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1. Program General Information

1.1 Foreword

Becoming a Radiographer is a challenging but rewarding process. This Radiography Student Handbook has been prepared by the CSCC Medical Imaging Program to guide you through your training in class and clinical, and to orient you to the services available as a student at Columbus State.

This handbook contains policies, procedures and behavior expectations for classroom, laboratory and clinical portions of the program. Its contents are designed to provide a framework to develop the knowledge, skills and attitudes important for professional development. Revisions of its contents will be distributed to students in the form of amendments which become effective and will take precedence at the time of distribution unless otherwise stated.

The information contained herein is subject to change, and a policy changed by Program Director takes precedence over this manual.

Columbus State also has a Student Handbook for the College as a whole, which can offer you more information regarding the services of the College, as well as your responsibilities as a student.

Our goal is your success in completing your academic endeavors. Good luck with your academic pursuit! Feel free to actively seek our support.

The Radiography Faculty and Staff,
Medical Imaging Department
Columbus State Community College

1.2 Mission Statement

The mission of the Columbus State Community College Medical Imaging program is to provide quality educational programs that meet the life-long learning needs of its community. This is achieved by preparing graduates for entry-level employment as a medical imaging professional. This is consistent with the Columbus State Community College Mission Statement

1.3 Statement of Role and Scope

The program implements its mission through a clearly defined set of objectives and outcomes that meet and exceed the “Standards” for an accredited program through the Joint Review Committee on Education in Radiologic Technology.

Didactic Instruction. The program follows the American Society of Radiologic Technologists curriculum guide in the presentation of Radiography content and meets or exceeds program accreditation requirements of the Joint Review Committee on Education in Radiologic Technology

Clinical Education. The program prides itself on the professional behavior and clinical competency skills of its graduates. Clinical rotations through all phases of radiography are required
Critical thinking skills and problem solving methods are emphasized.

**Customer Service.** The program teaches and evaluates students in the affective areas of patient care. Teamwork, professionalism, and patient management skills are assessed throughout the curriculum. Involvement in professional society functions is strongly encouraged.

**Access Programs.** The program provides students with counseling, tutoring and job search services. Program and student assessment strategies are constantly being performed to improve and enhance the program and the student experience.

**Assessment.** All phases of the program are assessed to insure quality services are provided to the student, employer and future patients. Areas such as admissions, course evaluations, classroom observations, graduate performance on certification exams, and student satisfaction surveys provide feedback for assessment and improvement. The Advisory Committee, and Clinical Instructors Committee meet regularly and are active in assessing and improving the quality of the program.

**1.4 Statement of Values**

The program respects the diversity of its students and recognizes the worth, dignity, and potential of each student. Therefore, the program affirms the following values and beliefs:

**Commitment to Students.** Belief in the priority of the finest instruction, resources and support services to enhance the growth and development of our students. The program supports students in clarifying their life long goals, developing interpersonal and professional skills, and becoming self sufficient.

**Commitment to Excellence in Education.** Belief in providing and being accountable for the quality of medical and general education and student support services.

**Commitment to Faculty and Staff.** Recognition of the importance and contribution of all individuals who collectively create a positive learning environment. All members of the Radiology and College community should have the opportunity to enhance their potential for purposeful, gratifying and productive lives.

**Quality Clinical Environment.** Recognition of the importance of providing a learning environment that is characterized by integrity, clear communications, open exchange of ideas, fairness in evaluations and respect for all individuals.

**Effective Use of Resources.** Belief in the effective use of College and program resources to provide quality education and services to its students and community and to be accountable to all of its clinical affiliates.

**1.5 Program History**

Radiography Education is not new to Columbus State Community College. Columbus State began a partnership with the Riverside Methodist Hospitals School of Radiologic Technology in 1989 and began providing the Associate Degree in Technical Studies in 1993. In June of 1995, Columbus State accepted the first class of Radiography students. Riverside continues their support of the program as a major clinical site. In January 1996, Doctors Hospitals North and West joined the program by becoming major clinical sites. Grant Medical Center became a major clinical affiliate in September 1998. Since then Berger Health Systems, Memorial Hospital of Union County, Grady Memorial Hospital, Madison County Memorial Hospital, Nationwide Children’s Hospital, Dublin
Methodist Hospital, and the Veteran’s Affairs Outpatient facility have joined as affiliates to the program. As a Columbus State program, radiography will continue to grow to address the ever-expanding needs of this profession.

1.6 Program Accreditation
The Columbus State Community College Radiography Program is approved by:

- The Ohio Board of Regents, 30 E Broad Street, 34th floor, Columbus, Ohio 43266, (614) 466-0390 or (614) 466-6000.

