RDT 103 CLINICAL PRACTICUM I

COURSE DESCRIPTION:
Students are provided with practical experience in the functioning of the radiology department. Included are equipment manipulation, basic exposure technique selection, imaging acquisition factors and the development of fundamental patient care skills in diagnostic radiography. This course represents the beginning of the clinical competency program. Hours: 208 clinical. Prerequisite: Permission of the department head. Corequisites: RDT 104, RDT 108 and RDT 155 or permission of the department head. Course fee: $40. Insurance: $18. Usually offered in the fall.

CREDIT HOURS: 2 credit hours
Clinical Practicum Mondays and Tuesdays 6:00 a.m. – 5:00 p.m.

PLACEMENT: Fall Semester - First Year of Program (2013)

COURSE COORDINATOR: Cindy Ross, B.A., R.T.(R)(ARRT)

CONTACT INFORMATION: Office: (410) 572-8743
Administrative Associate (410) 572-8740
Email cross@worwic.edu
Instructor may be contacted through Blackboard

OFFICE HOURS: Mondays 2:30 pm to 4:00 pm
Wednesdays 9:00 am to 12:00 pm
Thursdays 4:00 pm to 4:30 pm
Additional hours by appointment

CLINICAL FACULTY: Gene Dickerman, A.A.S., R.T. (R)(ARRT)
Donna Kenney, A.A.S., R.T.(R)(ARRT)
Terry King, A.A.S., R.T.(R)(ARRT)
Nikki Rayne B.A., R.T. (R)(ARRT)
Mari Strauss, A.A.S., R.T. (R)(ARRT)
Megan Taylor, A.A.S., R.T.(R)(ARRT)

## COURSE OBJECTIVES:

<table>
<thead>
<tr>
<th>Course Objectives</th>
<th>Assessment Goals</th>
<th>Assessment Strategies</th>
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<tbody>
<tr>
<td>1. Complete ARRT elective and required competencies according to programmatic</td>
<td>1. Complete ten passed competencies on patients in the clinical setting.</td>
<td>Competencies, Clinical Tests, Continual Competency Assurance, Professional Development</td>
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<td>requirements.</td>
<td>2. Demonstrate proficient knowledge on exams where competency has been achieved</td>
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<td>(GEO 1, 2, 4, 5, 6, 7, 8)</td>
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<td>2. Describe equipment operation in each radiographic room and demonstrate</td>
<td>1. Demonstrate knowledge of table operation in each room.</td>
<td>Competencies, Clinical Tests, Continual Competency Assurance, Self-evaluation, Repeat Analysis, Professional Development</td>
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<td>competency through the completion of room check offs.</td>
<td>2. Demonstrate knowledge of x-ray tube operation in each room.</td>
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<td>(GEO 1, 2, 4, 5, 6, 7, 8)</td>
<td>3. Demonstrate knowledge of IR use, orientation, and function in each room.</td>
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<td>4. Demonstrate knowledge of radiographic accessories contained within each room.</td>
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<td>3. Apply radiation protection principles in the performance of imaging procedures.</td>
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<td>(GEO 1, 2, 4, 5, 6, 7, 8)</td>
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<td>4. Demonstrate critical thinking and sound judgment in the performance of</td>
<td>1. Exercise the ALARA concept in the performance of mobile, trauma, operative,</td>
<td>Competencies, Clinical Tests, Continual Competency Assurance, Oral/Image Analysis, Professional Development</td>
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<td>radiographic examinations.</td>
<td>fluoroscopy, and routine radiographic procedures.</td>
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<td>(GEO 1, 2, 4, 5, 6, 7, 8)</td>
<td>2. Utilize collimation for the purpose of reducing patient dose and improving</td>
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<td>image quality.</td>
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<td>3. Utilize the appropriate SID to ensure image quality and to reduce patient</td>
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<td>entrance skin dose.</td>
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<td>5. Exercise professionalism by practicing the standard of care as defined</td>
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<td>according to the ASRT and ARRT organizations.</td>
<td>1. Student exercises the ARRT code of ethics in practice within the clinical</td>
<td>Competencies, Clinical Tests, Continual Competency Assurance, Self-evaluation, Electronic Information Literacy, Professional Development</td>
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<td>(GEO 1, 5, 6, 7, 8)</td>
<td>setting.</td>
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<td>2. Student exercises the patient’s bill of rights in practice within the clinical</td>
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<td>setting.</td>
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<td>3. Student accepts the supervision of clinical instructors, staff technologists,</td>
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<td>and program faculty which is evident in student conduct through body language and</td>
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<td>speech.</td>
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<td>4. Student is respectful of the patient at all times, placing the patient’s needs</td>
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<td>first, by maintaining a positive attitude in the clinical environment.</td>
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| 6. Evaluate learning in the clinical environment.  | 1. Identify learning lessons experiences during mobile, trauma, fluoroscopy, operative, and ER clinical rotations.  
(GEO 1, 2, 5, 6, 7, 8) | Competencies  
Clinical Tests  
Continual Competency Assurance  
Self-evaluation  
Repeat Analysis  
Service Learning Exercises  
Oral Image Analysis  
Electronic Information Literacy  
Professional Development |
|---|---|---|
| 7. Apply age-specific competencies in the clinical environment.  | 1. Demonstrate knowledge of appropriate communication for the neonate and pediatric patient.  
2. Demonstrate knowledge of appropriate communication for adolescent patients.  
3. Demonstrate knowledge of appropriate communication for the adult patient.  
4. Demonstrate knowledge of appropriate communication for the geriatric patient.  
(GEO 1, 2, 5, 7, 8) | Competencies  
Clinical Tests  
Continual Competency Assurance  
Self-evaluation  
Professional Development |
| 8. Assess and evaluate psychological and physical changes in the patient’s condition and carry out appropriate actions.  | 1. Identify the stages of the grieving process as defined by Kubler Ross.  
2. Identify signs and symptoms of mental status change.  
3. Identify signs and symptoms associated with changes in the patient’s physical condition.  
4. Demonstrate an understanding of calling a code blue and rapid response as defined by the clinical facility.  
(GEO 1, 2, 5, 7, 8) | Competencies  
Clinical Tests  
Continual Competency Assurance  
Self-evaluation  
Electronic Information Literacy  
Professional Development |
| 9. Apply infection control and standard precautions during patient interaction in radiographic procedures.  | 1. Explain the rules of medical aseptic technique and describe the application in the clinical setting.  
2. Explain the rules of surgical aseptic technique and describe the application in the clinical setting.  
3. Describe the radiographic procedures which require surgical aseptic technique.  
4. Identify the types of isolation precautions and diseases associated with each category.  
(GEO 1, 2, 5, 7, 8) | Competencies  
Clinical Tests  
Continual Competency Assurance  
Self-evaluation  
Professional Development |
| 10. Demonstrate knowledge computed and digital radiographic equipment operation during mobile, trauma, operative, and routine imaging procedures.  | 1. Describe the principles of image capture and display of the computed radiography image.  
2. Describe the principles of image capture and display of the digital radiography image.  
3. Explain how the sensitivity number and Lgm number are indicators of appropriate density on the image.  
(GEO 1, 2, 4, 5, 6, 7, 8) | Competencies  
Clinical Tests  
Continual Competency Assurance  
Self-evaluation  
Repeat Analysis  
Professional Development |
| 11. Evaluate radiographic images for pertinent anatomical structures, pathological conditions demonstrated, appropriate exposure factors selected, and presence of artifacts.  | 1. Analyze images for correct anatomical structures demonstrated for the imaging exam.  
2. Analyze images for the presence of additive and/or destructive pathologies.  
3. Identify how exposure technique is modified according to the presence of disease.  
4. Identify radiographic artifacts on the manifest image and describe methods to reduce their appearance.  
(GEO 1, 2, 4, 5, 6, 7, 8) | Competencies  
Clinical Tests  
Continual Competency Assurance  
Self-evaluation  
Oral Image Analysis  
Electronic Information Literacy |
12. Assess, analyze, and identify the patient’s cultural diversity practices as each applies to patient care.

