

Radiologic Technology Program

Student Handbook

2025 -- 2027

(Revised September 2025)

Program Accredited by:

Joint Review Committee on Education in Radiologic Technology

Program Endorsed by:

Radiologic Technology Program Advisory Committee

 **Radiologic Technology Program Student Handbook Table of Contents**

(Revised September, 2025)

 Page No.

Program Purpose, Mission, Goals, & Objectives.……………......................... 3

Clinical Education Plan ............................………………...……………...…… 4

# Method of Evaluation, Clinical .................………………...……………...…... 9

Final Clinical Grade Computation…………………………………….….…… 11

Attendance Policies, Clinical .....................…………...…………..................... 11

Absence Reports ………………………………………………………….…... 12

Hurricane & Disasters Policy …………. ………………………………….…. 12

Jury Duty, Military Duty …………………………….……...……………........ 13

Bereavement ……………………………………………………………….… 13

Clinical / Hospital Assignments ………………………………………...…… 13

# Injection of Contrast, Radiopharmaceuticals & Medications……………....… 13

# Transportation ………………………………………………………………... 13

# Repeated Radiographs ………………………………………………………. 14

# Direct/Indirect Supervision ....................…………………...…....................... 14

# BLS Certification ……………………………………………………………. 14

Dress Code & Personal Hygiene Policy .......………………..................…...... 15

Cell Phones and Headphones/Ear Buds ……………………………………... 16

Criminal Background Check…………………………………...……………... 16

Drug and Alcohol Screening …………………………………………………. 18

Health Record and Technical Standards ……………………….……….……. 19

Health Standards and Services ..................…………...……………….……... 19

Student Medical Insurance …………………………………………………… 19

Student Liability Insurance …………………………………….………...…… 20

Student Health Report ..................………………….…...………………......... 21

Fair Practices - Grievance and Complaint Procedure …………...……………. 23

Radiation Monitoring Practices ......…………………….................................. 23

Radiation Protection Rules………………………………………………...…... 23

MRI Safety………………………………………………………………...…... 24

MRI Screening Form………………………………………….………...……... 25

Provisions for Pregnant Students…………….………………………….…...... 26

Pregnancy Counseling Sheet ...................………………….………………....... 27

Discrimination and Harassment Policy………………………………………… 28

Infectious Disease Policy ………………………………….…………………… 28

Workplace Safety Policy………………………………….……………...……... 29

Employment Related Policy for Student Technologists ………….……...……... 29

Record Security and Availability ...........……………………….….………........ 29

Graduate Competencies ......................…………………………....…................. 29

Graduation Requirements, Florida SouthWestern State College A.S Degree …. 30

Didactic Evaluation: Classroom Grading Policy ......……………….…............ 30

Failure of an RTE Core Course ..........………….……….................................... 31

Curriculum Sequence ..................…………………….…................................... 31

Appendix A: Clinical Forms …………………………………………………... 33

Appendix B: ARRT Standards of Ethics. ……………………………………... 63

### (All handbook information is subject to change with proper notification)

### Program purpose

The purpose of the Florida SouthWestern State College Radiologic Technology Program is to provide a nationally accredited, high-quality, radiologic technology learning experience.

### Program mission

### The mission of the Florida SouthWestern State College Radiologic Technology Program is to provide a nationally accredited, high-quality Radiologic Technology learning experience. The program strives for excellence through innovation and continuous improvement while providing career-oriented courses instilling marketable skills and professional expertise to its graduates. Program courses will enable students to enrich their lives socially, culturally, and intellectually as well as providing the community with a workforce that meets the developing needs of the field of Radiography

### Program goals

* Students will be able to perform as an entry-level radiographer.
* Students will demonstrate critical thinking and problem-solving skills.
* Students will effectively communicate with patients and staff.
* Students will understand the value of professional development and life-long learning.

### Program effectiveness goals

* Graduates will pass the national certifying examination.
* Graduates will find employment in the field.
* Graduates will indicate overall satisfaction with the program.
* Students starting the program will complete the program.
* Employers will indicate satisfaction with graduates.
* Graduates will be clinically competent.

### Program objectives

Following successful completion of the program, the graduate will be able to:

* Apply knowledge of anatomy, physiology, positioning, and radiographic technique selection to accurately demonstrate anatomical structures on a radiograph or other image receptor.
* Determine exposure factors to achieve optimum radiographic technique with minimum radiation exposure to the patient.
* Evaluate radiographic images for appropriate positioning and image quality.
* Apply the principles of radiation protection to the patient, self, and others.
* Provide patient care and comfort.
* Recognize emergency patient conditions and initiate lifesaving first aid and basic life-support procedures.
* Detect equipment malfunctions, report it to the proper authority and know the safe limits of equipment operation.
* Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
* Provide patient / public education related to radiologic procedures and radiation protection/ safely.
* Describe the basic components of a quality assurance program for diagnostic radiology.
* Demonstrate knowledge and skills relating to verbal, nonverbal, and written medical communication in patient care intervention and professional relationships.

**Clinical Education**

The philosophy of education practiced within the Radiologic Technology Program is to be a comprehensive competency-based program. This philosophy states that we learn best those concepts that we can experience. Therefore, throughout the curriculum of the program, clinical experience is correlated with didactic learning in an organized fashion called the **Clinical Education** **Plan**. Under this plan each student will accomplish approximately 1800 hours of clinical experience in the real medical world at affiliating hospitals and out-patient imaging centers. Students will be involved in all phases of daily operations of a medical radiology department. Each student will be creating medical images on hundreds of patients during the extent of the program. This practice is designed to allow the full development of cognitive, affective, and psychomotor learning in the art and science of medical radiographic production. The **Clinical Education Plan** is explained in the next section of this handbook.

FLORIDA SOUTHWESTERN STATE COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM

**CLINICAL EDUCATION PLAN**

**Course Identification**

 A. RTE: 1804L 1814L 1824L 2834L 2844L 2854L

 B. Semester: F-1 Sp-1 Sm-C F-2 Sp-2 Sm-A

 C. Credit Hours\: 2 3 3 3 3 2

 D. Contact Hours per Credit Hour\* 120 120 96 120 120 96

**Program Representatives and Clinical Instructors**

* Rendy Petrin, Program Director, (239) 489-9064
* Coleen Kubetschek, Clinical Coordinator, (239) 489-9122
* Michael McNiskin, Program Coordinator, (239) 489-8351
* Dave Ingram, Fawcett Memorial Hospital, Port Charlotte, (941) 624-8778
* Hannah Shearer Cape Coral Hospital, Cape Coral, (239) 424-3636
* Talia Minichiello, Naples Community Hospital (NCH Health Systems), Naples, (239) 624-4450
* Talia Minichiello & Nancy Gonzper North Naples Hospital, Naples (239) 552-7244
* Melanie Ingram, Lee Memorial Hospital, Ft Myers, (239) 343-2528/ department:343-2533
* Annette Ridley, Gulf Coast Medical Center, Ft Myers, (239) 343-0125/department: 343-0130
* Kristen Pendergrass, Health Park Medical Center, Ft Myers, (239) 343-6657/ department: 343-6239
* Patrick Herr & Nadeja Zamisnii, Physician’s Regional Medical Center, Naples, (239) 304-4866
* Olivia Padron, ProScan NCH Imaging – 9th St., Naples, (239) 624-4060
* Ronald Pierre, Lee Health Imaging – HealthPark Commons, Fort Myers, (239) 343-7246
* Kevin Herrera, Lee Health Imaging – Surfside, Cape Coral, (239) 542-7530, ext. 2
* Lynn Giompalo, Lee Health Imaging – Sanctuary, Fort Myers, (239) 343-9455, ext. 3
* Tara Frederick, Orthopedic Specialists of SW Florida, Fort Myers (239) 461-6341
* Gabrielle Monterosso, Ortho Collier, Naples, (239) 325-1135
* Linda Leger, Lee Health Coconut Point, Estero, (239) 468-0065

\*In Clinical Practicum courses, one credit hour equates to 96 to 120 contact hours per semester

**Clinical Description**

Affiliation agreements with various hospitals and out-patient imaging centers enable Florida SouthWestern State College Radiologic Technology students to gain valuable clinical experience in departments of radiology. Each student has the opportunity to demonstrate the skills learned in the classroom and laboratory in a real clinical setting. In this area each student is assigned to various department rotations. The student at first works closely with a registered radiologic technologist. As proficiency and speed increase, the student performs examinations in an indirectly supervised capacity.

Clinical experience involves the student in the handling and the care of patients and various radiographic equipment. The student learns to manipulate exposure factors in all clinical situations under many different conditions. Each student gains significant experience in: routine and special positioning methods, surgical radiographic procedures, manipulation of radiographic images, and maintaining radiographic records.

**At no time will the combination of required clinical and classroom hours exceed 40 hours per week.**

**Clinical Objectives**

The student will:

1. Perform or assist with each radiographic procedure assigned to his/her room. Level of supervision: by direct supervision of a registered radiologic technologist.
2. Perform independently with indirect supervision in areas of completed category competency evaluations.
3. Demonstrate:
	1. Proper evaluation of each requisition
	2. Physical facilities readiness
	3. Professional interpersonal relationships
	4. Competent patient positioning skills
	5. Skillful equipment manipulations
	6. Evidence of proper radiation protection
4. Evaluate radiographic images for:
	1. Anatomical parts/terminology
	2. Proper alignment
	3. Radiographic technique
	4. Image identification
	5. Evidence of radiation protection
5. Be evaluated in the following clinical category competency areas:

Note: Students will be required to show competency in 56 radiographic procedures and 10 patient-care

activities. Up to ten radiological procedures may be simulated.

**Fall semester, 1st year, RTE 1804L**

Aug. - Dec., 2 credit hours, 16 hours/week

**Competency Evaluations** 4 procedures

* Radiographic Control Panel and Accessories
* Digital Equipment Manipulation/Identification, R/F Room
* Patient Care and Safety
* Chest: PA and Lateral only♦\*\* (prerequisites: Rad Control Panel, Equip Manip, and Patient Care)

# Abdomen: Supine only♦\*\* (prerequisites: Rad Control Panel, Equip Manip, and Patient Care)

# Any two competencies listed from the spring semester.

**Spring semester, 1st year, RTE 1814L**

January - April, 3 credit hours, 20 hours/week

**Competency Evaluations -** 16 procedures

**Chest category –** 1 procedure

* Chest: Stretcher or Wheelchair♦\*\*

**Abdomen category –** 1 procedure

* Abdomen: Acute Abdominal Series or Supine & Upright Abdomen♦

**Upper extremity category -** 9 procedures /1 each

* Thumb or Fingers♦ Elbow♦\*\*

# Hand♦\*\* Humerus♦

* Wrist♦\*\* Shoulder♦\*\*

# Forearm♦\*\* Scapula, AC Joints, or ARRT Elective

* Clavicle♦
* ARRT Electives include: Decubitus Chest, Decubitus Abdomen, Toes, Soft Tissue Neck, SI Joints, ERCP, IVU, Cystography, VCUG, scoliosis study, pediatric upper or lower extremity, pediatric abdomen, pediatric mobile study

**Lower extremity category -** 7 procedures / 1 each

* Foot♦\*\* Knee♦\*\* Tibia/Fibula♦
* Ankle♦\*\* Patella
* Calcaneus Femur♦

**Summer C Semester 1st Year, RTE 1824L**

May - August, 3 credit hours, 20 hours/week

**Competency Evaluations:** **11** procedures

**Gi category** – 4 procedures / A minimum of two of the following MUST be performed on patients.

* Esophogram/Barium Swallow
* UGI
* Small Bowel Series
* Barium Enema
* One ARRT elective examination**:** 1 procedure from the following:

Decubitus Chest, Decubitus Abdomen, Toes, AC Joints/Scapula (whichever was not done previously) Soft Tissue Neck, SI Joints, ERCP, IVU, Cystography, VCUG, scoliosis study, pediatric upper or lower extremity, pediatric abdomen, pediatric mobile study, SC Joints

* Mobile chest -- 1 procedure (Non OR) ♦\*\*
* Mobile abdomen – 1 procedure (Non OR) ♦\*\*
* Hip with axiolateral (cross-table lateral) ♦
* Pelvis♦\*\*
* Hip with Frog-leg♦\*\*
* C-arm equipment manipulation

**Fall semester, 2nd year, RTE 2834L**

Aug. – Dec., 3 credit hours, 24 hours/week

**Competency Evaluations:** **11** Procedures

**Spine category -** 4 procedures / 1 each

* C Spine♦\*\*
* T Spine♦
* L Spine♦\*\*
* Sacrum/Coccyx

**Bony thorax category -** 2 procedures / 1 each

* Ribs♦
* Sternum
* Trauma shoulder/humerus (To include: Scapular Y, Transthoracic or Axillary), 1 procedure♦\*\*
* Surgical c-arm procedure: requiring manipulation around a sterile field, 1 procedure♦
* Geriatric exams: At least 65 years old and physically or cognitively impaired as a result of aging, 3 procedures
	+ Routine (2-view) Chest ♦\*\*
	+ Upper or Lower Extremity ♦\*\*
	+ Hip or Spine

**Spring semester, 2nd year, 3 credit hours, 20 hours/week, RTE 2844L**

**Competency Evaluations:** **11** Procedures

**Head work category - 6** procedures, minimum of 1 exam must be performed on a patient

* Skull Sinuses
* Facial Bones Mandible or TMJs
* Nasal Bones Orbits to include Rhese Method

**Pediatric (2-view) CHEST**, 1 procedure (child, 6 years old or younger) ♦

**Cross-table lateral spine** 1 procedure (C, T or L spine) ♦

**C-arm examination** with a minimum of two views 1 procedure ♦

**Trauma upper extremity** (non-shoulder) ♦\*\*

**Trauma lower extremity** (non-hip) ♦\*\*

**Summer semester, 2nd year, “A” term, 2 credit hours, 20 hours/week, RTE 2854L**

**Competency Evaluations:** 3 procedures

**Special procedures category**: **1** procedure

* Myelography, Arthrography, or Hysterosalpingography

**One ARRT elective examination:** 1 procedure from the previous list.

**Mobile upper or lower extremity** 1 procedure♦\*\*

**Elective Rotations**: (3 days maximum)

* 1. Ultrasound d. Special Procedures
	2. Magnetic Resonance Imaging e. Computed Tomography
	3. Nuclear Medicine

♦ ARRT Mandated Exams

\*\* These exams cannot be simulated.