- The Joint Review Committee on Education in Radiologic Technology, 20 N. Wacker Dr., Suite 900, Chicago IL 60606-2901, (312) 704-5300. (www.jrcert.org)

- North Central Association of Colleges (www.ncacasi.org)

1.7 Program Goals and Objectives
The program holds as its primary objectives, the education and training of qualified applicants to become competent radiographers. The program endeavors to instill in students, and subsequently graduates the following program goals:

1. Develop graduates who will recognize the need for life-long learning in their chosen profession.
2. To graduate students with the ability to behave in a compassionate, ethical and professional manner.
3. To graduate students who will successfully complete all program requirements, meet entry-level expectations of employers, and successfully complete the ARRT national certification exam.
4. To develop applied skills in effective communication, critical thinking, and problem solving in the practice of the radiography profession.

1.8 Library Resources
The Columbus State Community College Library maintains a Radiography Research Guide which enables students to access textbooks, professional journals, reference materials, and online resources related to the field of radiology.

These can be easily accessed at http://library.cscc.edu/radiography

1.9 Educational Facilities
The Medical Imaging Program offices, laboratory, and classroom are located at 389 North Grant Avenue, the GR building. Classes and laboratory schedules are posted each semester on the college website.
1.10 Program Curriculum Plan, Course Descriptions, Calendar

Course descriptions, the Program Curriculum Plan of Study and College Calendar are available on the college website and catalog. Program Curriculum is subject to revision. Columbus State Community College reserves the right to change this calendar when appropriate. Notice of any curriculum changes will be given at the earliest possible date and made available to all students in the program. See the College website for current information.

http://www.cscc.edu/academics/departments/pos15-16/imag/RAD.AAS.pdf
http://www.cscc.edu/academics/calendar/
http://www.cscc.edu/academics/courses15-16/imag.shtml

2.0 Professional and Credentialing Organizations

2.1 The American Registry of Radiologic Technologists

The A.R.R.T. is a national certifying organization for the radiologic technology profession. It’s mission is to:

- Adopt and uphold standards for educational preparation for entry into the profession.
- Adopt and uphold standards of professional behavior consistent with the level of responsibility required by professional practice.
- Develop and administer examinations that assess the knowledge and skills underlying the intelligent performance of the tasks typically required by the professional practice in the modality.

ARRT registration is a mandatory prerequisite in most states to practice as a radiographer and is a likely requirement for employment. Program graduates are eligible if they meet all of the ARRT requirements to include completion of all program requirements and meeting the ethics requirements.

ARRT Applications are made available to graduating students by the Program Coordinator at the beginning of their graduating semester. Specific information and applications may also be found by contacting the ARRT or on their website, www.arrt.org.

2.2 The Ohio Department of Health

All individuals employed to administer ionizing radiation for medical imaging are required to be licensed with the Ohio Department of Health, Bureau of Radiation Safety. Graduates of the Radiography Associated Degree program are eligible to apply for a radiography license.

Associate Degree Radiography program students in good standing who have completed appropriate coursework and are within 12 months of graduation may request a clinical module affidavit to apply for a limited radiography license (GXMO). For more information, contact the department at the following address:
Ohio Department of Health
Radiologic Licensure
Columbus State also offers GXMO certificate program approved by the Ohio Department of Health. See the GXMO section of the Medical Imaging homepage for more information.

2.3 Ohio Society of Radiologic Technologists

Students are expected to join professional organizations which promote continuing education and provide a diverse learning experience through meetings.

The OSRT presents an Annual Spring Meeting as well as various seminars and registry review programs throughout the year. Members receive a bi-monthly newsletter and a professional journal. All program students become members with payment through course lab fees. More information is available at www.osrt.org.

2.4 American Society of Radiologic Technologists

This is a national professional organization. A bimonthly professional journal is published by the A.S.R.T. which contains topics of interest for radiographers and students. The A.S.R.T. holds an annual meeting at various locations throughout the United States and this society offers benefits such as insurance policies available to members at reasonable rates. Student membership is available through www.asrt.org.

General Program Policies
3.0 Program Personnel
3.1 College Personnel

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Office Associate
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Terrence A. Brown,
Ph.D.
Chairperson
Veterinary Imaging and
Surgical Technology
Department
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3.2 Primary Site Clinical Instructors

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Clinical Instructor
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(614) 566-5703 Dept.
Amy.Bidlack@ohiohealth.com

Grant Medical Center
Michi Fletcher, AAS, RT(R)
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111 S. Grant St
Columbus, Ohio 43215
(614) 566-9519
Michi.Fletcher@ohiohealth.com

Doctors West Hospital
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Shellie.Sharfenaker@ohiohealth.com

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Sue.Heinsius@memorialhosp.org

Berger Health System
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Chantelle Hockinberry, RT (R)
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Bridget.donahue@bergerhealth.com
Chantelle.hockinberry@bergerhealth.com

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Delaware, Ohio 43015
(740) 615-1082
Chasity.Chandler@ohiohealth.com

Dublin Methodist Hospitals
Said, Chaouki, BS. RT (R)
Clinical Instructor
7500 Hospital Drive
Dublin, Ohio 43016
(614) 544-8301
Vocera (614) 544-5000
Schaouk2@ohiohealth.com

