Diagnostic Imaging Program Manual

2015-2018
The large green square represents the Exit Job Function of a technologist.

The large dotted gray triangle represents the competency 005P: "Adaptation of an examination procedure" (Integration). It has a time function; it shows the progressive integration that occurs from the beginning of the program (top) to the end (bottom). The position of the competencies also relates to this time scale. The size of the figures is indicative of their importance within the program.

This figure relates to the Specific Techniques competencies of Radiological Imaging. The larger star represents competency 005J - "Radiographic examinations of the bones, chest and abdomen". It is placed at the centre of the program since it is the primary job function of the technologist. Abilities developed in this competency are reinvested in competency 005L - "Radiography of the anatomical systems", 005N - "Performance of CT examinations", 005K - "Analysis of MRI and interventional examinations" and in 005M - "Performance of an US examinations".

This figure refers to the General Techniques competencies: 0059 - "Analysis of the job function targeted by the Radiological Imaging Technologies", 005D - Resolution of patient-care and health-and-safety issues". 005F - "Establishment of interpersonal relationships" and 005G - "Administration of medication and contrast media". The 0059 is the first competency of the program and has been placed at the top. The 005F competency has been placed at the centre of the program to stress its importance and because it is primarily applied in the 005J competency.

This figure refers to the Basic Sciences competencies: 005A - "Analysis of physical phenomena" and 005B - "Analysis of anatomical systems". They are pre-requisites to the Specific Techniques and the Applied Physics competencies. They are consequently placed early in the program.

This figure refers to the Applied Physics competencies. It includes competencies 005H - "Treatment of a diagnostic image", 005C - "Apparatus evaluation" and 005E - "Radioprotection in medical imaging". They include the specialization of physical concepts required for the Specific Techniques competencies. The acquisition of the 005E competency depends on a good balance of all other program competencies and has therefore been placed at the central base of the logigram.
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1.0 **College Information** ([http://www.dawsoncollege.qc.ca](http://www.dawsoncollege.qc.ca))

1.1 **MISSION STATEMENT**

As a college in the province of Quebec, aware of its responsibility to contribute to the intellectual, economic and social development of our society, Dawson College believes that it is equally important to prepare students for further academic education and for immediate employment. Therefore, the Mission of Dawson College is:

- to provide a sound education in English to the broadest possible student population;
- to value the ethnic and cultural diversity of our College and to celebrate this diversity within the context of an English education;
- to maintain standards of academic excellence essential to our students' future success and to provide the appropriate programs, services and technology to ensure that any student admitted has the opportunity to develop the skills necessary to achieve these standards;
- to continue to develop innovative and flexible educational approaches to serve the needs of our students;
- to affirm that the College, as a community, requires the participation and representation of all its members – students, staff and faculty – in its governance;
- to encourage the personal and social development of Dawson students through activities outside the classroom;
- to develop the role of the College as a community resource and as a centre for life-long learning.

1.2 **GOALS OF COMPETENCY AND ABILITIES BASED EDUCATION**

The Diagnostic Imaging Program is competency-based, which means that at the end of three years the student will have attained all the competencies (i.e., all the knowledge, abilities and attitudes) necessary for entry into the chosen profession. The Ministère de l'Éducation du Québec (MEQ)\(^1\) has provided a list of competencies and the total number of contact-hours and units as the basis for colleges to design programs that must meet the competencies provided. The competencies are divided into two distinct spheres. There are the competencies of specific education and the competencies of general education.

In specific education, some competencies are meant to ensure that the graduating student can efficiently provide a service in a particular profession. Other specific education competencies reflect activities in the workplace or profession that go beyond a specific task. The College takes the specific education competencies and organizes them to create a coherent, integrated set of learning activities that are the courses that will be taken throughout your program. To assist in the creation of the program, the government document provided the College with a breakdown of the elements of a competency expressed as objectives, and the achievement context (what, where) and performance criteria (to what extent or level) that together provide the standard for attainment of the objectives. Therefore, competency-based programs are often called “programs based on objectives and standards.”

\(^1\) Since its creation in 1964, the Ministère de l'Éducation du Québec has continued to evolve. As of April 2014, collegial studies fall under the responsibility of the Ministère de l'Enseignement supérieur, de la Recherche et de la Science (MESRS).
The general education component of the program includes English, French, Humanities and Physical Education courses as well as two complementary courses. The Ministère prescribes the competencies, objectives, course hours and credits for each of the courses in the general education component of the program. The general education component amounts to 660 class/lab hours and the concentration components add up to 2145 hours of the program, for a total of 2805 class/lab hours presented over 3 years, or six terms.

The competencies of the specific education portion of the program vary in importance based on their professional significance and on the College’s decision concerning the competencies to be emphasized versus those that need be met minimally. This means that in the program there may be a competency that is covered in six 45-hour courses, or 270 class/lab hours, or a competency that the College felt could be achieved in 30 hours, that is, less than the 45-hour minimum for all courses other than those in Physical Education. The course outlines will refer to the elements of competencies addressed in each course. A course may include elements in several competencies, so it is essential that the section of the course outline that refers to the competencies be read carefully.

1.3 SERVICES (Information under this section is accessible from the homepage of the College website.)

1.3.1 Academic Services
- Academic Advising / Academic Skills Centre (including peer tutoring) / Office of Instructional Development / Registrar / Student AccessAbility

1.3.2 Student Services
- Awards & Scholarships / Counselling and Career Development / Financial Aid / Health Services / Housing (Off Campus) / Mentor Program / Ombudsperson / Orientation / Student Employment

1.3.3 College Services
- Bookstore / Cafeteria / Multimedia Centre

1.4 COLLEGE/PROGRAM WEBSITES AND COURSE MANAGEMENT SYSTEMS (CMS)

College: http://www.dawsoncollege.qc.ca

Program: http://www.dawsoncollege.qc.ca/diagnostic-imaging/

LEA CMS and MIO email: log in to MY Dawson ... https://dawsoncollege.omnivox.ca/intr/Module/Identification/Login/Login.aspx?ReturnUrl=/intr

Moodle CMS: http://moodle.dawsoncollege.qc.ca
(Speak to your teacher to find out when and how you can access these course tools.)
1.5 SAFETY PROCEDURES AND POLICIES


Refer to sections 2.18 and 2.19 for Program Specific Safety Issues.

1.6 GOVERNANCE

1.6.1 College Policies

○ http://www.dawsoncollege.qc.ca/governance/policies-and-bylaws/college-policies/
  ▪ Academic Integrity Policy
  ▪ Institutional Student Evaluation Policy (ISEP)
  ▪ Student Services – Code of Conduct

1.6.2 College Bylaws

○ http://www.dawsoncollege.qc.ca/governance/policies-and-bylaws/college-bylaws/

1.7 PUBLICATIONS

1.7.1 Academic Calendar, Timetable & Registration Guide

○ http://www.dawsoncollege.qc.ca/registrar/online-services/web-registration/

1.7.2 College Orientation and Welcome Day for New Students

○ http://www.dawsoncollege.qc.ca/services/student-services/orientation

1.7.3 Student Agenda

○ http://www.dawsoncollege.qc.ca/public/72b18975-8251-444e-8af8-224b7df11fb7/services/stsv/academic_skills_centre/a1.0_surviving_the_first_weeks.doc
2.0 Program Information

2.1 PROGRAM OVERVIEW

2.1.1 Structure and Delivery

○ The Diagnostic Imaging Program consists of three years – two academic years and one year of clinical practice (stage).

○ Each academic year consists of two 16-week terms – one term runs from August to December, and the other from January to May.

○ In addition to the program orientation activities (Clinical 1), the clinical component includes an intensive 3-week portion at the end of the 1st year during the months of May, June and July (Clinical 2), as well as a 35-week portion from the end of August to the following May during the 3rd year (Clinical 3-7). To be noted is that the first week of Clinical 3 takes place in January, prior to the beginning of the 4th term.

2.1.2 Program Specific Orientation Activities

○ The orientation activities in this program are covered in detail in the “Introduction to Radiology” course (142-BZB-DW). A large portion of this is offered as an intensive course prior to the beginning of the 1st term.

2.1.3 Competency-based Education

○ Since 1998, the Diagnostic Imaging Program has followed a competency-based approach to education. This essentially means that the focus of the education is based on the expected outcomes defined in the entry profile to the profession. The Ministère has defined 15 general competencies (section 2.6), which have been defined in two parts: the objective and its standard. The statements of these competencies are also listed in section 2.6.

○ The objective part of the competency includes the statement of the competency and its elements which describe the objectives in more detail.

○ The standard part of the competency includes the achievement context and the performance criteria. The achievement context describes the conditions under which the objective must be met, whereas the performance criteria specify when the objective will be met.

○ The Program Course Grid has been designed from these ministerial competencies (section 2.9). Most courses in the program consist of several competencies. The Course-Competency Grid cross-references the discipline courses to the ministerial competencies.

○ The competencies relating to a course are included in each of the course outlines.

2.1.4 Clinical Requirements

○ Students must complete all 1st year courses, including the 4 clinical days of the “Introduction to Radiology” course (142-BZB-DW), in order to register for Clinical 2.

○ Students must complete all 1st and 2nd year courses in order to register for the 3rd clinical year (Clinical 3 to 7). Failure to do so may prevent the student from doing clinical rotations.
Completion of immunization is required before the Clinical 2 intensive course. For more information, contact Health Services.

CPR certification must also be completed prior to the third year.

All clinical courses are pre-/co-requisites to each other as per the Program Course Grid.

For more information on Clinical, see sections 2.9 and 2.11 of this manual.

More information on Clinical Requirements is discussed in section 2.10 of this manual.

2.1.5 Didactic/Clinical Integration

The Diagnostic Imaging Program has an integrated curriculum based on competencies whereby predetermined objectives are delivered at specific standards. The integration of the program competencies facilitates progression from a didactic level through to the clinical practice portion of the program. All didactic courses are fully integrated with one another and with the clinical component of the program. This, in effect, produces a competent entry-level technologist. The ability of the program to effectively integrate theory and practice is due to the combination of pedagogical and clinical skills that exist amongst the members of the faculty.

2.1.6 General Course Descriptions

General course descriptions are available from the following web link: [http://www.dawsoncollege.qc.ca/programs/science-medical-studies-and-engineering/diagnostic-imaging/course-list](http://www.dawsoncollege.qc.ca/programs/science-medical-studies-and-engineering/diagnostic-imaging/course-list)

Each course outline has a detailed course description which also describes the context of the course within the program.

2.1.7 Program Committees

**DI Advisory Committee**

The DI Advisory Committee works towards the preservation of the Diagnostic Imaging Program within the community, toward the equity and improvement of standards, and the integration of didactic and clinical components of the program in all partner and participating institutions.

The committee includes an elected committee Chairperson, a Radiologist and the Manager and/or Chief Technologist from each affiliated clinical site, the Dean of the Science, Medical Studies and Engineering (SMSE) sector, all Clinical Instructors, the Department Chairperson and Program Coordinator, the Clinical Coordinator, all Faculty members, the DI Laboratory Technologist(s), a recent graduate employed in the discipline, a representative of the l’Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMROEMQ) and a participating sites (clinics) representative. This committee meets at least twice per year.

**DI Program Committee**

The DI Program Committee is responsible for coordinating and approving all curriculum development activities as per ministerial regulations.
Its membership includes the Dean of SMSE, all discipline faculty and General Education course representatives, as well as the 2nd year student class representative. This committee meets at least twice per year.

- **DI Department Committee**
  This committee deals with the daily operation of the DI Program and, as such, functions as the Executive Committee of the DI Program Committee.

  It consists of all regular faculty of the Diagnostic Imaging Program. A “regular” faculty is one who teaches in the daytime program. Part time faculty are not expected to attend all meetings.

  Student class representatives from the 1st and 2nd years of the program are invited to attend departmental meetings at least once per term.