NOTE: “Trauma” requires modification in positioning due to injury with monitoring of the patient’s condition.

**Method of Evaluation - Clinical**

1. **Category Competency Evaluation Forms.** (See forms in Appendix A)

A primary student goal for each grading period is to be certified competent\* to perform independently in the appropriate competency category for that semester. After observation and/or practice of examinations, the student may request the clinical instructor or approved evaluator to evaluate his/her performance on the appropriate Competency Form. The student may not perform an exam with indirect supervision, (see Direct/Indirect Supervision Policy) until **both upper and lower** parts of the evaluation form have been completed and properly signed.

\*In order to ensure the safety of our patients, competencies may be revoked at any point in time if a student’s

clinical ability is in question. This would require an additional attempt at that competency category and grading would follow the policy guidelines. If the competency grade has been submitted in previous semesters, the student would no longer work under indirect supervision for that category and a specified number of successful attempts of this exam would be required to restore the status of “indirect supervision”.

Once a competency procedure has begun, a student may not choose to terminate the evaluation. The evaluation is only terminated by following improper procedure or at the discretion of the evaluator. Categories assigned should be completed during the grading period to pass the course and progress in the program.

**Early competency evaluations:** Students may request evaluation of a competency in advance of the scheduled semester grading period to take advantage of exam frequency, etc. An early competency can be done by the student who has successfully completed both lecture and lab components on that examination. Grades earned will remain on file until the semester due. This is strongly recommended for the headwork competencies.

**B. Personal Performance Evaluations** (See forms in Appendix A)

Bi-weekly, the staff radiographers evaluate each student’s overall clinical performance on a form called the **Student Performance Evaluation**. This is to give the student relevant feedback on how she/he is perceived to be performing by others in the department. The student is responsible to initiate the completion of this performance evaluation in a timely manner. Failure to do so will result in a one-point demerit. An electronic **Mid-Course Personal Development Assessment** form also will be used as a service to the student in providing feedback. These evaluations do not have a letter grade assigned to them. At the end of the semester, the Clinical Coordinator completes an electronic **Final Personal Development Assessment (PDA)** which is reviewed by the student. This assessment will affect the final course grade in conjunction with skill performance grades earned on competencies, demerits, skills evaluations and on-campus laboratory grade.

A **Demerit** form is used to document clinical performance not in keeping with the goals of the program. This form documents those instances where a student's behavior is in need of major changes to be in line with that of a professional Radiologic Technologist. Please refer to the form in appendix C and to the next section on clinical grading to understand its use in the program.

## Clinical Grading Process

Clinical Grading Scale

Competency Grading

A minimum grade of 85% must be attained on the first attempt to show competency on a particular examination. An “Unsatisfactory” of an asterisked item will result in termination of the exam. If the first attempt is not successful, the exam may be challenged a second time. If the second attempt is successful, a grade of 85% will then be recorded for that examination. A third attempt may be challenged following a successful lab competency. If successful, a grade of 33% will be recorded. If a student does not pass the third attempt a grade of 0 will be recorded, however the student must still demonstrate competency for that exam.

**Final clinical grade computation**

The final letter grade for each clinical education course is determined by the following steps in order and weighted according to course numbering:

**To receive an “A” grade, the student must:**

1. Complete all required competency evaluations with an average of 96 to 100%.
2. Complete all required clinical time by the end of the grading period of the current semester.
3. Receive no “Needs Improvement” assessment in any category and no “Unacceptable” in any category on the Final Personal Development Assessment.
4. Did not receive enough Demerits to lower the grade below a 96%.

**To receive a “B” grade, the student must:**

1. Complete all required competency evaluations with an average of 91 to 95%.
2. Complete all required clinical time by the end of the grading period of the current semester.
3. Received no more than **one** Needs Improvement assessment in any category & No Unacceptable assessment in any category on the Final Personal Development Assessment.
4. Did not receive enough Demerits to lower the grade below a 91%.

**To receive a “C” grade, the student must:**

1. Complete all required competency evaluations with an average of 85 to 90%.
2. Complete all required clinical time by the end of the grading period of the current semester.
3. Received no more than **two** Needs Improvement assessments in any category & No Unacceptable assessment in any category on the Final Personal Development Assessment.
4. Did not receive enough Demerits to lower the grade below an 85%.

Receiving a Group I Incident Report any time during the program may result in dismissal. All such cases will be reviewed by a Disciplinary Committee and will be subject to the College’s Due Process Policy.

**Note**: If a Needs Improvement assessment reduces the clinical grade, the grade will be reduced to the upper range of the next lower letter grade. (e.g. one needs improvement assessment would reduce a 98% clinical grade to 95%, the upper range of a B grade. Two needs improvement would reduce a 98% clinical grade to a 90%, the upper range of a C grade. Demerits are then subtracted after the needs improvement assessments are considered in the grade.

**Attendance policy - Clinical**

**Any changes, additions, or deletions to a student’s schedule must be Program approved**

Punctual attendance during all clinical education courses is mandatory for continued progression in the program. Specific shift start times will vary according to hospital or outpatient clinical assignment. The Clinical Coordinator determines shift hours. The Program strongly recommends that each student be at his/her station and "ready-to-go" five minutes before his/her scheduled start time. A tardy is documented at one minute past the scheduled start time and a left early is defined as leaving one minute or more prior to the end of the scheduled shift. More than two tardies or leave earlies in any one semester earns demerits. Two absences (excluding jury duty, bereavement, and military duty) are allowed each full semester without academic penalty. The third absence is an academic demerit. The fourth absence, and so on, receives respective demerits. (See Demerit Form)

A “tardy” is defined when a student clocks in between 1 minute and up to 4 hours after their scheduled start time. If a student is tardy 60 minutes or less, they may make up the missed time at the end of that day.

A “leave early” is defined when a student clocks out between 1 minute and up to 4 hours before the end of their scheduled shift.

Any time missed greater than 4 hours constitutes an “absence”. The student only makes up the time missed during finals week.

The College and program have predetermined semester breaks. Students are expected to plan vacations, family reunions, marriages, elective surgery, etc., during these semester breaks and not during the semester time periods.

**Any absence the clinical day before or after a scheduled holiday or college break will result in one additional demerit for each day missed.**

All clinical time must be completed before a grade will have been earned for each course. Students **must** **arrange make-up time with the** **Clinical Coordinator** and with the approval of the appropriate clinical instructor at the assigned clinical site. Any rescheduled make-up day is treated as a scheduled day in regards to tardiness, absenteeism, etc. Students may make up time on days approved by the clinical instructor and clinical coordinator.

The student must personally notify the Clinical Coordinator **and** Clinical Instructor of their absence at least 30-minutes before the scheduled clinical start time. If the CI is not available or has not yet arrived at the hospital when the student calls, a message may be given to a department staff member. **A phone message or e-mail to the Clinical Coordinator is also required.** If the student fails to inform both the CI and Clinical Coordinator in an appropriate manner, he/she will receive 1 demerit for each occurrence.

## Absence reports

An Absence Report (Appendix A) must be completed following any absence from the clinical setting. Any make up time must be approved by both the Clinical Instructor and Clinical Coordinator prior to the time being done.

**Hurricane / Disaster Policy**

In the event of a hurricane or natural disaster, students should listen to the local news media for campus closings. If in question, call Florida SouthWestern State College,

* Lee Campus Public Safety at (239) 489-9203
* Collier Campus Public Safety at (239) 732-3712
* Charlotte Campus Public Safety at (941) 637-5608.

If a particular Florida SouthWestern State College campus is closed, **no student should be on that campus**. If any campus is closed, **no student should be at any clinical site. Under no circumstances should a student use this time to make-up hours previously missed.**

When a closure is ordered or when contacted by the Program Director, Clinical Coordinator, or Program Coordinator, students may be required to leave a clinical site before completing his/her daily rotation. Time is not made-up when missed due to hurricane / disaster closures.

**Jury duty**

If a student is called for jury duty, the time missed is considered excused and will not need to be made up. A court appearance mandated by legal summons will be considered excused. All other court time will be treated as a regular absence.

**Military duty**

All military duty is considered an excused absence.

**Bereavement**

Upon the death of an immediate family member (father (step), mother (step), brother (step), sister (step), mother-in-law, father-in-law, grandfather, & grandmother) a student is granted up to 3 clinical days of leave time. Bereavement time is excused and does not need to be made up.

**Clinical / Hospital assignment rotations**

A plan of clinical assignments will be such that the student will be experienced in all facets of the modern radiology department. This schedule allows the student to apply didactic learning with actual practice in the clinical setting. Students will rotate through radiographic assignments during day shifts. However, following the second semester, assignments are made to other affiliate hospitals. Other rotations may include: surgery, mobile imaging, CT, MRI, sonography, nuclear medicine, and special procedures.

The Clinical Coordinator makes all room assignments. Students cannot change their scheduled rotations.

**Clinical Assignment Areas**

Students will be assigned to specific areas by the Clinical Coordinator. They will change assigned areas only when asked to do so by their Clinical Instructor. Changes in assignments are to be educationally valid.

**Hospital Orientation**

All hospital orientations must be completed before the student will be allowed in the clinical setting.

Hospital orientation material will be provided by the clinical site.

**Hospital Rotation Assignments**

Each student may be assigned to at least three different hospitals during the length of the program. These hospital rotations help insure that each graduate is readily adaptable to new work environments and has gained comprehensive experience in all areas of radiology.

**Injection of Contrast Media, Radiopharmaceuticals & Medications**

It is program policy that students **DO NOT, UNDER ANY CIRCUMSTANCE**, inject or otherwise “push” contrast media, radiopharmaceuticals, or any other type of medication as part of their clinical education, i.e., intravenous & intramuscular injections. Students may introduce barium or other contrast media for the purpose of a gastrointestinal or biliary study.

**Transportation**

A student provides his/her own transportation to and from all clinical assignments.

### Repeated Radiographs

A student may only do the first radiograph repeat if a registered technologist is in **direct supervision** (see definition next page). If necessary, the technologist performs the second radiograph repeat and allows the student to observe the corrections. **A student never repeats a radiograph without direct supervision of a registered technologist.** Each offense is a five-point decrease in the semester clinical grade.

## Direct and Indirect Supervision

Until a competency evaluation is successfully completed, a student must have direct supervision of a registered technologist. This means that the technologist is ***present in the radiographic room with the student*** during the examination. After successful completion of the competency and both upper and lower parts of the evaluation form are properly completed and signed, the student may perform those specific examinations with indirect supervision.

Indirect supervision is defined as: The technologist is ***readily available* and in *hailing-distance***, but not necessarily in the radiographic room at the time of the examination.

### BLS Certification

BLS certification (American Heart Association – Healthcare Provider/Category C) is required before the start of the program. Students may not report to clinic without a valid card. Certification must be kept current while in the program.

**Florida Southwestern State College**

**Radiologic Technology Program**

**Dress Code and Personal Hygiene Policy**

The following statements are designed for student and patient safety while maintaining standards of professionalism in the radiology departments of the clinical education centers of the Florida SouthWestern State College Radiologic Technology Program. The Program Director and staff will determine what clothing is considered acceptable.

