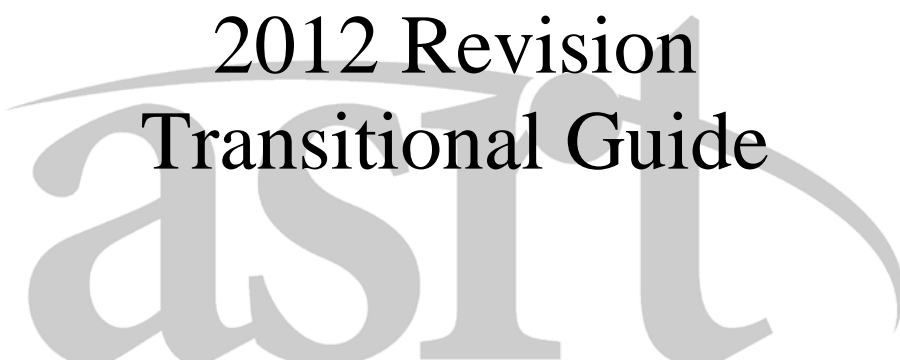


# Radiography Curriculum 2012 Revision Transitional Guide

A large, light gray watermark of the ASRT logo is centered behind the title text. The logo consists of the lowercase letters 'asrt' in a stylized, rounded font, with a curved line arching over the letters.

*Sponsored by the American Society of Radiologic Technologists, 15000 Central Ave. SE,  
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## Introduction

The first ASRT Radiography Curriculum was written in 1952. Throughout its history, the goal of this document has been to outline a common body of knowledge that is essential for entry-level radiographers. However, rapid technological changes have made it increasingly difficult to define a “common” body of knowledge for the profession. Some clinical settings have incorporated state-of-the-art equipment and cutting-edge technology, while others have not. The curriculum must meet the needs of students in both types of environments. As a result, this version of the curriculum is in many ways an incremental or transitional document. While it maintains elements based on film-screen capture and processing, it also incorporates topics such as basic digital image acquisition, picture archiving and informatics. As the radiography workplace evolves, the curriculum must evolve with it.

The challenge in any curriculum is to give students a solid foundation of traditional core knowledge while also providing opportunities to develop skills that will serve them beyond entry to the profession. In particular, students must develop skills in areas such as information literacy, scientific inquiry, self-reflection, collaboration, peer counseling and mentoring.

To assist students in acquiring these types of skills, postsecondary general education content is included as a “required” element of this radiography curriculum instead of as a “recommended” element. General education provides an opportunity for personal enrichment and exploration outside the confines of the technical professional curriculum. The general education content objectives in this curriculum were purposely labeled “global content objectives” to give program officials flexibility in determining specific credit-bearing course work that will satisfy these objectives.

Also new to this curriculum is an emphasis on critical thinking. Advances in technology and employer expectations demand more independent judgment by radiographers. Consequently, critical-thinking skills must be developed and assessed in the educational process. Critical thinking is incorporated in multiple content areas throughout the curriculum, including clinical practice and the recommended postsecondary general education. It is expected that the faculty will continue to develop and implement critical thinking throughout the educational program.

This version of the curriculum also incorporates emerging technologies that traditionally have not been part of the radiography curriculum. For example, computed tomography (CT) exams have replaced many of the x-ray procedures that once were core to traditional radiography. Although this may not be seen in the American Registry of Radiologic Technologists (ARRT) mandatory or elective radiography clinical competencies, a basic understanding of computed tomography is increasingly expected of new program graduates. In planning student clinical experiences, radiography programs with sufficient local resources are encouraged to provide students with clinical exposure to computed tomography.

The document itself is divided into specific content areas. A compendium of learning objectives and appendices indexed by content area has been incorporated into this document to serve as a resource for program planners and course managers. Radiography programs are encouraged to organize the content and objectives to meet their individual goals and needs. Faculty members also are encouraged to expand and broaden these fundamental objectives as they incorporate them into their curricula. Specific instructional methods were intentionally omitted to allow for programmatic prerogative as well as creativity in instructional delivery.

New content and objectives in this curriculum include human diversity, clinical competency, ethical considerations of genetics and a required general education component. Clinical and didactic competencies have been correlated. Content related to advanced modalities (e.g., quality management, computed tomography, magnetic resonance imaging and mammography) has been modified. Some content areas have been retitled or reorganized, and outdated content has been eliminated.

In addition to skill development in specific content areas, this curriculum is designed to ensure that entry-level radiographers possess the following basic traits upon graduation from an educational program in the radiologic sciences:

- The technical competence to perform diagnostic imaging procedures.
- Prudent judgment in administering ionizing radiation to produce diagnostic images.
- A focus on providing optimum patient care in a society that is becoming increasingly diverse and experiencing generational, cultural and ethnic shifts.
- The ability to work with others in a team relationship.
- An understanding of the intricacies associated with providing direct patient care in today's health care setting.
- The skill to use modern technologies to research and retrieve information, weigh and discriminate between good and poor sources of information, and take action based upon the acquisition of new information and knowledge.
- Stewardship over the security and confidentiality associated with patient medical information.
- Skills that promote career-long learning, where the radiographer assumes the role of student and that of teacher.
- An eagerness to collaborate with others within the medical imaging community to promote standards of excellence in the medical imaging sciences.
- A willingness to contribute to the education and clinical skills development of radiologic science students.

The ASRT Radiography Curriculum serves as a blueprint for educators to follow in designing their programs and in ensuring that their programs match the profession's standards. In the radiologic sciences, educators not only must teach the essential clinical skills that employers expect of graduates, but also must ensure that students will be prepared to take certification examinations offered by the ARRT. This curriculum allows

for faculty flexibility to meet the needs of the local community, yet satisfy the requirements for accreditation standards and the ARRT examination. It also offers a foundation for a transition to baccalaureate studies and, more importantly, for individual lifelong learning.



# Radiography Curriculum

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# Basic Principles of Computed Tomography

## Description

Content is designed to provide entry-level radiography students with principles related to computed tomography (CT) imaging.

*Note: Although this may not be seen in the ARRT mandatory or elective radiography clinical competencies, a basic understanding of computed tomography is increasingly expected of new program graduates. In planning student clinical experiences, radiography programs with sufficient local resources are encouraged to provide students with clinical exposure to computed tomography.*

## Content

### I. Computed Tomography Generations

- A. Capabilities and limitations
  - 1. First
  - 2. Second
  - 3. Third
  - 4. Fourth
  - 5. Fifth
  - 6. Spiral

### II. Components, Operations and Processes

- A. Data acquisition
  - 1. Methods
    - a. Slice-by-slice
    - b. Volumetric
  - 2. Elements
    - a. Beam geometry
      - 1) Parallel
      - 2) Fan
      - 3) Spiral
  - 3. Data acquisition system (DAS)
    - a. Components
      - 1) Tube
      - 2) Detectors
      - 3) Filters
      - 4) Collimators
      - 5) Analog-to-digital converter (ADC)
    - b. Functions
      - 1) Measurement of transmitted beam
      - 2) Encoding measurements into binary data
      - 3) Logarithmic conversion of data
      - 4) Data transmission to computer

4. Data acquisition process

- a. Scanning/raw data/image data
  - 1) Rays
  - 2) Views
  - 3) Profiles
    - a) Pixels
    - b) Matrices
    - c) Voxels
- b. Attenuation
  - 1) Linear attenuation coefficients
  - 2) CT/Hounsfield numbers
    - a) Baseline reference numbers
      - i) Water equal to 0
      - ii) Bone (white) equal to 400 – 1000
      - iii) Air (black) equal to – 1000
- c. Selectable scan factors
  - 1) Scan field of view
  - 2) Display field of view
  - 3) Matrix size
  - 4) Slice thickness
  - 5) Algorithm
  - 6) Scan time and rotational arc
  - 7) Radiographic tube output
  - 8) Region of interest (ROI)
  - 9) Magnification
  - 10) Focal spot size and tube geometry
- d. Power injectors

**Comment [RH1]:** This item was moved to the Pharmacology section, not optional.

B. Factors controlling image appearance

C. Anatomical structures

- 1. Artifacts
- 2. Contrast resolution
  - a. Window width
- 3. Grayscale manipulation
  - a. Window level
- 4. Distortion
- 5. Noise
- 6. Spatial resolution

D. Postprocessing

- 1. Image reformation
- 2. Image smoothing
- 3. Edge enhancement
- 4. Grayscale manipulation

### III. Radiation Protection

- A. Methods for reducing radiation dose to the patient
  1. Technical factor selection
  2. Technical adjustments for children
  3. Scatter radiation reduction
  
- B. Reducing the radiographer's exposure to scatter radiation



## Clinical Practice

### Description

Content and clinical practice experiences should be designed to sequentially develop, apply, critically analyze, integrate, synthesize and evaluate concepts and theories in the performance of radiologic procedures. Through structured, sequential, competency-based clinical assignments, concepts of team practice, patient-centered clinical practice and professional development are discussed, examined and evaluated.

Clinical practice experiences should be designed to provide patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcomes measurement ensure the well-being of the patient preparatory to, during and following the radiologic procedure.

### Content

#### I. Clinical Practice

- A. Code of ethics/professional behavior
  - 1. Practice standards
  - 2. Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy (CARE) bill
  - 3. Incident reporting mechanisms
  - 4. Standards for supervision
    - a. Direct
    - b. Indirect
  - 5. Patient Bill of Rights
- B. Professional communication
  - 1. Patients
  - 2. Patient's family
  - 3. Health care team
  - 4. Confidentiality of patient records (Health Insurance Portability and Accountability Act, or HIPAA, compliance)
- C. Role of radiographer
  - 1. Technical
  - 2. Professional
  - 3. Equipment operation
  - 4. Ability to adapt to varying clinical situations
  - 5. Emergency response
  - 6. Total quality management
- D. Values
  - 1. Personal
    - a. Values development
    - b. Effect on medical care

- c. Impact on patient care
    - d. Values clarification
  - 2. Societal
    - a. Rights and privileges
    - b. Community values
    - c. Impact on patient care
  - 3. Professional
    - a. Values development
    - b. Values conflict
    - c. Impact on patient care
- E. Culture, ethnicity and diversity
  - 1. Societal and individual factors
  - 2. Socioeconomic
  - 3. Gender
  - 4. Age
    - a. Infant
    - b. Child
    - c. Adolescent
    - d. Adult
    - e. Middle aged
    - f. Elder
  - 5. Family structure and dynamics
  - 6. Geographical factors
  - 7. Religion
  - 8. Lifestyle choices and behaviors
  - 9. Sexual orientation
  - 10. Disability

## II. Procedural Performance

- A. Scheduling and sequencing of exams
- B. Order/requisition evaluation and corrective measures
- C. Facilities setup
- D. Patient assessment, clinical history, education and care
  - 1. Patient monitoring – emergency and nonemergency
    - a. Vital signs
    - b. Assessment and clinical history
    - c. Equipment
    - d. Patient emergencies
  - 2. Patient privacy and confidentiality
  - 3. Documentation and charting
  - 4. Infection control
  - 5. Patient education

- a. Communication style
  - b. Age specific
  - c. Cultural and socioeconomic sensitivity
  - d. Patient focused care
6. Medical error reduction

E. Imaging

1. Positioning considerations
2. Technical considerations
3. Image processing (automatic/digital)
4. Image analysis

F. Radiation protection (patient and personnel)

1. Principles
2. Equipment and accessories

**III. Clinical Competency**

A. ARRT Competency Requirements (refer to the document located at [http://www.arrt.org/education/CompReqs/RAD\\_CX\\_2005.pdf](http://www.arrt.org/education/CompReqs/RAD_CX_2005.pdf))\*

B. Optional basic computed tomography

1. Head
2. Thorax
3. Abdomen

*Note: Although this may not be seen in the ARRT mandatory or elective radiography clinical competencies, a basic understanding of computed tomography is increasingly expected of new program graduates. In planning student clinical experiences, radiography programs with sufficient local resources are encouraged to provide students with clinical exposure to computed tomography.*

\*Refer to ARRT Competency Requirements for mandatory and elective requirements.

# Digital Image Acquisition and Display

## Description

Content is designed to impart an understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Guidelines for selecting exposure factors and evaluating images within a digital system assist students to bridge between film-based and digital imaging systems. Principles of digital system quality assurance and maintenance are presented.

## Content

### I. Basic Principles of Digital Radiography

- A. Digital image characteristics
  - 1. Picture elements – pixels
  - 2. Pixel size
  - 3. Matrix size
  - 4. Spatial resolution
  - 5. Bit depth
  - 6. Information content – megabytes/image
- B. Digital receptors
  - 1. Cassette-less systems
    - a. Thin film transistor (TFT) arrays
    - b. Charged coupled device (CCD) and complementary metal oxide semiconductor (CMOS) systems
      - 1) Linear scanning arrays
        - a) Fixed photostimulable phosphor (PSP) plates
      - 2) Optically coupled cameras
        - a) Phosphor structure
        - b) Detector characteristics
  - 2. Cassette-based systems
    - a. PSP plates
      - 1) Turbid phosphors
      - 2) Structured phosphors
- C. Comparison of detector properties and evaluative criteria
  - 1. Detective quantum efficiency (DQE) predicts dose efficiency
  - 2. System speed vs. “speed class” operation
  - 3. Spatial resolution
    - a. Cassette-based systems
      - 1) Sampling frequency – pixel pitch
      - 2) Receptor size vs. sampling frequency
      - 3) Light spread – phosphor layer thickness
    - b. Cassette-less systems – detector element size
  - 4. Advantages over film-screen
    - a. Increased dynamic range

- b. More contrast resolution
- 5. Limitation relative to film-screen
  - a. Lower spatial resolution
  - b. Strong dependence of image quality on
    - 1) Image processing
    - 2) Display characteristics

**D. Dynamic range vs. latitude**

- 1. Dynamic range of the detector
  - a. Acquisition data width
  - b. Greater than film-screen
- 2. Latitude – allowable error for optimal image acquisition
  - a. Actual exposure latitude is approximately double that of film-screen
    - 1) 50% below ideal causes mottle
    - 2) Greater than 200% above ideal results in loss of contrast
  - b. Beam-part-receptor alignment latitude less than film-screen

**II. Image Acquisition**

**A. Raw data acquisition – “latent image”**

- 1. Positioning
- 2. Exposure field alignment and collimation
  - a. Cassette-less system
  - b. Cassette-based system
- 3. Exposure – technique selection

**B. Image extraction – cassette-less system**

- 1. Rows and columns read line by line
- 2. Data transferred to external electronics
- 3. Digitized by analog to digital converter (ADC)
- 4. Histogram created and analyzed by software
- 5. Initial image processing
  - a. Exposure field recognition
  - b. Histogram analysis
  - c. Automatic rescaling – risk of failure

**C. Image extraction – cassette-based system**

- 1. Plate scanned by laser
- 2. Signal data digitized by ADC
- 3. Exposure field(s) identified
- 4. Histogram created and analyzed by software
- 5. Initial image processing
  - a. Exposure field recognition
  - b. Histogram analysis
    - 1) Exposure index determination – risk of inappropriate value
    - 2) Automatic rescaling – risk of failure

#### D. Exposure indicators

1. Cassette-less systems
  - a. Dose area product (DAP)
    - 1) Actual patient dose of calibrated
    - 2) No established DAP standard
    - 3) Receptor exposure not indicated
  - b. Relationship to patient exposure
    - 1) Exposure indicator – “speed class”
    - 2) Reached exposure index (REX)
2. Cassette-based systems
  - a. Vendor specific values
    - 1) Sensitivity (“S”)
    - 2) Exposure index (EI)
    - 3) Log mean exposure (LgM)
  - b. Relationship to patient exposure
  - c. Reader calibration
  - d. Centering and beam collimation
  - e. Optimal value ranges