- **DI Clinical Instruction Committee**
  The Clinical Instruction Committee provides a liaison between Faculty, Clinical Instructors and clinical students in matters pertaining to the clinical component of the program. Policies and standards governing the clinical training of students are established in order to develop the pertinent competencies in the program. The clinical objectives are reviewed and validated on a regular basis. Equitable standards of clinical evaluation are promoted.

  The Committee includes the DI Program Coordinator, the Clinical Coordinator, full-time DI Faculty, Clinical Instructors and the DI Laboratory Technologist(s).

  This committee is chaired by the Clinical Coordinator.

  The 3rd year student class representative is invited to attend clinical instruction meetings at least once per term to express the concerns of the class.

### 2.2 SCOPE OF PROFESSIONAL PRACTICE

#### 2.2.1 Diagnostic (Medical) Imaging Profession

- The scope of practice for the profession of diagnostic (medical) imaging involves the safe and effective application of ministerial competencies, which encompasses the analysis of the prescription, application and use of X-rays and other physical phenomena such as radio-frequency pulses (MRI) and sound waves (US). It includes the production of high quality diagnostic images and collaboration with the radiologists in performing diagnostic and interventional procedures, as well as the evaluation and assessment of such images and therapeutic applications.

- Diagnostic imaging technologists must demonstrate compassion, dedication, integrity and concern towards the safety and wellbeing of their patients. They must also display good organizational, interpersonal and communication skills in English and French.

- The diagnostic imaging technologist autonomously performs all the procedures and tasks associated with radiological/ultrasound/magnetic resonance imaging of the human body’s anatomical systems with professionalism and integrity. The profession is practiced in hospitals and clinics that offer diagnostic imaging services with a multi-disciplinary professional team, composed of physicians and paramedical professionals.
The diagnostic imaging technologist may perform these procedures/tasks as a member of a team or individually. Depending on the patient situation/condition, some diagnostic examinations are performed in the medical imaging department, in the emergency department, at the patient’s bedside, or in the operating room.

The diagnostic imaging technologist must demonstrate competencies pertinent to the profession within the hospital milieu such as: communication with one’s peers, health and safety in the workplace, the judicious use of radiation, autonomy, professional awareness and the spirit of initiative and teamwork. In addition to characteristics particular to the profession, the diagnostic imaging technologist must have the ability to handle stress and focus on the need to give the patient top priority and care.

2.2.2 OTIMROEPMQ Information

L’Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMROEPMQ) is the professional organization which regulates the three main disciplines of Radiological Technologies in this province. It has published on-line descriptions of the following disciplines:
- Diagnostic Radiology
- Nuclear Medicine
- Radiation Oncology
- Medical Electrophysiology (non-related discipline)

This information can be found at the following link: [http://www.OTIMROEPMQ.ca](http://www.OTIMROEPMQ.ca) (select: La profession /Devenir technologue).

2.3 OVERALL AIM AND EDUCATIONAL INTENTION

The primary mandate of the Diagnostic Imaging Program is to offer a program authorized by the Ministère that is an integrated curriculum, designed to deliver predetermined objectives at specified standards.

To that effect, the program aims at providing instructional training towards a career that requires professional competency and integrity, patient care skills and teamwork capabilities.

2.4 ENTRY-LEVEL PROFILE TO THE PROFESSION

The entry-level profile to the profession of Diagnostic Imaging requires that graduates demonstrate the appropriate competencies. In broad terms, these competencies identify the attributes of program graduates:
- Demonstration of autonomy
- Adaptation to, and integration of, multidisciplinary approaches
- Effective verbal and non-verbal communication skills
- Professional engagement
- Respect for regulations and codes of ethics/conduct

The OTIMROEPMQ Entry-Level Profile is available at the following link: [http://www.otimroepmq.ca/NosPublications/Profils%20dentree%20a%20la%20profession.aspx?sc_lang=fr-CA](http://www.otimroepmq.ca/NosPublications/Profils%20dentree%20a%20la%20profession.aspx?sc_lang=fr-CA) (select: radiodiagnostic)
2.5 PROGRAM’S MINISTERIAL COMPETENCIES

The Ministère defined the Program’s competencies following consultation with the employers and an analysis of the job market.

- Statement of Ministerial Competencies & Contact-Hours per Term:

<table>
<thead>
<tr>
<th>CODE</th>
<th>Statement of Competencies</th>
<th>TERM 1</th>
<th>TERM 2</th>
<th>TERM 3</th>
<th>TERM 4</th>
<th>TERM 5</th>
<th>TERM 6</th>
<th>T1-T6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TL / C</td>
<td>TL / C</td>
<td>TL / C</td>
<td>TL / C</td>
<td>TL / C</td>
<td>TL / C</td>
<td>TL</td>
<td>C</td>
</tr>
<tr>
<td>0059</td>
<td>Analyze the job function.</td>
<td>15/30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>005A</td>
<td>Analyze the physical phenomena related to medical imaging.</td>
<td>75/0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75</td>
<td>0</td>
</tr>
<tr>
<td>005B</td>
<td>Analyze situation in medical imaging from the perspective of the anatomical systems being examined.</td>
<td>45/0</td>
<td>75/0</td>
<td>0/15</td>
<td>0/15</td>
<td>120</td>
<td>30</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>005C</td>
<td>Evaluate the performance of a medical imaging machine.</td>
<td>45/0</td>
<td>45/0</td>
<td>0/15</td>
<td>0/15</td>
<td>90</td>
<td>30</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>005D</td>
<td>Resolving patient care and health-and-safety problems in medical imaging.</td>
<td>45/0</td>
<td>0/15</td>
<td>0/15</td>
<td>45</td>
<td>30</td>
<td>75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>005E</td>
<td>Assure protection in medical imaging.</td>
<td>60/0</td>
<td>0/15</td>
<td>0/15</td>
<td>60</td>
<td>30</td>
<td>90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>005F</td>
<td>Establish quality interpersonal relationship at the professional level.</td>
<td>15/0</td>
<td>0/15</td>
<td>0/15</td>
<td>15</td>
<td>30</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>005G</td>
<td>Administer the medication and contrast media used in medical imaging examinations.</td>
<td>15/0</td>
<td>0/15</td>
<td>0/15</td>
<td>15</td>
<td>30</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>005H</td>
<td>Process a diagnostic image.</td>
<td>45/0</td>
<td>60/0</td>
<td>15/0</td>
<td>0/15</td>
<td>0/15</td>
<td>120</td>
<td>30</td>
<td>150</td>
</tr>
<tr>
<td>005J</td>
<td>Perform radiographic examinations of bones, chest and abdomen.</td>
<td>90/30</td>
<td>120/45</td>
<td>0/225</td>
<td>0/180</td>
<td>210</td>
<td>480</td>
<td>690</td>
<td></td>
</tr>
<tr>
<td>005K</td>
<td>Analyze interventional and MRI examinations.</td>
<td>15/0</td>
<td>30/0</td>
<td>0/30</td>
<td>30</td>
<td>45</td>
<td>75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>005L</td>
<td>Perform radiological examinations of the anatomical systems.</td>
<td>60/0</td>
<td>105/0</td>
<td>0/75</td>
<td>0/75</td>
<td>105</td>
<td>210</td>
<td>315</td>
<td></td>
</tr>
<tr>
<td>005M</td>
<td>Perform ultrasound examinations.</td>
<td>15/0</td>
<td>30/0</td>
<td>0/30</td>
<td>0/30</td>
<td>30</td>
<td>75</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td>005N</td>
<td>Perform computed tomography examinations.</td>
<td>15/0</td>
<td>15/0</td>
<td>0/30</td>
<td>0/60</td>
<td>15</td>
<td>105</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>005P</td>
<td>Adapting an examination procedure to changes in parameters.</td>
<td>30/15</td>
<td>30</td>
<td>15</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
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Total: 2805 Contact-hours (with Gen. Ed.); 142.A0 Competencies: 2145 Contact-hours
2.6 “LOGIGRAM” OF PROGRAM COMPETENCIES (schematic diagram)

The integration and interrelationship of the program competencies are illustrated in the logigram (schematic diagram) below. A color version appears on the cover page of this manual. Explanation of this logigram is given on the back of the cover page.
### 2.7 PROGRAM COURSE GRID

**DAWSON COLLEGE: Diagnostic Imaging Program (142.A0)**

\[(T = \text{Theory hours/wk}, \; L = \text{Labs hours/wk}, \; C = \text{Clinical hours/wk}, \; S = \text{Study hours/wk})\]

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**TOTAL PROGRAM Hours:** 975 660 1170 1320 1635 2805 91.67
### 2.8 COURSE-COMPETENCY CONTACT-HOURS GRID

**DAWSON COLLEGE: Diagnostic Imaging Program (142.A0)**

**Course-Competency Contact-Hours Grid**

Total Program: 2805 Contact-hours (with Gen. Ed.)  Competencies: 2145 Contact-hours

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<th>TOT.</th>
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<tbody>
<tr>
<td>6+ 142-BZQ-DW</td>
<td>CLINICAL 10</td>
<td>15</td>
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<tr>
<td>6 142-BZS-DW</td>
<td>CLINICAL 11</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>6 142-BZT-DW</td>
<td>Integration: CLIN. 7</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

**6th Term Total:** 0 0 15 15 15 0 15 0 0 0 0 180 30 105 30 60 45 555

**T O T A L:** 60 75 150 120 75 90 45 45 150 690 75 300 105 120 45 2705 2145
Explanation of the Program Course/Course-Competency Grids

- **COLUMN HEADINGS**
  - **Terms**
    - Each term is 16 weeks long – 15 weeks of classes followed by 1 week of final exams:
      - 1st, 3rd and 5th terms begin during the 4th week of August and end during the 3rd week of December
      - 2nd, 4th and 6th terms begin during the 3rd/4th week of January and end during the 3rd/4th week of May
      - The “-” (minus) after the term number indicates that the course is given intensively before the term begins.
  - **Intensive Courses**
    - Clinical 1 (142-BZB-DW) and Clinical 7 (142-BZF-03) courses consist of a didactic component and a clinical component.
    - Clinical 2 course (142-BZD-DW) is an intensive Clinical course. The ponderation indicates 6 hours per week for 15 weeks, for a total of 90 hours. However, the Learning Activities will take place over the months of June and part of July. Clinical days include 6 hours per day (excluding lunch). The course, therefore, includes 15 days (excluding statutory holidays).
  - **Course #**
    - The first three numbers identify the department teaching the course: 101- Biology, 109- Physical Education, 142- Diagnostic Imaging, 203- Physics, 345- Humanities, 602- French, 603- English and ***- Complementary (as per student choice).
    - The middle three letters identify the course:
      - the 1st letter “B”: course given at Dawson College
      - the 2nd letter “X”: program specific course serviced by other departments: Biology/Physics/French /English/Humanities/Physical Education
      - the 2nd letter “Y”: specialty course specific to Diagnostic Imaging program
      - the 2nd letter “Z”: courses that have a clinical component in whole or in part
      - the 3rd letter “B, D, E, F, G, H…” refers to the specific course.
    - The last two numbers: student contact-hours per week (includes lecture, labs and clinical). Courses with “DW” are courses that had their ponderation changed since the implementation of the program.
  - **Course Name**
    - Different fonts represent specific categories of courses:
      - **Bold**: courses which are part of the ministerial competencies
      - **Italic**: courses from the contributing discipline (not a 142- course)
      - **Shaded**: clinical practice courses
  - **Ponderation (T, L/C, S)**
    - It is a breakdown of the total weekly teacher/student contact-hours.
    - It is usually expressed as 3 numbers separated by a “-” (e.g., 3-2-3):
      - The 1st number is the weekly theory (T) component of the course; it usually takes place in the classroom.
      - The 2nd number is the weekly laboratory (L) and or clinical 8 component of the course; if a course includes both a lab and a clinical component, the 2nd number will include the L and C.
- The 3rd number indicates the estimated weekly study time (S).
- “TL” represents the weekly contact-hours at the College.
- “TLC” represents the weekly contact-hours at the College and in Clinical.
- Total hours in a course: (T + L + C) * 15

○ **Competencies**
  
  **COMP = competency ID**
  
  ▪ The “..” after the competency ID indicates that the course includes only part of the competency.
  