1. All uniforms tops and lab coats must be purchased at the FSW Bookstore on the Lee County campus. The uniform top must display the Radiologic Technology program logo and the lab coat must display the FSW logo. Hospital or FSW name tag and radiation dosimeter must be visible at all times during clinical assignment.
2. Uniform pants are black.
3. Uniform tops are purple. They must be clean and be embroidered with program information. If an under garment is to be worn, it must be black and meet with program standards.

1. Hospital-issued surgical scrubs are worn in the department only if the student is assigned to surgery or special exams/areas that require surgical clothing. These surgical scrubs are not to be taken out of the hospital.
2. Clean, black footwear (shoes/sneakers) and socks must be worn at all times. No open-toe or open-back shoes and no colored sneakers allowed. No clogs or boots.
3. Tattoos that will show outside of the school uniform must be approved by the Program Director or Clinical Coordinator. If not approved, they must be covered during all hours of clinical rotation.
4. Simple make-up and jewelry (i.e. wristwatch, ring, necklace, and earrings) allowed. Earrings must not extend beyond the earlobes. Only one pair of earrings permitted (one in each ear). No other visible "rings or studs" are acceptable, (i.e. nose ring, tongue studs, etc.). Only one necklace permitted and any attachments are not to exceed ½ inch in height/width. Jewelry must not interfere with the student’s ability to safely perform in the clinical setting.
5. Fingernails will be short and clean. No artificial nails, acrylic nails, or nail enhancements are allowed as they breed bacteria. Natural nails must be kept trimmed so as to extend no more than ¼ inch beyond the tip of the finger. Traditional nail polish or gel may be worn but must be well maintained.
6. Excessive amounts of perfume or cologne is prohibited.
7. Hair should be clean, neat, and a natural color. If longer than shoulder length, hair must be tied back to avoid contact with the patient, etc. The hairstyle should in no way obscure the student’s vision or ability to provide patient care. Hair color and style should not detract from patient care.
8. Sideburns and beard must be neat, clean and trimmed close to the face. Facial hair is not allowed if it interferes with masks not fitting properly.
9. Daily bathing and personal hygiene are required.

**Cell Phones and Headphones/Ear Buds**

Personal cell phones are not to be used during clinical time and should be on mute/vibrate and kept concealed at all times.

No ear buds or headphones may be used during clinical time.

Students may not take photographs or videos at the clinical sites unless first approved by the Clinical Instructor.

Photographs/videos of any patient (even if patient is only in the background) and/or their family members, x-ray images, or anything considered protected health information (PHI) **is strictly prohibited**.

**Criminal Background Check**

*Required for applicants who are accepted into the Radiologic Technology Program*

The Florida Department of Law Enforcement initiated the VECHS program in 1999 after the Florida Legislature enacted section 943.0542 of the Florida Statutes (1999). This statute is amended based on the National Child Protection Act (NCPA). The federal guidelines for the NCPA offer further interpretations of the NCPA, along with mandates for states that choose to implement corresponding legislation and programs.

Level 1 and Level 2 Background checks:

· Level 1 and Level 2 Background Checks are terms used in Florida Statutes to convey the method of the criminal record check and the extent of the data searched; however, the terms may also refer to certain disqualifying offenses if specific statutes are used as reference.

· Level 1 and Level 2 are terms that pertain only to Florida and are not used by the FBI or other states. They are defined in Chapter 435, F.S., but are used elsewhere in the statute without definition and appear not to be associated with all of the provisions in Chapter 435.

\* Level 1 generally refers to a state-only name-based check AND an employment history check

\* Level 2 generally refers to a state and national fingerprint-based check and consideration of disqualifying offenses and applies to those employees designated by law as holding positions of responsibility or trust. Section 435.04 mandates that Level 2 background security investigations be conducted on employees, defined as individuals required by law to be fingerprinted pursuant to Chapter 435

It should be noted that the state and national criminal history databases can be searched for arrests, warrants, and other information about an individual; however, neither database can search for specific offenses on an individual’s records.

NOTE: Certification and/or Licensure are requirements to practice in all programs FSW’s School of Health Professions provides. If there are questions as to whether a student's criminal history will prevent or restrict their ability to obtain a license and/or certification in the School of Health Profession’s programs, the student should discuss the matter with the Florida Department of Health and/or associated accrediting agency BEFORE applying to the program.

Procedure:

1. Criminal background information released to a program will be used only to assist in making programmatic admission, continuation, and/or potential dismissal decisions.

2. If a background check identifies issues that may preclude admission, field experience, or clinical placement, the Program Director may request additional information from the student.

3. Applicants are NOT required to disclose any criminal conviction expunged from the public record or a deferred adjudication that did not result in the entry of a conviction judgment.

4. Students with pending adjudication, charges, or convictions WILL NOT be admitted to the program.

5. Program admission, continuation, and/or potential dismissal are based on an applicant’s plea of nolo contendre, a guilty plea, a plea agreement, and/or a conviction.

6. Based on an applicant’s felony criminal convictions and all other criminal convictions (felony or misdemeanor) relating to crimes involving the following, students will be DENIED admission or continuation in the associated program.

· Physical assault

· Use of a dangerous weapon

· Possession of a controlled substance

· More than one (1) DUI/DWI within the last three (3) years

· Sexual abuse or assault of any person

· Embezzlement, fraud, dishonesty

· Crimes against property, including robbery, burglary, and theft

7. Additionally, for misdemeanor offenses, the Director will review students exhibiting patterned behavior of criminal history on a case-by-case basis to decide whether admission to the program is in the best interest of Florida SouthWestern State College, the associated Program, and the community.

8. If a background check identifies issues that the applicant considers inaccurate or incomplete, the applicant must address these concerns or issues with the Florida Department of Law Enforcement (FDLE) and/or the Federal Bureau of Investigations (FBI) for resolution. Florida SouthWestern State College is NOT responsible for rectifying any background inaccuracies on the accepted applicant's behalf.

9. All students must disclose any new arrests, criminal proceedings, and/or criminal convictions (felony or misdemeanor) while admitted and attending any School of Allied Health (SoAH) Program immediately.

10. FSW’s SoAH Program Directors may deny admission into any Program based on their sole discretion and/or the following considerations:

· The Director determines that admittance may jeopardize public health and safety

· The severity of the criminal activity.

· The amount of time that has elapsed since the crime was committed.

· Criminal activity which involved violence to, or abuse of, another person.

· The crime involved a minor or a person of diminished capacity.

· Whether the applicant's actions and conduct since the crime occurred are consistent with holding a position of public trust.

· Whether the applicant's criminal history reflects patterned behavior.

If you have any questions or concerns, please speak with your School of Allied Health Advisor or the Director of your associated Program.

**Drug and Alcohol Screening**

Any use of a controlled substance without a prescription and/or marijuana (even if medically issued) will result in DENIAL of entry into FSW’s SoAH Programs. Use of these substances during any phase of an associated program can result in an immediate dismissal from the program.

All students accepted into the clinical component of the program must undergo annual drug and alcohol screening at the laboratory specified by the program on or before the stated deadline. This lab is used to protect the integrity of the results being reported.

No student will be admitted in the program with a disqualifying result or failure to meet the specified deadline. If after admission into the program any future results are positive, the facts will be reviewed and the student may be dismissed from the program immediately and referred for appropriate counseling

Students will assume responsibility and accountability for both individual and professional actions. They have the responsibility for maintaining a level of competence which will ensure safety in the delivery of health care. A student who is unable to perform clinical and classroom activities, as assigned, with reasonable skill and safety to patients and coworkers, by reason of illness or use of alcohol, drugs, narcotics, chemical or any other type of material, or as a result of any mental or physical condition, shall be required to submit to a drug screen, mental or physical examination. The drug screen may be requested by a College or Clinical official for a student who appears to be impaired.

For college students pursuing health careers, the use of medical marijuana carries significant risks due to conflicts between state and federal law. Despite the legality of medical cannabis in states like Florida, federally funded universities and clinical sites must adhere to federal law, which classifies cannabis as an illegal Schedule I controlled substance. A positive drug test can result in dismissal from an academic program or prevent a student from participating in required clinical rotations.

Other physical impairments or prolonged illnesses must be assessed by a physician or health care practitioner who possesses the expertise to diagnose and treat the impairment. A note or prescription for continuation in Program activities may be required before the student may resume their clinical duties. The cost of the examination will be borne by the student. Failure to submit to such examinations may result in suspension or dismissal from the program.

In accordance with Florida SouthWestern State College’s Drug-Free Campus and Workplace Policy, the Allied Health Programs prohibit any student from reporting to class or clinical to perform his/her duties while under the influence of drugs or alcohol. Violation of this policy can result in disciplinary action up to and including immediate suspension, expulsion, and/or a requirement of satisfactory participation in a College approved drug or alcohol rehabilitation program.

A student who is suspected of violating this policy is required to submit to an immediate Ten Panel drug screen including urine, hair and Blood Alcohol examination. The tests are done at a designated test site. Failure to submit to the testing may result in dismissal from the program.

Radiologic Technology students who do not meet the standards of good physical and mental health, as required by clinical facilities for safe patient care, may reapply and be considered for application to the Radiologic Technology Program after resolution of the health problem. Additionally, student drug screens, criminal history reports, and medical records, when submitted, will become the property of Florida SouthWestern State College, and will not be available for copying or for use to meet the requirements of outside employers or other agencies/persons.

Students may be required to submit criminal background, drug screen results, health reports, and immunization records directly to clinical affiliates before beginning their clinical rotations at some of the affiliated clinical sites. Students who are out of their program for six months or more must submit new records.

**Health Record / Ability to Meet Technical Standards**

A completed medical health form and self-assessment of Program Technical Standards must also be submitted prior to admission to clinical rotations. This health record will contain results from a physical examination and laboratory tests including immunization records. A TB test and flu shot will be required on a yearly basis.

Student drug screens, criminal history reports, and medical records, when submitted, will become the property of Florida SouthWestern State College.

Certain clinical sites require students to submit information concerning their Health Reports, drug screens, and background checks prior to attending their first day at their site.

**Appeal Process**

If a review of a criminal background check or a medical health report deems an applicant or student ineligible for admission or continuation in the Radiologic Technology Program, an appeal can be filed. The FSW appeals process will be followed.

**Health Standards and Services**

**Program health standards for enrolled students.**

Changes in a student's health that may affect the health and safety of other students, patients, or staff must be reported to the Program Director and Clinical Coordinator in a timely manner. Students are expected not to attend clinical when in a contagious state of illness. Time missed will be made up later. After major illnesses or injury, a physician's statement of good health may be required to be on file with the Program Director before attending clinical courses.

**Student Medical Insurance**

Students are required to carry personal medical insurance at all times during the program.

Florida SouthWestern State College does not offer hospital facilities or a student infirmary. Should a health problem occur while in classes, the student will contact his or her personal physician. If the problem is severe, emergency medical services (911) may be called.

**Student Liability and Accident Insurance**

As part of the lab fees, Florida SouthWestern State College Radiologic Technology students are covered by the college’s accidental insurance policy while attending the clinical sites. This insurance does not cover travel to and from clinical sites and is limited in its coverage. Please refer to the specific insurance forms.

1. If student is injured during clinical time, the injury should be reported immediately to the Clinical Coordinator or Program Director and the student is to immediately see either the emergency physician or his/her own physician.
2. The Clinical Coordinator or program official will gather information and fill out the appropriate sections

 of the claim form. Student must sign the bottom of the claim form.

1. The claim form is then forwarded to the Dean of the School of Allied Health.

1. The Clinical Coordinator with notify the Florida SouthWestern State College Public Safety Department and an Incident Report will be completed regarding the claim.
2. It is the student’s responsibility to submit the completed claim form to their insurance company.

**FLORIDA SOUTHWESTERN STATE COLLEGE**

**SCHOOL OF HEALTH PROFESSIONS**

**RADIOLOGIC TECHNOLOGY HEALTH REPORT**

**This report needs to be completed and uploaded to CastleBranch.**

NAME ADDRESS

CITY STATE ZIP PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY PHONE

**PROGRAM REQUIREMENTS**

|  |
| --- |
| I have the ability to: (check each) Push and pull routinely Have full use of both hands and wrists Assist patient on and off exam table. Ability to lift 30 pounds routinely. Ability to squat. Ability to bend both knees. Work standing on feet 80% of the time. Ability to do above requirements while wearing lead protection. Visual acuity-adequately view radiographs including density, contrast, and sharpness distinctions  Auditory ability and verbally communicate |
| **Student Signature: Date:** |
| Health Care Provider:To the best of my ability from my examination and history taking on this student concur that the student can perform all the listed program requirements.**Healthcare Provider Signature: Date:** |

**HEPATITIS B VACCINE**

The **Hepatitis B vaccine** is readily available at your doctor's office or local health clinic. Three doses are generally required to complete the Hepatitis B vaccine series, although there is an accelerated two-dose series for adolescents.

