards, professional practice expectations, and applicable federal or state regulations.

Revisions to operational documents, including the Clinical Competency Handbook, course syllabi, evaluation instruments, orientation materials, and other supporting educational

documents, may be implemented independently provided such revisions remain consistent with this policy and applicable institutional requirements.

6. DOCUMENT CONTROL INFORMATION

Document Name	Clinical Education, Competency Evaluation, Continued Competency, and Clinical Grading Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/26
Date of Last Review	08/01/26
Date for Next Review	07/01/27
Related University Policy Documents	See section 10.0-References
JRCERT Cross-reference Primary	Objectives 4.4, 4.6, 4.7, 4.8, 5.1, 5.4
JRCERT Cross-reference Secondary	Objective 2.3

Clinical Preceptor and Clinical Staff Qualifications, Responsibilities, and Trajecsys Access

8/12/2026

Contents

1.0 INTRODUCTION

Clinical education is an essential component of the Midland College Radiologic Technology Program and requires the coordinated participation of program officials, clinical preceptors, qualified radiographers, and other clinical staff. Individuals involved in clinical education must be appropriately qualified for their assigned responsibilities and must understand the program's supervision, instruction, evaluation, documentation, and competency requirements.

The Midland College Radiologic Technology Program formally designates qualified clinical preceptors to support student learning and to evaluate clinical competence. Clinical preceptor designation is distinct from employment by a clinical affiliate, professional credentialing, or access to the Trajecsys clinical management system. A radiologic technologist is not authorized to perform clinical competency checkoffs solely because the individual is employed by a clinical affiliate, holds professional credentials, or has been granted access to Trajecsys.

This policy establishes consistent requirements for verifying qualifications, designating clinical preceptors, assigning responsibilities, controlling Trajecsys access, evaluating student performance, and monitoring continued eligibility to participate in the program's clinical education process.

1.1 Purpose

The purpose of this policy is to ensure that students receive appropriate clinical supervision, instruction, evaluation, and support from qualified individuals at each recognized clinical education setting.

This policy defines:

- Qualification and designation requirements for clinical preceptors;
- Responsibilities of clinical preceptors, technologists, and other clinical staff;
- Authority to evaluate students and complete clinical competencies;
- Access and permission levels within Trajecsys;
- Initial and continuing orientation requirements;
- Credential verification and record-maintenance requirements; and
- Procedures for monitoring, suspending, reinstating, or withdrawing clinical preceptor privileges

1.2 Scope

This policy applies to:

- The Program Director;
- The Clinical Coordinator;

- Program faculty participating in clinical education;
- Designated clinical preceptors;
- Radiologic technologists and other qualified radiographers who supervise or evaluate students;
- Other healthcare personnel who interact with or supervise students within their professional scope;
- Clinical-setting administrators and representatives involved in student education;
- Students enrolled in any Midland College Radiologic Technology clinical course; and
- Individuals granted access to student information, clinical documents, evaluations, competencies, examination logs, or attendance records through Trajecsys.

This policy applies at every JRCERT-recognized clinical setting and to all clinical education activities conducted through the Midland College Radiologic Technology Program. It governs clinical preceptor designation and oversight regardless of whether the individual is employed by Midland College or by a clinical affiliate.

This policy does not supersede the lawful employment authority, patient-care policies, credentialing requirements, or administrative responsibilities of a clinical affiliate. When clinical-affiliate requirements are more restrictive than program requirements, the more restrictive requirement will apply, provided it does not conflict with JRCERT Standards, Midland College policy, or applicable law.

2.0 POLICY

The Midland College Radiologic Technology Program will designate at least one qualified clinical preceptor for each JRCERT-recognized clinical setting. Clinical preceptors and clinical staff must possess qualifications appropriate to their assigned responsibilities and must comply with applicable Midland College policies, program policies, clinical education requirements, and JRCERT Standards.

Assignment of a Trajecsys account does not, by itself, constitute designation as a clinical preceptor. Only the Program Director or Clinical Coordinator may designate an individual as a clinical preceptor and authorize competency-evaluation privileges.

3.0 Definitions

3.1 Clinical Preceptor

A qualified radiographer formally designated by the Midland College Radiologic Technology Program who:

- Is proficient in student supervision, instruction, and evaluation;
- Documents a minimum of two years of clinical experience in radiography; and

- Holds current American Registry of Radiologic Technologists certification and registration in radiography, or an equivalent unrestricted state license recognized by the JRCERT.

The clinical preceptor maintains knowledge of the program's mission and goals, clinical objectives, competency-evaluation system, policies, procedures, and student progress. The clinical preceptor provides clinical instruction and supervision, evaluates students' clinical competence, participates in program assessment as appropriate, and assists with monitoring and enforcing program policies.

3.2 Clinical Staff

Individuals working within a clinical education setting who support the student's clinical education. Clinical staff supervising students in radiography must hold current ARRT certification and registration in radiography or an applicable equivalent recognized by the JRCERT.

Clinical staff are expected to understand:

- The program's clinical competency system;
- Requirements for direct and indirect student supervision;
- Applicable clinical policies and procedures;
- Their responsibilities within the educational process; and
- Relevant information concerning student progress.

Clinical staff may provide instruction, supervision, and routine student-performance feedback within their assigned roles. Midland College limits formal radiographic competency checkoffs to designated clinical preceptors and authorized program officials.

3.3 Technologist

For purposes of Midland College and Trajecsys access, a technologist is an individual whose current ARRT certification and registration in radiography, or applicable equivalent, has been verified but who has not been designated as a Midland College clinical preceptor.

This category may include:

- A technologist with fewer than two years of documented clinical experience;
- A technologist who has not submitted the documentation required for clinical preceptor designation;
- A technologist who has not completed required preceptor orientation; or
- A qualified technologist who does not wish to serve as a clinical preceptor.

