



WACO, TEXAS

**COURSE SYLLABUS
AND
INSTRUCTOR PLAN**

**Clinical IV-Medical Radiologic Technology
RADR - 2360 - 01**

**Meredith Brown
Michelle Morphis
Deborah Quinn**

NOTE: This is an 10-week course.

Course Description:

RADR_2360 Clinical IV – Medical Radiologic Technology

Provides a health-related work-based learning experience that enables students to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional. Provides detailed educational, training and work-based experience and

direct patient/client care, generally at a clinical site. Specific detailed learning objectives are developed for each course by the faculty. On-site clinical instruction, supervision, evaluation

and placement are the responsibility of the college faculty. Clinical experiences are unpaid external learning experiences. Provides for competency-based clinical education in radiographic examination.

Prerequisite: Successful completion of all prior didactic and clinical RADR courses, with a grade of “C” or better. Semester Hours 3 (18 clinical hours/week)

Prerequisites and/or Corequisites:

Successful completion of all RADR courses.

Course Notes and Instructor Recommendations:

Learners should be prepared to rotate weekly through various imaging modalities for the first 8 weeks of the summer. The remaining 2 weeks the student will be assigned to other clinical sites for routine imaging experience. This is to allow the first-year student a two-week period to rotate through modalities. Swapping modality and routine rotations with the first and second year students provides opportunities for the first-year student to experience modalities and opens routine radiography areas for the second year. Every effort will be made to provide the student with a variety of experiences, but due to availability, some students may repeat certain modality rotations at a different site. This provides the student with direct observation of the advancements in these special areas. Students are expected to observe, provide assistance as directed by the technologist they are with or the supervisor. Students will not be expected to perform any specialty modality

exam in the three-day observation period. The student will record information about each modality regarding educational requirements, advantages, and contributions that modality provides in the healthcare realm on a weekly basis. This documentation will also have several questions regarding the student's attentiveness and performance while assigned to that area. This will be completed by the supervisor or the technologist the student has been assigned to or worked with. The assignment will be due each Thursday of the modality rotation and a grade will be logged weighted as an evaluation grade of 50%.

Instructor Information:

Program Director: Meredith Brown MS, RT(R) ARRT

MCC E-mail: mbrown@mclennan.edu

Office Phone Number: 254-299-8342

Office Location: CSC C202

Office/Teacher Conference Hours: To be posted at office.

Other Instruction Information: Appointments available for advising or guidance.

Instructor:

Michelle Morphis MBA, RT (R) ARRT

Office Phone: 254-299-8584

MCC email: mmorphis@mclennan.edu

Office Location: CSC A14

Instructor/Clinical Coordinator

Clinical Coordinator Name: Deborah Quinn BSHS, RT(R) ARRT

MCC E-mail: dquinn@mclennan.edu

Office Phone Number: 254-299-8305

Office Location: CSC C-117

Office/Teacher Conference Hours: See Posted Schedule at CSC C-117

Other Instruction Information: available other times by appointment

Required Text & Materials:

Title: Textbook of Radiographic Positioning and Related Anatomy (2018)

Author: Lampignano, John P., Kendrick, Leslie E.

Edition: 9th

Publisher: Mosby-Elsevier

ISBN: 978-0-323-39966-1

Title: Textbook of Radiographic Positioning and Related Anatomy Workbook

(2018)

Author: Lampignano, John P., Kendrick, Leslie E.

Edition: 9th

Publisher: Mosby-Elsevier

ISBN: 978-0-323-48187-8

MCC Bookstore Website: <http://www.mclennan.edu/bookstore/>

Student Support/Resources:

MCC provides a variety of services to support student success in the classroom and in your academic pursuits to include counseling, tutors, technology help desk, advising, financial aid, etc. A listing of these and the many other services available to our students is available at

<http://www.mclennan.edu/campus-resource-guide/>

College personnel recognize that food, housing, and transportation are essential for student success. If you are having trouble securing these resources, we encourage you to contact a success coach by calling (254) 299-8226. Students can visit the Completion Center Monday-Friday from 8:00 a.m.-5:00 p.m. to meet with a success coach and receive additional resources and support to help reach academic and personal goals. Paulanne's Pantry (MCC's food pantry) is open 12:00 p.m.-1:00 p.m., Monday-Friday, without an appointment. The Completion Center and pantry are located on the Second Floor of the Student Services Center (SSC).

*** [Click Here for the Minimum System Requirements to Utilize MCC's D2L|Brightspace](https://www.mclennan.edu/center-for-teaching-and-learning/Faculty%20and%20Staff%20Commons/requirements.html)**

([https://www.mclennan.edu/center-for-teaching-and-](https://www.mclennan.edu/center-for-teaching-and-learning/Faculty%20and%20Staff%20Commons/requirements.html)

learning/Faculty%20and%20Staff%20Commons/requirements.html)

Click on the link above for information on the minimum system requirements needed to reliably access your courses in MCC's D2L|Brightspace learning management system.

Minimum Technical Skills:

Students should have basic computer skills, knowledge of word processing software, and a basic understanding of how to use search engines and common web browsers.

Backup Plan for Technology:

In the event MCC's technology systems are down, you will be contacted/notified through your MCC student email address. Please note that all assignments and activities will be due on the date specified in the Instructor Plan, unless otherwise noted by the instructor.

Methods of Teaching and Learning:CLINICAL

The clinical experience provides the student with the opportunity to provide hands on patient care under the supervision of experienced Radiologic Technologists and designated clinical supervisors. The learner is placed in clinical sites by the clinical coordinator and will be supervised and evaluated by clinical faculty.

