RDT 263: CLINICAL PRACTICUM V

COURSE DESCRIPTION:
This course is the fifth 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: 312 clinical. Prerequisite: RDT 253 with a grade of “C” or better or permission of the department head. Corequisites: RDT 257, RDT 270 and RDT 275 or permission of the department head. Course fee: $40. Insurance: $18. Usually offered in the spring.

CREDIT HOURS: 2 credit hours

PLACEMENT: Spring Semester - Second Year of Program (2015)

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 9:00 am to 10:00 am
Wednesdays 9:00 am to 11:00 am
Fridays 9:00 am to 11:00 am
Additional hours by appointment

CLINICAL FACULTY: Gene Dickerman, A. A. S., R. T.(R)
Terri King, A. A. S., R. T. (R)
Kelly Long, A.A.S., R.T. (R)
Jenn Gillespie, A.A.S., R.T. (R)
Mari Strauss, A.A.S., R.T. (R)

### COURSE OBJECTIVES:

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<tr>
<th>Course Objectives</th>
<th>Assessment Goals</th>
<th>Assessment Strategies</th>
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<tr>
<td>1. Complete ARRT elective and required competencies according to programmatic</td>
<td>1. Finish the mandatory clinical competencies as recommended by the ARRT.</td>
<td>Competencies&lt;br&gt;Terminal Competencies&lt;br&gt;Clinical Tests&lt;br&gt;Self-evaluation&lt;br&gt;Repeat</td>
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<td>requirements.</td>
<td>2. Finish the elective clinical competencies as recommended by the ARRT.</td>
<td>Analysis&lt;br&gt;Oral Comprehensive Final&lt;br&gt;Professional Development</td>
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<td>(GEO 1,2,4,5,6,7, 8)</td>
<td>3. Complete all programmatic competencies as required for graduate radiographers.</td>
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<td>2. Complete the terminal competency sequence as defined according to programmatic</td>
<td>1. Demonstrate compassionate patient care as defined in the terminal competency assessment.</td>
<td>Competencies&lt;br&gt;Terminal Competencies&lt;br&gt;Clinical Tests&lt;br&gt;Self-evaluation&lt;br&gt;Repeat</td>
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<td>requirements.</td>
<td>2. Demonstrate knowledge of positioning skills as defined in the terminal competency assessment.</td>
<td>Analysis&lt;br&gt;Oral Comprehensive Final&lt;br&gt;Professional Development</td>
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<td>(GEO 1,2,4,5,6,7, 8)</td>
<td>3. Apply radiation protection standards during the terminal competency assessment.</td>
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<td>4. Select appropriate exposure technical factors according to the radiographic exam performed and patient</td>
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<td>body habitus.</td>
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<td>3. Apply radiation protection principles in the performance of imaging procedures.</td>
<td>1. Exercise the ALARA concept in the performance of mobile, trauma, operative, fluoroscopy, and routine</td>
<td>Competencies&lt;br&gt;Terminal Competencies&lt;br&gt;Clinical Tests&lt;br&gt;Self-evaluation&lt;br&gt;Disaster</td>
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<td>radiographic procedures.</td>
<td>Drill&lt;br&gt;Repeat Analysis&lt;br&gt;Oral Comprehensive Final&lt;br&gt;Professional Development</td>
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<td>(GEO 1,2,4,5,6,7, 8)</td>
<td>2. Utilize collimation for the purpose of reducing patient dose and improving image quality.</td>
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<td>3. Utilize the appropriate SID to ensure image quality and to reduce patient entrance skin dose.</td>
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<td>4. Demonstrate critical thinking and sound judgment in the performance of</td>
<td>1. Student exercises good judgment which is evident by the completion of passed competencies on the first</td>
<td>Competencies&lt;br&gt;Terminal Competencies&lt;br&gt;Clinical Tests&lt;br&gt;Self-evaluation&lt;br&gt;Quizzes</td>
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<td>radiographic examinations.</td>
<td>attempt.</td>
<td>Drill&lt;br&gt;Repeat Analysis&lt;br&gt;Oral Comprehensive Final&lt;br&gt;Professional Development</td>
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<td>(GEO 1,2,4,5,6,7, 8)</td>
<td>2. Student applies positioning knowledge by adapting the imaging exam according to patient condition.</td>
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<td>3. Student modifies positioning according to patient body habitus.</td>
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<td>4. Student exercises critical thinking with the ability to analyze complex situations and independently</td>
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<td>thinking “outside of the box” during the completion of terminal competencies, clinical tests, and routine</td>
