SYLLABUS

RDT 155 Radiographic Positioning and Clinical Practicum I
(4 Credits)

RDT 155 D01/D02
Fall 2016
Instructor: Cindy Ross B.A., R.T. (R) (ARRT)
Assistant Professor of Radiologic Technology

Class Times:
Clinic: M & T – TBA
Lec: Th, 9 a.m. – 11 a.m.
Lab: W, 2:30 p.m. – 5:30 p.m.
Th, 2:30 p.m. – 5:30 p.m.

Office: AHB 307G
Phone: 410-572-8743
Email: cross@worwic.edu
Associate: 410-572-8740
Access to course instructor through Blackboard

Office Hours:
M, 4:00 p.m. – 5:00 p.m.
W, 9:00 a.m. – 12:00 p.m.
Th, 1:00 p.m. – 2:00 p.m.
Additional hours by appointment

Clinical Faculty:
Megan Wheatley, A.A.S., R.T. (R)(ARRT)
Jenn Gillespie, A.A.S., R.T. (R)(ARRT)
Terry King, A.A.S., R.T. (R)(ARRT)
Liz Johns, A.A.S., R.T. (R)(ARRT)
Mari Strauss, A.A.S., R.T. (R)(ARRT)
Christina Fernandez, A.A.S., R.T.(R)(MR)(ARRT)
Lauren Greenhalgh, A.A.S.,R.T.(R)(MR)(ARRT)
Brooke Williams, A.A.S., R.T. (R)(ARRT)
Brandon Gosseline, A.A.S., R.T. (R)(ARRT)

Text

Online
Mosby’s Radiography Online for textbook of Radiographic Positioning and related anatomy 8th Ed.

Course Description
This course is a continuation of RDT 105. It focuses on the proximal upper extremity, lower extremity, and pelvic girdle radiographic exams. The clinical practicum component of the course provides students 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: 26 lecture, 39 laboratory, and 208 clinical. Prerequisites: RDT 101 and RDT 105 with grades of “C” or better or permission of the department head. Course fee: $80. Insurance fee: $18. Usually offered in the fall.
## Course Objectives

### Didactic and Laboratory Objectives:

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<th>Course Objectives</th>
<th>Assessment Goals</th>
<th>Assessment Strategies</th>
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| 1. Describe the positioning factors and anatomical structures visualized as they relate to the performance of the humerus, shoulder, scapula, clavicle, and acromioclavicular joint examinations. (GEO 1, 2, 4, 5,) | 1. Standard projections performed.  
2. Accessory equipment employed.  
3. Patient positioning procedure followed.  
4. Position of the body part in relationship to the IR and/or x-ray table.  
5. Direction and placement of the CR.  
6. Source image distance for each projection.  
7. Size, position, and placement of IR.  
8. Anatomical structures visualized on the finished radiograph.  
9. Communication skills associated with the procedure. | Laboratory Tests  
Chapter Tests  
Workbook Assignments  
Image Evaluation  
Lecture Final  
Image Final  
Lab Final |
| 2. Describe the positioning factors and anatomical structures visualized as they relate to the performance of the toes, foot, and ankle examinations. (GEO 1, 2, 4, 5,) | 1. Standard projections performed.  
2. Accessory equipment employed.  
3. Patient positioning procedure followed.  
4. Position of the body part in relationship to the IR and/or x-ray table.  
5. Direction and placement of the CR.  
6. Source image distance for each projection.  
7. Size, position, and placement of IR.  
8. Anatomical structures visualized on the finished radiograph.  
9. Communication skills associated with the procedure. | Laboratory Tests  
Chapter Tests  
Workbook Assignments  
Image Evaluation  
Lecture Final  
Image Final  
Lab Final |
| 3. Describe the positioning factors and anatomical structures visualized as they relate to the performance of the tibia/fibula, knee, and patella examinations. (GEO 1, 2, 4, 5,) | 1. Standard projections performed.  
2. Accessory equipment employed.  
3. Patient positioning procedure followed.  
4. Position of the body part in relationship to the IR and/or x-ray table.  
5. Direction and placement of the CR.  
6. Source image distance for each projection.  
7. Size, position, and placement of IR.  
8. Anatomical structures visualized on the finished radiograph.  
9. Communication skills associated with the procedure. | Laboratory Tests  
Chapter Tests  
Workbook Assignments  
Image Evaluation  
Lecture Final  
Image Final  
Lab Final |
| 4. Describe the positioning factors and anatomical structures visualized as they relate to the performance of the femur, hip, and pelvis examinations. (GEO 1, 2, 4, 5,) | 1. Standard projections performed.  
2. Accessory equipment employed.  
3. Patient positioning procedure followed.  
4. Position of the body part in relationship to the IR and/or x-ray table.  
5. Direction and placement of the CR.  
6. Source image distance for each projection.  
7. Size, position, and placement of IR.  
8. Anatomical structures visualized on the finished radiograph.  
9. Communication skills associated with the procedure. | Laboratory Tests  
Chapter Tests  
Workbook Assignments  
Image Evaluation  
Lecture Final  
Image Final  
Lab Final |
| 5. Describe the positioning factors and anatomical structures visualized as they relate to the performance of chest and abdomen examinations. (GEO 1, 2, 4, 5,) | 1. Standard projections performed.  
2. Accessory equipment employed.  
3. Patient positioning procedure followed.  
4. Position of the body part in relationship to the IR and/or x-ray table.  
5. Direction and placement of the CR.  
6. Source image distance for each projection.  
7. Size, position, and placement of IR.  
8. Anatomical structures visualized on the finished radiograph.  
9. Communication skills associated with the procedure. | Laboratory Tests  
Chapter Tests  
Workbook Assignments  
Image Evaluation  
Lecture Final  
Image Final  
Lab Final |
Describe the positioning factors and anatomical structures visualized as they relate to the performance of upper extremity examinations.