Technologists may supervise students in accordance with the program's Direct and Indirect Supervision Policy and may complete routine weekly or biweekly student evaluations when they directly observed the student's performance. Technologists may not complete clinical competency checkoffs.

3.4 Other Clinical Staff

Other clinical staff are healthcare personnel who support the clinical education environment but are not verified or designated as radiologic technologists or clinical preceptors within Trajecsys.

Other appropriately credentialed healthcare professionals may supervise or evaluate students performing activities within that professional's lawful scope of practice. They may not supervise radiographic procedures as the qualified radiographer or complete radiographic competency checkoffs unless they independently satisfy the program's applicable qualification and designation requirements.

3.5 Qualified Radiographer

A radiographer who holds current ARRT certification and registration in radiography or an applicable unrestricted state license recognized as equivalent by the JRCERT.

3.6 Clinical Competency Checkoff

A formal evaluation of a student's independent performance of an eligible radiographic procedure using the approved Midland College Student Clinical Competency Evaluation Rubric. Successful completion documents achievement of clinical competency but does not eliminate supervision requirements applicable to repeats, surgery, mobile radiography, or mobile fluoroscopy.

4.0 Clinical Preceptor Qualifications

Before designation, each clinical preceptor must:

1. Hold current ARRT certification and registration in radiography or an applicable equivalent recognized by the JRCERT.
2. Document a minimum of two years of clinical experience in radiography.
3. Demonstrate proficiency in student supervision, instruction, and evaluation.
4. Submit a current résumé, curriculum vitae, or completed JRCERT Clinical Preceptor Curriculum Vitae documenting:
    - Employment dates;
    - Clinical radiography experience; and
    - Duties or experience involving student supervision, instruction, or evaluation.
5. Complete the Midland College clinical preceptor orientation and training requirements.
6. Agree to comply with Midland College clinical education policies and use the approved clinical competency-evaluation process.

The ARRT continuing-education biennium and Continuing Qualifications Requirements dates will not be used as evidence of employment history or length of clinical experience.

5.0 Credential and Experience Verification

The Program Director or Clinical Coordinator will:

- Complete primary-source verification of current ARRT certification and registration or the applicable equivalent before clinical preceptor privileges are granted;
- Review the individual's curriculum vitae, résumé, or JRCERT Clinical Preceptor Curriculum Vitae to confirm at least two years of clinical radiography experience;
- Request clarification or additional documentation when experience dates or qualifications are incomplete;
- Document the date and source of credential verification;
- Reverify credentials at least annually and whenever the program receives information suggesting a possible change in status; and
- Maintain qualification and orientation records for each designated clinical preceptor.

Clinical preceptors and technologists must notify the Program Director or Clinical Coordinator promptly of any change in certification, registration, licensure, employment status, or eligibility to supervise students.

Expiration, suspension, revocation, restriction, or inability to verify required credentials will result in immediate review and may result in restriction or removal of Trajecsys privileges.

6.0 Clinical Preceptor Coverage

The program will designate:

- At least one clinical preceptor for each JRCERT-recognized clinical setting; and
- At least one full-time-equivalent clinical preceptor for every ten students assigned to clinical education.

A clinical preceptor may be designated for more than one clinical setting when appropriate oversight is maintained and the required preceptor-to-student ratio is not exceeded.

The Program Director and Clinical Coordinator may provide clinical instruction and evaluate students but will not be identified as clinical preceptors for purposes of satisfying JRCERT staffing requirements.

7.0 Clinical Preceptor Responsibilities

Clinical preceptors are responsible for:

- Maintaining knowledge of the program's mission, goals, clinical objectives, evaluation system, policies, and procedures.
- Providing appropriate clinical instruction and supervision.
- Following and enforcing the Direct and Indirect Supervision Policy.

- Ensuring students receive direct supervision:
    - Until clinical competency has been achieved;
    - During all repeat examinations;
    - During all surgical procedures;
    - During all mobile radiographic procedures; and
    - During all mobile fluoroscopic procedures.
- Remaining immediately available to assist students working under indirect supervision.
- Evaluating student competence using the approved Midland College Student Clinical Competency Evaluation Rubric.
- Providing timely, objective, and constructive feedback.
- Documenting concerns, critical failures, unsafe conduct, supervision violations, or performance deficiencies.
- Reporting significant concerns promptly to the Program Director or Clinical Coordinator.
- Maintaining the confidentiality of student educational and clinical records.
- Participating in program assessment and clinical education activities as requested.
- Using only their individually assigned Trajecsys account and protecting their login information.

8. Clinical Staff and Technologist Responsibilities

Clinical staff and technologists are responsible for:

- Understanding the program's clinical competency and supervision requirements;
- Providing appropriate instruction and supervision within their qualifications and assigned roles;
- Supporting the student's clinical learning;
- Providing objective feedback based on directly observed performance;
- Completing authorized routine student evaluations accurately and promptly;
- Reporting unsafe conduct, supervision concerns, or significant performance problems;
- Maintaining student and patient confidentiality;
- Following applicable program and clinical-setting policies; and
- Using only their individually assigned Trajecsys account.

Clinical staff and technologists who are not designated clinical preceptors may not complete clinical competency checkoffs.

An individual whose professional credentials cannot be verified will not be authorized to serve as the qualified radiographer supervising a student, complete an official student evaluation, or perform a competency checkoff.

9. Clinical Preceptor Orientation

Before competency-evaluation privileges are activated, a clinical preceptor must complete documented orientation addressing, at minimum:

- Program mission and goals;
- Clinical course objectives;
- Clinical competency requirements;
- Student Clinical Competency Evaluation Rubric;
- Direct and indirect supervision;
- Direct supervision of repeats, surgery, mobile radiography, and mobile fluoroscopy;
- Clinical grading and critical-failure criteria;
- Student confidentiality;
- Student progress, feedback, and remediation;
- Incident and concern reporting;
- Relevant clinical policies and procedures;
- Trajecsys access and appropriate system use; and
- The location of current clinical education documents and resources.