  ▪ CORA = Core Block A or “formation générale” that is not program specific.
  
  ▪ CORB = Core Block B or “formation générale” that is program specific.
  
  ▪ CORC = Core Block C or “formation générale complémentaire” (optional).
  
  ▪ Most clinical courses address all competencies.

● **PROGRAM STRUCTURE**

○ **College Credits**
  
  ▪ Includes 45 hours of Learning Activities.
  
  ▪ Learning Activities (or course) includes lecture (L), labs (L), clinical (C) and study time (S).
  
  ▪ Calculation of the number of credits per courses: (T + L + C + S) * 15/45.
  
  ▪ Weekly contact-hours: T + L + C (or learning activities hours - study time).
  
  ▪ The program includes 91 ⅔ credits.

○ **Program Competencies**
  
  ▪ The 142.A0 program includes 15 competencies; all of these competencies are defined by the Ministère; each course outline describes the competencies pertaining to the course.
  
  ▪ A course may include several competencies in part or in whole.
  
  ▪ A large competency may be divided into several courses (learning activities).

○ **Formation générale vs. formation spécifique**
  
  ▪ The program includes a “formation générale” (Core A and C or General Education courses) and a “formation spécifique” (142- concentration courses and contributing discipline courses: 101-/203- courses).
  
  ▪ A portion of the “formation générale” is program specific (“BX*” or Core B courses).

○ **Ministerial vs. Collegial Portion of the Program**
  
  The ministerial portion of the program (competencies) is common to other colleges offering the same discipline. The collegial portion of the program (Learning Activities or courses) is specific to each college.
2.9 CLINICAL PRACTICE

2.9.1 Summary of Clinical Courses Grid

<table>
<thead>
<tr>
<th>CLINICAL COURSES</th>
<th>COURSE NUMBER</th>
<th>DATES</th>
<th>WEEKS</th>
<th>TOTAL HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical 1 (Term 1)</td>
<td>142-BZB-DW (04)</td>
<td>3.5 days in August to 1 day in December</td>
<td>1.0</td>
<td>30</td>
</tr>
<tr>
<td>Clinical 2 (Term 3)*</td>
<td>142-BZD-DW (06)</td>
<td>June to July</td>
<td>3.0</td>
<td>90</td>
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<tr>
<td>Clinical 3 (Term 5)</td>
<td>142-BZG-DW (18)</td>
<td>August to October</td>
<td>9.0</td>
<td>270</td>
</tr>
<tr>
<td>Clinical 4 (Term 5)</td>
<td>142-BZH-DW (17)</td>
<td>October to December</td>
<td>8.5</td>
<td>255</td>
</tr>
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<td>Clinical 5 (Term 6)</td>
<td>142-BZI-DW (17)</td>
<td>January to March</td>
<td>8.5</td>
<td>255</td>
</tr>
<tr>
<td>Clinical 6 (Term 6)</td>
<td>142-BZK-DW (17)</td>
<td>March to May</td>
<td>8.5</td>
<td>255</td>
</tr>
<tr>
<td>Clinical 7 (Term 6)</td>
<td>142-BZF-03</td>
<td>January to May</td>
<td>0.5</td>
<td>15</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>39.0</strong></td>
<td></td>
<td><strong>1170</strong></td>
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</tr>
</tbody>
</table>

* Clinical 2 pre-registration will be done after the final exams of Term 2 courses.

2.9.2 Clinical Affiliations
- The Diagnostic Imaging Program is affiliated with the McGill University Health Center (MUHC) which includes the Montreal General Hospital (MGH), the Royal Victoria Hospital (RVH) and the Montreal Children’s Hospital (MCH), as well as with the Jewish General Hospital (JGH), St. Mary’s Hospital Center (STM) and the Centre de santé et de services sociaux de l’ouest-de-l’île (CSSS-ODI / Lakeshore General Hospital – LGH). Several participating sites (clinics) are used to complement clinical rotations.
- The Clinical Coordinator (CC) at the College is responsible for the overall coordination of the clinical courses.
- The Clinical Instructors (CI) are responsible for the clinical teaching, evaluation and the scheduling of clinical rotations.
- The Clinical Liaisons (CL) are faculty members who assist the CIs with clinical related tasks throughout the program.

2.9.3 Clinical Placement Policy *(Revised: January 2014)*

This policy has been drawn up in consultation with the Clinical Instruction and Advisory Committees.
- **Preamble**
  Clinical 1 (Term 1) and Clinical 2 (Term 3) are offered during the didactic portion of the program.
  Clinicals 3 & 4 (Term 5) and Clinicals 5, 6 & 7 (Term 6) are offered during the 3rd year of the program.
Clinical Placement
A student may be placed at any clinical partner site (hospital) for any of the clinical courses. The participating sites (clinics) are used to complement some of the 4th term courses and 3rd year clinical courses.

Conflict of Interest Disclosure:
- To ensure equitable and fair evaluation of each student, the Department reserves the right to make decisions regarding clinical placement to avoid potential conflicts of interest.
- In the clinical setting, a conflict of interest is defined as a situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his/her professional duties as a preceptor. For example, a relative or spouse is employed in the medical imaging department of the clinical site at which a student is placed and is in a position to train and/or evaluate the student’s performance, or by virtue of their authority, influence the evaluation of the student’s performance.
- The student will be required to sign a “conflict of interest” disclosure at the beginning of the 2nd and 4th terms of the program. It is the student’s responsibility to advise the Program Coordinator of any changes in their status as they occur. Failure to disclose a conflict of interest is a violation of professional conduct (see section 2.15.4.1).
- In a situation where an unforeseen conflict of interest exists or develops, the Department will take immediate remedial action.

Placement for Clinical 1 (1 week)
The Clinical Instruction Committee recommends to the DI Program the maximum number of students per clinical site for this course.

The Program Coordinator distributes the students among partner sites before the start of Clinical 1.

Placement for Clinical 2 (3 weeks)
The Clinical Coordinator assigns students to a site other than their Clinical 1 site based on the number of available places in May. These assignments are tentative; students may be reassigned just prior to the beginning of Clinical 2 based on the number of students who successfully complete the 2nd term.

Placement for Clinicals 3 to 7 (35 weeks)
The student will be assigned to one of the partner clinical sites.

The Clinical Coordinator will survey the students at mid-term of the 4th term to solicit three (3) preferences from available partner sites for their third year hospital assignment. No priority will be given to the choices.

Selection for clinical placement will be decided by the Department in consultation with the Clinical Instructors. Efforts will be made to respect the student’s choices while optimizing the use of clinical places available, without unduly straining the resources of any one clinical partner.

Request for Hospital Transfer During the 3rd Year:
- If a student is dissatisfied with his/her 3rd year hospital assignment, he/she must first discuss the matter with the current Clinical Instructor before submitting a written request to the Clinical Coordinator. The request must state the reason for requesting the transfer.
- The Clinical Coordinator will first meet with the student and, if necessary, forward the student’s request to the Program Coordinator, the relevant Clinical Instructors and the Chief Technologists.
A committee, composed of the Program Coordinator, the Clinical Coordinator and the Clinical Instructors of both sites involved, will evaluate the request and make the final decision based on the arguments presented and the clinical space available. The committee reserves the right to consult with the Chief Technologists if needed. The Clinical Coordinator will inform the student, in writing, of the decision made by the committee. The committee deliberations will be kept in strictest confidence.

**Conditions of the Transfer:**
- The request for transfer will only be accepted in the second half of the 5th term.
- Requests for transfer will not be accepted if a clinical space at the transfer site is not available.

2.9.4 **Hospital Policies**
- Students are required to follow the rules and regulations of their assigned clinical sites. Details are given to students by the clinical instructors at each partner site during the orientation session.

2.9.5 **CPR Requirements**
- The 2nd year student class representative is responsible for making the arrangements for the CPR certification course in consultation with the Program/Clinical Coordinators. All students must be certified at the minimum level C+ (Heart & Stroke Foundation or Red Cross). This certification should take place prior to the beginning of the 3rd year of the program.

2.9.6 **Immunization Update**
- All inquiries and documentations related to immunization must be submitted directly to the nurse of the College’s Health Services (Room 2D.2).
- Students are responsible for ensuring that all of their immunization requirements are completed within the prescribed time. Failure to comply with this requirement will prohibit the student from entering a clinical rotation.

2.9.7 **Dress Policy (Revised: May 2008)**
- **This policy applies to the clinical segments of the program:**
  - Photo ID badges and personal dosimeters must be worn at all times.
  - Clean, predominantly white shoes must be worn: platforms, high heels, open-toed shoes and clogs will not be accepted.
  - The official Dawson uniform must be worn at all times.
  - Socks are to be worn with shoes.
  - Long hair must be put up or tied back.
  - Unnatural hair colouring, extreme styling (e.g., spikes) are unacceptable.
  - Jewellery should be conservative and kept to a minimum.
  - Conservative plain stud earrings are allowed in the ears.
  - No visible facial or body piercing.
  - Bright nail polish, artificial nails and strong perfume / cologne are considered inappropriate.

- Students should bear in mind that there are certain advantages to wearing a uniform:
  - It is a quick means of identification and a positive stereotype in matters as simple as gaining admission to a patient’s room.
Some patients feel more comfortable with a uniformed technologist who is about to begin a procedure that would be inappropriate in a social setting.
- The uniform is designed for durability and movement.
- The uniform is an economical mode of dress.

2.10 ADMISSION REQUIREMENTS AND COURSE PRE-/CO-REQUISITES

2.10.1 Admission Requirements
- Diploma of Secondary Studies
- Mathematics 436 (or 564-406 or 565-406) and Physical Science 436 (or 558-404 or 558-402) for Diagnostic Imaging
- Biology (desirable)
- Interview (eligible applicants only)
- Immunization requirements and certificate of medical health once admitted
- Must be eligible to take College English 603-101 (Testing may be required)
- Must be eligible to take Basic French 602-100 (Testing may be required)
- Higher levels of Math-536 (or 009-College) and Physics-534 (or 006-College) are strongly recommended in order to improve chances of admission and success in the program

2.10.2 Course Pre-/Co-requisites
- All courses in a given term are pre-requisites for the following term, as well as the Physics (203-BXB-05) and Biology (101-BXD-05) courses.
- Students are required to follow the published Program Course Grid in each term. Co-requisites are specified in each course outline.
2.11 GRADUATION, CERTIFICATION AND WORKING PERMIT REQUIREMENTS

2.11.1 Comprehensive Examination *(Revised: Fall 1998)*

- Diagnostic Imaging students will have to successfully complete a Comprehensive Examination in their professional discipline in order to qualify for the DEC, and be eligible to write the OTIMROEPMQ examination. This examination will be given during the graduating (6th) term, and will be structured as follows:

  - **Format and Evaluation**
    1. **Written Component: 50%**
       a. Multiple choice questions based on case studies (Mock OTIMROEPMQ exams) (40%)
       b. Written assignment(s) which demonstrate(s) the ability to present information clearly and concisely (e.g., report, a research paper). (10%)
    2. **Clinical Component: 30%**
       A practical examination conducted by the Clinical Instructor and/or Clinical Coordinator.
    3. **Oral Examination: 20%** (Involves the Radiological Community)
       These examinations will be conducted by: Chief Technologists, Radiologists/Radiotherapists and/or Senior Technologists and may include a French component.

  - **Evaluation**
    A minimum mark of 60% is required in each of the three components, written, clinical and oral, to pass the Comprehensive Examination.

  - **Time Frames and Procedures for Re-Testing**
    The oral component and written assignment will be conducted during the first two weeks of May.
    The written component (Mock exam) will be conducted during the final examination period.
    Re-testing will be conducted only in the component(s) in which the candidate is not successful. An unsuccessful student will have an opportunity to rewrite the failed component(s) before the end of May.
    If the candidate is still unsuccessful, he/she will be given an opportunity to rewrite the failed component(s) in mid-June.