1.  Standard projections performed.
2.  Accessory equipment employed.
3.  Patient positioning procedure followed.
4.  Position of the body part in relationship to the IR and/or x-ray table.
5.  Direction and placement of the CR.
6.  Source image distance for each projection.
7.  Size, position, and placement of IR.
8.  Anatomical structures visualized on the finished radiograph.
9.  Communication skills associated with the procedure.

Clinical Practicum Objectives:

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<th>Assessment Goals</th>
<th>Assessment Strategies</th>
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| 1. Complete ARRT elective and required competencies according to programmatic requirements. (GEO 2, 4, 5, 6, 8, 9) | 1. Complete ten passed competencies on patients in the clinical setting. 
2. Demonstrate proficient knowledge on exams where competency has been achieved | Competencies
Clinical Tests
Continual Competency Assurance
Professional Development |
| 2. Describe equipment operation in each radiographic room and demonstrate competency through the completion of room check offs. (GEO 2, 4, 5, 6, 8, 9) | 1. Demonstrate knowledge of table operation in each room. 
2. Demonstrate knowledge of x-ray tube operation in each room. 
3. Demonstrate knowledge of IR use, orientation, and function in each room. 
4. Demonstrate knowledge of radiographic accessories contained within each room. | Competencies
Clinical Tests
Continual Competency Assurance
Learning Activities
Self-evaluation
Professional Development
Quizzes
Room Check Offs |
| 3. Apply radiation protection principles in the performance of imaging procedures. (GEO 2, 4, 5, 6, 8, 9) | 1. Exercise the ALARA concept in the performance of mobile, trauma, operative, fluoroscopy, and routine radiographic procedures. 
2. Utilize collimation for the purpose of reducing patient dose and improving image quality. 
3. Utilize the appropriate SID to ensure image quality and to reduce patient entrance skin dose. | Competencies
Clinical Tests
Continual Competency Assurance
Learning Activities
Oral Image Analysis
Professional Development |
| 4. Demonstrate critical thinking and sound judgment in the performance of radiographic examinations. (GEO 2, 4, 5, 6, 8, 9) | 1. Student exercises good judgment which is evident by the completion of passed competencies on the first attempt. 
2. Student applies positioning knowledge by adapting the imaging exam according to patient condition. 
3. Student modifies positioning according to patient body habitus. 
4. Student exercises critical thinking with the ability to analyze complex situations and independently thinking “outside of the box” during the completion of terminal competencies, clinical tests, and routine imaging examinations. | Competencies
Clinical Tests
Continual Competency Assurance
Learning Activities
Professional Development |
5. **Exercise professionalism by practicing the standard of care as defined according to the ASRT and ARRT organizations.**

   (GEO 2, 4, 5, 6, 8,9)

   1. Student exercises the ARRT code of ethics in practice within the clinical setting.
   2. Student exercises the patient’s bill of rights in practice within the clinical setting.
   3. Student accepts the supervision of clinical instructors, staff technologists, and program faculty which is evident in student conduct through body language and speech.
   4. Student is respectful of the patient at all times, placing the patient’s needs first, by maintaining a positive attitude in the clinical environment.

6. **Evaluate learning in the clinical environment.**

   (GEO 2, 4, 5, 6, 8,9)

   1. Identify learning lessons experiences during mobile, trauma, fluoroscopy, operative, and ER clinical rotations.
   2. Identify personal strengths and weaknesses in the selection of appropriate exposure techniques for imaging exams.
   3. Identify personal strengths and weaknesses in equipment operation during clinical rotations.
   4. Identify personal strengths and weaknesses in positioning skills by engaging in image analysis.

7. **Apply age-specific competencies in the clinical environment.**

   (GEO 2, 4, 5, 6, 8,9)

   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.

8. **Assess and evaluate psychological and physical changes in the patient’s condition and carry out appropriate actions.**

   (GEO 2, 4, 5, 6, 8,9)

   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.

9. **Apply infection control and standard precautions during patient interaction in radiographic procedures.**

   (GEO 2, 4, 5, 6, 8,9)

   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.

10. **Demonstrate knowledge computed and digital radiographic equipment operation during mobile, trauma, operative, and routine imaging procedures.**

    (GEO 2, 4, 5, 6, 8,9)

    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.
11. Evaluate radiographic images for pertinent anatomical structures, pathological conditions demonstrated, appropriate exposure factors selected, and presence of artifacts. (GEO 2, 4, 5, 6, 8, 9)

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.

Competencies
Clinical Tests
Continual Competency Assurance
Self-evaluation
Oral Image Analysis

12. Assess, analyze, and identify the patient’s cultural diversity practices as each applies to patient care. (GEO 2, 4, 5, 6, 8, 9)

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.

Competencies
Netlearning modules/quizzes

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 2, 4, 5, 6, 8, 9)

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.