Clinical preceptors will receive an annual review of program requirements. Material policy or procedural changes will be communicated when implemented. Completion of orientation and continuing review will be documented.

Failure to complete required orientation or training may result in the suspension of competency-evaluation privileges until the requirement is satisfied.

10. Trajecsys Administration and Access

The Program Director serves as the primary Trajecsys account holder. The Clinical Coordinator serves as the secondary account holder.

Only the Program Director and Clinical Coordinator may:

- Access the complete Trajecsys clinical management system;
- Access all student clinical records, attendance records, evaluations, and competency information;
- Approve, assign, modify, or remove user roles;
- Authorize clinical preceptor competency privileges;
- Correct or approve student time records;
- Manage clinical settings, rotations, and clinical records; and
- Correct, invalidate, or remove improperly entered evaluations or competencies.

Technologists and clinical staff may independently reset their own Trajecsys usernames or passwords through the system's account-recovery process.

Trajecsys permissions will be limited according to the individual's assigned role.

Trajecsys function	Other clinical staff	Verified technologist	Clinical preceptor	Program Director/Clinical Coordinator
Access authorized documents	Yes	Yes	Yes	Yes
Complete routine student evaluations	No	Yes	Yes	Yes
Complete clinical competency checkoffs	No	No	Yes	Yes
Access all student records	No	No	No	Yes
Assign or modify user roles	No	No	No	Yes
Correct or approve time records	No	No	No	Yes
Manage clinical sites and rotations	No	No	No	Yes

Access will be restricted or removed when an individual:

- Separates from the clinical setting;
- No longer serves in an authorized educational role;
- Fails to maintain or document required credentials;
- Misuses Trajecsys or shares login credentials;
- Fails to comply with program policies; or
- Has clinical preceptor privileges suspended or withdrawn.

11. Clinical Competency Evaluation

Only a designated clinical preceptor, Program Director, Clinical Coordinator, or other specifically authorized program faculty member may complete a formal clinical competency evaluation.

To complete a competency checkoff, the evaluator must:

7. Personally observe the student perform the complete examination.
8. Provide direct supervision during the competency attempt.
9. Confirm that the procedure is eligible for competency evaluation.
10. Use the approved Midland College Student Clinical Competency Evaluation Rubric.
11. Evaluate all required performance criteria.
12. Document critical failures, unsuccessful performance, corrective feedback, and relevant comments.
13. Submit the evaluation through the evaluator's individual Trajecsys account.

A preceptor may not:

- Enter a competency based on another person's observation;
- Share Trajecsys credentials;
- Allow another person to submit an evaluation under the preceptor's account;
- Approve a competency that was not personally observed; or
- Modify the evaluation criteria or scoring requirements.

Competency evaluations and routine clinical evaluations are the only student grades or formal performance ratings assigned by radiologic technologists or clinical preceptors. Final authority for clinical grades, competency validity, remediation, and resolution of disputed evaluations remains with the Program Director and Clinical Coordinator.

12. Routine Student Evaluations

Verified technologists and clinical preceptors who directly observed the student may complete the routine clinical evaluation required by the applicable clinical course.

The evaluation frequency will be established in the Clinical Competency Handbook or individual clinical course syllabus. Evaluations must be based on observed student performance and submitted through the evaluator's individual Trajecsys account.

Routine evaluations do not establish clinical competency and may not be substituted for a formal competency checkoff.

13. Student Examination Logs

Students must document clinical examinations in Trajecsys according to program requirements. Each examination must be identified as:

- Observed;
- Assisted; or
- Performed.

Students must also document repeat examinations and the reason for each repeat.

Examination logs will be reviewed periodically by the Program Director or Clinical Coordinator for:

- Accuracy and completeness;
- Student participation and progression;
- Variety and volume of examinations;
- Repeat patterns;
- Supervision concerns; and
- Compliance with clinical education requirements.

A logged examination does not independently establish clinical competency. The Program Director or Clinical Coordinator may correct or invalidate inaccurate entries. Falsification of an examination log is subject to the program's academic integrity and professional conduct procedures.

14. Student Timekeeping

Students will clock in and out using Trajecsys on an authorized personal device or an available computer at the clinical setting. Clinical settings are geofenced to assist with location verification.

Geofencing supports attendance verification but does not independently establish that a student was present and participating for the entire reported period.

Students are responsible for:

- Accurately recording arrival and departure times;
- Clocking in and out only for themselves;
- Remaining within the assigned clinical area unless authorized otherwise; and
- Reporting missing or inaccurate punches using the approved Missed Punch Form.

Technologists and clinical preceptors are not responsible for approving student time.

Only the Program Director or Clinical Coordinator may correct or approve attendance records. Alternative documentation may be used when Trajecsys, location services, cellular service, or internet access is unavailable.

Falsification of time, location, or attendance records—including clocking in or out for another student—is subject to disciplinary action under the program's academic integrity and professional conduct procedures.

15. Trajecsys Documents and Resources

Students, verified technologists, and clinical preceptors will have access to role-appropriate clinical education documents and resources through the Trajecsys Documents section.

Available resources may include:

- Current program and clinical handbooks;
- Clinical forms and reporting documents;
- Clinical protocols;
- Student-service information;
- Clinical-site information;
- Accreditation standards and professional resources;
- Clinical competency requirements and evaluation instruments;
- Professional ethics resources; and
- Applicable institutional and program policies.

The specific document inventory will be maintained administratively and will not be incorporated permanently into this policy.

Only current, approved versions will be placed in Trajecsys. Obsolete versions will be removed or archived, and significant revisions will be communicated to affected users. Documents available through Trajecsys do not replace the official institutional or program record.

