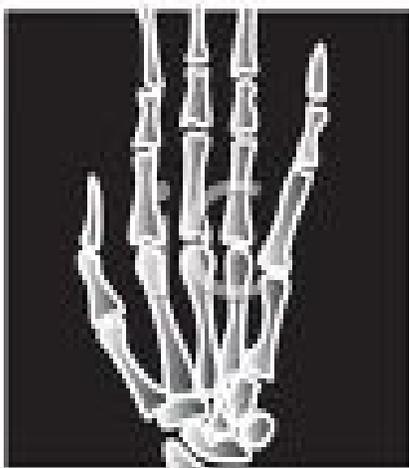
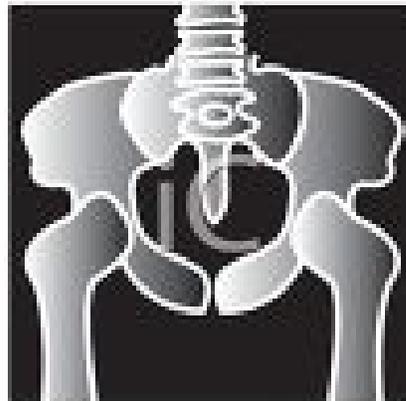


MOHAWK VALLEY COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
STUDENT CLINICAL COMPETENCY HANDBOOK



Rev. 8/2021

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Program Mission

The mission of the Radiologic Technology Program is to promote student success through education with the professional knowledge to be competent Radiologic Technologists and to commit to life-long learning, and to become successful patient care providers within the community.

Program Goals

1. Students/Graduates will be clinically competent, entry-level professionals that meet the healthcare needs of the community.

Student Learning Outcomes:

- 1.1. Students will develop clinical competence in the performance of basic radiographic procedures.
 - 1.2. Students will provide patient care with regard to radiation safety (ALARA) and comfort.
 - 1.3. Students will develop knowledge and comprehension to successfully establish manual exposure techniques.
2. Students/Graduates will demonstrate effective communication skills.

Student Learning Outcomes:

- 2.1. Students will employ oral communication skills using appropriate patient identifiers.
 - 2.2. Students will interpret written information to properly proceed with the radiographic examination.
 - 2.3. Students/graduates will effectively convey information pertaining to the radiographic imaging procedure.
3. Students/graduates will evaluate the importance of life-long learning by encouraging professional development.

Student Learning Outcomes:

- 3.1. Students will value the professional aspect of being a member of the radiologic science community.
 - 3.2. Students will demonstrate the understanding for the need for life-long learning.
 - 3.3. Students will provide mentorship and peer support to other students.
 - 3.4. Students will promote a positive collaborative atmosphere with all members of the healthcare team.
4. Students/graduates will use problem solving and critical thinking skills.

Student Learning Outcomes:

- 4.1. Students will adapt radiographic procedures to patient needs.
- 4.2. Students will distinguish diagnostic images from non-diagnostic images.

Program Philosophy

The program is committed to provide quality educational opportunities assisting students to prepare for entry-level competency as staff radiographers. A quality and comprehensive curriculum is maintained through a competent faculty who combine classroom experiences with challenging laboratory exercises and clinical rotations in local health care settings. Instruction is geared to meet the needs of a diverse student body with varied academic, social, cultural and economic backgrounds.

About the Curriculum

The curriculum follows the Professional Curriculum for Radiography published by the American Society of Radiologic Technologists and aligns with the requirements of the Standards for an Accredited Educational Program in Radiologic Sciences by the Joint Review Committee on Education in Radiologic Technology. A copy of the entire *Standards* document as published by the JRCERT and is available in the director's office.

Clinical Policies and Practices for the Radiologic Technology Program

Important practice expectations of the radiologic technology program are contained in this booklet. Professional behavior expectations are based on *Standards of Conduct* delineated in the professional ARRT Standards of Ethics. (See ARRT Standards of Ethics).

The Radiologic Technology program is designed to develop professional characteristics and skills for the effective delivery of radiographic services. Attendance in all aspects of the program is highly valued and expected. Students must notify the appropriate faculty member in the event of an absence from classroom or lab courses or absence on a test day. Refer to the course syllabus for information pertaining to a make-up test policy. Notification of absence should be made prior to the scheduled class. Faculty and staff can be reached at the office phone numbers listed below.

MVCC Radiology Program Full-Time Faculty	
Program Coordinator Mary Kate LaPaglia	731-5877
Clinical Coordinator Renee Sbiroli	731-5878

Program Assessment

Assessment Philosophy

The program is committed to a quality educational experience for all students. The program goal is to prepare students for entry-level competency as staff radiographers. Periodic assessment and evaluation of learning provides an indication of student competency development to identify program effectiveness of specified outcomes achievement.

Program Outcomes

Graduates of the program will:

1. Demonstrate professional attitudes and behaviors that are consistent with the delivery of moral and ethical patient care.
2. Demonstrate the ability to comprehend, apply and evaluate information and concepts relevant to the entry-level skill of a radiographer.
3. Apply the principles of radiation protection and safety for patients, self, and others.
4. Deliver competent radiographic practice with entry-level skill related to fluoroscopic, general and mobile and surgical radiographic procedures.
5. Demonstrate appropriate problem-solving and critical thinking skills in the effective delivery of radiographic services to all patients.

Clinical Education

Continuity in clinical activity and performance is necessary in order to achieve stated objectives for clinical education. Records of clinical experiences, i.e. competency forms, and area rotations are documented.

Clinical Supervision Policy

Students will be working directly with a registered radiologic technologist (RT) during clinical assignments. This technologist will be considered the student's supervisor. Until students achieve the program's required competency in a given procedure, all clinical assignments must be carried out under the **direct supervision** of a qualified radiographer. Direct and indirect supervision are defined as follows:

Direct Supervision

1. The RT reviews the request for examination and evaluates the condition of the patient in relation to the student's competency achievement.
2. The RT is physically present during the examination.
3. The RT reviews and approves the radiographic image.

***Students shall be under direct supervisor at all times for the following exams;**

**Portables
Psychiatric patients
Emergency Room cases
All Repeat Exposures
Prisoners**

**Operating Room Exams
All isolation Cases (Covid-19)
Any exam not comped on
Fluoroscopy exams**

COVID-19 Guidelines & Policies:

- Students will not participate in the care of known or suspected COVID patients.
- Students will bring and maintain their own personal protective equipment (PPE), and wear their PPE as directed at all times in **Clinical and Faxton Radiology Lab** to include: surgical mask and protective safety glasses with wrap-around lenses. *Each clinical site will provide specific COVID guidelines and required PPE to be adhered to at ALL times.*
- Students will participate in temperature monitoring and wear MVCC student ID.
- Students will agree to NOT travel to areas of high infection rates and not host guests from areas of high infection rates. *If a student must travel to an area of high infection rate, he or she must notify clinical site Employee Health prior to travel to determine if COVID testing or quarantine will be required before returning to clinical site.*
- Students will notify clinical site Employee Health, MVCC Student Health Center, and MVCC Radiology Program and Clinical Coordinators immediately if they believe they have been exposed to COVID-19 outside of clinical. *Karen Sabonis BSN, RN, CPN, Coordinator of Health and Wellness Center College Nurse: (315) 792-5683, ACC Room 104, ksabonis@mvcc.edu*

Indirect Supervision

After demonstrating competency, students may perform procedures with **indirect supervision**.

1. **Indirect supervision** is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.
2. **Immediately available** is interpreted as the presence of an RT in the vicinity to the room where a radiographic procedure is being performed. RT availability applies to all areas where ionizing radiation equipment is in use, **students are never permitted to perform mobile radiography without immediate availability of an R.T., regardless of the student's level of competency.** *Exams must be evaluated before the patient is dismissed from the imaging area.
3. A qualified radiographer reviews and approves the radiographs.

Repeat Radiograph Policy

Due to hazards of ionizing radiation and in keeping with the ALARA (as low as reasonably achievable) principle of radiation protection, should a radiographic image produced by a student radiographer need to be repeated, the following procedure will be followed:

1. A licensed radiographer will review the radiographic image and determine the need for repeating the radiograph. He/she will assist the student to make adequate corrections.
2. A licensed radiographer will be present and directly supervise the repeat exposure
3. A licensed radiographer will review and approve the repeated radiograph.
4. A Supervision Agreement Form signed by the clinical staff attests to the clinical supervision of repeats (See example below).

STUDENT

EXAM	DATE	REASON FOR REPEAT	TECH. SIGNATURE

Direct/Indirect Supervision Agreement

I understand and have been educated on the principles underlying Direct and Indirect Supervision and agree to enforce and abide by the program’s supervision requirements. I will have all staff technologists read and sign that they understand the principles of this policy.

Signed (Clinical Instructor)

Clinical setting

Date

Technologist Signatures & Dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attendance

Attendance and active participation in classroom and clinical assignments are mandatory. Unavoidable absence requires students to notify the office at the phone number listed previously. Failure to properly report an absence is a violation of policy and will be documented. **Refer to the Attendance Policy (Section R) in the Student Handbook for clinical education courses.**

Students will need to refer to each course syllabus for information on how attendance will affect their grade.

Clinical Site Phone Numbers:	
St. Luke's Campus	(315) 624-6116
Faxton Campus	(315) 624-5388
Bassett Herkimer	(315) 867-2792
Slocum-Dickson Medical Group	(315) 798-1446
Oneida Healthcare Center/Oneida Orthopedic Specialists	(315) 361-2035
Barneveld Medical Office	(315) 624-8440
K & A Radiologic Technology Services	(315) 733-3900
Hamilton Community Memorial	(315) 824-6180
Bassett Medical Center - Cooperstown	(607) 547-3602
Mohawk Glen Imaging	(315) 334-9729
St. Joseph's Imaging	(315) 744-1530
Mohawk Valley Healthsystem CT Department	(315) 624-6254
Cooperative Magnetic Imaging (CMI)	(315) 735-7287
Bassett A O Fox Hospital-Tri-town Campus	(607) 561-7958
Rome Memorial Hospital	(315) 338-7390
St. Elizabeth Medical Center	(315) 798-8171
Lewis County General Hospital	(315) 376-5070
Little Falls Hospital	(315) 823-1000
Mohawk Valley Orthopedics	(315)797-1212
Chestnut Commons – Medical Imaging	(315)338-7390

Clinical Assessment and Evaluation Criteria

Upon completion of the clinical semester (stated clinical objectives), faculty will evaluate and assess student performance based on RT evaluations, competency results, and mid-term progress reports in accordance with stated clinical objectives. A final written assessment will be reviewed with each student and a final grade will be calculated.

Clinical education outcomes involve cognitive, psychomotor and affective skills as identified below. Clinical grading is based on the student's progress toward meeting standards in three areas: professional performance standards, clinical performance standards, and quality performance standards.

Cognitive Domain

To recognize and describe principles of effective and safe radiographic practice related to fluoroscopy, general and mobile radiography. Students will develop the following cognitive skills relative to their curricular progression:

1. Identify and describe principles of ethical conduct as identified in the *ARRT Standards of Ethics* including the *Code of Ethics* and the *Rules of Ethics*.
2. Develop technical knowledge appropriate and relative to clinical competency development.
3. Recognize quality radiographs relative to progression in the curricular sequence.
4. Utilize and apply technique charts and procedure manuals.
5. Identify patient needs and provide appropriate assistance.

Psychomotor Domain

Observe, assist, and/or perform effectively and efficiently all clinical assignments. With appropriate clinical supervision, students are expected to:

1. Assist technologists and patients as needed.
2. Perform required semester clinical competencies in making progress for final clinical competency assessment.
3. Perform all assigned duties.

Affective Domain

Appreciate and value of the imaging department as an essential, professional discipline in the delivery of patient care services. Students are expected to:

1. Adhere to program policies regarding honesty, attendance and clinical performance;
2. Demonstrate respect and compassion for patients;
3. Demonstrate appropriate professional interactions with fellow students, faculty, clinical staff, and patients;
4. Demonstrate appropriate professional behaviors unrestricted by the concerns of socioeconomic status, cultural diversity, sexual orientation, disease status, and religious beliefs;
5. Adopt the professional ideal with confidence, discretion and accountability. Examples of performance evaluation forms that will be filled out after each rotation are shown on the following pages.