Competencies
Netlearning modules/quizzes

Course Content

1. Identify anatomical structures radiographically, demonstrate positioning competency, demonstrate equipment manipulation competency for chest projections.
2. Identify anatomical structures radiographically, demonstrate positioning competency, demonstrate equipment manipulation competency for upper extremity projections.
3. Identify anatomical structures radiographically, demonstrate positioning competency, demonstrate equipment manipulation competency for abdomen projections.
4. Explain PMS and its importance to the administration of ionizing radiation and identification of radiographs.
5. Describe ALARA and principles of radiation protection.
6. Comprehend positioning terminology.
7. Identify the components of the x-ray equipment and describe the function of each component.
8. Communicate positioning instructions pertinent to each imaging projection.
9. Identify the room and patient preparation for each imaging projection.
10. Describe variances to routine imaging procedures according to patient condition and age.
10. Identify anatomical structures radiographically, demonstrate positioning competency, demonstrate equipment manipulation competency for shoulder girdle projections.
11. Identify anatomical structures radiographically, demonstrate positioning competency, demonstrate equipment manipulation competency for pelvic girdle projections.
12. Identify anatomical structures radiographically, demonstrate positioning competency, demonstrate equipment manipulation competency for lower extremity projections.
13. Evaluate images according to projection, CR placement, anatomical structures best demonstrated, and methods of improvement for a repeated projection.
14. Exercise the priorities required in daily clinical practice.
15. Execute imaging procedures under the appropriate level of supervision.
16. Adhere to concepts of team practice that focus on organizational theories, roles of team members and conflict resolution.
17. Adapt to changes and varying clinical situations.
18. Support patient-centered clinically effective service for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
19. 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.
20. Choose patient and family education strategies appropriate to the comprehension level of patient/family.
21. Manage interactions with the patient and family in a manner that provides the desired psychosocial support.
22. Evaluate the patient’s status and condition before, during and following the radiologic procedure to demonstrate competence in assessment skills.
23. Demonstrate skills in assessment and evaluation of psychological and physical changes in the patient’s condition and carry out appropriate actions.
24. Examine gender, cultural, age and socioeconomic factors that influence patient compliance with procedures, diagnosis, treatment and follow-up of patients.
25. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
27. Assess patient using the CAB of CPR and demonstrate basic life support procedures.
28. Respond appropriately to patient emergencies.
29. Interpret patient side effects and/or complications of radiologic procedures, contrast administration and take appropriate actions.
31. Apply standard and transmission-based precautions.
32. Apply the appropriate medical asepsis and sterile technique.
33. Prepare the technologies and methodologies for the performance of radiologic procedures.
34. Demonstrate competency in the principles of radiation protection standards to include time, distance, shielding and radiation monitoring.
35. Apply the principles of total quality management.
36. Report equipment malfunctions to assist with appropriate corrective actions.
37. Examine procedure orders for accuracy and follow-up to make corrective changes when applicable.
38. Support safe, ethical and legal practices.
39. Integrate the radiographer’s scope of practice and practice standards into clinical practice setting.
40. Act consistently to maintain patient confidentiality standards.
41. Carry out principles of transferring, positioning, immobilizing and restraining of patient.
42. Comply with departmental and institution procedures for response to emergencies, disasters and accidents.
43. Break down the chain of command in emergencies, disasters and accidents.
44. Differentiate between emergency and non-emergency procedures.
45. 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.
46. Ensure that performance reflects professional competence in the selection of technical factors to produce quality diagnostic images with lowest radiation exposure possible.
47. Critique images for appropriate clinical information, image quality and patient documentation.
48. Performance reflects professional competence in determining corrective measures to improve inadequate images.
49. Discuss the elements of a diagnostic image.
50. Identify the steps in the decision-making process used in image analysis.
51. Describe an effective image analysis method.
52. Describe the role of the radiographer in image analysis.
53. Apply the process for evaluating radiographs for adequate density, contrast, recorded detail and acceptable limits of distortion.
54. Explain how the radiographer determines that the adequate level of penetration has been applied to produce the desired level of contrast.
55. List the parameters for evaluating visibility of detail on the image.
56. Discuss the method for evaluating image distortion.
57. Summarize the importance of proper positioning.
58. Discuss the impact of patient preparation on the resulting radiographic image.
59. Analyze images to determine the appropriate use of beam restriction.
60. Identify common equipment malfunctions that affect image quality.
61. Determine the corrective actions necessary to correct for common equipment malfunctions.
62. 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.

The RDT course content reflects the American Society of Radiologic Technologists (ASRT) Radiography curriculum, the American Registry of Radiologic Technologists (ARRT) Licensure examination requirements, and the master plan of education enforced by the Joint Review Committee on Education in Radiologic Sciences (JRCERT).
Academic Honesty Policy

Students found exhibiting any of the following types of behavior during or in the preparation/performance of any quiz, project, report, test, or final exam will receive a zero "0" for the assignment, and the student conduct violation will be referred to the Student-Faculty Disciplinary Committee. Cheating will not be tolerated in the Radiologic Technology program. Students found cheating will be DISMISSED from the Radiologic Technology program.

A. Cheating is defined as the act of obtaining information or data improperly or by dishonest or deceitful means; and
B. Plagiarism is defined as the copying or imitating the language, ideas, or thoughts of another author and presenting them as one's original work, the copying of a theme or section from a book or magazine without giving credit in a footnote or copying from the manuscript of another student.

Sharing information present on a quiz or test are examples of academic dishonesty and will result in a grade of “F” for the course and immediate dismissal from the Radiologic Technology program.

Attendance

Students are expected to attend all class sessions. If a student misses a class session, it is the student’s responsibility to acquire the information reviewed and ask questions to the course instructor during tutoring. Students absent from class will not be permitted to make-up missed quizzes or graded assessments administered during the scheduled class session.

Class Guidelines/Expectations

1. Be punctual and arrive to class before the scheduled meeting prepared to learn.
2. Attend all class sessions in their entirety.
3. Submit only completed work. Partially completed assignments will earn a grade of 0. No late assignments will be accepted.
4. Read assigned chapters in the textbook(s) before class meetings.
5. Ask questions to the instructor and attend scheduled tutoring sessions for clarification on course content areas.

The semester is broken down into weeks. Each week begins on Monday and ends on Sunday. All course assignments submitted through Blackboard are due at 11:00 pm on Sunday nights. Students are required to thoroughly complete all assignments/activities. No incomplete or half-attempted work will be accepted. Refer to the course assignment section of the syllabus for due dates, times, and required criteria for each assignment.

EMERGENCY INFORMATION STATEMENT:

In the event of severe inclement weather or other emergency, information about the closing of the college will be communicated via e2Campus and the College's website. Faculty will communicate with students about their courses and course requirements, such as assignments, quiz and exam dates, and class and grading policies, via Blackboard. Students will be responsible for completing all assignments in accordance with class policies.