### III. Image Acquisition Errors

- A. Exposure field recognition
  1. Single field patterns – collimation margins and alignment
  2. Multiple exposure fields – optimal patterns
- B. Histogram analysis error
  1. Incorrect anatomic menu selection
  2. Exposure field not detected
    - a. Collimation border recognition
    - b. Exposure field distribution – multiple fields/plate
  3. Unexpected material in data set, i.e., metal
  4. Large exposure error – plate saturation
  5. Inappropriate rescaling – dark or light image
- C. Low intensity radiation response
  1. Background
    - a. Cassette-less system constantly refreshed
    - b. Cassette-based system plate is storage phosphor
      - 1) Stores background exposure
      - 2) Plate responds to an exposure as low as 60  $\mu\text{R}$
      - 3) Background is 40  $\mu\text{R}/\text{day}$  to 80  $\mu\text{R}/\text{day}$
      - 4) Plates unused for more than 48 hours should be erased
  2. Scatter
    - a. More intense than background
    - b. Scatter control becomes critical

#### D. Scatter control

1. Beam limiting
2. Optimal exposure - overexposure produces more scatter
3. Grid use
  - a. Kilovoltage (kVp) conversion preferred
  - b. Grid cutoff produces low contrast
  - c. Compare short dimension (SD) grid and long dimension (LD) grid
  - d. Moiré effect
    - 1) Grid frequency approximately equal to Nyquist
    - 2) Reduce risk – unmatched frequencies
      - a) Grid frequency less than Nyquist (178 lpi)
      - b) Grid frequency greater than Nyquist (103 lpi)

#### IV. Software (Default) Image Processing

- A. Automatic rescaling
- B. Final image processing
  1. Gradient processing
    - a. Brightness
    - b. Contrast
  2. Frequency processing
    - a. Smoothing
    - b. Edge enhancement
  3. Equalization
- C. Effects of excessive processing
- D. Recognition of image processing errors that affect image clarity

#### V. Fundamental Principles of Exposure

- A. Optimal receptor exposure
  1. Receptor exposure variables
  2. Receptor exposure control
- B. Receptor response - DQE
- C. Selection of exposure factors
  1. Same principles as film-screen
    - a. Maintain consistent specific receptor exposure
    - b. Control scatter
    - c. Adjust for differences in:
      - 1) Structure composition
      - 2) Source-to-image receptor distance (SID)
      - 3) Grid utilization
- D. Exposure myths associated with digital systems
  1. Milliampere-seconds (mAs)

2. kVp
  3. Collimation
  4. Grid
  5. SID
  6. Speed class
  7. Fog
- E. Control patient exposure
1. Higher kVp levels
  2. Additional filtration
  3. Interfacing with automatic exposure control (AEC) systems
  4. As low as reasonably achievable (ALARA) principles
- F. Monitor patient exposure
1. Part of quality assurance (QA) program
  2. Vendor supplied software
  3. Logbook

## VI. Image Evaluation

- A. Evidence of appropriate exposure level
1. Exposure indicator
    - a. Low contrast due to overexposure
    - b. Noise due to underexposure
  2. Evidence of exposure recognition failure or histogram analysis error
    - a. Image brightness
    - b. Low contrast
    - c. Off focus/scatter outside exposure field
- B. Contrast
1. Appropriate for exam
  2. Evidence of processing error
- C. Recorded detail
1. Image blur
  2. Spatial resolution
  3. Distortion
  4. Mottle
- D. Artifacts

## VII. Quality Assurance and Maintenance Issues

- A. Initial acceptance testing
- B. Cassette-based system reader preventive maintenance (PM)
- C. Plate maintenance

1. Cleaning and inspecting plates
2. Erasing plates

D. Uniformity of default processing codes

E. Reject analysis

**VIII. Display**

A. Monitor

1. Liquid crystal display (LCD)
2. Cathode ray tube (CRT)

B. Film

1. Lose dynamic range
2. Thermal film degradation
3. Film storage

C. Picture archiving and communication system (PACS)

1. Terminology
2. System components and function
3. PACS
  - a. Image manipulation
  - b. Access to report information
  - c. Access from multiple locations
  - d. Image retrieval
  - e. PACS issues – contingency plans
4. Digital imaging and communication in medicine (DICOM)

D. Teleradiology

E. Radiographer's responsibilities

1. Access order (worklist)
2. Image acquisition
3. Postprocessing – image manipulation
4. Annotation issues
5. Transmitting image(s) to PACS
6. HIPAA and patient confidentiality

## Ethics and Law in the Radiologic Sciences

### Description

Content is designed to provide a fundamental background in ethics. The historical and philosophical bases of ethics, as well as the elements of ethical behavior, are discussed. The student will examine a variety of ethical issues and dilemmas found in clinical practice.

An introduction to legal terminology, concepts and principles also will be presented. Topics include misconduct, malpractice, legal and professional standards and the ASRT scope of practice. The importance of proper documentation and informed consent is emphasized.

### Content

#### I. Ethics and Ethical Behavior

- A. Origins and history of medical ethics
- B. Moral reasoning
- C. Personal behavior standards
- D. Competence
- E. Professional attributes
- F. Standards of practice
- G. Self-assessment and self-governance
- H. Code of professional ethics
- I. Ethical concepts
  - 1. Ethical principles
  - 2. Violation process
- J. Systematic analysis of ethical problems
- K. Ethical patient care data research/data discovery

#### II. Ethical Issues in Health Care

- A. Individual and societal rights
- B. Cultural considerations
- C. Economical considerations
- D. Technology and scarce resources

- E. Access to quality health care
- F. Human experimentation and research
- G. Medical/health care research
- H. End-of-life issues

### III. Legal Issues

- A. Parameters of legal responsibility
- B. Patient personal information
  - 1. HIPAA
  - 2. Confidentiality of patient information
- C. Intentional torts
- D. Negligence and malpractice
  - 1. Definitions
  - 2. Components of malpractice
  - 3. Legal doctrines
  - 4. Legal and professional standards
  - 5. Medical liability
  - 6. Sources of law
  - 7. Civil and criminal liability
- E. Legal risk reduction

### IV. Patient Consent

- A. Definition
- B. Types
- C. Condition for valid consent
- D. Documentation of consent

## Fundamentals of Radiologic Science and Health Care

### Description

Content is designed to provide an overview of the foundations in radiography and the practitioner's role in the health care delivery system. Principles, practices and policies of the health care organization(s) are examined and discussed in addition to the professional responsibilities of the radiographer.

### Content

#### I. The Health Science Professions

- A. Radiologic technology
  - 1. Radiography disciplines
    - a. Diagnostic radiography
    - b. Computed tomography
    - c. Mammography
    - d. Cardiac-interventional radiography
    - e. Vascular-interventional radiography
    - f. Bone densitometry
    - g. Quality management
    - h. Radiologist assistant
    - i. Multiskilled (fusion technology)
  - 2. Radiation therapy
  - 3. Nuclear medicine technology
  - 4. Diagnostic medical sonography
  - 5. Magnetic resonance imaging
  - 6. PACS administration
  - 7. Education
  - 8. Management

#### B. Health care professions

- 1. Health information management
- 2. Medical laboratory sciences
- 3. Occupational therapy
- 4. Pharmacy
- 5. Physical therapy
- 6. Respiratory therapy
- 7. Social services
- 8. Nursing
- 9. Other

#### II. The Health Care Environment

##### A. Health care systems

- 1. Hospitals
  - a. Veterans Administration/military
  - b. Not-for-profit

- c. For-profit
- d. System/network
- 2. Clinics
- 3. Independent facilities
- 4. Mental health facilities
- 5. Long-term/residential facilities
- 6. Hospice

B. Health care delivery settings

- 1. Outpatient/ambulatory care
- 2. Inpatient
- 3. Long-term care
- 4. Preventive care
- 5. Home health care
- 6. Telehealth/telemedicine

C. Payment/reimbursement systems

- 1. Self-pay
- 2. Indemnity insurance
- 3. Entitlement/governmental programs
  - a. Medicare
  - b. Medicaid
  - 4. Managed care

**III. Hospital Organization**

A. Philosophy

B. Mission

- 1. Role within the community
- 2. Commitment to education within the profession and community health

C. Administrative services

- 1. Governing board
- 2. Hospital administration
- 3. Admissions
- 4. Information systems
- 5. Procurement
- 6. Accounting
- 7. Support services
  - a. Facilities management
  - b. Environmental services (housekeeping)
  - c. Security
- 8. Personnel

D. Medical services

- 1. Personnel

**Comment [RH2]:** Note: Added Quality Management as III. Hospital Organization is now IV.

- a. Medical director
- b. Medical staff
- c. House staff
  - 1) Medical residents
  - 2) Interns
  - 3) Medical students
- 2. Nursing services
- 3. **Clinical services**
  - a. Internal medicine
  - b. Surgery
  - c. Mental health
  - d. Geriatrics
  - e. Pediatrics
- 4. **Clinical support services**
  - a. Dietary
  - b. Medical laboratories
  - c. Oncology
  - d. Pastoral care
  - e. Rehabilitation
  - f. Social services
  - g. Risk management

#### IV. Radiology Organization

##### A. Professional personnel

- 1. Radiology director/chairman
- 2. Radiologists
  - a. Attending
  - b. Fellow
  - c. Resident
  - d. Intern
- 3. Radiation physicists
- 4. Radiographer
  - a. Administrative director
  - b. Chief/senior technologist
  - c. Staff technologist
  - d. Quality control/assurance officer/technologist
- 5. Radiologist assistant
- 6. Radiology nurses

##### B. Support services

- 1. Clerical staff
  - a. Administrative assistant
  - b. Receptionist
  - c. Medical secretary
- 2. Financing/accounting
- 3. Patient transportation services

4. File room/image management
5. Information systems manager
  - a. Radiology information systems (RIS)
  - b. PACS

C. Patient services

- D. Educational personnel
1. Educational/program director
  2. Clinical coordinator
  3. Didactic instructor
  4. Clinical instructor
  5. Clinical staff
  6. Students

**V. Accreditation**

A. Definition

B. Programmatic accreditation

1. Joint Review Committee on Education in Radiologic Technology (JRCERT)

C. Institutional accreditation

1. Degree granting regional (college/proprietary)
2. Health care organization(s)
  - a. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
  - b. American Osteopathic Association
  - c. American College of Radiology (ACR)

**VI. Regulatory Agencies**

A. Federal

B. Reimbursement

C. State

**VII. Professional Credentialing**

A. Definition

1. Certification
2. Registration
3. Licensure

B. Agencies

1. National
  - a. American Registry of Radiologic Technologists (ARRT)
  - b. Nuclear Medicine Technology Certification Board (NMTCB)
  - c. American Registry of Diagnostic Medical Sonographers (ARDMS)

- d. Other
- 2. State – licensure

## VIII. Professional Organizations

A. Purpose, function, activities

B. Local organizations

C. State organizations

D. National

1. American Society of Radiologic Technologists (ASRT)
2. American Healthcare Radiology Administrators (AHRA)
3. Association of Collegiate Educators in Radiologic Technology (ACERT)
4. Association of Educators in Imaging and Radiologic Sciences Inc. (AEIRS)

E. International

International Society of Radiographers and Radiological Technologists (ISRRT)

F. Related associations organizations

1. American Board of Radiology (ABR)
2. American College of Radiology (ACR)
3. Radiological Society of North America (RSNA)

## IX. Professional Development and Advancement

A. Continuing education and competency requirements

1. Definition
2. Rationale/benefits
3. Requirements
  - a. ARRT
  - b. State
  - c. Institutional

B. Continuing education opportunities

1. Postprimary certification
2. Collegiate/educational programs
3. Self-learning activities
4. Professional conferences

C. Employment considerations

1. Geographic mobility
2. Economic factors
3. Manpower issues

D. Advancement opportunities

1. Education

- a. Administration
- b. Faculty
  - 1) Didactic
  - 2) Clinical
- 2. Administration
- 3. Physics
- 4. Research
- 5. Industrial
- 6. Medical informatics
- 7. Sales/applications



# Human Structure and Function

## Description

Content is designed to establish a knowledge base in anatomy and physiology. Components of the cells, tissues, organs and systems are described and discussed.

## Content

### I. Anatomical Nomenclature

- A. Terms of direction
  - 1. Anterior/posterior
  - 2. Ventral/dorsal
  - 3. Medial/lateral
  - 4. Superior/inferior
  - 5. Proximal/distal
  - 6. Cephalad/caudad
  
- B. Body planes
  - 1. Median/mid-sagittal
  - 2. Sagittal
  - 3. Coronal
  - 4. Transverse
  - 5. Longitudinal
  
- C. Body cavities – structural limits, function, contents
  - 1. Cranial
  - 2. Thoracic
  - 3. Abdominal/pelvic

### II. Chemical Composition

- A. Atoms
  
- B. Chemical bonds
  
- C. Inorganic compounds
  - 1. Acids
  - 2. Bases
  - 3. Salts
  - 4. Acid-base balance
  - 5. pH maintenance
  
- D. Organic compounds
  - 1. Carbohydrates
  - 2. Lipids
  - 3. Proteins
  - 4. Nucleic acids

5. DNA
6. RNA
7. Adenosine triphosphate (ATP)
8. Cyclic AMP (adenosine 3', 5'-monophosphate)

### III. Cell Structure and Genetic Control

- A. Cell membrane
  1. Chemistry
  2. Structure
  3. Physiology
  4. Types of transport processes
    - a. Diffusion
    - b. Osmosis
    - c. Filtration
    - d. Active transport/physiological pumps
    - e. Phagocytosis and pinocytosis
- B. Cytoplasm
- C. Organelles
  1. Nucleus
  2. Ribosomes
  3. Endoplasmic reticulum
  4. Golgi complex
  5. Mitochondria
  6. Lysosomes
  7. Peroxisomes
  8. Cytoskeleton
  9. Centrosome and centrioles
  10. Flagella and cilia
- D. Gene action
  1. Protein synthesis
  2. Nucleic acid (RNA/DNA) synthesis
  3. Transcription
  4. Translation
- E. Cell reproduction
  1. Mitosis
  2. Meiosis
- F. Aberration/abnormal cell division

### IV. Metabolism

- A. Anabolism

- B. Catabolism
- C. Enzymes and metabolism
- D. Carbohydrate metabolism
- E. Lipid metabolism
- F. Protein metabolism
- G. Regulation and homeostasis

## V. Tissues

- A. Types of tissue
  1. Epithelial
  2. Connective
  3. Muscle
  4. Nerve

- B. Tissue repair

## VI. Skeletal System

- A. Osseous tissue
  1. Structural organization
    - a. Medullary cavity/marrow
    - b. Compact bone
    - c. Cancellous bone
    - d. Periosteum
    - e. Cartilage
  2. Development and growth
    - a. Physis
    - b. Diaphysis
    - c. Diaphysis/epiphyseal line
    - d. Metaphysis
  3. Classification and markings
    - a. Long
    - b. Short
    - c. Flat
    - d. Irregular
    - e. Processes and bony projections
    - f. Depressions/openings

- B. Divisions
  1. Axial
    - a. Skull
    - b. Hyoid bone

- c. Vertebral column
  - d. Thorax
  - 2. Appendicular
    - a. Pectoral girdle
    - b. Upper extremities
    - c. Pelvic girdle
    - d. Lower extremities
  - 3. Sesamoids
  - 4. Functions
- C. Articulations
- 1. Types
    - a. Synarthroses, fibrosis
    - b. Amphiarthroses, cartilaginous
    - c. Diarthroses, synovial
  - 2. Movement

## VII. Muscular System

- A. Types and characteristics
  - 1. Smooth
  - 2. Cardiac
  - 3. Skeletal
- B. Functions

## VIII. Nervous System

- A. Neural tissue – structure and function
  - 1. Neurons
  - 2. Neuroglia
- B. Central nervous system – structure and function
  - 1. Brain and cranial nerves
  - 2. Spinal cord
- C. Peripheral nervous system – structure and function
  - 1. Sympathetic nerves
  - 2. Parasympathetic nerves