OhioHealth Pickerington Medical Campus
Leslie Mayes, AAS, RT(R)
Clinical Instructor
1010 - 1030 Refugee Road
Pickerington, OH 43147
(614) 788-4000
3.3 Secondary Site Clinical Instructors

<table>
<thead>
<tr>
<th>Location</th>
<th>Clinical Instructor(s)</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chalmers P. Wylie VA Ambulatory Care Center</td>
<td>Cayte Coakley RT(R)</td>
<td>(614) 257-5962 <a href="mailto:cathleen.coakley@va.gov">cathleen.coakley@va.gov</a></td>
</tr>
<tr>
<td>Nationwide Children’s Hospital Main Campus</td>
<td>Brooke Gilmour, RT(R)</td>
<td>(614)-722-2368 <a href="mailto:Brooke.gilmour@nationwidechildrens.org">Brooke.gilmour@nationwidechildrens.org</a></td>
</tr>
<tr>
<td>Nationwide Children’s Hospital Sports Medicine</td>
<td>Becky Fluke, RT (R)</td>
<td>(614) 355-6040 <a href="mailto:Becky.fluke@nationwidechildrens.org">Becky.fluke@nationwidechildrens.org</a></td>
</tr>
<tr>
<td>Grove City Health Center (OhioHealth)</td>
<td>Melissa Sladoje, RT (R)</td>
<td>(614) 544-0020 <a href="mailto:msladoje@ohiohealth.com">msladoje@ohiohealth.com</a></td>
</tr>
<tr>
<td>Westerville Medical Campus (OhioHealth)</td>
<td>Cathy Hawley, RT (R)</td>
<td>(614) 533-3105 <a href="mailto:chawley@ohiohealth.com">chawley@ohiohealth.com</a></td>
</tr>
</tbody>
</table>

3.4 Advisory Committee

The prime overall direction and guidance for the program is achieved through the Advisory Committee and its subcommittees. This committee essentially establishes all policies and procedures, modifies the curriculum, identifies program goals, strengths and weaknesses, and determines methods of program improvement. In general, the committee usually meets three times per year in conjunction with semester clinical instructor meetings. The current Radiology Student Association President is invited to serve on the Advisory Committee.

3.5 Radiology Student Association

Each class will form a student council to hold periodic meetings to discuss common student interests and problems. One representative from both classes shall be elected to serve as class president and as student representative to the Advisory Committee. This group coordinates and conducts fund raising activities to offset the cost of attendance at professional society meetings.

4.0 Program Admission

The most current Program Admission Requirements are available on the Medical Imaging home page of the CSCC website.
4.1 Student Selection/Acceptance

Admission to the Radiography program is selective. Interested applicants must complete the admission process detailed in the College Catalog Medical Imaging Associate Degree section and any online admission instructions found on the CSCC Radiography home page.

Final acceptance of an applicant is contingent upon satisfactory completion of a health assessment and reference check. Should an applicant decide to decline the offer of admission, he/she should contact the program, in writing, as soon as possible to allow another applicant to be considered. Each new radiography student must attend a hospital orientation session at their home clinical site. The home clinical site will be determined during the first semester of the program. Student input will be solicited but the program will determine final clinical placements. Classes begin Autumn Semester as established by the Columbus State Community College calendar.

4.2 Program Withdrawal

1. The student who elects to voluntarily withdraw from the program is required to notify the program director in writing of their intentions.
2. All debts incurred to date MUST be paid in full before leaving the program.
3. A tuition refund may be made as established by the college tuition refund policy.
4. The student is responsible for withdrawing from individual courses as established by the College.

4.3 Readmission to the Program

The following policy applies to the readmission of a former student into the radiography program:

1. Applicants previously dismissed from this or other health care related programs for academic or professional reasons will not be eligible for admission through the routine admission process.
2. Any student who withdraws from the program must petition for readmission and must meet all requirements of the program at the time of readmission.
3. Petitioning for readmission involves the completion of a new application and personal advising with program director.
4. Any student readmitted who has received a grade of "D" or lower in any technical course, must repeat the course. In addition, the student who is readmitted must take proficiency examinations for each technical course previously completed with a grade of "C" or better.
5. Any student who is readmitted must progress through the Competency-based Clinical Education System, beginning with the first category.
6. The final decision for readmission into the program is contingent upon acceptance by the program admissions committee, maximum allowable number of students and approval of the clinical site officials on a space available basis.
4.4 Transfer Students

A student in good standing and with the approval of their current program may be considered for acceptance into the Columbus State Community College, provided that the maximum number of students is not exceeded. Each transfer request is handled on an individual basis and the procedure for applying to the program as a transfer student involves the following:

1. The student must submit a complete application, as required for Columbus State Community College.
2. An official transcript, to include the final course grades, course descriptions, and a definition of the grading system used by the previous program must be submitted.
3. Previous records must indicate the exact dates of education secured to date. These dates must be verified and will be applied toward graduation. The combined length of both programs will not be less than 5 semesters in length. All transfer students will follow the program calendar as to the tentative date of graduation.
4. Final acceptance of a transfer student is determined by the program admissions committee and is contingent upon the following:
   a. Program admissions criteria have been met.
   b. A letter from the former radiography program director indicating the student was in good standing at the previous program during the entire length of their enrollment. Extenuating circumstances should be provided in detail. The student's level of performance, as determined by course grades, must be comparable to those standards established by Columbus State Radiography Program. Transfer credit will be given when applicable.
   c. A written agreement between the student and the program must be completed and entered into the student's permanent file. This agreement must include both clinical and didactic education requirements, the date of admission and a tentative graduation date. Such an agreement must be acceptable to both parties, and must be submitted to the Admissions Committee for consideration of admission.
   d. Successfully complete a College health record.
   e. Based on a clinical seat available basis.
4.5 Pre-Entrance Physical Health Assessment

Final acceptance into the program is contingent upon satisfactory completion of a health assessment to be filed with the CSCC Student Health Records Office. As determined by Health Records Office, each student must submit all immunization and health records to Health Records Office at CSCC during the pre-entrance physical examination. Please contact the Leslie Washington, College Health Records Office at 614-287-2141 to obtain information.

4.6 Criminal Background Check and Drug Screening

Radiography students are required to submit a criminal background check and drug screening prior to final acceptance. Final acceptance into the program may be delayed or denied based upon the results.

4.7 Technical Standards

Radiographers and students in training are expected to be able to meet the mental, physical, and professional standards essential to the profession. Below are examples of standards common to the radiography profession. If a student has a known disability, it should be brought to the attention of the program director.

**Radiography students must be able to meet the following physical and mental requirements to perform essential functions of a radiography student:**

1. Demonstrate manual dexterity and adeptness in using the hands to manipulate x-ray equipment and adjust the x-ray tube, which is at a height of 76-80 inches from the floor.
2. Lift, handle and carry x-ray accessories and up to 5 radiographic cassettes which weigh up to 40 or 50 pounds.
3. Transfer and skillfully position patients who may weigh up to 300 pounds or more.
4. Safely operate a mobile radiography machine for bedside radiographs.
5. Give clear verbal commands to the patient who is positioned for the radiograph at a distance of 6 to 10 feet from the technologist control area.
6. Read and apply appropriate instructions in charts, records, and from requisitions and other forms of communication.
7. Must have sight corrected, so as to be able to read and adjust the x-ray control panel, to be able to correctly position the patient, and observe them from a distance of 6 to 20 feet.
8. Hearing must be corrected, so as to be able to hear and understand the patient or other health care professionals at a distance of 6 to 10 feet.
9. Visually monitor patients in dim light and/or in noisy conditions. Visually monitor patients via video screens during routine fluoroscopic/surgical imaging; 14 inch screen at a distance of up to 15 feet.
10. Must not be highly allergic to developer or fixer chemicals, contrast media and/or latex gloves.
11. Must not be chemically dependent.
12. Must react rapidly and appropriately in emergency situations.
13. Be poised, neat and well groomed, tactful, diplomatic, discreet, flexible, versatile, ethical, professional, reliable and dependable.
14. Be able to understand and follow verbal and written instructions completely in academic setting and in routine and emergency clinical health care setting.
15. Demonstrate the capacity for calm and reasoned judgment in a health care environment.
16. Be free from health or medical disorders (physical or mental) that limit the ability to completely and efficiently perform the duties of a student radiographer.
17. Be emotionally stable in an environment that involves life and death situations.
18. Demonstrate integrity and honesty in all matters as expected in a health care professional.
19. Enjoy patient contact and enjoy working with people.
20. Be able to stand for extended periods of time.

4.8 Student Accommodation

It is CSCC policy to provide reasonable accommodations to students with disabilities. The Radiography program is committed to making reasonable accommodations to all students while maintaining the high academic and clinical standards of the program.

Disability Services provides a number of support services and adaptive equipment that allow a person with a disability to participate fully in all aspects of their education experience at Columbus State. The services include but are not limited to:
For more information, contact the Disability Services Department

Eibling Hall, Room 101
550 East Spring Street
Columbus, Ohio  43215
Disability Services
Eibling Hall 101
614-287-2570 (V/TTY)
866-773-5131 (VP)
614-429-1227 (VP)
614-287-6054 (Fax)
http://cscc.edu/Disability/

5.0 Student Safety

5.1 Medical Insurance
During the course of the program, students are responsible for their own health insurance. Due to the high cost of medical care, students should have medical coverage, either through parent, spouse, or individual policies. Columbus State does offer health insurance. Information is available at the CSCC Health Records Office.