Course Objectives and/or Competencies:

At this point in their training, students must be able to prove competence in all areas as identified by the Secretary's Commission on Achieving Necessary Skills. Terminal competencies which must be proven by each student are as follows:

1. Support the profession's Code of Ethics and comply with the profession's Scope of Practice. **(F01,F03)****
2. Demonstrate knowledge and skills relating to verbal, non-verbal, and written medical communication in areas of patient care and professional relationships. **(C02,F01,F03)**
3. Provide appropriate patient education for all examinations performed. **(C02,F01,F03)**
4. Interact with patients and families in a manner which provides the desired psycho-social support including the recognition of cultural and socioeconomic differences. **(C02,F01,F03)**
5. Demonstrate an understanding of the role and responsibilities of the radiologic technologist within the health care delivery system. **(C04)**
6. Provide for basic patient care, patient comfort, and anticipate the needs of the patient. **(C01,C02,F01,F03)**
7. Properly operate medical imaging equipment and accessory devices as appropriate for the student's current level of training/experience. **(C04,C05)**
8. Properly position the patient and required imaging equipment to perform radiographic examinations and procedures. **(C02,C03,C04,F01,F02)**
9. Exercise independent judgment and discretion in the performance of radiographic imaging procedures as appropriate for the student's level of training/experience. **(F03)**
10. Evaluate images with regard to technical quality in the areas of density, quality, patient positioning, centering, patient motion, and processing as appropriate for the student's level of training/experience. **(C04,C05,F02)**

11. Demonstrate appropriate knowledge and skills relating to medical image processing. **(C04,C05,F02)**
12. Practice established principles of radiation protection for themselves, patients, and hospital staff. **(C05,F03)**
13. Understand basic x-ray production and interactions. **(C05)**
14. Position the patient and medical imaging system to perform examinations and procedures. **(C05)**
15. Demonstrate knowledge of human structure, function, and pathology. **(C05)**
16. Competently perform a full range of radiologic procedures on children and adults. **(C05)**
17. Document relevant aspects of patient care. **(C03,C05,F01,F03)**
18. Understand the safe limits of equipment operation. **(C05)**
19. Recognize equipment malfunctions and report them to the proper authority. **(C05)**
20. Demonstrate knowledge and skills relating to quality assurance activities. **(C04,C05)**
21. Evaluate the performance of medical imaging systems. **(C04,C05,F02)**
22. Observe examinations in which he or she is not an active participant. **(F01)**
23. Keep accurate records of examinations performed and observed on the forms provided by the instructor. **(C01,F03)**
24. Change film badges between the 25th and 30th days of each month. Failure to make proper changes will result in termination of further clinical education. **(C01,F03)**
25. Report to clinical duty promptly. **(C01,F03)**
26. Display attention to duty regarding output, performance and time utilization. **(C01,C04,F03)**
27. Exhibit self control and composure in stressful situations. **(F03)**

- 28. Display honesty and integrity in the performance of clinical duty. **(F03)**
- 29. Provide a good quality of work by:
(C01,C02,C03,C04,C05,F01,F02,F03)
 - A. displaying the ability to follow instructions.
 - B. organizing and completing work.
 - C. working independently when appropriate.
 - 4. recognizing and attending to the needs of the patient.
 - E. recognizing his or her own limitations.
 - F. exercising proper judgment.
 - G. observing and reporting appropriately.
- 30. Display an eagerness to learn. **(F03)**
- 31. Exhibit cooperation, loyalty, ambition and courtesy. **(C02,F03)**
- 32. Accept constructive criticism. **(F03)**
- 33. Maintain a neat and professional appearance. **(F03)**

NOTE: The student will be evaluated on the objectives listed above by utilization of the forms that follow. Careful attention should be paid to these forms as they will be used to determine the student's grade in the course.

Documentation that the students have achieved these terminal competencies will take place in the classroom, the campus lab, and in the clinical area. Students will be tested via the usual film evaluation method. Many terminal competencies, such as providing basic patient care, modifying standard procedures, adapting exposure factors to compensate for various conditions, demonstrating computer literacy, demonstrating values, etc. will be proven in the clinical setting.

RADIOGRAPHIC FILM EVALUATION

As a part of the clinical rotation experience, the student will be expected to present radiographs to faculty and peers. Items to be detailed by the students are film identification, anatomy, positioning, positioning aids, radiation protection and radiographic quality. Radiographic film evaluation will take place on a regular basis in formal sessions either in the campus lab or at the clinical facilities.

OBJECTIVES: RADIOGRAPHIC FILM EVALUATIONS

Given routine radiographs, the student should be able to:

1. Identify selected normal anatomy from any routine radiographic position that has been previously covered in the classroom or positioning laboratory. **(C03,C04,C05,F01,F02)****
2. Identify any routine radiographic position (including part-film references, centering points, film size, and CR angulation) that has been previously covered in the classroom or positioning laboratory. **(C03,F01,F02)**
3. Determine the diagnostic value of any standard radiographic position that has been previously covered in the classroom or positioning laboratory. (Is this film diagnostic?) **(C03,C04,F01,F02)**
4. Identify and describe how to correct common positioning errors on any routine radiographic position that has been previously covered in the classroom or positioning laboratory. **(C03,C04,F01,F02)**
5. Identify common radiographic artifacts that may occur in the exposure room, the darkroom, or the radiographic processor. **(C04,C05,F01,F02)**
6. Analyze selected non-diagnostic radiographs and discuss methods for correcting their deficiencies. This may include positioning errors, or errors in technical factors. **(C04,C05,F01,F02)**

CLINICAL OBJECTIVES FOR SPECIAL IMAGING AREAS

SPECIAL PROCEDURES

After the completion of a rotation, the student should be able to:

1. Identify the various types of radiographic equipment found in the special procedures suite. **(C05,F01,F02)**
2. List the steps taken in preparing a patient for an angiogram. **(F01,F02)**
3. With minimal assistance, properly setup and prepare a sterile tray for an angiogram or similar invasive procedure. **(C05,F01,F02)**
4. Identify the various angiographic catheters found in the special procedures suite. In addition, the student should be able to select the appropriate catheter upon request. **(C05,F01,F02)**
5. Discuss the steps taken after the angiographic catheter has been removed by the radiologist (include: the technologist's responsibilities, routine instructions to the patient, and routine medical orders written in the patient's chart). **(C05,F01,F02)**

COMPUTED TOMOGRAPHY

After the completion of a rotation, the student should be able to:

1. Identify the various components of the CT scanner, and discuss the basic function of each major component. Include the operational mode employed by the scanner. **(F01,F02)**
2. Position the patient for a routine examination (head or abdomen). **(C05,F01,F02)**
3. Discuss the technical limitations of the CT scanner. Include available mA and kVp settings, scan times, slice thicknesses, gantry angulations, reconstruction matrices, table weight limits, etc.. **(F01,F02)**
4. Using a standard protocol (and with minimal assistance), be able to perform a routine scan (head or abdomen). **(C05,F01,F02)**
5. Demonstrate an understanding of image manipulation during printing. (window level, window width, magnification, centering, use of CT numbers, multiple images, etc.) **(C05,F01,F02)**

ULTRASOUND

After the completion of a rotation the student should be able to:

1. Identify the uses of the various transducers (include: frequency, design, resolution, etc.). **(F01,F02)**
2. Discuss the use of time gain compensation (TGC curve) in scan production. **(F01,F02)**
3. List the ultrasonic characteristics of simple cysts, complex masses, solid masses, calcifications, and bowel gas. **(F01,F02)**
4. Select one type of examination (gall bladder, aorta, kidneys, pelvis, or obstetrical); describe the various positions, scan planes, and measurements that are required for a diagnostic examination. **(F01,F02)**
5. Draw and label the vascular anatomy related to the aorta and portal veins (include: celiac axis, splenic artery, hepatic artery, superior mesenteric artery, inferior mesenteric artery, renal arteries, portal vein, and common bile duct). If time and circumstances permit, try to include ultrasonic images of these vascular structures. **(F01,F02)**

MAGNETIC RESONANCE IMAGING

After the completion of a rotation the student should be able to:

1. Identify the various components of the MRI scanner, and discuss the basic function of each. Include the type of magnet employed and the field strength of the magnetic field. **(F01,F02)**
2. List the safety precautions that must be exercised in the scan area. Include safety measures for the patients and the absolute contraindications for MRI. **(C05,F01,F02)**
3. Position patients for a routine examination (head, abdomen or spine). **(C05,F01,F02)**

4. Use a standard protocol (with assistance) and produce a routine scan (head, abdomen, or spine). **(C05,F01,F02)**
5. Demonstrate an understanding of image manipulation during printing (window level, window width, magnification, centering, etc.). **(C05,F01,F02)**

RADIATION THERAPY

After the completion of a rotation, the student should be able to:

1. Identify the various types of equipment and the basic functions of the various types of equipment. **(F01,F02)**
2. Identify and discuss the more common side-effects associated with radiation therapy. **(F01,F02)**
3. Observe the various methods of treatment employed. **(F01,F02)**
4. Determine the area being treated and the goal of that treatment by observing an actual patient receiving therapy. **(F01,F02)**
5. Explain the concept and implications of a treatment schedule. **(F01,F02)**

MAMMOGRAPHY

After the completion of a rotation, the student should be able to:

1. Obtain an appropriate medical history for the breast screening examination. **(C03,F01,F02)**
2. Position the patient in the routine positions employed during the breast screening examination (CC and medio-lateral). **(C03,C05)**
3. Explain the proper use of mammography equipment (including: technical factors, grids, film, compression devices, etc.). **(C05,F01,F02)**
4. Observe a routine ultrasound examination of the breast and explain the information that is obtained during the breast ultrasound. **(F01)**

5. Describe the procedure used for localization of breast masses (include: equipment, rules, needles, biopsy guides, patient positions, etc.).
(C05,F01,F02)

QUALITY ASSURANCE

After the completion of a rotation, the student should be able to:

1. Describe the path that the request for a radiograph will follow from the requesting physician to the radiographic file room. (F01)
2. Describe the path that a radiographic film will follow from the exposure room to the radiographic file room. (Include the length of storage for various radiographic films.) (F01)
3. List the radiographic routines of the radiology department. (F01)
4. Analyze radiographic films for diagnostic value (diagnostic versus non-diagnostic). (C03,C04,C05,F01,F02)
5. Work with the supervising technologist to develop workable personnel schedules for each of the three primary shifts.
(CO1,CO2,C03,C04,C05,F01,F02)
6. Give input on budgetary requirements for implementing and maintaining an acceptable QA program. (CO1,CO2,C03,C04,C05,F01,F02)

PEDIATRIC OBJECTIVES

The student should be able to:

1. Properly communicate examination requirements and procedures to the pediatric patient.
2. State the circumstances that require, or may require, the inclusion of comparison radiographs for the reading radiologist.

3. Utilize acceptable methods of immobilization of the pediatric patient. This may include physical restraint, swaddling, the use of adhesive tape, compression bands, and/or specialized pediatric immobilization equipment.
4. Practice the principles involved with radiation protection for the pediatric patient. Utilize proper collimation and shielding for the pediatric patient. Practice good radiation protection for all individuals in the exposure room. Employ proper immobilization by individuals other than radiographic personnel. Insure that needless repeat exposures are avoided.
5. Properly perform portable radiographs in the nursery utilizing the required principles of medical asepsis.
6. Modify and adapt standard radiographic positions/procedures to fit the needs and requirements of the pediatric patient.
7. Modify radiographic techniques to decrease the impact of unexpected motion by the pediatric patient.

TRAUMA OBJECTIVES

The student should be able to:

1. Properly communicate examination requirements and procedures in a manner that instills confidence and trust in the trauma patient.
2. State the various conditions that mandate specific alterations of the normal radiographic routine--cross-table c-spines, gunshot wounds, pneumothorax, etc.
3. Modify and adapt accepted radiographic procedures and positions to accommodate the needs/limitations of the trauma patient.
4. Modify and adapt accepted radiographic techniques to accommodate the needs/limitations of the trauma patient.
5. Properly utilize and practice Universal Precautions.
6. Demonstrate proficiency in CPR and maintain a working knowledge of the institutions emergency codes and procedures (code blue, red, yellow, etc.)

7. Demonstrate the knowledge and ability required to properly triage multiple trauma patients in the radiology department.
8. Properly utilize immobilization devices and techniques when appropriate.
8. Practice the principles of good radiation protection for the trauma patient and all individuals assisting with the radiographic procedures.

SURGERY OBJECTIVES

The student should be able to:

1. Correctly put on surgical scrubs, head covers, surgical masks, shoecovers, etc.
2. Function in the surgical suite without violating sterile procedures.
3. Pass un-sterile cassettes to persons within the sterile field.
4. Properly position patient and film for radiographs within the sterile field.
5. Position and operate the mobile c-arm unit for routine surgical procedures.
6. Practice the principles of good radiation protection for the surgical patient and all individuals involved with the surgical procedure.

