



Radiologic Technology Program

Student Handbook

Revision 4/2026

Program Accredited by:
Joint Review Committee on Education in Radiologic Technology
Program Endorsed by:
Radiologic Technology Program Advisory Committee

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(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 demonstrate clinical competence by performing as an entry level radiographer
- Students will apply critical thinking and problem-solving skills
- Students will effectively communicate with patients, families, and healthcare team members
- Students will demonstrate professional values and ethics
- Students will integrate patient care skills
- Students will apply quality and safety measures
- Students will demonstrate technological proficiency

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 1500 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: | Fall-1 | Spring-1 | Summer-C | Fall-2 | Spring-2 | Summer-A |
| C. Credit Hours: | 2 | 3 | 3 | 3 | 3 | 2 |
| D. Contact Hours* | ~192 | ~264 | ~248 | ~328 | ~284 | ~124 |

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
- Lauren Shaw, Radiology Regional, Lehigh (239) 303-5526

***In Clinical Practicum courses:**

- One credit hour equates to 96 to 120 contact hours per semester
- Two credit hours equates to 121-240 contact hours per semester
- Three credit hours equates to 241-360 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:
 - a. Proper evaluation of each requisition
 - b. Physical facilities readiness
 - c. Professional interpersonal relationships
 - d. Competent patient positioning skills
 - e. Skillful equipment manipulations
 - f. Evidence of proper radiation protection
4. Evaluate radiographic images for:
 - a. Anatomical parts/terminology
 - b. Proper alignment
 - c. Radiographic technique
 - d. Image identification
 - e. 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)

- Ultrasoundd. Special Procedures
- Magnetic Resonance Imaging
- Nuclear Medicine
- Computed Tomography

◆ 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

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

A primary student goal for each grading period is to develop the skills and proficiency needed 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. Early competency 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. Receive no “Needs Improvement” assessment in any category and no “Unacceptable” in any category on the Final Personal Development Assessment.
3. Did not receive enough Demerits to lower the grade below a 96%.
4. Complete all required clinical time by the end of the grading period of the current semester. *

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

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

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

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

* Students who cannot make up required clinical time before the end of finals week will have their semester grade dropped one letter, regardless of whether the reason is site availability.

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 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 clinical time missed greater than 4 hours constitutes an “absence”. The student may only make up the time missed during finals week. Students who cannot make up required clinical time before the end of finals week will have their semester grade dropped one letter, regardless of whether the reason is site availability.

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** first and then 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. Make-up days require approval from the clinical coordinator first, followed by final approval from the clinical instructor.

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 may receive 1 demerit for each occurrence.

Absences for Jury Duty, Bereavement, and Military Duty will not count against the student attendance record. Additionally, absences due to other mitigating circumstances may be excused, pending review and approval by the relevant program director and staff.

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.
4. 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.
5. 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.
6. 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.
7. Simple make-up and jewelry (i.e. wristwatch, ring, necklace, and earrings) is 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.
8. 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.
9. Excessive amounts of perfume or cologne is prohibited.
10. 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.
11. 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.
12. 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 contendere, 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.
 - a. Physical assault
 - b. Use of a dangerous weapon
 - c. Possession of a controlled substance
 - d. More than one (1) DUI/DWI within the last three (3) years
 - e. Sexual abuse or assault of any person
 - f. Embezzlement, fraud, dishonesty
 - g. 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:
 - a. The Director determines that admittance may jeopardize public health and safety
 - b. The severity of the criminal activity.
 - c. The amount of time that has elapsed since the crime was committed.
 - d. Criminal activity which involved violence to, or abuse of, another person.
 - e. The crime involved a minor or a person of diminished capacity.
 - f. Whether the applicant's actions and conduct since the crime occurred are consistent with holding a position of public trust.
 - g. 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.
3. The claim form is then forwarded to the Dean of the School of Allied Health.
4. The Clinical Coordinator will notify the Florida SouthWestern State College Public Safety Department and an Incident Report will be completed regarding the claim.
5. 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 | <input type="checkbox"/> Positive <input type="checkbox"/> Negative *if negative immunity-MMR x2 required |
| VZV Varicella (x2) | 1 _____ 2 _____ | OR | <input type="checkbox"/> Positive <input type="checkbox"/> Negative *if negative immunity- vaccine required (x 2) |
| PPD, TST, QuantiFERON TB Gold, or T SPOT Tuberculin Test | | | <input type="checkbox"/> Positive <input type="checkbox"/> 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
(patient's name) *(date)*
 found 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(s) 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 utilize optimal exposure factors and proper patient positioning in order to minimize radiation exposure to patients, selves, and others.
4. The student will not hold patients or image receptors during an exposure.
5. 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.