16. Monitoring of Clinical Preceptor Performance

The Program Director and Clinical Coordinator will monitor clinical preceptor performance through methods that may include:

- Review of competency evaluations and scoring patterns;
- Review of narrative comments and critical-failure documentation;
- Student feedback and clinical evaluations;
- Faculty observations and clinical-site visits;
- Communication with clinical-setting leadership;
- Review of reported supervision or policy concerns;
- Review of student competency progression; and
- Participation in orientation and continuing education activities.

The program may conduct a formal evaluation of a clinical preceptor when necessary or as part of its clinical education assessment process. When a formal evaluation is completed, the process will be explained to the clinical preceptor, relevant results will be shared with the individual, and identified concerns will be addressed promptly.

17. Suspension or Withdrawal of Clinical Preceptor Status

Clinical preceptor designation or competency-evaluation privileges may be suspended or withdrawn for:

- Expired, restricted, suspended, or revoked professional credentials;
- Failure to maintain required qualifications;
- Failure to complete required orientation or training;
- Repeated failure to follow the competency-evaluation rubric;
- Inconsistent, unsupported, or inaccurate competency evaluations;
- Failure to comply with student-supervision requirements;
- Breach of student or patient confidentiality;
- Sharing or misuse of Trajecsys credentials;
- Unprofessional or unsafe conduct;
- Failure to comply with program policies; or
- Separation from the clinical setting.

Depending on the nature and severity of the concern, corrective action may include:

- Counseling;
- Clarification of program expectations;
- Additional orientation or retraining;
- Increased monitoring;
- Temporary restriction of competency-evaluation privileges;
- Modification of the individual's Trajecsys role; or
- Removal of clinical preceptor designation.

Immediate restriction may occur when necessary to protect students, patients, confidential information, or the integrity of the clinical competency system.

Reinstatement may occur after the individual demonstrates that qualification, training, performance, or compliance concerns have been resolved. Final authority for designation, suspension, reinstatement, and removal rests with the Program Director or Clinical Coordinator.

18. Records

The program will maintain documentation of:

- Clinical preceptor designation;
- Current curriculum vitae or résumé;
- ARRT certification and registration or equivalent verification;
- Initial and annual credential-verification dates;
- Initial orientation and subsequent training;
- Trajecsys role assignment;

- Performance concerns and corrective actions, when applicable; and
- Suspension, reinstatement, or withdrawal of privileges.

Records will be maintained securely in accordance with institutional and program record-retention and confidentiality requirements.

19.0 RELATED POLICIES AND PROCEDURES

- Policy 300 — Direct and Indirect Supervision Policy
- Policy 310 — Clinical Education Site Orientation Policy
- Policy 320 — Clinical Education, Competency Evaluation, Continued Competency, and Clinical Grading Policy
- Midland College Radiologic Technology Student Handbook
- Midland College Clinical Competency Handbook
- Student Clinical Competency Evaluation Rubric
- JRCERT Clinical Preceptor Curriculum Vitae
- Applicable clinical affiliation agreements
- Applicable institutional confidentiality, records, and information-security policies

20. REVIEW, APPROVAL & PUBLICATION

The Program Director and Clinical Coordinator are responsible for implementing, monitoring, and maintaining this policy. Clinical preceptors, technologists, clinical staff, students, and clinical-setting representatives are responsible for complying with the portions applicable to their roles.

21. DOCUMENT CONTROL INFORMATION

Document Name	New Student Hospital Orientation-Radiology
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/26
Date of Last Review	08/02/26
Date for Next Review	07/01/26
Related University Policy Documents	NA
For Office Use – Keywords for search function	
JRCERT Cross-reference Primary	Objective 3.3
JRCERT Cross-reference Secondary	3.2, 4.4, 4.5, 4.6, 5.4

RADIOLOGIC TECHNOLOGY

Patient Confidentiality and Protected Health Information (PHI) Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to protecting the privacy, dignity, and confidentiality of all patients encountered during classroom, laboratory, simulation, and clinical education experiences. Students are expected to comply with all applicable federal and state laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as Midland College policies and the confidentiality policies of affiliated clinical education sites.

Protection of confidential patient information is a professional, ethical, and legal responsibility. Any unauthorized access, use, disclosure, discussion, photography, recording, or distribution of protected health information (PHI) is strictly prohibited.

1.1 Purpose

This policy is intended to:

- Protect patient privacy and confidentiality.
- Ensure compliance with HIPAA and applicable privacy laws.
- Define student responsibilities regarding protected health information.
- Promote ethical and professional conduct.
- Establish expectations regarding confidentiality in all learning environments.

1.2 Scope

This policy applies to all Radiologic Technology students during:

- Classroom instruction
- Laboratory activities
- Clinical education
- Simulation experiences
- Electronic communications

- Social media activity
- Remote learning activities
- Any location where patient information may be accessed or discussed

2.0 POLICY

The Midland College Radiologic Technology Program is committed to protecting the privacy, dignity, and confidentiality of all patients. Students shall comply with all applicable federal and state laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Midland College policies, and the confidentiality policies of affiliated clinical education sites.
Students may access Protected Health Information (PHI) **only** when such access is necessary to perform assigned educational or patient care responsibilities and only under the appropriate level of supervision. Students shall access, use, and disclose only the **minimum necessary** Protected Health Information required to perform their assigned duties.

Protected Health Information (PHI) includes, but is not limited to, written, verbal, electronic, photographic, radiographic, and digital information that directly or indirectly identifies a patient. This includes patient names, dates of birth, medical record numbers (MRNs), accession numbers, account numbers, addresses, telephone numbers, diagnostic images containing identifiers, examination information, diagnoses, or any combination of information that could reasonably identify an individual.
Students shall maintain the confidentiality of all patient information obtained through classroom instruction, laboratory activities, simulation, clinical education, electronic health records, imaging systems, verbal communications, printed materials, and all other educational or clinical experiences. The obligation to maintain confidentiality shall continue after graduation, withdrawal, or dismissal from the Program.