SCANS

Secretary's Commission on Achieving Necessary Skills

SCANS is an attempt to help make courses more relevant to the needs of a modern work force. **SCANS** is divided into two types of skills: competencies and foundations. Foundation skills are organized into the basic literacy and computational skills, the thinking skills necessary to put knowledge to work, and the personal qualities that make workers dedicated and trustworthy. The competencies are the abilities to manage resources, to work amicably and productively with others, to acquire and use information, to master complex systems, and to work with a variety of technologies. Both are required for

successful performance in most jobs, and are definitely required for professions in the radiologic technology field

****Legend:**

- C01 Resources. Allocating:** 1.1 Time, 1.2 Money, 1.3 Materials and Facilities, 1.4 Human Resources.
- C02 Interpersonal Skills. Works with others:** 2.1 Working in teams, 2.2 Teaching others, 2.3 Serving customers, 2.4 Leading, 2.5 Negotiating, 2.6 Working with different cultures.
- C03 Information. Acquires and uses information:** 3.1 Acquiring and evaluating data, 3.2 Organizing and maintaining files, 3.3 Interpreting and communicating, 3.4 Processing information with computers.
- C04 Systems. Understands complex interrelationships:** 4.1 Understands social, technological and organizational systems, 4.2 Monitoring and correcting performance, 4.3 Designing and/or improving systems.
- C05 Technology. Works with a variety of technologies:** 5.1 Selects equipment and tools, 5.2 Applies technology to tasks, 5.3 Maintains and troubleshoots technologies.
- F01 Basic Skills. Reads, writes, performs mathematical operations, listens, and speaks:** 1.1 Reading, 1.2 Writing, 1.3 Arithmetic/mathematics, 1.4 Speaking, 1.5 Listening
- F02 Thinking Skills. Thinks creatively, makes decisions, solves problems, visualizes, knows how to learn and reason:** 2.1 Creative thinking, 2.2 Decision making, 2.3 Problem solving, 2.4 Seeing with the mind's eye, 2.5 Knowing how to learn, 2.6 Reasoning

Radiologic Technology Clinical IV

RADR 2360.01

F03 Personal Qualities. Displays responsibility, self-esteem, sociability, self-management, and integrity and honesty: 3.1 Responsibility, 3.2 Self-esteem, 3.3 Sociability, 3.4 Self-management, 3.5 Integrity/honesty.

Course Outline or Schedule:

Clinical Summer Hours Days 8:00-4:30 (30 minute lunch)

	Wk 1-June 1	Wk 2-June 8	Wk 3-June 15	Wk4 -June 22	Wk5-July 29	Wk6- July 6	Wk7-July 13	Wk8-July 20	Wk9- July 27	Wk10- Aug 3
Justin Springfield	AMG-Prov Ortho	AMG-Prov Ortho	Providence-Routine	Coryell	Coryell	Cath Lab-Prov	US-Prov	GW	Cath Lab-Prov	Providence-Routine
Josh Lankford	AMG-Prov Ortho	AMG-Prov Ortho	Providence-Routine	Providence-Routine	Cath Lab-Prov	GW	Cath Lab-Prov	IR-Prov	Coryell	Cath Lab-Prov
Alex Daniels	Providence-Routine	Providence-Routine	Coryell	Coryell	AMG-Prov Ortho	SFOD-AMG Routine	IR-Prov	Cath Lab-Prov	SFOD-AMG Routine	US-SFOD
Savanna Hudson	Providence-Routine	Providence-Routine	US-Prov	Cath Lab-Prov	SFOD-AMG Routine	AMG-Prov Ortho	Coryell	SFOD-AMG Routine	CT-Prov	Mammo-SFOD
Brad Rush	Providence-Routine	Providence-Routine	CT-Prov	AMG-Prov Ortho	Cath Lab-Prov	Coryell	Coryell	NM-Prov	US-SFOD	SFOD-AMG Routine
Cinthya Larios	Providence-Routine	Providence-Routine	Mammo-SFOD	CT-Prov	AMG-Prov Ortho	Coryell	NM-Prov	MRI-Prov	Cath Lab-Prov	Coryell
Kate Millerick	Providence-Routine	Providence-Routine	CT-Prov	US-Prov	GW	NM-Prov	AMG-Prov Ortho	Cath Lab-Prov	Providence-Routine	Providence-Routine
Joe Castilleja	Providence-Routine	Providence-Routine	IR-Prov	SFOD-AMG Routine	CT-Prov	CT-Prov	Coryell	AMG-Prov Ortho	Coryell	Cath Lab-Prov
Alexis Heath	GW	GW	Providence-Routine	Providence-Routine	US-Prov	Mammo-SFOD	GW	AMG-Prov Ortho	CT-Prov	Cath Lab-Prov
Ally Skinner	Cath Lab-Prov	US-SFOD	MRI-Prov	IR-Prov	NM-Prov	Cath Lab-Prov	CT-Prov	Mammo-SFOD	Providence-Routine	AMG-Prov Ortho
Rod Morales	US-Prov	Cath Lab-Prov	Cath Lab-Prov	MRI-Prov	Providence-Routine	Providence-Routine	CT-Prov	CT-Prov	Providence-Routine	IR-Prov
Krystal Alvarez	Coryell	CT-Prov	Cath Lab-Prov	AMG-Prov Ortho	Providence-Routine	Providence-Routine	MRI-Prov	Coryell	Providence-Routine	Providence-Routine
Eva Salazar	Mammo-SFOD	MRI-Prov	Providence-Routine	Providence-Routine	IR-Prov	CT-Prov	Cath Lab-Prov	US-Prov	MRI-Prov	Providence-Routine
Karen Castillo	Coryell	NM-Prov	Providence-Routine	Cath Lab-Prov	Mammo-SFOD	IR-Prov	US-SFOD	Providence-Routine	US-Prov	MRI-Prov
Victoria Howley	IR-Prov	CT-Prov	Providence-Routine	US-SFOD	Providence-Routine	Providence-Routine	Mammo-SFOD	Providence-Routine	GW	Cath Lab-Prov
Cara Jones	MRI-Prov	Coryell	Coryell	CT-Prov	Providence-Routine	Providence-Routine	Providence-Routine	Cath Lab-Prov	IR-Prov	AMG-Prov Ortho
Alex Gomez	Cath Lab-Prov	IR-Prov	NM-Prov	Cath Lab-Prov	Providence-Routine	Providence-Routine	AMG-Prov Ortho	CT-Prov	Providence-Routine	Coryell
Dellia Sedillio	NM-Prov	US-Prov	AMG-Prov Ortho	Coryell	Providence-Routine	Providence-Routine	Cath Lab-Prov	Coryell	Mammo-SFOD	Providence-Routine
Toby Jowers	Cath Lab-Prov	Coryell	Cath Lab-Prov	GW	CT-Prov	AMG-Prov Ortho	Providence-Routine	MRI-Prov	Providence-Routine	Providence-Routine
Morgan Small	US-SFOD	Mammo-SFOD	Coryell	Providence-Routine	Coryell	Cath Lab-Prov	Providence-Routine	Providence-Routine	Coryell	Coryell
Michaela Broussard	CT-Prov	Cath Lab-Prov	GW	NM-Prov	Coryell	Coryell	Providence-Routine	Providence-Routine	AMG-Prov Ortho	GW
Hannah Griffin	GW	Cath Lab-Prov	SFOD-AMG Routine	Providence-Routine	Cath Lab-Prov	MRI-Prov	Providence-Routine	Providence-Routine	AMG-Prov Ortho	CT-Prov
Amanda Salas	Coryell	Coryell	AMG-Prov Ortho	Mammo-SFOD	MRI-Prov	NM-Prov	Providence-Routine	Providence-Routine	Cath Lab-Prov	CT-Prov

Evenings 1:00-9:30 (30 minute lunch)

Clinical changes must be made through the clinical coordinator, Debbie Quinn.