2.11.2 Graduation Requirements

- To obtain a *diplôme d'études collégiales* (DEC), students must complete the following:
  - General Education (26.67 credits), including two French credit courses and three English credit courses – some students may be required to take and pass additional non-credit language courses prior to taking the credit language courses;
  - Concentration courses (65 credits) – Diagnostic Imaging, Physics and Biology courses;
  - English Exit Test – this test can be taken after completion of the three Block “A” English courses (602-101/602-102/602-103);
  - Comprehensive Examination, which is embedded in the Integration course 142-BZF-03;
  - Meet the College’s and DI Program’s Academic Standing and Advancement Policies, other Program Policies and the Professional Conduct Requirements of the program.
2.11.3 OTIMROEPMQ Certification Exam

- Students who meet the graduation requirements are eligible to write the OTIMROEPMQ provincial and/or the Canadian Association of Medical Radiation Technologists (CAMRT) national certification examinations.

2.11.4 Working Permit in Quebec and OQLF

- To obtain a working permit in Quebec, graduates from this program must:
  - Obtain an OTIMROEPMQ certificate;
  - Obtain a certificate from the “Office québécois de la langue française” (OQLF). Students must apply to the OQLF to register for the French Proficiency Exam. Application forms are available through the DI Department Chairperson:
    - Even though a graduate may have passed the OTIMROEPMQ certification exam, the OTIMROEPMQ will only grant a working permit in Quebec to those who have passed the OQLF exam or to those who have received an exemption. Students who qualify for exemption must submit the appropriate documentation to the OTIMROEPMQ. Information on the conditions for exemption can be obtained from the OQLF website: [http://www.oqlf.gouv.qc.ca/index.html](http://www.oqlf.gouv.qc.ca/index.html)
    - Students who have passed the OTIMROEPMQ certification exam but have not obtained the OQLF certificate are still eligible to work in the rest of Canada through reciprocity with the CAMRT;
  - Register to become an OTIMROEPMQ member and pay the required membership fee (specific information pertaining to the fees can be found at [http://www.otimroepmq.ca/LaProfession/Devenir%20technologue/CanditatsQuebec/Frais%20exiges.aspx?sc_lang=fr-CA](http://www.otimroepmq.ca/LaProfession/Devenir%20technologue/CanditatsQuebec/Frais%20exiges.aspx?sc_lang=fr-CA)).

2.11.5 CAMRT Reciprocity (Canada)

- Students who graduate from a Canadian Medical Association (CMA) accredited program in Quebec and successfully pass the OTIMROEPMQ certification exam have reciprocity to work in the rest of Canada through the CAMRT, but are required to register with the order (college) in the province in which they intend to practice. Dawson’s Diagnostic Imaging Program has been fully accredited with the CMA since the program began in 1969.

2.11.6 Working Permit Outside of Canada

- The CAMRT has reciprocity with several countries. For details visit the following site: [http://www.camrt.ca](http://www.camrt.ca)
- Graduates of this program may be eligible to write the American Registry of Radiologic Technologists (ARRT) certification exam. For details visit the following site: [http://www.arrt.org](http://www.arrt.org)
2.11.7 Career and Employment Opportunities

- Graduates of the Diagnostic Imaging Program are more likely to work in general radiography. Opportunities to work in specialized areas such as Computed Tomography, Ultrasound and Magnetic Resonance Imaging are available, preferably after acquiring a few years of clinical experience and upon completion of appropriate professional development courses.


- Some positions may require evening and night shift work.

- The OTIMROEPMQ, the CAMRT, as well as several schools and universities in Canada and other countries, offer specialized distance-education for technologists who are seeking professional advancement.

- The principal employers are hospitals and clinics. Some positions in the industry (X-Ray equipment vendors/suppliers) and in education are also available for those who have supplemented their experience with further studies.
### 2.12 COSTS RELATED TO THE PROGRAM

#### 2.12.1 Required Textbook List

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Books &amp; Course Manuals</th>
<th>Cost (Approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1 Term 1</strong></td>
<td><strong>Textbooks identified with the letter (A) are available as a package ($690) with an e-version (Evolve Select) and can ONLY be purchased at the College bookstore.</strong></td>
<td></td>
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</tbody>
</table>
| 142-BZB-DW    | Introduction to Radiology             | 1- Program Manual, by Diagnostic Imaging Program  
2- Course Manual, by Diagnostic Imaging Program  
3- *(A)* Radiologic Science for Technologists: Physics, Biology & Protection, by Bushong, 10th Ed., 2013 (Elsevier); Text & E-Book                                      | $0             |
|               |                                       |                                                                                                    | $18            |
|               |                                       | Incl. (A)                                                                                                                                                                                                                   |                |
| 203-BXB-05    | Physics of Radiology                  | 1- Radiologic Science for Technologists: Physics, Biology & Protection, by Bushong, 10th Ed., 2013 (Elsevier); Text & E-Book  
2- Course Manual, by Mary Ann Hoskin  
3- *(A)* Radiologic Science for Technologists: Physics, Biology & Protection, by Bushong, 10th Ed., 2013 (Elsevier); Text & E-Book  
4- *(A)* Radiologic Science for Technologists: Physics, Biology & Protection, by Bushong, 10th Ed., 2013 (Elsevier); Text & E-Book                                      | $33            |
|               |                                       | Incl. (A)                                                                                                                                                                                                                   |                |
| 142-BYB-03    | Anatomy of Diagnostic Imaging         | 1- Course Manual, by Mary Ann Hoskin  
2- *(A)* Radiographic Positioning & Related Anatomy, by Bontrager & Lampignano, 8th Ed., 2014 (Elsevier); Text and E-Book  
3- *(A)* Radiographic Positioning & Related Anatomy, by Bontrager & Lampignano, 8th Ed., 2014 (Elsevier); Workbook  
|               |                                       |                                                                                                    | $78            |
|               |                                       |                                                                                                    | $6             |
|               |                                       | Incl. (A)                                                                                                                                                                                                                   |                |
| 142-BYD-04    | Patient Care & Health/Safety          | 1- Course Manual, by Mary Ann Hoskin & Vicky Fusco  
2- Patient Care in Imaging Technology, by L. Torres & T. Linn-Watson, 8th Ed. (Lippincott, Williams & Wilkins); ISBN: 9781451115659  
4- *(A)* Mosby’s Dictionary of Medicine, Nursing & Health Professions, 9th Ed. (Elsevier); E-Book                                      | $17            |
|               |                                       |                                                                                                    | $78            |
|               |                                       |                                                                                                    | $6             |
|               |                                       | Incl. (A)                                                                                                                                                                                                                   |                |
| 142-BYE-03    | Basic Radiographic Imaging            | 1- Course Manual & Study Guide, by Roger Caissy & Tony Montiel  
2- Radiologic Science for Technologists: Physics, Biology & Protection, by Bushong, 10th Ed., 2013 (Elsevier); Text & E-Book                                      | $17            |
|               |                                       |                                                                                                    |                |
| **Year 1 Term 2**                                                                                                               | **Textbooks identified with the letter (B) are available as a package ($383) with an e-version (Evolve Select) and can ONLY be purchased at the College bookstore.**                                                                 |                |
| 101-BXD-05    | Biology of Radiology                  | 1- TBA                                                                                                                                                                                                                     | TBA            |
| 142-BYF-04    | Apparatus & Digital Imaging 1         | 1- Course Manual, by Roger Caissy  
2- Radiologic Science for Technologists: Physics, Biology & Protection, by Bushong, 10th Ed., 2013 (Elsevier); Text & E-Book                                      | $33            |
| 142-BYG-03    | Image Quality                         | 1- Course Manual, by Roger Caissy  
2- Radiologic Science for Technologists: Physics, Biology & Protection, by Bushong, 10th Ed., 2013 (Elsevier); Text & E-Book                                      | $20            |
| 142-BYH-06    | Radiography 1 (Extremities)           | 1- Course Manual, by Linda Arsenault & Vicky Fusco  
2- *(B)* Radiographic Image Analysis, by McQuillen & Martensen, 3rd Ed., 2011 (Elsevier); Text & E-Book  
3- *(B)* Radiographic Image Analysis, by McQuillen & Martensen, 3rd Ed., 2011 (Elsevier); Workbook  
4- *(B)* Comprehensive Radiographic Pathology, by Eisenberg & Johnson, 5th Ed., 2012 (Elsevier); Text and E-Book  
5- Radiographic Positioning & Related Anatomy, by Bontrager & Lampignano, 8th Ed., 2014 (Elsevier); Text, E-Book & Workbook                                      | $20            |
<p>|               |                                       | Incl. (B)                                                                                                                                                                                                                   |                |
|               |                                       | Incl. (B)                                                                                                                                                                                                                   |                |
|               |                                       | Incl. (B)                                                                                                                                                                                                                   |                |</p>
<table>
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<tr>
<th>Year 2 Term 3</th>
<th>Textbooks identified with the letter (C) are available as a package ($346) with an e-version (Evolve Select) and can ONLY be purchased at the College bookstore.</th>
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<tbody>
<tr>
<td>142-BYK-04</td>
<td>Radiography 2 (Trunk) 1- Course Manual, by Mary Ann Hoskin &amp; Christina Papathanasopoulos 2- (C) Sectional Anatomy for Imaging Professionals, by Kelley &amp; Peterson, 3rd Ed., 2013 (Elsevier); Text &amp; E-Book 3- Radiographic Positioning &amp; Related Anatomy, by Bontrager &amp; Lampignano, 8th Ed., 2014 (Elsevier); Text, E-Book &amp; Workbook 4- Radiographic Image Analysis, by McQuillen &amp; Martensen, 3rd Ed., 2011 (Elsevier); Text, E-Book &amp; Workbook 5- Comprehensive Radiographic Pathology, by Eisenberg &amp; Johnson, 5th Ed, 2012 (Elsevier); Text, E-Book &amp; Workbook 6- (C) Comprehensive Radiographic Pathology, by Eisenberg &amp; Johnson, 5th Ed., 2012 (Elsevier); Workbook</td>
<td>$18 Incl. (C)</td>
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<tr>
<td>142-BYM-04</td>
<td>Radiography 3 (Skull) 1- Course Manual, by Linda Arseneault 2- Sectional Anatomy for Imaging Professionals, by Kelley &amp; Peterson, 3rd Ed., 2013 (Elsevier); Text &amp; E-Book 3- Radiographic Positioning &amp; Related Anatomy, by Bontrager &amp; Lampignano, 8th Ed., 2014 (Elsevier); Text, E-Book &amp; Workbook 4- Radiographic Image Analysis, by McQuillen &amp; Martensen, 3rd Ed., 2011 (Elsevier); Text, E-Book &amp; Workbook 5- Comprehensive Radiographic Pathology, by Eisenberg &amp; Johnson, 5th Ed, 2012 (Elsevier); Text, E-Book &amp; Workbook</td>
<td>$15</td>
</tr>
<tr>
<td>142-BZD-DW</td>
<td>Clinical 2 (Intensive) 1- Diagnostic Imaging Logbook 2- Instructional Objectives for Clinical 2</td>
<td>$4 $0</td>
</tr>
<tr>
<td></td>
<td>Year 2 Term 4</td>
<td></td>
</tr>
<tr>
<td>142-BYP-DW</td>
<td>Radiography of Systems 1 1- Course Manual, by Linda Arseneault 2- Radiographic Positioning &amp; Related Anatomy, by Bontrager &amp; Lampignano, 8th Ed., 2014 (Elsevier); Text, E-Book &amp; Workbook 3- Sectional Anatomy for Imaging Professionals, by Kelley &amp; Peterson, 3rd Ed., 2013 (Elsevier); Text &amp; E-Book 4- Radiographic Image Analysis, by McQuillen &amp; Martensen, 3rd Ed., 2011 (Elsevier); Text, E-Book &amp; Workbook 5- Comprehensive Radiographic Pathology, by Eisenberg &amp; Johnson, 5th Ed, 2012 (Elsevier); Text &amp; E-Book</td>
<td>$27</td>
</tr>
</tbody>
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NOTE: Selection and cost of books/manuals are subject to change without notice.