(GEO 1, 2, 4, 5, 6, 7, 8)

1. Practice therapeutic communication to obtain patient history and information pertinent to the imaging examination.
2. Identify the patient’s cultural needs pertinent to the performance of imaging procedures.
3. Identify key family members responsible for assisting in the decision making process for the delivery of healthcare.

Cultural Diversity Information Literacy Paper
Competencies
Continual Competency Assurance

13. Practice service learning within the clinical environment through the documentation of clinical experiences and oral presentation of patient diversity within the clinical arena.

(GEO 1, 2, 4, 5, 6, 7, 8)

1. Evaluate clinical learning experiences where patient care was delivered to patients of various socioeconomic status.
2. Evaluate clinical learning experiences where patient care was delivered to patients of various cultures, ethnicities, and religious backgrounds.
3. Identify examples of compassionate care delivered to patients of all ethnic, cultural, religious, and socioeconomic backgrounds.
4. Identify examples of observed inappropriate care delivered to patients according to the bias of the healthcare provider.
5. Document service learning experiences and report findings to peers in an oral presentation.

Cultural Diversity Information Literacy Paper
Competencies
Continual Competency Assurance

COURSE CONTENT:
1. Exercise the priorities required in daily clinical practice.
2. Execute imaging procedures under the appropriate level of supervision.
3. Adhere to concepts of team practice that focus on organizational theories, roles of team members and conflict resolution.
4. Adapt to changes and varying clinical situations.
5. Support patient-centered clinically effective service for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
6. Integrate the use of appropriate and effective written, oral and nonverbal communication with patients, the public and members of the health care team (peers, physicians, nurses, administration, etc.) in the clinical setting.
7. Choose patient and family education strategies appropriate to the comprehension level of patient/family.
8. Manage interactions with the patient and family in a manner that provides the desired psychosocial support.
9. Evaluate the patient’s status and condition before, during and following the radiologic procedure to demonstrate competence in assessment skills.
10. Demonstrate skills in assessment and evaluation of psychological and physical changes in the patient’s condition and carry out appropriate actions.
11. Examine gender, cultural, age and socioeconomic factors that influence patient compliance with procedures, diagnosis, treatment and follow-up of patients.
12. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
14. Assess patient using the ABCs of CPR and demonstrate basic life support procedures.
15. Respond appropriately to patient emergencies.
16. Interpret patient side effects and/or complications of radiologic procedures, contrast administration and take appropriate actions.
18. Differentiate between normal ECG rhythms and abnormal ECG tracings.
19. Apply standard and transmission-based precautions.
20. Apply the appropriate medical asepsis and sterile technique.
21. Prepare the technologies and methodologies for the performance of radiologic procedures.
22. Demonstrate competency in the principles of radiation protection standards to include time, distance, shielding and radiation monitoring.
23. Apply the principles of total quality management.
24. Report equipment malfunctions to assist with appropriate corrective actions.
25. Examine procedure orders for accuracy and follow-up to make corrective changes when applicable.
27. Integrate the radiographer’s scope of practice and practice standards into clinical practice setting.
28. Act consistently to maintain patient confidentiality standards.
29. Carry out principles of transferring, positioning, immobilizing and restraining of patient.
30. Comply with departmental and institution procedures for response to emergencies, disasters and accidents.
31. Break down the chain of command in emergencies, disasters and accidents.
32. Differentiate between emergency and non-emergency procedures.
33. Adhere to national, institutional and/or department standards, policies and procedures regarding care of patients, provision of radiologic procedures and the reduction of medical errors.
34. Ensure that performance reflects professional competence in the selection of technical factors to produce quality diagnostic images with lowest radiation exposure possible.
35. Critique images for appropriate clinical information, image quality and patient documentation.
36. Performance reflects professional competence in determining corrective measures to improve inadequate images.
37. Discuss the elements of a diagnostic image.
38. Identify the steps in the decision-making process used in image analysis.
39. Describe an effective image analysis method.
40. Describe the role of the radiographer in image analysis.
41. Apply the process for evaluating radiographs for adequate density, contrast, recorded detail and acceptable limits of distortion.
42. Explain how the radiographer determines that the adequate level of penetration has been applied to produce the desired level of contrast.
43. List the parameters for evaluating visibility of detail on the image.
44. Discuss the method for evaluating image distortion.
45. Summarize the importance of proper positioning.
46. Discuss the impact of patient preparation on the resulting radiographic image.
47. Analyze images to determine the appropriate use of beam restriction.
48. Identify common equipment malfunctions that affect image quality.
49. Determine the corrective actions necessary to correct for common equipment malfunctions.
50. Differentiate between technical factor problems, procedural factor problems and equipment malfunctions. Critique images for appropriate technical and procedural factors, and recommend corrective actions if necessary.
WWCC Radiologic Technology Program

Clinical Policies and Procedures
1. **Punctuality:**
Every student is expected to arrive to their clinical assignment on time and ready to perform their clinical duties. Tardiness for any reason is unacceptable and will not be tolerated or excused. Tardiness is defined as being 1 minute or more past the beginning of the assigned clinical time. **Tardiness is considered 1 minute to 15 minutes past the beginning of the assigned clinical time.** Arriving to clinic more than 15 minutes late is considered UNEXCUSED clinical time resulting in 3% deducted from the final grade. The following will occur in the instance of a student arriving late to the clinical setting:

1st occurrence  no penalty
All other occurrences 3% deduction from the final grade for each tardy beginning with the second occurrence.