CLINICAL PROGRESS REPORT FOR STUDENT CLINICAL ROTATIONS

Circle: Fr. Sr. #of Absences _____ # of Tardies _____ Grade _____

STUDENT _____ DATES INTERNED _____ FACILITY _____

EVALUATOR SIGNATURE _____

***Please complete this evaluation form at the end of the student's rotation through your facility by indicating a score in the areas below by checking the appropriate number from the key below (** % for office use only.).**

Key: 0 =Ineffective (<75%) 1 = Moderately effective (Fr. 80% Sr. 85%) 2 = Meets Expectations (Fr. & Sr. 90%) 3 = Exceeds expectations (Fr. & Sr. 100%)

<u>PATIENT ORIENTED GOALS</u>	0	1	2	3	%**
* 1.Communication Skills oral/written –able to explain exam to pt. / family					
** 2. Proper use of Patient identifiers. (D.O.B., ID bracelet, Med Record #)					
** 3.Ability to correlate exam with orders					
**4.Ability to assess the patient for history/inquire about pregnancy					
** 5. Respects confidentiality					
6 Displays positive ethical behavior and respects cultural diversity					
7. Ability to demonstrate pt. care skills, compassion and respect					

<u>SKILL ORIENTED GOALS</u>	0	1	2	3	%**
*1. Knowledge of Procedures/ produces diagnostic quality images					
2. Proper equipment manipulation					
3. Use of correct exposure controls					
4. Positioning Skills					
5. Displays self confidence					
**6. Proper use of radiation protection (i.e. shielding, collimation, SID)					
**7. Use of correct anatomical markers and accessory labels					
8. Knowledge of dept. protocols, RIS/PACS system					
** 9. Ability to interpret exam requests and doctors orders					
10. Ability to analyze image quality					

<u>PERSONAL/PROFESSIONAL GOALS</u>	0	1	2	3	%**
1. Maintains a clean and well stocked room					
**2. Adheres to hospital/facility policies (i.e. parking, use of cell phones)					
**3. Seeks supervision of repeats					
4. Displays an active role in learning- takes initiative, gets involved					
5. Ability to adapt to situations with the use of critical thinking skills					
** 6.Displays professional conduct, teamwork and peer leadership roles					
7. Accepts constructive criticism					
8. Maintains proper dress code					
**9. Attendance/punctuality					
10. Displays a positive attitude					

STUDENT STRENGTHS _____

AREAS IN NEED OF IMPROVEMENT

****A “0” in any designated critical skill will result in an automatic failure of the clinical rotation.**

***Direct and Indirect Supervision has been complied with at all times during the clinical assignment.**

*** Students will be strongly encouraged to attend all scheduled clinical rotations.**

***If a student is unable to be evaluated for a clinical rotation due to a pattern of absenteeism, a grade of 75% (failure) will be assigned to the rotation.**

To more accurately assess the student’s clinical performance, please circle yes or no for the following questions (If no, please comment below):

A. Is the student performing at the appropriate/expected level for this point in the program of study?

YES NO

B. Does the student demonstrate radiation safety measures/standards for the patients, self, and employees?

YES NO

C. Does the student demonstrate proper patient care?

YES NO

D. Would you allow the student to return for another clinical rotation?

YES NO

CLINICAL FACULTY COMMENTS: _____

Clinical Instructor/Designee Signature: _____ **Date:** _____

Policies for Direct/Indirect Supervision were adhered to at all times during this rotation _____
(CI initials)

Additional CI Signatures:

THE INFORMATION ON THIS SHEET HAS BEEN REVIEWED WITH ME

_____ I concur _____ I do not concur (student comments encouraged)

Student Comments: _____

Student Signature: _____ Date _____

Clinical Coordinator/Designee Signature: _____ Date _____

GRADING SYSTEM FOR CLINICAL INTERNSHIPS

0 = INEFFECTIVE 1 = MODERATELY EFFECTIVE 2 = MEETS EXPECTATIONS 3=EXCEEDS

EACH STUDENT WILL BE EVALUATED IN 3 CATEGORIES:

- **PATIENT ORIENTED GOALS**
- **SKILL ORIENTED GOALS**
- **PERSONAL/PROFESSIONAL GOALS**

FIRST YEAR STUDENTS - MUST ACHIEVE AN 80% OR ABOVE TO SUCESSFULLY PASS EACH SECTION

0 = 0%

1= 80%

2= 90%

3= 100%

SECOND YEAR STUDENTS – MUST ACHIEVE AN 85% OR ABOVE TO SUCCESSFULLY PASS EACH SECTION.

0 = 0%

1 = 85%

2 = 90%

3 = 100%

THE AVERAGE OF THE THREE SECTIONS WILL DETERMINE THE FINAL GRADE FOR THE INTERNSHIP.

(i.e. – section 1=80%, section 2= 90%, section 3=100%. $80+90+100=270/3=90\%$
final avg.)

***** Students are strongly encouraged to attend all scheduled affiliate rotations as they all are considered an integral part of their growth and development throughout the program.**

Failure of a Clinical Performance Evaluation

A student receiving a clinical grade below a 80% (for first year students) and below a 85% for second year students will be placed on clinical probation for 30 days and is required to write a corrective action plan as to how to achieve a passing level. During this time, the student will receive immediate remediation with reassignment through the area in which proved not competent. Clinical Probation is only offered once. If a subsequent clinical performance failure occurs, a hearing will be conducted to determine the student's status in the program.

*** Any infraction considered a major offense as outlined in the Student Handbook (Section P) will result in an automatic failure; the assigned grade will be no greater than a 75%. rev.9/21/15**

***When a student has been unsuccessful at passing (failing) one clinical evaluation, the student will receive an end of semester grade of no greater than 80% for Freshmen and 85% for Seniors.**

ARRT – Standards of Ethics

(Effective: July, 2012)

Preamble

The Standards of Ethics of The American Registry of Radiologic Technologists shall apply solely to persons holding certificates from ARRT who either hold current registrations by ARRT or formerly held registrations by ARRT (collectively, “Registered Technologists”), and to persons applying for examination and certification by ARRT in order to become Registered Technologists (“Candidates”). The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

A. Code of Ethics

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues and other members of the health care team. The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist conducts herself or himself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socioeconomic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.

9. The radiologic technologist respects confidence entrusted in the course of professional practice respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.

B. Rules of Ethics

The Rules of Ethics form the second part of the Standards of Ethics. They are mandatory standards of minimally acceptable professional conduct for all present Registered Technologists and Candidates. Certification is a method of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Registered Technologists and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety and comfort of patients. The Rules of Ethics are enforceable. Registered Technologists and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew or obtain reinstatement of certification or registration is issued by ARRT; employment in radiologic technology; or state permit license or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by the ARRT or any state or federal agency, or by indicating in writing certification or registration with the ARRT when that is not the case.
2. Subverting or attempting to subvert ARRT's examination process. Conduct that subverts or attempts to subvert ARRT's examination process includes, but is not limited to:
 - (i) Conduct that violates the security of ARRT examination materials, such as removing or attempting to remove examination materials from an examination room, or having unauthorized possession of any portion of or information concerning a future, current or previously administered examination of ARRT; or disclosing information concerning any portion of a future, current or previously administered examination of ARRT; or disclosing what purports to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current or previously administered examination of ARRT;
 - (ii) Conduct that in any way compromises ordinary standards of test administration, such as communicating with another Candidate during administration of the examination, copying another Candidate's answers, permitting another Candidate to copy one's answers, or possessing unauthorized materials; or
 - (iii) Impersonating a Candidate or permitting an impersonator to take the examination on one's own behalf.

3. Convictions, criminal proceedings or military court-martials as described below:
 - (i) Convictions of a crime, including a felony, gross misdemeanor or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported.
 - (ii) Criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty or nolocontendere.
 - (iii) Military court-martials that involve substance abuse, any sex-related infractions, or patient-related infractions.
4. Failure to report to the ARRT that:
 - (i) Charges regarding the person's permit, license or registration certificate to practice radiologic technology or any other medical or allied health profession are pending or have been resolved adversely to the individual in any state, territory or country, (including but not limited to, imposed conditions, probation, suspension or revocation); or
 - (ii) That the individual has been refused a permit, license or registration certificate to practice radiologic technology or any other medical or allied health profession by another state, territory or country.
5. Failure or inability to perform radiologic technology with reasonable skill and safety.
6. Engaging in unprofessional conduct, including, but not limited to:
 - (i) A departure from or failure to conform to applicable federal, state or local governmental rules regarding radiologic technology practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;
 - (ii) Any radiologic technology practice that may create unnecessary danger to a patient's life, health or safety; or
 - (iii) Any practice that is contrary to the ethical conduct appropriate to the profession that results in the termination from employment.

Actual injury to a patient or the public need not be established under this clause.
7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed health care function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health or safety. Actual injury to a patient need not be established under the clause.
8. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals or any other material; or as a result of any mental or physical condition.
9. Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public, by a court of competent jurisdiction.
10. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud or harm the public; or demonstrating a willful or careless disregard for the health, welfare or safety of a patient. Actual injury need not be established under this clause.

11. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise, that results in the termination of employment. This rule does not apply to pre-existing consensual relationships.
12. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law.
13. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.
14. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing or permitting anyone to make false, deceptive or misleading entry in any patient record.
15. Knowingly aiding, assisting, advising or allowing a person without a current and appropriate state permit, license or registration certificate or a current certificate of registration with ARRT to engage in the practice of radiologic technology in a jurisdiction which requires a person to have such a current and appropriate state permit, license or registration certificate or a current and appropriate certification of registration with ARRT in order to practice radiologic technology in such jurisdiction.
16. Violating a rule adopted by any state board with competent jurisdiction, an order of such board, or state or federal law relating to the practice of radiologic technology, or any other medical or allied health professions, or a state or federal narcotics controlled substance law.
17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.
18. Practicing outside the scope of practice authorized by the individual's current state permit, license or registration certificate, or the individual's current certificate of registration with ARRT.
19. Making a false statement or knowingly providing false information to ARRT or failing to cooperate with any investigation of ARRT or the Ethics Committee.
20. Engaging in false, fraudulent, deceptive or misleading communications to any person regarding the individual's education, training, credentials, experience or qualifications, or the status or the individual's state permit, license or registration certificate in radiologic technology or certificate of registration with ARRT.
21. Knowing of a violation or a probable violation of any Rule of Ethics by any Registered Technologist or by a Candidate and failing to promptly report in writing the same to the ARRT.

Patient's Bill of Rights

Introduction

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities.

The American Hospital Association presents A Patient's Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by the hospital on behalf of the institution, its medical staff, employees, and patients. The American Hospital Association encourages health care institutions to tailor this bill of rights to their patient community by translating and/or simplifying the language of this bill of rights as may be necessary to ensure that patients and their families understand their rights and responsibilities.

Bill of Rights

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision-making capacity is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides, or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.
4. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy

Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
9. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.

A person's health depends on much more than health care service. Patients are responsible for recognizing the impact of their life-style on their personal health.

Conclusion

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.

Professional Conduct Expectations **Performance Expectations**

The Radiologic Technology faculty accepts the rules and regulations governing student conduct as set forth in the Student Handbook. The philosophy of the Radiologic Technology program reflects a commitment to the belief that every human being has dignity and possesses intrinsic value. Further, the purpose of the program is to prepare the student to be a caring person who assumes responsibility and accountability for his or her actions; therefore, it is appropriate that, in addition to the prohibited actions and unacceptable behavior described in the Student Handbook, the faculty expects the following behaviors from students enrolled in the Radiologic Technology program:

1. The student will interact with patients, peers, clinical personnel and instructors so that neither they nor the student will be diminished personally.
2. The student will keep confidential all information concerning patients.
3. The student will be prepared for every clinical experience, since radiographers are legally accountable for the health care services provided.
4. The student will promote an atmosphere in the classroom and clinical setting that facilitates learning by prompt attendance and active participation.
5. The student shall conform to and display professional behaviors identified by the A.R.R.T. Standard of Ethics.