2.12.2 Tuition and Student Fees

- Tuition is free for Canadian citizens or landed immigrants with permanent residence in Quebec taking at least four courses per term, although there are student fees for the Fall and Winter semesters. A full description of student fees is available on the College’s home webpage under “Services/Students Fees” or from the following web link: http://www.dawsoncollege.qc.ca/finance/student-fees/

2.12.3 OTIMROEPMQ Fees: Student Membership and Certification Exams

- At the beginning of the 1st term, students must be registered with the OTIMROEPMQ for a fee of approximately $145. Application forms must be completed and returned to the OTIMROEPMQ by July 1st of the year of entry to the program. A late registration fee will apply. Any student who does not comply with this requirement will not be permitted to begin the intensive introductory course and, consequently, will be de-registered from the DI Program and College.

- The OTIMROEPMQ/CAMRT certification exams cost approximately $920 (2015). These fees are subject to change (see section 2.12.4 for the link).

2.12.4 Uniform Costs

- Students are required to purchase one or two uniforms (approximately $60/each, excluding shoes) for the clinical component of the program. Uniforms must be purchased through the Dawson College provider.
2.12.5 CPR Costs
   ○ Approximately $60.

2.12.6 Calculator Costs
   ○ Students will require a scientific non-programmable calculator.
   ○ Approximately $20.

2.12.7 Financial Aid
   ○ Financial aid is available; contact (514) 931-8731, ext. 1186 for more information
     (Office 2E.8-B).
     http://www.dawsoncollege.qc.ca/financial-aid/

2.12.8 Employed While in the Program
   ○ We do not recommend that students work more than 8 to 10 hours/week during the regular
     terms, particularly if they have a full course load.
   ○ Keep in mind that, in addition to the classes and labs, students must spend additional time in
     the labs to practice positioning and complete reports and assignments (lab availability).

2.13 ACADEMIC SUPPORT AND ADVISING

2.13.1 Support and Feedback from Staff and Faculty
   ○ Academic support is available through office hours, which are stated in each course outline
     and are posted outside the teacher’s office and 4A.15 digital lab, as well as on the CMS.
   ○ Most teachers offer regular seminars and supplemental review sessions throughout the
     term.
   ○ Many courses also include learning activities and on-line image critiques/videos to assist
     students in developing the course competencies. See course outlines for specifics.
   ○ The Laboratory Technologists also provide supervision and support to students during
     scheduled labs and lab availability.
   ○ The Program Coordinator meets at least once per term with students to ensure their success
     in the program.
   ○ The Clinical Coordinator, the Clinical Liaisons and the Clinical Instructors also provide valuable
     information and advice to students on all clinical matters.
   ○ The DI Program strongly recommends that students meet regularly with their teachers on
     any matter that may affect their success in the course.
   ○ The development of student professional conduct is assisted through written and oral
     feedback that teachers provide on the students’ self-assessments.
   ○ Students who wish to seek the services of an Academic Advisor should contact the Program
     Coordinator for details.
2.13.2 Peer Tutoring & Other Academic Support

- Peer tutoring is encouraged. Students who would like to get this additional support should contact their class representative and/or the Program Coordinator.
- The Academic Skills Centre offers a variety of other academic support.
- The Centre de Langue Écrite et Orale (CLÉO) offers assistance with the French language.

2.13.3 Student Class Representative  *(Revised: May 2013)*

- **Election**
  Each term, students from each year will nominate and elect, by closed ballot, a representative who will act as a spokesperson for the class. The representative from each year will attend departmental meetings at least once per term. During the clinical year, this representative will attend at least one Clinical Instruction Committee meeting per term.

- **Role and Responsibilities**
  The student class representative shall act as a liaison between the student body and the faculty. The representative will present the views of the class to the faculty and provide feedback to the class on the outcome of the meetings. Please note that the topics discussed in the presence of the class representatives are not confidential. Topics that cannot be revealed to the whole class will not be discussed. During the 3rd year, i.e., Clinical Practice, the class representative will phone all hospitals so that the opinions expressed by him/her will reflect the views of all of the clinical students, and not the views of students from only one hospital.

- **Nominations**
  During the first four weeks of the first term, students shall be nominated, by closed ballot, by members of the class. For subsequent terms, the nominations take place earlier than the fourth week of term. The nominee has the right to refuse to stand for office. When nominations have been completed, the class proceeds to the election.

- **Term of Office**
  The term of office shall be for one term, but can be renewed for a second term by closed ballot. At the end of the fourth term, nominations and elections take place for the clinical year.
2.14 PROFESSIONAL CONDUCT

2.14.1 Code of Ethics of the CAMRT

- http://www.camrt.ca/mrt-profession/professional-resources/code-of-ethics/

Members of the Canadian Association of Medical Radiation Technologists (CAMRT) recognize their obligation to identify, adopt and promote exemplary professional standards of practice, conduct and performance. The CAMRT Code of Ethics has been developed by members to articulate the ethical behaviour expected of all medical radiation technologists and to serve as a means for reflection and self-evaluation.

- While performing professional activities, medical radiation technologists shall uphold the vision of the CAMRT by adhering to the following tenets of ethical conduct.

**Patient respect and dignity**
Medical radiation technologists shall:

- Treat patients and families with respect and dignity;
- Assist patients and families to make informed decisions regarding care;
- Facilitate the patient’s free and informed choices;
- Provide the patient with an accurate description of all procedures and associated risks in a truthful and comprehensible manner;
- Answer patient questions fully and honestly within the limits of their knowledge and authority/responsibility;
- Participate in the formal consent process by ensuring patient willingness to participate in the procedure;
- Respect the patient’s right to refuse or withdraw from treatment;
- Take steps to ensure the physical privacy of the patient;
- Maintain the confidentiality of information provided by or about the patient, as well as anything contained in the patient record, except as part of standard therapeutic information sharing within the health care team, or where required by law.

**Patient centered care and safety**
Medical radiation technologists shall:

- Practice only those procedures for which the member is qualified, or has been properly delegated by the appropriate institutional authority, where the member has the requisite knowledge, skills and judgment to ensure competence;
- Practice only those disciplines of medical radiation technology in which the member is certified by the Association and is currently competent;
- Incorporate risk management principles into routine practice in order to minimize risk;
- Conduct all procedures and examinations in keeping with current safety standards;
- Make use of appropriate professional and institutional mechanisms to intervene when witness to unsafe, incompetent or unethical practice.

**Fairness, accountability and integrity**
Medical radiation technologists shall:

- Provide care to all regardless of race, national or ethnic origin, colour, gender, sexual orientation, religious or political affiliation, age, type of illness, mental or physical ability;
- Prioritize the use of resources according to need;
- Utilize and distribute resources over which they have control in a fair and responsible manner;
- Be accountable for their actions and conduct themselves with honesty and integrity in all of their professional interactions;
- Avoid any activity that creates a conflict of interest or violates any local, provincial or federal laws and regulations;
- Avoid exploiting the vulnerability of patients by entering into dual or non-therapeutic relationships;
- Advocate for working environments that support safe, competent and ethical practice;
- Assume responsibility for errors committed and take immediate action to prevent or minimize associated harm;
- Recognize that while patients must seek diagnostic information from their physician, an impression expressed to another health care professional with regard to the appearance of a procedure or examination may assist in diagnosis or treatment;
- Educate patients, students and professional colleagues about practices and procedures pertinent to medical radiation technology;
- Reflect on practice to promote the development of informed, knowledgeable and safe practice;
- Monitor their performance to ensure continuing competence;
- Contribute to interdisciplinary collaboration and the development of partnerships which contribute to positive patient outcomes;
- Strive to be a role model for other members of the health care team by demonstrating responsibility, cooperation, accountability and competence in meeting the health care needs of the public;
- Participate in continuing professional development, research and the utilization of best practice methods;
- Participate in collaborative problem solving to promote knowledge transfer and exchange, support appropriate decision making and facilitate human resource succession planning;
- Participate in the affairs of the Association in a responsible and professional way.

2.14.2 Code of Ethics of the OTIMROEPMQ

○ The OTIMROEPMQ Code of Ethics is available in its entirety at the following link: https://www.OTIMROEPMQ.ca/ProtectionPublic/CodeDeontologie.aspx
2.15 ACADEMIC STANDING AND ADVANCEMENT POLICY
(Approved by Senate on June 7, 2012)

2.15.1 Preamble
- To be in good standing and to register unconditionally, students must meet the requirements of the College Academic Standing and Advancement Policy, as well as the Program requirements.
- Students are advised to consult the College’s Institutional Student Evaluation Policy (ISEP, p. 22) for the College’s policy on Academic Standing and Advancement requirements; the Diagnostic Imaging Program’s specific policy can be found below in section 2.16.3.

2.15.2 College Policy
- **Academic Standing**
  To be in good standing and to register unconditionally:
  - Students must have passed more than 50% of their courses for the year (not including summer school).
  - Students admitted in January must pass more than 50% of their courses in that term.
  - Students must also meet the standards of their particular program. If that policy is more stringent than the College Policy, the program policy (DEC or AEC) takes precedence.

Students who do not fulfill the above conditions may register only with the permission of the Academic Standing Appeals Committee.

2.15.3 Program Policy
- **Academic Standing**
  Students’ standing is determined at the end of each term according to the criteria that follow.

  Students will be allowed to remain in the Program under the following conditions:
  - Students must not fail more than one of their Diagnostic Imaging specific education (Concentration) (142) courses in a term, as well as Physics of Radiology (203-BXB) and Biology of Radiology (101-BXD).
  - Students must not fail the same specific education (Concentration) course twice, including Physics of Radiology (203-BXB) and Biology of Radiology (101-BXD).
  - Students must complete the Program within five years and can repeat the same academic year only once.

  Failure to meet any of the above conditions will result in expulsion from the Program and the college.

  Expelled students have the right to appeal the expulsion to the College Academic Standing Appeals Committee. Students who are re-admitted to the Program following an appeal are required to remain in good standing for two consecutive terms in order to remain in the Program.

- **Advancement**
  Students are allowed to advance to the following term of studies under the following conditions:
  - To advance to Term 2, students must pass all Diagnostic Imaging Specific Education...
(Concentration) (142) courses as well as the Physics of Radiology (203-BXB) course.

- To advance to Term 3, students must pass all Diagnostic Imaging Specific Education (Concentration) (142) courses as well as the Biology of Radiology (101-BXD) course.
- To advance to Term 4, students must pass all Diagnostic Imaging Specific Education (Concentration) (142) courses.
- To advance to Term 5, students must have successfully completed all Diagnostic Imaging Term 1 to 4 courses, as well as the general education courses.
- Students must pass both clinical courses in Term 5 (Clinical 3 & 4) in order to advance to Term 6.

Students who are not allowed to advance to the following term will be allowed to remain in the Program. They must request permission to resume studies and repeat the failed course in the following year. Meanwhile, they will be allowed to take general education courses. Students not taking any courses in a term must reapply to the College by the application deadline.

The Program Coordinator may recommend an exception to standing and advancement decisions in extenuating circumstances.

### 2.15.4 Professional Conduct

#### 2.15.4.1 Professional Conduct Policy

- The medical nature of the Diagnostic Imaging Program requires that students develop professional behaviours and ethical skills in addition to the essential program competencies. They are expected to be trustworthy, cooperative, respectful towards others and to take responsibility for their training. Throughout the program, students will receive on-going feedback to assist them in developing an awareness of personal behaviours that are deemed acceptable in the medical imaging profession, as well those behaviours which may require improvement or modification.

- As prospective health care professionals, students in the Diagnostic Imaging Program must display the same degree of integrity and honesty that will be expected of them when they become qualified medical radiation technologists. Medical radiation technologists use radiation as a diagnostic tool. Since radiation exposure is biologically harmful as well as cumulative, any dishonesty in the use of radiation is considered to be a serious breach of ethical conduct. Taking the above into consideration, all Diagnostic Imaging students must display a high degree of integrity and honesty during training.