2. **Attendance**
Students must report their absence 1 hour prior to the start of their assigned time by notifying first the Clinical Instructor and then the Clinical Coordinator. **Failure to report an absence to the CI and the Clinical Coordinator will be considered unexcused and result in a three percentage point deduction from the final course grade.** In the event that neither of these individuals is available at the time of the call, a voice message is to be left on the voice mail. **NO TEXT MESSAGES OR EMAILS ACCEPTED.**

- RDT Clinical Coordinator 410-572-8743
- PRMC CI 410-912-2906
- AGH CI 410-641-9640
- MCREADY 410-968-1046
- PENINSULA IMAGING 443-614-4762 (Terri’s cell phone)

**Sixteen excused clinical hours are permitted this semester. NO EXCEPTIONS.**
If a student elects to take a “day off” of clinic for personal reasons, clinical absences (even with doctor’s notes) will be considered UNEXCUSED. ONLY the department head determines if an absence is considered excused or unexcused.

**Students are not permitted more than 16 hours of excused clinical hours.**
**Students missing more than 16 hours of clinical time will earn a grade of F for the RDT 103 Clinical Practicum I course.**

**Extreme circumstances will be evaluated on a case by case basis.**
3. Radiographic Markers
Students are required to purchase and keep 2 sets of anatomical markers. Each student is issued a unique identifier number which must be on their markers. All examinations a student performs must demonstrate the student’s marker.

Students are required to use number student markers during this semester.
Students are required to keep two sets of anatomical markers at ALL times.

STUDENTS ARE NOT PERMITTED TO USE THE GENERIC “R” OR “L” INSTEAD OF THE ISSUED “R” OR “L”. FAILURE TO FOLLOW THIS POLICY WILL RESULT IN AN AUTOMATIC 5% DEDUCTION FROM THE FINAL GRADE FOR NOT USING APPROPRIATE STUDENT MARKERS ISSUED BY THE COLLEGE.

NOTE: A student may ONLY use the generic radiographic markers when performing examinations on isolation and trauma patients.

4. Daily Log/Repeat Image Record
The student will record all exams performed on a daily log THAT MUST NOT LEAVE THE CLINICAL SITE. MISSING LOGS OR LOGS REMOVED FROM THE CLINICAL SITE WILL RESULT IN A CLINICAL NOTICE. Exams that required the student to go back and take another exposure must be listed on the form and include the signature of the radiographer who DIRECTLY SUPERVISED the student during the repeat study.

The registered technologist must be in the room for a repeat radiograph.

Any student who repeats a radiograph without a tech for ANY reason will be immediately removed from the program.

FAILURE TO HAVE THE SUPERVISING TECHNOLOGIST SIGN THE REPEAT SHEET WILL RESULT IN A 5% DEDUCTION FROM THE FINAL GRADE.
5. **Daily Affective Evaluations**

A. A *daily affective evaluation must be given to the supervising technologist 2 hours prior to the end of the shift*. The student is required to have a staff technologist, who they have worked directly under for at least six (6) hours, complete a Weekly affective evaluation. If the student does not work with one technologist for a minimum of 6 hours, the student should give the evaluation to the technologist who has completed the majority of exams with them.

B. The radiographer **DOES NOT** give the evaluation form back to the student.

C. The radiographer gives the evaluation back to the CI who will then go over the evaluation with the student.

D. A student may only discuss a completed evaluation form with a staff radiographer when they are in the presence of the CI.

The student is expected to behave in accordance to the Code of Ethics of the Radiographer published by the ARRT and ASRT as well as adheres to the *Practice Standards of the Radiographer* published by the ASRT.
**Dress Code Policy**

In order to emphasize the importance of neat and clean appearance as a radiographer and to uphold the image of the college and radiologic technology department, the Clinical Instructor assesses student compliance with the dress code policy on a daily basis. Uniforms are to be worn for all clinical assignments. Violations of dress code guidelines will result in a point deduction from the final grade.

**Dress Code - Uniform Guidelines**

1. Uniforms must be official professional style.
2. All uniforms must be white, no colored materials. NO COLORED lab coats are permitted.
3. Uniform/dress hems must at least touch the knee.
4. No snug/tight fitting uniforms allowed.
5. No stirrup type pants are allowed.
6. Straight leg pants are required. (No flare leg, low rise, drawstring pants are permitted in the clinical setting).
7. **NO colored underwear or thongs are permitted.**
8. **ALL TATTOOS are to be covered with a shirt or lab coat.**

**Professional Dress Code Policy**

A professional dress code is enforced in order to emphasize the importance of the neat and clean appearance of a radiographer and to uphold the image of the college. Uniforms are to be worn for all clinical assignments.

1. **Uniform and Personal Appearance Criteria**
   A. Hair is clean and neat and does not interfere with the patient care. Hair must be kept out of the face and off of the collar at all times.
   B. Uniform is clean and pressed at all times.
   C. WWCC photo ID with the student's name must be Visible.
   D. WWCC student radiographer patch is SEWN on the left sleeve, centered, and 2-1/4" from the shoulder.
   E. Hands are clean; fingernails are clean, do not extend past soft tissue of finger tip, and without any polish. NO ACRYLIC NAILS ARE PERMITTED.
   F. **NO jewelry other than one plain ring on one hand.**
   G. Clean white hosiery without runs and clean with professional shoes are worn.
   H. Make-up when worn is applied moderately.
   I. A lab coat is the only acceptable garment to be worn over the uniform in the clinical areas.
   J. Pockets are neat and contain pen and note pad.
   K. Person is clean and odor-free; no perfume or colognes are to be used.
   L. No gum chewing or candy is permitted in patient contact areas.
   M. **NO BODY PIERCINGS ALLOWED.** This includes but is not limited to any orifice, face, nose, cheek, ears, tongue, maxillae, etc. Body piercings seen worn in the clinical setting will receive a clinical point deduction per each piercing.
THE STUDENT’S FIRST VIOLATION OF THE DRESS CODE WILL RESULT IN PERCENTAGE POINTS DEDUCTED FROM THE FINAL GRADE ACCORDING TO THE VIOLATION. THE SECOND VIOLATION OF DRESS CODE WILL RESULT IN DISMISSAL FROM THE CLINICAL ENVIRONMENT AND UNEXCUSED CLINICAL TIME.

BREAKS:
Students must remain in assigned clinical areas to perform all radiographic examinations in which they are actively involved or qualified to perform. A student who wishes to leave his/her assigned area must notify the supervising technologist of his/her needs to leave the assigned area. THE STUDENT IS NOT PERMITTED TO TAKE ANY SMOKE BREAKS WHILE IN CLINIC. ONLY DURING THE ONE HOUR LUNCH BREAK CAN THE STUDENT SMOKE IN A DESIGNATED AREA. FAILURE TO FOLLOW THIS POLICY WILL RESULT IN A 3% DEDUCTION FROM THE STUDENT’S FINAL GRADE FOR EACH INCIDENCE BEGINNING WITH THE FIRST INCIDENCE.