Hepatitis B Refused \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

 (student signature)

* First Injection - At any given time
* Second Injection - One month after the first dose
* Third Injection - Six months after the first dose

Hepatitis B Injections Received: □ Positive

#1 Date:\_\_\_\_\_\_\_\_\_\_ #2 Date:\_\_\_\_\_\_\_\_\_\_ #3 Date:\_\_\_\_\_\_\_\_\_\_\_ Titer Date: \_\_\_\_\_\_\_\_\_\_\_\_ □ Negative

**IMMUNIZATIONS REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Immunization** | **Date** |  | **Titer****(Lab reports must be submitted)** |
| Tetanus (within 10 years) |  |  | N/A |
| Pertussis(Whooping Cough) |  |  | N/A |
| MMR(Measles, Mumps and Rubella) (x2) | 1\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_ | OR | [ ]  Positive [ ]  Negative\*if negative immunity-MMR x2 required |
| VZVVaricella (x2) | 1\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_ | OR | [ ]  Positive [ ]  Negative\*if negative immunity- vaccine required (x 2) |
| PPD, TST, QuantiFERON TB Gold, or T SPOTTuberculin Test |  |  | [ ]  Positive [ ]  Negative\*if positive, CXR and/or symptoms analysis required\*\*\*MUST BE DONE ANUALLY\*\*\* |
| \*Flu Vaccine |  |  | \*\*\*MUST BE DONE ANNUALLY EVERY FALL\*\*\* |

\***Proof of flu vaccine will be required when applicable.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**TO THE HEALTHCARE PROVIDER:**

This is to certify that I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_ and have found *(patient’s name) (date)*

her/him to be in good physical, mental and emotional health, as described in the stated requirements, and free from communicable disease.

**EXCEPTIONS** - Please note below any physical, mental and emotional abnormalities, defects, or diseases which might in any way interfere with the student’s attendance and progress in the School of Health Professions:

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Signature of M.D., D.O., A.R.N.P., P.A.)**

Healthcare Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO THE STUDENT:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Florida SouthWestern State College permission to share part or all of the information on this health evaluation with the clinical agency(ies) to which I will be assigned.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Student)

**Fair Practices - Grievance and Complaint Procedures**

In the event a student has a grievance or complaint regarding academic, non-academic, or clinical issues, the student will follow the college’s “Academic Grievance Procedure”. This procedure can be found on the following link:

<https://catalog.fsw.edu/content.php?catoid=20&navoid=3756#academic-grievance-procedure>

If a student has a concern that the program is in non-compliance with the Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards, the student should follow the following procedure:

1. The student should inform the Program Director of the allegation(s) in writing within two weeks of the incident or complaint.
2. The Program Director will respond within two weeks.
3. All allegations and their resolution will be kept on file with the program administration.

**Radiation Monitoring Practices**

The program requires that all students wear a radiation-monitoring device (dosimeter) in accordance with federal radiation standards. These monitors should be kept in a designated area at the clinical site when not in use and should be worn at collar-level and outside the lead apron whenever the student is at the clinical site. Failure to properly wear and/or store the monitor is cause to receive a demerit (see Demerit Form, appendix A). The Program Director serves as the Radiation Safety Officer (RSO) for the program. He/she reviews the monitoring reports each month to assure that each student is within safe exposure guidelines in accordance with the concept of ALARA (As Low As Reasonably Achievable). Students that receive excessive radiation exposures are counseled on their radiation protection practices by the RSO. Those with exposures within a one-month period of 50 millirem SDE, or higher, will receive written notification to be signed and returned to the RSO. An attempt is made to determine the cause of the exposure and methods of reducing the exposure in the future are discussed and agreed upon.

Radiation exposure reports, with personal information (social security number and date of birth) eliminated, are given to the students to review. These reports are also available from the monitoring company via the internet.

**Radiation Protection Rules**

Following an introduction to the radiation protection policies and procedures of the program, the student will adhere to the following rules:

1. It is the responsibility of the student to insure the protection of themselves, the patient, and the general public from the harmful effects of ionizing radiation to the best of his or her ability.

2. The student should always follow the concepts of ALARA.

3. The student will not hold patients or image receptors during an exposure.

4. The student will always wear a dosimeter at collar level while in the clinical setting and during fluoroscopic or mobile exams, the student will always wear the dosimeter outside the lead apron.

5. The student will be responsible for the proper storage of his or her dosimeter while away from the clinical site.

6. The student will stand a minimum of six feet from the patient during mobile radiographic examinations and wear appropriate lead apparel.

7. The student will use lead shielding on all patients regardless of age unless it will negatively affect the quality of the radiographic images.

8. The student will always use proper collimation.

9. The student will determine the pregnancy status of female patients when appropriate.

10. The student will understand and adhere to the radiation safety rules at the individual clinical site.

**MRI Safety and Screening Process**

An MRI safety lecture is provided in week one of the program as part of RTE 1804L and again in RTE 1573. The MRI Screening Assessment Form (next page) is completed at that time and placed in the student’s file.

It is the policy of the program that prior to the lecture and completion of the screening form, students are not allowed to enter Controlled Access Areas - Zone III or Zone IV of the MRI suite for any reason.

Before the student begins their MRI rotation, they will be given a second MRI Screening Assessment Form which they will complete and review with a registered MRI technologist at their clinical site. This completed form must be given to the Clinical Coordinator~~.~~

If, during the program’s duration, there are any changes to the status of the conditions of the MRI Screening Form, the student must notify the Program Director.



**Provisions for Pregnant Students**

The provisions made for pregnant students are as follows:

1. A student who is pregnant, or suspects she is pregnant, has the **option** of whether or not to declare her pregnancy to program officials. If student chooses to inform the officials of her pregnancy, **it must be done in writing** and indicate the expected date of delivery.
	1. Sample form letter for declaring pregnancy is available in the Nuclear Regulatory Commission Regulatory Guide 8.13
2. The student also has the option of un-declaring her pregnancy at any time. This withdrawal of declaration **must be done in writing** and given to the Program Director.
3. Notification of the change in student’s health status facilitates the program’s policies concerning pregnant students (see the Pregnancy Counseling Sheet next page).
	1. If student chooses not to inform the program officials, she will be treated no differently than other students.
4. Following the student’s declaration of pregnancy, the RSO/Program Director will review the Nuclear Regulatory Commission Regulatory Guide 8.13 with her. The RSO/Program Director will also review the Pregnancy Counseling Sheet with the student and she will sign the document indicating that she understands the concepts of the policy.
5. The Program Director will review the student’s options concerning her continuation within the program. These options include:
	1. Continuation of the program without interruption
	2. Withdrawal from the program and re-entering it at the beginning of the next semester in which her unfinished courses are offered
	3. Receiving a limited leave of absence. If a limited leave of absence is requested, it must be in writing **and** approved by the faculty.
6. The student may, by request, have her rotations altered during her **first trimester** to minimize exposure to the fetus. **These changes are not mandatory** and must be requested by the student **in writing and presented to the program director**.

**FLORIDA SOUTHWESTERN STATE COLLEGE**

**RADIOLOGIC TECHNOLOGY PROGRAM**

**PREGNANCY COUNSELING SHEET**

The purpose of this form is to document that the student named below and the Radiologic Technology Program Director have had a counseling session in regards to specific program policies related to student pregnancy.

Protection concepts reviewed:

1. During the gestation period, the dose equivalent limit for the embryo/fetus is 0.5 rem, or 5 mSv, and a monthly equivalent dose limit of 0.05 rem, or 0.5 mSv/month.
2. The lower dose limit for the embryo/fetus will remain in effect until the student withdraws the declaration in writing or the student is no longer pregnant. If a declaration of pregnancy is withdrawn, the dose limit for the embryo/fetus would apply only to the time from the estimated date of conception until the time the declaration is withdrawn. If the declaration is not withdrawn, the written declaration is considered expired one year after submission.
3. A second radiation dosimeter will be ordered immediately and is to be worn at the waist level and under any radiation protection device (e.g. apron).
4. A review of the cardinal principles of radiation protection including time, distance and shielding was performed to minimize the fetal dose.
5. Clinical competencies, objectives, and attendance policy will remain unchanged.
6. Absences due to pregnancy will be made up according to policies governing absences.
7. The student has the option of withdrawing from the program and re-entering at the beginning of the next semester in which her unfinished courses are offered. Re-entering is on a clinical space available basis.
8. The student has the option, in consultation with program faculty, to take a limited leave of absence from the program. This leave may result in a postponed graduation date.
9. The student may, by request, have her rotations altered during her first trimester to minimize exposure to the fetus. These changes are not mandatory and must be requested by the student in writing.

Expected Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have discussed the above Program Pregnancy Counseling Sheet with my Program Director and understand the Pregnancy Policy of the Radiologic Technology Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have decided to revoke my declaration of pregnancy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature Date

**Discrimination and Harassment Policy**

Please refer to the college’s policy below:

<https://www.fsw.edu/viewdocs/doc/299209>

 (Florida SouthWestern State College Board of Trustees Policy 6Hx6:2.03)

**Infectious Disease Policy**

Exposure to infectious diseases plan

**PURPOSE:** The Radiologic Technology program, within the School of Allied Health at Florida SouthWestern State College, recognizes that the students who participate in the programs offered will have direct contact with patients in a health care setting. It is possible that some of the patients cared for will have an infectious disease, as defined by the Center for Disease Control (CDC). It is further possible that a student might become exposed to an infectious disease. It is the purpose of this policy to outline the process that must be followed to assure the health and safety of the students who progress through the Radiologic Technology program.

**Definition:**

***Exposure***: The process of contact with a blood borne or airborne pathogen that is capable of causing an infectious disease, as defined by the CDC. This contact can occur from, but is not limited to, a needle stick, spray of blood onto exposed mucous membranes, or breathing within a confined space while exposed to a patient who has an infectious respiratory ailment.

**POLICY:**

* Students are to be taught universal / standard precautions during the first semester of the program.
* Students are to use the appropriate precautions while in clinical settings. If the student is unsure of what precautions are necessary, he/she is to check with his/her clinical instructor or a staff technologist prior to initiating contact with the patient.
* Any student who is either exposed, or believes that he/she has been exposed, needs to follow the procedure as defined below.

**EXPOSURE PROTOCOL:**

1. The Clinical Coordinator is to be notified immediately.
2. The student will be directed to be seen in the Emergency Department or contact his/her personal physician immediately.
3. Insurance
	1. The student will obtain the proper insurance paperwork from the Clinical Coordinator
	2. The student will have the Emergency Department Physician or personal physician complete the appropriate section of the insurance form.
	3. The student in consultation with the Clinical Coordinator will complete the appropriate forms.
	4. The student will return the completed insurance form to the Program Administrator for Official Signature.
	5. The student will send the completed insurance form to the insurance company.
4. The Clinical Coordinator will notify Florida SouthWestern State College and an incident report completed.
5. The completed forms will be filed in the student’s file.

**Workplace Safety**

Each student will complete an orientation for each of his or her respective clinical sites. As part of this orientation the student will be informed of and will conform to the safety policies of the clinical site. These policies include, but are not limited to: fire safety, emergency procedures, electrical safety, risk management, patient safety, infection control, hazardous materials, radiation protection, etc.

### Employment Related Policy

A radiologic technology student may practice radiologic technology as a student only within the courses of an approved educational or training program in which the student is enrolled and under the direct supervision of a licensed practitioner.

If a student establishes an employment relationship involving the application of x-radiation with an employer, he/she does so outside of the scope of the above policy. Also, he/she does so without an implied student technologist relationship involving the Florida Southwestern State College Radiologic Technology Program or its faculty.

**Record Security and Availability**

It is the policy of the program that all program-related records are kept in a secured area and are available for inspection by that student or his/her designee at all times. Review by designee must first include written permission by the student and identify the designee who must show verifying identification. Records are not removed from the program office without the permission of program administration. Students that wish to see their records should ask the program administration who, in turn, will make them available. Student records are treated as confidential to third parties. Information will only be released to others with the student's written permission.

**Graduate Competencies**

The following are the basic graduate competencies that each student must be proficient in upon completion of the program.