Routine Responsibilities

1. Students are responsible for assigned clinical duties as set by program faculty or supervising radiographer.
2. Students are responsible for all technical assignments indicated by the supervising radiographer.
3. Students will not leave their assigned clinical area until *all* assignments are complete and approved by the supervising radiographer, unless otherwise assigned by faculty.
4. Students will assist the radiology staff in the proper care of the patient.
5. Students will address each patient either by their first name along with the last name **or** by using 'Mr., Mrs., or Miss' and the last name. Endearing terms such as 'honey, sweetie, babe, etc.' should **not** be used because they may be offensive to patients.
6. Students will perform all other duties of a staff technologist as directed by their immediate supervisor including care of equipment and cleaning and stocking radiographic rooms.
7. Repeat examinations must only be performed under the guidance and **direct supervision** of a registered technologist.
8. Students are required to call the clinical facility and the program whenever absence is anticipated for *any* reason. See Attendance Policy in Student Handbook.
9. The student will be responsible to create a pocket sized technical notebook for recording positions/protocols and exposure factors at the various clinical education settings. This notebook must be present when the student is interning as part of the dress code policy.
10. ** The student will also be responsible to document all clinical procedures that they are involved with and state whether they (A) assisted or (PI) performed independently. This clinical procedure record will be located in the log book that each student is required to have on them in the clinical setting. A technologist needs to sign off this procedure record for authenticity at the end of each day.

Professional Conduct

The college and clinical sites expect every student to observe basic rules of good workplace behavior. Most of these are common sense rules. As a member of the healthcare team, it is important to understand the policies and procedures of the program and the consequences of inappropriate workplace behavior.

Behaviors inconsistent with those described will be brought to the attention of the clinical instructor/director in the form of verbal and written anecdotal reports. Misconduct will be handled in accordance with the procedures outlined in the Student Handbook. Performance not compatible with appropriate workplace behavior will be documented in accordance with the Radiologic Technology Academic/Clinical Behavior Documentation Process.

Examples of behavior subject to clinical course failure, are as follows, but not limited to:

1. Deliberate inattention to patient care
2. Any practice resulting in harm to the patient.
3. Failure to fulfill the responsibilities of a student radiographer to an extent that might or does cause injury to a patient, or damage to, waste or loss of material, supplies, equipment or other property.
4. Failure to report an injury or incident concerning a patient.
5. Divulging confidential information concerning patients or their care.
6. Soliciting or accepting tips from patients or any other persons.
7. Rude or discourteous behavior.
8. Chronic or habitual absenteeism/tardiness
9. Unauthorized absence /failure to report absence.
10. Falsification of hospital or program forms or records.
11. Tampering with clinical attendance sign-in sheets or falsifying reported clinical time.
12. Refusal to carry out assignments or instructions.
13. Failure to follow the policies of the clinical affiliate (i.e.: smoking, sleeping, gambling policies and etc.).
14. Use of profane or abusive language.
15. Unauthorized use of, removal of, theft of, or intentional damage to the property of the hospital, a patient, employee or student.
16. Threatened or actual physical violence.
17. Possession of or being under the influence of an intoxicant, narcotic, or mood altering substance on hospital and / or affiliate property.
18. Disorderly and/or immoral conduct.
19. Failure to follow protocol in the performance of radiographic procedures, i.e.: proper use of radiographic image identification and markers, proper use of radiation monitor badges.
20. Failure to seek out appropriate clinical supervision while performing radiographic procedures and repeat images.
21. Harassment of any type.
22. Any violation of ARRT – Code of Ethics and/or the Patient Bill of Rights.
23. Derogatory comments regarding the program/college on any form of social media.

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Policies related to harassment, sexual assault and substance abuse can be found in the MVCC Student Handbook.

Professional Behavior Expectations

Student behavior in classroom and clinical settings should be consistent with a professional work place setting. Faculty serve as learning facilitators and fellow students collaborate as team members similar to the concept of teamwork in the workplace. Collaboration is desired and expected in all learning settings. These behaviors are expected of all students:

1. Attend all classes and clinical on time.
2. Respect the rights of others to contribute by listening attentively. Show consideration for students, faculty, other faculty employees, and all clinical personnel.
3. Participate appropriately and actively in all learning environments.
4. Timely completion of all assignments.
5. Requesting appropriate feedback from faculty and peers to ensure progress toward fulfilling learning objectives.
6. Exercise effective conflict resolution strategies by immediately discussing issues with faculty and/or peers. **Destructive criticism will not be tolerated.**

At the beginning of each year the student will be required to sign a clinical contract to ensure the health and well being of each patient. See example on next page.

Student Contract for Clinical Rotations

This agreement is to be adhered to during all clinical assignments.

To ensure the health and well-being of each patient:

1. I will work within the guidelines of each clinical rotation in regards to patient identification, exam identification, patient histories, radiation protection and exams done with direct/indirect supervision.
2. I will conduct myself in a professional manner at all times, i.e., patient right to Privacy (HIPPA regulations), adhere to dress code/ uniform policy, communication with patients and family, focus on assigned tasks.
3. I will have my technique book, repeat log booklet, student ID badge and film badge with me at all times while in the clinical environment.
4. I will be accountable to my clinical supervisor at all times and if late or absent, notify the program and facility at which I am interning for, 15 minutes prior to the start of the session.
5. I will properly care for all equipment and will not take any unauthorized exposures.
6. I will report any accident and/or incident immediately to my supervisor.
7. I will follow the directives given to me by any supervisor, clinical instructor, lead technologist, staff technologist, or physician in the department that I am assigned to.
8. I will abide by the policy for repeat exposures by seeking out a registered technologist for supervision and have them verify the supervision in my repeat verification log book.
9. I will not hold a patient or IR while a radiographic exposure is being made.

I understand that if I violate this contract disciplinary measures will be taken and termination from the program may be necessary.

STUDENT SIGNATURE _____ DATE _____

CLINICAL COORDINATOR _____ DATE _____

Confidentiality Policy

According to the American Registry of Radiologic Technology Code of Ethics, Ethic 9 states:

The Radiologic Technologist respects confidences entrusted in the course of professional practice:

1. Respects the patient's right to privacy,
2. Reveals confidential information only as required by law or to protect the welfare of the individual or the community.

Radiologic Technology students will gain access to confidential demographic and medical information concerning the services rendered to patients in local health care facilities. This information is provided only to facilitate educational training. Students will not at any time, during or following the educational experience, disclose any confidential information to any other person, or permit any unauthorized person to examine or make copies of any medical reports or other related documents. Upon investigation by the Radiologic Technology faculty, anyone found to be in noncompliance with this policy is subject to course failure.

It is necessary to note that the disclosure of such confidential information may give rise to irreparable injury to the Radiologic Technology program, the medical facility donating the records and/or the owner of the medical information in question. Accordingly, the above listed parties may seek any available legal remedies against the individual who releases or discloses confidential demographic and medical information in an illegal and unauthorized manner.

HIPAA (Health Insurance Portability and Accountability Act of 1996)

This act provides safeguards to protect the security and confidentiality of patient information. This includes all medical records and other individually identifiable health information whether electronic, on paper, or oral. Student radiographers must be familiar with potential abuses of the new technology, so that the law will not be unknowingly violated. Clinical orientation includes HIPAA education. Students will sign a confidentiality agreement upon program entry.

***HIPAA regulations pertaining to the confidentiality of student information is located in the Student Handbook Section E.**

Confidentiality Statement

NAME OF STUDENT: _____

IMPORTANT: Please read the sections below. If you have any questions regarding this statement, please ask them of the faculty member before signing.

As an important part of your Allied Health education, you, as a student, will come into the possession of confidential information concerning the health care services rendered to patients. All medical information is considered confidential and may not be released except by the patient's own authorization or by state and/or federal law.

In the case of education, a student may view confidential information that is pertinent to their studies under the supervision of an instructor. The identity of the patient must be protected and the student must *never* disclose any confidential information linked to the identity of any patient to any person whatsoever for any reason.

Illegal disclosure (either intentional or unintentional) includes but is not limited to: (1) verbally discussing confidential information of an identified patient; (2) permitting an unauthorized individual to review a medical record; (3) copying any part of a medical record for an unauthorized individual; (4) making copies of medical documentation for education or research activities without obliterating the patient's demographic information; (5) abstracting medical data for education or research activities in which the patient's identity is linked to the data and (6) allowing *any* unauthorized individuals entrance to any specified area in which confidential medical information is kept or stored.

By signing this statement, you, as a student, recognize that the intentional or unintentional disclosure of such confidential information may give rise to irreparable injury to the Radiologic Technology program, its faculty and/or the owner (patient) of such confidential information, and that accordingly, the program, its faculty and/or the owner of such confidential information may seek any legal remedies against you which may be available. It is your professional responsibility and duty to protect the confidentiality of all patients medical records with which you are associated.

I have read all of the above sections of this statement and understand them as well as the consequences of any inappropriate actions as set forth in this document.

Signature

Date

General Program Policies

Attendance Policy

A significant portion of the educational process in radiography is the development of a strong sense of responsibility as a professional radiographer to each patient, fellow radiographer, radiology department and hospital. One of the primary responsibilities of a student radiographer is regular, punctual attendance in the clinical setting. Since absence is occasionally unavoidable, the program has adopted the following policy.

Beginning with orientation and continuing through graduation, students are required to be present for each assigned clinical day. Continuity of clinical activities and performances are necessary to achieve clinical competency. Any absence will be documented.

Illness and/or communicable disease may adversely affect patients, hospital personnel, and fellow students. If a student contacts a communicable disease such as strep throat, conjunctivitis, chicken pox, etc., the student must notify the program immediately. Arrangements will be made to assist students with missed classes.

A physician's release is required to resume attendance in class/clinical. Cases involving extended illness and/or extenuating circumstances will be handled by the clinical coordinator/program coordinator on an individual basis.

Clinical absences must be reported to the appropriate clinical site **and** the program office 15 minutes before the scheduled start time. *Email BOTH clinical and program coordinators of your absence of tardiness, and call your clinical instructor at your clinical site.*

See the Student Policy Handbook in regards to allowable tardiness and absenteeism.

Time Sheet Policy

One of the primary responsibilities of a professional radiographer is regular, punctual attendance. In order to help instill professional work habits, students are to sign in and out each assigned clinical day.

Failure to follow guidelines will result in course failure. The following policy must be followed:

1. Students are required to sign in and out each day with clinical instructor verification. This includes any time that the student leaves the clinical site premises.
2. Students are not permitted to sign in/out for any other student.
3. **Tampering with time sheets or falsification of time records will result in course failure.** (Refer to the Professional Conduct statement)

Other Clinical Expectations

Telephone Calls

Personal telephone calls are not permitted except for emergencies. Use of personal telephones by students is limited to break or lunch periods.

Cell Phones

The use of cellular phones is not permitted inside clinical sites as they may cause interference with internal wireless telemetry.

If it is necessary to use a cell phone during a break or lunch period, please do so in accordance with hospital policy in non-restricted areas.

Smoking Policy

As a health care instructional program, the commitment is to the well being of patients in our community. The program desires to provide a healthier and safer environment for all students and patients.

Smoking is widely recognized as the leading, preventable cause of premature death and disability in this country. Smoking is a known risk factor in many diseases, including various cancers, respiratory illnesses, cardiovascular disease, and underweight newborns. There is increasing evidence that exposure to secondhand smoke by non-smokers increases their risks for some of these diseases.

In order to provide a healthier, cleaner and safer environment for all, students are not permitted to smoke in any program-related facility. If the facility provides a designated area for smoking, students may use the area at break and lunch times **only**. Extra breaks are not permitted.

Please refer to the MVCC Student Handbook for more information on the college's smoking policy.

To encourage and support students, who wish to stop smoking, the program will endeavor to assist students in finding smoking cessation programs.

