RADIOLOGIC TECHNOLOGY PROGRAM
RDT 203: CLINICAL PRACTICUM III
Summer 2013

COURSE DESCRIPTION:
This course is the third in a series of five, providing structured, sequential and competency-based assignments in a clinical setting. This course provides students with an opportunity to interact with patients and health care team members in a radiology department. Students continue to develop their radiographic positioning and equipment manipulation skills to master the knowledge and skills necessary to produce a diagnostic radiograph and practice radiation protection. Hours: 520 clinical. Prerequisites: RDT 103 and RDT 153 with grades of “C” or better or permission of the department head. Course fee: $80. Usually offered in the summer.

CREDIT HOURS: 4 credit hours Clinical Practicum Monday through Friday

PLACEMENT: Summer 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 1:30 pm to 4:30 pm
Thursdays 1:30 pm to 3:30 pm
Additional hours by appointment

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

REQUIRED TEXTBOOK:

REQUIRED WEBSITE: www.radrevieweasy.com
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<th>COURSE OBJECTIVES:</th>
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<td><strong>Course Objectives</strong></td>
<td><strong>Assessment Goals</strong></td>
<td><strong>Assessment Strategies</strong></td>
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<tr>
<td>1. Complete ARRT elective and required competencies according to programmatic requirements. (GEO 1, 2, 4, 5, 6, 7, 8)</td>
<td>1. Complete a total of 45 passed competencies on patients in the clinical setting. 2. Demonstrate proficient knowledge on exams where competency has been achieved</td>
<td>Competencies  Clinical Tests  Continual Competency Assurance</td>
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<td>2. Complete continual competency assurance tests to demonstrate proficiency on comped imaging examinations. (GEO 1, 2, 4, 5, 6, 7, 8)</td>
<td>1. Demonstrate compassionate patient care as defined in the continual competency assurance assessment. 2. Demonstrate knowledge of positioning skills as defined in the continual competency assurance assessment. 3. Apply radiation protection standards during the continual competency assurance assessment. 4. Select appropriate exposure technical factors according to the radiographic exam performed and patient body habitus.</td>
<td>Competencies  Clinical Tests  Continual Competency Assurance</td>
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<td>3. Apply radiation protection principles in the performance of imaging procedures. (GEO 1, 2, 4, 5, 6, 7, 8)</td>
<td>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.</td>
<td>Competencies  Clinical Tests  Continual Competency Assurance  Multiple Exam Simulation  Portable Exam Simulation  Portable Team Trauma Testing</td>
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<td>4. Demonstrate critical thinking and sound judgment in the performance of radiographic examinations. (GEO 1, 2, 4, 5, 6, 7, 8)</td>
<td>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.</td>
<td>Competencies  Clinical Tests  Continual Competency Assurance  Multiple Exam Simulation  Portable Exam Simulation  Service Learning Exercises  Portable Team Trauma Testing</td>
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<td>5. Exercise professionalism by practicing the standard of care as defined according to the ASRT and ARRT organizations. (GEO 1, 5, 6, 7, 8)</td>
<td>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.</td>
<td>Competencies  Clinical Tests  Continual Competency Assurance  Professional development</td>
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<tr>
<td>6. Evaluate learning in the clinical environment. (GEO 1, 2, 5, 6, 7, 8)</td>
<td>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.</td>
<td>Competencies  Clinical Tests  Continual Competency Assurance  Repeat Analysis  Service Learning Exercises</td>
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<td><strong>3. Identify personal strengths and weaknesses in equipment operation during clinical rotations.</strong></td>
<td><strong>3. Identify personal strengths and weaknesses in positioning skills by engaging in image analysis.</strong></td>
<td><strong>Professional development</strong></td>
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<tr>
<td><strong>7. Apply age-specific competencies in the clinical environment.</strong></td>
<td><strong>1. Demonstrate knowledge of appropriate communication for the neonate and pediatric patient.</strong></td>
<td><strong>Competencies</strong></td>
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<tr>
<td><em>(GEO 1, 2, 5, 7, 8)</em></td>
<td><strong>2. Demonstrate knowledge of appropriate communication for adolescent patients.</strong></td>
<td><strong>Clinical Tests</strong></td>
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<td><strong>3. Demonstrate knowledge of appropriate communication for the adult patient.</strong></td>
<td><strong>Continual Competency Assurance</strong></td>
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<td><strong>4. Demonstrate knowledge of appropriate communication for the geriatric patient.</strong></td>