- Diagnostic Imaging students are expected to behave in a professional manner, both on campus and at the clinical sites. During their training, they are also expected to conform to the specific rules and regulations of the clinical sites, and to respect the Codes of Ethics of the Canadian Association of Medical Radiation Technologists (CAMRT) and the *Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec* (OTIMROEPMQ).

- The procedure for expelling students from the program on the basis of professional conduct will be applied in accordance with the College’s Institutional Student Evaluation Policy (ISEP). The sanction may be without prior notice if the behavior is deemed dangerous.
○ In the absence of availability of College staff, the Chief Technologist of the clinical site may temporarily suspend students without notice if they display behavior that affects the functioning of the department and/or the safety of staff and/or patients.

○ Violations of the following are considered examples of inappropriate behaviour:
  ▪ Sense of professional and personal responsibility in all aspects of the training;
  ▪ Dependability (reliability, punctuality, attendance, follow-through on responsibilities, cooperation);
  ▪ Appropriate communication and collaboration with other students, teachers, clinical instructors and other clinical site staff;
  ▪ Honesty in the submission of all work;
  ▪ Respect for cultural and ethnic diversity;
  ▪ Behaviour which is consistent with the rules and regulations governing the general operation of the laboratory or clinical setting;
  ▪ Strict adherence to established protocols;
  ▪ Application of safe work practices;
  ▪ Ability to deal effectively and responsibly with stressful situations in the laboratory or clinical setting;
  ▪ Respect of patient confidentiality.

○ Students who have been expelled on the basis of professional conduct may appeal the decision to the Academic Dean.

2.15.4.2  Procedure for Assessment of Professional Conduct

○ **Introduction to Radiology** – 142-BZB-03 (Intensive):
  ▪ A written assessment will be completed by the Clinical Instructor and/or Clinical Liaison(s) at each clinical site and reviewed with each student following the three days of the clinical rotation.

○ **1st to 4th Term Didactic Courses**
  ▪ Each student will complete a self-assessment at mid-term using a professional conduct form. The assessment will be reviewed by the department faculty and discussed with each student. A follow-up action plan will be developed as necessary.

○ **Assessments of Professional Conduct During Clinical Courses**
  ▪ These assessments are an integral part of clinical training and are completed on a weekly or bi-weekly basis by the preceptors or Clinical Instructor. The assessment of professional conduct carried out in the clinical courses is more specific than in the didactic component. Course outlines for the clinical courses include more information on the criteria.

○ A professional conduct assessment may be carried out at any time by the Department, whenever it is deemed necessary.
2.15.4.3  Assessment of Professional Conduct Form

**Assessment of Professional Conduct**

| Student Name: _______________________________ | Student Number: ________________ |
| Program __________________ | Term: ___________ | Date: ________________ |
| Evaluator(s): ____________________ / ____________________ / _____________________ |

**Assessment Scale:**

- **[ 2 ]** = The student exceeds reasonable expectations – outstanding behaviour is demonstrated.
- **[ 1 ]** = The student meets reasonable expectations – the desired behaviour is demonstrated.
- **[ 0 ]** = The student does not meet reasonable expectations – improvement in behaviour is required.
- **[N/A]** = Not applicable or unable to assess the behaviour.

**Part A: Personal Skills**

<table>
<thead>
<tr>
<th>#</th>
<th>COMPETENCIES / definition(s)</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 1 | **MOTIVATION:**  
- demonstrates interest and enthusiasm towards his/her studies .............  
- strives to achieve objectives ........................................................................ | [ ] |          |
| 2 | **INITIATIVE:**  
- works with a minimum of directives and supervision ..........................  
- demonstrates assertiveness in appropriate situations .......................... | [ ] |          |
| 3 | **RESPONSIBILITY:**  
- *organizes efforts to achieve objectives* ........................................  
- *demonstrates effort and success at self-improvement* .........................  
- *demonstrates dependability when called upon to do something* .............  
- exercises good judgment and common sense ........................................  
- utilizes available support services effectively ....................................... | [ ] |          |
| 4 | **MORAL ATTITUDE:**  
- *is respectful of the rights of others* ...........................................  
- *is respectful of property, including the Dept’s resources and facilities...*  
- *recognizes the importance of honesty* ............................................. | [ ] |          |
| 5 | **STRESS MANAGEMENT:**  
- demonstrates ability to cope with stressful situations ........................  
- seeks assistance when appropriate ......................................................... | [ ] |          |
| 6 | **CLASSROOM BEHAVIOUR:**  
- is attentive and responds readily to questions ......................................  
- actively participates in class/lab discussions and activities ....................  
- conducts him/herself in a manner which contributes positively to the learning environment .......................................................... | [ ] |          |
| 7 | **LEADERSHIP QUALITIES:**  
- takes charge of or oversees group activities ........................................  
- serves as a “resource person” on whom others rely for advice or help ... | [ ] |          |
| 8 | **RESPONSE TO FEEDBACK:**  
- takes appropriate action in response to constructive criticism .............  
- consults instructors when needed ......................................................... | [ ] |          |
Part B: Interpersonal Skills

<table>
<thead>
<tr>
<th>#</th>
<th>COMPETENCIES / definition(s)</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COMMUNICATION:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- demonstrates effective oral communication skills</td>
<td>[ ]C</td>
<td></td>
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<tr>
<td></td>
<td>- demonstrates effective written communication skills</td>
<td>[ ]C</td>
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</tr>
<tr>
<td></td>
<td>- demonstrates effective listening skills</td>
<td>[ ]C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- speaks and acts in a respectful manner</td>
<td>[ ]C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- shows discretion with respect to confidentiality and privacy</td>
<td>[ ]C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- demonstrates appropriate non-verbal gestures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- voice tone and volume are appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>INTERACTION WITH OTHERS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- conducts him/herself in a professional manner</td>
<td>[ ]C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- interacts well with other students</td>
<td>[ ]C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- interacts well with instructors</td>
<td>[ ]C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- interacts well with patients (hospital)</td>
<td>[ ]C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- interacts well with other health professionals (hospital)</td>
<td>[ ]C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- functions as an effective member of a team</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part C: Punctuality & Attendance

<table>
<thead>
<tr>
<th>#</th>
<th>COMPETENCIES / definition(s)</th>
<th>Scale</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PUNCTUALITY:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- starts the designated activity on time</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ATTENDANCE:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- attends classes regularly</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- attends all labs / clinical activities</td>
<td>[ ]C</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion:

- There are a total of 37 competencies in this assessment of professional conduct.
- 17 of these competencies are identified as critical competencies (they are bold & italicized) ...
- In order to meet the MINIMUM level of acceptable professional conduct, the student must demonstrate acceptable behaviour (i.e. a score of 1 or 2) in at least 30 of the competencies (80%).

* In addition, the student must demonstrate acceptable behaviour in at least 13 of the critical competencies.

- Overall Student Performance: _____ / 17 critical competencies; total of _____ / 37
  - Progress noted since last assessment?  Y  N  N/A
  - Does the student demonstrate an acceptable level of professional conduct?  Y  N

- Recommendations / Action Plan: (Specify Competencies)

________________________________________
Student’s Signature: ______________________  Date: ____________________
2.16 ADDITIONAL PROGRAM INFORMATION

2.16.1 Program Completion

- Students are expected to complete the Program within the prescribed 3 years in order to:
  - ensure clinical placement availability
  - increase the chances of success on the OTIMROEPMQ certification exam.

2.16.2 Summer Courses

- **Between 1st and 2nd Year**
  Students may register for intensive summer courses as long as the courses do not conflict with either first or second group of the Clinical 2 course.

- **Between 2nd and 3rd Year**
  By virtue of the Program Advancement Policy (see section 2.16.3), students must request permission, in writing, to register for a General Education course over this summer term in order to complete all didactic courses before commencing the 5th term of the program. Proof of successful completion of this course must be submitted to the Program Coordinator at least 2 weeks prior to the first day of classes in the 5th term.

2.16.3 Program Student Evaluation Policy *(Revised: June 2013)*

A- Attendance Requirements

  For Classes:
  - Individual course requirements apply. See course outlines for specific requirements.

  For Labs at the College and all Clinical Courses:
  - Attendance is mandatory.
  - See course outlines for specific requirements.

Prolonged Absence:

- If a prolonged absence due to a documented illness or other exceptional circumstances results in a student missing a series of compulsory evaluations in a course, an agreement may be drawn up with a view to completing the course requirements. In the case of a prolonged illness, a written consent from the attending physician permitting the student to resume program activities must be submitted in order for an agreement to be made. The format of the agreement for completion of the course requirements will be at the discretion of the teacher.

B- Graded Work at Mid-Term

  Summative evaluation at mid-term:
  - Each concentration course will include an academic grade worth at least 10% of the term mark by mid-term.

  Academic performance:
  - All students failing to obtain a grade of 60% in each concentration course must demonstrate willingness to improve their academic performance by:
    - making an appointment to see the Program Coordinator and following up on the recommendations made;
- seeking assistance from the teacher during office hours and going to the Academic Skills Centre, if necessary;
- attending revision/tutorial sessions organized by teachers/students;
- of course, all students are encouraged to seek assistance, if needed.

**Academic excellence:**
- Students who have attained "academic excellence," i.e., > 80% in all concentration courses, may contact the Program Coordinator if they wish to participate in the College’s Peer Tutoring Program.

**C- Evaluation in Theoretical Courses**

**Class tests:**
- Each course will have 3 to 6 tests during the term counting for a total of 40% to 100%.

**Lab work, learning activities, practical assessments and projects:**
- 5% to 25%.

**Final Practical Examination:**
- 25% maximum

**Final Examination (Written, Oral):**
- 20%-50%.

**Late Lab Reports:**
- See individual course outlines.

**D- Evaluation in Clinical Courses**
See specific course outlines.

**E- Policy for Students Who Miss a Compulsory Evaluation**

(Including the final examination)
The teacher or the Department will review each case.

**Notification:**
- A student must notify the appropriate teacher or the Program Coordinator, no later than one hour prior to the beginning of the exam, that he/she will be absent for the compulsory exam; the student may contact the Laboratory Technologist(s) if needed.

**Valid Reasons:**
- The following will be considered as valid reasons for being absent from a compulsory exam:
  - death or serious illness of a parent, sibling, spouse, grandparent, child; supporting documentation is required;
  - serious illness or injury supported by a medical certificate; an acceptable alternative to this may be an in-person consultation with the College’s Nurse;
  - reasons other than those listed above may be considered by the instructor responsible for the course.
- Should the reason for missing a compulsory examination be considered invalid by the teacher or the Department, a mark of zero will be recorded for that examination.

**Consequence:**
- The Department and/or the teacher will decide whether the student should:
- take a supplemental exam at another time, the format and nature being at the
teacher’s discretion, or
- have the mark omitted from the total with the final course mark being pro-rated, or
- be given a grade based on a special assignment, or
- be given a mark of zero for that exam.

F- Cheating and Plagiarism Policy

Cheating in Exams:
- The Department will adhere to the ISEP Policy on Cheating, except for the additional clause under "Penalties."

Cheating includes:
- any dishonest or deceptive practice related to final exams, in-class tests, quizzes or lab reports;
- copying or attempting to copy another's work;
- obtaining or attempting to obtain, or providing or attempting to provide, unauthorized assistance of any kind including oral communication;
- using or possessing unauthorized digital data/image storage devices such as cell phones, pagers and calculators that store text;
- reproducing any part of an in-class test or final examination;
- preparing an assignment for someone else.

Plagiarism in Course Work:
- Plagiarism is the presentation or submission by a student of another person's work as his or her own.
- Falsifying lab reports is considered plagiarism.
- Submitting an assignment which has been, is being or will be submitted to another course without the permission of the professors involved is considered to be plagiarism.

Penalties:
- Any incidence of cheating will be brought before the Diagnostic Imaging Department Committee, which will decide on one or more of the following penalties:
  - A mark of zero for that examination or project;
  - Failure in the course;
  - Recommendation to the Academic Dean for expulsion from the program.