Professional Appearance Expectations

1. Hair, beards, and mustaches must be clean, neatly groomed and kept short or off the collar in such a manner as to not interfere with student duties, safety, or appearance as a medical professional. Hair color should be natural.
2. Conservative (not overly done) makeup is permitted.
3. Jewelry (one wristwatch permitted – no necklaces, bracelets); body piercing is restricted to not more than 2 pairs of earrings (studs only) per ear (no hoops of any kind are allowed for safety purposes).
4. Fingernails should be trimmed and kept clean. Subdued colored nail polish may be worn on natural nails, but cannot be chipped. Artificial nails are not allowed.
5. Colognes and perfumes may cause discomfort for patients that have respiratory ailments. Please use lightly-scented products, and please use sparingly.
6. Uniforms will be purchased through a vendor selected by the program. All uniforms must be properly laundered and neatly pressed
7. The obvious presence or absence of underwear is prohibited.
8. *Polished* white nursing shoes should be worn at all times. Clog-style shoes are permitted as long as they have a strap in the back and do not have holes in the body of the shoe. White athletic shoes with white soles are also permitted. The accent trim on the shoes must be approved. These *should* be used exclusively in the clinical setting. Proper shoe care is mandatory
9. Solid white socks of cotton blend material are permitted with uniform pant only; socks must be long enough to be covered by the slack hemline.
10. Nametags and radiation badges will be worn on uniform above the waste when in the clinical setting. (Radiation dosimetry badges are worn at the collar).

*** To review the complete dress code policy, see Dress Code Section in the Student Handbook (Section S)**

Note: Failure to comply with the Professional Appearance policy will result in application of the Behavior Documentation Process. Students not professionally attired will be sent home from the clinical setting and an absence will be documented. Students will adhere to clinical affiliate policy in regards to visible tattoos. Students must be appropriately dressed for the professional environment. Hospital/clinic dress code policies may, in certain instances, supersede program's dress code policy.

***In addition, interns must follow protocols for the particular clinical site to which they are assigned.**

DRESS CODE FOR THE SURGICAL SUITE

ALL PERSONS ENTERING THE SURGICAL SUITE ARE EXPECTED TO COMPLY WITH AND OBSERVE THE FOLLOWING DRESS CODE.

I. SCRUB SUITS

1. Everyone entering the restricted area of the OR suite must wear a clean scrub suit.
2. All surgical clothing **MUST** have been laundered within the hospital laundry facilities
3. Scrub suits worn from home will not be permitted in the OR suite
4. Scrub suits are the property of the hospital and are not to be taken out of the facility or put in a personal locker to be worn the next day.
5. Scrub suits must be placed in a laundry receptacle at the end of each day.
6. A minimum amount of jewelry should be worn.

II. HAIR COVERS

1. Hair covers **MUST** be in place before entering the restricted area
2. All hair must be covered including beards, mustaches, and sideburns

III. FACE MASKS AND SHOE COVERS

(Surgical face masks are at least 95% effective but become less efficient as time passes. Change your face mask frequently if you are in the surgical suite all day.)

1. Face masks must cover the nose and mouth completely
2. Change your mask between each case
3. Shoe covers must be worn in the surgical area
4. Shoe covers must be changed if you leave and return to the surgical area

IV. RESTRICTIONS

1. **NO ONE** is allowed to go from room to room or out of the surgical area with a dirty gown or gloves on.
2. If involved in an infectious case, gown, gloves, and shoe covers must be removed before leaving the room
3. If involved in an infectious case, scrub suits must be changed before you do another case
4. Partially exposed turtlenecks and long sleeved shirts under scrub tops are not permitted in the OR suites.

Documentation Process for Clinical Behavior Incidents

1. Reasons for Documentation

- a. Failure to comply with policy and procedures stated in the Student Handbook.
- b. Failure to comply with the clinical facilities policies and procedures.
- c. Failure to meet stated clinical objectives.

2. Process of Documentation: The following procedures will be applied for reasons stated above. For serious incidents involving unsafe or unethical practice(s), students are subject to *immediate course failure and program dismissal*. See the Student Handbook for more information.

- a. **Verbal Notification:** The first incident of failure to comply will result in a verbal notification of lack of compliance. The incident will be noted by clinical faculty on the appropriate documentation form, reviewed with the student and placed in the student's file.
- b. **Written Notification:** Upon a second incident, a written notification will be issued by clinical faculty on the appropriate documentation form, reviewed with the student and placed in the student's file.
- c. **Final Written Notification:** When an incident occurs for a third time, the student must meet with the clinical coordinator. The coordinator, with input from the clinical faculty, will hold a conference with the student to advise them of their status.

***Please refer to the MVCC Radiologic Technology Student Policy Handbook in regard to the appeals process.**

General Program Policies

A complete overview of the policies mentioned below can be found in the Student Handbook.

Policies

- Policy A: Class Attendance Requirements
- Policy B: Grading Policy
- Policy C: Procedure for Reporting Communicable Disease by Student
- Policy D: Hospital Clinical & Laboratory Student Dress Code
- Policy E: New York State Guidelines
 - Student Involvement in Portables, Operating Room Procedures, and in Fluoroscopy Studies
 - Reporting Violations/Convictions for Illegal Practices to NYS & ARRT

- Policy F: Graduation Requirements & Annual Student Awards
- Policy G: Radiation Protection Safety Guidelines
 - Section A. OVERVIEW/PURPOSE
 - ALARA - Principle
 - Radiation Safety Officer

 - Section B. RADIATION MONITORING GUIDELINES
 - Radiologic Technologist
 - Student Technologist

 - Section C. RADIATION EXPOSURE LIMITS
 - Part 1: Occupational Exposure Limits
 - Part 2: Student Exposure Limits Policy
 - Part 3: Notification Warning Policy
 - Part 4: Pregnancy Policy

 - Section D. RADIATION PROTECTION PRECAUTIONS FOR PERSONNEL
 - Part 1: Diagnostic Areas Including Patient Holding Restrictions and Immobilization
 - Part 2: Fluoroscopic and Portable/Operating Room Considerations

 - Section E. RADIATION PROTECTION GUIDELINES FOR THE PATIENT
 - Pregnancy Considerations (Patient)
 - Gonadal Shielding
 - Beam Restriction
 - Entrance Skin Exposure

- Policy H: Student Insurance Requirements
- Policy I: Student Employment in Radiology Department
- Policy J: Student Accident / Injury
- Policy K: College Regulations & Policies for Students (Conduct Regulations)
- Policy L: Standard Precautions/Infection Control
- Policy M: Alternate Clinical Rotation
- Policy N: Resolutions of Allegations of Non-compliance with JRCERT Standards.
- Policy O: Workplace Safety
- Policy P: Professional Conduct
- Policy Q: Withdrawal Policy/ Radiology Program Performance and Behavioral Policy/Dismissal Policy
- Policy R: JRCERT Standards and ARRT Standard of Ethics

RADIOLOGIC TECHNOLOGY ESSENTIAL FUNCTIONS

The essential skills and relevant activities are listed for your review so that potential students can decide whether or not they may be able to complete the requirements for the Radiology Program. Applicants must sign their application to indicate their review of section 5 of the Radiology Program Admission Application. MVCC complies with the Americans with Disabilities Act of 1990. The college will endeavor to make reasonable accommodations for an applicant with a disability, who is otherwise qualified. Applicants who are unsure if they can meet these essential skills or know they will need help in meeting them should contact the College's Disability Services Office (315) 792-5644 to discuss accommodations and/or auxiliary aids.

A student in the associate degree radiology program must have the abilities and skills necessary for use of the radiology process. The following is a representative list of the essential skills, with or without accommodation, expected of students enrolled in the radiology program.

1. Demonstrate the ability to perform essential functions for a maximum of a 10 hour shift.
2. Demonstrate the ability to protect a client when the client is standing and ambulating on all surfaces with or without the use of assistive devices, including canes, crutches and walkers.
3. Demonstrate the ability to safely move a client over 100 pounds from one surface to another using the appropriate level of help.
4. Demonstrate safe body mechanics in the process of all client treatments, including lifting and carrying small equipment (under 50 pounds) and moving large equipment (over 50 pounds).
5. Demonstrate the ability to manipulate dials on radiographic equipment.
6. Demonstrate the ability to coordinate simultaneous motions.
7. Demonstrate the ability to perform occasional overhead extension.
8. Demonstrate the ability to hear blood pressure, heart and lungs sounds with or without corrective devices.
9. Demonstrate the ability to palpate soft tissue including pulse, muscle and bones.
10. Demonstrate the ability to perform interventions such as sterile procedures.
11. Display adaptability to change,
12. Establish effective relationships with others.
13. Communicate effectively, safely and efficiently in English (both written and spoken) by:
 - Explaining procedures
 - Receiving information from others
 - Receiving information from written documents
 - Exhibiting appropriate interpersonal skill (refer to ARRT Code of Ethics for Radiographers)
14. Analyzing and documenting assessment findings and interventions.
15. Distinguish color changes.
16. Detect an unsafe environment and carry out appropriate emergency procedures including:
 - Detecting subtle environment changes and odors including, but not limited to, the smell of burning electrical equipment, smoke, and spills.
 - Detect high and low frequency sounds, including but not limited to, alarms, bells, and emergency signals.

Health Requirements Policy

The health and safety of patients, students, faculty and others associated with the educational activities of the program, must be safeguarded. Official written affiliation agreements between the program and clinical facilities mandate specific health requirements. Students must meet the following health requirements:

1. Must be able to meet the program's Physical Requirements Policy.
2. Must be free of communicable disease and in good physical and mental health.
3. Must complete a physical evaluation by a licensed physician prior to clinical placement. This must be documented on the Student Health Form and turned into the Clinical Coordinator prior to beginning clinical, and a complete physical is required every year. The physical examination includes the following:
 - a. Tuberculin test required annually (3 months prior to clinical placement),
 - b. Tetanus toxoid - within the last 10 years,
 - c. Full sequence (2 doses) verified for: Rubella, Rubeola, Mumps, and Varicella OR submit a copy of the titers with lab reports,
 - d. Hepatitis B treatment to include an Anti-HB test with positive results administered one month following the final hepatitis B injection. Two hepatitis B injections must be completed prior to clinical placement. The program highly recommends vaccination for student and patient protection. (A consideration for declination of Hepatitis treatment is possible if contraindicated by health or religious considerations. Students should be aware that clinical placements may be limited if the declination option is chosen.) RECOMMENDED
 - e. Influenza vaccination required annually
 - f. Documentation of meningitis immunization
 - g. Other immunizations at the discretion of the physician.

**** If a student is pregnant or becomes pregnant while in the program, certain radiation protection policies need to be put into place. Please see the standards for radiation practice and Maternity Policy in the MVCC Radiologic Technology Student Policy Handbook (Policy G, Section C).**

RADIATION PROTECTION

OVERVIEW/PURPOSE

It has been well documented that ionizing radiation can cause damage to living cells. Therefore, it is imperative that everyone involved in the medical application of ionizing radiation have an accurate knowledge and understanding of the various safety guidelines in order to minimize the adverse effects of radiation exposure.

We at Mohawk Valley Community College are committed to this endeavor.

This Radiation Safety Policy is designed to inform and make available to each radiologic technology student and staff member, the various radiation safety methods and guidelines established to limit unnecessary radiation exposure to the patient, operator, and public.

ALARA PRINCIPLE

"As low as is reasonably achievable" (ALARA) means making every reasonable effort to maintain exposures to radiation as far below the dose limits in these regulations as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economic of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed or registered sources of radiation in the public interest. N.Y.S. Sanitary Code, Chapter 1 Part 16.2 (11).

RADIATION SAFETY OFFICER

Faculty and students shall be aware of the Radiation Safety Officer designated for the MVCC Radiologic Technology Program: Dr. John Ellis (315)624-6116.

Additional information on state regulations for radiation safety can be obtained by contacting:

New York State Department of Health
Bureau of Environmental Radiation Protection Radiologic Technology
Corning Tower-Empire State Plaza
12th Floor – Room 1221
Albany, NY 12237
(518)402-7580 berp@health.state.ny.us

Policy for Injuries at Clinical Education Centers

If a student is injured in the clinical education center he/she should use the following procedure in seeking treatment.

1. The student should report the injury to the clinical faculty member. If the faculty member is unavailable, report the incident to a clinical supervisor and complete the appropriate incident forms for the clinical site.
 2. If possible, have a radiologist examine the injury and advise; if not available or unable to examine injury, then seek treatment in the emergency room of the clinical education center.
 3. A copy of the incident report must be kept on file in the office.
 4. Any treatment denied for reimbursement by the insurance company is the responsibility of the student, not the program.
 5. Please refer to the Student Handbook regarding any incident reporting and student occupational exposures in the clinical setting.
- If the student refuses to seek medical treatment and/or chooses to seek follow-up care on his/her own, this should be documented on the incident report form from the appropriate clinical site. Students who choose to seek treatment elsewhere assume complete financial responsibility for their care.