Please contact Ms. Quinn at 254-299-8305.

Student Holiday

July Independence Day

Course Grading Information

<u>GRADE SCALE</u>		<u>GRADING AREAS</u>
90 - 100 pts	A	Clinical Evaluation 75%
80-89 pts	B	Competencies 25%
75-79 pts	C	
60-74 pts	D	Total..... 100%
Below 60 pts	F	

NOTE: As with all other health careers courses, students must earn a grade of "C" or better to pass this course.

NOTE: A written deficiency notice in the areas of knowledge, skills, attitude, reliability, dependability, tardiness, or attendance will lead to academic probation. Failure of the student to abide by the terms of this academic probation will lead to failure of the course and may lead to withdrawal from the radiologic technology program.

Clinical Competency Exams

The Radiologic Technology program is competency based. Students are required to demonstrate competency in the laboratory before attempting competency testing in the clinical setting. AS the student progress through the didactic education and laboratory practice, they are assigned a specific number and type of competencies to complete each semester. In order to be declared clinically competent, students must successfully complete a minimum number of competency exams for each designated procedure as indicated in the following paragraph. Students receive a copy of a competency profile in the first semester in order to help them track their own progress. Clinical instructors also evaluate students randomly each semester to ensure that the students retain clinical competency throughout the program.

Competency Requirements:

RADR 1260 Clinical I Complete 10 competency exams from the chest and abdomen category.

RADR 1261 Clinical II Complete 20 competency exams from the chest, abdomen, extremities.

RADR 1460 Clinical III Complete 30 competency exams from all categories.

RADR 2266 Practicum I Complete 20 competency exams from all categories.

RADR 2267 Practicum II Complete 30 competency exams from all categories.

RADR 2360 Clinical IV Complete any exams for clinical competency profile.

By program completion, students will demonstrate competency in all 10 categories of the general patient care procedures, 37 mandatory procedures and at least 15 out of 30 different exams as designated by the ARRT.

To complete this program, all 37 mandatory and at least 15 different elective ARRT competencies **MUST** be completed. Any student failing to complete the ARRT competency list by RADR 2360 semester end, they will receive an “I” (incomplete) for that course, which will make them ineligible to graduate or take the ARRT registry exam for licensure.

Numerous clinical rotations are afforded students to ensure completion of the required comps. It is the responsibility of the student to maintain their competency count and needs for completion. If it is determined that a student has too many comp deficiencies, their rotation through RADR 2360 summer modalities could be modified to allow them additional opportunities to complete necessary comps.

Due to the COVID 19 pandemic, this course will be a clinical attendance course only. In the event that attendance in the lab setting is added, each student will be required to don a mask and gloves during the session using social distancing when possible, hand sanitizing before and after lab sessions, and stringent cleaning between sessions utilizing surface sanitizing wipes. They will also be required to complete a questionnaire regarding their current state of health and be free from fever or known recent COVID exposure.

Grading categories are modified for this summer session based on the limited availability of clinical sites. See grade category for modifications.

If our program clinical availability should change at any point, students will be assigned or removed based on the current guidelines.

Clinical Competency Grading Guideline:

Competencies prove that a student is performing well in the clinical environment. Failure to complete the required competencies for any semester will result in a point deduction. Competency values will be calculated according to the number required for a semester.

Example:

RADR 1260- 10 competencies for the semester at a value of 10 points each will give the student a 100 for a competency grade provided that the student attains all 10 for the semester.

RADR 1261- 20 competencies for the semester at a value of 5 points each will give the student a 100 provided that all 20 are completed.

Etc. for the following semesters

Failure to Complete the required number: If a student fails to complete the required number of competencies for that semester, points will be deducted based on the number of comps required and the number they completed.

Competencies for summerclinical

The student will need to complete any remaining competencies needed to follow the ARRT Competency Guidelines. To complete this course, all 37 mandatory and at least 15 different elective ARRT competencies **MUST** be completed. Any student failing to complete the ARRT competency list by semester end, they will receive an "I" (incomplete) for the course, which will make them ineligible to graduate or take the ARRT registry exam for licensure.

Numerous clinical rotations are afforded students to ensure completion of the required comps. It is the responsibility of the student to maintain their competency count and needs for completion. If it is determined that a student has too many comp deficiencies, their rotation through summer modalities could be modified to allow them additional opportunities to complete necessary comps. If a student has completed all the mandatory and elective comps prior to summer, they will still be responsible to **perform a minimum of 10 competencies to get full credit for the semester comp grade. Each comp will be worth 10 points each for that semester grade.**

Simulation Lab Competencies for ARRT

Competency exams in an actual clinical setting provides the best learning experience, but in certain situations, simulated exams in the lab are necessary. Lab simulations are not intended to be an easy replacement for competencies not

performed in the clinical setting. Therefore, only simulations performed during the last 30 days of a student's graduation year will be an acceptable substitute for actual clinical competencies

EVENING ROTATION

Imaging services are provided to the community twenty-four hours a day, seven days a week. Evening rotations provide the student with the opportunity to gain experience in trauma radiography, as well as continuous care of the inpatient population.

All students are expected to participate in evening rotations at some point during their program years in order to gain this experience. Clinical assignments will correlate with the student's didactic background and curriculum. To fulfill this requirement students evening rotations will consist of two consecutive clinical weeks in the trauma/inpatient setting for the semester. Two week rotations in the summer will total approximately 64 clock hours; fall and spring rotations will total approximately 54 clock hours maximum.

Students participating in evening rotations must be appropriately supervised (student to qualified staff ratio of 1:1). The student will be allowed and encouraged to complete clinical competencies on this rotation.