CLINICAL RESPONSIBILITIES
Listed below are responsibilities of each and every student that are to be accomplished during each assigned clinical experience.

1. Assigned radiographic rooms are to be kept clean and orderly.
2. Assigned radiographic rooms are to be kept stocked with necessary supplies and accessories.
3. Patients should not be left unattended.
4. The radiographic room should be prepared prior to escorting the patient into the room.
5. No eating or drinking is permitted in patient care areas.
6. Payment of any kind may not be accepted from patients.
7. The use of and performing under the influence of mind-altering drugs or alcoholic beverages is prohibited in the clinical area.
8. Standard precautions are to be followed for all patients.
9. Students may not perform venipuncture.
10. Students may not inject contrast media without the direct supervision of a staff technologist or radiologist.
11. The use of profanity or disrespectful actions is not permitted in the clinical area.
12. Patients are to be addressed in a respectful manner using an appropriate title followed by a last name.
13. All patients must be properly identified by checking an arm band.
14. Linens are to be changed after each patient.
15. Tables are to be disinfected after each patient.
16. Hands are to be washed after contact with each patient and piece of equipment.
17. All patients, newborn to 60 years of age, are to be shielded.
18. Pregnancy policy
19. ALL PATIENTS SHOULD BE SHIELDED REGARDLESS OF AGE UNLESS IT IS CONTRAINDICATED BY THE IMAGING EXAM AND/OR PATIENT CONDITION.
**Student Clinical Conduct Guidelines:**
Students are expected to adhere to the following guidelines:

1. Follow accepted patient handling procedures and techniques as outlined in the course syllabi of completed courses and courses for which the student is currently enrolled.
2. Carefully note any special procedures that must be obeyed, such as isolation, by examining the patient's requisition chart.
3. Any failure to follow proper procedure must be immediately reported to the appropriate nursing personnel and the Clinical Instructor.
4. Report any suspicion of exposure to communicable disease to the Clinical Instructor or WWCC RDT Department Head.

**SUPERVISION POLICY**

1. **Second-year students may not supervise first-year students in the clinical areas.**
2. All students receive direct supervision from a registered technologist assigned to the clinical area when performing examinations in which they have not passed the competency evaluation.
3. Students who have satisfied the clinical competencies for the assigned clinical area may receive direct or indirect supervision from a registered technologist assigned to the clinical areas.
4. All students in a room where there is the use of intravascular contrast media must have a registered technologist present during the entire examination.
5. The radiologist may at any time request that a technologist be present during an examination. These requests should be made to the clinical instructor or the technologist in charge.
6. A registered technologist must be present when a student is performing any portable examination.
7. The student may at no time operate any radiographic equipment without direct or indirect supervision present.
**DIRECT SUPERVISION:**
A qualified Radiographer is present in the radiographic room during the entire examination. Students are under direct supervision for contrast exams, traumas, mobile radiography exams, and when operating the C-ARM. In addition, Direct supervision is determined according to the profession judgment of the clinical faculty. **DIRECT SUPERVISION MEANS THE TECHNOLOGIST IS IN THE ROOM SUPERVISING THE EXAM.**

**INDIRECT SUPERVISION**
A qualified Radiographer is immediately available / adjacent to the student performing the procedure. Students are under indirect supervision when competency has been achieved and when the exam falls within the students’ level of knowledge.
REPEAT RADIOGRAPH POLICY

Students may not accept or reject any radiograph relating to actual patient examinations. The student must obtain the opinion of a technologist relative to the quality of the radiograph.

Students may not perform any repeat radiographic examination without direct supervision of a registered technologist.

A student who violates the repeat radiograph policy will be dismissed from the program.
**Human Subjects Policy**
At times the student may have to simulate radiographic positioning skills on individuals who have agreed to be positioning models. These individuals are solely utilized for the purpose of simulating actual examinations and at no time are to be exposed to ionizing radiation. In addition, the student is not to perform any radiographic procedures on any of their classmates for the purpose of "viewing their anatomy".

**Employment Policy**
Students who are employed by the clinical affiliate shall only do so during hours when they are not involved in any educational experiences. While students are employed they may not assume any responsibilities of the student radiographer nor are they covered by the college insurance policy.

**Radiation Safety**
In an attempt to insure the radiation safety of the student, each student must:
1. Always wear his/her dosimeter when in the clinical area.
2. Immediately report the loss of the dosimeter.
3. Return the dosimeter to the RDT Department Head each month.
4. Always wear a leaded apron when performing fluoroscopic, portable, or operative procedures. The dosimeter is to be worn outside of the apron at the collar level.
5. Always wear leaded gloves if the hands are to be placed in the primary beam.
6. Never hold a patient during a radiographic procedure.
7. Use the radiologist as a barrier during fluoroscopic procedures by standing behind the radiologist whenever possible.
8. Extend the exposure cord 6 feet when performing portable examinations.

**THE PREGNANCY QUESTION**
PRMC requests that patients ranging from 12 to 60 be asked if there is any chance of pregnancy. AGH requests that patients ranging from 12 to 55 be asked if there is any chance of pregnancy. Students are required to follow hospital policy when rotating through each clinical site. Therefore, it is strongly recommended that students ask all patients ranging from 12 to 60 if there is any chance of pregnancy and pay careful attention to the age of the patient that is clearly documented on the patient’s requisition and orders.

**CONTRAST ADMINISTRATION**
Students are permitted to inject iodinated contrast media only in the presence of a registered technologist. **DIRECT SUPERVISION MUST BE RECEIVED FOR ALL CONTRAST EXAMS.**
Scheduled Clinical Hours
- Students are expected to complete all scheduled clinical rotations.
- Students may NOT stay late, come in early, or participate in additional clinical hour without permission of the Clinical Instructor.