Competency-Based Clinical Education: An Overview

Competency-Based Clinical Education (CBCE) is directed toward preparing students to perform pre-specified tasks as a student in an actual clinical environment and to master these tasks at a level of accuracy and speed required of entry-level radiographers. The goal of clinical education, therefore, is to provide students with the opportunity to achieve competency in the duties of a radiographer before leaving the clinical education program.

Competency by definition is the required minimum standard of performance of a specified radiographic procedure. Clinical education that is competency-based must be founded upon a set of tasks that are performed by radiographers in the field. For each task performed there are certain skills, knowledge and attitudes that a student must competently demonstrate. Competency is not just manipulative skill but includes cognitive and affective development as well. The clinical experience provides

Opportunities to attempt newly learned examinations, assess and correct errors and draw upon the knowledge of experienced technologists.

Cognitive Component: Classroom and acquired knowledge

Psychomotor Component: Clinical or performance skills

Affective Component: Student's emotions, values, attitudes, characteristics

Structure of Clinical Education

Clinical education should reflect the progression of required competencies from a basic to advanced level over the entire educational program. This is accomplished through a valid plan for clinical experiences. As evidenced on the flow chart (see page 50), the cognitive, psychomotor and affective aspects of the curriculum are integrated throughout clinical education.

There are core clinical competencies that all students must demonstrate to establish eligibility for ARRT certification.

*Students must complete the following competencies to advance to the final clinical competency evaluation phase of the program:

RADIOGRAPHY
Clinical Competency Requirements

- *A total of 62 competencies* must be demonstrated from the provided lists of Mandatory and Elective procedures (ALL 10 General Patient Care, 37 Mandatory, and 15 Elective imaging procedures must be completed)
- Mandatory & Elective Procedures should be performed on *actual patients*; however, with approval of Program or Clinical Coordinator, procedures may be demonstrated under simulated conditions if demonstration on actual patients is not feasible.

FIRST SEMESTER COMPETENCIES

- *13 Competencies*
 - A. General Patient Care {ALL 10 MUST be completed}
 1. CPR
 2. Vital Signs (blood pressure, pulse, respiration, temperature, pulse oximetry)
 3. Sterile & medical aseptic technique
 4. *Venipuncture
 5. Transfer of patient
 6. Care of patient medical equipment (O₂ tank, IV tubing)

*Depending on the availability of the nursing lab, venipuncture may be completed in the second semester.

- B. Imaging Procedures (Mandatory) {3 MUST be completed from this list; the remaining must be completed during any of the subsequent semesters}
 1. Chest Routine
 2. Chest AP (Wheelchair/stretchers)
 3. Abdomen: KUB/UT
 4. ONE exam from the Upper Extremity: Thumb/finger, hand, wrist, forearm, OR elbow

SECOND, THIRD, FOURTH, & FIFTH SEMESTER COMPETENCIES

- *12 Competencies*, from the lists below, need to be demonstrated in the *Second Semester*
- *13 Competencies* from the lists below, need to be demonstrated in the *Third Semester*
- *12 Competencies* from the lists below, need to be demonstrated in the *Fourth Semester*
- *12 Competencies* from the lists below, need to be demonstrated in the *Fifth Semester*

A. Mandatory Imaging Procedures {ALL 37 from this list MUST be completed}

1. Chest Routine	14. Clavicle	27. L-spine
2. Chest AP (wheelch/stret)	15. Trauma Up Ext	28. Trauma Spine (w/cross table lateral)
3. Ribs	16. Foot	29. C-arm Orthopedic (2 view)
4. Abdomen: KUB	17. Ankle	30. C-arm Sterile Field (non-orthopedic)
5. Abdomen: Uprt & Decub	18. Tibia/Fibula	31. Portable Chest
6. Thumb/Finger	19. Knee	32. Portable Abdomen
7. Hand	20. Femur	33. Portable Orthopedic
8. Wrist	21. Trauma Low Ext	34. Pediatric Chest (6 yrs or younger)
9. Forearm	22. Pelvis	35. Geriatric Chest (Phys/Cog Impaired)
10. Elbow	23. Hip	36. Geriatric Up Extremity(Ph/Cog Imp)
11. Humerus	24. Trauma Hip (w/cross table lateral)	37. Geriatric Low Extremity(Ph/Cog Imp)
12. Shoulder	25. C-spine	
13. Trauma Shoulder(Scap Y, Transthoracic, or Axial)	26. T-spine	

B. Elective Imaging Procedures {15 from this list MUST be completed}

One of the 15 must be from the HEAD section and two must be selected from the FLUORO studies, one of which must be either an UGI or BE

1. Chest Decubitus	17. Fluoro Electives:
2. Sternum	a. UGI or BE
3. Soft-tissue Neck(Upper Airway	b. Small Bowel Series
4. Scapula	c. Ba Swallow/Esophogram
5. AC Joints	d. Cystography/Cystourethrography
6. Toes	e. ERCP
7. Patella	f. Myelography
8. Calcaneus	g. Arthrography
9. Sacrum/Coccyx	h. Hysterosalpingography
10. Scoliosis Series	18. Head Electives:
11. Sacroiliac Joints	a. Skull
12. IVP (Intravenous Urography)	b. Paranasal Sinuses
13. Pediatric Upper Extremity (6yrs/younger)	c. Facial Bones
14. Pediatric Lower Extremity (6yrs/younger)	d. Orbits
15. Pediatric Abdomen (6yrs/younger)	e. Zygomatic Arches
16. Pediatric Mobile Study (6yrs/younger)	f. Nasal Bones
	G. Mandible

***You are strongly encouraged to participate/observe all of the Elective Procedures as they are encountered. You must keep track of these in your log.

***Failure to perform the required number of competencies per semester will result in a lowering of the competency grade by 10 points for every competency that is lacking. This could drastically alter the final semester clinical grade.**

CLINICAL COMPETENCY LOG

STUDENT _____

P/P = Patient Participation

EXAM	P/P Init.	P/P Init.	Pass	Fail	Date	Technologist Signature
Chest Routine						
Chest AP (wheelchair/stretch)						
Abdomen: KUB/UT						
Abdomen: Uprt. & Decub						
Ribs						
Thumb/Finger						
Hand						
Wrist						
Forearm						
Elbow						
Humerus						
Clavicle						
Shoulder						
Trauma Shoulder						
Trauma Upper Extremity						
Foot						
Ankle						
Tibia/Fibula						
Knee						
Femur						
Trauma Lower Extremity						
Pelvis						
Hip						
Trauma Hip						
C-spine						

CLINICAL COMPETENCY LOG

STUDENT _____

P/P = Patient Participation

EXAM	P/P Init.	P/P Init.	Pass	Fail	Date	Technologist Signature
T-spine						
L-spine						
Trauma Spine (cross-table)						
C-arm Orthopedic (2-view)						
C-arm Sterile Field (non-orthopedic)						
Portable Chest						
Portable Abdomen						
Portable Orthopedic						
Pediatric Chest (Age 6 & under)						
Geriatric Chest Routine						
Geriatric Upper Extremity						
Geriatric Lower Extremity						
*FLUOROSCOPY: Must Select UGI or BE						
Upper GI						
Barium Enema						
*FLUOROSCOPY: Must select one other procedure from the list below:						
UGI						
BE						
Small Bowel Series						
Barium Swallow						
Cysto/Cystourethrogram						
ERCP						
Myelography						
Arthrography						
Hysterosalpingography						
*HEAD ELECTIVE: Must Select One from the List Below:						
Skull						
Paranasal Sinuses						
Facial Bones						

Orbits/Zygomatic Arches/Nasal Bones						
Mandible / Temporomandibular Jts.						

CLINICAL COMPETENCY LOG

STUDENT _____

P/P = Patient Participation

EXAM	P/P Init.	P/P Init.	Pass	Fail	Date	Technologist Signature
*OTHER ELECTIVES: 15 Total Electives Must Be Selected:						
Chest Decubitus						
Sternum						
Soft-tissue Neck						
Scapula						
AC Joints						
Toes						
Patella						
Calcaneus						
Sacrum/Coccyx						
Scoliosis						
Sacroiliac Joints						
IVP						
Pediatric Abdomen (Age 6 & under)						
Pediatric Up. Extremity (Age 6 & under)						
Pediatric Low. Extremity(Age 6 & under)						
Pediatric Mobile (Age 6 & under)						

CLINICAL COMPETENCY LOG

STUDENT _____

The exams represented below are the terminal competencies that must be successfully performed prior to a student graduating from the program. These competencies can only be completed in the fifth semester.

Fifth Semester Terminal Comps	P	F	Date	Technologist Signature
Routine Chest				
Abdomen Complete				
Upper extremity				
Lower extremity				

The exams listed below must have technologist verifications for (two) active student participations PRIOR to graduation.

EXAM PARTICIPATIONS	<i>1ST</i> Tech. Signature	Date	<i>2nd</i> Tech. Signature	Date
BARIUM ENEMA				
IVP				

Revised July 2016

Learning Progression

1. Required didactic (classroom)
2. Laboratory experience
3. Simulated experiences in the clinical setting (optional: request of student or faculty)
4. Observation of qualified radiographers in the execution of their duties.
5. Transition from passive/limited participation to "active" participation by assisting the radiographer in performing the procedure. The rate of student progress depends on the student's ability to comprehend and perform. ***Too much hesitation will inhibit student progress.***
6. All Semesters - **Performance experiences:** practice of "actual" procedures with ***direct supervision.***
 - a) All students need to demonstrate limited or full participation in at least two procedures before they can perform a competency on that exam.
 - b) The student will be responsible to obtain the technologist's signature to verify the two participations before performing a competency. The student will be given a log book to be used for the documentation of technologist signatures.
 - c) Technologists will also be responsible to assess the student's competency for the required exams using the Competency Form below:
 - d) To successfully pass a required competency, the student must achieve a grade no less than 90%. If 90% is not achieved and a repeat is necessary, the student will only receive a grade of 80% but must still pass the competency with at least 90% mastery. If the student is not successful on the second attempt, the faculty member will identify and direct the student through the remediation process prior to a third attempt. This remediation process will involve a hands on instructor-directed simulated experience until the same exam is performed proficiently. If the student is not successful on the third attempt, they will not have achieved competency, therefore, a grade of zero will be recorded and a hearing determining the student status in the program will be conducted.

Please see an example of the Clinical Competency Assessment form on the following page.

Revised 6/13

CLINICAL COMPETENCY ASSESSMENT

STUDENT _____ **DATE** _____

CLINICAL SITE _____

Radiographic Procedure: _____

Time Started _____ Time Completed _____

Assessor _____ Pass _____ Fail _____

Terminal Objective: To independently perform the identified radiographic procedure on an actual patient in the clinical setting according to site specific protocol.

Type of Patient: (Circle One) Adult Geriatric Pediatric

Following instruction and upon successful completion of laboratory practice/testing in this radiographic procedure; the student will perform this examination under observation for evaluation. This procedure must be completed within the corresponding time frame listed below:

1. General (i.e. CXR, extremity, spine, abdomen).....20 minutes
2. Contrast Exams (i.e. G.I., B.E., SBS).....45 minutes
3. Portable CXR30 minutes
4. Immobile Trauma.....40 minutes

Grading Key

- 0 = Unsatisfactory
- 1 = Marginal
- 2 = Satisfactory
- N/A = Not Applicable
- * = Critical Skill

- **“0” / Unsatisfactory for any one critical skill constitutes an automatic failure.**
- To successfully pass, a grade of no less than **90%** must be achieved to verify clinical competency.
- Assistance by a Registered Radiographer will **NULLIFY** the competency attempt.