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<td>imaging examinations.</td>
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<td>5. Exercise professionalism by practicing the standard of care as defined</td>
<td>1. Student exercises the ARRT code of ethics in practice within the clinical setting.</td>
<td>Competencies&lt;br&gt;Terminal Competencies&lt;br&gt;Clinical Tests&lt;br&gt;Self-evaluation&lt;br&gt;Disaster</td>
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<td>according to the ASRT and ARRT organizations.</td>
<td>2. Student exercises the patient’s bill of rights in practice within the clinical setting.</td>
<td>Drill&lt;br&gt;Repeat Analysis&lt;br&gt;Oral Comprehensive Final&lt;br&gt;Professional Development</td>
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<td>(GEO 1,5,6,7,8)</td>
<td>3. Student accepts the supervision of clinical instructors, staff technologists, and program faculty which</td>
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<td>which is evident in student conduct through body language and speech.</td>
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<td>4. Student is respectful of the patient at all times, placing the patient’s needs first, by maintaining a</td>
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<td>positive attitude in the clinical environment.</td>
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<td>6. Evaluate learning in the clinical environment.</td>
<td>1. Identify learning lessons experiences during mobile, trauma, fluoroscopy, operative, and ER clinical</td>
<td>Competencies&lt;br&gt;Terminal Competencies&lt;br&gt;Clinical Tests</td>
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<td>rotations.</td>
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| (GEO 1, 2, 5, 6, 7, 8) | 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.  
3. Identify personal strengths and weaknesses in positioning skills by engaging in image analysis. | Self-evaluation  
Quizzes  
Repeat Analysis  
Oral Comprehensive Final  
Professional Development |
|---|---|---|
| 7. Apply age-specific competencies in the clinical environment. | 1. Demonstrate knowledge of appropriate communication for the neonate and pediatric patient.  
2. Demonstrate knowledge of appropriate communication for adolescent patients.  
3. Demonstrate knowledge of appropriate communication for the adult patient.  
4. Demonstrate knowledge of appropriate communication for the geriatric patient. | Competencies  
Terminal Competencies  
Clinical Tests  
Self-evaluation  
Disaster Drill  
Repeat Analysis  
Oral Comprehensive Final  
Professional Development |
| (GEO 1, 2, 5, 7, 8) | 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. | Competencies  
Terminal Competencies  
Clinical Tests  
Self-evaluation  
Disaster Drill  
Repeat Analysis  
Oral Comprehensive Final  
Professional Development |
| 8. Assess and evaluate psychological and physical changes in the patient’s condition and carry out appropriate actions. (GEO 1, 2, 5, 7, 8) | 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. | Competencies  
Terminal Competencies  
Clinical Tests  
Self-evaluation  
Disaster Drill  
Repeat Analysis  
Oral Comprehensive Final  
Professional Development |
| 9. Apply infection control and standard precautions during patient interaction in radiographic procedures. (GEO 1, 2, 5, 7, 8) | 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. | Competencies  
Terminal Competencies  
Clinical Tests  
Self-evaluation  
Disaster Drill  
Quizzes  
Repeat Analysis  
Oral Comprehensive Final  
Professional Development |
| 10. Demonstrate knowledge computed and digital radiographic equipment operation during mobile, trauma, operative, and routine imaging procedures. (GEO 1, 2, 4, 5, 6, 7, 8) | 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. | Competencies  
Terminal Competencies  
Clinical Tests  
Self-evaluation  
Disaster Drill  
Repeat Analysis  
Oral Comprehensive Final  
Professional Development |
| 11. Evaluate radiographic images for pertinent anatomical structures, pathological conditions demonstrated, appropriate exposure factors selected, and presence of artifacts. GEO (1, 2, 4, 5, 6, 7, 8) | 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  
Terminal Competencies  
Clinical Tests  
Self-evaluation  
Repeat Analysis  
Oral Comprehensive Final  
Professional Development |
| 12. Assess, analyze, and identify the patient’s cultural diversity practices as each applies to patient care. (GEO 1, 2, 4, 5, 6, 7, 8) | 1. Practice therapeutic communication to obtain patient history and information pertinent to the imaging examination.  
2. Identify the patient’s cultural needs pertinent to the performance of imaging procedures.  
3. Identify key family members responsible for | Competencies  
Terminal Competencies |
assisting in the decision making process for the delivery of healthcare.