The graduate will:

1. Provide basic patient care and comfort, and anticipate patient needs.
2. Provide appropriate patient education.
3. Practice radiation protection.
4. Understand basic x-ray production and interactions.
5. Operate medical imaging equipment and accessory devices.
6. Position the patient and medical imaging system to perform examinations and procedures.
7. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
8. Demonstrate knowledge of human structure and function, and pathology.
9. Demonstrate knowledge and skills relating to quality assurance activities.
10. Evaluate the performance of medical imaging systems.
11. Evaluate medical images for technical quality.
12. Demonstrate knowledge and skills relating to medical image processing.
13. Demonstrate an understanding of the safe limits of equipment operation.
14. Recognize equipment malfunctions and report them to the proper authority.
15. Demonstrate knowledge and skills relating to verbal, nonverbal, and written medical communication in patient care intervention and professional relationships.
16. Demonstrate a support of the profession's code of ethics and comply with the profession's scope of practice.
17. Perform in a competent manner a full range of radiologic procedures on children and adults in the following categories:

 Head/neck Trauma

 Musculoskeletal Bedside

 Chest Surgical

 Abdominal/gastrointestinal/genitourinary

**Graduation Requirements**

To receive the Associate in Science degree in Radiologic Technology, students must satisfy the following requirements:

1. Complete the Program Specific Requirements for the Associate in Science Degree as specified in the Radiologic Technology Program requirements.
2. Earn a minimum grade point average of 2.0 in each radiologic technology course
3. Earn a cumulative grade point average of 2.0 in all courses, including transferred credits, which comprise the Associate in Science Degree in Radiologic Technology Program.
4. Register in the final session of attendance for any courses not previously completed which are necessary to satisfy the desired degree or certificate.
5. Fulfill all financial obligations to the College.
6. Successfully complete a minimum of 25% of the required credit hours at Florida SouthWestern State College.
7. Meet all deadlines pertaining to graduation.

**Didactic Evaluation Policies – Classroom Grading Policy**

Grading for all RTE courses is done on a criterion-referenced basis. Each student must demonstrate competency in learning specific, written behavioral objectives. The base criterion established for all didactic RTE courses is objective mastery at a level of at least a 75%.

Therefore, the grading scale for all RTE (Radiologic Technology) classroom core courses is:

 100% - 93% = A

 92% - 85% = B

 84% - 75% = C

 74% - 0% = F

Note: Individual instructors may develop their own procedure to determine the grade percentage. This procedure is explained in the instructor's course syllabus.

**Evaluation Instruments**

Typical test instruments are objective in nature, and may evaluate the students’ performance in the cognitive and/or psychomotor domains. Tests are created based on the written, specific classroom learning objectives found in each class syllabus.

**Failure of a Program Core (RTE) Course**

The curriculum of the Radiologic Technology Program is comprehensive in nature, i.e., each course building upon the material learned in previous courses. Therefore, each course must be taken in sequence and passed with at least a grade of "C". In the event that a student fails to achieve a grade of "C" or better in any core course beginning with the RTE prefix the student can retake the course the next time the course is offered.

Reentrance into the program will be considered under individual circumstances and will be determined by clinical availability.

If a student decides to return to the program more than one year from their last successful semester, successful competency testing (psychomotor and/or cognitive) will be required prior to readmission.

**If a student fails any *two* or more RTE courses, they will be immediately dismissed from the program. Any possible reentry into the program at a future time will be determined by a review committee.**

### Curriculum Sequence

The typical curriculum schedule of courses is on the next page. The RTE core courses are taught only during the semester indicated and must be taken in sequence. The College Algebra (MAC 1105) and Anatomy and Physiology I (BSC 1085C or BSC 1093C) courses are integral to the student’s success in the program and therefore the program **requires** that both courses be taken before applying. The other non-core courses may be taken as corequisites at any time, either before, or during the program. When scheduling courses, RTE core courses always take precedence over non-core courses.

**FLORIDA SOUTHWESTERN STATE COLLEGE Radiologic Technology Program**

 **General Education Requirements**

BSC 1085C Anatomy and Physiology I\* 4

or BSC 1093C

 BSC 1086C Anatomy and Physiology II 4

 or BSC 1094C

MAC1105 College Algebra\* (or higher) 3

ENC 1101 Composition I 3

\_\_\_\_\_\_\_\_ Core Humanities Elective 3

AMH 2020 History of the US

or POS 2041 American National Government 3

 **20**

**First Year, Fall Semester**

RTE 1000 Introduction to Radiography and Patient Care 3

 RTE 1001 Radiographic Terminology 1

RTE 1503 Radiographic Positioning I 4

RTE 1503L Radiographic Positioning Lab I 1

RTE 1418 Principles of Radiographic Exposure I 3

RTE 1804L Radiology Practicum I 2

 **14**

**First Year Spring Semester**

RTE 1613 Radiographic Physics 4

RTE 1513 Radiographic Positioning II 4

RTE 1513L Radiographic Positioning Lab II 1

RTE 1814L Radiology Practicum II 3

 **12**

**First Year, Summer A Term (6 weeks)**

RTE 1457 Principles of Radiographic Exposure II 2

RTE 1523 Radiographic Positioning III 3

RTE 1523L Radiographic Positioning Lab III 1

 **6**

##### **First Year, Summer C Semester (12 weeks)**

###### RTE 1824L Radiology Practicum III 3

 **3**

**Second Year, Fall Semester**

RTE 1573 Radiologic Science Principles 3

RTE 2563 Special Radiographic Proc./Sectional Anat. 3

RTE 2834L Radiology Practicum IV 3  **9**

**Second Year, Spring Semester**

RTE 2782 Radiographic Pathology 2

# RTE 2385 Radiation Biology/Protection 2

RTE 2473 Quality Assurance 2

RTE 2844L Radiology Practicum V 3

  **9**

# **Second Year, Summer A Term (6 weeks)**

RTE 2061 Radiologic Technology Seminar 2

RTE 2854L Radiology Practicum VI 2

 **4**

**TOTAL 77 Credits**

**\* Successful completion of these courses is required before applying to the program.**

**Appendix A**

**Clinical Forms**



**Level 1 Clinical Competency Evaluation**

**Radiographic Control Panel & Accessories**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Operate the on/off switch. Yes / No

2. Demonstrate the proper tube warm-up procedure. Yes / No

3. Select a specified kilovoltage setting. Yes / No

4. Select specified mAs setting. Yes / No

1. Select an appropriate time setting for a breathing technique (i.e.: 3 seconds) Yes / No
2. When given a mAs value, select a technique to minimize the chance of motion Yes / No

7. Collimate the field size to 10” x 12” portrait. Yes / No

8. Demonstrate the proper use of the rotor and exposure control switches. Yes / No

9. Demonstrate how one knows when the x-ray exposure is properly terminated. Yes / No

10. Demonstrate how to select a tabletop technique using correct controls. Yes / No

1. Place an image receptor landscape in the vertical bucky. Yes / No

12. Set a technique using a 72 inch SID and a small focal spot. Yes / No

13. Demonstrate proper automatic exposure control selection. Yes / No

14. Properly place a portable grid on an image receptor. Yes / No

15. Identify the EI range(s). Yes / No

Note: Grade is determined by dividing the number of YES answers by 16

 (15 YES = 100%, 14 YES = 93.3%, 13 YES = 86.6%, 12 & below = exam termination)

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature Date Student Signature

%GRADE

Evaluator must return this form to the clinical instructor for grade computation.

RAD-022(07/2018)

**Level 1 Clinical Competency Evaluation**

**Equipment Manipulation/Identification, R/F**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. From the computer monitor, properly utilize worklist. Yes / No

2. Demonstrate proper selection of body part/specific exam and view. Yes / No

3. Demonstrate how to start an image receptor (cassette) only exam on the computer. Yes / No

4. Properly start and end exams on computer. Yes / No

5. Position digital detector, monitor, foot pedal, bucky, and OH tube for fluoro readiness. Yes / No

1. Install and remove the table footrest & fluoro drape. Yes / No
2. Identify five different radiographic protection devices Yes / No

8. Operate table top longitudinal / transverse directional switches. Yes / No

9. Manipulate the table angle to a specified angle. Yes / No

10. Manipulate the longitudinal, transverse, & vertical overhead tube controls. Yes / No

11. Set vertical tube control to a specified SID (table top & bucky). Yes / No

12. Manipulate overhead tube swivel lock properly. Yes / No

13. Manipulate overhead tube to a specified angle while maintaining appropriate SID. Yes / No

14. Manipulate overhead tube detents for correct alignment to vertical and table bucky Yes / No

15. Properly prepare images (arrange & annotate) with assistance for Radiologist Yes / No

Note: Grade is determined by dividing the number of YES answers by 15

 (15 YES = 100%, 14 YES = 933%, 13 YES = 86.6%, 12 & below = exam termination)

Comments **and area for improvement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 % %

Evaluator’s Signature Date Student Signature

 GRADE

Evaluator must return this form to the clinical instructor for grade computation.

RAD-023(07/2018)

**Level 1 Clinical Competency Evaluation**

**Patient Care and Safety**

 Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **The student must correctly demonstrate the knowledge of:**

1. Patient safety while patient is unattended Yes / No

2. 2. Identifying patient data from exam request form (isolation, history, date of exam, etc.) Yes / No

3. 3. Differential treatment of patient needs with respect to age, cultural differences,

 disabilities, etc. Yes / No

4. Patient confidentiality in accordance with HIPPA regulations Yes / No

 5. To locate contrast and other ancillary equipment (i.e. barium bags, etc.) Yes / No

6. Properly restocking room on a daily basis Yes / No

7. 7. Preparing the radiographic table to maximize patient comfort. (Blanket

 warmer, mat, etc.) Yes /No

 8. Care of patient medical equipment (e.g.: O2 tank, IV tubing, etc.) and location

 of emergency life support equipment Yes / No

9. Department protocol regarding life-threatening emergencies (calling codes, etc.). Yes / No

10. The use of departmental contrast media consent forms. Yes / No

11. How to correctly identify in-patients and out-patients Yes / No

 12. Isolation precautions including DNR, fall precautions, altered mental status… Yes / No

13. Proper communicate and with respectfulness with all patients Yes / No

14. Where to locate patients and how to prepare them for exams Yes / No

15. The use of the following; sharps container, positioning aids, Yes / No

 foot stool, pediatric and adult immobilization devices

**Note**: Grade is determined by dividing the number of YES answers by 15.

(15 YES = 100%, 14 YES = 93.33%, 13 YES = 86.6%, 12 & below = exam termination)

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature Date Student Signature

 % %

 GRADE

Evaluator must return this form to the clinical instructor for grade computation.

RAD-024(1/09)

**Clinical Competency Evaluation General Imaging Procedures**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERFORMANCE EVALUATION** S = Satisfactory U = Unsatisfactory

\*1. Patient properly identified & appropriateness of request verified S / U

 2. Properly explained exam, and verified pregnancy S / U

 3. Properly obtained patient history S / U

 4. Prepared patient; changing patient being mindful of modesty & remove artifacts S / U

 5. Proficiently utilize equipment & properly prepared facilities S / U

 \*6. Selected proper image receptor method (table top, table bucky, wall bucky, or grid) S / U

 7. Properly select patient name and accession number from the worklist S / U

\*8. Placed patient in correct position(s) S / U

\*9. Demonstrate correct central ray angle & alignment (CR properly angled, aligned to part & IR) S / U

\*10. Selected appropriate technical factors & correct source-to-image receptor distance S / U

11.  Utilized appropriate collimation S / U

12. Practiced proper radiation safety & side markers S / U 13.  Utilized proper breathing instructions S / U

14.  Properly display images on the computer monitor S / U

15.  Images within proper exposure index range S / U

16.  Performed procedure in an orderly & timely manner S / U

17.  Continuously maintained patient safety S / U

18.  Demonstrated proper image processing (to include annotation when necessary) S / U

19.  Demonstrated proper archiving of images to PACS S / U

20.  Properly communicates post-procedure instructions, walk patient out,

 & clean radiographic room S / U

**Repeats: Y or N (circle)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Evaluating technologist’s Signature**

Note: Competencies proceeded by an asterisk (\*) must be successfully completed or the evaluation is

terminated.

 Form must be returned to the clinical instructor for image evaluation and grade computation.

# **IMAGE EVALUATION (Performed by Clinical Coordinator/associate or Clinical Instructor ONLY)**

 1. Anatomy positioned correctly & displayed correctly on monitor S / U

 2. Appropriate structures shown per projection (Identification of anatomy) S / U

 3. Conscientious collimation utilized S / U

 4. Displays knowledge of techniques & exposure indicator values S / U

 5. Radiographic quality (markers, motion, artifacts) S / U

Note: Grade is determined by dividing the number of “S” answers by 25.