Collusion Incident:
- In any incident involving collusion, all of the persons involved will be penalized equally.

Appeal Procedure:
- Any student who feels that he/she has been unjustly accused may appeal, in writing, to the Diagnostic Imaging Chairperson or to the Ombudsman within five working days of the incident. The Chairperson will investigate the matter and inform the student of the Department's decision.

ISEP Academic Integrity:
- The Diagnostic Imaging policy on cheating and plagiarism stated above is a supplement to the ISEP Academic Integrity Policy. Each student has an obligation to inform him/herself of Dawson’s policy on cheating and plagiarism.
G- **Calculator / Electronic Devices Policy** *(Revised: June 2014)*

Only department-issued, non-programmable scientific calculators will be allowed during tests/exams. Cell phones and other electronic devices are prohibited. They must be turned off and not in the student’s possession during exams.

Violation of this policy is considered an act of cheating and will be handled accordingly.

H- **Literacy Policy**

One of the objectives of Dawson College is the attainment of a basic level of literacy for each student who graduates from the College. The Department will undertake the following steps to achieve this end:

- Each concentration course will include a mark for academic content and one for literacy. Literacy here means a demonstration of an acceptable level of precision and clarity in verbal, written or comprehension skills.
- The following is suggested:
  - Each course will include a 5-10% component specifically assigned to literacy.
  - This 5-10% will be based on the evaluation of verbal, written or comprehension skills depending on the overall course requirement.

I- **Copyrighted Material**

Any unauthorized reproduction of copyrighted material (course manuals, textbooks, software, images) is strictly prohibited and will be confiscated. Be aware that the author/editor/publisher may take legal action against the student who does not respect this statement.

J- **Lab Rules & Safety Policies**

Students have the obligation to inform themselves of the policies and procedures governing safety in the classroom and lab facilities, on College premises in general, and in the hospitals (clinical sites). This information can be found in Sections 2.18 & 2.19 of this manual.

2.16.4 **Pregnant Student Policy** *(Revised: June 2015)*

- If a pregnancy occurs at any point during her studies, the student must immediately inform the Program Coordinator of this so that appropriate safety measures can be initiated. If the pregnancy occurs at any point during a course that includes a clinical component, the student must inform the Clinical Instructor and Clinical Coordinator, in addition to the Program Coordinator. Failure to disclose this information may place the student’s unborn child at risk.

- The decision of whether or not a student continues with her studies during pregnancy will be based on the following considerations:
  - Pregnant personnel working in modalities that involve radiation may be subject to restrictions based on the Federal Consumer and Clinical Radiation Protection Bureau (CCRPB) Safety Code 35, from Health Canada, concerning safety of the fetus.
  - Restrictions applicable to performance in the clinical setting may apply (e.g., standing and lifting, contact with infectious agents, proximity to strong magnetic fields, etc.).
  - Policies specific to the clinical sites must be adhered to as well.

- Depending on individual circumstances, an interruption of studies may not always be necessary. Decisions will be based on whether or not competency in all areas of the discipline can be achieved.
If the decision is to continue studies, the Program Coordinator and the student will draw up a written agreement that describes the steps to be taken.

If the decision is to suspend studies, the student is responsible for informing the Registrar’s Office, in writing, of her circumstances and the agreement reached with the Department.

A pregnant student may decide to ignore the possible risks to her unborn child and continue her studies. This option is strongly discouraged by the Department, and the student bears the full responsibility of making this decision.

2.16.5 Course Outline Regulations

- Course regulations are stated in each course outline. The course outlines have a consistent format and follow the College’s ISEP regarding their content.
- The course outlines are periodically reviewed at a meeting of the Diagnostic Imaging Department Committee. At the beginning of each term, scheduling of tests, labs and seminars between courses are coordinated to spread out the student’s workload as much as possible.
- Copies of the course outlines are sent to the Dean of the SMSE programs to ensure compliance with the ISEP.
- It is important to recognize that the course outlines represent a contractual obligation between the students and the College. Any changes to this document, that may jeopardize the success of the students, must be agreed to in writing by all students and the teacher.

2.17 PROGRAM AWARDS AND BURSARIES (Revised: June 2013)

2.17.1 The Diagnostic Imaging Excellence Award

- The Diagnostic Imaging Excellence Award is given to the Diagnostic Imaging student at Dawson College who obtained the highest score on the OTIMROEPMQ certification examination.
- The Award is first presented to the student at the OTIMROEPMQ oath taking ceremony (“assermentation”), then again at the Advisory Committee meeting.

2.17.2 The Archie Wilkinson Bursary

- This bursary of up to $3,000 is sponsored by the Radiologists of our affiliated clinical sites.
- It is awarded annually to one or more Diagnostic Imaging student(s) during the clinical year of the program.
- Students must apply in writing for this bursary by the end of the 5<sup>th</sup> term.
- The criteria for this bursary include financial need and the potential to excel in the clinical year. A committee consisting of one Faculty, two Clinical Instructors and a Radiologist review the applications and make the decisions.
- There is no formal presentation of this bursary.
The Stéphane Houle Memorial Bursary

- This award commemorates Stéphane Houle, a valued instructor of Dawson’s Diagnostic Imaging Program and former chairperson of Diagnostic Imaging at Dawson College, who died from a sudden illness on October 9th, 2010.

- The award is established in Stéphane’s memory by his wife, Helen Stavaris (also a teacher at Dawson College - Business Administration Department) to perpetuate the professional values that were important to Stéphane.

- **Purpose:** This bursary is awarded to the graduating student of the Diagnostic Imaging Program who demonstrated:
  1. Excellent patient care;
  2. Promotion of the program/profession through active participation in professional activities (i.e., Open House, CAMRT/OTIMROEPMQ conferences, tutoring, volunteering, etc.);
  3. Most significant improvement in clinical performance throughout stage/internship;
  4. Demonstrates outstanding integrity and professional conduct.

- **Additional Criteria:**
  - Graduation requirements have been met (successful completion of courses, English exit exam and Comprehensive Examination);
  - Successful completion of the professional exam and admission as a member to the OTIMROEPMQ and/or Canadian Association of Medical Radiation Technologists.

- **Selection Process:**
  - **1st step:** Nomination of candidate(s), with justification, by each clinical instructor (CI) in writing.
  - **2nd step:** Deliberation of nominees by instructors of the Diagnostic Imaging Program in collaboration with the lab technologists.
  - **3rd step:** Selection of the finalist(s) by DI Program faculty. In the event of a tie, Helen Stavaris will interview each finalist.

- **Announcement:**
  - Recipient is to be notified by the Coordinator of the Diagnostic Imaging Program.

- **Presentation Venue:**
  - Dawson’s convocation (graduation ceremony) and/or at the OTIMROEPMQ oath ceremony.

  - **Presented** by the Chairperson of Diagnostic Imaging Department and/or Helen Stavaris.

2.17.4 Additional Awards

- Additional bursaries are available to graduating students. These awards are usually provided by organizations and companies involved in the Medical Imaging field and are presented at the OTIMROEPMQ oath ceremony.
2.18 GENERAL LAB RULES & SAFETY TIPS (Revised: June 2015)

2.18.1 Radiography Lab (4A.11)

A- Handling of Equipment
No abusive handling of equipment will be tolerated.

B- Personal Dosimeter (OSL Dosimeter)
Personal dosimeters (OSL dosimeters) must be worn for all labs. For all hospital visits, the OSL dosimeters should only be picked up at the latest possible time and must be returned immediately after use. (See section 2.19.5 for details.)

C- Books, etc.
Books will be loaned only on an overnight basis, except on weekends and holidays. For books and lead (Pb) markers, the student must leave their Dawson student I.D. card.

D- Lab Availability

Scheduled Lab Availability:
- Scheduled lab availability is a regular weekly time slot reserved for students to practice and refine skills that have been taught either in class or in lab. Attendance at lab availability sessions is highly recommended. If you are unable to attend your scheduled lab availability, you must notify the Laboratory Technologist(s) in advance. If you fail to notify the Laboratory Technologist(s), you will not be eligible for extra lab availability until the next round of practical exams are completed.
- At the beginning of each term, students must submit a copy of their schedule to the Laboratory Technologist(s). Suitable time slots for lab availability will be scheduled and groups will be formed so that you may practice with your classmates. The lab availability schedule for the entire term will be posted in a timely manner. You are responsible for recording your assigned time slot in your student agenda.

Extra Lab Availability:
- Extra lab availability is scheduled when time permits and students are encouraged to use this time to their advantage. This time is voluntary, but students must sign up prior to coming as space is limited. You will not be permitted to sign up for extra lab availability if you have missed a scheduled lab availability without proper prior notification.

E- Tidiness
Rooms must be left in a tidy condition with all equipment returned to its proper place.

F- Eating and Drinking
Eating and drinking in the lab area are prohibited.

G- Lockers
Students will not be allowed to leave boots, coats, and other personal belongings in the lab area. Lockers must be used for this purpose. The Department will not be held responsible for lost or stolen items in the lab.

H- Do Not Disturb
Please do not enter while a lab is in progress. Check posted schedule.

I- Needles & Syringes
No one is permitted to take either needles or syringes out of the lab area.
J- **Accessory Equipment**  
No accessory equipment is to leave the lab (e.g., bones, markers, sponges, sandbags, etc.).

K- **Report Equipment Failure**  
Report all accidents and/or malfunctioning equipment immediately to the Laboratory Technologist(s) or a teacher.

L- **Emergency Exits**  
Be aware of the locations of emergency exits, and of the Department and College emergency procedures.

M- **Dry Hands**  
Make sure hands are dried thoroughly before touching electrical wires, plugs or X-ray apparatus.

N- **Footwear**  
For safety reasons, platforms, high heels, open-toe or ballet style shoes and clogs will not be permitted in the lab area.

O- **Decorum**  
To promote a more clinical atmosphere in the lab, students are not permitted to turn on or use cell phones, wear non-religious headwear, chew gum or use inappropriate language. Conservative and functional clothing is required. Students who are dressed inappropriately will be required to leave the lab facilities immediately; this will consequently be recorded as an unjustified absence.

2.18.2 Digital Imaging Labs (4A.12/15)

A- **Restricted to Students**  
Only students in the DI/RO Programs are permitted entry to the Digital Imaging Labs, and only at specified times. Lab hours are typically from 8:00 a.m. to 4:00 p.m. on weekdays. Please refer to the posted schedules. Laboratory technologist availability may periodically permit extended hours.

B- **Printing**  
Printing credits can be purchased from the printing debit machines in the 2C or 2F wings. See specific instructions posted in the 4A.12/15 labs.

C- **Restrictions**  
- No food or drink allowed in the labs.
- No modification of existing software and installation of new software allowed.
- No connection of external devices and use of games allowed other than a USB memory sticks.
- No downloading/streaming for personal use (mp3, videos, games, etc.).

D- **Sanctions:**  
- You will be asked to leave if you are disruptive.
- If you break any of these rules, your privileges to the Digital Imaging Labs may be revoked.
- If you introduce a computer virus to the network, your privileges will be revoked.
2.19 DI DEPARTMENT: SAFETY POLICIES AND PROCEDURES (Revised: June 2015)

- **Preamble**
  The Safety Policies and Procedures described in this Program Manual apply to health and/or safety issues and other incidents that may affect the safety of students and staff at the College. The policies and procedures are based on the CCRPB Safety Code 35, the provincial Regulation respecting the application of the act respecting medical laboratories, organ and tissue conservation and the disposal of human bodies (R.S.Q., Chapter L-0.2), the Standards of Practice in Radiodiagnostics of the OTIMROEPMQ, the Occupational Health and Safety Guidelines of the CAMRT, and the College-wide Health & Safety Policies & Procedures. The College Policies are available on the website at: http://www.dawsoncollege.qc.ca/plant-and-facilities/health-safety/.

