

MOHAWK VALLEY COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY
STUDENT CLINICAL HANDBOOK



Revised 1/2024

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Program Information

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, 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 healthcare 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 is available in the Program Coordinator'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 Radiologic Technology Program Full-Time Faculty | |
|---|--------------|
| Program Coordinator Mary Kate LaPaglia | 315-731-5877 |
| Clinical Coordinator Renee Sbiroli | 315-731-5878 |

Clinical Education

Continuity in clinical activity and performance is necessary 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

Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- Reviews the procedure in relation to the student's achievement,
- Evaluates the condition of the patient in relation to the student's knowledge,
- Is physically present during the conduct of the procedure, and
- Reviews and approves the procedure and/or image.

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

| | |
|------------------------------------|---------------------------------------|
| Mobile | Surgical |
| Psychiatric patients | All isolation cases (Covid-19) |
| Cases in the Emergency Room | Any exam not comped on |
| All repeat exposures | Fluoroscopy exams |
| Prisoners | Mobile Fluoroscopy |

Indirect Supervision

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

- Indirect supervision is defined as that 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 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 RT, regardless of the student's level of competency. Exams must be evaluated before the patient is dismissed from the imaging area.
- A qualified radiographer reviews and approves the radiographs.

COVID-19 Guidelines and 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 the Clinical and Faxton Radiology Lab, including surgical masks and protective safety glasses with wrap-around lenses. Each clinical site will provide specific COVID guidelines and required PPE.
- 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, they must notify clinical site Employee Health prior to travel to determine if COVID testing or quarantine will be required before returning to the clinical site.
- Students will notify the MVCC Radiologic Technology Program and Clinical Coordinators immediately if they believe they have been exposed to COVID-19 outside of clinical.

Direct/Indirect Verification Statement

Student Name _____

End of Semester _____

My signature on this form attests to the accuracy of the supervision options (direct or indirect) for each procedure documented on the “Procedure Lot” forms in the Radiologic Technology Program Clinical Binder for the above named student in the _____ semester.

Signed (Clinical Instructor)

Clinical setting

Date

A copy of this agreement will be signed and will be kept in the student’s Clinical Binder.

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. They 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).

REPEAT VERIFICATION FORM

STUDENT NAME _____ **SEMESTER** _____

SITE _____ **YEAR** _____

| EXAM | DATE | REASON FOR REPEAT | SUPERVISING RT (R)* |
|------|------|-------------------|---------------------|
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***Staff RT(R) must sign**
Required by State Law and the Joint Review Committee on Education in Radiologic Technology

A copy of this agreement will be signed and will be kept in the student's Clinical Binder.

Attendance

Attendance and active participation in classroom and clinical assignments are mandatory. Unavoidable absence requires a student to notify the office at the phone number listed. Failure to properly report an absence is a violation of policy and will be documented. Refer to the Attendance Policy in this Radiologic Technology Program Student Clinical Handbook for clinical education courses.

| Clinical Setting Phone Numbers | |
|--|---------------------|
| Clinical Affiliate Location | Phone Number |
| Barneveld Imaging Center | (315) 624-8440 |
| Bassett Healthcare - Cooperstown | (607) 547-3602 |
| Bassett Healthcare - Herkimer | (315) 867-2744 |
| Community Memorial Hospital - Hamilton | (315) 824-6180 |
| Cooperative Magnetic Imaging (CMI) | (315) 735-7287 |
| MVHS Orthopedic Group | (315) 797-1212 |
| Faxton/St. Luke's Healthcare Campus | (315) 624-5388 |
| K&A Radiologic Technology | (315) 733-3900 |
| Lewis County General Hospital | (315) 376-5200 |
| Little Falls Hospital | (315) 823-1000 |
| MVHS Medical Imaging Services – Medical Arts | (315) 738-4952 |
| Oneida Healthcare Center | (315) 361-2035 |
| Oneida Health Center Orthopedic Specialties | (315) 363-4651 |
| Rome Memorial Hospital (Rome Health) | (315) 338-7390 |
| Slocum-Dickson Medical Group | (315) 798-1446 |
| St. Joseph's Health | (315) 448-5274 |
| Tri-Town Regional Hospital | (607) 561-7958 |
| Wynn Hospital | (315) 917-9966 |

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:

- 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*.
- Develop technical knowledge appropriate and relative to clinical competency development.
- Recognize quality radiographs relative to progression in the curricular sequence.
- Utilize and apply technique charts and procedure manuals.
- 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:

- Assist technologists and patients as needed.
- Perform required semester clinical competencies in making progress for final clinical competency assessment.
- 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. No. of Absences _____ No. 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%)

PATIENT ORIENTED GOALS

0 1 2 3

%**

| | | | | | |
|---|--|--|--|--|--|
| * 1. Communication Skills—oral/written, able to explain exam to pt./family | | | | | |
| ** 2. Proper use of patient identifiers (DOB, ID bracelet, Med. Record No.) | | | | | |
| ** 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 | | | | | |

SKILL ORIENTED GOALS

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 | | | | | |

PERSONAL/PROFESSIONAL GOALS

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. Demonstrates and 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):

- Is the student performing at the appropriate/expected level for this point in the program of study? YES NO
- Does the student demonstrate radiation safety measures/standards for the patients, self, and employees? YES NO
- Does the student demonstrate proper patient care? YES NO
- 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 _____

A copy of this agreement will be signed and will be kept in the student's Clinical Binder.