 (25 “S” = 100%, 24 “S” = 96%, 23 “S” = 92%, 22 “S” = 88%, & 21 & below = exam termination) Total: \_\_\_\_\_/25

**Comments and area for improvement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinator / Instructor Signature ONLY** Student Signature Date

  %

RAD--21(04//2021)

**Clinical Competency Evaluation Geriatric Imaging Procedure**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**65 or older Physically or Cognitively Impaired as a Result of Aging)**

**PERFORMANCE EVALUATION** S = Satisfactory U = Unsatisfactory

\*1. Patient properly identified & appropriateness of request verified S / U

 2. Properly explained exam adapting communication S / U

 3. Properly obtained patient history S / U

 4. Prepared patient; changing patient being mindful of modesty & remove artifacts S / U

 5. Proficiently utilize equipment & properly prepared facilities S / U

 \*6. Selected proper image receptor method (table top, table bucky, wall bucky, or grid) S / U

 7. Properly select patient name and accession number from the worklist S / U

\*8. Placed patient in correct position(s), providing appropriate assistance & modifications S / U

\*9. Demonstrate correct central ray angle & alignment (CR properly angled, aligned to part & IR) S / U

\*10. Modified technical factors & utilized correct source-to-image receptor distance S / U

11. Utilized appropriate collimation S / U

12. Practiced proper radiation safety & side markers S / U 13. Utilized proper breathing instructions S / U

14. Properly display images on the computer monitor S / U

15. Images within proper exposure index range S / U

16. Performed procedure in an orderly & timely manner S / U

17. Continuously maintained patient safety & patient assessment S / U

18. Demonstrated proper image processing (to include annotation when necessary) S / U

19. Demonstrated proper archiving of images to PACS S / U

20. Properly communicates post-procedure instructions, walk patient out,

 & clean radiographic room S / U

**Repeats: Y or N (circle)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Evaluating technologist’s Signature**

Note: Competencies proceeded by an asterisk (\*) must be successfully completed or the evaluation is

terminated.

 Form must be returned to the clinical instructor for image evaluation and grade computation.

# **IMAGE EVALUATION (Performed by Clinical Coordinator/associate or Clinical Instructor ONLY)**

 1. Anatomy positioned correctly & displayed correctly on monitor S / U

 2. Appropriate structures shown per projection (Identification of anatomy) S / U

 3. Conscientious collimation utilized S / U

 4. Displays knowledge of techniques & exposure indicator values S / U

 5. Radiographic quality (markers, motion, artifacts) S / U

Note: Grade is determined by dividing the number of “S” answers by 25.

 (25 “S” = 100%, 24 “S” = 96%, 23 “S” = 92%, 22 “S” = 88%, & 21 & below = exam termination) Total: \_\_\_\_\_/25

**Comments and area for improvement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinator / Instructor Signature ONLY** Student Signature Date

  %

RAD--21(04//2021)

**Clinical Competency Evaluation Pediatric Imaging Procedure**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**6 years of age or younger )**

**PERFORMANCE EVALUATION** S = Satisfactory U = Unsatisfactory

\*1. Patient properly identified & appropriateness of request verified S / U

2. Properly explained exam adapting communication S / U

3. Properly obtained patient history S / U

4. Prepared patient; changing patient being mindful of modesty & remove artifacts S / U

5. Proficiently utilize equipment & properly prepared facilities S / U

\*6. Selected proper image receptor method (table top, table bucky, wall bucky, or grid) S / U

7. Properly select patient name and accession number from the worklist S / U

\*8. Placed patient in correct position(s), providing appropriate assistance & modifications S / U

\*9 Demonstrate correct central ray angle & alignment (CR properly angled, aligned to part & IR) S / U

\*10. Modified technical factors & utilized correct source-to-image receptor distance S / U

11. Utilized appropriate collimation S / U

12. Practiced proper radiation safety & side markers S / U 13. Utilized proper breathing instructions S / U

14. Properly display images on the computer monitor S / U

15. Images within proper exposure index range S / U

16. Performed procedure in an orderly & timely manner S / U

17. Continuously maintained patient safety & patient assessment S / U

18. Demonstrated proper image processing (to include annotation when necessary) S / U

19. Demonstrated proper archiving of images to PACS S / U

20. Properly communicates post-procedure instructions, walk patient out,

 & clean radiographic room S / U

**Repeats: Y or N (circle)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Evaluating technologist’s Signature**

Note: Competencies proceeded by an asterisk (\*) must be successfully completed or the evaluation is

terminated.

 Form must be returned to the clinical instructor for image evaluation and grade computation.

# **IMAGE EVALUATION (Performed by Clinical Coordinator/associate or Clinical Instructor ONLY)**

 1. Anatomy positioned correctly & displayed correctly on monitor S / U

 2. Appropriate structures shown per projection (Identification of anatomy) S / U

 3. Conscientious collimation utilized S / U

 4. Displays knowledge of techniques & exposure indicator values S / U

 5. Radiographic quality (markers, motion, artifacts) S / U

Note: Grade is determined by dividing the number of “S” answers by 25.

 (25 “S” = 100%, 24 “S” = 96%, 23 “S” = 92%, 22 “S” = 88%, & 21 & below = exam termination) Total: \_\_\_\_\_/25

**Comments and area for improvement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinator / Instructor Signature ONLY** Student Signature Date RAD--21(04//2021)

  %

**Clinical Competency Evaluation Mobile Imaging Procedures**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERFORMANCE EVALUATION** S = Satisfactory U = Unsatisfactory

\*1. Patient properly identified & appropriateness of request verified S / U

 2. Properly explained exam, and verified pregnancy S / U

 3. Properly obtained patient history S / U

 4. Prepared patient; changing patient being mindful of modesty & remove artifacts S / U

 5. Proficiently utilize mobile equipment & properly prepared patient’s room prior to entry S / U

 \*6. Selected proper image receptor method (table top or grid) S / U

 7. Properly select patient name and accession number from the worklist S / U

\*8. Placed patient in correct position(s) & modified accordingly S / U \*9. Demonstrate correct central ray angle & alignment (CR properly angled, aligned to part & IR) S / U

\*10. Selected appropriate technical factors & correct source-to-image receptor distance S / U

11. Utilized appropriate collimation S / U

12. Practiced proper radiation safety for self & others; including standing 6’ during exposure

 & utilized side markers S / U

13. Utilized proper breathing instructions S / U

14. Properly display images on the computer monitor S / U

15. Images within proper exposure index range S / U

16. Performed procedure in an orderly & timely manner S / U

17. Continuously maintained patient safety S / U

18. Demonstrated proper image processing (to include annotation when necessary) S / U

19. Demonstrated proper archiving of images to PACS S / U

20. Patient’s room left neat and clean after the mobile procedure

 & mobile unit returned, cleaned & charged properly S / U

**Repeats: Y or N (circle)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Evaluating technologist’s Signature**

Note: Competencies proceeded by an asterisk (\*) must be successfully completed or the evaluation is

terminated.

 Form must be returned to the clinical instructor for image evaluation and grade computation.

# **IMAGE EVALUATION (Performed by Clinical Coordinator/associate or Clinical Instructor ONLY)**

 1. Anatomy positioned correctly & displayed correctly on monitor S / U

 2. Appropriate structures shown per projection (Identification of anatomy) S / U

 3. Conscientious collimation utilized S / U

 4. Displays knowledge of techniques & exposure indicator values S / U

 5. Radiographic quality (markers, motion, artifacts) S / U

Note: Grade is determined by dividing the number of “S” answers by 25.

 (25 “S” = 100%, 24 “S” = 96%, 23 “S” = 92%, 22 “S” = 88%, & 21 & below = exam termination) Total: \_\_\_\_\_/25

**Comments and area for improvement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  %

**Coordinator / Instructor Signature ONLY** Student Signature Date

RAD--21(04//2021)

**Clinical Competency Evaluation Trauma Imaging Procedures**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERFORMANCE EVALUATION** S = Satisfactory U = Unsatisfactory

\*1. Patient properly identified & appropriateness of request verified S / U

 2. Properly explained exam, and verified pregnancy S / U

 3. Properly obtained patient history S / U

 4. Prepared patient; changing patient being mindful of modesty & remove artifacts S / U

 5. Proficiently utilize equipment & properly prepared facilities S / U

 \*6. Selected proper image receptor method (table top, table bucky, wall bucky, or grid) S / U

 7. Properly select patient name and accession number from the worklist S / U

\*8. Properly evaluates patient condition & alters patient positioning appropriately S / U

\*9. Demonstrate correct central ray angle & alignment (CR properly angled, aligned to part & IR) S / U

\*10. Selected appropriate technical factors & correct source-to-image receptor distance S / U

11. Utilized appropriate collimation S / U

12. Practiced proper radiation safety & side markers S / U 13. Utilized proper breathing instructions S / U

14. Properly display images on the computer monitor S / U

15. Images within proper exposure index range S / U

16. Performed procedure in an orderly & timely manner S / U

17. Continuously monitors patient condition & maintains patient safety S / U 18. Demonstrated proper image processing (to include annotation when necessary) S / U

19. Demonstrated proper archiving of images to PACS S / U

20. Properly communicates post-procedure instructions, walk patient out,

 & clean radiographic room S / U

**Repeats: Y or N (circle)**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Evaluating technologist’s Signature**

Note: Competencies proceeded by an asterisk (\*) must be successfully completed or the evaluation is

terminated.

 Form must be returned to the clinical instructor for image evaluation and grade computation.

# **IMAGE EVALUATION (Performed by Clinical Coordinator/associate or Clinical Instructor ONLY)**

 1. Anatomy positioned correctly & displayed correctly on monitor S / U

 2. Appropriate structures shown per projection (Identification of anatomy) S / U

 3. Conscientious collimation utilized S / U

 4. Displays knowledge of techniques & exposure indicator values S / U

 5. Radiographic quality (markers, motion, artifacts) S / U

Note: Grade is determined by dividing the number of “S” answers by 25.

 (25 “S” = 100%, 24 “S” = 96%, 23 “S” = 92%, 22 “S” = 88%, & 21 & below = exam termination) Total: \_\_\_\_\_/25

**Comments and area for improvement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinator / Instructor Signature ONLY** Student Signature Date

  %

RAD--21(04//2021)

**Clinical Competency Evaluation Fluoroscopy Imaging Procedures**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERFORMANCE EVALUATION** S = Satisfactory U = Unsatisfactory

\*1 Patient properly identified & appropriateness of request verified S / U

 2. Properly explained exam, and verified pregnancy S / U

 3. Properly obtained patient history S / U

 4. Prepared patient; changing patient being mindful of modesty & remove artifacts S / U

\*5. Properly prepare contrast material S / U

 6. Proficiently utilize equipment & properly prepared facility for fluoroscopy S / U

 7. Properly select patient name and accession number from the worklist S / U

 8. Proficiently prepare computer for fluoroscopy S / U

 9. Properly utilizes radiation safety measures: shields self, others, & applied fluoroscopy drape S / U

10. Properly selects exposure factors for contrast media & within proper exposure index range S / U

11. Properly and effectively communicates with patient and radiologist throughout procedure S / U

12. Effectively assists patient and radiologist throughout procedure S / U

\*13. Maintains control & properly positions patient for overhead imaging (OHI) S / U

\*14. Selected proper image receptor method for overhead imaging (table top, table bucky, wall bucky, or grid) S / U

\*15. Demonstrate correct central ray angle & alignment for OHI (CR properly angled, aligned to part & IR) S / U

16. Utilized conscientious collimation & side markers S / U

17. Demonstrated the ability to adapt to new & difficult situations. S / U

18. Properly display images on the computer monitor S / U

19. Performed procedure in an orderly & timely manner S / U

20. Continuously monitors patient & maintained patient safety S / U

21. Demonstrated proper image processing (to include annotation when necessary) S / U

22. Demonstrated proper archiving of images to PACS S / U

23. Communicates post-procedure instructions, walk patient out, & clean radiographic room S / U

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Evaluating technologist’s Signature**

Note: Competencies proceeded by an asterisk (\*) must be successfully completed or the evaluation is

terminated. Form must be returned to the clinical instructor for image evaluation and grade computation.

**IMAGE EVALUATION (Performed by Clinical Coordinator/associate or Clinical Instructor ONLY)**

 1. Anatomy positioned correctly & displayed correctly on monitor S / U

 2. Appropriate structures shown per projection (Identification of anatomy) S / U

 3. Conscientious collimation utilized S / U

 4. Displays knowledge of techniques & exposure indicator values S / U

 5. Radiographic quality (markers, motion, artifacts) S / U

Note: Grade is determined by dividing the number of “S” answers by 28.