<td><strong>Service learning Exercises</strong></td>
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<td><strong>8. Assess and evaluate psychological and physical changes in the patient’s condition and carry out appropriate actions.</strong></td>
<td><strong>Professional development</strong></td>
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<td><em>(GEO 1, 2, 5, 7, 8)</em></td>
<td><strong>1. Identify the stages of the grieving process as defined by Kubler Ross.</strong></td>
<td><strong>Competencies</strong></td>
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<td><strong>2. Identify signs and symptoms of mental status change.</strong></td>
<td><strong>Clinical Tests</strong></td>
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<td><strong>3. Identify signs and symptoms associated with changes in the patient’s physical condition.</strong></td>
<td><strong>Continual Competency Assurance</strong></td>
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<td><strong>4. Demonstrate an understanding of calling a code blue and rapid response as defined by the clinical facility.</strong></td>
<td><strong>Service learning Exercises</strong></td>
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<td><strong>9. Apply infection control and standard precautions during patient interaction in radiographic procedures.</strong></td>
<td><strong>1. Explain the rules of medical aseptic technique and describe the application in the clinical setting.</strong></td>
<td><strong>Professional development</strong></td>
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<tr>
<td><em>(GEO 1, 2, 5, 7, 8)</em></td>
<td><strong>2. Explain the rules of surgical aseptic technique and describe the application in the clinical setting.</strong></td>
<td><strong>Competencies</strong></td>
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<td><strong>3. Describe the radiographic procedures which require surgical aseptic technique.</strong></td>
<td><strong>Clinical Tests</strong></td>
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<td><strong>4. Identify the types of isolation precautions and diseases associated with each category.</strong></td>
<td><strong>Continual Competency Assurance</strong></td>
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<td><strong>10. Demonstrate knowledge computed and digital radiographic equipment operation during mobile, trauma, operative, and routine imaging procedures.</strong></td>
<td><strong>1. Describe the principles of image capture and display of the computed radiography image.</strong></td>
<td><strong>Competencies</strong></td>
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<td><em>(GEO 1, 2, 4, 5, 6, 7, 8)</em></td>
<td><strong>2. Describe the principles of image capture and display of the digital radiography image.</strong></td>
<td><strong>Clinical Tests</strong></td>
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<td><strong>3. Explain how the sensitivity number and Lgm number are indicators of appropriate density on the image.</strong></td>
<td><strong>Continual Competency Assurance</strong></td>
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<td><strong>11. Evaluate radiographic images for pertinent anatomical structures, pathological conditions demonstrated, appropriate exposure factors selected, and presence of artifacts.</strong></td>
<td><strong>1. Analyze images for correct anatomical structures demonstrated for the imaging exam.</strong></td>
<td><strong>Professional development</strong></td>
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<td><em>(GEO 1, 2, 4, 5, 6, 7, 8)</em></td>
<td><strong>2. Analyze images for the presence of additive and/or destructive pathologies.</strong></td>
<td><strong>Competencies</strong></td>
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<td><strong>3. Identify how exposure technique is modified according to the presence of disease.</strong></td>
<td><strong>Clinical Tests</strong></td>
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<td><strong>4. Identify radiographic artifacts on the manifest image and describe methods to reduce their appearance.</strong></td>
<td><strong>Continual Competency Assurance</strong></td>
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<td><strong>12. Assess, analyze, and identify the patient’s cultural diversity practices as each applies to patient care.</strong></td>
<td><strong>1. Practice therapeutic communication to obtain patient history and information pertinent to the imaging examination.</strong></td>
<td><strong>Repeat Analysis</strong></td>
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<tr>
<td><em>(GEO 1, 2, 4, 5, 6, 7, 8)</em></td>
<td><strong>2. Identify the patient’s cultural needs pertinent to the performance of imaging procedures.</strong></td>
<td><strong>Service Learning Exercises</strong></td>
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<td><strong>3. Identify key family members responsible for assisting in the decision making process for the delivery of healthcare.</strong></td>
<td><strong>Oral Image Analysis</strong></td>
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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.