PATIENT-ORIENTED OBJECTIVES	0	1	2	NA
* 1. Identify correct patient and exam				
* 2. Explain procedure to patient; correlate exam with orders				
* 3. Attire patient according to department and hospital policy				
* 4. Ability to show compassion to the patient				
* 5. Check to ensure proper exam preparation				
* 6. Obtain a thorough history- effectively communicates				
* 7. Inquire about the possibility of pregnancy and LMP				
* 8. Consider patient safety at all times				

SKILL ORIENTED OBJECTIVES	0	1	2	NA
* 1. Knowledge of procedure, produced diagnostic quality images				
* 2. Able to locate a pt. from the work list, starts the exam, prepare room for exam, to include supplies and accessories				
* 3. Select proper cassettes (size and type) and/or selection of proper exam in the CR/DDR systems				
* 4. Position patient correctly, according to instructed procedure and department specific protocol.				
* 5. Proper equipment manipulation and use of control panel				
* 6. Follow radiation protection measures (i.e. shielding, Collimation, and proper SID)				
7.. Properly instruct patient in breathing/immobilization Techniques				

CRITICAL THINKING SKILLS	0	1	2	NA
* 1. Ability to follow directions				
* 2. Ability to analyze image quality				
* 3. Ability to identify and solve technical problems				
* 4. Ability to adapt to patient needs.				

PROFESSIONAL OBJECTIVES	0	1	2	NA
* 1. Return patient to designated area, correlate films/jackets and/or demonstrate the ability to operate the PACS system under tech. supervision.				
* 2. Cooperate with others				
* 3. Demonstrate acceptable coordination and familiarity using equipment and accessories				
* 4. Demonstrate inventiveness in carrying out assignments, general management and use of time; organized				
* 5. Demonstrate the ability and foresight in making decisions and handles oneself professionally and ethically.				

Image Critique Analysis: The student has / has not passed the image critique criteria for this exam:

Demonstrates knowledge of pertinent anatomy - 0 _____ 1 _____ 2 _____

Is able to critique the image for positioning- 0 _____ 1 _____ 2 _____

Can demonstrate the structures best shown- 0 _____ 1 _____ 2 _____

Circle Response: The student has or has not proven clinical competency.

Comments:

Total Actual Credit _____

Total Possible Credit _____

Grade _____

Examiner's Signature

Date

Student's Signature

Date

Students must perform radiographic procedures under the **direct** supervision of a registered technologist. Once students have successfully completed a competency performance, radiographic procedures can be done under **indirect** supervision.

Indirect supervision is defined as supervision provided by a qualified radiographer "immediately available" to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the presence of a qualified radiographer adjacent to the room or location where the radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Students who have previously demonstrated competency in an examination who are observed consistently performing incompetently or who produce poor quality radiographs on that exam will be placed on direct clinical supervision for all exams as determined by the clinical faculty/instructor for further remediation. It will be the student's responsibility to complete all incomplete competencies as a requirement of program standards.

Terminal Competency Evaluation:

Students must successfully complete four terminal competencies in the 4th semester prior to graduation: The four competencies are as follows:

- Routine Chest Examination
- Abdomen Complete
- Upper Extremity
- Lower Extremity
- Successful performance is defined as 90% or better for the final clinical competency assessments in each of the four areas. Students will be expected to efficiently and competently manage the radiographic room.

(OPTIONAL) – CLINICAL MAKE-UP/REMEDIAL EXPERIENCE

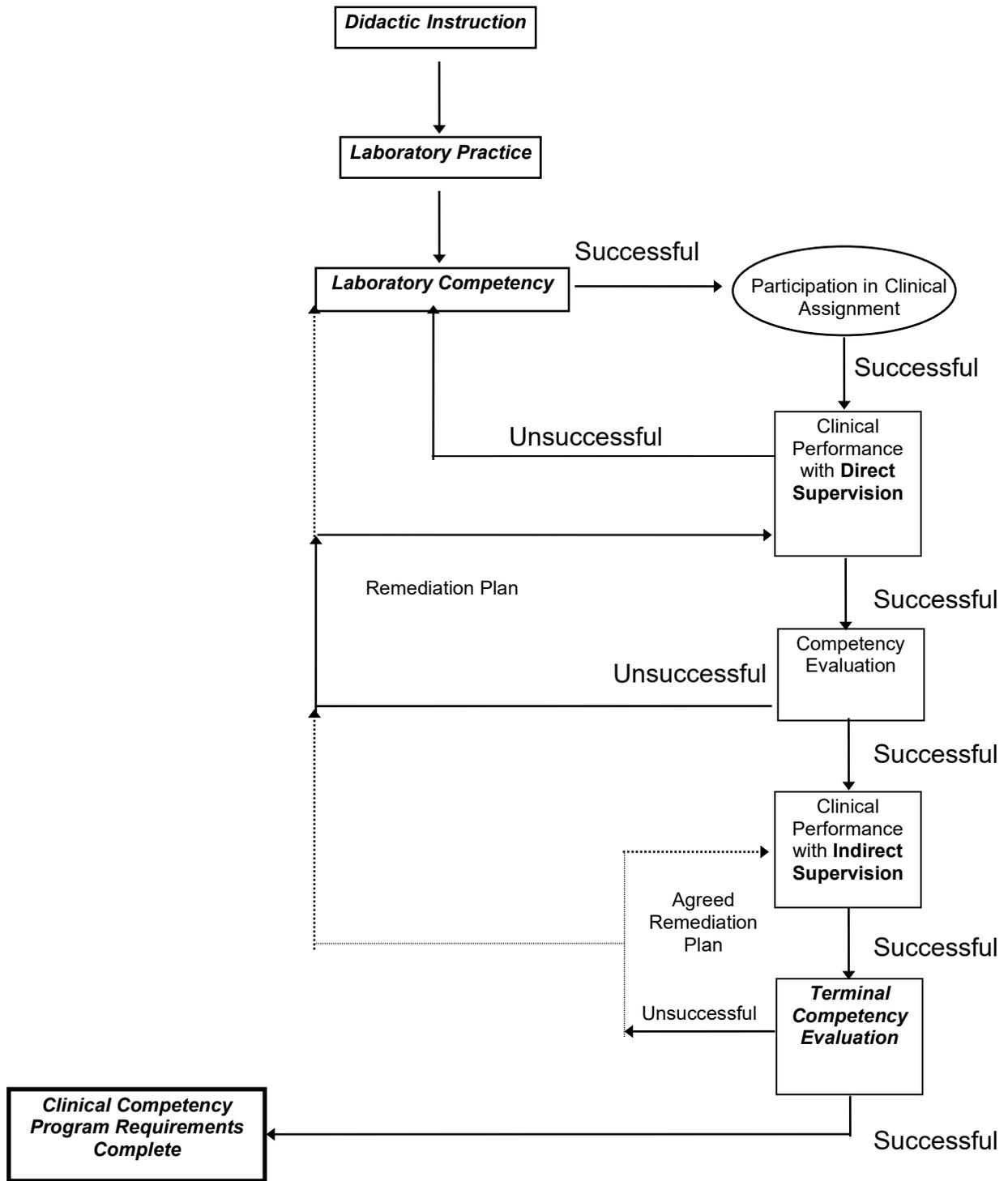
Permission of the Radiography Program Coordinator/Clinical Coordinator

DESCRIPTION:

This is not a required course. It is designed as an extension of the clinical education experience for those students who need additional time to successfully complete the required competency requirement. It is currently intended to be a supplement and will be held during the first four weeks of summer session.

Clinical Participation: It is imperative that the required competencies be completed during the summer session. As with prior clinical experience courses, the student actively observes and participates with the radiographer during radiographic procedures. As students gain experience in various procedures, he /she masters the stages of competency tests are passed. The passing of these competencies will allow the student to perform the specific diagnostic procedure requiring indirect supervision. Repeat radiographs are always performed under the direct supervision of clinical faculty or a licensed radiographer.

Competency Based Clinical Education
Flowchart



Master Clinical Education
Rotation Plan

In order to assure equal learning opportunities for students in the clinical education component of the program, the following plan will be used to guide scheduling of clinical rotations. According to site specifications, rotations must include but are not limited to the following:

MASTER CLINICAL SEMESTER PLAN

SEMESTER	1) STUDENT LEVEL 2) # OF STUDENTS	TIME ALLOTMENT	1) TYPE OF SUPERVISION 2) RESPONSIBLE INSTRUCTOR	STUDENT ROLE	INCLUSIVE PROCEDURES #1-13
FALL	1. 1 ST SEM FR. 2. APPROX. 21	From Sept. thru Dec. every Tues. & Th. from 8 - 12:30pm	1. FR – Direct Supervision 2. Clinical Instructor/ Clinical Coordinator	--participation -assisting staff -limited performance	1. routine CXR/ABD 2. fluoroscopy 3. Port/OR/CR/DR 4. ER cases
SPRING	1. 2 ND SEM FR.. 2. APPROX 21	From Jan. thru May every Tues. & Th. From 8-3:30 pm	1. FJR. – Direct Supervision 2. Clinical Instructor/ Clinical Coordinator	-participation -assisting staff -greater performance involvement	5. extremities & 1-4 6. spine 7. skull 8. mobile radiography
SUMMER	1. 3 RD SEM. SR 2. APPROX 21	From May thru Aug. (11 weeks) Mon thru Fri. From 8 – 4:00pm	1. Indirect Supervision 2. Clinical Instructor/ Clinical Coordinator	-greater performance involvement -gain independence -Improve skills	# 1-8 9. Trauma
FALL	1. 4 th SEM SR 2. APPROX 21	From Aug. thru Dec. every M, W, & F from 8-2:00pm	1. Indirect Supervision 2. Clinical Instructor/ Clinical coordinator	-greater performance - independence -assist staff -improve skills	#1-9
SPRING	1. 5 th SEM SR 2. APPROX 21	From Jan. thru May Every M,W & F. from 8-3:00 To include 2 weeks of clinical modality rotations M, W, & F	1. Indirect Supervision 2. Clinical Instructor Clinical Coordinator	-greater performance -assist staff -greater participation -successful comp. of all competencies	# 1-9 10. evenings (trauma) 11. imaging modalities

FR: Freshman **SR: Senior**

SEMESTER CLINICAL OBJECTIVES

FIRST SEMESTER: CLINICAL OBJECTIVES ARE TO BE PERFORMED WITHIN THE FIRST THREE MONTHS OF INTERNSHIP.

The student will be able to:

- I. Utilize knowledge of physical surroundings
 - A. Locate specific areas of the hospital
 - B. Locate specific suites of the hospital

- II. Properly clean and organize each area
 - A. Suites
 1. Proper storage and disposal of laundry
 2. Tape strips for lead anatomical markers
 3. Utilization of body positioning sponges
 4. Locate and utilize each item on the Suites emergency room check list.
 - a. Resupply each item in its proper place.
 - b. Report any deficiencies to the Clinical Instructor or Dept. Supervisor

 - B. Knowledge of the Mobile equipment

 - C. Bathrooms
 1. Supplies
 2. Bedpans and Urinals
 3. Eye Wash Stations

 - D. Dressing room areas

- III. Locate and utilize the radiographic equipment
 - A. Tube
 1. Cathode
 2. Anode
 3. Utilize the anode heel effect
 4. Collimation
 - a. Light beam shape
 - b. Collimation, automatic vs. manual
 - c. SID and angle indicators
 - d. Centering the tube to the table
 - e. Maneuvering and utilizing the locks
 - f. Utilization of the proper S.I.D.

B. Table

1. Identify “head” and “foot” ends
2. Raise and lower table if applicable
3. Table movements to include vertical position
4. Application and removal of foot board
5. Utilize the Bucky effectively
 - a. Grid, ratio, and movements
 - b. Longitudinal locks and cassette lock
 - c. Proper loading and unloading of cassette
 - d. Placement during fluoroscopic procedures

C. Image Intensifier

1. Proper locks
2. Proper Movement
3. Collimation levers
4. Table controls
5. Application and removal of protective lead drape
6. Use of the built- in compression paddle
7. Field of view controls
8. Room monitor controls

D. Fluoroscopic Tube

E. Control Panel

1. On and off switch
2. Emergency shut off button
3. mA station
4. mAs station
5. KVP station
6. Automatic Exposure/ photo cells and density control
7. Seconds
8. Rotor and exposure controls
9. Manual controls
10. Auxiliary controls (fluoro and tomo set up)

F. Image Receptors

1. Cassettes
 - a. CR cassettes (loaded with special screens) - sizes
 - b. Direct Digital Detectors (table and wall units)

G. Intercom

IV. Utilize technique factor charts

- A. Calipers to obtain proper patient measurement
- B. Apply cm measurement to factor charts
- C. Differentiate between:
 - 1. Tabletop exposures
 - 2. Bucky exposures
 - 3. Stationary grid exposures

- V. Set up Suites for fluoroscopy studies
 - A. Mix Barium (thick and thin)
 - B. Mix enema preparation

- VI. Set up suites for general routine diagnostic exam
 - A. Prepare contrast media as appropriate to exam
 - B. Prepare room and utilize equipment per exam

- VII. Utilize proper care and professional ethics
 - A. Utilize the “Time Out” technique for proper pt. identification

 - B. Effectively communicate exam instructions to the patient and obtain a pertinent history of the patient’s condition while undergoing the exam.