## IX. Sensory System

- A. General senses
  - 1. Nociperception
  - 2. Chemoreception
  - 3. Thermoreception
  - 4. Mechanoreception
- B. Special senses – structure, function

1. Vision
2. Hearing and equilibrium
3. Olfaction
4. Gustation
5. Tactile

## **X. Endocrine System**

- A. Primary organs - structure, function and location
- B. Homeostatic control
- C. Endocrine tissue and related hormones
  1. Pituitary (hypophysis) gland
  2. Pineal gland
  3. Thyroid gland
  4. Parathyroid gland
  5. Adrenal (suprarenal) glands
  6. Heart and kidneys
  7. Digestive system
  8. Pancreas
  9. Testes
  10. Ovaries
  11. Thymus
  12. Placenta

## **XI. Digestive System**

- A. Primary organs – structure, function and location
  1. Oral cavity
  2. Esophagus
  3. Stomach
  4. Small intestine
  5. Large intestine
  6. Rectum
- B. Accessory organs – structure, function and location
  1. Salivary glands
  2. Pancreas
  3. Liver
  4. Gallbladder
- C. Digestive processes
  1. Ingestion
  2. Peristalsis
  3. Digestion
  4. Absorption
  5. Defecation

## **XII. Cardiovascular System**

- A. Blood
  - 1. Composition
  - 2. Clotting system
  - 3. Hemopoiesis
  - 4. Function
  
- B. Heart and vessels
  - 1. Anatomy
  - 2. Function
  
- C. Electrocardiogram (ECG) tracings correlated to normal cardiac rhythm

## **XIII. Lymphatic System and Immunity**

- A. Lymphatic system
  - 1. Lymph vessels
  - 2. Lymphatic organs
    - a. Thymus
    - b. Lymph nodes
    - c. Spleen
  - 3. Lymphatic tissue
    - a. Tonsils
    - b. Peyer's patches
  
- B. Immune system
  - 1. Nonspecific defenses
    - a. Physical barriers
    - b. Leukocytes
    - c. Immunological surveillance
  - 2. B-cell response
    - a. Production
    - b. Types of immunoglobulins
    - c. Function
    - d. Regulation of B-cell response
  - 3. T-cell response
    - a. Production
    - b. Types
    - c. Function
    - d. Regulation of T-cell response
  - 4. Passive and active immunity

## **XIV. Respiratory System**

- A. Components, structure and function
  - 1. Nose and sinus cavities
  - 2. Pharynx

3. Larynx
4. Trachea
5. Bronchi
6. Lungs
7. Thorax

- B. Physiology
1. Pulmonary ventilation
  2. Alveolar gas exchange
  3. Transport of blood gases
  4. Tissue gas exchange
  5. Control and regulation of respiration

## **XV. Urinary System**

- A. Components, structure and function
1. Kidneys
  2. Ureters
  3. Bladder
  4. Urethra

- B. Urine
1. Physical characteristics
  2. Chemical composition

- C. Micturition

## **XVI. Reproductive System**

- A. Male – structure, function and location
1. External organs
  2. Internal organs
- B. Female – structure, function and location
1. External organs
  2. Internal organs
  3. Mammary glands
- C. Reproductive physiology
1. Ovarian cycle
  2. Menstrual cycle
  3. Aging and menopause

## **XVII. Sectional Anatomy**

- A. Structures and locations
1. Head and neck
    - a. Brain
    - b. Cranium

- c. Major vessels
- 2. Thorax
  - a. Mediastinum
  - b. Lung
  - c. Heart
  - d. Airway
  - e. Major vessels
- 3. Abdomen
  - a. Liver
  - b. Biliary
  - c. Spleen
  - d. Pancreas
  - e. Kidneys/ureters
  - f. Peritoneum
  - g. Retroperitoneum
  - h. Gastrointestinal (GI) tract
  - i. Major vessels



## Image Analysis

**Comment [RH3]:** Note: Section enhanced with components from Film-Screen Image Acquisition and Processing.

### Description

Content is designed to provide a basis for analyzing radiographic images. Included are the importance of minimum imaging standards, discussion of a problem-solving technique for image evaluation and the factors that can affect image quality. Actual images will be included for analysis.

### Content

#### I. Imaging Standards

- A. Purpose
- B. Problem-solving process
- C. Role of the radiographer
  - 1. Determining cause of problems
  - 2. Recommending corrective action
- D. Establishing acceptable limits

#### II. Image Appearance Characteristics

- A. Density/brightness
  - 1. Film-screen equal to density
  - 2. Digital/PACS equal to brightness
- B. Contrast
- C. Recorded detail/spatial resolution
- D. Distortion

#### III. Procedural Factors

- A. Image identification
  - 1. Patient information
  - 2. Date of examination
  - 3. Proper use of identification markers
  - 4. Institutional data
- B. Documentation of ordered exam
  - 1. Prescription
  - 2. Patient chart
  - 3. Telephone orders
  - 4. Faxed orders

- C. Positioning
  - 1. Anatomical considerations
    - a. Anatomy of interest
    - b. Plane/baseline reference
    - c. Central ray angulation
    - d. Anatomical variations
    - e. Body habitus
    - f. Pathology
  - 2. Positioning aids
  - 3. Special concerns
    - a. Age
    - b. Patient condition
    - c. Mobile radiography
- D. Centering
  - 1. Central ray location
  - 2. Area of interest
  - 3. Beam alignment and angulation

E. Exposure index

- 1. Interpretation
- 2. Modifiers

F. Radiation protection

- 1. Collimation/beam limitation
- 2. Shielding
- 3. Repeats
- 4. Image receptor
  - a. Size
  - b. Speed

G. Patient preparation

- 1. Contrast agent
- 2. Pre-examination preparation

H. Artifacts

**IV. Corrective Action**

A. Equipment

- 1. Radiographic system
  - a. Film-screen
  - b. Digital
- 2. Fluoroscopic unit

B. Technical factors

C. Procedural factors

D. Artifacts



# Imaging Equipment

## Description

Content is designed to establish a knowledge base in radiographic, fluoroscopic, mobile and tomographic equipment requirements and design. The content also provides a basic knowledge of quality control.

## Content

### I. X-ray Circuit

- A. Electricity
  - 1. Potential difference
  - 2. Current
    - a. Direct
    - b. Alternating
  - 3. Resistance
- B. Protective devices
  - 1. Ground
  - 2. Circuit breaker
- C. Transformers
  - 1. Step-up
  - 2. Step-down
  - 3. Auto transformer
- D. Components and functions
  - 1. Filament circuit
  - 2. Tube circuit
- E. Rectification
  - 1. Purpose
  - 2. Mechanisms
- F. Generator types
  - 1. Single phase
  - 2. High frequency
    - a. Constant load – constant mA
    - b. Falling load – decreasing mA with time

### II. Radiographic Equipment

- A. Permanent installation
  - 1. Tubes
  - 2. Collimators
  - 3. Tables
  - 4. Control panels

5. Tube stands
6. Wall units
7. Equipment manipulation

**B. Mobile units**

1. Types
  - a. Battery
  - b. Capacitor discharge
2. Components
3. Purpose
4. Applications

**C. Automatic exposure control (AEC) devices**

1. Ionization chambers
2. Solid-state detector
3. Minimum response time
4. Back-up time
5. Alignment/positioning considerations
  - a. Cell locations
  - b. Cell size
  - c. Cell sensitivity/balance
6. Compensation issues
  - a. Patient size
  - b. Pathology/metal
  - c. Beam size
  - d. Image receptor variations

**III. Diagnostic X-Ray Tubes**

**A. Construction**

1. Design
2. Function

**B. Extending tube life**

1. Warm-up procedures
2. Rotor considerations
3. Filament considerations
4. Single exposure limits
5. Multiple exposure limits
6. Anode thermal capacity
7. Tube movement

**IV. Image Intensified Fluoroscopy**

**A. Construction**

1. Design
2. Function

- B. Intensification principles/characteristics
  - 1. Brightness gain
  - 2. Flux gain
  - 3. Minification gain
  - 4. Conversion factor
    - a. Conversion factor and brightness gain
  - 5. Automatic brightness control
  - 6. Multi-field intensifiers
    - a. Magnification
    - b. Dose
  - 7. Spatial resolution
  - 8. Distortion
  - 9. Noise

C. Viewing and recording systems

- 1. Video camera tube
- 2. Charged coupled device (CCD)
- 3. Television monitor
- 4. Cassette spot film
- 5. Film cameras
- 6. Videorecorders

D. Digital fluoroscopy

- 1. Types of acquisition
  - a. Video analog to digital
  - b. Charge coupled device – CCD
  - c. Flat panel detector
- 2. Operations and technique

V. Linear Tomography

- A. Purpose
- B. Principles
- C. Equipment
- D. Applications

VI. Quality Management

- A. Definitions
  - 1. Quality improvement/management
  - 2. Quality assurance
  - 3. Quality control

- B. Benefits
  - 1. Patient safety

2. Reduction in radiation exposure
3. Efficacy of patient care
4. Departmental efficiency
5. Consistent image quality
6. Cost-effectiveness

C. Elements

1. Standards for quality – agencies
2. Communications
3. Quality management manual
4. Responsibility and administration
5. Test equipment, procedures and training
6. Record-keeping
7. Test review
8. Evaluation
9. Continuing education

D. Equipment

1. kVp/half-value layer (HVL)
2. Milliampere
  - a. mAs reciprocity
  - b. mA linearity
3. Timer accuracy
4. Image receptors
5. Beam alignment
6. Illuminator brightness/consistency
7. Video monitor calibration

# Medical Terminology

## Description

Content is designed to provide an introduction to the origins of medical terminology. A word-building system is introduced and abbreviations and symbols are discussed. Also introduced is an orientation to understanding radiographic orders and diagnostic report interpretation. Related terminology is addressed.

## Content

### I. The Word-Building Process

- A. Basic elements
  - 1. Root words
  - 2. Prefixes
  - 3. Suffixes
  - 4. Combination forms
- B. Parts of speech
  - 1. Nouns
  - 2. Verbs
  - 3. Adjectives
  - 4. Adverbs
- C. Translation of terms into common language
- D. Correct pronunciation of medical terms

### II. Medical Abbreviations and Symbols

- A. Role in communications
- B. Abbreviations
  - 1. Examples
  - 2. Interpretations
- C. Pharmaceutical symbols and terms

### III. Radiologic Technology Procedures and Terminology

- A. Radiography
- B. Radiation oncology
- C. Nuclear medicine
- D. Sonography

### IV. Understanding Orders, Requests and Diagnostic Reports

- A. Radiographic orders and requisitions – components
  - 1. Procedures ordered
  - 2. Patient history

- 3. Clinical information
- B. Diagnostic reports
  - 1. Content
  - 2. Interpretation



## Patient Care in Radiologic Sciences

### Description

Content is designed to provide the basic concepts of patient care, including consideration for the physical and psychological needs of the patient and family. Routine and emergency patient care procedures are described, as well as infection control procedures using standard precautions. The role of the radiographer in patient education is identified.

### Content

#### I. Radiographer and Health Care Team

- A. Responsibilities of the health care facility
  - 1. Caring for all patients regardless of condition
  - 2. Caring for the trauma patient
  - 3. Caring for the pediatric patient
  - 4. Caring for the geriatric patient
  - 5. Promoting health
  - 6. Preventing illness
  - 7. Education
  - 8. Research
- B. Health care team
  - 1. Make-up of health care team
  - 2. Responsibilities
- C. Responsibilities of the radiographer
  - 1. Performing radiographic examination
  - 2. Assisting the radiologist
  - 3. Providing patient care
  - 4. Practice Standards
    - a. ASRT
    - b. State licensure

#### II. Attitudes and Communication in Patient Care

- A. Health and illness continuum
- B. Developing professional attitudes
  - 1. Health role model
  - 2. Sympathy
  - 3. Empathy
  - 4. Assertiveness
- C. Communication across the age continuum
  - 1. Neonatal
  - 2. Pediatric
  - 3. Adolescence

4. Young adulthood
5. Elderly

D. Communication

1. Verbal

- a. Presentation of material
- b. Attitudes
- c. Voice tone and volume
- d. Effective listening

2. Nonverbal communication

- a. Facial expression
- b. Physical appearance
- c. Touch
- d. Meta communication
- e. Eye contact

3. Cultural variations

4. Challenges of communication

- a. Non-English-speaking patients
- b. Hearing, vision and speech impairments
- c. Impaired mental function
- d. Altered states of consciousness
- e. Children and adolescents
- f. Geriatric patients
- g. Stress
- h. Human diversity
- i. Artificial speech

- 1) Transesophageal puncture (TEP)
- 2) Esophageal speech
- 3) Electrolarynx devices

5. Other factors that impede communication

- a. Colloquialism/slang
- b. Medical jargon

6. Feedback

7. Patient interactions

- a. Establishing communication guidelines
- b. Reducing distance
- c. Listening
- d. Using therapeutic silence
- e. Responding to the feeling and the meaning of the patient's statement
- f. Restating the main idea
- g. Reflecting the main idea
- h. Making observations

8. Communication with families

9. Communication with other health care professionals

## E. Psychological considerations

### 1. Dying and death

#### a. Understanding the process

#### b. Aspects of death

- 1) Emotional
- 2) Personal
- 3) Physical
  - a) Pain
  - b) Suffering
  - c) Disability
  - d) Deterioration

#### c. Stages of dying

- 1) Denial
- 2) Anger
- 3) Bargaining
- 4) Depression
- 5) Acceptance

#### d. Patient support services

- 1) Family/friends
- 2) Pastoral care
- 3) Patient-to-patient support groups
- 4) Psychological support groups
- 5) Hospice
- 6) Home care

### 2. Patient's emotional responses

#### a. General behavior

#### b. Influencing factors

- 1) Age
- 2) Sex
- 3) Marital/family status
- 4) Socioeconomic factors
- 5) Cultural/religious variations
- 6) Physical condition
- 7) Self-image
- 8) Past health care experiences
- 9) Beliefs
- 10) Attitudes
- 11) Prejudices
- 12) Self-awareness

## III. Patient/Radiographer Interactions

### A. Patient identification methods

1. Interview/questioning
2. Chart/requisition
3. Wrist band

- B. Procedure questions and explanations
  - 1. Positioning
  - 2. Length of procedure
  - 3. Audio and visual intercommunication systems
  - 4. Room noises
  - 5. Immobilization devices
  - 6. Machine type
  - 7. Machine movement
  - 8. Machine and patient contact
  - 9. Application of auxiliary equipment
  
- C. Interaction with patient family members and friends

#### IV. Safety and Transfer Positioning

- A. Environmental safety
  - 1. Fire
  - 2. Electrical
  - 3. Hazardous materials
  - 4. Radioactive materials
  - 5. Personal belongings
  - 6. Occupational Safety and Health Administration (OSHA)
  - 7. Environmental Protection Agency (EPA)
  
- B. Body mechanics
  - 1. Proper body alignment
  - 2. Proper movement
  - 3. Proper balance
  - 4. Center of balance in the body
  - 5. Practicum
  
- C. Patient transfer and movement
  - 1. Assess the patient's mobility
  - 2. Rules for safe patient transfer
  - 3. Wheelchair transfers
  - 4. Stretcher transfers
    - a. Sheet transfer
    - b. Three-carrier lift
    - c. Log roll
    - d. Positioning for safety, comfort and/or exams
  - 5. Disabled patients
  - 6. Geriatric patients
  - 7. Pediatric patients
  - 8. Patients with intravenous infusions
  - 9. Patients with tubes or catheters
  - 10. Metastatic disease
  - 11. Practice

**D. Positioning for safety and comfort**

1. Positions
  - a. Supine
  - b. Fowler's
  - c. Semi-Fowler's
  - d. Sims'
  - e. Trendelenburg
  - f. Lithotomy
  - g. Knee-chest
2. Safety straps and rails