Attendance for Clinical Courses

Completion of clinical hour's accounts for a significant portion of the student's learning experience in the Radiologic Technology program; therefore attendance is vitally important to the success of the student. There are occasions when an absence is necessary and we do understand that there is life outside of this program.

HOWEVER, frequent absences cause the student to miss vital learning opportunities and will have an adverse effect on their final grade.

Any student absent for more than 25% of the clinical class hours may be withdrawn from the course and may not continue in the program. The following is a breakdown of how an absence will affect your **FINAL GRADE**.

*******KEY WORD FINAL GRADE*******

1 day of absence = 0 (which may be saved and taken at end of semester)

2 days of absence= 5 point deduction from **FINAL GRADE**

3 days of absence= 10 point deduction from **FINAL GRADE**

4 days of absence= 15 point deduction from **FINAL GRADE**

5 days of absence= 20 point deduction from **FINAL GRADE**

6 days of absence= 25 point deduction from **FINAL GRADE**

7 days of absence= Below passing- removal from program

Just as in the workforce realm, it is professional courtesy that your supervisor be notified if you are to be tardy or absent. **The student must contact the clinical coordinator by leaving a voice message at 254-299-8305 or by email if there is a need to be absent.** Failure to call the **Clinical Coordinator** will result in an unexcused absence and **10 points** will be deducted from the final grade for each occurrence of failure to contact the CC in addition to the point deduction for the absence. The clinical coordinator and the supervisor at the clinical site should be notified of absences at least 1 hour prior to clinical start time.

Absences that have exceptions to the above rules are as follows:

1. The death of an immediate family member. **(parent (including step and in-laws), spouse, child, sibling)** (Three clinical days maximum.)
2. The death of extended family member **(grandparent, aunt/uncle, or cousin)**(One day maximum allowed)
3. Subpoena to be present at a court case. (Jury duty does not qualify-court issued work notice required.)
4. Activities outside of clinic that are directed by the program faculty. (award ceremony, advisory committee meeting, and inclement weather).

Tardy Policy

Students are expected to report to their assigned clinical areas and be ready to work by the assigned time schedule. A tardy constitutes arriving **ANY** time **after** the pre-designated start time for that clinical rotation up to 10 minutes after the scheduled start time. When the student is going to be tardy, **THEY MUST** contact the clinical coordinator by office phone or office email and **should** contact the clinical site to inform them of their intent to be tardy. It is the student's responsibility to have contact information for the clinical supervisor of the facility they are reporting to and the clinical coordinator. Contacting the clinical site is professional courtesy and

DOES NOT excuse the student for being late. Clinical sites develop relationships with students and the welfare of the student is important.

An absence will be charged for students arriving after the 10 minute window unless the student contacts the clinical coordinator and requests an occurrence. When the student contacts the clinical coordinator and requests an occurrence, the student will have a 2 hour window (from their original report time) to report to their clinical site.

Failure to provide advance notification

Should a student fail to contact the clinical coordinator in advance of the occurrence/absence/tardy, 10 points will be deducted from the student's final grade in addition to any other point deductions for absences or occurrences. This is a serious infraction and can be devastating to a student's overall grade and can easily jeopardize their placement in the program.

EX: A

A student is assigned to report at 8:00am. They call the clinical coordinator's cell phone any time before that to explain the situation, request an occurrence and send an email or leave voicemail as to the situation. The Student is also **required** to post a note in E*Value when they clock in with as much information as possible to explain the situation and what kind of correspondence they left, voicemail, email, etc. (talked to Deb, Traffic, Flat tire, emailed a message or left voicemail on office phone)

The student should be clocked in and ready to work by 10:00 am and 2 points will be deducted from their final clinical grade. Cell phone conversations with the CC are not considered "official" notification.

EX: B

A student thinks that they will not be late but then notices when they clock into E*Value the clock-in time is 8:01. This is considered a tardy and proper notification is required as well as a note in E*Value as to what correspondence was sent to the CC. (voicemail message, email etc.) Based on the number of previous tardy arrivals, the student may wish to take an occurrence rather than risk too many tardies that would warrant removal from the program.

Ex: C

A student is assigned to report at 8:00am and but arrives at 8:15. The student did call but an absence will still be recorded since they arrived after the 10 minute window. The absence will be charged to the student whether they stay at clinical all day or not, and will be included in their semester absences. Had the student not called to request an occurrence or notify the CC of their late arrival, an additional 20 points will be deducted from their **final grade** due to “Failure to notify”.

****A student is allowed to accumulate up to THREE (3) tardies throughout the duration of the program with no reprimand. When the student is tardy for the FOURTH (4) time, they will be removed from the program.**

It is advisable for the student to establish close communication with the CC anytime they need to be tardy/absent/or need an occurrence. Contacting the CC by cell phone to “touch base” about what to do is acceptable **but does not replace the need to send an office email or leave an office voicemail. A voicemail, office email is required notification for any absence, tardy or occurrence.**

The clinical coordinator must be contacted by office phone (254-299-8305) or office email dquinn@mclennan.edu as to whether or not the student is needing a tardy or an occurrence.

Contact Information for Clinical Coordinator

Deb Quinn

299-8305 Office

dquinn@mclennan.edu

When leaving a voice mail, please identify yourself and leave a brief message regarding your situation, and a phone number where you could be reached if necessary.

Occurrence Policy

An “**occurrence**” is an event that requires the student to vary from their normally scheduled clinical time. A two-hour window of opportunity is open for a student to take care of **NECESSITIES** outside of their control that interferes with scheduled clinical time. We understand that there are times when occurrences are a necessary part of life.....

HOWEVER..... TWO (2) points will be deducted from their FINAL CLINICAL GRADE for every occurrence.

ALSO, just as in absences and tardies, the student is required to notify the Clinical Coordinator and the Clinical Site Supervisor of the need for an “occurrence”. Failure to notify the CC ***and*** the clinical site supervisor **PRIOR** to the occurrence will result in an absence.

EX: If a student has a need to leave within two hours before their scheduled time to leave, it is considered an **“occurrence”**.

EX: If a student has an outside appointment that requires them to arrive within a two hour window of reporting time, it is considered an **“occurrence”**.

EX: If a student has the need to leave clinical in the middle of the day and return within the two-hour window, it is considered an **“occurrence”**.