Grading System for Clinical Internships

0 = Ineffective **1** = Moderately Effective **2** = Meets Expectations **3** = Exceeds

Each student will be evaluated in three categories:

- Patient-Oriented Goals
- Skill-Oriented Goals
- Personal/Professional Goals

First-year students must achieve an 80% or above to successfully 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.

Example:

- Section 1=80%
- Section 2= 90%
- Section 3=100%

$$80 + 90 + 100 = 270/3 = 90\% \text{ (Final Average)}$$

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 80% (for first-year students) or below 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 they 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 Policy P of the Radiologic Technology Student Policy Handbook will result in an automatic failure; the assigned grade will be no greater than 75%.

- When a student has been unsuccessful at passing one clinical evaluation, the student will receive an end-of-semester grade of no greater than 80% for first-year students and 85% for second-year students.

ARRT Standard of Ethics (Effective: September 2022)

Preamble

The Standards of Ethics of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, “Certificate Holders”), and to persons applying for certification and registration by ARRT in order to become Certificate Holders (“Candidates”). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. 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.

Statement of Purpose

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT’s definition of what it means to be qualified. Exhibiting certain behaviors as documented in the Standards of Ethics is evidence of the possible lack of appropriate professional values. The Standards of Ethics provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT’s mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

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 Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders 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 acts 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 principal 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 race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.

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 healthcare 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 confidences 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.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

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 Certificate Holders and Candidates. Certification and registration are methods 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 Certificate Holders 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. R.T.s are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

Certificate Holders 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. The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.

Fraud or Deceptive Practices

Fraud Involving Certification and Registration

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

Fraudulent Communication Regarding Credentials

2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

Fraudulent Billing Practices

3. 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.

Subversion Examination/CQR Subversion

4. Subverting or attempting to subvert ARRT's examination process, and/or the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR SSA process includes, but is not limited to:
 - (i) disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
 - (ii) soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or
 - (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or
 - (iv) using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or
 - (v) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or
 - (vi) removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or
 - (vii) having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or
 - (viii) disclosing what purports to be, or what you claim 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 or CQR SSA of ARRT; and/or
 - (ix) communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate's or CQR participant's answers, permitting another

- Candidate or a CQR participant to copy one's answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computers and/or tablets during administration of the examination or CQR SSA; and/or
- (x) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one's own behalf; and/or
 - (xi) using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

Education Subversion

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's education requirements, including but not limited to, Continuing Education Requirements (CE), clinical experience and competency requirements, structured education activities, and/or ARRT's Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's education or CQR Requirements includes, but is not limited to:
- (i) providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
 - (ii) assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
 - (iii) conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or
 - (iv) conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

Failure to Cooperate with ARRT Investigation

6. Subverting or attempting to subvert ARRT's certification and registration processes by:
- (i) making a false statement or knowingly providing false information to ARRT; or
 - (ii) failing to cooperate with any investigation by ARRT.

Unprofessional Conduct

Failure to Conform to Minimal Acceptable Standards

7. 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 scope of 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. Actual injury to a patient or the public need not be established under this clause.

Sexual Misconduct

8. 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.

Unethical Conduct

9. 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.

Scope of Practice

Technical Incompetence

10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

Improper Supervision in Practice

11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

Improper Delegation or Acceptance of a Function

12. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare 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 this clause.

Fitness to Practice

Actual or Potential Inability to Practice

13. 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.

Inability to Practice by Judicial Determination

14. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

Improper Management of Patient Records

False or Deceptive Entries

15. 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.

Failure to Protect Confidential Patient Information

16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

Knowingly Providing False Information

17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law

18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

Regulatory Authority or Certification Board Rule

19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

Criminal Proceedings

20. Convictions, criminal proceedings, or military courts-martial as described below:

- (i) conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor. All alcohol and/or drug related violations must be reported; and/or
- (ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or
- (iii) military courts-martial related to any offense identified in these Rules of Ethics; and/or
- (iv) required sex offender registration.