(28 “S” = 100%, 27 “S” = 96%, 26 “S” = 93%, 25 “S” = 89%, 24“S” = 86%, 23 & below = exam termination) Total: \_\_\_\_\_/28

**Comments and area for improvement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  %

**Coordinator / Instructor Signature ONLY** Student Signature Date

RAD--21(06//2021

**Clinical Competency Evaluation Surgical Imaging Procedures (C-Arm)**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERFORMANCE EVALUATION** S = Satisfactory U = Unsatisfactory

\*1. Patient properly identified & appropriateness of request verified S / U

 2 Properly obtained patient history S / U

 3. Demonstrates Radiation safety measures; ensures lead aprons are worn prior to exposure S / U

\*4. Properly positions the C-arm and workstation in the operating procedure room S / U

\*5. Properly select patient name and accession number from the worklist S / U

\*6. Proficiently orient and maneuver the C-arm during procedure S / U

\*7. Proficiently identify & utilize all C-arm locks during the procedure S / U

\*8. Maintains sterile field throughout the procedure S / U

\*9. Demonstrate correct C-arm angle & alignment (CR properly angled or aligned to part) S / U

10. Demonstrates proper orientation of images on the computer monitor S / U

11. Utilized appropriate collimation S / U

12. Proficiently manipulates images when necessary for proper image brightness & contrast S / U 13. Communicates effectively to anesthesia during procedure S / U

14. Communicates effectively with OR staff S / U

15. Demonstrates critical thinking skills throughout the procedure S / U

16. Demonstrates proper usage of continuous & intermittent fluoroscopy S / U

17. Demonstrates the ability to reset the fluoroscopy timer S / U

18. Continuously monitors patient condition & maintains patient safety S / U 19. Demonstrates proper image processing (to include annotation when necessary) S / U

20. Demonstrates proper archiving of images to PACS S / U

21. Properly cleans the C-arm after the procedure S / U

22**.** Demonstrates self- confidence while completing the procedure in a timely manner S / U

23. Demonstrates a working knowledge of anatomy during the procedure S / U

24. Properly stores C-arm in the correct location S / U

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Evaluating technologist’s Signature**

Note: Competencies proceeded by an asterisk (\*) must be successfully completed or the evaluation is

terminated.

 Form must be returned to the clinical instructor for image evaluation and grade computation.

**Image Evaluation with the student (Performed by Clinical Instructor, Clinical Associate, or Clinical Coordinator)**

25. Ascertain that the images demonstrate correct centering based on anatomy demonstrated S / U

26. Ascertain the images demonstrate proper brightness & contrast S / U

27. Ascertain the student understands the procedure S / U

28. Ascertain the student has a working knowledge of anatomy based on procedure performed S / U

Note: Grade is determined by dividing the number of “S” answers by 25.

(28 “S” = 100%, 27 “S” = 96%, 26 “S” = 93%, 25 “S” = 89%, 24“S” = 86%, & below 24 = exam termination)

 Total: \_\_\_\_\_/28

**Comments and area for improvement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coordinator / Instructor Signature ONLY** Student Signature Date

  %

RAD--21(06//2021

**Level 1 Clinical Competency Evaluation**

**Equipment Manipulation/Identification, C-Arm**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Safely maneuver C-arm & workstation engaging/disengaging brakes. Yes / No

2. Safely connect & disconnect all cables Yes / No

3. Safely turn fluoroscopic system on & off. Yes / No

4. Position image intensifier, TV monitor, and foot pedal for fluoro readiness Yes / No

 5. Understand & manipulate all movements, locks, & steering handle Yes / No

6. Prepare patient information screen for fluoroscopy imaging Yes / No

7. Utilize Image Annotation Screen Yes / No

8. Utilize Image Directory Screen Yes / No

9. Properly orient image on fluoro screen Yes / No

10. Properly utilize technique settings, Alarm Reset, & collimation Yes / No

11. Properly utilize Magnification Yes / No

12. Properly utilize Save & Workstation (Swap) Yes / No

13. Properly utilize Brightness/Contrast/Auto Yes / No

14. Properly utilize high level fluoro Yes / No

15. Properly locate & understand the Status bar Yes / No

Note: Grade is determined by dividing the number of YES answers by 15

(15 YES = 100%, 14 YES = 93.33%, 13 YES = 86.6%, 12 & below = exam termination)

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 % %

Evaluator’s Signature Student Signature Date

 GRADE

Evaluator must return this form to the clinical instructor for grade computation.

RAD- 23 (01/09)

**Radiologic Technology Program**

**STUDENT PERFORMANCE EVALUATION**

**STUDENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSIGNMENT AREA** **EVALUATOR NAME EVALUATOR SIGNATURE**

 4 = Above Standards 3 = Meets Standards 2 = Needs Minor Improvement 1 = Needs Major Improvement

 (circle one)

**1. Student / Patient Relationship** 4 3 2 1

 attitude, communication, concern, patient safety

**2. Student / Radiographer Relationship** 3 2 1

 cooperation, communication, attitude

**3. Dependability and Responsibility** 3 2 1

 punctual, available, conscientious

**4. Personal Characteristics** 4 3 2 1

 self confidence

**5. Attitude toward Criticism** 3 2 1

 accepts criticism, direction, and suggestions well

**6. Attitude toward Procedure**  4 3 2 1

 interest in procedure being performed, eager to learn, asks questions

**7. Initiative**

 a. performs routine duties without being asked to do so 3 2 1

 b. tries unfamiliar cases 3 2 1

 c. eagerly performs exams learned 3 2 1

**8. Organization and Perseverance**

 a. adapts to situations and exams 4 3 2 1

 b. applies organization in procedures and utilizes foresight 4 3 2 1

 c. follows through on assigned tasks 3 2 1

**9. Judgment**

 ability to think and act calmly, logically, and rapidly under stress 4 3 2 1

**10. Clinical Ability**

 a. knowledge of positioning 4 3 2 1

 b. knowledge of exposure factors 4 3 2 1

 c. concentrates on fundamentals 3 2 1

 d. practices proper radiation protection 3 2 1

 e. procedure output – completes procedures in a timely manner4 3 2 1

**11. Quality of Procedure**

 neatness, accuracy, efficiency (low repeat ratio) 3 2 1

**12. Equipment and Supplies**

 a. careful / professional use of . . 3 2 1

 b. knowledge of . . . 3 2 1

 c. routine stocking of room 3 2 1

**Comments:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make any additional comments on the back side of this form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature of Acknowledgement** **Clinical Instructor Signature**

# **FSW_OfficialLogo (4)a**

# **Radiologic Technology Program**

**STUDENT PERFORMANCE EVALUATION – MOBILE Radiography**

**STUDENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

4 =Above Standard 3 =Meets Standard 2 = Needs Minor Improvement 1 = Needs Major Improvement

 **1.** **Student / Patient Relationship**

 attitude, communication, concern, patient safety 4 3 2 1

**2.** **Student / Radiographer Relationship**

 cooperation, communication, attitude 3 2 1

**3**. **Dependability and Responsibility**

 punctual, available, conscientious 3 2 1

4. **Personal Characteristics**

 self confidence 4 3 2 1

**5**. **Attitude toward Criticism**

 accepts and implements criticism, direction, and suggestions well 3 2 1

**6**. **Attitude toward Portable Procedure**

 interest in procedure being performed, eager to learn, asks questions 4 3 2 1

**7**. **Initiative for Portable Exams**

 a. performs routine duties without being asked to do so 3 2 1

 b. tries unfamiliar cases 3 2 1

 c. eagerly performs exams learned 3 2 1

**8**. **Portable Organization and Perseverance**

 a. adapts to situations and exams (trauma/recovery room) 4 3 2 1

 b. applies organization in procedures and utilizes foresight 4 3 2 1

 c. follows through on assigned tasks 3 2 1

**9**. **Judgment During Portable Radiography**

 ability to think and act calmly, logically, and rapidly under stress 4 3 2 1

**10**. **Portable Clinical Ability**

 a. accuracy of positioning 4 3 2 1

 b. adjustment exposure factors for portable exams 4 3 2 1

 c. concentrates on fundamentals (grid, SID…) 3 2 1

 d. practices proper radiation protection 3 2 1

 e. procedure output–completes procedures in a timely manner 4 3 2 1

**11**. **Quality of Portable Procedure**

 neatness, accuracy, efficiency (low repeat ratio) 3 2 1

**12.** **Portable Equipment and Supplies**

 a. careful / professional use of portable units 3 2 1

 b. proper supplies for portable exams 3 2 1

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature of Acknowledgement Clinical Instructor Signature

Evaluator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (01/09) RAD-039

# **FSW_OfficialLogo (4)aRadiologic Technology Program**

# **STUDENT PERFORMANCE EVALUATION -- SURGERY**

STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 =Above Standard 3 = Meets Standard 2 = Needs Minor Improvement 1 = Needs Major Improvement

**1. Student / Physician Relationship**

 attitude, communication, cooperation 4 3 2 1

**2. Student / Radiographer Relationship**

 cooperation, communication, attitude 3 2 1

**3. Dependability and Responsibility**

 punctual, available, conscientious 3 2 1

**4. Personal Characteristics**

 self confidence 4 3 2 1

**5. Attitude toward Criticism**

 accepts and implements criticism, direction, and suggestions well 3 2 1

**6. Attitude toward Procedure**

 interest in procedure being performed, eager to learn, asks questions 4 3 2 1

**7. Initiative toward operative procedures**

 a. tries unfamiliar cases 3 2 1

 b. eagerly performs exams learned 3 2 1

**8. Organization and Perseverance**

 a. adapts to situations and exams 4 3 2 1

 b. applies organization in procedures and utilizes foresight 4 3 2 1

 c. follows through on assigned tasks 3 2 1

**9. Operative Judgment**

 ability to think and act calmly, logically, and rapidly under stress 4 3 2 1

**10. Operative Clinical Ability**

 a. ability to perform operative exams 4 3 2 1

 b. knowledge of exposure factors 4 3 2 1

 c. concentrates on fundamentals (tube/part/IR alignment) 3 2 1

 d. practices proper sterile technique 3 2 1

 e. procedure output–completes procedures in a timely manner 4 3 2 1

**11. Quality of Operative Procedure**

 neatness, accuracy, efficiency (low repeat ratio) 3 2 1

**12. Equipment and Supplies**

 a. performs proper radiation procedures 3 2 1

 b. ability to operate equipment proficiently 3 2 1

 **Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature of Acknowledgement Clinical Instructor Signature

Evaluator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (07/2018) RAD-041

****

**Radiologic Technology Program**

**Clinical Performance Evaluation**

**Special Procedures / Angiography**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotational Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify and describe the operation of the following equipment:
2. radiographic control panel
3. image processing panel
4. automatic injector and its controls

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

1. Describe the process of D.S.A. (digital subtraction angiography)

 \_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

1. Setup and prepare a sterile tray.

 \_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

1. Load the automatic injector.

 \_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

1. Position the imaging system and table.

 \_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

1. List the basic components of a typical angiographic tray.

 \_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

1. Select a requested catheter and appropriate guide wire.

 \_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

1. Describe the positioning procedure for a typical angiogram

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

1. Demonstrate the proper procedure for monitoring a patient’s vital signs
2. Blood Pressure
3. Pulse
4. Respiration
5. Temperature

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

10. Understands basic anatomy of the arterial and venous systems.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Evaluator’s Signature Clinical Instructor’s Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Signature

RAD-033(01/09)

**Radiologic Technology Program**

**Clinical Performance Evaluation**

**Nuclear Medicine**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotational Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The student can describe how nuclear medicine studies are performed.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can describe how radioactive material is injected.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can describe the concept of radioactive half-life.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can demonstrate the basic operation of the nuclear medicine imaging camera.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can describe the patient preps and how conventional radiography contrast media can interfere with nuclear medicine examinations.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can assist with basic examinations.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Evaluator’s Signature Clinical Instructor’s Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Signature

RAD-035(01/09)

**Radiologic Technology Program**

**Clinical Performance Evaluation**

**Medical Sonography**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotational Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The student can describe the basic theory of sonographic imaging.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can identify basic anatomy from sonographic images.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student understands patient preparations.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can demonstrate the processing of images.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can demonstrate the basic operation of sonographic equipment.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Evaluator’s Signature Clinical Instructor’s Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Signature

RAD-036(01/09)

**Radiologic Technology Program**

**Clinical Performance Evaluation**

**Computed Tomography (C.T.)**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotational Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The student can describe the basic theory of C.T.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can explain exams performed, patient preps and contrast media utilized.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can explain the scanning procedure from scout to programming of cuts.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can demonstrate operation of the console.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can demonstrate the manipulation of the table.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can demonstrate the performance of a head scan (with assistance).

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can demonstrate the performance of an abdominal scan (with assistance).