6. The student will be responsible for the proper storage of his or her dosimeter while away from the clinical site.
7. The student will stand a minimum of six feet from the patient during mobile radiographic examinations and wear appropriate lead apparel.
8. The student will use lead shielding on all patients regardless of age unless it will negatively affect the quality of the radiographic images.
 - a. Use of gonadal shielding should only be utilized when it will not interfere with the purpose of the examination and when it aligns with the clinical facility policy.
9. The student will always use proper collimation.
10. The student will determine the pregnancy status of female patients when appropriate.
11. 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.

MRI Screening Assessment Form

Name: _____ Date: _____

Clinical site: _____

1. Have you ever worked with grinding metal or welding? Yes No

PLEASE NOTIFY THE TECHNOLOGIST IF YOU HAVE ANY OF THE FOLLOWING:

- | | | | |
|--|--|--|--|
| Cardiac Pacemaker..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rods, Plates, Screws | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pacemaker Wires | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medicated Patches (nicotine, hormones, nitro)... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vascular Coils, Filters or Stents..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Implants | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Brain Aneurysm Clips | <input type="checkbox"/> Yes <input type="checkbox"/> No | Harrington Rods | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aortic Clips | <input type="checkbox"/> Yes <input type="checkbox"/> No | Prosthesis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Neurostimulators..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shrapnel | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Valve | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dentures/Braces | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insulin Pump | <input type="checkbox"/> Yes <input type="checkbox"/> No | Metal Fragments in Eyes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IUD Diaphragm, Pessary..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear Implants | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wire Mesh | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tattoo Eyeliner | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shunts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Joint Replacement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Life Alert monitor or other medical alert device ... | <input type="checkbox"/> Yes <input type="checkbox"/> No | Implantable Defibrillator | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tattoos | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pain Pump or TENS unit | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Penile Implant | <input type="checkbox"/> Yes <input type="checkbox"/> No | Eyelid Spring or Wire | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing Aids..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

DO NOT ENTER THE ROOM WITH ANY MAGNETIC SENSITIVE ITEMS LIKE THESE:

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Wallet/Purse | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Watch | <input type="checkbox"/> Coins | <input type="checkbox"/> Any metal items in your pocket |
| <input type="checkbox"/> Safety Pins | <input type="checkbox"/> Hair Clips | <input type="checkbox"/> Credit Cards/Driver’s License |
| <input type="checkbox"/> Keys | <input type="checkbox"/> Hearing Aids | |

***I confirm that the above questions are answered correctly to the best of my knowledge.
I will notify the Program Director if there is any change to the status of any of the above conditions.***

SIGNATURE OF STUDENT

SIGNATURE OF MRI TECHNOLOGIST

Provisions for Pregnant Students

The provisions made for pregnant students are as follows:

- a) 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.
 - a. Sample form letter for declaring pregnancy is available in the Nuclear Regulatory Commission Regulatory Guide 8.13
- b) 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.
- c) Notification of the change in student's health status facilitates the program's policies concerning pregnant students (see the Pregnancy Counseling Sheet next page).
 - a. If student chooses not to inform the program officials, she will be treated no differently than other students.
- d) 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.
- e) The Program Director will review the student's options concerning her continuation within the program. These options include:
 - a. Continuation of the program without interruption
 - b. Withdrawal from the program and re-entering it at the beginning of the next semester in which her unfinished courses are offered
 - c. Receiving a limited leave of absence. If a limited leave of absence is requested, it must be in writing **and** approved by the faculty.
- f) 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**.