5.2 Liability Insurance
College shall maintain liability insurance policies insuring against liability arising from the acts and omissions of its students and employees. The limits of such policies shall not be less than $1,000,000 per occurrence and $3,000,000 aggregate through umbrella coverage. College shall provide proof of such coverage upon request.
Students are encouraged to carry supplemental liability insurance to cover any incidents not covered by the college liability insurance.

5.3 Infection Control Policies
Radiology departments are visited by many patients per day. It is virtually impossible to identify individual patients who have a potentially infectious disease. Many times exposure is learned about after the fact. Therefore every patient should be handled as though an infectious exposure is possible. Blood and body fluids contamination is a critical concern in the performance of radiographic procedures or the delivery of health care.

The following policy is adopted by the radiography program to minimize the potential of blood and body fluid contamination. The program adopts the Universal Precautions policy of the Center of Disease control (CDC) and is applicable to all students and faculty associated with the radiography program. Blood and body fluid precautions must be consistently used for all patients regardless of their bloodborne infection status. Blood and certain body fluids of all patients are considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

5.4 General Infection Control Guidelines

1. There will be NO eating, drinking or applying cosmetics in any patient care area.
2. Hands will be washed frequently, especially before eating, after using the rest room, before and after each patient contact, assisting with invasive procedures, and at the beginning and end of each clinical day.
3. Linen and pillowcases on carts and tables must be changed between each patient. The x-ray table top must be disinfected after each patient.
4. X-ray tables, imaging machines and control panels will be cleaned with germicidal detergent as needed.
5. Floors should be mopped regularly by the Environmental Services department. Spills of blood or body fluids will be reported immediately.
6. Walls will be washed periodically.
7. Gloves (and other protective apparel, if applicable) are to be worn when a technologist’s hands may come into contact with blood or body fluids.
8. Sharp items, (needles, scalpel blades, and other sharp instruments) will be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries.
9. Disposable syringes and needles, scalpel blades and other sharp items will be placed in puncture resistant containers located as close as practical to the area in which they are used. To prevent needle stick injuries, needles will NOT be recapped, purposely broken, removed from disposable syringes, or otherwise manipulated by hand.
10. When the possibility of exposure to blood or other body fluids exists, routinely recommended precautions will be followed. The anticipated exposure may require gloves alone, as in handling items soiled with blood or other body fluids, or may also require gowns, masks and eye-coverings when performing procedures or post-mortem examinations.
Hands will be washed thoroughly and immediately if they accidentally become contaminated with blood.

11. To minimize the need for emergency mouth-to-mouth resuscitation, mouth-pieces, resuscitation bags, or other ventilation devices should be located and available for use in areas where the need for resuscitation is predictable.

12. Pregnant students engaged in health care are not known to be at greater risk than students who are not pregnant.

13. Students engaged in health care who have any communicable disease will call off from clinical and be evaluated by their personal physician. Students will be required to participate in any immunization program required of employees at their clinical facility.

5.5 Statement Regarding Infectious Diseases
Students may be exposed to many types of communicable diseases in the clinical environment. These diseases are not limited to but may include: Hepatitis (A, B, C or D), HIV/AIDS, TB, measles, mumps, rubella, rubeola, etc.

ALL students are required to have appropriate immunizations after they are admitted to their program of study (specific information is given to all admitted students). Requirements vary from program to program, depending on the clinical environments. Additionally, although all precautions are taken to minimize exposure and risk, there is always a slight possibility that precautions may fail or that a student may accidentally expose him/herself. All students entering a health-related program of study must be aware of this slight, but real, potential. While students in some programs are required to maintain personal health insurance, ALL students are encouraged to do so.

5.6 Policy for Medical Incidents at Clinical Education Centers
If a student is injured or exposed to hazardous waste/materials in the clinical education center, he/she should use the following procedure in seeking treatment:

1. The student should immediately report the injury to the in charge person (clinical Instructor, or Supervisor) of the area in which the injury occurred.

2. In the case of exposure to a Blood Borne Pathogen (BBP), the student follow the Columbus State Community College Bloodborne Pathogen Exposure Incident Protocol included at the end of this handbook.

3. Depending upon the extent of the injury, the student may be directed to their personal physician, a physician center, or the emergency department. The student is responsible for the cost of any provided medical care.

4. Within 24 hours of the incident the student and/or the clinical instructor will turn in a completed "Significant Incident form" to the Clinical Coordinator.

6. The clinical coordinator will document any appropriate follow-up care to be provided to the clinical instructor and placed in the student clinical file and the College Health Records Office.
5.7 Photographic and X-ray Chemical Hazards
Federal law requires that all individuals must be notified about hazardous chemicals present in the work place. This law applies to all occupations with the basic purpose of raising the level of consciousness on chemical safety. Chemical suppliers are required to prepare Material Safety Data Sheets (MSDS) for all chemicals used in radiology.