**Comment [RH4]:** Note: Fall prevention was added as D. This is now E.

**E. Immobilization techniques**

1. Purpose
2. Adult
  - a. Types
  - b. Applications
  - c. Devices
3. Pediatric
  - a. Types
  - b. Applications
  - c. Devices

**F. Accident and incident reporting**

1. Purpose
2. Legal considerations
3. Documentation
4. Procedures

**V. Evaluating Physical Needs**

- A. Assess patient status
  1. Evaluation methodology
  2. Clinical information
- B. Vital signs – ranges and values
  1. Temperature
  2. Pulse
  3. Respiration
  4. Blood pressure
  5. Normal values
  6. Interfering factors
  7. Terminology
  8. Adult vs. pediatric
  9. Documentation
  10. Pain assessment
  11. Body type

C. Acquiring and recording vital signs

1. Procedures
2. Demonstration

D. Review of laboratory data

Normal ranges for:

- a. Blood urea nitrogen (BUN)
- b. Creatinine
- c. Hemoglobin
- d. Red blood cells (RBCs)
- e. Platelets
- f. Oxygen (O<sub>2</sub>) saturation
- g. Prothrombin
- h. Part thromboplastin time

E. Patient chart

1. Aspects of patient chart
2. Retrieval of specific information
3. Proper documentation in the chart

VI. Infection Control

A. Terminology

1. Nosocomial
2. Communicable
3. Infectious pathogens
4. Human immunodeficiency virus (HIV)
5. Hepatitis
6. Other

B. Centers for Disease Control and Prevention (CDC)

1. Purpose
2. Publications and bulletins

C. Cycle of infection

1. Infectious pathogens – bloodborne and airborne
2. Reservoir of infection
3. Susceptible host
4. Transmission of disease
  - a. Direct
  - b. Indirect

D. Prevent disease transmission

1. Transmission-based precautions
2. Health care worker
  - a. Immunization

- b. Booster
- c. Postexposure protocols

#### E. Asepsis

##### 1. Medical

- a. Definition
- b. Procedures
  - 1) Hand washing
  - 2) Chemical disinfectants

##### 2. Surgical

- a. Definition
- b. Growth requirements for microorganisms
- c. Methods used to control microorganisms
  - 1) Moist heat
    - a) Boiling
    - b) Steam under pressure
  - 2) Dry heat
    - a) Incineration
    - b) Dry heat
  - 3) Gas
  - 4) Chemicals
- d. Procedures – demonstrate
  - 1) Opening packs
  - 2) Gowning/gloving
  - 3) Skin preparation
  - 4) Draping
  - 5) Dressing changes
- e. Packing
- f. Storage
- g. Rules for surgical asepsis

#### F. Environmental asepsis

- 1. Linen handling
- 2. Wound care
  - a. Cleansing
  - b. Dressing
- 3. Techniques
  - a. Dress
  - b. Hair
  - c. Hand washing
  - d. Gloves
  - e. Eye protection
  - f. Cleaning and proper disposal of contaminated waste
- 4. Practice

#### G. Isolation techniques and communicable diseases

1. Category-specific
2. Disease-specific
3. Standard precautions

H. Isolation patient in radiology department

1. Procedure
  - a. Gowning
  - b. Gloving
  - c. Masking
2. Patient transfer
3. Cleaning and proper disposal of contaminated waste
4. Cleaning cassettes and imaging equipment

I. Precautions for the compromised patient (reverse isolation)

1. Purpose
2. Procedure

J. Psychological considerations

**VII. Medical Emergencies**

A. Terminology

B. Emergency equipment

C. Latex reactions

D. Shock

1. Signs and symptoms
2. Types
  - a. Hypovolemic
    - 1) Hemorrhage
    - 2) Plasma loss
    - 3) Drugs
  - b. Disruptive
    - 1) Anaphylactic
    - 2) Neurogenic
    - 3) Septic
  - c. Cardiogenic
3. Medical intervention

E. Diabetic emergencies – signs, symptoms and interventions

1. Hypoglycemia
2. Ketoacidosis
3. Hyperosmolar coma

F. Respiratory and cardiac failure – signs, symptoms and interventions

1. Adult vs. pediatric

- 2. Equipment
- G. Airway obstruction – signs, symptoms and interventions
- H. Cerebral vascular accident (stroke) – signs, symptoms and interventions
- I. Fainting and convulsive seizures, signs, symptoms and interventions
  - 1. Types
    - a. Nonconvulsive (petit mal)
    - b. Convulsive (grand mal)
  - 2. Reasons for fainting
- J. Other medical conditions
  - 1. Epistaxis
  - 2. Nausea
  - 3. Postural hypotension
  - 4. Vertigo
  - 5. Asthma

## VIII. Unique Situations and Trauma

- A. Head injuries
  - 1. Four levels of consciousness
  - 2. Symptoms
  - 3. Medical intervention
  - 4. Adult vs. pediatric
- B. Spinal injuries
  - 1. Assessment
  - 2. Symptoms
  - 3. Medical intervention
  - 4. Transportation
- C. Extremity fractures
  - 1. Types
  - 2. Symptoms
  - 3. Splints
  - 4. Casts
  - 5. Positioning
  - 6. Adult vs. pediatric
- D. Wounds
  - 1. Symptoms
  - 2. Medical intervention
- E. Burns
  - 1. Burn classifications

2. Medical intervention

F. Reactions to contrast agents

1. Signs and symptoms of mild, moderate and severe contrast reactions
2. Medical interventions for each type of reaction
3. Vasovagal reactions

**IX. Contrast Studies**

- A. Patient education
  1. Radiographer's responsibility
  2. Standard procedure
- B. Patient preparation and care per procedure
- C. Follow-up care

**X. Tubes, Catheters, Lines and Collection Devices**

- A. Terminology
- B. Function of devices
- C. Nasogastric/nasointestinal
- D. Suction
  1. Adult vs. pediatric
  2. Special precautions
- E. Tracheostomy
  1. Suction techniques
  2. Cardiopulmonary resuscitation (CPR) with tracheostomy
- F. Chest (thoracostomy) tube
  1. Purpose
  2. Location
- G. Central venous lines
  1. Purpose
  2. Types
- H. Tissue drains
- I. Oxygen administration
  1. Values
  2. Oxygen therapy
  3. Oxygen delivery systems
    - a. Low-flow systems

**Comment [RH5]:** Note: Reactions to Contrast Agents was added as X. This is now XI.

- b. High-flow systems
  - 4. Documentation
  - 5. Special precautions
- J. Urinary collection
  - 1. Procedure
    - a. Male
    - b. Female
  - 2. Alternative methods of urinary drainage
  - 3. Documentation
- K. Other ostomies
  - 1. Ileostomy
  - 2. Ureteroileostomy

L. Myelography

**XI. Mobile and Surgical Radiography**

- A. Prior to bedside procedure:
  - 1. Exam order
  - 2. Chart
  - 3. Right patient – right procedure
- B. Steps followed during bedside procedure
- C. Bedside procedure for neonate
- D. Bedside procedure for the orthopedic patient
- E. Special situations
- F. Radiography in surgery
  - 1. Surgical clothing
  - 2. Equipment preparation
  - 3. Sterile fields
  - 4. Communication skills

G. Radiation protection

## Pharmacology and Drug Administration

### Description

Content is designed to provide basic concepts of pharmacology. The theory and practice of basic techniques of venipuncture and administration of diagnostic contrast agents and/or intravenous medications is included. The appropriate delivery of patient care during these procedures is emphasized.

### Considerations

Students should successfully complete patient care objectives (including CPR/BLS certification), as well as objectives related to anatomy and physiology of the circulatory and excretory systems, prior to introducing this educational content.

Though regulations regarding the administration of contrast media and intravenous medications vary in different states and institutions, the official position of the American Society of Radiologic Technologists is that venipuncture falls within the profession's general scope of practice and practice standards. Therefore, it should be included in the didactic and clinical curriculum with demonstrated competencies of all appropriate disciplines regardless of the state or institution where the curriculum is taught.

In states or institutions where students are permitted to perform intravenous injections, the program has specific ethical and legal responsibilities to the patient and the student. The student shall be assured that:

- Legal statutes allow student radiographers to perform this procedure.
- Professional liability coverage is adequate.
- Adequate supervision is provided.
- Appropriate, structured, laboratory objectives are identified.
- Evaluation and demonstration of competency occur before this task is performed unsupervised.

### Content

#### I. Drug Nomenclature

- A. Chemical name
- B. Generic name
- C. Trade name

#### II. Methods of Drug Classification

- A. Chemical group
- B. Mechanism/site of action
- C. Primary effect

### **III. General Pharmacologic Principles**

- A. Pharmacokinetics
- B. Pharmacodynamics

### **IV. Five Rights of Drug Safety**

- A. The right medication
- B. The right dose
- C. The right patient
- D. The right time
- E. The right location

### **V. Drug Categories of Relevance to Radiography (Side Effects, Uses and Impacts on Medical Imaging)**

- A. Analgesics
- B. Antiemetic drugs
- C. Antianxiety drugs
- D. Antidepressants
- E. Anti-inflammatory drugs
- F. Antiarrhythmic drugs
- G. Vasodilators and vasoconstrictors
- H. Diuretics
- I. Antihypertensive drugs
- J. Anticoagulant and coagulant drugs
- K. Antiallergic and antihistamine drugs
- L. Bronchodilators
- M. Antibacterial drugs
- N. Antiseptic and disinfectant agents

- O. Sedative and hypotonic drugs
- P. Anesthetic agents
- Q. Cathartic and antidiarrheal drugs
- R. Diagnostic contrast agents

## VI. Classification of Contrast Agents

- A. Types of compound
  - 1. Metallic salts
  - 2. Organic iodides
    - a. Ionic contrast agents
    - b. Nonionic contrast agents
  - 3. Iodized oils
  - 4. Gaseous
- B. Beam attenuation characteristics
  - 1. Radiolucent (negative)
  - 2. Radiopaque (positive)
  - 3. Impact of atomic number
- C. Pharmacologic profile of contrast agents
  - 1. Chemical composition
  - 2. Absorption characteristics
  - 3. Distribution characteristics
  - 4. Metabolic characteristics
  - 5. Elimination characteristics
  - 6. Indications, actions and effects
  - 7. Interactions and contraindications
  - 8. Patient reactions
- D. Dosage
- E. Preparation

## VII. Routes of Drug Administration

- A. Systemic
  - 1. Oral
  - 2. Rectal
  - 3. Tube/catheter
  - 4. Inhalation
- B. Parenteral
  - 1. Intravenous

2. Intra-arterial
3. Intrathecal

## VIII. Intravenous Drug Therapy

### A. Purpose

### B. Advantages

### C. Methods

1. Continuous infusion
2. Intermittent infusion
3. Direct injection

### D. Sites of administration

1. Peripheral
2. Central

### E. Complications

1. Infiltration
2. Extravasation
3. Phlebitis
4. Air embolism
5. Drug incompatibility
6. Low fluid level in container

### F. Initiation of intravenous therapy

1. Intravenous infusion/venipuncture equipment
2. Patient identification, assessment and instructions
3. Dosage, dose calculations and dose-response
  - a. Adults
  - b. Pediatric patients
4. Patient preparation
5. Application of standard precautions
6. Procedure for intravenous infusion/direct puncture
7. Site observation
8. Emergency medical treatment procedure
  - a. Appropriate codes
  - b. Emergency cart (crash cart)
  - c. Emergency medications
  - d. Accessory equipment
    - 1) Oxygen
    - 2) Suction
  - e. Emergency medical treatment follow-up tasks
9. Discontinuation of intravenous therapy
  - a. Equipment/supplies for withdrawal
  - b. Patient preparation

- c. Application of standard precautions
- d. Withdrawal procedure
- e. Site observation
- f. Patient observation
- g. Postprocedural tasks
- 10. Documentation of administration
- 11. Documentation of complication/reaction

**IX. Current Practice Status**

- A. Professional standards
  - 1. Scope of Practice
  - 2. Practice Standards
  - 3. Professional liability and negligence
- B. State statutes
- C. Employer prerogative

**X. Informed Consent**



## Description

Content is designed to provide an overview of the principles of the interaction of radiation with living systems. Radiation effects on molecules, cells, tissues and the body as a whole are presented. Factors affecting biological response are presented, including acute and chronic effects of radiation.

## Content

### I. Introduction

#### A. Molecule

1. Ionic bond
2. Covalent bond

#### B. Review of cell biology

1. Basic unit of life
2. Cell constituents
  - a. Protoplasm and metabolism
  - b. Organic and inorganic compounds
  - c. Basic cell chemistry
3. Cell structure
  - a. Cell membrane
  - b. Cytoplasm
  - c. Organelles
  - d. Nucleus
4. Cell growth
  - a. Mitosis
  - b. Meiosis
  - c. Cell cycle
  - d. Differentiation

#### C. Types of ionizing radiations

1. Electromagnetic radiations
  - a. X-rays
  - b. Gamma rays
2. Particulate radiations
  - a. Alpha
  - b. Beta
    - 1) Negatron
    - 2) Positron
  - c. Fast neutrons
  - d. Protons
3. Absorption and ionization
  - a. Direct
  - b. Indirect

- D. Sources of medical radiation exposure
  - 1. Diagnostic radiology
  - 2. Dental radiology
  - 3. Interventional radiology
  - 4. Nuclear medicine
  - 5. Radiation oncology

## II. Biophysical Events

- A. Molecular effects of radiation
  - 1. Direct mechanism
    - a. Target theory
      - 1) Target molecules
      - 2) Cell death
  - 2. Indirect mechanism
    - a. Radiolysis of water
- B. The deposition of radiant energy
  - 1. Linear energy transfer (LET)
  - 2. Relative biological effectiveness (RBE)
  - 3. Factors influencing RBE
    - a. Linear energy transfer (LET)
    - b. Oxygen

## III. Radiation Effects

- A. Subcellular radiation effects
  - 1. Radiation effects on DNA
    - a. Types of damage
    - b. Implications for humans
  - 2. Radiation effects of chromosomes
    - a. Types of damage
    - b. Implications for humans
- B. Cellular radiation effects
  - 1. Types of cell death
    - a. Interphase death
    - b. Mitotic (genetic) death
  - 2. Other effects
    - a. Mitotic delay
    - b. Reproductive failure
    - c. Interference of function
- C. Individual radiation effects
  - 1. Somatic effects
    - a. Short term
    - b. Long term

- c. Stochastic (probabilistic) effects
- 2. Genetic effects
  - a. Mutagenesis
- 3. Embryo and fetal effects

D. Factors influencing radiation response

**IV. Radiosensitivity and Response**

A. Law of Bergonié and Tribondeau

- 1. Differentiation
- 2. Mitotic rate
- 3. Metabolic rate

B. Cell survival and recovery

- 1. Factors influencing survival
  - a. LET
  - b. Oxygen enhancement ratio (OER)
  - c. Fractionation
  - d. Protraction

2. Lethal dose (LD) 50/30 and LD 30

C. Systemic response to radiation

- 1. Hemopoietic
- 2. Integumentary
- 3. Digestive
- 4. Urinary
- 5. Respiratory
- 6. Reproductive
- 7. Nervous
- 8. Other

D. Radiation dose-response curves

- 1. Linear, nonthreshold
- 2. Nonlinear, nonthreshold
- 3. Linear, threshold
- 4. Nonlinear, threshold

E. Total body irradiation

- 1. Acute radiation syndrome
  - a. Hemopoietic
  - b. Gastrointestinal
  - c. Central nervous system
- 2. Stages of response and dose levels
- 3. Factors that influence response
- 4. Medical interventions of response

- F. Late effects of radiation
  - 1. Somatic responses
    - a. Mutagenesis
    - b. Carcinogenesis
  - 2. Stochastic (probabilistic) effects
  - 3. Non-stochastic (deterministic) effects
  - 4. Genetic effects
  - 5. Occupational risks for radiation workers
- G. Risk estimates



## Radiation Production and Characteristics

### Description

Content is designed to establish a basic knowledge of atomic structure and terminology. Also presented are the nature and characteristics of radiation, x-ray production and the fundamentals of photon interactions with matter.