RDT students are responsible for all assignments and due dates outlined in the course syllabus regardless if the college has been closed due to an emergency.
**Blackboard**

Blackboard is used as a supplementary site for all RDT courses. To access course content in Blackboard you need to have access to a computer with an Internet connection, (other requirements may apply). Computers that meet these requirements are available on campus in BH 217, HH 100, GH 204, FOH 305, and AHB 108.

Please follow these directions to access course syllabi and any other materials posted for this course:

**Login Information:**
1. From Wor-Wic home page, point to “Blackboard” at the bottom left of the page and click.
2. Enter your Wor-Wic user ID and password. Don't know your user ID or password? Contact Student Services

**Blackboard Components**

The following are tools the course instructor will be using in Blackboard:

- **Syllabus**
  The posted course syllabus documents the didactic schedule, assignments, due dates, and information pertinent to the course.

- **Messages**
  - Email from the course instructor will be located under the messages section of Blackboard.
  - Students may email the instructor and other students in the class through messages.
  - Email is the primary method of communication between students and the course instructor outside of the classroom.
  - Students should visit the messages section daily in the course for new information sent by the instructor.

- **Course Content**
  The following items will be located within the course content of Blackboard:
  1. PowerPoint Presentations,
  2. Study Guides and Reviews, and
  3. Content folders labeled by subject to organize course material.

- **Grades**
  Students can view grades in Blackboard. All graded assessments will be recorded into Blackboard.

**BLACKBOARD INTEGRITY**

All students logging into Blackboard affirm that they understand and agree to follow Wor-Wic Community College policies regarding academic integrity and the use of College resources as described in the college catalog. Wor-Wic Community College considers the following as violations of the computer usage policy:

1. Using the campus computing network and facilities to violate the privacy of other individuals.
2. Sharing of account passwords with friends, family members or any unauthorized individuals

**VIOLATORS ARE SUBJECT TO COLLEGE DISCIPLINARY PROCEDURES.**
SERVICES FOR STUDENTS WITH DISABILITIES
Wor-Wic provides reasonable accommodations for students with disabilities, in compliance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. If you are in need of accommodations, please contact the counseling office at (410) 334-2899. For more information, see Wor-Wic's Services for Students with Disabilities web page.

Grading Policy
For successful completion of the course, the student’s final grade is calculated by determining the average (mean) of the final lecture section grade, the final laboratory section grade, and the clinical section grade.

The student must earn a grade average of 75% in the lecture, laboratory, and clinical sections of the course. If a student has earned a grade of less than 75% in the lecture, or less than 75% in the lab, or less than 75% in clinical, the student will receive a grade of "F" for the course.

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.

Lecture Course Evaluations
- Lecture & Film Final: 35%
- Lecture Tests: 35%
- Quizzes: 15%
- Assignments: 15%

Laboratory Course Evaluations
- Laboratory Final: 35%
- Laboratory Tests: 35%
- Lab Assignments: 15%
- Lab Simulations: 15%

Clinical Component Evaluations
- Clinical Tests/Pre-Comp Checks: 25%
- Competencies: 25%
- Professional Development Evaluation: 15%
- Oral Image Analysis: 10%
- Assignments/Quizzes: 10%
- Mid-term Affective Behavior Evaluation: 5%
- Learning Activities: 5%
- Room Check Offs: 5%

Grading Scale:
- A: 93-100, Excellent
- B: 84-92, Good
- C: 75-83, Average
- D: 66-74, Poor
- F: 0-65, Failing
WWCC Radiologic Technology Program

Radiographic Positioning Procedures
LECTURE

Lecture Assignments/Classwork (15% of the Lecture grade)
(GEO 1, 4, 5) (CO 1-6)

Positioning Workbook - Students will complete chapters in the Positioning workbook throughout the semester. Students are to show the completed workbook assignment to the course instructor prior to the exam on the due dates. Failure to show the instructor the completed workbook prior to the exam will result in a grade of 0 for the assigned work.

Online Quizzes – Students are required to complete online quizzes that correspond to the class lecture. The quizzes must be completed prior to the lecture with a score of 75% or higher in order to receive 100% for the assignment. Scores less than 75% will correlate to the assignment grade.

Classwork - Students will complete classwork which will complement course content.

NO LATE WORKBOOK ASSIGNMENTS WILL BE ACCEPTED. Assignment schedule will be posted on Blackboard.

Electronic Information Literacy Writing Assignment (lecture assignment)
(GEO 1, 4, 5)(CO 1)
The student will select a chest/abdomen pathology from the following list:

1. Pneumothorax
2. Pneumoperitoneum
3. Pleural Effusion

The following are the requirements for the Electronic Information Literacy Writing Assignment:
1. The student will attend the writing conference workshop.
2. The student will use the template provided on Blackboard under the Assignments folder.
3. A minimum of 3 electronic resources are required for their paper.
4. The student will provide a summary of the clinical symptoms of the selected topic.
5. The student will describe the radiologic appearance of the selected pathology and the effect on technique.
6. The student will provide two reasons/circumstances the pathology occurs.
7. The student will summarize treatment options and prognosis.
8. The student will give two lessons learned.
9. The paper will require in-text citations as well as resources to be listed in APA format.
10. The assignment should be a minimum of 500 words using a 12 point Times New Roman font with 1 inch margins and double-spaced

Please refer to the rubric posted on Blackboard for full credit.

If you wish to have additional help on a writing assignment, you may schedule a 30-minute conference with a writing instructor by going to your MyWorWic portal, selecting the Student Resources tab and then selecting Academic Support. Click on Writing Conferences to schedule a conference. Limited time slots are available, so an appointment is required. If you cannot keep your appointment, it is your responsibility to cancel it by going back to the Writing Conferences link. Please note that writing conferences are conducted in BH 227, the Reading/Writing Center.