Practicing in the Clinical Setting
1. Students are permitted to practice in the clinical setting before and after clinical rotations, during evening hours, and on weekends.
2. **Students are not permitted to bring family members to the clinical settings to practice. ONLY REGISTERED RDT STUDENTS ARE ALLOWED IN THE CLINICAL SITES.**
3. Students are not permitted to complete any imaging exams on actual patients during designated practice time.
4. Students are required to wear white uniforms and follow the WWCC RDT dress code policy when practicing after hours in the clinical setting. **NO STREET CLOTHES PERMITTED.**
5. **UPON ARRIVAL TO THE HOSPITAL, THE STUDENT IS TO REPORT TO THE CHARGE TECHNOLOGIST AT THE FACILITY TO NOTIFY THEM OF STUDENT PRESENCE IN THE DEPARTMENT.**
6. **STUDENTS ARE NOT ALLOWED TO MAKE AN EXPOSURE DURING PRACTICE TIME IN CLINIC WITHOUT THE SUPERVISION OF A CLINIC INSTRUCTOR. THIS APPLIES TO PATIENTS AND WOUNDED WILLIE ASSIGNMENT.**
DISCIPLINARY POLICY AND PROCEDURE

CLINICAL CONFERENCE
The clinical conference is used to inform the student of unsatisfactory or unacceptable behavior/action that does NOT directly impact patient care during the clinical course and to identify changes the student has to make to correct the behavior/action. Examples would include but not limited to: poor attitude, poor work ethic, misuse of downtime, failing multiple comps. The clinical instructor will complete the clinical conference with the student. After the clinical conference is reviewed with the student, the student will write a short action plan on how to correct the action/behavior and submit it to the Clinical Coordinator. **Students who have more than 3 Clinical conferences in one semester/session will have a 3% deduction from their final grade.**

CLINICAL NOTICE
The clinical notice is used to document unsafe behavior/action in the clinical environment that can compromise patient care. Examples would include but not limited to: Second offense on a previous clinical conference, wrong part/wrong side of the body is imaged, student exhibits insubordination in the clinical environment. **The clinical notice results in a five percentage point deduction from the student's final grade.** The student will receive the clinical notice as soon as possible following the occurrence of unsatisfactory behavior.

CLINICAL REPRIMAND
The clinical reprimand is used to notify the student of his/her unsafe behavior/action that directly impacts the care or interaction with a patient. The issuance of a clinical reprimand requires a thorough investigation of the unsafe behavior/action of the student to ensure that the patient was placed in a position of jeopardy. Examples would include but not limited to: Imaging the wrong patient, HIPAA violation, unsafe behavior/action that has been documented as a clinical conference and a clinical notice. **The clinical notice results in a fifteen percentage point deduction from the student's final grade.**

CLINICAL JEOPARDY:
Clinical jeopardy is used for proven unprofessional or unethical conduct and/or malpractice during clinical or laboratory hours which are considered to be in serious violation of the department's and/or hospital's policies, rule and regulations. In addition, it is used for substantial evidence of emotional instability, severe drug or alcohol abuse that could potentially affect a patient's welfare. **The clinical jeopardy results in a twenty-five percentage point deduction from the student's final grade.**

An extensive evaluation will be conducted for each situation that arises.
Clinical Percentage Point Deductions

Listed below are reasons for a percentage point reduction to be taken from the student's final course grade. Please read each of these carefully and make certain that you understand each and every one.

1. -3 percentage points for 3 or more Clinical Conferences in one semester/session.
2. -3 percentage points for each tardy beginning with the second tardy.
3. -3 percentage points for each unexcused absence.
4. -3 percentage points for cell-phone use in clinical site.
5. -3 percentage points for every 4 comps failed. Ex. 8 failed comps = 6 points
6. -5 percentage points for failing the same competency in the same semester. Begins with second failure.
7. -5 percentage points for each unsigned repeat square.
8. -5 percentage points for each Clinical Notice.
9. -15 points for each Clinical Reprimand.
10. -25 percentage points for a Clinical Jeopardy.
11. -25 percentage points for being removed from a Clinical Education Center at the request of the Clinical Instructor or Hospital Administrator.
12. -25 percentage points for insubordination. Begins with the second documented occurrence.
13. Other:___________________________________________________________

The above is not an all-inclusive list and those circumstances that are not addressed above but are deemed to warrant a percentage point reduction will be applied to the calculation of the student’s final grade.
**Radiology Academic Committee**

The Radiology Academic Committee is comprised of the Radiology Department Head, Clinical Coordinator, the Clinical Instructors from PRMC and AGH, and a manager from PRMC. After the student receives a clinical reprimand, the student will sit before the Radiology Academic Committee. The student will have the opportunity to explain his/her actions that resulted in the clinical reprimand. After a group discussion, the committee will determine if patient jeopardy was committed by the student. **Patient jeopardy results in a 25% deduction from the student's final grade and immediate dismissal from the program. Insubordination results in a 25% from the student’s final grade and immediate dismissal from the program. A clinical absence demerit results in a 25% deduction from the student’s final grade and immediate dismissal from the program.**

**DISMISSAL FROM THE CLINICAL ENVIRONMENT**

1. Students are expected to demonstrate a significant progression of knowledge during the RDT 103 clinical semester.

2. Socialization with peers/techs instead of performing exams or refusal to complete exams because a competency status has been achieved will not be tolerated.

3. **The following are reasons for student dismissal from the clinical setting resulting in unexcused clinical time:**
   - Insubordination to the clinical instructor.
   - Refusal to perform a radiographic examination.
   - Socialization instead of completing exams.
   - Incompetence in the completion of radiographic exams on the standard patient.
   - Standing around showing disinterest in the clinical assignment.
   - Eating in the patient care area.
   - Reading newspapers or completing homework instead of clinical exams.
   - Loss of emotional stability in the clinical setting.
   - The use of profanity in patient care areas.
   - Failure to follow program policies established in the course syllabus and/or program student handbook.

4. Dismissal is not limited to the above infractions and is at the discretion of the clinical instructor.
WWCC Radiologic Technology Program

Clinical Competencies, Tests and Assessments
Clinical Competency

Clinical Competency Program Requirements
The student must successfully complete the Clinical Competency Component of the Associate of Applied Science Degree in Radiologic Technology. The successful completion of the Clinical Competency Component of the program requires the following criteria be met:

1. Completion of all required competency evaluations with a passing grade.
2. Completion of all RDT clinical courses with a grade of “C” or better.
3. Completion of the Terminal Competency Evaluation.

The student who does not meet the above criteria will be afforded an opportunity to correct their deficiencies following a meeting with the RDT Department Head and the Dean of Occupational Education to determine the mechanism that the student may use to correct the deficiencies.

Clinical Competency Sequence

Classroom
The foundation of the clinical competency program is established in the lecture and laboratory courses.

Laboratory
RDT 105, 155 and 205 are complimented with weekly laboratory experiences that are utilized to provide the student with hands-on simulation of radiographic positioning. The instructor provides a demonstration of the correct positioning methods, and the student is then asked to simulate the correct positioning methodology.

The instructor evaluates the students’ progress during the laboratory sessions in relationship to positioning skills. The student may not perform examinations on actual patients until the student has successfully passed the laboratory competency for the examination.

Clinical Education Center
The first step of the clinical competency program in the clinical education center begins with the student observing and assisting a qualified radiographer in the performance of examinations. The student moves from assisting the radiographer to a more active role of actually performing the procedure under the direct supervision of the radiographer.