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.

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<th>Course Content:</th>
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<tr>
<td>1. Exercise the priorities required in daily clinical practice.</td>
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<td>2. Execute imaging procedures under the appropriate level of supervision.</td>
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<td>3. Adhere to concepts of team practice that focus on organizational theories, roles of team members and conflict resolution.</td>
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<td>4. Adapt to changes and varying clinical situations.</td>
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<td>5. Support patient-centered clinically effective service for all patients regardless of age, gender, disability, special needs, ethnicity or culture.</td>
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<td>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.</td>
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<td>7. Choose patient and family education strategies appropriate to the comprehension level of patient/family.</td>
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<td>8. Manage interactions with the patient and family in a manner that provides the desired psychosocial support.</td>
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<td>9. Evaluate the patient’s status and condition before, during and following the radiologic procedure to demonstrate competence in assessment skills.</td>
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<td>10. Demonstrate skills in assessment and evaluation of psychological and physical changes in the patient’s condition and carry out appropriate actions.</td>
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<td>11. Examine gender, cultural, age and socioeconomic factors that influence patient compliance with procedures, diagnosis, treatment and follow-up of patients.</td>
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<td>12. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.</td>
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<td>14. Assess patient using the ABCs of CPR and demonstrate basic life support procedures.</td>
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<td>15. Respond appropriately to patient emergencies.</td>
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<td>16. Interpret patient side effects and/or complications of radiologic procedures, contrast administration and take appropriate actions.</td>
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<td>18. Differentiate between normal ECG rhythms and abnormal ECG tracings.</td>
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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.
53. Discuss the classifications of trauma.
54. Describe examples, sites, complications and prognosis for classifications of trauma.
55. Describe radiologic procedures used in the diagnosis of trauma.
56. Describe the radiographic appearance of selected disease.
57. Identify radiologic procedures and interventional techniques appropriate for diseases of each body system.
58. Identify diseases caused by or contributed to by genetic factors.
59. Demonstrate an understanding of patient care according to age-specific competencies.

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).

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.
WWCC Radiologic Technology Program

Clinical Policies and Procedures
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. 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) Schedule, (2) Rubrics and Forms and (3) Assignment information. Content folders will be labeled 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.
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. This 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 Clinical Coordinator will be considered unexcused and result in a three percentage point deduction from the final course grade.** In the event that neither of these individuals is available at the time of the call, a voice message is to be left on the voice mail. **NO TEXT MESSAGES OR EMAILS ACCEPTED.**

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

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

**Students are not permitted more than 16 hours of excused clinical hours. Students missing more than 16 hours of clinical time will earn a grade of F for the RDT 263 Clinical Practicum V 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 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.

**EMERGENCY INFORMATION:**
In the event of a flu epidemic or other emergency that results in the suspension of classes, faculty will be communicating with students about their courses and course requirements, such as assignments, quiz and exam dates, and class and grading policies, via faculty websites or Blackboard. Students will be responsible for completing all these assignments in accordance with class policies. Information about the resumption of classes will be communicated via the College's website and email system.

**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.**

**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 class communication. It is the student’s responsibility to enter Blackboard daily in all RDT courses to view messages, announcements, retrieve class notes, and review materials.
**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 on page 6.