NYS Patients' Bill of Rights in a Hospital

As a patient in a hospital in New York State, you have the right, consistent with law, to:

- (1) Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
- (2) Receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age or source of payment.
- (3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- (4) Receive emergency care if you need it.
- (5) Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- (6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- (7) Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
- (8) Receive complete information about your diagnosis, treatment and prognosis.
- (9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- (10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care — A Guide for Patients and Families."
- (11) Refuse treatment and be told what effect this may have on your health.
- (12) Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
- (13) Privacy while in the hospital and confidentiality of all information and records regarding your care.
- (14) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- (15) Review your medical record without charge and, obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- (16) Receive an itemized bill and explanation of all charges.
- (17) View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.
- (18) Challenge an unexpected bill through the Independent Dispute Resolution process.
- (19) Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
- (20) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- (21) Make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as a health care proxy, will, donor card, or other signed paper). The health care proxy is available from the hospital.

Public Health Law(PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c) 1500 2/19

The American Hospital Association Patients' Bill of Rights can be viewed in the booklet at this link:
<https://www.aha.org/other-resources/patient-care-partnership>

Professional Conduct Expectations

Performance Expectations

The Radiologic Technology faculty accepts the rules and regulations governing student conduct as set forth in the Radiologic Technology Student Policy 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 their actions; therefore, it is appropriate that, in addition to the prohibited actions and unacceptable behavior described in the Radiologic Technology Student Policy Handbook, the faculty expect 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 healthcare 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 ARRT 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., Miss, or Ms.' 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 and email the clinical facility and the Program Coordinator and Clinical Coordinator whenever an 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 also will be responsible to document all clinical procedures that they are involved with and state whether they assisted (A) or performed independently (PI). 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 settings 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 Radiologic Technology Student Policy Handbook. Performance not compatible with appropriate workplace behavior will be documented in accordance with the Radiologic Technology Program Behavioral Policy.

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, 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; and
23. Derogatory comments regarding the program/College on any form of social media.

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 similarly 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. Complete all assignments on time.
5. Request 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.

Policies related to harassment, sexual assault, and substance abuse can be found in the MVCC Student Handbook. <https://www.mvcc.edu/student-handbook/>

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 regard 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, including adhering to the patients' right to privacy (HIPAA regulations) and the dress code/uniform policy, communicating with patients and family, and focusing 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 Coordinators 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 to which I am assigned.
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 logbook.
9. I will not hold a patient or image receptor 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_____

A copy of this Contract will be signed by the student and filed in their personal program file.

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 healthcare 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 are located in the Radiologic Technology Student Policy Handbook.

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 healthcare education, you, as a student, will come into the possession of confidential information concerning the healthcare 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

A copy of this statement will be signed by the student and filed in their personal program file.

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 contracts a communicable disease such as COVID, 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's Clinical and Program coordinators by at least 15 minutes before the scheduled start time. *Students must email **BOTH** the Clinical and Program Coordinators of their absence or tardiness **AND** call the Clinical Instructor at the clinical site.*

See the Radiologic Technology Student Policy Handbook regarding allowable tardiness and absenteeism.

Timesheet Policy

One of the primary responsibilities of a professional radiographer is regular, punctual attendance. 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 or out for any other student.
3. Tampering with time sheets or falsification of time records will result in course failure. (Refer to Policy P in the Radiologic Technology Student Policy Handbook.)

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 settings. They may cause interference with internal wireless telemetry and distract students from clinical activities.

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 and ask permission of your clinical instructors for emergencies.

Smoking Policy

As a healthcare instructional program, the commitment is to the well-being of patients in the 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.

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 two 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 must not 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. *Clean* white uniform 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; socks must be long enough to be covered by the slack hemline.
10. MVCC ID nametags and radiation badges will be worn on uniform above the waist when in the clinical setting. (Radiation dosimetry badges are worn at the collar-level.)

To review the complete dress code policy, see the Dress Code section (Policy D) in the Radiologic Technology Student Policy Handbook.

Note: Failure to comply with the Professional Appearance expectations will result in being sent home from the clinical setting and an absence will be documented. Students will adhere to clinical affiliate policy regarding visible tattoos. Students must be appropriately dressed for the professional environment. Hospital/clinic dress code policies may, in certain instances, supersede the 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.

- **Jewelry**
 - A minimum amount of jewelry should be worn.

- **Scrub Suits**
 - Everyone entering the restricted area of the OR suite must wear a clean scrub suit.
 - All surgical clothing **MUST** have been laundered within the hospital laundry facilities.
 - Scrub suits worn from home will not be permitted in the OR suite.
 - 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.
 - Scrub suits must be placed in a laundry receptacle at the end of each day.