2.19.1 Responsibilities

- The Director of Plant & Facilities at the College is responsible for making sure that the College remains a safe environment for all persons on College premises. The Department Chairperson is responsible for ensuring that the Safety Policies and Procedures are revised periodically by the Department, in consultation with Plant & Facilities and the Departmental Radiation Safety Officer (DRSO). The Department Chairperson is ultimately responsible for making sure that the Safety Policies and Procedures are implemented, that an incident report is completed when needed, and that recommendations are followed. DI students and staff must inform the Chairperson of all incidents or defective equipment/installations that may compromise the safety of all. Staff members are responsible for ensuring that all students follow the safety regulations during classes and labs.

2.19.2 Awareness of the Policies and Procedures

- Students and staff are provided with copies of the Program Manual. New students are informed of its contents during the “Introduction to Radiology” course. At this time, they are also made aware of the essential safety regulations, such as the disaster plan of the College, and basic patient and radiation safety requirements at the clinical sites. New faculty and technical staff are reminded of their roles in supervising students and in enforcing the Safety Policies and Procedures. The importance of and citing of specific regulations regarding safety are emphasized throughout the program. The initial introduction to safety is given in the 1st term 142 courses (BZB, BYD & BYE). On-going information and practical skills in safety are developed in the 2nd, 3rd and 4th term 142 courses. The competencies specific to the provincial and federal radiation safety regulations are acquired in depth in the 4th term 142 course (BYN), prior to the 3rd year clinical training.

2.19.3 Acquisition of Safety Skills vs. Supervision of Students

- Students are permitted to make radiographic/radioscopic exposures once they have demonstrated an understanding of how they can produce, control and limit radiation exposures. They must first demonstrate a basic understanding of the “ALARA,” “Risk vs. Benefit” and “Time-Distance-Shielding” principles before they can operate an X-ray generator.

- 1st year students are allowed to manipulate the X-ray equipment and make exposures under the following conditions:
  - THEY must be registered with the OTIMROEPMQ;
- a personal dosimeter (OSL dosimeter) must be worn correctly, as demonstrated in the "Introduction to Radiology" course;
- once the tube suspension is properly placed/oriented and collimation has been limited to the area of interest;
- after ascertaining that no one is in the X-ray room, the RT is present and that the door is completely closed during exposures;
- an RT must be present and supervise any exposure taken in the lab.

**2nd year students** must meet the same conditions that are required of the 1st year students; in addition, they:
- may be allowed to manipulate the X-ray equipment, without X-ray exposures, and under indirect supervision in the main lab area, provided that a member of the teaching staff or a Laboratory Technologist has been notified and is available in the immediate vicinity.

**3rd year students** must meet the same conditions that are required of the 2nd year students when on campus and must follow the clinical sites’ safety policies. The following conditions also apply:
- they must have CPR certification before starting the 3rd year clinical training;
- they must be reminded of the College Policies on safety and be made aware of the specific hospital safety policies during the first week of rotation at each clinical site;
- during the initial few months of the 3rd year clinical training, the students are under the direct supervision of the Clinical Instructor or a technologist (preceptor).

**Diagnostic Imaging Students:**
- they may perform radiographic examinations, without the RT being present in the X-ray room, depending on the level of proficiency that they have acquired; however, an RT must always be immediately available in the X-ray department for assistance; all X-ray examinations completed by a student must be verified and approved by an RT until graduation;
- before repeating an exposure, an RT must verify that the second exposure is required, and that the patient is correctly positioned and exposed;
- they will be permitted to complete mobile radiography/radioscopy examinations on their own once their competency has been certified in those areas, and provided that an RT is available for immediate support.

### 2.19.4 Emergency Situations

- Students are made aware of all likely situations that require immediate attention, and of the established procedure for dealing with each of these emergency situations; e.g., fire, bomb threats, medical emergencies, etc. Specific procedures are described on the College’s Web site at [http://www.dawsoncollege.qc.ca/plant-and-facilities/health-safety/](http://www.dawsoncollege.qc.ca/plant-and-facilities/health-safety/).
- College Security must be informed immediately of any emergency by using the Red Emergency phones located near the yellow fluorescent lights in the corridors. The College Security office can also be reached from any internal phone at ext. 1000.

### 2.19.5 Personal Dosimeter (OSL Dosimeter)

- **Purpose and Description**
The Optically Stimulated Luminescent dosimeter (OSL dosimeter) is a personal radiation monitoring device that must be worn by all students and staff while making X-ray exposures.
in the lab, and while in the clinical setting. The principle of operation and the handling of the OSL dosimeter are explained in the “Introduction to Radiology” course manual.

○ **Usage and Responsibility**
  At the beginning of each lab, students and staff will wear their OSL dosimeter on the anterior aspect of the body between the neck and waist level, over clothing and under the lead apron when in use. At the end of the lab, the OSL dosimeter will be placed back on its rack.
  - OSL dosimeters must be worn for all labs. For all hospital visits, OSL dosimeters should only be picked up at the latest possible time and must be returned immediately after use.
  - Each student is assigned their personal OSL dosimeter. Under NO circumstances can a student use someone else’s OSL dosimeter. This is considered to be a serious offence that may result in expulsion from the program.
  - A pregnant student will be issued a second OSL dosimeter to monitor fetal doses. This monitoring will be done bi-weekly.
  - All OSL dosimeters must be returned to the OSL dosimeter rack in the lab or placed in the drop-off box located outside the lab door when not in use.
  - In the case where an OSL dosimeter is lost, damaged or returned late, the student may pay the penalty fees of up to $75. A damaged or lost OSL dosimeter must be reported to the Laboratory Technologist immediately.

○ **Management of the OSL Dosimeter**
  The ordering and shipping of the OSL dosimeters for all students and on-campus staff, and communications with the National Dosimetry Services of the CCRPB of Health Canada, are the responsibilities of the Laboratory Technologist(s).

○ **Dosimetry Reports**
  Quarterly dosimetry reports are posted in the 4A.11 lab. A copy of the report is given to the Departmental Radiation Safety Officer (DRSO), who contacts all individuals who receive a measureable radiation exposure for that quarter. The DRSO interviews the individual to determine the cause of exposure, documents the incident, and makes recommendations to the Department to ensure that the “ALARA Principle” is respected. (See sections 2.19.6 and 2.19.7 for more details.)

2.19.6 **Accidental and Unauthorized Radiation Exposure**
  ○ Any radiation exposure made by students in the lab without ensuring that the conditions in section 2.20.3 of this document have been followed is considered unauthorized, must be reported to an RT staff member and will require that an incident report be completed. Students at fault may be expelled from the program.
  ○ Unintentional radiation exposure to oneself or another student/staff due to misuse of the equipment or failure to ensure that students/staff are behind protective barriers or wearing adequate protective shielding will require completion of an incident report.

2.19.7 **Departmental Radiation Safety Officer (DRSO)**
  ○ The Diagnostic Imaging Department is responsible for appointing an on-campus Departmental Radiation Safety Officer (DRSO). This DRSO will be a full-time faculty. As needed, the DRSO will consult with the RSOs of the affiliated hospitals. Both the on-campus and hospital RSOs will keep each other informed of issues and incidents involving the radiation safety of students and College faculty/staff.
The DRSO at the College is currently:
Mary Ann Hoskin, (514) 931-8731 ext. 1359, mahoskin@dawsoncollege.qc.ca

The RSOs of our affiliated hospitals are consulted as needed:
XR: MUHC, JGH, STM and CSSS-ODI

The role of the DRSO is to:
- advise the College/Department on all matters regarding the radiation safety of students and staff; they will ensure that policies and procedures are up to date and are followed;
- review the dosimetry reports, the radiation safety incident reports and the radiation inspection survey reports;
- investigate any anomalies and follow up on recommendations made by a radiation protection inspector/consultant firm or the CCRPB of Health Canada regarding preventive/corrective measures to be taken;
- annually review and recommend changes to the Safety Policies and Procedures;
- make recommendations to the Department/College administration regarding the monitoring and action plan to be taken in order to ensure radiation safety in the lab;
- maintain communication with the RSO of the affiliated hospitals and report radiation safety issues involving students and/or staff during clinical training to the Department;
- advise the staff of any modifications to the provincial/federal radiation safety regulations;
- ensure that regular QC testing is done and that the X-ray generators and processing equipment are operating within the acceptable provincial/federal standards;
- submit an annual report on radiation safety issues; this report must be part of the Department’s Chairperson annual report.

2.19.8 Other Safety Issues

- **Radiation Inspection Survey**
  A Radiation Inspection Survey of the 4A.11 lab must be done every 3 years by a medical physicist, or sooner if any new installations or renovations of the X-ray facilities are done. The last survey was conducted in July 2013.

- **CAMRT Occupational Health and Safety Guidelines**
  Guidelines for facilitating safe and effective practice and for supporting the occupational health and safety (OHS) of medical radiation technologists have been established by the CAMRT. Their OHS Resource Center can be accessed at the following link: [http://www.camrt.ca/mrt-profession/professional-resources/ohs-resource-centre/](http://www.camrt.ca/mrt-profession/professional-resources/ohs-resource-centre/).

- **Unprofessional Conduct** (e.g., Sexual Assault and Physical Abuse)
  See the College policy at the following link: [http://www.dawsoncollege.qc.ca/public/72b18975-8251-444e-8af8-224b7df11fb7/our_communities/leadership/sexualharassment.pdf](http://www.dawsoncollege.qc.ca/public/72b18975-8251-444e-8af8-224b7df11fb7/our_communities/leadership/sexualharassment.pdf)
  
  See the Academic Standing and Advancement Policies (section 2.16).

  The OTIMROEPMQ and CAMRT Code of Ethics apply to this program (sections 2.15.1 and 2.15.2).

- **Incident Report**
  - Within 24 hours of the incident, the staff member who witnessed or was called upon for assistance will be responsible for completing the incident report.
  - A copy of the incident report will be given to the Department Chairperson and to other...
concerned individuals.

- Any equipment malfunctioning that may place the user at risk must be reported to a member of the staff who will determine whether an incident report is needed.

### 2.19.9 Other Incidences/Emergencies

- **Other incidences that may occur include:**
  - Needle sticks
  - Allergic reactions: e.g., iodinated contrast media and latex gloves
  - Patient transfer/lifting injuries: see the following document in the Laboratory Technologists’ office, “Principe de déplacement sécuritaire des bénéficiaires” – PDSB.
  - Failure of the application of universal precautions

- The procedures to deal with the above are explained in the “Patient Care and Health & Safety” required course manual (1st term course).

- An incident report must be completed: the form is available in Plant & Facilities (2E.21-A), Security (2E.14) and Health Services (2D.2).

### 2.19.10 Confidentiality and Access to Information

- Students are made aware of the Patient Confidentiality protocols during the first day of the “Introduction to Radiology” course prior to going to the Hospital. The OTIMROEPMQ and CAMRT Codes of Ethics are part of this Program Manual and are also reviewed before beginning clinical rotations.

- Student’s records at the College and at the Hospital are locked in the Chairperson/Program Coordinator’s office and in the Clinical Instructor’s office at the Hospital. The Registrar and College Health Services offices also keep student records.

- A student has the right to review the contents of his/her file through contacting the Chairperson, the Program Coordinator or the Clinical Instructors. The policy for accessing the student’s file in the Registrar’s office is published on the College’s website.

- The Department Chairperson/Program Coordinator has access to a student’s file. Faculty members have access to the class list on the College’s Intranet.

- The student files contain: admission application forms and evidence of academic background, graduation profile, professional conduct assessments, summary of clinical assessments, certification of competence, clinical attendance record, log book and other documents if applicable (medical certificate, academic standing contract and incident report).

- Student records kept by the Department and Clinical Instructors are destroyed six months after graduation. Mid-term and final grades are compiled and distributed to faculty.

- Student information is also secured electronically on the network. They can access their course grades with personalized PIN # on the College’s Website.

- The College policy on Cheating and Plagiarism is enforced in this program. (see ISEP & course outlines)

### 2.19.11 Safety While in Clinical

- Students and College staff must adhere to the safety policies, procedures and regulations of the affiliated Hospitals, the OTIMROEPMQ and the DI Department while in Clinical.