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can demonstrate image retrieval from the computer and transfer to the PACS system.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

9. The student can identify basic anatomy from cross-sectional images.

 \_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

10. Please write any comments on the reverse side of this form.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Evaluator’s Signature Clinical Instructor’s Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Signature

RAD-037(07/2018)

**Radiologic Technology Program**

**Clinical Performance Evaluation**

**Magnetic Resonance Imaging (M.R.I.)**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotational Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The student has completed the FSW MRI Screening Form prior to entering the safety zone and reviewed with an MRI technologist.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

1. The student can describe the basic theory of Magnetic Resonance Imaging.

a. the magnet \_\_\_\_\_ Yes \_\_\_\_\_ No

b. radio frequency signal \_\_\_\_\_ Yes \_\_\_\_\_ No

c. receiver coil \_\_\_\_\_ Yes \_\_\_\_\_ No

d. computer constructed image \_\_\_\_\_ Yes \_\_\_\_\_ No

 on TV monitor

1. The student can demonstrate the patient positioning for head and spine scanning.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can operate the controls to move the scanning table.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can enter a patient’s name using the control panel.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can select a sequence and program it with assistance.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

1. The student can transfer images if necessary.

\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No

Please write any comments on the reverse side of this form.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Evaluator’s Signature Clinical Instructor’s Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Signature

RAD-038(07/2018)

**Radiologic Technology Program**

**Absence Report**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Base Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotation or assigned area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shift time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you plan to make up this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Clinical Instructor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Clinical Coordinator

### Instructions:

1. It is the student’s responsibility to deliver the Absence Report form to the clinical instructor.
2. The form MUST be approved prior to a student’s make up day(s).
3. This form becomes part of the student’s permanent attendance record.

RAD-040 (06/2021)



Radiologic Technology Program

**Student Counseling Report – Demerit**

Demerit Form

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinical Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEMERIT\* – One Percentage Point Subtracted from Final Clinical Grade for each Occurrence**

1. \_\_\_\_\_Tardy / leave early
2. \_\_\_\_\_Improper reporting of clinical absence
3. \_\_\_\_\_Absence before or after a scheduled holiday or college break
4. \_\_\_\_\_Restricting or impeding clinical output, misuse of clinical time
5. \_\_\_\_\_Violation of dress code (ZERO tolerance)
6. \_\_\_\_\_Improper storage of radiation dosimeter
7. \_\_\_\_\_No personal lead ID markers in clinical area
8. \_\_\_\_\_Use of another’s lead ID markers
9. \_\_\_\_\_Improper use of recommended S.I.D.
10. \_\_\_\_\_Failure to properly place markers, labels, time indicators, etc., on radiographs
11. \_\_\_\_\_Improper computer documenting of procedure performed.
12. \_\_\_\_\_Improper radiation protection

13. \_\_\_\_\_Failure to have weekly evals promptly completed by a full semester’s end.

**DEMERIT\* – Two Percentage Points Subtracted from Final Clinical Grade for each Occurrence.**

1. \_\_\_\_\_Failure to follow professional standards
2. \_\_\_\_\_Inconsiderate treatment of patients, visitors, students, or hospital employees
3. \_\_\_\_\_Engaging in disorderly conduct that could ultimately threaten the well being of any patient, visitor, student, or hospital employee.
4. \_\_\_\_\_Insubordination – refusing to follow orders or directions, arguing with supervisor.
5. \_\_\_\_\_Unexcused absences in a full semester – More than two for a full semester; more than one in a short semester.
6. \_\_\_\_\_Leaving clinical without permission from a program official
7. \_\_\_\_\_Failure to complete an examination in which the student is performing or in which he/she is assisting.
8. \_\_\_\_\_Failure to provide gonadal shielding to all patients.
9. \_\_\_\_\_Failure to question pregnancy on females 12-55 years of age
10. \_\_\_\_\_Failure to report for scheduled clinical time (e.g. make-up time)

**DEMERIT\* – Five Percentage Points Subtracted from Final Clinical Grade for each Occurrence.**

1. \_\_\_\_\_Repeating radiographs without a technologist in the room
2. \_\_\_\_\_Failure to follow the direct/Indirect supervision policy
3. \_\_\_\_\_Passing radiographs without technologist approval
4. \_\_\_\_\_Failure to verify orders which results in performing the wrong exam or performing a non-ordered exam.

\*Subject to Change

Remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HAVE READ THIS REPORT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Clinical Instructor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Coordinator (as needed) Date

RAD-044 (01/09)



Clinical Demerits

**A demerit is a numerical documentation of unsatisfactory performance, which will affect a student’s overall clinical grade. The clinical instructors or program officials assign demerits. The number of demerits given will depend on the seriousness of the infraction or the frequency. Demerits will reduce the final clinical grade for the semester in which it is given.**

**NOTE**

It is possible for a student to fail clinical due to an over abundance of demerits, but only after specific counseling methods have been exhausted (Coordinator decision). A student with a low clinical grade (i.e. 85-89 percent) should be even more careful not to perform any act that would require the issuing of a demerit.

###### **Issuing a Demerit**

**A one-point demerit will be given for\*:**

* Tardiness- Recorded clinical time later than the scheduled start time. One minute passed the scheduled start time is considered tardiness and leaving early one minute or more prior to the scheduled end of shift is considered a left early. Two accounts of tardiness/left early are allowed per full semester (one per short, summer semester) after which each subsequent tardy will result in 1 demerit.
* Not properly calling in when absent from the clinic.
* Unexcused absences before or after a holiday or college break.
* Restricting or impeding clinical output, misuse of clinical time.
* Violation of the dress code (zero tolerance)
* Improper storage of the radiation monitoring device (Film badge) or taking the monitor home.
* Not having lead ID markers in the clinic area.
* Using another person’s lead ID markers.
* Not properly utilizing the recommended SID
* Failure to properly put correct marker on exam (mislabeling, no portable stickers, no time indicators etc.)
* Not properly documenting/entering appropriate data in the computer or on the requisition.
* Improper use of radiation protection devices & procedures
* Failure to have 6-7 weekly PDA’s completed by a full semester’s end

**A two-point demerit will be given for\***:

* Not following professional standards.
* Inconsiderate treatment of patients, visitors, students, or hospital employees.
* Engaging in disorderly conduct that could ultimately threaten the well being of any patient, visitor, student, or hospital employee.
* Insubordination – refusing to follow orders or direction, arguing with supervisor.
* More than two absences in a full semester or one in a mini-semester.
* Leaving the clinic without permission from a program official.
* Failure to complete a radiographic examination that the student is performing or in which he/she is assisting.
* Failure to provide gonadal shielding to all patients.
* Failure to question pregnancy on females 12-55 years of age.
* Failure to report for scheduled clinical time (e.g. make-up time)

**A five-point demerit will be given for\***:

* Repeating radiographs without a technologist in the room.
* Not following the direct/indirect supervision policy.
* Passing radiographs without approval from a technologist.
* Failure to verify orders which results in performing the wrong exam or performing a non-ordered exam.

\*Subject to change.

# FSW_OfficialLogo (4)aRadiologic Technology Program

**Student Incident Report – Group I**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_

1. Obtaining, possessing, selling or using marijuana, narcotics, amphetamines, hallucinogenic substances, or alcohol on hospital premises.
2. Theft, abuse, misuse, or destruction of the property or equipment of any patient, visitor, student, hospital employee, or hospital.
3. Disclosing confidential information about any patient, student, or hospital employee without proper authorization.
4. Immoral, indecent, illegal, or unethical conduct on hospital premises.
5. Possession of weapons, wielding or threatening to use firearms, illegal knives, etc., on hospital premises.
6. Assault on any patient, visitor, student, hospital or college personnel.
7. Misuse or falsification of patient, student, hospital or college official records.
8. Removal of patient, student, hospital or college official records without proper authorization.
9. Reporting to clinical station under the influence of any substance in #1.

## Group I Offenses Require Discharge From The Program

Remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HAVE READ THIS REPORT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Instructor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Coordinator’s Signature Date

RAD-045 (07/2018)

Radiologic Technology Program

Student Counseling Report

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Response:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor Signature (if applicable) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Coordinator (if applicable) Date

**PROFESSIONALISM CONCERNS REPORT FORM**

**Radiologic Technology Program**

|  |  |
| --- | --- |
| STUDENT NAME | COURSE NAME  |
| NAME OF COURSE INSTRUCTOR/PROGRAM DIRECTOR | DATE OF INCIDENT (if applicable) |
| SIGNATURE OF COURSE INSTRUCTOR/ PROGRAM OFFICIAL | DATE DISCUSSED WITH STUDENT |

This report is prepared when a student exhibits behavior(s) not consistent with the guidelines set by the Radiologic Technology Program. It is intended to assist the student in meeting program expectations in academic, professional and/or administrative settings. Improvement in the area(s) noted below is needed in order to meet the standards of professionalism inherent in being a Radiologic Technologist.

**Check the appropriate categories. Comments are required.**

**Patient-Centered Care**

* The student did not act in the best interest of the patient.
* The student did not demonstrate sensitivity to the needs, values or perspectives of patient, family members and/or caregivers.
* The student did not establish appropriate rapport with the patient, family members and/or caregivers.
* The student did not demonstrate openness, responsiveness to the patient’s ethnic and/or cultural background.
* The student did not respond to patients’ need in a timely, safe and/or effective manner.
* Other unprofessional behavior related to professional patient centered care.

|  |
| --- |
| **Comments: Describe the specifics of the incident (who, what, when & where)** |

**Respect**

* The student did not demonstrate respect for the rights of others in academic or professional settings.
* The student did not demonstrate respect in interaction with others.
* The student did not establish or maintain appropriate boundaries with patients, family members, fellow students, faculty or staff.
* Regardless of his/her intent and based on the recipient’s response, the student did not demonstrate respect for all persons, regardless of race, gender, religion, sexual orientation, age, disability, gender identity, genetic identity, ethnicity, or socioeconomic status.
* The student did not demonstrate respect for the confidentiality of the rights of patient or others.
* Other behavior that demonstrated lack of respect.

|  |
| --- |
| **Comments: Describe the specifics of the incident (who, what, when & where)** |

**Integrity**

* The student provided false or incomplete information in an academic, professional or administrative setting.
* The student acted outside the scope of his/her role in an academic, professional or administrative setting.
* The student presented the work of others as their own work.
* The student used his/her position for personal or professional advantage.
* The student used the physical or intellectual property of others without permission or attribution.
* Other behavior that demonstrated lack of integrity.

|  |
| --- |
| **Comments: Describe the specifics of the incident (who, when, where, what)** |

**Service**

* The student did not function collaboratively within the health care team.
* The student did not demonstrate sensitivity to the requests of the healthcare team.
* The student did not demonstrate the ability to collaborate with fellow students, faculty, and all staff in the learning environment.
* Other behavior that impeded collaboration.

|  |
| --- |
| **Comments: Describe the specifics of the incident (who, what, when & where)** |

**Responsibility**

* The student was unprepared, tardy, absent and/or missed deadlines/appointments.
* The student was disruptive or rude.
* The student needed continual reminders in the fulfillment of responsibilities.
* The student did not accept responsibility for his/her actions, recommendations or errors.
* The student could not be relied upon to complete his/her responsibilities in a timely manner.
* The student did not adhere to college and clinical policies, procedures, and/or instructions.
* The student did not dress in attire appropriate for a patient care setting.
* Other irresponsible/ unprofessional behavior(s).

|  |
| --- |
| **Comments: Describe the specifics of the incident (who, what, when & where)** |

**Responsiveness and Adaptability**

* The student was resistant or defensive when provided with constructive feedback.
* The student did not demonstrate awareness of his /her own limitations and/or was unwilling to seek help when appropriate.
* The student resisted adopting recommendations from instructors or others to improve learning or performance.
* The student did not demonstrate adaptability in a patient care or classroom environment.
* Other behavior that impeded reliability, adaptability or self-improvement.

|  |
| --- |
| **Comments: Describe the specifics of the incident (who, what, when & where)** |

|  |
| --- |
| **Instructor/Program Director recommendation(s) and/or requirement(s) for remedying the professional concerns listed in this report. Additional documentation may be attached.** |

|  |
| --- |
| **This section is to be completed by the student. Student comments can be attached separately, but must be submitted within one business day of the discussion with the course instructor/Program Director.** |

I have read this evaluation and discussed it with the Course Instructor/Program Director.

Your signature indicates that you have read the report and it has been discussed with you. It does not represent your agreement or disagreement with this Professionalism Concerns Report. If you disagree or want to comment, you are encouraged to comment in the space provided above and on the back of this form if necessary within one business day.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor/Program Official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title of program official

**Appendix B**

**ARRT Standards of Ethics**

[**https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/ethics/ethics-requirements**](https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/ethics/ethics-requirements)

[**https://www.arrt.org/pages/resources/ethics-information**](https://www.arrt.org/pages/resources/ethics-information)