 - C. Assist the pt. with proper gowning procedure as indicated by the exam

 - D. Provide for pt. safety throughout the exam

 - E. Recognize signs of pt. emergency such as respiratory or circulatory arrest, shock, or seizure, etc.
 - a. Carry out proper emergency procedure according to dept. policy.

 - F. Maintain respect and confidence of the patient through proper speech, body language and physical appearance.
 - a. Maintain respect and dignity of the patient at all times

 - G. Complete all necessary paperwork and insure proper disposition of the patient when the exam is completed.

 - H. Converse competently with the radiologists. Attending physicians, Clinical Supervisors, and instructors.

 - I. The use of proper medical terms and ethics.

- VIII Utilize radiation protection
 - A. Collimate to the body part being examined
 - B. Use of gonad shields, lead aprons, lead gloves along with documentation of usage
 - C. Immobilization devices
 - D. Wear and proper care of radiation dosimeter badges
 - E. Question LMP and possible pregnancy and record

- IX. Understand and utilize the function of the control room and it's its structure of command.
 - A. Understand the role of the chief technologist/ operations manager
 - B. Clinical Coordinator/ Instructor
 - C. Staff Technologists
 - D. Ancillary technologists
 - E. Fr. and Sr. interns

- X. Locate, understand and utilize (if applicable) the darkroom
 - A. Pass boxes
 - 1. Placement of film cassettes
 - 2. How to "flash" pt. ID on conventional cassettes
 - 3. Loading and unloading of conventional cassettes.
 - 4. Care and cleaning of intensifying screens in conventional cassettes
 - 5. Knowledge of automatic chemical processors

- XI. Locate, understand and utilize the CR equipment
 - A. CR computer monitor
 - 1. User ID and password
 - 2. Patient registration
 - 3. Utilization of proper algorithm selection
 - 4. Understanding the SI (sensitivity index) number and its relationship to Pt. dose
 - 5. Knowledge of the correct SI ranges for particular exams
 - 6. Image manipulation (flip, reverse, rotate, contrast, density etc.)
 - 7. Addition of annotation (labels, measurements, time, pt. position etc.)
 - 8. Suspend or finish for processing, and knowledge of PACS system
 - 9. Logging out of the system
 - B. CR cassette
 - 1. Identifying a CR cassette
 - 2. Identification of the various sizes
 - 3. How to replace the screen inside of a CR cassette
 - 4. Locating the barcode
 - 5. Understanding CR cassette indicators for proper orientation of cassette during exposure.
 - 6. Scanning the CR cassette to apply pt. identification
 - 7. Proper assembly and utilization of the CR scoliosis cassette components and the holder stands

C. CR reader

1. Know the difference between a multi and single cassette reader.
2. How to properly insert a cassette for image reading
3. How to utilize the primary or secondary erase feature to clear a cassette
4. Understanding the indicator lights for safe removal of the cassette from the CR reader

D. Dry Laser Printer

1. Knowledge of the features
2. How to load the printer with fill
3. Proper way to send images to the printer for processing

XII. Locate, understand and utilize the front office.

A. Proper telephone etiquette

OVERVIEW OF 1ST, 2ND & 3RD SEMESTER STUDENT EXPECTATIONS

First Semester Competencies

I. **PHYSICAL FACILITIES AWARENESS**

1. Locate specific areas of the facility/department
2. Awareness of the emergency codes and how to activate them
3. Locations of fire extinguishers pull box alarms and emergency equipment

II **PHYSICAL FACILITIES READINESS**

1. Properly clean and organize suites within the medical imaging dept.
2. Identify each suites emergency supply list, room supply list, as actual supplies
In each room
3. Prepare syringes, needles, and contrast agents as necessary.
4. Prepare and maintain their lead markers
5. Restock supplies and cassettes as needed

III. **IMAGE RECEPTOR IDENTIFICATION AND PROCESSING**

1. Register pt. info into digital systems and scan CR cassettes, and knowledge of PACS
2. Properly care for cassettes

IV. **EQUIPMENT MANIPULATION**

1. Turn machine on and prepare for exposures
2. Identify and operate tube locks necessary for tube movement
3. Locate and manipulate bucky tray and locks
4. Identify and utilize table locks
5. Select proper cassette size and type
6. Load and unload cassettes from bucky tray
7. Measure patients with calipers
8. Apply measurement to technique charts
9. Identify major components of the control panel:

- On & off switch
- mA station
- KVP stations
- Time station
- Automatic exposure control
- Density controls
- Selection of photocells
- Mode selections (table, wall, table top, fluoro, etc.)
- Exposure control

V. **RADIOGRAPHIC IMAGE EVALUATION**

1. Check for proper pt. ID
2. Evaluate and critique images for proper anatomical demonstration

VI. **PATIENT-INTERN RELATIONSHIP**

1. Correctly identify patients using the “3 identifiers”
 - Patient name (Pt.)
 - Medical record number
 - Date of birth
2. Utilize the inpatient name band for the 3 identifiers
3. Interpret the 3 identifiers on the requisition for the exam
4. Formally addressing the patient by prefacing name Mr., Mrs., Ms., Dr.
5. Properly introduce yourself to the patient
6. Assist the patient to and from the radiographic suite
7. Assist patient to and from the radiographic table
8. Properly communicate exam instructions
9. Obtain a complete and thorough history and maintain patient confidentiality
10. Provide for patient safety throughout the exam
11. Recognize signs of patient distress
12. Carry out proper emergency procedures
13. Demonstrate proper isolation techniques
14. Maintain professionalism and compassion through speech and appearance
15. Complete all necessary paperwork and proper disposition of the patient when exam is completed and maintain patient confidentiality
16. Converse competently with radiologist, attending physician, clinical supervisor, and instructor

VII. **EVIDENCE OF RADIATION PROTECTION**

1. Demonstration of knowledge of self protection
2. Proper wear care of radiation dosimeter badges
3. Utilizing protected areas during exposures
4. Use caution when entering radiographic areas
5. Utilize lead aprons and gloves
6. Demonstrate knowledge of pt. protection
7. Utilize gonad shielding
8. Proper collimation

9. Recording LMP
10. Close suite door before exposure

VIII. **ORGANIZATIONAL STRUCTURE OF CONTROL ROOM**

1. Understand the structure of command:
 - Director
 - Operations Manager
 - Chief Technologist
 - Clinical Coordinator
 - Clinical Instructor
 - Staff radiographers
 - Senior Interns
 - Fr. Interns

IX. **ATTENDANCE AND PUNCTUALITY**

1. Arrive at least 5 to 10 minutes prior to the shift
2. Always report whereabouts to the supervisor
3. Take only the allotted time for breaks and lunch
4. Check in to supervisor when returning from lunch or breaks

X. **RADIOGRAPHIC PERFORMANCE SKILLS**

The 1st semester student will have had classroom and laboratory evaluations in the basic positioning skills in the following categories:

- Chest
 - Abdomen
 - Upper Gastrointestinal Procedures
 - Lower Gastrointestinal Procedures
 - Conventional Tomography
1. Assess body habitus for positioning
 2. Obtain proper history
 3. Observe and/or participate in at least two exams under direct supervision before performing a competency
 4. Must successfully complete competencies in:
 - Routine Chest
 - Sit/Stretcher Chest
 - KUB or Abdomen Complete
 5. Properly prepare contrast media
 6. Maintain a technique book to supplement knowledge of radiographic procedures.

2nd & 3rd Semester Competencies

I. **PHYSICAL FACILITIES AWARENESS AND READINESS**

1. In addition to the previously stated competencies, the intern will be able to:
 - experience mobile radiography services
 - Outpatient Clinical Setting

II. **IMAGE IDENTIFICATION AND PROCESSING**

1. Same as the previously stated competencies

III. **EQUIPMENT MANIPULATION**

1. Recognize and report mechanical malfunctions to supervisor
2. Assist in the development of technical factors
3. Show proficiency in the selection of proper technical factor
4. Work more independently with indirect supervision

IV. **RADIOGRAPHIC IMAGE EVALUATION**

In addition to the previously stated competencies, the student will be able to:

1. Evaluate technical quality of radiographs
2. Identify positioning errors that may be demonstrated on the radiograph

V. **PATIENT-INTERN RELATIONSHIP**

In addition to the previously stated competencies, the student will be able to:

1. Communicate instructions to the patient more competently
2. Assist the pt. with movements and/or specified positions
3. Insure the pt's comfort and safety at all times
4. Utilize verbal and tactile communication skills
5. Thoroughly and accurately explain follow up examination procedures to the patient

VI. **EVIDENCE OF RADIATION PROTECTION**

The intern shall follow previously stated competencies without exception!

VII. **ATTENDANCE AND PUNCTUALITY**

The intern shall follow previously stated competency without exception!

VIII. **RADIOGRPAHIC SKILLS**

Positioning classes will continue to be taught in the following 2nd semester to expand

The student's positioning knowledge to include the following:

- | | |
|-------------------------|-------------------------|
| - IVP | - Pelvic Girdle |
| - Surgery | - Shoulder Girdle |
| - Hysterosalpingography | - Bony Thorax |
| - Myelogram/arthrogram | - Spine |
| - Upper Extremity | - Skull |
| - Lower extremity | - Pediatric / geriatric |

The student will be able to:

1. Position patient, film cassette, and radiographic tube to properly perform the requested exam
2. Integrate all pertinent information and determine the best course of action to obtain a diagnostic quality exam.
3. Communicate to the physician for additional information if needed
4. Perform all exams listed in the first and second semesters under direct supervision unless a successful competency has been performed on the exam.

OVERVIEW OF 4th & 5th SEMESTER STUDENT EXPECTATIONS

Fourth Semester Competencies

I. PHYSICAL FACILITIES AWARENESS

1. In addition to the previously stated competencies, the intern may be able to observe in the following areas:

- Echocardiography
- Radiation Therapy
- Cardiac Catheterization
- MRI
- CT
- US
- NM
- Interventional Radiography

II. In addition to the previously stated competencies, the intern will be able to:

1. Expand their knowledge of the use of fine adjustments in technique
2. Recognize and report equipment malfunctions to the proper authorities
3. Become more familiar with the CR and digital components of radiography

III. RADIOGRAPHIC IMAGE EVALUATION

In addition to the previously stated competencies, the student will be able to:

1. Identify all radiographic procedures
2. Determine if projections are acceptable for proper diagnosis
3. Evaluate each projection as related to area of interest requested on a doctor's order
4. Evaluate exposure factors as related to diagnostic acceptability
5. Determine alternatives for improper exposure factors used
6. Evaluate radiation protection measures including proper collimation and shielding
7. Manipulation of the images by utilizing the computer software systems and PACS

IV. PATIENT-INTERN RELATIONSHIP

In addition to the previously stated competencies, the intern will be able to:

1. Thoroughly explain any exam to the patient
2. Be aware of the necessity and the correct procedure for the use of informed consents
3. Observe the methods used to orient the patient to the exam he/she is scheduled for
4. Understand the importance of patient confidentiality and HIPPA regulations

5. Demonstrate compassion, dignity and respect toward the pt. at all times
6. Know what it means to conduct themselves in a professional manor

V. **EVIDENCE OF RADIATION PROTECTION**

The intern shall maintain all previously stated competencies. Proficiency is mandatory.