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

- **Face Masks and Shoe Covers**
 - Surgical face masks are at least 95% effective but become less efficient as time passes. Face masks must be changed frequently if a student is in the surgical suite all day.
 - Face masks must cover the nose and mouth completely.
 - Face masks must be changed between each case.
 - Shoe covers must be worn in the surgical area.
 - Shoe covers must be changed when leaving and returning to the surgical area.

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

Documentation for Clinical Behavior Incidents and Clinical Policy Violations

1. Reasons for Documentation

- a. Failure to comply with policy and procedures stated in the Radiologic Technology Student Policy 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 Radiologic Technology Student Policy 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 Radiologic Technology Student Policy Handbook.

Student Policy Handbook Listing of Policies

| | |
|-----------|--|
| Policy A: | Class Attendance Requirements/Leave of Absence |
| Policy B: | Grading Policy |
| Policy C: | Procedure for Reporting Communicable Disease by Student |
| Policy D: | Professional Appearance Expectations |
| Policy E: | NYS Guidelines Section A. Student involvement in Procedures Section B. Reporting Violations/Convictions Against the Law |
| Policy F: | Graduation Requirements & Annual Student Awards |
| Policy G: | Radiation Protection Safety Guidelines Section A. Overview/Purpose <ul style="list-style-type: none">• ALARA - Principle• Radiation Safety Officer Section B. Radiation Monitoring Guidelines <ul style="list-style-type: none">• Radiologic Technologist• Student Technologist Section C. Radiation Exposure Limits Part 1: Occupational Dose Limits Part 2: Student Exposure Limits Policy Part 3: Safety Notification Warning Part 4: Pregnancy Policy Section D. Radiation Protection Precautions Part 1: Diagnostic Areas Including Patient Holding Restrictions and Immobilization Part 2: Fluoroscopic and Portable/Operating Room Areas Section E. Radiation Protection Guidelines for the Patient Pregnancy Considerations Collimation Radiographic filtration Gonadal Shielding Entrance Skin Exposure (ESE) |
| Policy H: | Student Insurance Requirements/Professional Liability Insurance Fee |
| 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: | Policies Regarding Withdrawal/Performance/Behavior/Dismissal |
| Policy R: | JRCERT and ARRT Standards Section A. JRCERT Standards Section B. ARRT Standard of Ethics |
| Policy S: | Confidentiality Policy |

Radiologic Technology Essential Functions

The essential skills and relevant activities are listed for review so that potential students can decide whether or not they may be able to complete the requirements for the Radiologic Technology program. Applicants must sign their application to indicate their review of the Radiologic Technology 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 Office of Accessibility Resources at [315-792-5644](tel:315-792-5644) to discuss accommodations and/or auxiliary aids.

A student in the Radiologic Technology Associate degree 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 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 sterile and medical aseptic techniques.
11. Demonstrate the ability to assist in administering contrast media.
12. Display adaptability to change.
13. Establish effective relationships with others.
14. Communicate effectively, safely, and efficiently in English (both written and spoken) by:
 - a. Explaining procedures.
 - b. Receiving information from others.
 - c. Receiving information from written documents.
 - d. Exhibiting appropriate interpersonal skill.
 - e. Analyzing and documenting findings and interventions.
15. Distinguish color changes.
16. Detect an unsafe environment and carry out appropriate emergency procedures including:
 - a. Detecting subtle environment changes and odors including, but not limited to, the smell of burning electrical equipment, smoke, and spills.
 - b. Detecting high and low frequency sounds, including but not limited to, alarms, bells, and emergency signals.

If there are any reasons why you may not be able to perform these functions with or without reasonable accommodations, you must notify the Program Coordinator, Clinical Coordinator, or Clinical Instructor immediately.

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 Essential Functions.
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 submitted to the health documentation portal prior to beginning clinical, and a complete physical and tuberculin (Mantoux) test is required every year. The physical examination includes the following:
 - a. Tuberculin test required annually (three months prior to clinical placement)
 - b. Tetanus toxoid within the last 10 years
 - c. Full sequence (two 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.)
 - e. Influenza vaccination required annually
 - f. Documentation of meningitis immunization
 - g. Other immunizations at the discretion of the physician
4. 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

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.

MVCC is committed to this endeavor.

This Radiation Protection Safety Guidelines (Policy G in the MVCC Radiologic Technology Student Policy Handbook) 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 economics 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, N.Y. 12237
518-402-7580, berp@health.state.ny.us

Policy for Injuries at Clinical Settings

If a student is injured in the clinical setting, they 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 setting.
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 setting.
3. A copy of the incident report must be kept on file in the office of the Program Coordinator.
4. Any treatment denied for reimbursement by the insurance company is the responsibility of the student, not the College or clinical setting.
5. Please refer to the Radiologic Technology Student Policy 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 their own, this should be documented on the incident report form from the appropriate clinical setting. Students who choose to seek treatment elsewhere assume complete financial responsibility for their care.