Students **shall not**:

- Access patient records without a legitimate educational or clinical need.
- Access their own medical records or those of family members, friends, classmates, employees, or acquaintances through clinical information systems.
- Discuss patient information with unauthorized individuals or in public areas where conversations may be overheard.
- Copy, photograph, record, print, download, remove, or otherwise reproduce Protected Health Information unless specifically authorized as part of assigned educational responsibilities.
- Share usernames, passwords, or electronic access credentials for clinical information systems.
- Leave confidential information unattended or visible to unauthorized individuals.
- Remove confidential documents or Protected Health Information from a clinical facility without authorization.

Artificial Intelligence (AI) and Electronic Platforms

Students **shall not** enter, upload, copy, paste, dictate, summarize, analyze, or otherwise disclose Protected Health Information (PHI) into any artificial intelligence (AI) platform, chatbot, large language model, cloud-based application, or other unauthorized electronic system.

This prohibition includes, but is not limited to:

- Patient names
- Dates of birth
- Medical record numbers (MRNs)
- Accession numbers
- Account or encounter numbers
- Social Security numbers
- Addresses or telephone numbers
- Radiographic images containing patient identifiers
- Photographs of patients or identifying features
- Clinical documentation
- Any combination of information that could reasonably identify a patient, **even if the patient's name has been removed.**

Students may utilize artificial intelligence technologies **only** for legitimate educational purposes and **only** when all information has been completely de-identified in accordance with HIPAA, Midland College policies, and affiliated clinical site policies. Students remain solely responsible for ensuring that no Protected Health Information is disclosed through the use of artificial intelligence or other electronic technologies. Unauthorized access to patient records, unauthorized disclosure of Protected Health Information, misuse of electronic health record systems, or disclosure of confidential information through artificial intelligence platforms, social media, text messaging, email, cloud-based applications, or any other unauthorized electronic technology constitutes a serious breach of professional conduct.

Any suspected or actual breach of confidentiality shall be reported immediately to the supervising registered technologist, Clinical Coordinator, Program Director, or other appropriate authority. Alleged violations shall be investigated in accordance with Midland College policies and applicable clinical affiliate procedures.

Violations of this policy may result in disciplinary action up to and including immediate removal from the clinical education setting, failure of a clinical course, suspension, dismissal from the Radiologic Technology Program, loss of clinical placement, referral to Midland College administration, and civil or criminal penalties as provided by applicable law.

3.0 ROLES AND RESPONSIBILITIES

Program Director

- Provide HIPAA and confidentiality education.

- Investigate reported violations.
- Document findings.
- Implement disciplinary procedures when appropriate.

Clinical Coordinator

- Reinforce confidentiality expectations.
- Report suspected violations.
- Coordinate with clinical affiliates during investigations.

Student

Students shall:

- Maintain patient confidentiality at all times.
- Access only information necessary to perform assigned duties.
- Protect all protected health information.
- Immediately report suspected confidentiality breaches.
- Comply with all Midland College and clinical affiliate confidentiality policies.
  he Midland College Radiology Technology Program Director will describe the appropriate policies at new student orientation.

4.0 RELATED POLICIES AND PROCEDURES

- Student Code of Conduct
- Social Media Policy
- Information Technology Acceptable Use Policy
- Clinical Supervision Policy
- HIPAA Training Requirements
- ARRT Standards of Ethics

5. REVIEW, APPROVAL & PUBLICATION

This policy shall be reviewed annually by the Program Director and revised as necessary to maintain compliance with current professional standards, state regulations, institutional policies, and accreditation requirements.

Students shall receive instruction regarding this policy prior to participation in energized laboratory activities and clinical education.

This policy shall be published in:

- Radiologic Technology Student Handbook
- Program Policy Manual
- Clinical Orientation Materials

6. DOCUMENT CONTROL INFORMATION

Document Name	Patient Confidentiality and Protected Health Information (PHI) Policy
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/2026
Date of Last Review	07/30/26
Date for Next Review	07/01/2027
Related University Policy Documents	Student Code of Conduct, Disciplinary Policy
JRCERT Cross-reference Primary	Objective 4.6, 5.2, 5.5
JRCERT Cross-reference Secondary	Objective NA

ARRT Ethics Eligibility and Student Responsibility

1. INTRODUCTION

To inform students of the ethical eligibility requirements established by the American Registry of Radiologic Technologists (ARRT) for certification and registration. This policy outlines the student's responsibility for determining eligibility, obtaining required ethics reviews when applicable, and understanding that admission to or graduation from the Midland College Radiologic Technology Program does not guarantee eligibility for ARRT certification.

1.1 Purpose

- To educate students regarding the ARRT Ethics Requirements for Certification and Registration.
- To emphasize that eligibility for ARRT certification is determined solely by the ARRT.
- To ensure students understand their responsibility to disclose potential ethics violations and seek an Ethics Review Preapplication when appropriate.

1.2 Scope

- This policy applies to all students enrolled in the Midland College Radiologic Technology Program.
- Students are responsible for reviewing the ARRT Ethics Requirements and determining whether any prior or future legal, academic, or professional conduct may affect eligibility for certification.
- Students with potential ethics concerns are expected to initiate the ARRT Ethics Review Preapplication process as early as possible.

2. POLICY

- Eligibility to sit for the American Registry of Radiologic Technologists (ARRT) Certification and Registration Examination is determined solely by the ARRT.

Admission to, or graduation from, the Midland College Radiologic Technology Program does not guarantee eligibility for ARRT certification or registration.