The paper is due Sunday, October 16, 2016 by 11:00pm through Blackboard.
Lecture Quizzes (15% of the Lecture grade)  
(GEO 1, 4, 5) (CO 1-6)  
Students will complete quizzes on information presented in reading assignments, class lecture, and PowerPoints. Quizzes administered during class sessions will have a time limit for completion. Students arriving late, leaving early or missing class sessions will not be permitted to make up a missed quiz or be given additional time to complete a quiz. Quizzes are unannounced.  
NO MAKE-UP QUIZZES WILL BE ADMINISTERED.  
A GRADE OF 0 WILL BE EARNED FOR MISSING AN ADMINISTERED QUIZ.  

Chapter Tests (35% of the Lecture grade)  
(GEO 1, 4, 5) (CO 1-6)  
Students will complete chapter tests after covering didactic material in class. Chapter tests can include but not limited to all of the following: multiple-choice, true/false, fill in the blank, essay, and labeling of radiographic images. Chapter tests will cover information presented in RDT 105 and RDT 155.  
NO MAKE-UP TESTS WILL BE ADMINISTERED.  
Chapter test dates are included in the Tentative Lecture Schedule provide in the course syllabus.  

Comprehensive Lecture & Image Final Examination (35% of Lecture grade)  

Comprehensive Lecture – Final Examination  
(GEO 1, 4, 5) (CO 1-6)  
A comprehensive final examination will be administered which will include all information covered the entire semester in this course. The comprehensive lecture final will cover information presented in RDT 105 and RDT 155. NO MAKE-UP LECTURE FINAL WILL BE ADMINISTERED.  

Comprehensive Image Final Examination  
(GEO 1, 4, 5) (CO 1-6)  
A comprehensive image final examination will be administered which will include all information covered the entire semester in this course. The comprehensive image final will cover information presented in RDT 105 and RDT 155. NO MAKE-UP IMAGE FINAL WILL BE ADMINISTERED.  

Accurate Spelling of Anatomical Structures  
Spelling counts on quizzes, tests, and assignments. Students are expected to spell anatomical structures correctly. Anatomical structures spelled incorrectly will be marked as incorrect.
Laboratory Rules
Positioning practice is expected in order to be successful in this program. Our positioning lab, however, is an energized lab. Therefore, you may only access the lab under the direct supervision of Mrs. Ross and Mrs. Solembrino. This is an accredited program with strict guidelines on radiation safety.

Anyone who attempts to take an exposure without direct supervision (Mrs. Ross or Mrs. Solembrino standing next to you) will be immediately dismissed from the program and receive a final grade of "F" for the positioning course.

LAB
Lab Assignments/Classwork (15% of the Lab grade)  
(GEO 1, 2, 4, 5) (CO 1-6)

Positioning practice in addition to class time is a requirement for this course.  
Positioning Practice Chart - Students will receive a Positioning Practice Chart. It must be signed off by a C.I./faculty member for credit. The chart must be completed in order to receive credit. This chart represents the MINIMUM AMOUNT OF PRACTICE. Additional practice is recommended in order to be successful. Tutoring time will be announced in order for students to practice under supervision.

Radiographic Assignments – Radiographic labeling assignments will be distributed with each chapter and due dates will be communicated in class.
Classwork - Students will complete classwork which will complement course content.

Lab Simulations (15% of the Lab grade)  
(GEO 1, 2, 4, 5)(CO 1-6)
Students will be given a variety of projection combinations previously covered in the program. The purpose of this simulation is to promote a workflow for the order of projections for patient comfort. It will benefit the student in clinic as they are required to comp on exams in clinic.

The following Lab Simulations will be discussed in class:
October 5, 2016   Hand/wrist combination
November 9, 2016  Chest/abdomen combination
December 7, 2016  Foot/ankle combination


**Laboratory Positioning Tests (35% of the Lab grade)**  
(GEO 1, 2, 4, 5) (CO 1-4)

Students will complete laboratory positioning tests. Please refer to the laboratory evaluation and remediation sections of the course syllabus. Laboratory testing dates are included in the Tentative Laboratory Schedule in the course syllabus.  
**NO MAKE-UP LABORATORY POSITIONING TESTS WILL BE ADMINISTERED.**

**Laboratory Comprehensive Positioning Final (35% of the Lab grade)**  
(GEO 1, 2, 4, 5) (CO 1-6)

A comprehensive laboratory final exam will be administered at the conclusion of the fall semester. The final laboratory examination will contain projections demonstrated during the laboratory sessions. The laboratory comprehensive positioning final will cover content presented in RDT 105 and RDT 155.  
**NO MAKE-UP COMPREHENSIVE LABORATORY FINAL WILL BE ADMINISTERED.**

**Lab Evaluation**

All laboratory evaluations require a minimum score of 75% per projection to be considered passing. All projections with scores below 75% must be repeated with the course instructor.

Failed laboratory evaluations will require a **FIRST-ATTEMPT REMEDIAL** laboratory exam. If a student passes the remedial test the student will receive a maximum of a 50% on the failed exam. The “0” earned on the initial lab exam attempt will be changed to a 50% if the student passes the first remedial laboratory exam.

When a student fails the initial lab exam and the first attempt remedial laboratory exam, the student will complete a **SECOND-ATTEMPT REMEDIAL** examination with the course instructor. If the second-attempt remedial exam is passed the student may complete the exam in the clinical setting and maintain their status as an RDT student. However, the 0% earned on the initial laboratory exam will remain in the student’s grade.

If a student fails the initial laboratory exam, the first-attempt remedial exam, and the second-attempt remedial exam, the student will receive an F for the course.

A laboratory evaluation will automatically receive a grade of 0% in the event that any one or a combination of the following occurs:

1. Incorrect projection performed
2. Incorrect side of the body
3. Any error resulting in an obviously repeatable image (EX: tube/IR not aligned, pertinent anatomy omitted from the collimated field, failure to have patient change into gown, artifacts superimposing anatomy, jewelry not removed.
4. Any projection not completed within the TIME LIMIT.