Clinical Competency Plan

Competency-Based Clinical Education 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.

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.

Clinical Competency Requirements and Logs

- 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 and Elective Procedures should be performed on *actual patients*; however, with approval of Program or Clinical Coordinators, procedures may be demonstrated under simulated conditions if demonstration on actual patients is not feasible.

First Semester Competencies

- 13 Competencies from the following lists:

A. General Patient Care (ALL 10 MUST be completed)

- 1 CPR
- 2-6 Vital signs: blood pressure, pulse, respiration, temperature, pulse oximetry
- 7 Sterile and medical aseptic technique
- 8 Venipuncture*
- 9 Transfer of patient
- 10 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: Three 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, and Fifth Semester Competencies

- 12 Competencies, from the following lists need to be demonstrated in the *Second Semester*
- 13 Competencies from the following lists need to be demonstrated in the *Third Semester*
- 12 Competencies from the following lists need to be demonstrated in the *Fourth Semester*
- 12 Competencies from the following lists 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 (two 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 years 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 the following 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 (6 years/younger) | c. Facial Bones |
| 14. Pediatric Lower Extremity (6 years/younger) | d. Orbits |
| 15. Pediatric Abdomen (6 years/younger) | e. Zygomatic Arches |
| 16. Pediatric Mobile Study (6 years/younger) | f. Nasal Bones |
| | g. Mandible |

Students are strongly encouraged to participate/observe all of the Elective Procedures as they are encountered. The student must keep track of these in the log found in their Clinical Binder. (Example on the following pages)

Failure to perform the required number of competencies per semester will result in a lowering of the competency grade by 10 points for every lacking competency. 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 (two-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 Tech. Signature</i> | <i>Date</i> | <i>2nd Tech. Signature</i> | <i>Date</i> |
|----------------------------|---------------------------------------|-------------|---------------------------------------|-------------|
| BARIUM ENEMA | | | | |
| IVU (IVP) | | | | |

The completed Clinical Competency Logs will be kept in the student's Clinical Binder.

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 logbook 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 on the following pages.
 - 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 pages.

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 patient 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 Radiology Technologist 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

The Clinical Competency Assessment forms are kept in the student's Clinical Binder and completed during each semester.

Direct and Indirect Supervision

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.

Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- Reviews the procedure in relation to the student's achievement,
- Evaluates the condition of the patient in relation to the student's knowledge,
- Is physically present during the conduct of the procedure, and
- Reviews and approves the procedure and/or image.

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

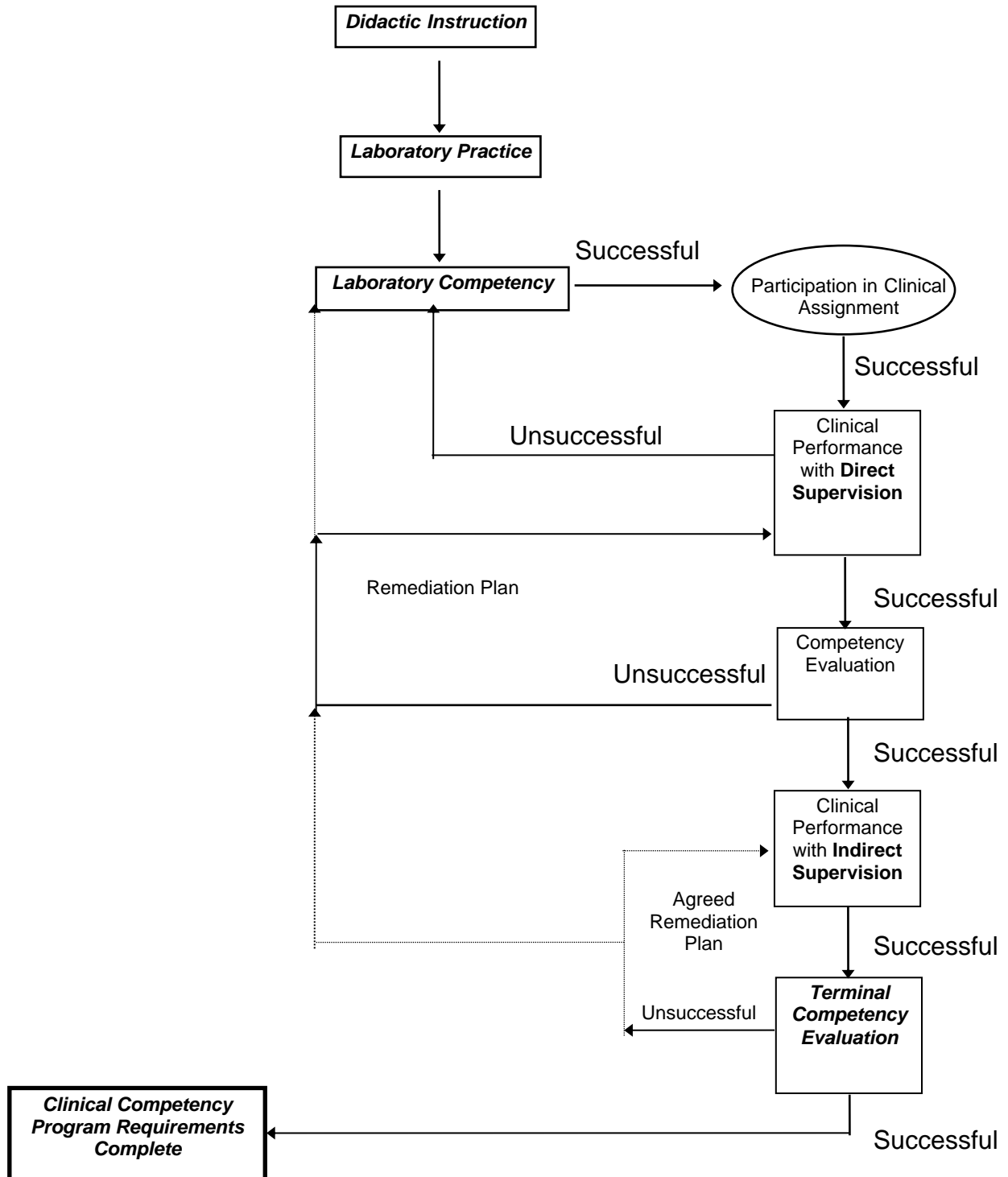
Note: Successful performance is defined as 90% or better for the final clinical competency assessments in each of the four areas. Students will be expected to efficiently and competently manage the radiographic room.