### Content

#### I. Structure of the Atom

- A. Composition
  - 1. Nucleus
  - 2. Structure – proton and electron balance
  - 3. Electron shells
    - a. Binding energy
    - b. Valence shell
    - c. Ionization
    - d. Excitation
- B. Nomenclature
  - 1. Atomic number
  - 2. Mass number

#### II. Nature of Radiation

- A. Radiation
  - 1. Electromagnetic
    - a. Spectrum
    - b. Wave-particle duality
    - c. Properties
  - 2. Particulate
    - a. Types
    - b. Characteristics
  - 3. Nonionizing (excitation) vs. ionization
    - a. Energy
    - b. Probability
- B. Radioactivity
  - 1. Radioactive decay
    - a. Alpha emission
    - b. Beta emission
    - c. Gamma emission
  - 2. Half-life ( $T_{1/2}$ )

#### III. X-Ray Production

- A. Historical introduction

## B. Types

1. Bremsstrahlung
2. Characteristic
3. Percentage relationship with energy

## C. Common terms related to the x-ray beam

1. Primary beam
2. Exit/remnant beam
3. Leakage radiation
4. Off-focus radiation

## D. Conditions necessary for production

1. Source of electrons
2. Acceleration of electrons
3. Focusing the electron stream
4. Deceleration of electrons

## E. X-ray emission spectra

1. Continuous spectrum
2. Discrete spectrum
3. Minimum wavelength

## F. Factors that affect emission spectra

1. kVp
2. mA
3. Time
4. Atomic number of target
5. Distance
6. Filtration
7. Voltage waveform

## G. Efficiency in production

1. Description
2. Frequency and wavelength

## IV. Interaction of Photons with Matter

### A. Transmission of photons

1. Attenuated radiation
2. Exit/remnant radiation

### B. Unmodified scattering (coherent)

1. Description of interaction
2. Relation to atomic number
3. Energy of incident photon and resulting product
4. Probability of occurrence
5. Application

- C. Photoelectric effect
  - 1. Description of interaction
  - 2. Relation to atomic number
  - 3. Energy of incident photon and resulting product
  - 4. Probability of occurrence
    - a. Atomic number
    - b. Photon energy
    - c. Part density
  - 5. Application
- D. Modified scattering (Compton)
  - 1. Description of interaction
  - 2. Relation to electron density
  - 3. Energy
  - 4. Probability of occurrence
- E. Pair production
- F. Photodisintegration



# Radiation Protection

## Description

Content is designed to present an overview of the principles of radiation protection, including the responsibilities of the radiographer for patients, personnel and the public. Radiation health and safety requirements of federal and state regulatory agencies, accreditation agencies and health care organizations are incorporated.

## Content

### I. Introduction

- A. Justification for radiation protection
  - 1. Somatic effects
  - 2. Genetic effects
  
- B. Potential biologic damage of ionizing radiation
  - 1. Stochastic (probabilistic) effects
  - 2. Nonstochastic (deterministic) effects
  
- C. Objectives of a radiation protection program
  - 1. Documentation
  - 2. Occupational and nonoccupational dose limits
  - 3. ALARA concept (optimization)
  - 4. Comparable risk
  - 5. Negligible individual dose (NID)
  
- D. Sources of radiation
  - 1. Natural
  - 2. Man-made (artificial)
  
- E. Legal and ethical responsibilities

### II. Units, Detection and Measurement

- A. Radiation units
  - 1. Exposure
    - a. Coulomb/kilogram (C/kg)
    - b. Roentgen (R)
  - 2. Absorbed dose
    - a. Gray (Gy)
    - b. Rad
  - 3. Dose equivalent
    - a. Sievert (Sv)
    - b. Rem
  - 4. Radioactivity
    - a. Becquerel (Bq)
    - b. Curie (Ci)

- B. Dose reporting
  - 1. Code of federal regulations (CFR)
  - 2. National Council on Radiation Protection and Measurements (NCRP) Guidelines

### III. Surveys, Regulatory/Advisory Agencies and Regulations

- A. General survey procedures
  - 1. Qualified expert
  - 2. Records
- B. Equipment survey
  - 1. Conditions
  - 2. Radiographic and fluoroscopic equipment
- C. Area survey
  - 1. Controlled/uncontrolled areas
  - 2. Conditions
  - 3. Recommendations
  - 4. "Radiation Area" sign posting
  - 5. Monitors
- D. Regulatory
  - 1. Nuclear Regulatory Commission (NRC)
  - 2. Food and Drug Administration (FDA)
  - 3. State agencies
- E. Advisory agencies
  - 1. International Council on Radiation Protection and Measurements (ICRP)
  - 2. National Council on Radiation Protection and Measurements (NCRP)
  - 3. Biological Effects of Ionizing Radiation (BEIR)
- F. Radiation safety officer
  - 1. Requirements
  - 2. Responsibilities

### IV. Personnel Monitoring

- A. Historical perspective
  - 1. Evolution of standards
  - 2. 10 Code of Federal Regulations (CFR) part 20
  - 3. NCRP recommendations
  - 4. ICRP recommendations
- B. Requirements for personnel monitoring
  - 1. Deep dose equivalent (DDE)
  - 2. Shallow dose equivalent (SDE)
  - 3. Eye dose equivalent (EDE)
  - 4. Total effective dose equivalent (TEDE)

- C. Methods and types of personnel monitors
  - 1. Film badge
  - 2. Thermoluminescent dosimeter (TLD)
    - a. Body badge
    - b. Ring badge
  - 3. Optically stimulated luminescent dosimeter (OSLD)

- D. Records of accumulated dose
  - 1. Purpose
  - 2. Content
  - 3. Length of record-keeping
  - 4. Retrieval from previous employers

E. Dose limits – 10 CFR part 20

- 1. Occupational
- 2. Nonoccupational limits
- 3. Critical organ sites
- 4. Embryo and fetus

F. Responsibilities for radiation protection

- 1. Radiographer
- 2. Radiation safety officer (RSO)
- 3. Facility

**V. Application**

- A. Design
  - 1. Materials
  - 2. Primary barrier
  - 3. Secondary (scatter and leakage) barrier
  - 4. HVL and tenth-value layer (TVL)
  - 5. Factors
    - a. Use (U) controlled and uncontrolled
    - b. Workload (W)
    - c. Occupancy (T)
    - d. Distance (D)
  - 6. X-ray and ancillary equipment
    - a. Beam limiting devices
    - b. Exposure control devices
    - c. On and off switches
    - d. Interlocks
    - e. Visual/audio monitors
    - f. Emergency controls
    - g. Quality control
      - 1) Calibration
      - 2) Standards

- B. Regulations and recommendations
  - 1. Current NRC recommendations and/or regulations
  - 2. Current NCRP recommendations and/or regulations
  - 3. Applicable state regulations
  - 4. Public Law 97-35 (The Patient Consumer Radiation Health and Safety Act of 1981)
  - 5. CARE Bill
  - 6. Public awareness
- C. Cardinal principles in protection
  - 1. Time
  - 2. Distance
  - 3. Shielding
- D. Emergency procedures

## **VI. Patient Protection**

- A. Beam-limiting devices
- B. Filtration
- C. Shielding
- D. Exposure factors
- E. Positioning
- F. Image receptor system
- G. Immobilization
- H. Fluoroscopic procedures
- I. Mobile radiography
- J. Special considerations
  - 1. Pediatric patients
  - 2. Pregnant patients

# Radiographic Pathology

## Description

Content is designed to introduce concepts related to disease and etiological considerations with emphasis on radiographic appearance of disease and impact on exposure factor selection.

## Content

### I. Definitions/Terminology

- A. Pathology
- B. Disease
  - 1. Acute
  - 2. Chronic
- C. Pathogenesis
- D. Etiology
- E. Diagnosis
  - 1. Signs (objective)
  - 2. Symptoms (subjective)
- F. Prognosis
- G. Indications for procedure
- H. Manifestations of pathology
- I. Relevance to radiographic procedures
  - 1. Technical considerations
  - 2. Patient considerations

### II. Classifications (Definition, Examples, Sites, Complications, Prognosis)

- A. Mechanics
- B. Chemicals
- C. Thermals
- D. Radiation

### III. Causes of Disease (Process, Examples)

- A. Pathological
- B. Traumatic

- C. Surgical
- D. Healing process
- E. Complications
- F. Genetics (caused by or contributed to by genetic factors) vs. heredity

**IV. Radiologic Pathology (Definitions, Etiology, Examples, Sites, Complications, Prognosis, Radiographic Appearance, Procedural and Technique Considerations, Appropriate Imaging Modality)**

- A. Skeletal and articular
- B. Digestive
- C. Respiratory
- D. Urinary
- E. Reproductive
- F. Circulatory
- G. Endocrine
- H. Nervous



# Radiographic Procedures

## Description

Content is designed to provide the knowledge base necessary to perform standard imaging procedures, including basic computed tomography (CT) and special studies. Consideration is given to the evaluation of optimal diagnostic images.

## Content

### I. Standard Terminology for Positioning and Projection

- A. Standard terms
  - 1. Radiographic position
  - 2. Radiographic projection
  - 3. Radiographic view
  
- B. Positioning terminology
  - 1. Recumbent
  - 2. Supine
  - 3. Prone
  - 4. Trendelenburg
  - 5. Decubitus
  - 6. Erect and upright
  - 7. Anterior position
  - 8. Posterior position
  - 9. Oblique position
  
- C. General planes
  - 1. Sagittal or mid-sagittal
  - 2. Coronal or mid-coronal
  - 3. Transverse
  - 4. Longitudinal
  
- D. Skull lines
  - 1. Glabellomeatal line
  - 2. Interpupillary line
  - 3. Orbitomeatal line
  - 4. Infraorbitomeatal line
  - 5. Acanthiomeatal line
  - 6. Mentomeatal line
  
- E. Skull landmarks
  - 1. Auricular point
  - 2. Gonion (angle)
  - 3. Mental point
  - 4. Acanthion
  - 5. Nasion

6. Glabella
  7. Inner canthus
  8. Outer canthus
  9. Infraorbital margin
  10. Occlusal plane
  11. External auditory meatus
  12. Mastoid tip
- F. Terminology of movement and direction
1. Cephalad/caudad
  2. Inferior/superior
  3. Proximal/distal
  4. Plantar/palmar
  5. Pronate/supinate
  6. Flexion/extension
  7. Abduction/adduction
  8. Inversion/eversion
  9. Medial/lateral
- G. Positioning aids
1. Sponges
  2. Sandbags
  3. Compression bands
  4. Immobilization devices
  5. CT immobilization devices
    - a. Straps
    - b. Head holders
    - c. IV arm boards
- H. Accessory equipment
1. Calipers
  2. Lead strips
  3. Lead shields or shadow shields
  4. Lead markers
  5. Image receptor holders
  6. Power injectors

## II. General Considerations

- A. Evaluation of radiographic orders
1. Patient identification
  2. Verification of procedure(s) ordered
  3. Review of clinical history
  4. Clinical history and patient assessment
    - a. Role of the radiographer
    - b. Questioning skills
    - c. Chief complaint

- d. Allergy history
- e. Localization
- f. Chronology
- g. Severity
- h. Onset
- i. Aggravating or alleviating factors
- j. Associated manifestations
- k. Special considerations
  - 1) Age
  - 2) Disability
  - 3) Cultural
    - a) Gender
    - b) Age
    - c) Value systems

- B. Room preparation
  - 1. Cleanliness, organization and appearance
  - 2. Necessary supplies and accessory equipment available

### III. Patient Considerations

- A. Establishment of rapport with patient
  - 1. Patient education
    - a. Communication
      - 1) Types
      - 2) Barriers
    - b. Cultural awareness
    - c. Clinical situations
    - d. Common radiation safety issues and concerns
  - 2. Determination of pregnancy
- B. Patient preparation
  - 1. Verification of appropriate dietary preparation
  - 2. Verification of appropriate medication preparation
  - 3. Appropriate disrobing and gowning
  - 4. Removal of items that may cause artifacts
- C. Patient assistance
- D. Patient monitoring
- E. Patient dismissal

### IV. Positioning Considerations for Routine Radiographic Procedures

- A. Patient instructions
- B. Image evaluation

1. Patient positioning
  2. Part placement
  3. Image receptor selection and placement
  4. Beam-part-receptor alignment
  5. Beam restriction and shielding
- C. Special considerations
1. Atypical conditions
  2. Mobile procedures
  3. Surgical unit procedures
  4. Age specific
  5. Special needs patients
  6. Trauma
  7. Obesity
  8. Cultural awareness
  9. Claustrophobia
- D. Positioning for the following studies:
1. Skeletal system
    - a. Upper extremity
      - 1) Fingers
      - 2) Hand
      - 3) Wrist
      - 4) Forearm
      - 5) Elbow
      - 6) Humerus
    - b. Shoulder
      - 1) Shoulder joint
      - 2) Scapula
      - 3) Clavicle
      - 4) Acromioclavicular articulations
    - c. Lower extremity
      - 1) Toes
      - 2) Foot
      - 3) Ankle
      - 4) Calcaneus
      - 5) Tibia/fibula
      - 6) Knee
      - 7) Patella
      - 8) Femur
    - d. Pelvic girdle
      - 1) Pelvis
      - 2) Hip
    - e. Vertebral column
      - 1) Cervical
      - 2) Thoracic

- 3) Lumbar
- 4) Sacrum
- 5) Coccyx
- 6) Sacroiliac articulations
- 7) Scoliosis survey
- f. Bony thorax
  - 1) Ribs
  - 2) Sternum
  - 3) Sternoclavicular articulations
- g. Cranium
  - 1) Skull
  - 2) Facial bones
  - 3) Nasal bones
  - 4) Orbits/optic foramina
  - 5) Zygomatic arches
  - 6) Mandible
  - 7) Temporomandibular articulations
  - 8) Paranasal sinuses
- 2. Respiratory system
  - a. Upper airway
  - b. Lungs
- 3. Abdominal viscera
  - a. Abdomen and GI series
  - b. Urological studies

## V. Procedural Considerations for Contrast Studies

- A. Equipment and materials needed
- B. Contrast media
  - 1. Purpose
  - 2. Types
    - a. Negative agents
      - 1) Carbon dioxide
      - 2) Air
      - 3) Nitrous oxide
    - b. Positive agents
      - 1) Barium sulfate
      - 2) Iodinated
- C. General procedure
- D. Patient and body part positioning
- E. Structures and functions demonstrated
- F. Positioning for GI and genitourinary (GU) procedures

1. Digestive system
  - a. Single and double contrast examinations
    - 1) Upper gastrointestinal system
    - 2) Lower gastrointestinal system
    - 3) Follow-up care
  - b. Swallowing dysfunction study
  - c. Small bowel
2. Biliary system
  - a. Endoscopic retrograde cholangiographic pancreatography (ERCP)
  - b. Surgical cholangiography
3. Genitourinary system
  - a. Intravenous urography
  - b. Retrograde urography
  - c. Cystography and cystourethrography
  - d. Hysterosalpingography

G. Basic CT exams with and without contrast

1. Head
2. Thorax
3. Abdomen

H. Procedural considerations for the following special studies:

1. Arthrography
2. Myelography
3. Venography
4. Other

## Required General Education

General education is an integral part of the development of a professional radiographer. The content is designed to assist in developing skills in communication, human diversity, scientific inquiry, critical thinking and judgment that are required to perform the responsibilities of an entry-level radiographer. Knowledge gained from general education serves to enhance the content and application of the radiography curriculum.