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
 - a. The student will obtain the proper insurance paperwork from the Clinical Coordinator
 - b. The student will have the Emergency Department Physician or personal physician complete the appropriate section of the insurance form.
 - c. The student in consultation with the Clinical Coordinator will complete the appropriate forms.
 - d. The student will return the completed insurance form to the Program Administrator for Official Signature.
 - e. 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 or network folder, 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 |
| Below 75% | = 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.

- Instructors may develop appropriate, course-specific remediation. These remediation plans are at the instructor's discretion and should align with course content.

Practicum (Clinical) Grading Policy

Grading for all RTE Practicum courses (RTE 1804L, RTE 1814L, RTE 1824L, RTE 2834L, RTE 2844L, and RTE 2854L) is as follows:

| | |
|------------|-----|
| 100% - 96% | = A |
| 95% - 91% | = B |
| 90% - 85% | = C |
| Below 85% | = F |

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". A student who fails to achieve a grade of "C" or better in any RTE core course will be unable to move forward in the program curriculum. They will be eligible to retake the course during its subsequent offering.

Re-entrance into the program will be considered under individual circumstances and will be determined by the program director and staff and clinical availability.

A student requesting readmission between one and three years following their last successful semester must successfully complete a competency evaluation and testing (psychomotor and/or cognitive) as a prerequisite for readmission.

This evaluation will include:

- Simulation/demonstration in the energized lab of all clinical competencies passed in prior successful semesters
- Modified final exam testing of prior passed courses in positioning and exposure

Failing one core course in the first semester allows automatic re-entry the following year; failing two or more in the first semester requires a formal re-application to the program.

If after the first semester, a student fails no more than one RTE core course, the student may re-enter the program after review by the program director and staff and based on clinical availability."

If after the first semester, 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.

Any student requesting to return to the program 3 years or more since their last successful RTE course, must consult with the program director and student advisor and will be required to petition to re-take all prior passed RTE courses and re-start the program from the first semester courses.

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 |
| _____ | One Core Humanities | 3 |
| AMH 2020 | History of the US | |
| or POS 2041 | American National Government | <u>3</u> |
| | | 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 | |
| RTE 1418 | Principles of Radiographic Exposure I | 3 |
| RTE 1804L | Radiology Practicum I | <u>2</u> |
| | | 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 | <u>3</u> |
| | | 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 | <u>1</u> |
| | | 6 |

First Year, Summer C Semester (12 weeks)

| | | |
|-----------|-------------------------|----------|
| RTE 1824L | Radiology Practicum III | <u>3</u> |
| | | 3 |

Second Year, Fall Semester

| | | |
|-----------|--|----------|
| RTE 1573 | Radiologic Science Principles | 3 |
| RTE 2563 | Special Radiographic Proc./Sectional Anat. | 3 |
| RTE 2834L | Radiology Practicum IV | <u>3</u> |
| | | 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 | <u>3</u> |
| | | 9 |

Second Year, Summer A Term (6 weeks)

| | | |
|-----------|-------------------------------|----------|
| RTE 2061 | Radiologic Technology Seminar | 2 |
| RTE 2854L | Radiology Practicum VI | <u>2</u> |
| | | 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 |
| 5. | Select an appropriate time setting for a breathing technique (i.e.: 3 seconds) | Yes / No |
| 6. | 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 |
| 11. | 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 |
| 6. | Install and remove the table footrest & fluoro drape. | Yes / No |
| 7. | 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 = 93.3%, 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. Identifying patient data from exam request form (isolation, history, date of exam, etc.) | Yes / No |
| 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. Preparing the radiographic table to maximize patient comfort. (Blanket warmer, mat, etc.) | Yes / No |
| 8. Care of patient medical equipment (e.g.: O ₂ 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, foot stool, pediatric and adult immobilization devices | 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 | _____ 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 preceded 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

RAD--21(04/2021)