The following information concerns x-ray and photographic processing chemicals which will be found on campus. Photographic chemicals are used in radiology for processing x-ray film. Some of these chemicals can cause allergic skin reactions or can irritate the skin with repeated or prolonged contact. The use of gloves can minimize skin contact hazards. MSDS are located in the Radiography Program Laboratory. Sinks are also available in the vicinity should accidental splashing occur while handling or working near processing chemistry.

6.0 Ionizing Radiation Safety
6.1 State of Ohio Radiation Protection Rules
Students in the Radiography Program are expected to conform to the Ohio Department of Health, Radiation Protection Rules, Ohio Administrative Code 3701-38-01 through 3701-40-13 as published by the Ohio Department of Health and posted in each clinical site.

6.2 Radiation Monitor
All radiographers and student radiographers are monitored on a continuous basis by a dosimetry badge type monitor. (See Appendix: Radiation Monitor Agreement). Records of personal exposure to ionizing radiation are maintained by the college Radiation Safety Officer and the program director.

a. Students are to wear a current dosimetry badge (radiation monitor) anytime they are in the clinical setting.

b. Student dosimeter badges should be stored at the primary clinical site when not in use unless the student is traveling to an alternate clinical rotation.

c. Student dosimeter badges must be cared for in the following manner:
   i. Avoid dropping or placing under pressure.
   ii. Avoid extreme heat.
   iii. Avoid moisture – do not launder!

d. Badges are to be worn at the collar outside the lead apron.

e. Students are responsible for submitting and replacing film badges by the expiration date of the badge.

f. Students are responsible for reviewing dosimetry reports distributed by the college.

g. If the film badge monitor should be accidentally exposed to radiation and/or damaged, see the program director and/or Radiation Safety Officer to determine the source of the exposure and review of basic radiation safety procedures.

h. Students wearing a dosimetry badge that shows exposure greater than 300 mrem in one semester will be required to document activities which may have resulted in the higher reading. Incidents of over-exposure (i.e. greater than 1250 mrem per calendar quarter) will be reported to the Director of the Ohio State Bureau of Radiological Health by the Radiography Program Director.
i. Failure to turn in radiation monitor by the end of the semester will result in withholding of the clinical course grade and 2 NSI points. Absences do not relieve students of responsibility for changing radiation monitor badges on schedule.

j. Lost or accidental exposure of a radiation monitor badge shall be reported to the clinical instructor immediately.

k. Students should advise the radiation safety officer of any previous radiation monitoring devices worn.

6.3 Initial Radiation Protection Instruction
All students are provided with introductory instruction in radiation protection measures during the PreClinical phase of the first semester. Students must demonstrate understanding of primary radiation protection procedures.

6.4 Holding Patients
Students are NOT permitted to hold patients and/or image receptors during a radiologic examination. Failure to abide by this rule will subject the student to disciplinary procedures to include warning, probation, and program dismissal.

6.5 Energized Lab/Clinical Radiography Safe Operating Procedures

1. Presence of Restricted Area
   The Energized Lab is a restricted area. This room is adjacent to the faculty offices and is identified with a sign stating "Energized Lab".

2. Occurrence of Radiation Sources
   The radiation source in this room consists of the x-ray tube head when energized. In addition, scatter x-radiation emitted from the phantom and x-ray table are potential sources of x-radiation exposure to the operator.

3. Safety Problems Associated with Exposure to X-radiation
   The potential biological effects of x-radiation exposure include genetic alteration (chromosome damage) and slight increased risk of cancers, particularly leukemia. X-radiation exposure to the unborn embryo/fetus represents greater sensitivity to x-radiation than the adult.

4. Procedures to Minimize Exposure (Unsupervised use of the energized lab will result in dismissal from the program)

   a. The energized lab will only be used under the supervision of a faculty member or registered technologist (radiography) or when the energized generator is ‘keyed’ to the off position. X-radiation exposure will only be made in the presence of a faculty member or other designated registered technologist (radiography). Faculty must ensure that all students and faculty present during an exposure are wearing a personal radiation monitor and are positioned behind a protective barrier. The room is to be secured and locked when not in use.

   b. Students must wear their radiation monitor to lab whenever exposures will be made. Dosimetry badge reports are on file and available in the clinical setting. Students who receive 50 mrem or more in one month (150 mR quarterly) period of radiation monitoring will be required to document activities which may have resulted in this exposure. Incidents of overexposure (i.e. greater than 1,250 millirem/calendar
quarter) will be reported to the Director of the Ohio State Bureau of Radiological Health by the Radiography Program Director.

c. All persons using the energized lab during an x-ray exposure will be positioned such that the radiation barrier wall is between the x-ray tube and the individual.

d. The door to the energized lab will be closed during any x-ray exposure.

e. X-ray exposure will be minimized by proper maintenance of the x-ray generating equipment. A technique chart for the phantom exposures will be consulted.

f. X-ray exposures will be made only for reasons consistent with a class assignment, i.e. positioning of the phantom or quality control testing. Assignments will be limited to the number of radiographs necessary to fulfill the educational objective.

g. Under no circumstances will human tissue be intentionally exposed to ionizing x-radiation in the energized lab.

h. Following any laboratory activity, the radiation emitting equipment shall be turned off on the control panel, the radiographic table cleaned, and accessory equipment put away.

i. The program is responsible for the following procedures IF the student indicates their pregnancy status.