CLINICAL Make-Up/Remedial Experience (Optional)

Permission of the Radiologic Technology Program Coordinator/Clinical Coordinator required.

Note: 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.

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 |
|----------|---|--|---|--|
| Fall | 1. First Semester FR* 2. Approx. 22 | September through December, every Tues. and Th., 8 a.m.-12:30 p.m. | 1. FR - Direct Supervision 2. Clinical Instructor/ Clinical Coordinator | - participation - assisting staff - limited performance |
| Spring | 1. Second Semester FR 2. Approx. 22 | January through May, every Tues. and Th., 8 a.m.-3:30 p.m. | 1. FR - Direct Supervision 2. Clinical Instructor/ Clinical Coordinator | - participation - assisting staff - increased performance and involvement |
| Summer | 1. Third Semester SR** 2. Approx. 22 | May through August, Mon through Thru, 8 a.m.-4 p.m. | 1. Indirect Supervision 2. Clinical Instructor/ Clinical Coordinator | - greater performance - greater participation - gain independence - improve skills |
| Fall | 1. Fourth Semester SR 2. Approx. 22 | August through Dec., every M, W, and F, 8 a.m.-2 p.m. | 1. Indirect Supervision 2. Clinical Instructor/ Clinical coordinator | - advanced performance - independence - assist staff - improve skills |
| Spring | 1. Fifth Semester SR 2. Approx. 22 | January through May, every M, W and F, 8 a.m.-3 p.m., M, W, and F | 1. Indirect Supervision 2. Clinical Instructor/ Clinical Coordinator | - maximum performance - assist staff - full participation - independence - display independence - successful completion of all competencies |

* **FR: Freshman**

****SR: Senior**

Clinical Objectives Semesters 1 – 5

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. Mobile equipment
 - C. Bathrooms
 1. Supplies
 2. Bedpans and Urinals
 3. Eye Wash Stations
 - D. Dressing room
- 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 locks
 - 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/photocells and density control
 - 7. Seconds
 - 8. Rotor and exposure controls
 - 9. Manual controls
 - 10. Auxiliary controls (example fluoro)
- 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
 - 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. Demonstrate proper care and professional ethics
 - A. Utilize the “Time Out” technique for proper patient 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 patient with proper gowning procedure as indicated by the exam
 - D. Provide for patient safety throughout the exam
 - E. Recognize signs of patient emergency such as respiratory or circulatory arrest, shock, or seizure, etc., and carry out proper emergency procedure according to department policy
 - F. Maintain respect and dignity of the patient through proper speech, body language, and physical appearance, and maintain patient confidentiality at all times
 - G. Complete all necessary paperwork and ensure proper disposition of the patient when the exam is completed
 - H. Converse competently with the radiologists, attending physicians, clinical supervisors, and instructors
 - I. Use proper medical terms and ethics
- VIII Utilize radiation protection
 - A. Collimate to the body part being examined
 - B. Use gonad shields, lead aprons, lead gloves along with documentation of usage
 - C. Use 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 its structure of command
Understand the roles of the:
 - A. Chief technologist/operations manager
 - B. Clinical Coordinator/Instructor
 - C. Staff technologists
 - D. Ancillary technologists
 - E. Freshman and senior interns

- X. 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. Understand the SI (sensitivity index) number and its relationship to patient 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, patient 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 patient 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

- XI. Locate, understand, and utilize the front office and demonstrate proper telephone etiquette

Overview of First, Second, and Third 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 patient 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 and off switch
 - mA stations and kVp stations
 - Time station
 - Automatic exposure control
 - Density controls
 - Selection of photocells
 - Mode selections (table, wall, tabletop, fluoro, etc.)
 - Exposure control

V. **Radiographic Image Evaluation**

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

VI.