Competency Evaluation
The student is the only person who is able to determine when they are ready to complete a competency evaluation for a given examination. As such, the program does not mandate that a student complete a specific competency evaluation but rather a defined number of competencies for each semester to earn points towards the clinical course grade. A student who does not complete all required program competencies by the end of the program will not graduate.
1. Students are required to complete three exams for specific exams before completing a competency. The student should exercise good judgment before attempting a clinical competency.

2. Students are required to obtain the doctor’s order to confirm the correct imaging procedure BEFORE beginning the competency.

3. Patient history should be documented on the back of the competency form. Failure to document patient history will result in a failed competency.

4. The image analysis portion of the competency will be completed ONLY by the CLINICAL INSTRUCTOR or WWCC CLINICAL FACULTY.

   ALL COMPETENCIES WILL BE SIGNED OFF BY THE CI. ONLY THE CI WILL DETERMINE IF A COMPETENCY IS PASSED OR FAILED AFTER REVIEWING THE SUPERVISING TECHNOLOGIST’S COMMENTS AND THE IMAGES WITH THE STUDENT.

   ALL REPEAT COMPETENCIES ARE COMPLETED BY THE CLINICAL INSTRUCTOR. FAILURE TO FOLLOW THIS POLICY WILL RESULT IN A 5% DEDUCTION FROM THE COURSE FINAL GRADE.

5. The student’s anatomical lead marker must be present on each radiographic image. It is the student’s responsibility to be familiar with the equipment and collimation to ascertain the visualization of the anatomical marker on each image. Therefore, the absence of a marker due to collimation alignment or image reformatting will not be granted an exception when a student’s marker is not demonstrated on the film.

   *It is the student’s responsibility to make certain that the supervising technologist is present at ALL times (from getting the patient to letting the patient leave) while the student is performing the competency. In the event that the student knows that the supervising radiographer did NOT stay with the student during the entire competency procedure the competency will not be counted as either a Pass or Fail.

   THE ENTIRE “L” OR “R” MUST BE PRESENT ON THE RADIOGRAPH WHEN SENT TO PACS. IF THE ENTIRE “L” OR THE ENTIRE “R” IS NOT VISIBLE IN PACS THE COMPETENCY IS FAILED. THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

6. Competencies should be completed in a timely manner. Failure to complete a competency in a timely manner will result in a failed competency. Students should be prepared to complete the competency and be knowledgeable of equipment operation in order to perform the exam. The technologist or CI completing the competency on the student may STOP the competency if the student is taking too long for performing the procedure. Students are not permitted an unlimited amount of time to comp an imaging exam.
Failed First Attempt Competency Evaluation
1. The student must complete a minimum of one documented exam with the CI before attempting the competency. **Repeat Competency Procedure Squares WILL BE USED to document remediation.** Failure to use **REPEAT Competency Procedure Squares will result in a 5% deduction from the final course grade for not following clinical policy.**
2. A student may NOT attempt to repeat a failed competency in the same semester without remediation.
3. **Repeat competencies may only be performed by the CI.** The failure of a repeat competency during the same semester on the SAME exam WILL result in a 5 percentage point deduction in the final course grade. Repeat competencies not completed with a clinical instructor will be considered a failed competency.
   **IF YOU FAIL THE SAME COMPETENCY 3 TIMES DURING THE PROGRAM, IT WILL RESULT IN COURSE FAILURE.**

REMOVAL OF COMPETENCY STATUS
1. Competency means the student is competent to complete the exam independently on the standard patient.
2. A student who has passed a competency on an exam and then does not demonstrate the ability and knowledge to independently complete the exam will have competency removed.
3. In the event a competency is removed due to lack of knowledge/proficiency in the performance of a radiographic exam, the student will be required to complete one remedial exam with a clinic instructor before attempting to retake the competency.
4. The removal of the competency status of a radiographic exam can only be completed by a clinical instructor, coordinator, or program administrator. Technologists are not permitted to remove the competency status from a student.
5. When a competency is removed, the clinical instructor will complete a clinical conference form describing the reason for the removal of the competency status. The clinical instructor will cross off the competency on the student’s procedure squares and initial.

COMPETENCY EVALUATIONS:
The student is expected to complete competency evaluations throughout the entire semester. Students will be required to perform certain exams under supervision, before being allowed to comp. The details of the "comp" procedure will be reviewed during the clinic orientation.
**Students are expected to complete 3 passed competencies during the semester.**

<table>
<thead>
<tr>
<th>Competencies PASSED (3 Total)</th>
<th>Percentage Earned (25% of course grade)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 passed competencies</td>
<td>25% (25 points)</td>
</tr>
<tr>
<td>2 passed competencies</td>
<td>18.75% (18.75 points)</td>
</tr>
<tr>
<td>1 passed competency</td>
<td>12.5% (12.5 points)</td>
</tr>
</tbody>
</table>
**Clinical Testing:**
During the semester, students will work with the clinical instructor/clinical faculty on specific radiographic procedures. Following the instruction, the clinical instructor will notify the students when they will be evaluated on their performance of the procedures. Clinical tests are performed regardless if the student has completed a competency for the specific exam. Students should be prepared for clinical tests by practicing the selected exams during clinical downtime. The following exams will be used for clinical tests during the RDT 103 Clinical Practicum I course:

- **CXR PA/LAT**
- **UPPER EXTREMITY**

Students will receive a grade of “0” on a clinical test in the event that one or more of the following occurs:

1. Failure to question pregnancy.
2. Failure to shield for all projections.
3. Failure to use the anatomically correct lead marker
4. Failure to check patient armband/confirm DOB/and Obtain doctor’s orders before starting exam according to clinical location
5. Exceeds acceptable time to complete the imaging exam.
6. More than one repeatable error. ONLY ONE REPEAT is permitted.
7. Student is unable to identify and correct the one repeated projection.
8. Intervention during the exam.

**Competency Status** will be removed if any of the following occurs during the clinical test:

1. Intervention by clinical faculty/CI.
2. More than one image requires a repeat.
3. If the student cannot identify how to fix the one repeated image.
4. Cannot select appropriate exposure factors and Image Receptor location.
5. Failure to accurately position the patient for the entire imaging exam.
CONTINUAL LABORATORY COMPETENCY ASSURANCE:
The student will simulate selected exams during clinical downtime with the Clinical Coordinator and Department Head. Students will be evaluated on room set-up, equipment operation, selection of exposure techniques, and positioning of the projections for the selected exam. Students are expected to utilize clinical downtime for practice of positioning and equipment operation unique to each room. The CLCA test rubric is located at the end of the course syllabus. Students are encouraged to become familiar with the grading criteria and prepare according to the evaluation requirements outlined within the course syllabus.

PHANTOM TEST
A skills test will be performed on a phantom at Wor-Wic Community College in the energized lab. The student will complete four projections on the Wor-Wic phantom in fifteen minutes to demonstrate positioning and exposure knowledge acquired throughout the semester. Students will position "Pat", set exposure factors, take the exposure and process the images. The Phantom test is tentatively scheduled for December 5, 2013.