1. Inform the Radiologic Technology Program Director of the status of the pregnancy and projected delivery date.

2. Review the Radiation Protection and Pregnancy policy as stated in the Columbus State Community College Radiography Department Student Handbook.

3. The safe operating procedures are posted in the energized lab.

6.6 Statement Regarding Pregnancy

Student disclosure of her pregnancy status to program personnel is strictly voluntary. While the college does not require that a pregnant student disclose her pregnancy, the college encourages any student who is pregnant or may become pregnant to discuss with her health care provider any potential risks and limitations.

Pregnancy does not preclude a student from remaining in a health-related program. Students disclosing a pregnancy are encouraged to have their health-care practitioner document any restrictions that may assist the college in providing reasonable accommodations when required.

Should the student’s health-care provider indicate that there are restrictions, once notified, the college is required to abide by the restrictions. If a student is placed on restrictions by her health-care provider and these restrictions are significant enough to compromise the student’s ability to continue in a laboratory course or clinical placement, the student may be required to withdraw from the course and re-enter the program at a later date, following delivery. If a health-care provider indicates that there are no restrictions, the student may continue in her laboratory or clinical course without any changes.

6.7 Radiography Program Student Pregnancy Policy

Note: The First 3 months of a pregnancy are the most critical time as far as exposure to ionizing radiation is concerned. It is preferred that students contemplating or suspecting the start of
pregnancy give notice to the Clinical Instructor as soon as possible to allow clinical education assignments to be modified to minimize fetal exposure during this critical time. All students receive basic radiation protection instruction during the first semester of the program. The pregnant student is expected to protect herself in the presence of ionizing radiation through the use of maximized distance, maximized shielding, and minimized time spent in the presence of ionizing radiation. Additional protection measures may be discussed with the Program Director and Radiation Safety Officer.

The National Council of Radiation Protection (NCRP) advises that control measures be taken to avoid or reduce the risk of ionizing radiation exposure to the human embryo or fetus. All pregnant students in the Radiography program must make the final decision as to their acceptance or non-acceptance of this risk. The NCRP currently states that the dose-equivalent to the embryo and fetus should be limited to 0.5 rem during the entire gestation period (or 0.05 rem in a month). Based on the above information and JRCERT requirements, the following policy shall be followed.

Upon confirmation of pregnancy, the student initiates the first step of declaring her pregnancy by voluntarily notifying the Program Director in writing. In the absence of the voluntary, written disclosure, a student cannot be considered pregnant. Detailed program policies will then be reviewed to provide the student with a complete understanding of her status in the program whether she choose to complete the program during her pregnancy or following pregnancy leave.

Once a student declares her pregnancy status (as stated above), she will meet with a Medical Physicist or Radiation Safety Officer (provided by the program) for counsel of her recent exposure history, acceptable exposure levels, and radiation protection procedures. Documents concerning protection of and dose to the embryo will be provided. The pregnant student should seek the advise and counsel of her attending physician.

The student may voluntarily declare the pregnancy and provide verification. Once the pregnancy is declared, the student may elect from one of the following options:

a. Elect to withdraw from the program. (See Withdraw and readmission policy)
b. Elect to continue in the program with stipulated clinical schedule modifications.
c. Elect to continue in the program without any clinical schedule changes in regards to pregnancy.
d. Elect to take a ‘leave-of-absence’ from clinical courses.
e. Elect to take a leave of absence from the program.

Should the student consider option ‘d’ or ‘e’, the program ‘Readmission Policy’ will apply.

Once the pregnancy is disclosed, the student will provide verification of pregnancy to ensure that protective measures for the fetus and mother are initiated. (see forms)

If pregnancy is documented and the student elects to remain in the program, the student will: Review and implement radiation safety practices as outlined by NRC appendix 8.13.3 Provide to the Program Director documentation of medical clearance by her physician that she will be physically capable to participate in the normal clinical education activities (see form) Perform or participate in all functions and/or procedures. Review the clinical facility’s radiation protection guidelines with a Radiation Safety Officer.
The declared pregnant student must follow the established program policies and meet the same clinical and educational criteria and program requirements to petition to graduate. The pregnant student must also follow the policies established by the clinical facility and will sign the current pregnancy form utilized by the facility. A copy will be kept in the Radiography program student file.