Upon successful completion of the course the student should be able to:

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.
51. Critique images for appropriate technical and procedural factors, and recommend corrective actions if necessary.
52. Define basic terms related to pathology and identify pathologies on the radiograph.
WWCC Radiologic Technology Program

Clinical Policies and Procedures
CLINICAL REQUIREMENTS

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. Additional time is deducted from the 16 hours of clinical absences. 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. TEXT MESSAGES AND EMAILS ARE NOT ACCEPTED.

RDT Clinical Coordinator 410-572-8743
PRMC CI 410-912-2906
AGH CI 410 641-9835
WOODBROOKE CI 443-749-1123 CP 443-614-7035

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 203 Clinical Practicum III 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 their 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. Failure to use student markers on a test or comp will result in failure of that test or comp.
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 make the actual exposure for a repeat radiograph and sign the repeat.

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.

Students are required to have “repeat square” signed by the supervising technologist by the end of the clinical shift.
5. Daily Affective Evaluations
   A. A daily affective evaluation must be given to the supervising technologist after the lunch 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.
   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
**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 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 and/or 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. The repeat exposure must be made by 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 is required for all contrast administration.**
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 hours without permission of the Clinical Coordinator.

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.
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.

DISMISSAL FROM THE CLINICAL ENVIRONMENT
1. Students are expected to demonstrate a significant progression of knowledge during the RDT 203 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/Sitting 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.

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 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 studies before completing a competency. Students are expected to exercise good judgment of their 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 requisition or with PACS. 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. THE 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. Repeat competencies not completed with a clinical instructor will be considered a failed competency.

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 clinical 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: (SEE NOTE BELOW)
(GEO 1,2,3,4,5,6,7,8)(CO 1,3,4,5,7,8,9,10,11,12)
The student is expected to complete competency evaluations throughout the entire semester. **Students are expected to complete 30 passed competencies during the semester.** At the conclusion of RDT 203 students should have a total of **45 competencies** (competencies earned in RDT 103, RDT 153, and RDT 203). The calculation of the competency portion of the clinical grade is based upon the following table:

<table>
<thead>
<tr>
<th>Competencies PASSED (45 Total)</th>
<th>Percentage Earned (25% of course grade)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 passed competencies</td>
<td>25%</td>
</tr>
<tr>
<td>43-44 passed competencies</td>
<td>20%</td>
</tr>
<tr>
<td>41-42 passed competencies</td>
<td>15%</td>
</tr>
<tr>
<td>39-40 passed competencies</td>
<td>10%</td>
</tr>
<tr>
<td>36-38 passed competencies</td>
<td>5%</td>
</tr>
<tr>
<td>Less than 36 passed competencies</td>
<td>0%</td>
</tr>
</tbody>
</table>

**In order to achieve 25% on competencies, students must have a total of 45 competencies at the conclusion of RDT 203.**
Clinical Testing:
(GEO 1,2,4,5,6,7,8)(CO 2,3,4,5,7,8,9,10,11,12)
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 Testing begins immediately with the initiation of the new semester. Clinical tests are performed regardless if the student has completed a competency for the specific exam. Clinical tests will begin immediately once the semester has started. Students should be prepared for clinical tests.

ICU PCXR
UGI OR Barium Swallow
LUMBAR SPINE
HIP
SHOULDER

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 of any kind.

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.
BARIUM ENEMA ASSESSMENT SIMULATION:
(GEO 1,2,4,5,6,7,8)(CO 3,4,5,10,11)
Students will complete a barium enema assessment simulation. The purpose of the assessment is to create a workflow for projections, provide the student an opportunity to complete the entire study, and develop appropriate speed for performing the images.

The student will complete the following in 20 minutes:
1. Obtain patient history and ask pertinent questions relevant to exam.
2. Set-up room for fluoroscopy and change room for overhead projections.
3. Position all BE projections using the correct exposure technique on the imaging console.