Room Check-off Sheets
The student is expected to complete Room Check-off evaluations throughout the entire semester. All Room Check-off sheets that are not completed this semester will be required in the next clinical course. Students are encouraged to complete more than the required amount. Details will be discussed at the Orientation.

STUDENTS ARE REQUIRED TO PASS A MINIMUM OF 8 ROOM CHECK OFFS

<table>
<thead>
<tr>
<th>Room check offs</th>
<th>PASSED (8 Total)</th>
<th>Percentage Earned (10% of course grade)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 passed Room check offs</td>
<td></td>
<td>10% (10 points)</td>
</tr>
<tr>
<td>7 passed Room check offs</td>
<td></td>
<td>5% (5 points)</td>
</tr>
<tr>
<td>Less than 7 Room check offs</td>
<td></td>
<td>0% (0 points)</td>
</tr>
</tbody>
</table>

ORAL IMAGE ANALYSIS
Film Critique will be completed as an oral test at the conclusion of the clinical semester. Students are encouraged to review content covered in RDT 101, 102 and 105 to prepare for the film critique/image analysis. This test will be evaluated by the department head and the clinical coordinator. The test is a timed test. The student will be given 3 images to evaluate and be given fifteen minutes to answer all questions. All questions not answered in this time will be considered incorrect. It is the student’s responsibility to seek clarification if needed on the testing requirements for film critique/image analysis.
Details will be discussed in class. It is tentatively scheduled for November 20, 2013.
Radiologic Technology Program

Clinical Assignments
Quizzes, Professional Development
ELECTRONIC/INFORMATION LITERACY WRITING ASSIGNMENT
(GEO 1, 2, 3, 7, 8) (CO 3, 4, 6, 7, 8, 9, 10, 11)
In the clinic setting we are exposed to patients from many different cultures. The diverse cultural background can bring unique challenges in order to care for the patient. The student will select a culture to do a paper on Cultural Diversity. The paper should include: How the culture deals with surgery/procedures and death; customs and practices that affect healthcare; religious beliefs that affect decisions on healthcare; taboos and superstitions and medicine/treatment specific to the culture, and who makes the decisions. The paper should include the reason for choosing the topic and 2 lessons learned. Please be specific to include content set forth in the rubric in order to receive full credit.

Examples would include, but not limited to: Muslim, Hispanic, African, Amish and Jehovah's Witness.

Research will be completed using the WWCC database and a minimum of one ELECTRONIC resources are required documented in APA format. See http://www.worwic.edu/Media/Documents/LibraryResources/APA%20Style.pdf for assistance on the correct way to site in APA format. WIKIPEDIA IS NOT AN ACCEPTABLE RESOURCE. The writing assignment should be a minimum of 500 words. A title page and works cited page should also be included but these items are NOT part of the content requirement for this assignment. Specific questions regarding appropriate cultural diversity topics should be directed to the course instructor.

Wor-Wic Community College provides writing conferences. An appointment can be made by clicking on Learning Resources under Quick Links and scrolling down to Writing Conferences.

The Cultural Diversity Writing Assignment is to be submitted through Blackboard, November 17, 2013. This writing assignment is worth a total of 24 points and is 5% of the course grade. A grading rubric is attached. PLEASE REFER TO THE RUBRIC IN ORDER TO RECEIVE FULL CREDIT. NO LATE PAPERS WILL BE ACCEPTED. FAILURE TO SUBMIT THE CULTURAL DIVERSITY WRITING ASSIGNMENT BY 11:00pm EST WILL RESULT IN A GRADE OF 0.

REPEAT ANALYSIS:
(GEO 1, 2, 6, 7, 8)
The student is expected to submit a repeat analysis to summarize the clinical experience in terms of repeated procedures, common errors, and lessons learned. This assignment should be typed and provide a graph depicting the student's repeat trends. This assignment is due on the last clinical day of the semester. The Repeat Analysis is Due December 8, 2013 by 11:00pm through blackboard. NO LATE ASSIGNMENTS will be accepted. Failure to submit the repeat analysis will result in a 0 for the assignment and 5% off of the RDT 203 Clinical Practicum III course final grade.
SELEF EVALUATION:
Clinic Instructors will periodically evaluate the students in the beginning of the semester using the Professional Development form. A copy of this evaluation will be given to the student and one to the Clinical Coordinator. **Mid-semester the student will do a self-evaluation based on the Professional Development Rubric and the feedback from the clinic instructors/faculty. Each student will be notified of combs and room check offs that should be completed at this time based on their rotation.** Failure to obtain this goal must be reflected in the evaluation along with a detailed action plan to complete goals.

PROFESSIONAL DEVELOPMENT:
At the conclusion of the semester, the clinical instructors, clinical faculty, clinical coordinator, and department head will evaluate the each student’s performance in the clinical environments. Criteria for evaluation are included in the professional development grading rubric located within the RDT 103 Clinical Practicum I course syllabus. Students should demonstrate a progression of knowledge and appropriate clinical practical skills according to their level in the Radiologic Technology program.

COURSE EVALUATIONS
Professional Development Evaluation 5%
Assignments 5%
- Paper
- Repeat Analysis
  Self Evaluation/Action Plan
Oral Image Analysis 10%
Clinic Phantom Test 10%
Continual Laboratory Competency Assurance 10%
Room Check Offs 10%
Competency 25%
Clinical Testing Evaluation 25%

GRADING SCALE:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100</td>
</tr>
<tr>
<td>B</td>
<td>84-92</td>
</tr>
<tr>
<td>C</td>
<td>75-83</td>
</tr>
<tr>
<td>D</td>
<td>66-74</td>
</tr>
<tr>
<td>F</td>
<td>0-65</td>
</tr>
<tr>
<td></td>
<td>Excellent</td>
</tr>
<tr>
<td></td>
<td>Good</td>
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<tr>
<td></td>
<td>Average</td>
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<tr>
<td></td>
<td>Poor</td>
</tr>
<tr>
<td></td>
<td>Failing</td>
</tr>
</tbody>
</table>