ABSENCE VS OCCURRENCE

EX: *A student makes an appointment to leave early for a doctor’s appointment and forgets to notify the CC but tells the clinical site supervisor..... ABSENCE!!!! You must contact the CC prior to taking an occurrence. Just call and leave a message on my voice mail prior to the time needed to be away from clinical. Voicemail messages are kept as a part of documentation.*

Notification of “occurrences” will follow the same procedure as absences.

Notification of CC and clinical site supervisor is a sign of professional courtesy and is required. A message must be left on the voice mail phone of the CC at 254-299-8305 for documentation purposes.

Should you have any questions regarding the content of this policy feel free to contact me,

Deb Quinn BSHS, RT(R)

Meredith Heffner MS, RT(R)

Clinical Coordinator

or

Program Director

254-299-8305

254-299-8342

Cell Phone Policy

At this time, due to those emergent notification situations, students are allowed to keep their cell phones with them at clinical sites, BUT, they are not to be out in the

clinical or patient areas at any time. They are to be silenced or turned off while at clinical (work) so there is no temptation to sneak a peek! You may use them in lounge areas of the facilities (if the facility allows such) when you are at lunch and/or break. No other time!

Ramifications of cell phone use at a clinical site:

1st infraction-written reprimand and verbal warning

2nd infraction – 1-day suspension

3rd infraction – 2-day suspension from clinical

These suspensions will count as absences, so this will affect your clinical grade with the appropriate absence policy deductions.

4th infraction- REMOVAL FROM THE PROGRAM!

This policy will be strictly enforced and the clinical site supervisors are aware of this policy. Please don't let something such as a cell phone jeopardize your position in the program.

Emergency/Personal Calls

If there is an emergency, your families may contact the clinical site. Please make certain the families are informed of your clinical rotation and the appropriate phone numbers.

Regardless of what the technologists do with their cell phones **STUDENTS ARE NOT** allowed to have their phone out or use it in the clinical setting except as previously described.

Electronic Clinical Log

Students will use the E*Value system to log competencies, observed/assisted exams, specialty modality exam observations as well as attendance by the clock in/out function of E*Value. Computers are available at each clinical site (except the Temple VA) to access for daily clock in/out needs. Students will clock in upon arrival and clock out for lunch periods. They will then clock back in from lunch and clock out before leaving at the end of their particular work day. Any clock-in time after their scheduled arrival/lunch return time will be counted as a tardy unless certain conditions are met. A student who contacts the clinical coordinator to inform her of

their probability of being late arriving at the clinical site has up to 10 minutes to arrive and only be charged with a tardy. After 10 minutes up to 2 hours a student can use an occurrence provided they notify the CC of the need to take an occurrence. Failure to notify of an occurrence warrants an absence.

Clocking in late from lunch does not fall in the category of being able to utilize an occurrence capabilities, but will still be considered as a tardy so time constraints are important to keep up with.

All clock in/out transactions will be done on a computer at their clinical site. Any attempts to falsify the time, having someone else clock you in or out, or use of other devices to clock in other than the clinical sites will result in removal from the program.

Accidents do happen from time to time and clocking in and out incidents will occur as well as logging of exams. As in a real work environment, having clock issue can come at a price. For every clock in/out incident that occurs an email must be sent to the clinical coordinator explaining what happened. The incident also requires a reminder note be posted in the notes area on E*Value.

Ex: Clocked in late due to traffic, texted Deb at the time of traffic issue.

Ex: Forgot to clock in but was here on time. Tech (name) to end email sent to Deb.

******At this time there are no point deductions for logging exams but should that become a problem this policy will be modified to include those errors as well. An addendum will be sent out notifying the student population of the change should that become an ongoing problem and need to be implemented.

E*Value Time Tracking

Students using the Time Tracking program of E*Value will use the name of the clinical coordinator (Deb Quinn) as the Time Tracking supervisor. This will allow more consistent and accurate record keeping. Students must use the designated computer provided for E*Value clock in and clock out. No use of any other type of electronic device is permitted. IP addresses are checked frequently to insure that students are using the appropriate computer. If it is determined that a student is using their cell phone or come other electronic device to clock in and out, this is

considered falsification of records and a 2-day suspension for the first offense will be given. A subsequent infraction will result in removal from the program.

E*Value Time Edit

Just as in a “real” work situation, students will be expected to clock in/out on a computer using the E*Value site. In the event that a student fails to clock in/out accurately upon arrival, at lunch or leaving at the end of the day, the student will need to contact the clinical coordinator by office phone or email. The student should report the incident details and the times needing to be changed the day of the incident.

- There will be a “Grace Period” of one week at the beginning of each semester that allows students to acclimate the use of E*Value and the new clinical site. Recurrent “mistakes” regarding clocking in, logging information, etc with E*Value is a problem. Anytime a student has issues with E*Value, attaining access to clock in, etc. they should contact the CC and explain the situation. Students should always have their supervising technologist or instructor send an email to the CC validating the clock in issue.
 - Ex: student arrived early to clinical, but computer was locked and student had no way to access the E*Value site to clock in!
 - Ex: student arrived on time but “forgot” to clock in!
- At the discretion of the CC, frequent incidents that are accessed to be oversights by the student could result in a 2-point deduction from the final semester grade. Time tracking will be checked frequently so being forthcoming and honest is the best way to handle such incidences. Any attempts to avoid this deduction by not reporting it, could mean a student will incur a tardy or an absence and the penalties that go along with them.

Failing to log exams:

E*Value is a way for clinical coordinators and faculty instructors to evaluate the educational effectiveness of a clinical site regarding the variety and number of exams. Exams logged by students are checked periodically, normally around mid-semester and near the end of the semester. If a student demonstrates a failure to log exams accurately and routinely, **5 points will be deducted from the students final grade for each incident/period of time**, that they fail to keep an accurate E*Value log of assisted/observed exams. Evaluating the log accuracy is at the discretion of the Clinical Coordinator who will take into consideration the

patient load of each clinical site before deducting points. Please be diligent and timely in logging observed/assisted exams.

CLINICAL HOURS AND ATTENDANCE

Regular and punctual attendance is expected of all students, and a complete record of attendance will be monitored by the clinical coordinator for the entire length of the course. Students will be counted absent when clinical days are missed, beginning with the first official day of classes.

Absence from 25 percent of scheduled clinical meetings will be taken as evidence that a student does not intend to complete the course, and the student will be dropped unless the instructor is satisfied that the student will resume regular attendance and will complete the course.