Students who have a criminal history, misdemeanor or felony charges or convictions, alcohol- or drug-related driving offenses, disciplinary actions by a regulatory agency or professional licensing board, academic integrity violations, honor code violations, or any other circumstance that may constitute a potential ethics violation under ARRT requirements are solely responsible for determining their eligibility for certification.

Students who believe they may have a reportable ethics concern are strongly encouraged to complete an **ARRT Ethics Review Preapplication** before or during enrollment. The Ethics Review process may require several months to complete; therefore, students should initiate the process as early as possible to avoid delays in certification eligibility. Students are encouraged to retain copies of all correspondence and determinations received from the ARRT regarding ethics eligibility.

The Program Director may provide guidance regarding the ARRT Ethics Review process; however, the Program cannot interpret ARRT policies, determine a student's eligibility for certification, or guarantee the outcome of an ARRT Ethics Review.
Failure to obtain a favorable ARRT ethics determination may prevent a graduate from becoming eligible for certification and state licensure.

3. ROLES AND RESPONSIBILITIES

Program Director

- Inform students of the ARRT Ethics Requirements during program orientation.
- Provide students with information regarding the ARRT Ethics Review Preapplication process.
- Direct students to official ARRT resources for ethics eligibility information.
- Maintain confidentiality regarding any ethics-related discussions or documentation submitted by students.

Student

- Review the ARRT Ethics Requirements and determine whether any past or future incident may require disclosure.
- Submit an ARRT Ethics Review Preapplication when appropriate.
- Provide all documentation requested by the ARRT.
- Comply with all ARRT ethics reporting requirements and deadlines.
- Immediately notify the Program Director of any criminal charges, convictions, or other reportable ethics issues that occur during enrollment and may affect certification eligibility.

4. RELATED POLICIES AND PROCEDURES

American Registry of Radiologic Technologists (ARRT):

- Ethics Requirements for Certification
- Ethics Review Preapplication
- ARRT Rules of Ethics

Midland College Policies:

- Student Code of Conduct
- Academic Integrity Policy
- Radiologic Technology Program Professional Conduct Policy
- ASRT Standards of Ethics

5. REVIEW, APPROVAL & PUBLICATION

- This policy shall be reviewed annually by the Program Director.
- Revisions may be made as ARRT ethics requirements are updated.
- Students will receive this policy during New Student Orientation.
- Publication locations include:
- Radiologic Technology Student Handbook
- Program Policy Repository
- Midland College Radiologic Technology Website
- Students are responsible for reviewing the most current ARRT ethics information available through the ARRT website.

6. DOCUMENT CONTROL INFORMATION

Document Name	ARRT Ethics Eligibility and Student Responsibility
Owner	Tabitha Fuquay, MC Program Director
Version Number	1.0
Approval Date	7/28/26
Approved By	MC Radiologic Technology Program
Date of Commencement	8/24/2026
Date of Last Review	7/28/2026
Date for Next Review	7/1/2027
Related University Policy Documents	
JRCERT Cross-reference Primary	Objective 2.1, 5.5
JRCERT Cross-reference Secondary	Objective 2.3

Student Interpretation and Translation Services Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to protecting patient rights, promoting effective communication, and ensuring compliance with healthcare regulations regarding language access services. This policy establishes the Program's expectations regarding student participation in interpretation and translation activities during clinical education. Interpretation refers to spoken communication between individuals who speak different languages, while translation refers to written communication.

1.1 Purpose

- To protect the patient's right to receive healthcare information in a language they understand.
- To ensure the use of qualified medical interpreters when language assistance is required.
- To define the role and limitations of radiologic technology students regarding interpretation and translation.
- To promote patient safety and reduce the risk of miscommunication during healthcare encounters.

1.2 Scope

- This policy applies to all students enrolled in the Midland College Radiologic Technology Program.
- The policy applies to all clinical education settings, laboratory experiences, and patient interactions involving limited English proficiency (LEP) or other communication barriers.
- Students shall comply with all clinical affiliate policies regarding interpreter services.

2.0 POLICY

In accordance with federal regulations, patient rights, and clinical affiliate policies, patients have the right to receive medical information in a language they understand through qualified interpretation services.

Radiologic Technology students are **not** employed, designated, trained, or credentialed as qualified medical interpreters or translators by Midland College or any affiliated clinical education site. Therefore, students shall **not** serve as medical

interpreters or translators for patients, family members, healthcare providers, or visitors during any patient care activity.
Students shall not be used in place of qualified interpreter services for obtaining medical histories, explaining procedures, obtaining informed consent, communicating examination results, providing discharge instructions, or translating any other medical information.

Students who possess multilingual abilities may communicate with patients in a conversational manner to establish rapport; however, they shall not independently interpret or translate medical information unless specifically authorized by the clinical affiliate and acting within that facility's established policies.

Whenever interpretation services are required, students shall immediately notify the supervising registered technologist or appropriate healthcare professional so that qualified interpreter services can be obtained.

3. ROLES AND RESPONSIBILITIES

Program Director / Faculty

- Educate students regarding patient rights and language access requirements.
- Inform students of Program and clinical affiliate policies regarding interpreter services.
- Reinforce the importance of patient safety and effective communication.

Clinical Staff

- Utilize qualified interpreter services in accordance with facility policy.
- Ensure students are not used as medical interpreters or translators.

Student

- Refrain from serving as a medical interpreter or translator.
- Notify the supervising technologist whenever interpreter services are needed.
- Follow all Program and clinical affiliate policies regarding communication with patients who have limited English proficiency.
- Maintain patient confidentiality throughout all communications.

4. RELATED POLICIES AND PROCEDURES

- Patient Confidentiality and Protected Health Information Policy
- ARRT Ethics Eligibility and Student Responsibility Policy

5. REVIEW, APPROVAL & PUBLICATION

- This policy shall be reviewed annually by the Program Director.
- Revisions shall reflect changes in federal regulations, accreditation standards, and clinical affiliate policies.