**LABORATORY TESTS ARE SCHEDULED THROUGHOUT THE SEMESTER. NO MAKE-UP LABORATORY TESTS WILL BE ADMINISTERED.**

The rubric will be posted on Blackboard.
Tentative Lecture Schedule

RDT 155: Radiographic Positioning & Clinical Practicum I

September  
8  Review Positioning I
15  Shoulder Girdle
20  Shoulder Girdle
29  Shoulder Girdle

October  
6  Test One
13  Lower Extremity (toes through knee)
20  Lower Extremity (toes through knee)
27  Lower Extremity (toes through knee)

November  
3  Test Two
10  Femur, Hip and Pelvis
17  Femur, Hip and Pelvis
24  NO CLASS

December  
1  Test Three
8  Review for Lab and Lecture Finals
12  COMPREHENSIVE LECTURE FINAL
    COMPREHENSIVE IMAGE FINAL
    (including RDT 105 content)
## Tentative Laboratory Schedule

**RDT 155: Radiographic Positioning & Clinical Practicum I**

Lab is split between Wednesdays/Thursdays

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Laboratory Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>7/8</td>
<td>Shoulder</td>
</tr>
<tr>
<td></td>
<td>14/15</td>
<td>Shoulder</td>
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<tr>
<td></td>
<td>21/22</td>
<td><strong>Lab Test One</strong></td>
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<tr>
<td></td>
<td>28/29</td>
<td>Humerus, Scapula, Clavicle</td>
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<tr>
<td>October</td>
<td>5/6</td>
<td><strong>Lab Test Two</strong></td>
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<tr>
<td></td>
<td>12/13</td>
<td>Toes, Foot, Ankle, Calcaneus</td>
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<tr>
<td></td>
<td>19/20</td>
<td><strong>Lab Test Three</strong></td>
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<tr>
<td></td>
<td>26/27</td>
<td>Knee, Tib/fib</td>
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<tr>
<td>November</td>
<td>2/3</td>
<td><strong>Lab Test Four</strong></td>
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<tr>
<td></td>
<td>9/10</td>
<td>Femur, Hip, Pelvis</td>
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<tr>
<td></td>
<td>16/17</td>
<td>Femur, Hip, Pelvis</td>
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<tr>
<td></td>
<td>23/24</td>
<td>NO CLASS</td>
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<tr>
<td>November</td>
<td>30th/</td>
<td><strong>Lab Test Five</strong></td>
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<tr>
<td>December</td>
<td>1st</td>
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<td></td>
<td>7/8</td>
<td><strong>Oral Image Analysis</strong></td>
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<td>December</td>
<td>15</td>
<td><strong>COMPREHENSIVE LAB FINAL</strong></td>
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<tr>
<td></td>
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<td>(including RDT 105 content)</td>
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</tbody>
</table>
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 professional development 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 professional development grade for each tardy beginning with the second occurrence.

2. **Attendance**

Students must report their absence **one (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 Clinical Coordinator will be considered unexcused and result in a 3% deduction from the clinical section’s final professional development grade. Students must follow the call-out procedure when notifying the Clinical Instructor and Clinical Coordinator of an absence for the absence to be considered excused. In the event that neither of these individuals is available at the time of the call, a voice message is to be left on their voice mail.

- RDT Clinical Coordinator 410-572-8743
- PRMC CI 410-912-2906
- AGH CI 410-641-9640
- MCCREADY 410-968-1046
- PENINSULA IMAGING 410-749-1123 or Terri King 443-614-4762 cell

Sixteen (16) excused clinical hours are permitted each semester. **ONLY EXTREME circumstances will be evaluated for excused time in excess of 16 hours.** In the event of an extended medical illness or life-altering personal situation preventing the student from attending the clinical practicum, an incomplete may be issued and clinical time made-up according to WWCC institutional policies and the availability of clinical supervision at the clinical sites. Students will not make-up clinical time during observed federal holidays. Clinical time missed must be made-up in the clinical rotation area where the student was absent and/or at a clinical site that can provide a similar clinical experience for the student when applicable.

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.

**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 Professional Development 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 Daily 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.

The student is expected to behave in accordance with the Code of Ethics of the Radiographer published by the ARRT and ASRT as well as adhere 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. Refer to clinical point deductions.

**Dress Code - Uniform Guidelines**

1. Uniforms must be official professional style.
2. All uniforms must be white scrub top with white or teal scrub pants. 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).
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.

**Uniform And Personal Appearance Criteria**

1. 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.
2. Uniform is clean and pressed at all times.
3. WWCC photo ID with the student's name must be Visible.
4. WWCC student radiographer patch is SEWN on the left sleeve, centered, and 2-1/4" from the shoulder.
5. Hands are clean; fingernails are clean, do not extend past soft tissue of fingertip, and without any polish. NO ACRYLIC NAILS ARE PERMITTED.
6. NO jewelry other than one plain ring on one hand.
7. Clean white hosiery without runs and clean with professional shoes are worn.
8. Make-up when worn is applied moderately.
9. A lab coat is the only acceptable garment to be worn over the uniform in clinic.
10. Pockets are neat and contain pen and note pad.
11. Person is clean and odor-free; no perfume or colognes are to be used.
12. No gum chewing or candy is permitted in patient contact areas.
13. **NO BODY PIERCINGS ALLOWED.** This includes but is not limited to any anatomical 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 professional development grade according to the violation. The second violation of dress code will result in dismissal from the clinical environment and unexcused clinical time.**
Clinical Responsibilities
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. Standard precautions are to be followed for all patients.
7. Students may not perform venipuncture.
8. Students may not inject contrast media without the direct supervision of a staff technologist or radiologist.
9. The use of profanity or disrespectful actions is not permitted in the clinical area.
10. Patients are to be addressed in a respectful manner using an appropriate title followed by a last name.
11. All patients must be properly identified by checking the arm band and confirming DOB.
12. Linens are to be changed after each patient.
13. Radiographic equipment should be disinfected after each patient.
14. Hands are to be washed after contact with each patient and piece of equipment.
15. All patients, newborn to 60 years of age, are to be shielded.
16. All women from ages 12 to 60 will be questioned for pregnancy.
17. Students are expected to act in a professional manner adhering to the ethical standards documented by the ARRT.
18. Students are expected to maintain patient confidentiality and by adhering to HIPAA Guidelines.
19. **No personal electronic devices including cellphones, iPads, etc. are allowed to be used in clinic.**
Student Clinical Conduct Guidelines:
Students are expected to adhere to the following guidelines:

2. 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.
3. Carefully note any special procedures that must be obeyed, such as isolation, by examining the patient's requisition chart.
4. Any failure to follow proper procedure must be immediately reported to the appropriate nursing personnel and the Clinical Instructor.
5. 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 professional 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 expose any repeat radiographic examination.** The repeat exposure must be made by a registered technologist.