EVENING ROTATION

Imaging services are provided to the community twenty-four hours a day, seven days a week. Evening rotations provide the student with the opportunity to gain experience in trauma radiography, as well as continuous care of the inpatient population.

All students are expected to participate in evening rotations in order to gain this experience. Clinical assignments will correlate with the student's didactic background and curriculum. To fulfill this requirement students evening rotations will consist of two consecutive clinical weeks in the trauma/inpatient setting for the semester. Two-week rotations in the summer will total approximately 64 clock hours; fall and spring rotations will total approximately 54 clock hours maximum.

Students participating in evening rotations must be appropriately supervised (student to qualified staff ratio of 1:1). The student will be allowed and encouraged to complete clinical competencies on this rotation.

Dosimeter Changes

For accurate reporting and record keeping, it is extremely important that TLD badges be changed in a timely fashion. A student will be given ample notice through Bright Space notification/email, as to when to bring their badge to class to exchange it for the next month's badge. If a student fails to bring their badge on the day requested, they will **NOT** be allowed to return to clinical and will incur absences with related point deductions until the badge has been changed. **No exceptions!**

Student Behavioral Expectations or Conduct Policy:

Students are expected to maintain a professional demeanor that includes respect for other students, technologist, hospital staff, and the instructor, prompt and regular attendance, and an attitude that seeks to take full advantage of the education opportunity. Students in this program are adults and are expected to act appropriately. Behavior that is disrespectful or disruptive will not be tolerated; any student who is asked to leave a clinical facility will be removed from the program. A written deficiency notice in the areas of knowledge, skills, attitude, reliability, dependability, tardiness, or attendance will lead to academic probation. Failure of the student to abide by the terms of this academic probation will lead to failure of the course and may lead to withdrawal from the radiologic technology program. Students who receive less than a C grade in clinical practice will not progress into the next course until this course is completed with the minimum required score of C. Students who receive less than a C grade in clinical practice will not progress into the next course until this course is completed with the minimum required score of C. Regular and punctual attendance is expected of all students, and a complete record of attendance will be maintained for the entire length of each course. Students will be counted absent from clinical missed, beginning with the first day of clinical. Students, whether present or absent, are responsible for all material presented or assigned for a course and will be held accountable for such materials in the determination of course grades. If inappropriate behavior continues, a report will be filed with the Grievance Committee in Student Development. Refer to the General Conduct Policy in the Highlander Guide

* [Click Here for the MCC Academic Integrity Statement](http://www.mclennan.edu/academic-integrity)

(www.mclennan.edu/academic-integrity)

The link above will provide you with information about academic integrity, dishonesty, and cheating.

E-mail correspondence

Faculty of this program communicate with students using McLennan Community College email. Use of other email addresses could cause a breakdown in communication and important information missed. Email messages are to be formulated in a professional fashion with no use of text speaking or symbols. Email correspondence should open with an appropriate salutation/greeting to the person

intended and close with an appropriate closing/sign off.

Other Electronic Devices

Students will not use the internet or use other electronic devices during clinical hours. Students violating this policy will receive written reprimand with possible suspension from clinical for subsequent infractions.

Electronic Communication Policy

This policy applies to all students enrolled at McLennan Community College (MCC) and to all MCC employees. All students, staff, and faculty will use their official college e-mail addresses when conducting college business.

It is MCC's policy to assign all students, upon registration, an official e-mail address, which may remain in effect up to twelve months after students are no longer enrolled at MCC. MCC student e-mail addresses will be the only e-mail authorized to communicate official college information or business. Students are expected to read and, if needed, respond in a timely manner to college e-mails. It is suggested that students check college e-mail daily to avoid missing time-sensitive or important college messages. Students may forward college e-mails to alternate e-mail addresses; however, MCC will not be held responsible for e-mails forwarded to alternate addresses. A student's failure to receive or read official communications sent to the student's assigned e-mail address in a timely manner does not absolve the student from knowing and complying with the content of the official communication.

Smoking Cessation – Electronic Vapor Products

MCC is a smoke/vape/tobacco free campus. Use of electronic smoking cessation devices are prohibited on campus grounds.

MCC Course Evaluations:

Students will be asked to complete a course evaluation near the end of the semester. The overall goal of the evaluation is to improve performance by providing faculty with insight to better understand their students and how they learn. Your feedback is anonymously provided to me after the week of final exams is complete. Please provide honest and constructive responses to help me evaluate how I teach from your (the student's) perspective. I appreciate your participation in advance.

Please refer to [Course Evaluations | McLennan Community College](#) for more information.

*** [Click Here for the MCC Attendance/Absences Policy](#)**

(<https://www.mclennan.edu/highlander-guide/policies.html>)

Click on the link above for the college policies on attendance and absences. Your instructor may have guidelines specific to this course.

Accommodations/ADA Statement

Any student who is a qualified individual with a disability may request reasonable accommodations to assist with providing equal access to educational opportunities. Students should contact the Accommodations Coordinator as soon as possible to provide documentation and make necessary arrangements. Once that process is completed, appropriate verification will be provided to the student and instructor. Please note that instructors are not required to provide classroom accommodations to students until appropriate verification has been provided by the Accommodations Coordinator. Instructors should not provide accommodations unless approved by the Accommodations Coordinator. For additional information, please visit mclennan.edu/disability.

Students with questions or who require assistance with disabilities involving physical, classroom, or testing accommodations should contact:

disabilities@mclennan.edu

254-299-8122

Room 319, Student Services Center

*** [Click Here for more information about Title IX](#)**

(www.mclennan.edu/titleix)

We care about your safety, and value an environment where students and instructors can successfully teach and learn together. If you or someone you know experiences unwelcomed behavior, we are here to help. Individuals who would like to report an incident of sexual misconduct are encouraged to immediately contact the Title IX Coordinator at titleix@mclennan.edu or by calling Dr. Drew Canham (Vice President for Student Success) at 299-8645. Individuals also may contact the MCC Police Department at 299-8911 or the MCC Student Counseling Center at MCC by calling 299-8210. The MCC Student Counseling Center is a confidential resource for students.

McLennan's Title IX webpage (<http://www.mclennan.edu/titleix/>) contains more information about definitions, reporting, confidentiality, resources, and what to do if you or someone you know is a victim of sexual misconduct, gender-based violence or the crimes of rape, acquaintance rape, sexual assault, sexual harassment, stalking, dating violence or domestic violence.

** You will need to access each link separately through your Web browser (for example: Internet Explorer*