An additional goal of general education is to assist students in acquiring these types of skills. Postsecondary general education content is included as a “required” element of this radiography curriculum instead of as a “recommended” element. General education provides personal enrichment and exploration outside the confines of the technical professional curriculum. The general education content objectives in this curriculum were purposely labeled “global content objectives” to give program officials flexibility in determining specific college-level credit-bearing course work that will satisfy these objectives. There must be a minimum of 15 credit hours of general education course work. Written/oral communications and mathematics/analytical studies are required to satisfy a portion of the 15 credit-hour requirement. For the balance of general education credits, institutions are encouraged to draw upon varying areas of study to ensure a diversified educational experience (e.g. social/behavioral sciences, natural sciences, computing or humanities/fine arts).

Postsecondary general education is to be gained through college credit bearing courses that meet the global content objectives listed below:

- Mathematical/logical reasoning (required)
  - Develop skills in analysis, quantification and synthesis.
  - Apply problem-solving or modeling strategies.
- Written/oral communications (required).
  - Write and read critically.
  - Speak and listen critically.
  - Develop the ability to perceive, gather, organize and present information.
  - Locate, evaluate and synthesize material from diverse sources and points of view.
- Arts and humanities.
  - Develop knowledge and understanding of the human condition.
  - Demonstrate respect for diverse populations.
  - Develop an understanding of ethics and the role they play in personal and professional lives.
  - Recognize and critically examine attitudes and values.
- Information systems.
  - Develop the knowledge base to use computerized systems.
  - Use technology to retrieve, evaluate and apply information.

- Social/behavioral sciences.
  - Assist in adapting interactions to meet cultural/psychological needs of people.
  - Develop an understanding of individual and collective behavior.
  - Promote the development of leadership skills.
  - Develop the capacity to exercise responsible and productive citizenship.
  - Function as a public-minded individual.
- Natural sciences.
  - Develop an understanding of the scientific method.
  - Make informed judgments about science-related topics.
  - Develop a scientific vocabulary.



## Film-Screen Image Acquisition and Processing

**Comment [RH7]:** Note: Title changed to Principles of Imaging and moved to alpha order before Radiation Biology. Many items deleted from this section have been moved to other areas in the revised curriculum.

### Description

Content is designed to establish a knowledge base in factors that govern the image production process. Film imaging with related accessories is emphasized.

### Content

#### I. Image Appearance Standards

##### A. Establishing appearance standards

1. Exam demands
2. Visual acuity/perception
3. Image viewing conditions
4. Radiologist preferences and demands

##### B. Maintaining appearance standards

1. QA program

**Comment [RH8]:** Note: Exposure Factors is now I.

#### II. Optical Density

##### A. Film – image density (optical density)

##### B. Screen film factors

1. Receptor exposure
2. Receptor response

#### III. Contrast

##### A. Definition

##### B. Description

1. High/short grayscale
2. Low/long grayscale

##### C. Components

1. Subject contrast – variation in receptor exposure
  - a. Structural distribution – anatomical contrast
    - 1) Contrast media
    - 2) Pathology
  - b. kVp
    - 1) Filtration
    - 2) Scatter control
      - a) Irradiated water volume – beam limiting
      - b) Grid
      - c) Air gap
2. Receptor contrast - variation in receptor exposure
  - a. Film average gradient
  - b. Film-screen spectral match

- c. Processing
- 3. Display contrast
  - a. Viewbox brightness
  - b. Ambient light in view area

#### IV. Recorded Detail/Spatial Resolution

##### A. Definition

##### B. Types

- 1. Motion
  - a. Part
  - b. Equipment
    - 1) Exposure time
    - 2) Immobilization
- 2. Geometric
  - a. Blur width, geometric unsharpness, edge gradient
    - 1) Focal spot size
    - 2) SID
    - 3) Object-to-image distance (OID)
- 3. Receptor
  - a. Spatial resolution
    - 1) Line pair/mm
  - b. Light diffusion
    - 1) Phosphor layer thickness
    - 2) Phosphor layer dye
    - 3) Reflective layer
- 4. Noise
  - a. Structure mottle
    - 1) Phosphor coating uniformity
  - b. Quantum mottle
    - 1) Receptor speed or speed class

#### V. Distortion

##### A. Definition

##### B. Types

- 1. Shape
  - a. Foreshortening
  - b. Elongation
- 2. Size – geometric magnification
- 3. Factors
  - a. Distance
  - b. Tube/part/image receptor relationships

#### VI. Exposure Latitude

##### A. Definition

- B. Factors
  - 1. kVp
  - 2. Image receptor
  - 3. Spectral matching
  - 4. Average gradient

## VII. Beam-limiting Devices

- A. Definition
- B. Function/Purpose
  - 1. Reduce irradiated tissue volume
  - 2. Reduce patient effective dose
  - 3. Improve contrast
    - a. Reduce scatter
    - b. Reduce optical density (OD)
- C. Types – applications
  - 1. Apertures/diaphragms/cylinder
  - 2. Collimator
    - a. Manual
    - b. Automatic
  - 3. Lead masks
  - 4. Alignment
    - a. Light field/x-ray beam
    - b. Central ray/Bucky tray
  - 5. Positive beam limitation (PBL)
    - a. Definition

## VIII. Beam Filtration

- A. Tube filtration
  - 1. Definition
    - a. Inherent
    - b. Added
    - c. Flat
    - d. Stack
  - 2. Function/mechanism
- B. Compensating filtration
  - 1. Function
  - 2. Types
- C. Impact of filtration on image characteristics
  - 1. Contrast
  - 2. OD/screen/film

D. Filtration vs. HVL

## IX. Scattered and Secondary Radiation

### A. Definitions

### B. Factors

1. kVp
2. Irradiated water volume
  - a. Anatomical structure
  - b. Beam size
3. Contrast agent
4. Patient
5. Beam limitation
6. Grids
7. OID – air gap technique

### C. Effects

1. Effective patient dose
2. Subject contrast
3. Image quality
4. Occupational exposure

## X. Control of Remnant Beam/Exit Beam

### A. Grids

1. Function/mechanism
2. Construction
3. Types
  - a. Focused
  - b. Parallel
  - c. Linear
  - d. Crossed
  - e. Moving
  - f. Stationary
  - g. Short dimension
4. Grid characteristics
  - a. Focal distance/radius
  - b. Focal range
  - c. Ratio
  - d. Frequency
  - e. Lead content
  - f. Grid/Bucky factor
  - g. Contrast improvement factor
  - h. Selectivity
5. Selection
  - a. kVp
  - b. Patient/exam

- c. Beam limiting
- d. Alignment latitude
- 6. Primary cutoff
  - a. Definition
  - b. Types

## **XI. Exposure Factor Formulation**

- A. Purpose
  - 1. Receptor exposure standardization
  - 2. Image consistency
- B. Considerations
  - 1. Choice of technique system
  - 2. Patient thickness
  - 3. Image processing
- C. Types
  - 1. Optimum kVp/variable mAs
  - 2. Variable kVp/fixed mAs
  - 3. Automated exposure

## **XII. Exposure Factors**

- A. Distance
- B. mAs
- C. kVp
- D. Grids
- E. Receptor speed or speed class
- F. Calculations for receptor exposure maintenance
  - 1. mAs reciprocity
  - 2. mAs/kVp – 15 percent rule
  - 3. Grid factor/Bucky factor
  - 4. Receptor speed or speed class
  - 5. SID
- G. Distortion calculations
  - 1. Magnification factor
  - 2. Percent magnification

## **XIII. Darkroom/Storage Environment**

- A. Processing considerations

1. Location/construction/function
  - a. Centralized/distributed
  - b. Access
  - c. Entry/warning lights
  
- B. Darkroom environment
  1. Temperature
  2. Humidity
  3. Ventilation
  4. Lighting
    - a. Safelight
      - 1) Filter colors – spectral emission vs. film sensitivity
      - 2) Mounting distance and direction
      - 3) Bulb size/wattage
      - 4) Safelight testing
    - b. Overhead light
  5. Radiation shielding
  6. Film handling considerations
  
- C. Film storage considerations
  1. Temperature
  2. Humidity
  3. Light
  4. Radiation
  5. Gases/fumes
  6. Pressure
  7. Inventory control
    - a. Consumables purchasing
    - b. Expiration date
    - c. Maximum storage time
  
- D. Safety
  1. Occupational Safety & Health Administration (OSHA)
  2. Material safety data sheet (MSDS)
  3. Darkroom chemical sensitivity

#### **XIV. Characteristics of Image Receptors**

- A. Properties
  1. Contrast
  2. Exposure response – speed sensitivity
  3. Recorded detail – spatial resolution
  
- B. Latent image formation
  1. Sensitivity specks
    - a. Definition
    - b. Process

c. Latent image fade

C. Response curves

a. D-LogE, Hurter and Driffield (H&D) or characteristic

1) Comparisons

a) Speed

b) Control contrast – average gradient

c) Exposure latitude

**XV. Image Receptor Holders and Intensifying Screens**

A. Image receptor holders

1. Cassettes

a. Purpose

b. Construction

1) Anti-backscatter foil

2) Front attenuation

c. Loading/unloading

d. Maintenance

B. Intensifying screens

1. Purpose

2. Construction/composition

3. Principles of function

a. Fluorescence

b. Phosphorescence

c. Structure mottle

d. Film-screen contact

e. Technical influences

4. Classification

a. Phosphor spectral emission

b. Absorption efficiency

c. Speed class

1) Technical consideration

2) Patient exposure

5. Maintenance

a. Handling

b. Cleaning

c. Evaluating

**XVI. Automatic Processing**

A. Purpose

B. Components

1. Developer

a. Function

b. Time and temperature

2. Fixer

- a. Function
- b. Time and temperature
- 3. Wash
  - a. Function
  - b. Time and temperature
  - c. Water flow rate
- 4. Dryer
  - a. Function
  - b. Time and temperature
  - c. Humidity

- C. Systems
  - 1. Transport
  - 2. Replenishment
  - 3. Recirculation
  - 4. Temperature control
  - 5. Dryer

- D. Image receptor feed

- E. Maintenance/cleaning
  - 1. Shut-down procedure
  - 2. Start-up procedure

- F. Quality control

- G. Documentation

## **XVII. Artifacts**

- A. Definition
- B. Types
- C. Causes
- D. Effects
- E. Preventive/corrective maintenance

## **XVIII. Silver Recovery**

- A. Definition
- B. Rationale
  - 1. Environmental Protection Agency (EPA) guidelines
- C. Methods

1. Electrolytic
2. Metallic replacement/ion exchange
3. Discarded film

D. Security



## Appendix



## Compendium of Learning Objectives

This compendium of learning objectives, indexed by content area, serves as a resource for program planners and course managers.

[Basic Principles of Computed Tomography](#)

[Clinical Practice](#)

[Digital Image Acquisition and Display](#)

[Ethics and Law in the Radiologic Sciences](#)

[Fundamentals of Radiologic Science and Health Care](#)

[Human Structure and Function](#)

[Image Analysis](#)

[Imaging Equipment](#)

[Medical Terminology](#)

[Patient Care in Radiologic Sciences](#)

[Pharmacology and Drug Administration](#)

[Radiation Biology](#)

[Radiation Production and Characteristics](#)

[Radiation Protection](#)

[Radiographic Pathology](#)

[Radiographic Procedures](#)

[Film-Screen Image Acquisition and Processing](#)

## Basic Principles of Computed Tomography

### Objectives

- ◆ Describe the components of the CT imaging system.
- ◆ Differentiate between conventional and spiral/helical CT scanning.
- ◆ Explain the functions of collimators in CT.
- ◆ List the CT computer data processing steps.
- ◆ Name the functions of the array processor used for image reconstruction.
- ◆ Define the term "algorithm" and explain its impact on image scan factors and reconstruction.
- ◆ Define the terms "raw data" and "image data."
- ◆ Explain the difference between reconstructing and reformatting an image.
- ◆ Describe the application of the following terms to CT:
  - Pixel.
  - Matrix.
  - Voxel.
  - Linear attenuation coefficient.
  - CT/Hounsfield number.
  - Partial volume averaging.
  - Window width (ww) and window level (wl).
  - Spatial resolution.
  - Contrast resolution.
  - Noise.
  - Annotation.
  - Region of interest (ROI).
  - Standard vs. volumetric data acquisition.
- ◆ Name the common controls found on CT operator consoles and describe how and why each is used.
- ◆ Identify the types and appearance of artifacts most commonly affecting CT images
- ◆ Explain how artifacts can be reduced or eliminated.
- ◆ List and describe current data storage techniques used in CT.
- ◆ Name the radiation protection devices that can be used to reduce patient dose in CT and describe the correct application of each.

## Clinical Practice

### Objectives

- ◆ Exercise the priorities required in daily clinical practice.
- ◆ Execute medical imaging procedures under the appropriate level of supervision.
- ◆ Adhere to team practice concepts that focus on organizational theories, roles of team members and conflict resolution.
- ◆ Adapt to changes and varying clinical situations.
- ◆ Describe the role of health care team members in responding/reacting to a local or national emergency.
- ◆ Provide patient-centered clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
- ◆ Integrate the use of appropriate and effective written, oral and nonverbal communication with patients, the public and members of the health care team in the clinical setting.
- ◆ Integrate appropriate personal and professional values into clinical practice.
- ◆ Recognize the influence of professional values on patient care.
- ◆ Explain how a person's cultural beliefs toward illness and health affect his or her health status.
- ◆ Use patient and family education strategies appropriate to the comprehension level of the patient/family.
- ◆ Provide desired psychosocial support to the patient and family.
- ◆ Demonstrate competent assessment skills through effective management of the patient's physical and mental status.
- ◆ Respond appropriately to medical emergencies.
- ◆ Examine demographic factors that influence patient compliance with medical care.
- ◆ Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
- ◆ Assess the patient and record clinical history.
- ◆ Demonstrate basic life support procedures.
- ◆ Use appropriate charting methods.
- ◆ Recognize life threatening ECG tracing.
- ◆ Apply standard and transmission-based precautions.
- ◆ Apply the appropriate medical asepsis and sterile technique.
- ◆ Demonstrate competency in the principles of radiation protection standards.
- ◆ Apply the principles of total quality management.
- ◆ Report equipment malfunctions.
- ◆ Examine procedure orders for accuracy and make corrective actions when applicable.
- ◆ Demonstrate safe, ethical and legal practices.
- ◆ Integrate the radiographer's practice standards into clinical practice setting.
- ◆ Maintain patient confidentiality standards and meet HIPAA requirements.
- ◆ Demonstrate the principles of transferring, positioning and immobilizing patients.
- ◆ Comply with departmental and institutional response to emergencies, disasters and accidents.

- ◆ Differentiate between emergency and non-emergency procedures.
- ◆ Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
- ◆ Select technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
- ◆ Critique images for appropriate anatomy, image quality and patient identification.
- ◆ Determine corrective measures to improve inadequate images.



## Digital Image Acquisition and Display

### Objectives

- ◆ Define terminology associated with digital imaging systems.
- ◆ Describe the various types of digital receptors.
- ◆ Discuss the fundamentals of digital radiography, distinguishing between cassette-based systems and cassette-less systems.
- ◆ Compare the image acquisition and extraction of cassette-based vs. cassette-less systems, including detector mechanism, initial image processing, histogram analysis, automatic rescaling and exposure index determination.
- ◆ Describe the evaluative criteria for digital radiography detectors.
- ◆ Describe the response of digital detectors to exposure variations.
- ◆ Compare the advantages and limits of each system.
- ◆ Given the performance criteria for a digital radiography detector, evaluate the spatial resolution and dose effectiveness.
- ◆ Compare dynamic range to latitude of a screen/film receptor system to that of a digital radiography system.
- ◆ Describe the histogram and the process or histogram analysis as it relates to automatic rescaling and determining an exposure indicator.
- ◆ Describe or identify the exposure indices used by each photostimulable phosphor (PSP)-based system.
- ◆ Describe the difference between dose area product (DAP) measured with a flat panel system vs. the exposure index for a PSP-based system.
- ◆ Relate the receptor exposure indicator values to technical factors, system calibration, part/beam/plate alignment and patient exposure.
- ◆ Describe image acquisition precautions necessary for CR imaging.
- ◆ Describe the response of PSP systems to background and scatter radiation
- ◆ Utilize appropriate means of scatter control.
- ◆ Avoid grid use errors associated with grid cut off and Moiré effect.
- ◆ Identify common limitations and technical problems encountered when using PSP systems.
- ◆ Employ appropriate beam/part/receptor alignment to avoid histogram analysis errors.
- ◆ Describe the various image processing employed for digital images.
- ◆ Associate impact of image processing parameters to the image appearance.
- ◆ Associate effects of inappropriate processing on image clarity or conspicuity.
- ◆ Describe the fundamental physical principles of exposure for digital detectors.
- ◆ Apply the fundamental principles to digital detectors.
- ◆ Describe the selection of technical factors and technical factor systems to assure appropriate receptor exposure levels for digital detectors.
- ◆ Evaluate the effect of a given exposure change on histogram shape, data width and image appearance.
- ◆ Describe the conditions that cause quantum mottle in a digital image.