- Students will receive education regarding this policy during New Student Orientation and prior to beginning clinical education.
    - Publication locations include:

        - Radiologic Technology Student Handbook
        - Program Policy Repository
        - Midland College Radiologic Technology Website

6. DOCUMENT CONTROL INFORMATION

Document Name	Student Translation
Owner	Tabitha Fuquay, Program Director
Version Number	1.1
Date of Commencement	8/24/26
Date of Last Review	7/30/26
Date for Next Review	7/1/26
Related University Policy Documents	NA
JRCERT Cross-reference Primary	Objectives 4.6, 5.2, 5.5
JRCERT Cross-reference Secondary	NA

Contrast Media Education and Student Administration Policy

1.0 INTRODUCTION

The Midland College Radiologic Technology Program is committed to providing students with comprehensive education regarding contrast media used in diagnostic imaging while maintaining patient safety and adhering to clinical affiliate policies. This policy establishes the educational content related to contrast media and defines the activities students are permitted and prohibited from performing during clinical education.

1.1 Purpose

- To provide students with foundational knowledge regarding the safe use of contrast media.
- To educate students regarding indications, contraindications, administration techniques, patient monitoring, and emergency considerations.
- To establish student responsibilities and limitations regarding contrast media administration.
- To ensure compliance with clinical affiliate policies and professional standards.

1.2 Scope

- This policy applies to all students enrolled in the Midland College Radiologic Technology Program.
- Formal instruction regarding contrast media is provided during the fourth semester of the curriculum.
- Students are expected to demonstrate competency in the didactic content related to contrast media while complying with all Program and clinical affiliate restrictions.

2.0 Policy

Students enrolled in the Midland College Radiologic Technology Program will receive comprehensive didactic instruction regarding the use of contrast media in diagnostic imaging. Instruction is designed to provide the knowledge necessary to recognize appropriate contrast selection, understand patient safety considerations, and appreciate the role of contrast media across multiple imaging modalities.

Educational content includes, but is not limited to:

General Contrast Media

- Purpose and principles of contrast enhancement.
- Positive, negative, and neutral contrast agents.
- Water-soluble versus non-water-soluble contrast media.
- Ionic and nonionic contrast media.
- High-osmolar, low-osmolar, and iso-osmolar contrast agents.
- Routes of administration.
- Patient assessment and informed cooperation.
- Indications and contraindications.
- Recognition and management of adverse reactions.
- Documentation requirements.
- Patient monitoring before, during, and after contrast administration.

Contrast Agents

Students will receive instruction regarding the clinical indications, properties, precautions, and applications of various contrast agents, including but not limited to:

- Barium sulfate preparations.
- Iohexol (Omnipaque®).
- Diatrizoate meglumine/diatrizoate sodium (Gastrografin®).
- Gadolinium-based contrast agents for magnetic resonance imaging (MRI).
- Air and carbon dioxide as negative contrast agents.
- Water-soluble contrast agents used for fluoroscopic examinations.
- Contrast agents utilized during arthrography, cystography, hysterosalpingography, sialography, and other fluoroscopic procedures.

Clinical Applications

Students will receive instruction regarding common examinations utilizing contrast media, including but not limited to:

- Upper gastrointestinal examinations.
- Esophagrams.
- Small bowel examinations.
- Contrast enemas.
- CT examinations requiring intravenous contrast.
- MRI examinations utilizing gadolinium.
- Arthrograms.
- Cystograms and voiding cystourethrograms.
- Operative cholangiograms.
- Endoscopic retrograde procedures.
- Other fluoroscopic and surgical contrast procedures.

Patient Assessment

Instruction shall include:

- Appropriate patient history.
- Allergies and previous contrast reactions.
- Renal function assessment.
- Interpretation of Blood Urea Nitrogen (BUN) and Creatinine laboratory values.
- Estimated Glomerular Filtration Rate (eGFR) and its relationship to intravenous iodinated contrast administration.
- MRI screening considerations for gadolinium administration.
- Recognition of patients at increased risk for contrast-related complications.
- Emergency response procedures.

Student Practice Limitations

Students **may**:

- Prepare oral contrast media.
- Assist in preparing contrast administration supplies.
- Verify patient identity and assist with patient education.
- Administer **oral contrast media only under the direct supervision of a registered radiologic technologist or other qualified healthcare professional**, and in accordance with clinical affiliate policy.

Students **shall not**:

- Administer intravenous iodinated contrast media.
- Administer gadolinium-based MRI contrast agents.
- Inject contrast media through any intravenous catheter or vascular access device.
- Operate power injectors.
- Independently administer contrast media by any route not specifically permitted by Program policy.
- Perform any contrast administration prohibited by Program or clinical affiliate policy.

3. ROLES AND RESPONSIBILITIES

Program Director / Faculty

- Provide comprehensive education regarding contrast media.
- Maintain curriculum consistent with current professional practice.
- Inform students of Program and clinical affiliate restrictions.
- Evaluate student competency through classroom assessments.

Student

- Successfully complete required didactic instruction.
- Demonstrate understanding of contrast media principles.
- Follow all Program and clinical affiliate policies.

- Perform only those activities authorized by the Program and permitted under direct supervision.

4. RELATED POLICIES AND PROCEDURES

- Venipuncture Policy.
- Clinical Supervision Policy.
- ASRT Practice Standards.
- ARRT Standards of Ethics.

5. REVIEW, APPROVAL & PUBLICATION

- This policy shall be reviewed annually by the Program Director.
- Revisions shall reflect current evidence-based practice, accreditation standards, and clinical affiliate requirements.
- Students will receive instruction regarding this policy during new student orientation, RADR 1309 Introduction to Radiological Sciences & Patient Care, RADR 2301 Intermediate Procedures, & RADR 2331 Advanced Procedures.
- Publication locations include:
    - Radiologic Technology Student Handbook.
    - Program Policy Repository-Trajecsys.