A student who violates the repeat radiograph policy may 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
1. Students are expected to complete all scheduled clinical rotations.
2. Students may NOT stay late, come in early, or participate in additional clinical hours 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 enrolled 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 are 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.**

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. If a student has a medical/personal need that requires a break, the student is required to immediately clock out and clock back in when returning to the clinical rotation. Students are permitted a total of a 1 hour break time per 8 hour clinical shift which includes a MAXIMUM of the lunch break and 2 additional breaks. Therefore, if a student takes up to 2 breaks throughout the day, the lunch break is shortened accordingly.

**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 PERCENTAGE POINT DEDUCTIONS

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

The following list of percentage point deductions will be deducted from the student’s final Professional Development Grade which is 15% of the final clinical grade:

1. -2 percentage points for each dress code violation.
2. -3 percentage points for each tardy beginning with the second tardy.
3. -3 percentage points for failure to follow the call out policy.
4. -3 percentage points for cell-phone use in clinical site.
5. -5 percentage points for each unsigned repeat square.

The following list of percentage point deductions will be deducted from the student’s final Competency Grade which is 25% of the final clinical grade:

6. -3 percentage points for every 4 comps failed. Ex. 8 failed comps = 6 points
7. -5 percentage points for failing the same competency in the same semester. Begins with second failure.
8. -5 percentage points for doing a remedial comp without a Clinic Instructor.

The following list of percentage point deductions will be deducted from the student’s FINAL CLINICAL GRADE:

9. -3 percentage points for 3 or more Clinical Conferences in one semester/session.
10. -5 percentage points for each Clinical Notice.
11. -15 points for each Clinical Reprimand.
12. -25 percentage points for a Clinical Jeopardy.
13. -25 percentage points for being removed from a Clinical Education Center at the request of the Clinical Instructor or Hospital Administrator.
14. -25 percentage points for insubordination. Begins with the second documented occurrence.
DISCIPLINARY POLICY AND PROCEDURE

1. **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.**

2. **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 5% 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.

3. **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 reprimand results in a 15% point deduction from the student's FINAL GRADE.**

4. **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 25% point deduction from the student's FINAL GRADE.**

   An extensive evaluation will be conducted for each situation that arises.
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 clinical grade and immediate dismissal from the program upon the second offense.**

Dismissal From The Clinical Environment
1. Students are expected to demonstrate a significant progression of knowledge during the RDT 155 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 and a Clinical Notice:**
   - Insubordination or disrespect to the clinical instructor.
   - Refusal to perform a radiographic examination.
   - Loss of emotional stability in the clinical setting.
   - 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.
   - 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.

5. Dismissal from a clinic site will result in a Clinical Notice.
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, 205 and 255 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.

Competency Prep Quiz
Competency prep quizzes will be administered in radiographic positioning laboratory sessions for RDT 155, RDT 205, and RDT 255. These quizzes require students to demonstrate an understanding of central ray placement, image evaluation criteria, pathology, and anatomical structures that must be visualized for diagnostic interpretation. Quizzes will be administered all throughout the clinical semester. Students must pass each competency prep quiz with a grade of 75% in order to complete the competency in the clinical practicum.

If a student scores less than a 75% on a competency prep quiz, the quiz is considered failed, the score earned is recorded, and the student must retest the competency prep quiz to ensure appropriate understanding of the imaging exam is achieved before completing a patient exam competency in clinic. If a student fails the competency prep quiz for a second time, the student earns a zero for the quiz grade. Additionally, the student may not complete the competency in clinic on the failed competency prep quiz exam until the student retests the competency prep quiz with a minimum score of 75%. All failed competency prep quizzes, beginning with the second attempt, will result in a grade of 0 for the competency prep quiz.
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 he/she is 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 and ARRT competencies by the end of the program will not graduate.

1. Students should complete imaging exams on the actual patient before attempting competency. Completion of a specific number of practice exams before the attempted competency are not required. Students 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. Students must communicate intent to comp on an exam before bringing the patient into the exam room. Students are required to present the competency form to the CI or registered technologist before starting the competency evaluation.

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

5. 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 final comp grade.

6. 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. The will be no exceptions to this policy.
7. 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 in 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.

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% point deduction in the Competency portion of the CLINICAL GRADE.

Repeat competencies not completed with a clinical instructor will be considered a failed competency.