- ◆ Formulate a procedure or process to minimize histogram analysis and rescaling errors.
- ◆ Describe the exposure precautions and limitations associated with PSP-based systems.
- ◆ Avoid poor quality images by observing acquisition precautions.
- ◆ Examine the potential impact of digital radiographic systems on patient exposure and methods of practicing the as low as reasonably achievable (ALARA) concept with digital systems.
- ◆ Describe Picture Archival and Communications System (PACS) and its function.
- ◆ Identify components of a PACS system.
- ◆ Describe patient benefits gained through the use of teleradiology.
- ◆ Identify modality types that may be incorporated into a PACS.
- ◆ Define Accession Number.
- ◆ Describe Worklist and correct usage.
- ◆ Define digital imaging and communications in medicine (DICOM).
- ◆ Describe how an image is associated with a radiology order to create a DICOM image.
- ◆ Describe data flow for a DICOM image from an imaging modality to a PACS.
- ◆ Describe HIPPA concerns with electronic information.
- ◆ Identify common problems associated with retrieving/viewing images within a PACS.
- ◆ Identify the primary uses of the Diagnostic Display Workstation and Clinical Display Workstation.

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## Ethics and Law in the Radiologic Sciences

### Objectives

- ◆ Discuss the origins of medical ethics.
- ◆ Apply medical/professional ethics in the context of a broader societal ethic.
- ◆ Explain the role of ethical behavior in health care delivery.
- ◆ Differentiate between empathetic rapport and sympathetic involvement in relationships with patients and relate these to ethical conduct.
- ◆ Explain concepts of personal honesty, integrity, accountability, competence and compassion as ethical imperatives in health care.
- ◆ Identify legal and professional standards and relate each to practice in health professions.
- ◆ Identify specific situations and conditions that give rise to ethical dilemmas in health care.
- ◆ Explain select concepts embodied in the principles of patients' rights, the doctrine of informed (patient) consent and other issues related to patients' rights.
- ◆ Explain the legal implications of professional liability, malpractice, professional negligence and other legal doctrines applicable to professional practice.
- ◆ Describe the importance of accurate, complete, correct methods of documentation as a legal/ethical imperative.
- ◆ Explore theoretical situations and questions relating to the ethics of care and health care delivery.
- ◆ Explain legal terms, principles, doctrines and laws specific to the radiologic sciences.
- ◆ Outline the conditions necessary for a valid malpractice claim.
- ◆ Describe institutional and professional liability protection typically available to the radiographer.
- ◆ Describe the components and implications of informed consent.
- ◆ Identify standards for disclosure relative to informed consent.
- ◆ Describe how consent forms are used relative to specific radiographic procedures.
- ◆ Identify the four sources of law to include statutory, administrative, common and constitutional.
- ◆ Differentiate between civil and criminal liability.
- ◆ Define tort and explain the differences between intentional and unintentional torts.
- ◆ Exhibit critical data research retrieval and analysis skills composing an evidence-based narrative that addresses an ethical dilemma found in the patient care setting.

## Fundamentals of Radiologic Science and Health Care

### Objectives

- ◆ Identify other health science professions that participate in the patient's total health care.
- ◆ Identify various settings involved in the delivery of health care.
- ◆ Discuss the reimbursement/payment options for health care services.
- ◆ Discuss the role and value of a mission statement to the operation of an institution.
- ◆ Discuss the relationship between institutional administrative personnel and radiology services.
- ◆ Describe relationships and interdependencies of departments within a health care institution.
- ◆ Discuss the responsibilities and relationships of all personnel in the radiology department.
- ◆ Explain patient services available in the radiology department.
- ◆ Differentiate between programmatic and institutional accreditation.
- ◆ Define accreditation, credentialing, certification, registration, licensure and regulations.
- ◆ Explain the purposes of accreditation and certification and identify the agencies involved.
- ◆ Discuss the general employment outlook for the graduate radiographer.
- ◆ Discuss career advancement and opportunities for the radiographer.
- ◆ Identify the benefits of continuing education as related to improved patient care and professional enhancement.

## Human Structure and Function

### Objectives

- ◆ Discuss the basics of anatomical nomenclature.
- ◆ Describe the chemical composition of the human body.
- ◆ Identify cell structure and elements of genetic control.
- ◆ Explain the essentials of human metabolism.
- ◆ Describe the types and functions of human tissues.
- ◆ Classify tissue types, describe the functional characteristics of each and give examples of their location within the human body.
- ◆ Describe the composition and characteristics of bone.
- ◆ Identify and locate the bones of the human skeleton.
- ◆ Identify bony processes and depressions found on the human skeleton.
- ◆ Describe articulations of the axial and appendicular skeleton.
- ◆ Differentiate the primary and secondary curves of the spine.
- ◆ Summarize the functions of the skeletal system.
- ◆ Label different types of articulations.
- ◆ Compare the types, locations and movements permitted by the different types of articulations.
- ◆ Examine how muscle is organized at the gross and microscopic levels.
- ◆ Differentiate between the structures of each type of muscle tissue.
- ◆ State the function of each type of muscle tissue.
- ◆ Name and locate the major muscles of the skeleton.
- ◆ Differentiate between the structure and function of different types of nerve cells.
- ◆ State the structure of the brain and the relationship of its component parts.
- ◆ Describe brain functions.
- ◆ List the meninges and describe the function of each.
- ◆ Outline how cerebrospinal fluid forms, circulates and functions.
- ◆ Describe the structure and function of the spinal cord.
- ◆ Determine the distribution and function of cranial and spinal nerves.
- ◆ Summarize the structure and function of components that comprise the autonomic nervous system.
- ◆ Describe the structures and functions of the components that comprise the human eye and ear.
- ◆ List the component body parts involved in the senses of smell and taste.
- ◆ List the somatic senses.
- ◆ Define endocrine.
- ◆ Describe the characteristics and functions of the components that comprise the endocrine system.
- ◆ Describe the hard and soft palates.
- ◆ Describe the structure and function of the tongue.

- ◆ Identify the structure, function and locations of the salivary glands.
- ◆ Describe the composition and characteristics of the primary organs of the digestive system.
- ◆ Describe the function(s) of each primary organ of the digestive system.
- ◆ Differentiate between the layers of tissue that comprise the esophagus, stomach, small intestine, large intestine and rectum.
- ◆ Differentiate between peritoneum, omentum and mesentery.
- ◆ List and label the accessory organs of the digestive system and describe their function.
- ◆ Identify the secretions and function of each accessory organ of the digestive system.
- ◆ Explain the purpose of digestion.
- ◆ List the digestive processes that occur in the body.
- ◆ Describe the composition and characteristics of blood.
- ◆ List the types of blood cells and state their functions.
- ◆ Differentiate between blood plasma and serum.
- ◆ Outline the clotting mechanism.
- ◆ List the blood types.
- ◆ Explain the term Rh factor.
- ◆ Explain the antigen/antibody relationship and its use in blood typing.
- ◆ Label the parts of the human heart.
- ◆ Describe the flow of blood through the body and identify the main vessels.
- ◆ Describe the structure and function of arteries, veins and capillaries.
- ◆ Differentiate between arterial blood in systemic circulation and arterial blood in pulmonary circulation.
- ◆ Outline the major pathways of lymphatic circulation.
- ◆ Correlate cardiac electrophysiology to a normal ECG tracing.
- ◆ Differentiate between nonspecific defenses and specific immunity.
- ◆ Explain antibody production and function.
- ◆ List the different types and functions of T- and B-cells and explain their functions.
- ◆ Label the components of the respiratory system.
- ◆ Describe the physiology and regulation of respiration.
- ◆ Label the parts of the kidneys, ureters, bladder and urethra.
- ◆ Describe the function of each organ of the urinary system.
- ◆ Describe the composition and formation of urine.
- ◆ Explain micturition.
- ◆ Label the anatomy of the male and female reproductive organs.
- ◆ Analyze the function of each of the male and female reproductive organs.
- ◆ Identify major anatomical structures found within sectional images.

## Image Analysis

### Objectives

- ◆ Discuss the elements of a radiographic image.
- ◆ Identify anatomy on radiographic images.
- ◆ Apply the problem-solving process used for image analysis.
- ◆ Describe an effective image analysis method.
- ◆ Describe the role of the radiographer in image analysis.
- ◆ Apply the process for evaluating images for adequate density/brightness, contrast, recorded detail/spatial resolution and acceptable limits of distortion.
- ◆ Explain how the radiographer determines that an adequate level of penetration has been applied to produce the desired level of contrast.
- ◆ Summarize the importance of proper positioning.
- ◆ Discuss the impact of patient preparation on the resulting radiographic image.
- ◆ Analyze images to determine the appropriate use of beam restriction.
- ◆ Identify common equipment malfunctions that affect image quality, and corrective action.
- ◆ Differentiate between technical factor problems, procedural factor problems and equipment malfunctions.
- ◆ Critique images for appropriate technical, procedural and pathologic factors, and employ corrective actions if necessary.

## Imaging Equipment

### Objectives

- ◆ Define potential difference, current and resistance.
- ◆ Describe electrical protective devices.
- ◆ Identify the general components and functions of the tube and filament circuits.
- ◆ Identify the function of solid-state rectification.
- ◆ Compare generators in terms of radiation produced and efficiency.
- ◆ Discuss permanent installation of radiographic equipment in terms of purpose, components, types and applications.
- ◆ Demonstrate operation of various types of permanently installed and mobile radiographic equipment.
- ◆ Discuss mobile units in terms of purpose, components, types and applications.
- ◆ Describe functions of components of automatic exposure control (AEC) devices.
- ◆ Demonstrate proper use of AEC devices.
- ◆ Identify the components of diagnostic x-ray tubes.
- ◆ Explain protocols used to extend x-ray tube life.
- ◆ Explain image-intensified and digital fluoroscopy.
- ◆ Discuss gain and conversion factors as they relate to image intensification.
- ◆ Discuss conventional and digital fluoroscopic image formation.
- ◆ Indicate the purpose, construction and application of video camera tubes, TV monitors and video recorders.
- ◆ Identify fluoroscopic recording equipment.
- ◆ Explain the purpose, principles and application of linear tomography.
- ◆ Differentiate between quality improvement/management, quality assurance and quality control.
- ◆ List the benefits of a quality management program to the patient and to the department.
- ◆ List elements of a quality management program and discuss how each is related to the quality management program.
- ◆ Discuss the proper test equipment/procedures for evaluating the operation of an x-ray generator.
- ◆ Evaluate the results of basic QC tests.

**Comment [RH9]:** Note: This was moved to the Introduction to Radiologic Science and Health Care section.

## Medical Terminology

### Objectives

- ◆ Apply the word-building process.
- ◆ Interpret medical abbreviations and symbols.
- ◆ Critique orders, requests and diagnostic reports.
- ◆ Define radiation science terms.
- ◆ Translate medical terms, abbreviations and symbols into common language from a medical report.



## Patient Care in Radiologic Sciences

### Objectives

- ◆ Identify the responsibilities of the health care facility and members of the health care team.
- ◆ List the general responsibilities of the radiographer.
- ◆ Describe the practice standards for the radiographer as defined by the ASRT and state licensure.
- ◆ Discuss the interrelationship between personal, community and societal values.
- ◆ Explain the influence a person's value system has on his or her behavior.
- ◆ Discuss the development of personal and professional values.
- ◆ Describe how professional values influence patient care.
- ◆ Differentiate between culture and ethnicity.
- ◆ Explain how a person's cultural beliefs toward illness and health affect his or her health status.
- ◆ Explain perceptions of death and dying from the viewpoint of both patient and radiographer.
- ◆ Describe ethical, emotional, personal and physical aspects of death.
- ◆ List the stages of dying and describe the characteristics of each stage.
- ◆ Identify the support mechanisms available to the terminally ill.
- ◆ Identify methods for determining the correct patient for a given procedure.
- ◆ Explain the use of various communication devices and systems.
- ◆ Explain specific aspects of a radiographic procedure to the patient.
- ◆ Demonstrate correct principles of body mechanics applicable to patient care.
- ◆ Demonstrate techniques for specific types of patient transfer.
- ◆ Demonstrate select procedures to turn patients with various health conditions.
- ◆ Describe select immobilization techniques for various types of procedures and patient conditions.
- ◆ Describe specific patient safety measures and concerns.
- ◆ Explain the purpose, legal considerations and procedures for reporting an accident or incident.
- ◆ Describe methods to evaluate patient physical status.
- ◆ List the information to be collected prior to a patient examination.
- ◆ Describe vital signs used to assess patient condition that include sites for assessment and normal values.
- ◆ Recognize and describe abnormal respiratory patterns.
- ◆ State the terms used to describe respiratory rates that are above and below normal values.
- ◆ Identify terms used to describe above and below normal pulse rates.
- ◆ Assess patient vital signs.
- ◆ List the normal ranges for specific laboratory studies.
- ◆ Define terms related to infection control.

- ◆ Describe the importance of standard precautions and isolation procedures that includes sources and modes of transmission of infection and disease and institutional control procedures.
- ◆ Identify symptoms related to specific emergency situations.
- ◆ Describe the emergency medical code system for the institution and the role of the student during a medical emergency.
- ◆ Explain the special considerations necessary when performing radiographic procedures on an infant or child.
- ◆ Explain the special considerations necessary when performing radiographic procedures on a geriatric patient.
- ◆ Describe the symptoms and precautions taken for a patient with a head injury.
- ◆ Describe three areas that are assessed by the Glasgow Coma Scale and the numbers associated with each area.
- ◆ Explain the types, immobilization devices and positioning for upper and lower extremity fractures.
- ◆ Describe the symptoms and precautions taken for a patient with traumatic injury.
- ◆ Describe the symptoms and medical interventions for a patient with a contrast agent reaction.
- ◆ Explain the role of the radiographer in patient education.
- ◆ Discuss family dynamics, culture, social, ethnic and lifestyle considerations and their impact on health status.
- ◆ Describe the patient preparation for barium studies.
- ◆ Identify specific types of tubes, lines, catheters and collection devices.
- ◆ Outline the steps in the operation and maintenance of suction and oxygen equipment and demonstrate their use.
- ◆ Demonstrate competency in basic life support (BLS).
- ◆ Demonstrate the use of specific medical emergency equipment and supplies.
- ◆ Describe the monitoring, preprocedure- and postprocedure care, drug administration and special precautions for a patient undergoing invasive procedures.
- ◆ Demonstrate the appropriate procedure for gathering information prior to performing a mobile radiographic examination.
- ◆ Describe the initial steps in performing a mobile procedure.
- ◆ Explain the procedure for placing an image receptor under a patient in an orthopedic bed frame.
- ◆ Describe the special problems faced in performing procedures on a patient with a tracheotomy and specific tubes, drains and catheters.
- ◆ Describe the procedure for producing diagnostic images in the surgical suite.
- ◆ Explain the appropriate radiation protection required when performing mobile/surgical radiography.