Student Signature

Date

| |
|---|
| % |
|---|

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 preceded 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
RAD--21(04//2021)

Student Signature

Date

| |
|---|
| % |
|---|

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 preceded 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
RAD--21(04//2021)

Student Signature

Date

| |
|---|
| % |
|---|

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 preceded 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
RAD--21(04/2021)

Student Signature

Date

| |
|---|
| % |
|---|

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 preceded 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
RAD--21(04//2021)

Student Signature

Date

| |
|---|
| % |
|---|

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 preceded 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
RAD--21(06//2021

Student Signature

Date

| |
|---|
| % |
|---|

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 preceded 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
RAD--21(06//2021

Student Signature

Date

| |
|---|
| % |
|---|

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

Evaluators Signature
GRADE

Student Signature

Date

| |
|---|
| % |
|---|

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

RAD- 23 (01/09)

Level 1 Clinical Competency Evaluation

Mobile C-Arm Procedure



Date: _____

Student: _____ I.D. # _____

- | | | |
|------|--|----------|
| 1. | Properly maneuver the C-arm and workstation. | Yes / No |
| 2*. | Describe and demonstrate the use of the C-arm locks. | Yes / No |
| 3*. | Explain and demonstrate the Left/Right and Superior/Inferior orientations | Yes / No |
| 4. | Reset the fluoroscopy timer. | Yes / No |
| 5*. | Save and Print images with proper contrast and density adjustments | Yes / No |
| 6. | Properly rotate the monitor screen. | Yes / No |
| 7. | Demonstrate the proper use of continuous and intermittent fluoroscopy | Yes / No |
| 8. | Demonstrate the proper use of auto setting and manual exposure settings. | Yes / No |
| 9*. | Demonstrate the proper use of each button or switch on the C-arm workstation. | Yes / No |
| 10. | Demonstrate the proper sequence to connect and disconnect the unit. | Yes / No |
| 11. | Properly identify anatomy found in the exams performed. | Yes / No |
| 12*. | Properly manipulate the C-arm for the exams performed. | Yes / No |
| 12. | Identify technical difficulties and give proper improvement instructions while performing the exams. | Yes / No |
| 14. | Use appropriate patient and personnel radiation protection while performing exams. | Yes / No |
| 15.* | Properly maintain sterile field. | Yes / No |

NOTE: Competencies marked with an asterisk (*) must be successfully completed or the evaluation is terminated.

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-025(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 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 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 | | | | | |
| 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 manner ⁴ | | | 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

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

Radiologic 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:
 - a. radiographic control panel
 - b. image processing panel
 - c. automatic injector and its controls

_____ Yes _____ No
2. Describe the process of D.S.A. (digital subtraction angiography)
3. Setup and prepare a sterile tray.
4. Load the automatic injector.
5. Position the imaging system and table.
6. List the basic components of a typical angiographic tray.
7. Select a requested catheter and appropriate guide wire.
8. Describe the positioning procedure for a typical angiogram
9. Demonstrate the proper procedure for monitoring a patient's vital signs
 - a. Blood Pressure
 - b. Pulse
 - c. Respiration
 - d. Temperature

_____ Yes _____ No
10. Understands basic anatomy of the arterial and venous systems.

 Evaluator's Signature

 Clinical Instructor's Signature

 Student's Signature

**Radiologic Technology Program
Clinical Performance Evaluation
Nuclear Medicine**



Student: _____

Rotational Date: _____

- 1. The student can describe how nuclear medicine studies are performed.
_____ Yes _____ No

- 2. The student can describe how radioactive material is injected.
_____ Yes _____ No

- 3. The student can describe the concept of radioactive half-life.
_____ Yes _____ No

- 4. The student can demonstrate the basic operation of the nuclear medicine imaging camera.
_____ Yes _____ No

- 5. The student can describe the patient preps and how conventional radiography contrast media can interfere with nuclear medicine examinations.
_____ Yes _____ No

- 6. The student can assist with basic examinations.
_____ Yes _____ No

Comments:

Evaluator's Signature

Clinical Instructor's Signature

Student's Signature

**Radiologic Technology Program
Clinical Performance Evaluation
Medical Sonography**



Student: _____

Rotational Date: _____

1. The student can describe the basic theory of sonographic imaging.
_____ Yes _____ No

2. The student can identify basic anatomy from sonographic images.
_____ Yes _____ No

3. The student understands patient preparations.
_____ Yes _____ No

4. The student can demonstrate the processing of images.
_____ Yes _____ No

5. 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
2. The student can explain exams performed, patient preps and contrast media utilized.
_____ Yes _____ No
3. The student can explain the scanning procedure from scout to programming of cuts.
_____ Yes _____ No
4. The student can demonstrate operation of the console.
_____ Yes _____ No
5. The student can demonstrate the manipulation of the table.
_____ Yes _____ No
6. The student can demonstrate the performance of a head scan (with assistance).
_____ Yes _____ No
7. The student can demonstrate the performance of an abdominal scan (with assistance).
_____ Yes _____ No
8. 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

**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

2. 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

3. The student can demonstrate the patient positioning for head and spine scanning.
_____ Yes _____ No

4. The student can operate the controls to move the scanning table.
_____ Yes _____ No

5. The student can enter a patient's name using the control panel.
_____ Yes _____ No

6. The student can select a sequence and program it with assistance.
_____ Yes _____ No

7. 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

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)

Demerit Form

Radiologic Technology Program
Student Counseling Report – Demerit

Student _____ Clinical Facility _____

Semester _____ Date _____

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

- | | | |
|---|---|--|
| 1. _____ Tardy / leave early | 6. _____ Improper storage of radiation dosimeter | 10. _____ Failure to properly place markers, labels, time indicators, etc., on radiographs |
| 2. _____ Improper reporting of clinical absence | 7. _____ No personal lead ID markers in clinical area | 11. _____ Improper computer documenting of procedure performed. |
| 3. _____ Absence before or after a scheduled holiday or college break | 8. _____ Use of another’s lead ID markers | 12. _____ Improper radiation protection |
| 4. _____ Restricting or impeding clinical output, misuse of clinical time | 9. _____ Improper use of recommended S.I.D. | 13. _____ Failure to have weekly evals promptly completed by a full semester’s end. |
| 5. _____ Violation of dress code (ZERO tolerance) | | |

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

- | | | |
|---|--|---|
| 1. _____ Failure to follow professional standards | 4. _____ Insubordination – refusing to follow orders or directions, arguing with supervisor. | 7. _____ Failure to complete an examination in which the student is performing or in which he/she is assisting. |
| 2. _____ Inconsiderate treatment of patients, visitors, students, or hospital employees | 5. _____ Unexcused absences in a full semester – More than two for a full semester; more than one in a short semester. | 8. _____ Failure to provide gonadal shielding to all patients. |
| 3. _____ Engaging in disorderly conduct that could ultimately threaten the well being of any patient, visitor, student, or hospital employee. | 6. _____ Leaving clinical without permission from a program official | 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 | 3. _____ Passing radiographs without technologist approval |
| 2. _____ Failure to follow the direct/Indirect supervision policy | 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

Failure of the clinical practicum is a potential outcome of accumulating excessive demerits. Such action typically occurs after all specified counseling methods have been utilized and documented, a decision made by the Program Director and Coordinator. Students whose clinical performance is near the minimum passing threshold (typically 85-89%) must be particularly mindful of their conduct to ensure no demerits are received.

Issuing a Demerit

A one-point demerit will be given for*:

- Tardiness- Recorded clinical time later than the scheduled start time. One minute past 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
- 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 bi-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 (when appropriate) and per facility policy.
- Failure to question pregnancy on females 12-55 years of age (or age set by institution).
- 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, performing a non-ordered exam, or performing an exam on the wrong patient.

*Subject to change.

Radiologic 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.rrt.org/pages/earn-rrt-credentials/initial-requirements/ethics/ethics-requirements>

<https://www.rrt.org/pages/resources/ethics-information>