Patient-Intern Relationship

1. Correctly identify patients using the “three identifiers”
 - Patient name
 - Medical record number
 - Date of birth
2. Utilize the inpatient name band for the three identifiers
3. Interpret the three identifiers on the requisition for the exam
4. Formally addressing the patient by prefacing name Mr., Mrs., Ms., Miss, 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 and 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 patient 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
 - Freshman interns

IX. Attendance and Punctuality

1. Arrive at least five 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 Skills

The first semester student will have had classroom and laboratory evaluations in general patient care skills and basic positioning skills in the following categories:

- Chest
 - Abdomen
 - Upper gastrointestinal procedures
 - Lower gastrointestinal procedures
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.

Second and Third Semester Competencies

I. Physical Facilities Awareness and Readiness

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

1. Experience mobile radiography services
2. 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 patient with movements and/or specified positions
3. Ensure the patient'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. Radiographic Skills

Positioning classes will continue to be taught and reinforced to expand the student's positioning knowledge to include the following:

- IVU/IVP
- Surgery
- Hysterosalpingography
- Myelogram/arthrogram
- Upper extremity
- Lower extremity
- Trauma
- Pelvic girdle
- Shoulder girdle
- Bony thorax
- Spine
- Skull
- Pediatric/geriatric

The student will be able to:

1. Position patient, image receptor, 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 Fourth and Fifth Semester Student Expectations

Fourth Semester Competencies

I. Physical Facilities Awareness

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

- Cardiac catheterization
- MRI
- CT
- US
- NM
- Interventional radiography

II. Equipment Knowledge

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 for which they are scheduled.
4. Understand the importance of patient confidentiality and HIPAA regulations.
5. Demonstrate compassion, dignity, and respect toward the patient at all times.
6. Know what it means to conduct themselves in a professional manner.

V. Evidence of Radiation Protection

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

VI. Radiographic Skills

Within this period 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.
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 may be able to:

1. Rotate through 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 Skills

The final semester 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.
- 33.3% of the grade is based on the semester-required competency grade achieved by the Radiologic Technology Student Policy Handbook.

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
- Weekly Journal
- S# or EI Values/Techniques
- Medical Terminology Assignment
- Completion of ASRT Journal Directed Reading Quiz

Policy for Clinical Affiliate Rotations

Purpose of Rotation

Healthcare delivery emphasis has shifted to include acute care, long-term care, ambulatory care, and preventive care. Many healthcare 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 healthcare 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 to summarize *each* clinical week. 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 demonstrate themselves as an entry level radiographer.
 - Uniforms and lab coats are required. A break/lunch time will be scheduled according to department flow.
 - The site supervisor or a designee will schedule and oversee the student's performance.
 - All policies and procedures set forth in the Radiologic Technology Student Clinical Handbook are applicable at all clinical affiliate settings.

Affiliate Locations/Average Miles from School

Each student will be required to attend the clinical orientation at the setting to which they are assigned. This orientation will familiarize the student with the clinical settings, their objectives, policies, and procedures. The mileage is to the clinical setting from the MVCC Utica Campus.