**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 the 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 (25% of the clinical grade)**
(GEO 1,2,3,4,6,8,9) (CO 1-13)

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 4 passed competencies during the semester.**

<table>
<thead>
<tr>
<th>Competencies PASSED (4 Total)</th>
<th>Percentage Earned (30% of course grade)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 passed competencies</td>
<td>25% (25 points)</td>
</tr>
<tr>
<td>3 passed competencies</td>
<td>20% (20 points)</td>
</tr>
<tr>
<td>2 passed competencies</td>
<td>15% (15 points)</td>
</tr>
<tr>
<td>1 passed competency</td>
<td>10% (10 points)</td>
</tr>
<tr>
<td>0 passed competencies</td>
<td>0% (0 points)</td>
</tr>
</tbody>
</table>

**Clinical Tests and Pre-competency checks (25% of the clinical grade)**
(GEO 1,2,3,4,6,8,9) (CO 1-13)

**Clinical Tests**
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 155 course:

- **CXR PA/LAT**
- **UPPER EXTREMITY (thumb, hand or elbow)**

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

1. Being disrespectful to the patient.
2. Failure to ask pregnancy prior to the exam.
3. Doing exam on the wrong patient due to your negligence.
4. Doing the wrong exam on the right patient due to your negligence.
5. Intervention for any reason (before, during or after the exam)
6. If the student cannot identify how to fix the one repeatable image

**Pre-competency checks**
In order to prepare students for the clinical tests and comping process, the student will be assessed on 3 exams done in clinic. The following exams will be assessed:

1. Upper extremity
2. KUB
3. Chest

The rubric will be posted on Blackboard.
Oral Image Analysis (10% of clinical grades)
(GEO 2, 4, 9) (CO 10, 11)

Image Analysis will be completed as an oral test at the conclusion of the clinical semester. Students are encouraged to review content covered in RDT 101 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. A grading rubric will be posted on Blackboard.

The Oral Image Analysis test will be December 7th and 8th, 2016 at Wor-Wic Community College. A schedule will be posted in Blackboard.

Room Check-Off Sheets (5% of clinical grade)
(GEO 2, 4) (CO 2, 10)

The student must know the equipment in order to perform procedures in the exam rooms. Information and training will be provided in the rooms, however the student must take notes on information provided in order to work in the room independently for future rotations. Your notes will be reviewed as part of the completed Room Check Off. 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. Students will be quizzed at the end of the semester on equipment operation.

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>

Learning Activities (5% of clinical grade)
(GEO 1, 2, 4) (CO 1-9)

A variety of activities will be done in clinic to facilitate understanding of equipment, positioning and nursing procedures. These will be discussed in clinic and reviewed by the Clinic Instructor.
Radiologic Technology Program

Clinical Assignments, Quizzes, Professional Development
Mid-term Affective Behavior Evaluation (5% of the clinical grade)  
(GEO 8,9) (CO 1-13)  
The Clinical Instructors will provide the student with a written evaluation based on the student performance during the first half of the clinical semester. This will give the student the opportunity to improve in the documented areas of weakness prior to the final Professional Development grade. **The rubric will be posted on Blackboard.**

ASSIGNMENTS/QUIZZES (10% of the clinical grade)  

Mid-term Self-Evaluation  
(GEO 1, 4, 9) (CO 6)  
Clinic Instructors will periodically evaluate the students in the beginning of the semester. A copy of this evaluation will be given to the student and one to the Clinical Coordinator. **Students will self-evaluate by completing a questionnaire posted on Blackboard. The purpose of this assignment is to self-reflect on both strengths and weaknesses in clinic. An honest self-evaluation should provide a path for improvement.**

The Mid-term Self-Evaluation is due date and questions will be posted on Blackboard.

Downtime Activities  
(GEO 1, 2, 4) (CO 1, 2, 3)  
The student will be provided activities during clinical downtime. The purpose of these activities/assignments is to provide the student with additional experience in equipment knowledge, film critique and positioning skills. **Downtime activities will be discussed in clinic orientation and provided at clinic.**

Repeat Analysis  
(GEO 1, 4, 6) (CO 1, 2, 3)  
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 2 graphs depicting the student’s repeat trends. An example will be reviewed in class and a rubric posted.  
The Repeat Analysis is due **December 11, 2016 by 11:00 p.m.** through Blackboard.

Quizzes  
(GEO 1, 3, 4) (CO 2, 12, 13)  
There will be a list of Competency Prep Quizzes that must be passed with a score of 75% of higher in order to comp on the exam in clinic. The list of exams will be posted on Blackboard. Please refer to the Clinical Competency Sequence section of the syllabus for further details.

Professional Development (15% of the clinical grade)  
(GEO 8, 9 ) (CO 1-13)  
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 syllabus. Students should demonstrate a progression of knowledge and appropriate clinical practical skills according to their level in the Radiologic Technology program.
## WWCC Radiologic Technology Program
### Professional Development/Affective Assessment

**Student Name:** ______________________________    **Semester:** ____________

<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 doctors’ 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>
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<tr>
<td>Standard Precautions</td>
<td>Utilizes standard precautions by wearing gloves, cleaning equipment after each patient, and following isolation precautions.</td>
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</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>
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</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>
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<tr>
<td>Affective Evaluation</td>
<td>Interacts positively with technologists and CIs and demonstrates ability to accept correction and follow suggestions given.</td>
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<tr>
<td>Judgment</td>
<td>Exercises good judgment for completing competencies which is evident in passing the competency on the first attempt.</td>
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<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>
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<tr>
<td>QA Computer Systems</td>
<td>Demonstrates knowledge of image orientation, &quot;s&quot; number evaluation, as well as processing and PACS &amp; MRM system use.</td>
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</tr>
<tr>
<td>Dress/Preparation</td>
<td>Adheres to dress code policy/technical preparation</td>
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<tr>
<td>Paperwork</td>
<td>Completes all paperwork completely and timely</td>
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<tr>
<td>Punctuality/Dependability</td>
<td>Demonstrates good work habits by being in the assigned clinical rotation on time and staying in your assigned area.</td>
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</tbody>
</table>

The Professional Development Grade is based on the number “X’s” in the “Needs Improvement” column. They are as follows:

- 0 = 100%; 1 = 95%, 2 = 90%, 3 = 85%, 4 = 80%; 5 = 75%; 6 = 70%; 7 or more = 65%

**Grade:** ____________________
Comments/Suggestions for Improvement:

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Student Signature: _____________________________________________

Clinical Instructor: _____________________________________________

Clinical Instructor: _____________________________________________

Clinical Instructor: _____________________________________________

Clinical Coordinator: ____________________________________________

Department Head: ______________________________________________