The following barium enema projections will be evaluated for the BE assessment simulation:
- AP Colon
- RPO Colon
- Left Lat Decubitus
- RPO Erect
- High Transverse Colon
- LPO Colon
- Right Lat Decubitus
- LPO Erect
- AP Axial Rectosigmoid
- LAT Rectum
- AP Erect

Projections not completed within 20 minutes will result in a score of 0 for the projection.

MULTIPLE IMAGING ASSESSMENT SIMULATION:
(GEO 1,2,4,5,6,7,8)(CO 3,4,5,10,11)
Students will be evaluated on workflow and positioning skills during the completion of a multiple imaging exam series. The following exams will be evaluated: Thoracic Spine, Lumbar Spine, Sacrum/Coccyx, and Hip series. All images must be completed on the table.

The following are the projections which will be evaluated for the multiple imaging assessment simulation test:
- AP T-Spine
- Lat T-Spine
- Swimmers
- Lat Hip
- AP L-Spine
- RPO L-Spine
- LPO L-Spine
- Lat L-Spine
- L5-S1 Spot
- AP Axial Sacrum
- AP Axial Coccyx
- AP Pelvis
- Lat Sac/Coccyx

The student will complete all projections for the exams identified above (total of 13 projections) in 20 minutes. Projections not completed within the 25 minutes will result in a score of 0 for the projection. The multiple imaging assessment simulation will be completed at AGH and PRMC. Students will be notified of date and time to report for the assessment.
PORTABLE TRAUMA ASSESSMENT SIMULATION:
(GEO 1,2,4,5,6,7,8)(CO 3,4,5,10,11)
The student will be evaluated on their performance of a variety of radiographic trauma projections by completing a simulated portable trauma examination in the clinical setting. Students will determine the exposure techniques for each projection based on the patient body habitus. This will be a timed examination completed at PRMC.

The purpose of the Portable Trauma Assessment Simulation is to:
1. Modify the standard exams for trauma application.
2. Demonstrate competency in portable equipment operation.
3. Practice exposure technique selection for various imaging projections.
4. Identify potential artifacts present during trauma imaging and remove those objects which will superimpose pertinent anatomy.
5. Develop a workflow and speed for completing images in an emergent situation.
6. Perform appropriate tube/part/IR alignment for patients on a backboard.
7. Practice radiation protection for oneself and the patient through lead shielding, collimation, and wearing dosimeter badge/shield during exposures.
8. Communicate effectively with the patient and staff to ensure safe lifting and accurate placement of image receptor for respective images.
9. Instill critical thinking skills, “ability to think outside of the box”, for modified trauma imaging procedures.

CRITERIA FOR PORTABLE TRAUMA ASSESSMENT SIMULATION:
1. Students will work independently to complete all projections. The student may ask for lifting help. **Evaluators will not move the portable, cassettes, organize cassettes, set techniques etc.**
2. Six projections will be completed in 15 minutes.
3. Projections will be evaluated according to positioning and exposure technique.
4. Patient care skills will be evaluated.
5. **The student is NOT permitted to move the stretcher up and down in the room. Only right to left movement of the stretcher is permitted WITHIN REASON.**
6. **The student will receive a grade of 0 if any of the following occurs:**
   a) Failure to ask pregnancy.
   b) Failure to shield patient for applicable exams.
   c) Failure to check armband/confirm DOB.
   d) Failure to remove artifact which superimposes anatomy on x-ray.
   e) Absent or incorrect anatomical marker.
   f) Failure to complete all projections within 15 minutes. Any projection not completed at the conclusion of 15 minutes will result in a score of 0 for the projection.
   g) Incorrect projection performed.
   h) Incorrect side of the body imaged.
   i) Pertinent anatomy “clipped” or omitted from the radiograph.
7. The time begins when the student receives the requisition. Students will be given two minutes to organize cassettes and establish workflow.