| | |
|--|---|
| <p>Barneveld Imaging Center 7980 Route 12, Barneveld N.Y. 13304 <i>Clinical Instructor:</i> Richard A. Matrassi, R.T.(R) 315-624-8440 14.4 miles</p> | <p>Bassett Healthcare One Atwell Rd., Cooperstown, N.Y. 13326 <i>Clinical Instructor:</i> Shantille Camp, R.T.(R) 1-607-547-3602 41.3 miles</p> |
| <p>Bassett Healthcare - Herkimer 321 E. Albany St., Herkimer, N.Y. 13350 <i>Clinical Instructor:</i> Patricia L. Zink, R.T.(R)(M) 315-867-2792 16.2 miles</p> | <p>Community Memorial Hospital 150 Broad St., Hamilton, N.Y. 13346 <i>Clinical Instructor:</i> Alisha L. Duh, L.R.T. 315-824-6180 31.5 miles</p> |
| <p>Cooperative Magnetic Imaging (CMI) 1656 Champlin Ave., Utica, N.Y. 13503 <i>Clinical Instructor:</i> Greta Pugh Scotellaro, B.S., R.T.(R)(MR)(CT) 315-735-7287 5.2 miles</p> | <p>MVHS Orthopedic Group 1903 Sunset Ave. #3, Utica, NY 13502 <i>Clinical Instructor:</i> Kimberly Judway, R.T.(R) Phone: 315-797-1212 3 miles</p> |
| <p>Faxton-St. Lukes Healthcare Campus 1676 Sunset Ave., Utica, N.Y. 13502 <i>Clinical Instructor:</i> Mikayla M. David, L.R.T. 315-624-5388 2.4 miles</p> | <p>K & A Radiologic Services 6400 Collamer Road, East Syracuse, N.Y. 13057 <i>Clinical Instructor:</i> Obie Burger, L.R.T. 315-733-3900 5.3 miles</p> |
| <p>Lewis County General Hospital 7785 North State Street, Lowville, NY 13367 <i>Clinical Instructor:</i> Rachel Carpenter, L.R.T. Sara Froelich, L.R.T. Phone: 315-376-5070 60 miles</p> | <p>Little Falls Hospital 140 Burwell Street, Little Falls, N.Y. 13365 <i>Clinical Instructor:</i> Anita Thomas, L.R.T. Phone: 315-823-1000 23 miles</p> |
| <p>MVHS Medical Imaging Services – Medical Arts 4401 Middle Settlement Road, New Hartford, NY 1341 <i>Clinical Instructor:</i> Mary M. Cahill, R.T.(R) 315-738-4952 7.1 miles</p> | <p>Oneida Healthcare Center Rte. 5, 321 Genesee St., Oneida, N.Y. 13421 <i>Clinical Instructor:</i> Breanna Kinney, L.R.T. 315-361-2035 30 miles</p> |
| <p>Oneida Healthcare Center Orthopedic Specialists 357 Genesee St, Suite 2, Oneida, N.Y. 13421 <i>Clinical Instructor:</i> Breanna Kinney, L.R.T. 315-363-4651 30 miles</p> | <p>Rome Memorial Hospital 1500 N. James Street, Rome, N.Y. 13440 <i>Clinical Instructors:</i> Megan Pazdur, R.T.(R), Angela Storey, L.R.T. 315-338-7390 18.7 miles</p> |
| <p>Slocum-Dickson Medical Group 1729 Burrstone Rd., New Hartford, N.Y. 13413 <i>Clinical Instructors:</i> Ellen Bouck, R.T.(R) 315-798-1446 3.4 miles</p> | <p>St. Joseph's Health 301 Prospect Ave., Syracuse, NY 13203 <i>Clinical Instructor:</i> John Andersen, R.T.(R), Cynthia Galbraith, R.T.(R)(T) Phone: 315-448-5274 57 miles</p> |
| <p>Tri-Town Regional Hospital 43 Pearl St., Sidney, N.Y. 13838 <i>Clinical Instructor:</i> Peter Burghardt, L.R.T. 1-607-561-7958 50 miles</p> | <p>Wynn Hospital 111 Hospital Drive, Utica, N.Y. 13502 <i>Clinical Instructor:</i> Ashley M. Mcaleer, R.T.(R), Sarah E. Scouten, R.T.(R) (315) 917-9966 2.5 miles</p> |

Medical Imaging Clinical Orientation – Radiography Objectives Log

Clinical Facility _____ Date _____

| Areas of Tour | N/A | | Areas of Tour | N/A | |
|---|-----|--|---|-----|--|
| Radiography Suites | | | Magnetic Resonance Imaging | | |
| 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 Equipment) | | | Infection Control/Standard Precautions | | |
| Emergency Radiology | | | Disaster Plan | | |
| ICU | | | Operating Room | | |
| Ultrasound | | | HIPAA | | |

The clinical education setting expectations/policies were discussed and the above topics were reviewed with me during my orientation. A copy of this signed document will be kept in the student's program folder.

Student _____ Date _____

Clinical Instructor/Supervisor _____ Date _____

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 logbook.

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://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/68688f6b-d625-4fce-be07-b9b8a81b7d10/RAD_CC_2022.pdf)
(https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/68688f6b-d625-4fce-be07-b9b8a81b7d10/RAD_CC_2022.pdf)

Statement of Comprehension
Radiologic Technology Student Clinical 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 Radiologic Technology Student Clinical Handbook.

I also acknowledge that I am responsible for reading all the information and adhering to the rules and guidelines contained in this handbook during my clinical rotation experiences.

Student Signature _____ Date _____

Clinical Coordinator _____ Date _____

A copy of this statement will be signed during the program Clinical Orientation session by the student and filed in their personal program file.