VI. **RADIOGRAPHIC EXAMINATION SKILLS**

Within this period (May – December) of the clinical education, the intern will be able to:

1. Accomplish the tasks in the first year of clinical education
2. Demonstrate an increase in radiographic skill level due to the period of May – August full-time summer clinical rotations.
3. Have a good understanding of the imaging modalities
4. Select electives in areas of interest from the modalities previously rotated through
5. Evaluate patients for any type of limitation that would require modifications in the method of the radiographic examination.
6. Increase proficiency in portable and Operating room skills

Fifth Semester Competencies

I. **PHYSICAL FACILITIES AWARENESS**

In addition to the previously stated competencies, the intern will be able to:

1. Rotate through ancillary areas as well as electives
2. Rotate through an elective evening rotation

II. **EQUIPMENT MANIPULATION**

In addition to the previously stated competencies, the intern will be able to:

1. Apply technical knowledge to formulate selection of appropriate exposure factors

IV. **RADIOGRAPHIC IMAGE EVALUATION**

In addition to the previously stated competencies, the intern will be able to:

1. Demonstrate an inquisitive interest in pathological demonstrations
2. Orally evaluate radiographic images for proper exposure factors and collimation
3. Detect radiographic artifacts

V. **RADIATION PROTECTION**

The intern shall comply with radiation protection protocols. Proficiency is mandatory

VI. **RADIOGRAPHIC EXAMINATION SKILLS**

The final semester (January-May) of internship, the student will be able to:

1. Properly demonstrate positioning and clinical skills of procedures within the Imaging Dept. under indirect supervision.
2. Perform terminal competencies with at least 90% accuracy.

Grading Structure for Clinical Rotations

All clinical education courses are graded through the use of the Clinical Performance Evaluations. Students must complete all requirements outlined for each clinical semester/course with a minimum grade of “B” before promoting to the next clinical semester/course. Grading will be as follows:

Clinical grades are averaged according to the following criteria:

For All Clinical Courses:

- 66.6% of the grade is based on the clinical evaluation tool completed by the clinical instructor and reviewed, with the student, during the bi- semester conference. (grade structure pg.10)
- Percentage points will be deducted per attendance policy as stated in the Student handbook.
- 33.3% of the grade is based on the semester required competency grade achieved by the student

*It is the responsibility of each student to maintain accurate record-keeping of their clinical binder. Up to two points grade reduction will occur if information is incomplete or missing for each of the following categories:

- Attendance
- Orientation
- Direct/Indirect Supervision
- Procedure Log
- Repeat Verification
- Daily Journal
- S# or EI Values/Techniques
- Medical Terminology Assignment

Policy for Clinical Affiliate Rotations

Purpose of Rotation:

Health care delivery emphasis has shifted to include acute care, long term care, ambulatory care and preventive care. Many health care services are available in hospitals, outpatient and ambulatory care centers. Students may be assigned to do a rotation through one or more of these affiliates. These service areas provide the Radiologic Technology students an opportunity to observe and actively participate to enhance preparations for future employment opportunities. Other affiliate rotations and outlying facilities offer the student experience with varied patient characteristics as well as differing health care delivery system approaches.

Attendance:

Students are required to attend all assigned time. If an absence should occur, students may elect to make time up. Should an illness occur, the student is required to notify the appropriate

individual at the affiliate and the Clinical Coordinator and Program Coordinator of the program. Students are expected to be prompt and actively involved with the operations of each facility. Professional behavior requires preparation ahead of time to enable the student to be prompt. Any student missing assigned time at a clinical site without proper notification will be subject to disciplinary actions.

Assessment:

Students are expected to provide a written journal of their experiences in the clinical environment at the end of each semester. Journals must include entries for *each* clinical day. The following feedback considerations may include:

1. What was learned?
2. What was observed?
3. Personal feelings/reactions to various experiences

Summaries are to be turned in to the clinical or program coordinator at the end of the semester when the clinical binder is also submitted. All journals are to be written in a professional, grammatically correct manner. It should be noted that student’s feedback regarding the effectiveness of the rotation will be taken into consideration by the clinical instruction team.

Evaluation forms will be completed by the affiliate clinical instructor, reviewed with the student, and placed in the student’s clinical binder for review by the clinical coordinator/program coordinator. Students may request copies of any evaluation. Performance at the affiliate will be considered as a part of the clinical grade.

The information that follows will help students complete the affiliate rotation requirements for the Radiologic Technology program. Students should keep in mind a few points as they begin their affiliate rotations.

1. Students will gain an added educational experience through the affiliation. It should acquaint them with an environment different from the one they have experienced thus far. They must be active and assertive to make it worthwhile.
 2. Students represent the Radiologic Technology program. The highest professional behavior, attitude and appearance are expected.
 3. This is a potential future employment opportunity. It is the student’s opportunity to sell themselves as an entry level radiographer.
- Uniforms and lab coats are required. A lunch break will be provided.
 - The site supervisor or a designee will schedule and oversee the student’s performance.
 - All policies and procedures set forth in the clinical handbook are applicable at all clinical affiliate sites.

Affiliate Locations/ Average Miles from School

Each student will be required to attend the clinical orientation at the site to which he/she is assigned. This orientation will familiarize the student with the clinical sites, their objectives, policies and procedures. The mileage is to the site from MVCC.

<p>Faxton-St. Luke’s Healthcare – FSLHC St Luke’s Campus – Champlin Ave. P/O Box 479, Utica, N.Y. 13503-0479 <i>Clinical Instructor:</i> Kathy Gargas; Mikayla David; Ashley McAleer 315-624-6116</p> <p style="text-align: right;">5.2 miles</p>	<p>Barneveld Medical Office (ACP)- BARN 7980 Route 12, Barneveld N.Y. 13304 <i>Clinical Instructor:</i> Kim Lorenz 315-624-8440</p> <p style="text-align: right;">14.4 miles</p>
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<p>Faxton-St. Luke's Healthcare – FSLHC Faxton Campus 1676 Sunset Ave., Utica, N.Y. 13502 <i>Clinical Instructor:</i> Kathy Gargas 315-624-5388</p>	<p>(Mary Imogene) Bassett Healthcare –COOP One Atwell Rd., Cooperstown, N. Y. 13326 <i>Clinical Instructor:</i> Nikki Frank; Heidi Brown 1-607-547-3602</p>
<p>Oneida Healthcare Center – OHC 323 Genesee St., Oneida, N.Y. 13421 <i>Clinical Instructor:</i> Breanna Marshall 315-361-2035</p>	<p>Slocum-Dickson Medical Group - SD 1729 Burrstone Rd., New Hartford, N.Y. 13413 <i>Clinical Instructor:</i> Michele Arcuri, Ellen Bouck 315-798-1446</p>
<p>Herkimer Healthcare Center (Bassett) - HERK 312 E. Albany St., Herkimer, N.Y. 13350 <i>Clinical Instructor:</i> Patricia Zink 315-867-2792</p>	<p>K & A Radiologic Services – K&A 9914 River Rd. A, Utica, N.Y. 13503 <i>Clinical Instructor:</i> Jon Landers 315-733-3900</p>
<p>Hamilton Community Memorial – HCM 150 Broad St., Hamilton, N. Y. 13346 <i>Clinical Instructor:</i> Jessica Penoyer 315-824-6180</p>	<p>MVHS CT 1656 Champlin Ave., #229 Professional Office Bldg., Utica, N.Y. 13502 <i>Clinical Instructor:</i> Catherine Collea-King 315-624-6254</p>
<p>Cooperative Magnetic Imaging (CMI)– MRI St. Luke's Campus, 1656 Champlin Ave. Utica, N.Y. 13503 <i>Clinical Instructor:</i> Greta Scotellaro 315-735-7287</p>	<p>St. Joseph Imaging – St. Jo's 4109 Medical Center Drive Fayetteville, N.Y. 13066 <i>Clinical Instructor:</i> Rick Barnaby 315-744-1530</p>
<p>Mohawk Glen Imaging – MOH 91 Perimeter Road, Rome, N.Y. 13441 <i>Clinical Instructor:</i> B.J. Sciorilli 315-334-9729</p>	<p>Tri-town Regional Hospital 43 Pearl St., Sidney, NY 13838 <i>Clinical Instructor:</i> Peter Burghardt 1-607-561-7958</p>
<p>St. Elizabeth Medical Center 2209 Genesee St., Utica, NY 13501 <i>Clinical Instructor:</i> Amanda Bronga; Melissa Worlock Phone: 315-798-8171</p>	<p>Rome Memorial Hospital 1500 N. James St., Rome, NY 13440 <i>Clinical Instructors:</i> Megan Pazdur 315-338-7390</p>
<p>Lewis County General Hospital 7785 North State Street Lowville, NY 13367 <i>Clinical Instructor:</i> Rob Pfeiffer, Buffy Paleo Phone: 315-376-5070</p>	<p>Mohawk Valley Orthopedics 1903 Sunset Ave. #3 Utica, NY 13502 <i>Clinical Instructor:</i> Kim Judway, Felicia Weaver Phone: 315-797-1212</p>
<p>Chestnut Commons Medical Imaging 107 E. Chestnut Street, Suite 102 Rome, NY 13440 <i>Clinical Instructor:</i> Kim Judway, Felicia Weaver Phone: 315-338-7390</p>	

MEDICAL IMAGING CLINICAL ORIENTATION – Radiography

Clinical Facility _____ Date _____

AREAS OF TOUR		N/A	AREAS OF TOUR		NA
Radiography Suites			Magnetic Resonance Imag.		
Reading Areas			Computed Tomography		
Patient Changing areas			Nuclear Medicine		
File room			Radiation Therapy		
Control Area			INTRODUCTIONS		
Lockers/Personal Storage			Radiologists		
Emergency Carts			Supervisors		
Fire Pulls/Fire Extinguishers			Staff		
Stairwells			DEPARTMENT POLICIES		
Eye Wash Stations			Radiation Safety		
			Hazards: electrical/chemical		
MSDS Data Sheets			Fire safety/Evacuation		
Gowns, Masks, Gloves (personal protective equip.)			Infection Control/Standard precautions		
Emergency Radiology			Disaster Plan		
ICU			Operating Room		
Ultrasound			HIPPA		

*The clinical education setting expectations/policies were discussed and the above topics were reviewed with me during my orientation.

STUDENT _____ DATE _____

CLINICAL INSTRUCTOR/SUPERVISOR _____

Clinical Competency Log System

The clinical progress competency log system is used by both Freshmen and Senior students. Each student receives a log within their clinical binder that reflects the competencies that they must successfully complete during their two years in the program. The log is equipped with areas to check off such as P (pass), F (fail), P/P (patient participation), date exam was performed, and areas for technologist's signatures for verification of a passed competency. All students need to participate, in a limited or active capacity, in at least two procedures before attempting to comp on that procedure. The clinical instructor/technologist who is with the student during participation will need to date and initial that procedure in the log book.

Once the student has participated two times in a specific procedure, they can now comp on that procedure. A clinical competency assessment will need to be completed by the evaluator. The completed assessment is reviewed with the student, kept in student's clinical binder for review by the clinical or program coordinator. Once a grade is computed and the student reviews the assessment, the clinical instructor then checks pass or fail, and the clinical or program coordinator will log the grade in the grade book. This is done on a routine basis.

The log also serves as proof of a passed competency if the original assessment becomes lost and is not returned to the school. If the student fails to get a technologist's signature verifying competency in an exam in their log, and the paperwork is lost, there will be no proof of the passed competency and the student will have to repeat the exam.

This link to ARRT provides you with the latest Clinical Competency Requirements:

<https://www.arrt.org/pdfs/Disciplines/Competency-Requirements/RAD-Competency-Requirements.pdf>

**STATEMENT OF COMPREHENSION
RADIOLOGIC TECHNOLOGY CLINICAL COMPETENCY HANDBOOK**

I (PRINT NAME) _____, ATTEST TO THE FACT THAT I HAVE READ AND HAVE HAD EXPLAINED TO ME, VIA GROUP ORIENTATION, THE GUIDELINES CONTAINED WITHIN THE CLINICAL COMPETENCY BOOKLET.

I ALSO ACKNOWLEDGE THAT I AM RESPONSIBLE FOR READING ALL THE INFORMATION AND ADHERING TO THE RULES AND GUIDELINES CONTAINED IN THIS BOOKLETT DURING MY CLINICAL ROTATION EXPERIENCES.

STUDENT SIGNATURE _____ DATE _____

CLINICAL COORDINATOR _____ DATE _____