**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).
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 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 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**

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

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

**Student Clinical Conduct Guidelines:**

Students are expected to adhere to the following guidelines:

1. Follow accepted patient handling procedures and techniques as outlined in the course syllabi of completed courses and courses for which the student is currently enrolled.
2. Carefully note any special procedures that must be obeyed, such as isolation, by examining the patient's requisition chart.
3. Any failure to follow proper procedure must be immediately reported to the appropriate nursing personnel and the Clinical Instructor.
4. Report any suspicion of exposure to communicable disease to the Clinical Instructor or WWCC RDT Department Head.
SUPERVISION POLICY
1. Second-year students may not supervise first-year students in the clinical areas.
2. All students receive direct supervision from a registered technologist assigned to
   the clinical area when performing examinations in which they have not passed the
   competency evaluation.
3. Students who have satisfied the clinical competencies for the assigned clinical
   area may receive direct or indirect supervision from a registered technologist assigned to the
   clinical areas.
4. All students in a room where there is the use of intravascular contrast media must have a
   registered technologist present during the entire examination.
5. The radiologist may at any time request that a technologist be present during an examination.
   These requests should be made to the clinical instructor or the technologist in charge.
6. A registered technologist must be present when a student is performing any portable
   examination.
7. The student may at no time operate any radiographic equipment without direct or indirect
   supervision present.
**DIRECT SUPERVISION:**
A qualified Radiographer is present in the radiographic room during the entire examination. Students are under direct supervision for contrast exams, traumas, mobile radiography exams, and when operating the C-ARM. In addition, Direct supervision is determined according to the 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 will be dismissed from the program.
**Human Subjects Policy**
At times the student may have to simulate radiographic positioning skills on individuals who have agreed to be positioning models. These individuals are solely utilized for the purpose of simulating actual examinations and at no time are to be exposed to ionizing radiation. In addition, the student is not to perform any radiographic procedures on any of their classmates for the purpose of "viewing their anatomy".

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

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

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

**CONTRAST ADMINISTRATION**
Students are permitted to inject iodinated contrast media only in the presence of a registered technologist. **DIRECT SUPERVISION MUST BE RECEIVED FOR ALL CONTRAST EXAMS.**
Scheduled Clinical Hours

• Students are expected to complete all scheduled clinical rotations.
• Students may NOT stay late, come in early, or participant in additional clinical hour without permission of the Clinical Instructor.

Practicing in the Clinical Setting

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

Breaks
Students must remain in assigned clinical areas to perform all radiographic examinations in which they are actively involved or qualified to perform. The CI will notify the student of when they may take a 15 minute break in the morning and when they may take their 45 minute lunch break. A student may elect to not take a morning break and have a 1 hour lunch break. There are NO breaks during the afternoon. 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.
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 reprimand 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 263 clinical semester.

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

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

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

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 not required to complete a specific number of exams before completing a competency. The student should exercise good judgment before attempting a clinical competency.

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

3. Students must present documentation of the completed exams to the CI or registered technologist before starting the competency evaluation.

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

5. 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.

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. THERE 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 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.**

**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 a remedial exam with the 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:**

(GEO 1, 2, 3, 4, 5, 6, 7, 8) (CO 1, 3, 4, 5, 6, 7, 8, 9, 10, 110)

The competency sequence is completed this semester. Students are expected to complete ARRT mandatory and electives by April 17, 2015. Failure to complete required amount of electives and mandatory ARRT competencies by this date will result in course failure and the inability to sit for the ARRT licensure examination.

**TERMINAL COMPETENCIES (35% of final grade)**

(GEO 1, 2, 3, 4, 5, 6, 7, 8) (CO 2, 3, 4, 5, 6, 7, 8, 9, 10, 11)

The successful completion of all ARRT and programmatic mandatory and elective competencies moves the student into the terminal phase of the clinical competency program. The student will perform a selection of radiographic examinations in order to satisfy the terminal competency component.

Terminal competencies will be evaluated on the same level as prior clinic tests. **Terminal competencies will be done at all clinic sites.**

Students will be evaluated on their performance of 11 radiographic examinations from the following categories:

- (2) Spine
- (1) ICU Portable Chest
- (3) Upper Extremity Examinations
- (3) Lower Extremity Examinations
- (1) Fluoroscopy Barium Study
- (1) Fluoroscopy Sterile Procedure

**The following errors will result in an earned grade of “0” for the projection:**

1. Failure to ask pregnancy
2. Absence of correct anatomical marker
3. Failure to shield patient
4. Failure to check patient’s armband and confirm DOB
5. Failure to obtain doctor’s orders before bringing the patient into the examination room
6. Failure to obtain patient history
7. Failure to follow through complete workflow independently to include: performing the exam, completing paperwork, discharging patient, and obtaining an interpretation from the radiologist.
Personal Image Evaluation (10% of final grade)  
(GEO 1,2,4,7,8) (CO 3,4,6,10,11)  
The student will meet with the Faculty staff to evaluate their images that have been done during the program. The student will critique/evaluate their own performance.  
A rubric will be posted on Blackboard.