6. DOCUMENT CONTROL INFORMATION

Document Name	Contrast Media Education & Student Administration
Owner	Tabitha Fuquay, Program Director
Version Number	1.0
Date of Commencement	08/24/2026
Date of Last Review	07/29/2026
Date for Next Review	07/01/2027
Related University Policy Documents	NA
JRCERT Cross-reference Primary	Objectives 4.3, 4.6, 5.2, 5.5
JRCERT Cross-reference Secondary	Objective 5.2

Venipuncture Policy

INTRODUCTION

The purpose of this policy is to establish the Midland College Radiologic Technology Program's expectations regarding venipuncture education and student participation in contrast administration procedures. This policy ensures students receive appropriate didactic instruction regarding venipuncture while maintaining patient safety and compliance with clinical affiliate policies.

1.1 Purpose

- To provide students with foundational knowledge regarding venipuncture and intravenous contrast administration.
- To establish when venipuncture education is provided within the curriculum.
- To define student limitations regarding venipuncture while enrolled in the Program.
- To ensure compliance with clinical affiliate policies, patient safety standards, and professional practice expectations.

1.2 Scope

- This policy applies to all students enrolled in the Midland College Radiologic Technology Program.
- Formal venipuncture instruction is provided during the fourth semester of the curriculum as part of the Program's education in contrast media administration.
- Students are expected to successfully complete all required educational activities associated with venipuncture instruction.

2. POLICY

Students enrolled in the Midland College Radiologic Technology Program will receive formal didactic instruction regarding venipuncture during the fourth semester of the curriculum. Instruction is designed to provide the knowledge necessary to understand safe venipuncture practices and the administration of contrast media within the professional scope of practice of a qualified radiologic technologist.

Educational content includes, but is not limited to:

- Indications and contraindications for venipuncture.
- Venous anatomy and site selection.
- Infection prevention and aseptic technique.
- Standard precautions and personal protective equipment.
- Equipment selection and preparation.
- Patient identification, assessment, communication, and informed cooperation.
- Care and maintenance of peripheral intravenous lines.
- Contrast media fundamentals.
- Recognition and management of infiltration and extravasation.
- Recognition and management of adverse reactions and medical emergencies.
- Documentation requirements.

Although venipuncture is within the professional scope of practice of qualified radiologic technologists who have received appropriate education and demonstrated competency, **students enrolled in the Midland College Radiologic Technology Program shall not perform venipuncture at any clinical education setting.** Students may observe venipuncture procedures and contrast administration as part of their clinical education but shall not initiate intravenous access or administer contrast media through an intravenous line.

The Program's affiliated clinical education sites do not permit radiography students to perform venipuncture. Completion of the Program's venipuncture curriculum does not authorize a student to independently perform venipuncture while enrolled in the Program.

3. ROLES AND RESPONSIBILITIES

Program Director / Faculty

- Provide didactic instruction regarding venipuncture and intravenous contrast administration during the fourth semester.
- Ensure educational content reflects current professional standards and evidence-based practice.
- Inform students of Program and clinical affiliate restrictions regarding venipuncture.
- Evaluate student understanding through appropriate classroom assessment.

Student

- Successfully complete all required venipuncture educational activities.
- Demonstrate knowledge of aseptic technique, patient safety, intravenous line care, contrast administration principles, and emergency response procedures.
- Comply with all Program and clinical affiliate policies regarding venipuncture.
- Refrain from performing venipuncture or administering intravenous contrast while enrolled as a student.

Program Statement: Effective March 1, 2027, following revisions approved by the American Registry of Radiologic Technologists (ARRT) Board of Trustees on May 1, 2026, venipuncture is no longer included as a required didactic or clinical competency for radiography students

within the ARRT Didactic and Clinical Competency Requirements. Although venipuncture is no longer an ARRT-required competency, the Midland College Radiologic Technology Program recognizes that radiologic technologists frequently encounter intravenous access, contrast administration, and related patient care responsibilities in clinical practice. Therefore, the Program will continue to provide comprehensive didactic instruction in venipuncture principles, intravenous line management, aseptic technique, patient safety, recognition of infiltration and extravasation, emergency response, and related professional responsibilities to prepare graduates for entry-level practice.

4. RELATED POLICIES AND PROCEDURES

American Society of Radiologic Technologists (ASRT)

- Practice Standards for Medical Imaging and Radiation Therapy

American Registry of Radiologic Technologists (ARRT)

- Standards of Ethics

Midland College Radiologic Technology Program

- Contrast Media Policy
- Clinical Supervision Policy
- Patient Safety Policy
- Scope of Student Practice Policy
- Infection Prevention and Standard Precautions Policy

5. REVIEW, APPROVAL & PUBLICATION

- This policy shall be reviewed annually by the Program Director.
- Revisions shall be made as necessary to reflect changes in professional standards, clinical affiliate requirements, or accreditation standards.
- Students will receive education regarding this policy during New Student Orientation and again prior to fourth-semester venipuncture instruction.

Publication locations include:

- Program Policy Repository in Trajecsys

6. DOCUMENT CONTROL INFORMATION

[The table below should be completed by the document owner and included within every University Policy Document. The version control table will also be uploaded to the University Policy Documents webpage that hosts the policy, alongside the related procedure.]

Document Name	Venipuncture Policy
Owner	Tabitha Fuquay, Program Director

Version Number	1.0
Date of Commencement	08/24/26
Date of Last Review	07/29/26
Date for Next Review	07/01/2027
Related University Policy Documents	N/A
JRCERT Cross-reference Primary	Objective: 4.3, 4.6, 5.2, 5.5
JRCERT Cross-reference Secondary	NA