## Pharmacology and Drug Administration

### Objectives

- ◆ Distinguish between the chemical, generic and trade names for select drugs.
- ◆ Describe pharmacokinetic and pharmacodynamic principles of drugs.
- ◆ Classify drugs according to specific categories.
- ◆ Explain the actions, uses and side effects for select drugs.
- ◆ Explain the effects of select drugs on medical imaging procedures.
- ◆ Define the categories of contrast agents and give specific examples for each category.
- ◆ Explain the pharmacology of barium and iodine compounds.
- ◆ Describe methods and techniques for administering various types of contrast agents.
- ◆ Identify and describe the routes of drug administration.
- ◆ Discuss the purposes and advantages of intravenous drug administration over other routes.
- ◆ Demonstrate appropriate venipuncture technique.
- ◆ Differentiate between the two major sites of intravenous drug administration.
- ◆ Identify, describe and document complications associated with intravenous drug therapy and appropriate actions to resolve these complications.
- ◆ Discuss the various elements of initiating and discontinuing intravenous drug therapy.
- ◆ Differentiate and document dose calculations for adult and pediatric patients.
- ◆ Prepare for injection of contrast agents/intravenous medications using aseptic technique.
- ◆ Explain the current legal and ethical status of the radiographer's role in drug administration.
- ◆ Explain a radiographer's professional liability concerning drug administration.

## Radiation Biology

### Objectives

- ◆ Differentiate between ionic and covalent molecular bonds.
- ◆ Describe principles of cellular biology.
- ◆ Identify sources of electromagnetic and particulate ionizing radiations.
- ◆ Discriminate between direct and indirect ionizing radiation.
- ◆ Discriminate between the direct and indirect mechanisms of radiobiological effects.
- ◆ Discuss the direct and indirect effects of ionizing radiation.
- ◆ Identify sources of radiation exposure.
- ◆ Describe radiation-induced chemical reactions and potential biologic damage.
- ◆ Evaluate factors influencing radiobiologic/biophysical events at the cellular and subcellular level.
- ◆ Identify methods to measure radiation response.
- ◆ Describe physical, chemical and biologic factors influencing radiation response of cells and tissues.
- ◆ Explain factors influencing radiosensitivity.
- ◆ Recognize the clinical significance of LD50/30 and LD30.
- ◆ Identify specific cells from most radiosensitive to least radiosensitive.
- ◆ Employ dose response curves to study the relationship between radiation dose levels and the degree of biologic response.
- ◆ Examine effects of limited vs. total body exposure.
- ◆ Relate short-term and long-term effects as a consequence of high and low radiation doses.
- ◆ Differentiate between somatic and genetic radiation effects as well as discuss specific diseases or syndromes associated with them.
- ◆ Discuss use of and information to be gained from various dose/response curves.
- ◆ Discuss stochastic (probabilistic) and nonstochastic (deterministic) effects.
- ◆ Discuss embryo and fetal effects of radiation exposure.
- ◆ Discuss risk estimates for radiation-induced malignancies.
- ◆ Discuss acute radiation syndromes.

## Radiation Production and Characteristics

### Objectives

- ◆ Describe fundamental atomic structure.
- ◆ Explain the processes of ionization and excitation.
- ◆ Describe the electromagnetic spectrum.
- ◆ Describe wavelength and frequency and how they are related to velocity.
- ◆ Explain the relationship of energy, wavelength and frequency.
- ◆ Explain the wave-particle duality phenomena.
- ◆ Identify the properties of x-rays.
- ◆ Describe the processes of ionization and excitation.
- ◆ Describe charged and uncharged forms of particulate radiation.
- ◆ Differentiate between ionizing and nonionizing radiation.
- ◆ Describe radioactivity and radioactive decay in terms of alpha, beta and gamma emission.
- ◆ Compare the production of bremsstrahlung and characteristic radiations.
- ◆ Describe the conditions necessary to produce x-radiation.
- ◆ Describe the x-ray emission spectra.
- ◆ Identify the factors that affect the x-ray emission spectra.
- ◆ Discuss various photon interactions with matter by describing the interaction, relation to atomic number, photon energy and part density, and their applications in diagnostic radiology.
- ◆ Discuss relationships of wavelength and frequency to beam characteristics.
- ◆ Discuss the clinical significance of the photoelectric and modified scattering interactions in diagnostic imaging.

## Radiation Protection

### Objectives

- ◆ Identify and justify the need to minimize unnecessary radiation exposure of humans.
- ◆ Distinguish between somatic and genetic radiation effects.
- ◆ Differentiate between the stochastic (probabilistic) and nonstochastic (deterministic) effects of radiation exposure.
- ◆ Explain the objectives of a radiation protection program.
- ◆ Define radiation and radioactivity units of measurement.
- ◆ Identify effective dose limits (EDL) for occupational and nonoccupational radiation exposure.
- ◆ Describe the ALARA concept.
- ◆ Identify the basis for occupational exposure limits.
- ◆ Distinguish between perceived risk and comparable risk.
- ◆ Describe the concept of the negligible individual dose (NID).
- ◆ Identify ionizing radiation sources from natural and man-made sources.
- ◆ Comply with legal and ethical radiation protection responsibilities of radiation workers.
- ◆ Describe the relationship between irradiated area and effective dose.
- ◆ Describe the theory and operation of radiation detection devices.
- ◆ Identify appropriate applications and limitations for each radiation detection device.
- ◆ Describe how isoexposure curves are used for radiation protection.
- ◆ Identify performance standards for beam-limiting devices.
- ◆ Describe procedures used to verify performance standards for equipment and indicate the potential consequences if the performance standards fail.
- ◆ Describe the operation of various interlocking systems for equipment and indicate potential consequences of interlock system failure.
- ◆ Identify conditions and locations evaluated in an area survey for radiation protection.
- ◆ Distinguish between controlled and non-controlled areas and list acceptable exposure levels.
- ◆ Describe “Radiation Area” signs and identify appropriate placement sites.
- ◆ Describe the function of federal, state and local regulations governing radiation protection practices.
- ◆ Describe the requirements for and responsibilities of a radiation safety officer.
- ◆ Express the need and importance of personnel monitoring for radiation workers.
- ◆ Describe personnel monitoring devices, including applications, advantages and limitations for each device.
- ◆ Interpret personnel monitoring reports.
- ◆ Compare values for individual effective dose limits for occupational radiation exposures (annual and lifetime).
- ◆ Identify anatomical structures that are considered critical for potential late effects of whole body irradiation exposure.
- ◆ Identify dose equivalent limits for the embryo and fetus in occupationally exposed women.

- ◆ Distinguish between primary and secondary radiation barriers.
- ◆ Demonstrate how the operation of various x-ray and ancillary equipment influences radiation safety and describe the potential consequences of equipment failure.
- ◆ Perform calculations of exposure with varying time, distance and shielding.
- ◆ Discuss the relationship between workload, energy, HVL, TVL, use factor and shielding design.
- ◆ Identify emergency procedures to be followed during failures of x-ray equipment.
- ◆ Demonstrate how time, distance and shielding can be manipulated to keep radiation exposures to a minimum.
- ◆ Explain the relationship of beam-limiting devices to patient radiation protection.
- ◆ Discuss added and inherent filtration in terms of the effect on patient dosage.
- ◆ Explain the purpose and importance of patient shielding.
- ◆ Identify various types of patient shielding and state the advantages and disadvantages of each type.
- ◆ Use the appropriate method of shielding for a given radiographic procedure.
- ◆ Explain the relationship of exposure factors to patient dosage.
- ◆ Explain how patient position affects dose to radiosensitive organs.
- ◆ Identify the appropriate image receptor that will result in an optimum diagnostic image with the minimum radiation exposure to the patient.
- ◆ Select the immobilization techniques used to eliminate voluntary motion.
- ◆ Describe the minimum source-to-tabletop distances for fixed and mobile fluoroscopic devices.
- ◆ Apply safety factors for the patient (and others) in the room during mobile radiographic procedures.

## Radiographic Pathology

### Objectives

- ◆ Define basic terms related to pathology.
- ◆ Describe the basic manifestations of pathological conditions and their relevance to radiologic procedures.
- ◆ Discuss the classifications of trauma.
- ◆ Describe imaging procedures used in diagnosing disease.
- ◆ List the causes of tissue disruption.
- ◆ Describe the healing process.
- ◆ Identify complications connected with the repair and replacement of tissue.
- ◆ Describe the various systemic classifications of disease in terms of etiology, types, common sites, complications and prognosis.
- ◆ Describe the radiographic appearance of diseases.
- ◆ Identify imaging procedures and interventional techniques appropriate for diseases common to each body system.
- ◆ Identify diseases caused by or contributed to by genetic factors.

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## Radiographic Procedures

### Objectives

- ◆ Describe standard positioning terms.
- ◆ Demonstrate proper use of positioning aids.
- ◆ Discuss general procedural considerations for radiographic exams.
- ◆ Identify methods and barriers of communication and describe how each may be used or overcome effectively during patient education.
- ◆ Explain radiographic procedures to patients/family members.
- ◆ Modify directions to patients with various communication problems.
- ◆ Develop an awareness of cultural factors that necessitate adapting standard exam protocols.
- ◆ Adapt general procedural considerations to specific clinical settings.
- ◆ Cite the structures demonstrated on routine radiographic, fluoroscopic and basic CT images.
- ◆ Adapt radiographic, fluoroscopic and basic CT procedures based on special considerations.
- ◆ Simulate radiographic, fluoroscopic and basic CT procedures on a person or phantom in a laboratory setting.
- ◆ Evaluate images for positioning, centering, appropriate anatomy and overall image quality.
- ◆ Discuss equipment and supplies necessary to complete radiographic, fluoroscopic and basic CT procedures.
- ◆ Explain the patient preparation necessary for various contrast, basic CT and special studies.
- ◆ Explain the routine and special positions/projections for all radiographic/fluoroscopic procedures.
- ◆ Explain the basic CT acquisition protocol for the head, thorax and abdomen.
- ◆ Explain the purpose for using contrast media.
- ◆ Name the type, dosage and route of administration of contrast media commonly used to perform radiographic contrast, basic CT and special studies.
- ◆ Describe the general purpose of radiographic, fluoroscopic and basic CT studies.
- ◆ Apply general radiation safety and protection practices associated with radiologic examinations and basic CT.

## Film-Screen Image Acquisition and Processing

### Objectives

- ◆ Discuss practical considerations in setting standards for acceptable image quality.
- ◆ Assess radiographic density on radiographic images.
- ◆ Distinguish between acceptable and unacceptable image densities.
- ◆ Analyze the relationships of factors that control and affect image density.
- ◆ Critique the radiographic contrast within various radiographic images.
- ◆ Analyze the relationship of factors that control and affect radiographic contrast.
- ◆ Critique recorded detail on various radiographic images.
- ◆ Analyze the relationships of factors that control and affect recorded detail.
- ◆ Differentiate between size and shape distortion.
- ◆ Perform calculations to determine image magnification and percent magnification.
- ◆ Summarize the relationship of factors that control and affect distortion.
- ◆ Summarize the relationship of factors affecting exposure latitude.
- ◆ Explain the rationale for using beam limiting devices.
- ◆ Describe the operation and applications for different types of beam-limiting devices.
- ◆ Explain the impact beam filtration has on x-ray beam intensity, beam quality and resultant patient exposure.
- ◆ Describe the change in the half value layer (HVL) when filtration is added or removed in the beam.
- ◆ Summarize the relationship of factors affecting scattered and secondary radiation.
- ◆ Evaluate the effects of scattered radiation on the image.
- ◆ Compare grid types.
- ◆ Select the most appropriate grid for a given clinical situation.
- ◆ Interpret grid efficiency in terms of grid ratio and frequency.
- ◆ Define grid cutoff.
- ◆ Summarize the factors that influence grid cutoff.
- ◆ Evaluate grid artifacts.
- ◆ Explain the use of standardized radiographic technique charts.
- ◆ Explain exposure factor considerations involved in selecting techniques.
- ◆ Compare fixed kilovolt peak (kVp) and variable kVp systems.
- ◆ Apply mAs reciprocity to clinical simulations.
- ◆ Describe the effects of storage on image quality.
- ◆ Discuss safelight illumination appropriate for specific image receptor systems.
- ◆ Apply conversion factors for changes in the following areas: distance, grid, image receptors, mAs reciprocity and 15 percent rule.
- ◆ Discuss darkroom-related OSHA standards for health and safety.
- ◆ Discuss the possible causes and health implications of “darkroom chemical sensitivity.”
- ◆ Describe the function of each component of radiographic film.

- ◆ Explain latent image formation.
- ◆ Describe the features of the characteristic curve and explain its purpose.
- ◆ Select the most appropriate image receptor to be used for given clinical situations.
- ◆ Describe various types of image receptor holders.
- ◆ Describe the function of each component of an intensifying screen.
- ◆ Select the most appropriate intensifying screen for given clinical situations.
- ◆ Identify procedures that ensure a long screen life devoid of artifacts and distortion.
- ◆ Analyze the effects of processing on image quality.
- ◆ Identify key components of an automatic film processor.
- ◆ Demonstrate how various film sizes are fed into the film processor.
- ◆ Analyze the steps of the processing cycle by providing the specific action and duration of time for each step.
- ◆ Identify the purpose of a daily quality control program for processors.
- ◆ Identify types of image artifacts and analyze them to determine the cause.
- ◆ Identify common silver recovery methods.



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## Radiologic Science Resources

Comment [RH10]: This section has been updated.

This list of radiologic science resources will assist educators in sampling the pool of references and study materials that pertain to medical radiography. The resources list should be viewed as a snapshot of available materials. Omission of any one title is not intentional. Because the creation of literature and media related to the field is dynamic, educators are encouraged to search additional sources for recent updates, revisions and additions to this collection of titles.

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<http://www.auntminnie.com>

Australian Institute of Radiography  
<http://www.air.asn.au>

Cerebral Angiography  
<http://user.shikoku.ne.jp/tobrains/exam/Angio/Angio-e.html>

Chorus: Collaborative Hypertext of Radiology  
<http://chorus.rad.mcw.edu/>

Department of Radiology at Emory  
<http://www.emory.edu/X-RAYS/Sprawls/>

Diagnostic Imaging.Com News Service  
<http://www.dimag.com/>

Digital Radiography Home Page  
<http://homepage.mac.com/kieranmaher/digrad/index.html>

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<http://www.edumed.com>

Educating Teachers for Diversity  
<http://www.ncrel.org/sdrs/areas/issues/educatrs/presrvce/pe300.htm>

Joint Review Committee on Education in Radiologic Technology  
<http://www.jrcert.org>

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<http://www.medweb.emory.edu/>

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National Council on Radiation Protection and Measurements (NCRP), NCRP Reports

<http://www.ncrp.com>

Radiation and Health Physics

<http://www.umich.edu/~radinfo/>

Radiography Discussion Forum

<http://www.radiography.com/>

Radiology Info: Terminology Glossary

<http://www.radiologyinfo.org/glossary/>

Research Center for Excellence in the Radiologic Sciences

<http://www.radsciresearch.org>

### **General Information and Radiology Search Sites**

Altavista

<http://www.altavista.com/>

Dogpile

<http://dogpile.com>

Google

<http://google.com>

Hotbot

<http://hotbot.lycos.com/>

Metacrawler

<http://www.cs.washington.edu/research/projects/WebWare1/www/metacrawler/>

Webcrawler

<http://web.webcrawler.com/d/search/p/webcrawler/>

Yahoo Directory

<http://dir.yahoo.com/Health/Medicine/Radiology/>

### **Resources for Instructional Design and Media**

Cognitive Approaches to Instructional Design

<http://carbon.cudenver.edu/~bwilson/training.html>

Association of Educators in Imaging and Radiological Sciences Instructional Resources

<http://www.aeirs.org/resources.html>

**List of Tutorials for Educators**

Learning Styles Tutorials

<http://7-12educators.about.com/cs/learningstyles/index.htm>

PowerPoint Tutorials

<http://www.actden.com/pp/>

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