A FINAL GRADE BELOW A 75.0% RESULTS IN COURSE FAILURE AND DISMISSAL FROM THE RADIOLOGIC TECHNOLOGY PROGRAM. GRADES ARE NOT ROUNDED. A FINAL GRADE OF 74.9% WILL RESULT IN COURSE FAILURE AND DISMISSAL FROM THE RADIOLOGIC TECHNOLOGY PROGRAM.
<table>
<thead>
<tr>
<th>Criteria (24 Total Points)</th>
<th>0 Non-performance</th>
<th>2 Basic</th>
<th>3 Proficient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spelling/Grammar</strong></td>
<td>More than three spelling and/or grammatical errors are present throughout the paper.</td>
<td>No more than three spelling and/or grammatical errors are present.</td>
<td>Paper is free of spelling and grammatical errors that distract from the content. Language is concise and easily understood by the reader.</td>
</tr>
<tr>
<td><strong>Length</strong></td>
<td>Writing Assignment is less than 500 words of content.</td>
<td>Writing Assignment is a minimum of 500 words of content. Title page and Works Cited page are not included.</td>
<td></td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td>Content includes less than 5 of the required areas to be covered.</td>
<td>Content includes 5 of the required areas to be covered.</td>
<td>Content includes the following: How the culture deals with surgeries, and death Customs and practices that affect healthcare, Religious beliefs that affect healthcare, taboos and superstitions, who makes the decisions, medicine and treatment specific to that culture.</td>
</tr>
<tr>
<td><strong>Reason for Choosing topic</strong></td>
<td>Does not explain reason for choosing topic</td>
<td>Explains reasons for choosing topic.</td>
<td>Explains lessons learned.</td>
</tr>
<tr>
<td><strong>Explains lessons learned.</strong></td>
<td>Does not explain lessons learned</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Works cited in APA Format</strong></td>
<td>Does not provide references in APA format and/or the required minimum number of resources.</td>
<td></td>
<td>A minimum of one educational electronic resources are provided in APA format.</td>
</tr>
<tr>
<td><strong>APA Citations</strong></td>
<td>Paper does not include a minimum of three APA citations within the text of the paper.</td>
<td></td>
<td>Paper includes a minimum of three APA citations within the text of the paper.</td>
</tr>
<tr>
<td><strong>Paper Components</strong></td>
<td>Paper does not include a title page, three to five pages of content, and works cited page</td>
<td>Paper includes some but not all of the required components.</td>
<td>Paper includes a title page, three to five pages of content, and a works cited page.</td>
</tr>
</tbody>
</table>

Score______________________
RADIOLOGIC TECHNOLOGY PROGRAM
RDT 103: CLINICAL PRACTICUM I
CONTINUAL LABORATORY COMPETENCY ASSURANCE FORM

STUDENT _______________________________ DATE __________

EVALUATOR ______________________________

A GRADE OF ZERO IS EARNED IF ANY OF THE FOLLOWING OCCURS:
1. Failure to ask pregnancy YES NO
2. Failure to shield patient when applicable YES NO
4. Failure to obtain patient history YES NO
5. Failure to check armband/DOB/Failure to identify self to patient YES NO
6. Incorrect/absence of anatomical marker YES NO
7. Incorrect projection performed YES NO
8. Incorrect side of the body YES NO
9. Collimation larger than the IR and/or Inaccurate collimation to IR YES NO
10. ANY ERROR resulting in obviously REPEATABLE image, (Tube/IR not aligned, pertinent anatomy omitted, failure to have patient change into a gown and/or remove artifacts from collimated field) YES NO
11. TWO HITS OF THE COLLIMATOR LIGHT LIMIT. Failure to complete the projection with two hits of the collimator light will result YES NO in a grade of 0 for that projection.

EXCEEDS 10 MINUTES = 0 on PROJECTION YES = 5 Points NO = 0 Points

<table>
<thead>
<tr>
<th>TIME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CR and IR Completely Aligned</td>
<td></td>
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<tr>
<td>2. CR Placement Acceptable for Part</td>
<td></td>
</tr>
<tr>
<td>3. Accurate CR Angle</td>
<td></td>
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<tr>
<td>4. Accurate SID for Projection</td>
<td></td>
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<tr>
<td>5. Accurate body alignment for position</td>
<td></td>
</tr>
<tr>
<td>6. Correct Anatomical Marker Placement</td>
<td></td>
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<tr>
<td>7. Accurate Breathing Instructions</td>
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</tbody>
</table>

EQUIPMENT OPERATION
1. Collimated to anatomical structure
   Collimated to orientation of IR size
2. Correct IR Size and Orientation
3. Table/Bucky Manipulation, appropriate use of sponges, lead blockers, etc.
4. Selects Appropriate technique
5. Selects Appropriate IR location

Comments: 
<table>
<thead>
<tr>
<th>Assessment</th>
<th>Clinical Objective</th>
<th>Meets</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Protection</td>
<td>Demonstrates good collimation use, use of proper shielding, and proper self-protection procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Image Evaluation</td>
<td>Uses correct anatomical marker and demonstrates solid grasp of marker placement; able to orient images and uses post processing annotation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Patient Assessment</td>
<td>Identifies patient using armband and DOB, obtains Drs orders, obtains history, assesses patient for ability to stand &amp; communicates positioning instructions well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment Operation</td>
<td>Demonstrates knowledge of equipment operation, manual technique selection, and operates all table and chair locks as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Precautions</td>
<td>Utilizes standard precautions by wearing gloves, cleaning equipment after each patient, and following isolation precautions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of knowledge</td>
<td>Demonstrates appropriate knowledge of positioning and exposure knowledge. Shows ability to think “outside the box” to solve difficulties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workflow</td>
<td>Works under direct and indirect supervision. Works at appropriate speed for time in program. Shows ability to perform multiple exams efficiently. Demonstrates independence for performing comped procedures.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective Evaluation</td>
<td>Interacts positively with technologists and CIs and demonstrates ability to accept correction and follow suggestions given.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism/Ethical Behavior</td>
<td>Demonstrates the ability to handle oneself in a professional manner with all patient and staff interactions. Demonstrates ethical behavior with all patient and staff interaction and uses facility medical record information properly. Exercises good judgment for completing competencies which is evident in passing the competency on the first attempt.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td>Stocks assigned x-ray rooms, makes good use of downtime by practicing positioning or equipment use. Looks to help in other areas when available. Assertive to complete or assist with all exams.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QA Computer Systems</td>
<td>Demonstrates knowledge of image orientation, “s” number evaluation, as well as processing and PACS &amp; STAR system use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dress/Preparation</td>
<td>Adheres to dress code policy/technical preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paperwork</td>
<td>Completes all paperwork completely and timely</td>
<td></td>
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<tr>
<td>Attendance</td>
<td>Demonstrates good work habits by being on time and not missing time from clinic.</td>
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</tr>
</tbody>
</table>

0 "Needs Improvement" = 100%
1-2 "Needs Improvement" = 90%
3-4 "Needs Improvement" = 80%
5 "Needs Improvement" = 70%
6 or more "Needs Improvement" = 60%

Grade:
Comments/Suggestions for Improvement:

________________________________________________________________________
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Student Signature: _____________________________________________
Clinical Instructor: _____________________________________________
Clinical Instructor: _____________________________________________
Clinical Instructor: _____________________________________________
Clinical Coordinator: ____________________________________________
Department Head: ______________________________________________