8. STUDENTS ARE NOT PERMITTED TO ORGANIZE THE EXAM ROOM, LABEL CASSETTES, ETC. UNTIL REQUESTED BY THE EVALUATORS.

9. FAILURE TO FOLLOW THE DIRECTIONS ESTABLISHED FOR THE TRAUMA ASSESSMENT SIMULATION WILL RESULT IN A GRADE OF 0.

10. The following are possible projections to be performed:
    AP T-Spine   X-Table lateral T-Spine   AP Abdomen
    AP L-Spine   X-Table lateral L-Spine   AP Shoulder
    AP Pelvis    X-Table lateral Foot      AP Chest
    AP Ankle     X-Table Lateral Knee      AP Humerus
    AP Axial C-spine X-Table Lateral C-spine AP Open Mouth Odontoid
    AP Hip       X-Table Lateral Swimmers  AP Knee
    AP Clavicle  X-Table Lateral Ankle    AP Axial Clavicle

COMPREHENSIVE FIRST-YEAR STUDENT CLINICAL ORAL EXAM:
(GEO 1,2,4,7)(CO 4,10,11)
The student will meet with the Clinical Coordinator and Department Head for a comprehensive oral clinical exam. Content areas on the exam will include the following: Pathology, Image Analysis, Exposure/Equipment, Positioning, and Nursing Procedures. This is a timed test. Each student will have 30 minutes to answer all questions. The oral clinical exam will be communicated at the mandatory meeting held on Monday, May 13, 2013.
Radiologic Technology Program

Clinical Assignments
Quizzes, Professional Development
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 MTC 200, AAB 217, HH 100, GH 204, WDC 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 "Quick Links" (top-right) and click the “Blackboard Login" link.

2. Enter your Wor-Wic user ID and password (same as your Wor-Wic email 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.

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

CLASS COMMUNICATION:
Blackboard is used in all RDT courses as a source of communication between instructors and students. Weekly announcements and emails will be posted in Blackboard. Students are required to use Blackboard to submit assignments and for communication with instructor. It is the student’s responsibility to enter Blackboard daily in all RDT courses to view messages, announcements, retrieve class notes, and review materials.
SERVICE LEARNING ORAL REFLECTION
(GEO 1, 2, 5, 7, 8) (CO 3, 4, 5, 6, 7, 8)
Students will evaluate personal clinical experiences according to the following criteria:
1. Identify two “aha” moments (the light bulb has turned on) you have experienced this semester.
2. Identify two ethical dilemmas encountered during the semester.
   a) Identify the ethical dilemma
   b) Describe how the ethical dilemma was resolved or handled
   c) Did you agree or disagree with how this situation was resolved and why?
   d) Did a satisfactory patient outcome result? Why or Why not?

Oral Reflection:
These questions will be presented to the class in an oral presentation. Students are to discuss the answers to these questions with their peers and reflect upon learning acquired within the clinical environment.

Students who READ notes to the class will receive a grade of 0.
Failure to complete both the oral reflection will result in a grade of 0.

SERVICE LEARNING ORAL REFLECTIONS WILL BE DONE ON FRIDAY, AUGUST 9, 2013.

REPEAT ANALYSIS:
(GEO 1, 2, 6, 7, 8) (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. One graph should show studies repeated and the other should show reasons for the repeats. The Repeat Analysis is Due August 9, 2013 by 12:00 midnight 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.

RADIOGRAPHIC IMAGE ANALYSIS:
(GEO 1,2,3,7)(CO 11)
These assignments are designed to help the students develop skills used in the clinical environment to analyze radiographic images. Students will review assigned chapters in the textbook. After reviewing the material, complete the corresponding workbook chapter assignment. Workbooks must be brought to clinic on the assigned due date in order to receive credit.

RADIOGRAPHIC IMAGE ANALYSIS ASSIGNMENT SCHEDULE

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Pages</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Shoulder</td>
<td>235-270</td>
<td>May 20, 2013</td>
</tr>
<tr>
<td>7</td>
<td>Hip and Pelvis</td>
<td>369-400</td>
<td>June 3, 2013</td>
</tr>
<tr>
<td>9</td>
<td>L-spine, Sacrum and Coccyx</td>
<td>439-472</td>
<td>June 17, 2013</td>
</tr>
<tr>
<td>12</td>
<td>Digestive System</td>
<td>523-562</td>
<td>June 24, 2013</td>
</tr>
</tbody>
</table>
ELECTRONIC/INFORMATION LITERACY WRITING ASSIGNMENT
(GEO 1, 2, 3, 7, 8) (CO 3, 4, 6, 7, 8, 9, 10, 11)
In the clinic setting, patients are at risk of having medical emergencies. This can bring unique challenges in order to care for the patient. The student will select a medical emergency topic from the list below. The paper should include the reason for choosing the topic and also be specific to include content set forth in the rubric in order to receive full credit.