TRAUMA DRILL (10% of the final grade)  
(GEO 1,2,4,7,8) (CO 3,4,5,10,11)  
Students will perform a Trauma Drill utilizing a phantom in the energized lab. Many graduates have been hired to work in an ER setting and must independently carry out duties associated with trauma patients. The purpose of this drill is to prepare students for trauma situations in the workplace.  
A rubric will be posted on Blackboard and details of the drill will be discussed in class.

TERMINAL ORAL CLINICAL EXAM (30 % of final grade)  
(GEO 1, 2, 4, 7) (CO 10, 11)  
Students will complete a terminal oral final examination. The faculty/staff will ask the students a series of questions concerning the following topics:

- Radiation Protection
- Equipment Operation and Quality Control
- Image Acquisition and Evaluation
- Imaging Procedures
- Patient Care and Education

The oral clinical exam schedule will be posted on Blackboard.
Radiologic Technology Program
Clinical Assignments
Quizzes, Professional Development
ASSIGNMENTS (10% of the course grade)

Repeat Analysis
(GEO 1, 2, 6, 7, 8) (CO 1, 2, 4, 6, 10, 11)
The student is expected to submit a repeat analysis to summarize the clinical experience in terms of repeated procedures, common errors, and lessons learned. This assignment should be typed and provide a graph depicting the student's repeat trends. The Repeat Analysis is Due April 19, 2015. The Repeat Analysis should be submitted through Blackboard by 11:00 pm April 19, 2015. NO LATE ASSIGNMENTS will be accepted.

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

Professionalism Oral Presentation
(GEO 1, 2, 5, 8)(CO 6, 13)
The student will give an oral presentation which will be a “mock” job interview. A rubric will be posted on Blackboard and discussed in class.

Student Evaluation
(GEO 1, 2, 5, 8)(CO 6)
At the end of the semester, the student will complete an evaluation. The purpose of this assignment is to have the student reflect on their performance, strengths and weaknesses throughout the duration of the clinical program. In addition, the student will provide the instructor with honest feedback on specific questions relating to the clinical experience. The assignment questionnaire will be posted on Blackboard and should be submitted Blackboard by 11:00 pm April 19, 2015. NO LATE ASSIGNMENTS will be accepted.

Professional Development/Affective Assessment (10% of the final grade)
(GEO 1, 2, 5, 7, 8)(CO 1, 2, 3, 4, 5, 6, 8,9,10, 11,12,13)
At the end of the semester, the clinic instructors/Program faculty will evaluate the student's professional and affective growth. The student will have received several evaluations during the first half of the semester to provide constructive feedback. This final evaluation will represent 10% of the student's final grade. The rubric will be posted on Blackboard.
**COURSE EVALUATION**

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight</th>
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</thead>
<tbody>
<tr>
<td>Terminal Competencies</td>
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<tr>
<td>Terminal Oral Final Examination</td>
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<tr>
<td>Personal Image Evaluation</td>
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<tr>
<td>Professional Development/Affective Assessment</td>
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<tr>
<td>Trauma Drill</td>
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<td>Assignments</td>
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**GRADING SCALE:**

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<tr>
<td>B</td>
<td>84-92</td>
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<td>D</td>
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<tr>
<td>F</td>
<td>0-65</td>
<td>Failing</td>
</tr>
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</table>

A FINAL GRADE BELOW A 75.0% RESULTS IN COURSE FAILURE AND DISMISSAL FROM THE RADIOLOGIC TECHNOLOGY PROGRAM. GRADES ARE NOT ROUNDED. A FINAL GRADE OF 74.9% WILL RESULT IN COURSE FAILURE AND DISMISSAL FROM THE RADIOLOGIC TECHNOLOGY PROGRAM.