Medical Emergency topics:

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 using a 12 New Roman font with 1 inch margins and not to exceed three full pages. A title page and works cited page should also be included but these items are NOT part of the content requirement for this assignment.

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 Medical Emergency Writing Assignment is to be submitted through Blackboard JUNE 17, 2013. This writing assignment is worth a total of 21 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 12:00 am (midnight) EST WILL RESULT IN A GRADE OF 0.

Failure to submit the electronic information literacy writing assignment will result in a grade of 0 for the assignment and a 5% deduction from the student’s final clinical grade.

EXPOSURE TECHNIQUE DATA ANALYSIS
(GEO 2,4,6,7)(CO 4,6,10)
The purpose of this assignment is to make the student aware of mAs used during AEC exposures for a variety of body types. Documenting these techniques will provide the student with critical thinking skills necessary to do portable exams. Students will chart the exposure technique for a list of exams. Each exam should be performed 5 different time with kVp and mAs readout documented for each projection.

This chart is due on August 9, 2013.
**RADREVIEW EASY ASSIGNMENTS**

Students are required to purchase access to the [www.radrevieweasy.com](http://www.radrevieweasy.com). Students will be using this website from May 2013 through May 2014. The student is responsible for maintaining the access to this website.

**Directions to Subscribe to [www.radrevieweasy.com](http://www.radrevieweasy.com):**

1. Subscribe to [www.radrevieweasy.com](http://www.radrevieweasy.com)
2. Select username and password

**Completing [www.radrevieweasy.com](http://www.radrevieweasy.com) Assignments:**

1. Select Create an Exam
   - Select ARRT Simulation
2. Specify exam options
   - Select one or more specialties
   - For Imaging Procedures - Place a check in the box beside the Imaging Procedures title. This will check every box in the category.
   - For Patient Care – Place a check in the box beside the Patient Care and Education title. This will check every box in the category.
3. Specify how many questions
   - Type 100
4. Specify Question Type
   - All Questions
5. Start Exam

**RadReview Easy Assignments**

1. Complete 100 Questions at a time in the Patient Care section x 3 = Total of 300 questions/Perform (3) 100 Question tests.
2. Complete 100 Questions at a time in the Imaging Procedures section x 3 = Total of 300 questions/Perform (3) 100 Question tests.

**STUDENTS MUST ACHIEVE A MINIMUM SCORE OF 80% ON RADREVIEW EASY.**

Submit username and password through blackboard for department head to check your completed tests by the scheduled due dates. NO LATE TESTS WILL BE ACCEPTED. NO INCOMPLETE TESTS WILL BE COMPLETED. FAILURE TO FOLLOW DIRECTIONS WILL RESULT IN A GRADE OF 0. GRADE RECEIVED IS THE GRADE RECORDED. Failure to submit registry review assignments will result in a 0 for the assignment and 5% deduction of the RDT 203 Clinical Practicum III course final grade. Any test submitted which is not completed as an ARRT Simulation exam, in a 100 question increment, and/or does not have a minimum score of 80% will result in a grade of 0 for the assignment and a 5% deduction from the RDT 203 Clinical Practicum III course grade.
REGISTRY REVIEW ASSIGNMENTS:
(GEO 1,2,3,7)(CO 3,4,6,10)
Students will begin preparation for the ARRT licensure examination. Failure to submit registry review assignments will result in a 0 for the assignment and 5% off of the RDT 203 Clinical Practicum III course final grade. NO LATE ASSIGNMENTS WILL BE ACCEPTED. Failure to following directions will result in a grade of 0 for the assignment.

The following assignments will be completed using the Mosby's Comprehensive Review of Radiography:

1. Review of Imaging Procedures Chapter 5 Pages 78-142
Read the review of imaging procedures. Complete questions 1-100. Type your answers in a Microsoft Word compatible document. **HIGHLIGHT IN RED** the questions you answered incorrectly. Document your score (ex: 90/100). Identify and document four specific areas you need to review and how you plan to improve in the areas identified.
**DUE MAY 28, 2013 at 12:00 am midnight EST through Blackboard. Assignment is to be submitted through email to the Department Head.**

2. Review of Patient Care and Education Chapter 6 Pages 143-165
Read the review of patient care and education. Complete questions 1-100. Type your answers in a Microsoft Word compatible document. **HIGHLIGHT IN RED** the questions you answered incorrectly. Document your score (ex: 90/100). Identify and document four specific areas you need to review and how you plan to improve in the areas identified.
**DUE JUNE 10, 2013 at 12:00 am midnight EST through Blackboard. Assignment is to be submitted through email to the Department Head.**
ORAL IMAGE ANALYSIS:
(GEO 1,2,4,7)(CO 3,4,6,10)
The student will complete an oral image analysis during the summer clinical semester. Information covered during Summer II, Fall and Spring semesters may be included.

NETLEARNING QUizzes:
(GEO 1,2,3,7)(CO 3,4,6,11)
Students will complete a variety of Netlearning modules at PRMC. A corresponding quiz accompanies each module. Netlearning can be accessed through any computer at PRMC. The quizzes will be placed in the Core in labeled folders. All quizzes must immediately be turned into Gene Dickerman’s box outside of his office. These modules and quizzes must be done during down time. All quizzes must be completed by July 26, 2013.

QUIZZES:
(GEO 1,2,3,7)(CO 3,4,6,11)
The student will complete quizzes throughout RDT 203 Clinical Practicum III to assess didactic knowledge in the following course content areas: Radiographic Exposure/Equipment, Patient Care, Pathology, and Radiographic Positioning. A quiz schedule will be provided at the beginning of the session. QUizzes NOT TAKEN DURING THE SCHEDULED TIME IN BLACKBOARD WILL RESULT IN A GRADE OF ZERO AND 5% OFF OF THE FINAL GRADE. NO MAKE-UP QUIZZES WILL BE ADMINISTERED.

MID TERM ACTION PLAN
(GEO 1,2,5,7,8)(CO 6)
The clinic instructors/Program faculty will evaluate the students every week for the duration of the semester and again at the end of the semester. Based on the evaluations from the beginning of the semester, the student will be required to provide a mid semester action plan in order to ensure professional growth and improvement in the field. The end of semester evaluation will be included in the Course Evaluation grade. A check sheet will be provided and required to be in the students' clinical notebook. Each week the clinic instructor will fill out the check sheet. The student will review the Clinic Instructor's evaluation of progress and develop an action plan to correct any areas of weakness. A check sheet and rubric will be provided at the beginning of the semester.

Mid term action plans must be submitted through Blackboard to the Clinic Instructors and Clinical Coordinator by 11:00 pm June 28, 2013
PROFESSIONAL DEVELOPMENT:
(GEO 1,2,4,5,7,8)(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 RDT 203 Clinical Practicum III 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
Competency Evaluations 25%
Clinical Tests 25%
Comprehensive Oral Exam 10%
Oral Image Analysis 10%
Quizzes/Assignments 10%
- Registry Review Assignments
- Medical Emergency Paper
- Mid-term Action Plan
- Service Learning
- Repeat Analysis
- Radiographic Image Analysis Assignments
- Exposure Technique Data Analysis
- Quizzes on selected topics
Simulations 10%
- BE Assessment
- Multiple Exam Assessment
- Portable Trauma Assessment
Professional Development 10%

FAILURE TO DO ANY ASSIGNMENT AND/OR QUIZ WILL RESULT IN A "0" AND 5% OFF THE FINAL GRADE FOR EACH INFRACTION.

GRADE SCALE
93-100 A
84-92 B
83-75 C
74-65 D
Below 65 F