The declared pregnant student must abide by the following rules regarding her radiation monitoring during her pregnancy:

Will be provided with a 2nd personnel radiation monitor and be instructed to wear it at waist level and under the protective apron (when utilized). The radiation monitoring report associated with this badge should reflect that it is a fetal dose monitor. If at any time the abdominal badge suggests the dose to the fetus may be approaching recommended limits, the individual will be removed from areas in which radiation hazards exist.

In fluoroscopic area, declared pregnant students will refrain from patient handling during the fluoroscopic procedures, and will avoid proximity to the patient and to the source of radiation.

If pregnancy is documented and the student elects to remain in the program without any pregnancy modification, the student will:
Continue clinical and didactic education without modification or interruption.
The student accepts full responsibility for her own actions and the health of her baby.
She relieves Columbus State Community College, its faculty & staff, and clinical site in case of adverse affects.

Should the student elect to take a leave-of-absence from the clinical assignments, the following will apply:
The program director will determine if an incomplete may be given for the course or if the student should withdraw from the clinical course.
The length of the pregnancy leave will be determined by the student’s attending physician and a written release must be given to the program director prior to returning to clinical.
Any leave-of-absence may result in a delay in the scheduled graduation date.

Should the student elect to take a leave of absence from the program, the following will apply:
If the student notifies the program director of her intent to return, she will be reinstated in the program. Any pre-requisite and technical courses will be completed as stated in the program plan-of-study.
The length of pregnancy leave will be determined by the student’s attending physician and a written release must be given to the program director prior to returning to clinical.
Any leave-of-absence may result in a delay in the scheduled graduation date.

Course of action: (summary)
Notification of pregnancy sent to program. The program will inform the clinical facility and provide copy of notification.
Review NRC appendix 8.13.3; discuss with clinical coordinator and Radiation Safety Officer.
Complete program facility release form and physician verification of pregnancy form and submit to program director. Copies of forms will be forwarded to the clinical coordinator, clinical facility, and student.

6.8 Risks and Pregnancy Guidelines
Students in each of the college’s health-related programs, where laboratory or clinical practice is part of the course, will be working with other students and patients in various states of health/illness. As stated in the contracts with our clinical partners, no patient is discriminated against in the provision of health care. Therefore, students may be exposed to various diseases, micro-organisms and pathogens. All students learn ‘Standard Precautions’ and are required to practice these in labs and clinical facilities in order to minimize risk. However, it is important to understand there is always risk.

Examples of potential risks to students in clinical/laboratory placements include:
- Ionizing radiation may cause damage to a student or developing fetus, when the student does not use required shielding.
- Students may be exposed to communicable diseases. Students are required to have immunizations and health exams prior to beginning some laboratory and all clinical courses.
- Risk of falling, especially on wet surfaces.
- Risk of injuries related to lifting heavy objects or moving patients
- Risk of needle-stick or instrument-related injuries
- Risk of blood borne pathogen exposure
- Risk of infections or injuries incurred through working with animals.

7.0 Grading Procedures and Academic Dismissal
7.1 Grading Procedures
General Grading and Academic Procedures are identified in the Columbus State Community College Bulletin. Note that the College has established the minimum standard of “C” for all technical courses.

Medical Imaging technical courses will be graded using the following grading scale:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>92-100</td>
</tr>
<tr>
<td>B</td>
<td>84-91</td>
</tr>
<tr>
<td>C</td>
<td>76-83</td>
</tr>
<tr>
<td>D</td>
<td>70-75</td>
</tr>
<tr>
<td>E</td>
<td>Below 70</td>
</tr>
</tbody>
</table>

7.2 Clinical Grading
Clinical grades are based upon evaluation of a student’s technical skills and affective skills utilizing the following information:
1. Number and Average for Routine Competency Evaluations submitted per semester
2. Progress in attainment of Category Competencies and Final Competencies
3. Weekly Affective evaluations
4. Semester Clinical Instructor Evaluation
5. Continued Competency Evaluation
6. Significant Incident (PSI & NSI) point adjustments for attendance of behavior issues
Calculations of clinical grades are located in each clinical course syllabus.

7.3 Academic Dismissal
Each student is held to the high standards as identified in the program. Failure to maintain these standards may lead to removal from a course, the program, or enrollment in the College. Policies and Procedures are identified in the Columbus State Community College student handbook. Below are established policies for continuation in the program.

1. Student must maintain a "C" or better in each Technical course and must maintain an overall 2.0 or better in all non-technical courses.
2. Student behavior and or technical skills are in conflict with the radiography program policies and procedures, the clinical site policies and procedures, and/or whenever the student’s behavior places another at risk, and/or the ASRT Code of Ethics. (See Addendum)
3. Standards as stated in the section entitled Performance Expectations located elsewhere in this student handbook.

8.0 Student Grievance
8.1 Grade Grievance
See the CSCC Student Handbook for most current policy. The college handbook contains all policies and procedures for which the student is responsible. These handbooks are available through student services. It is also available online at http://www.cscc.edu/services/studenthandbook/.

8.2 Problem Resolution
If a student has a complaint or problem that is not addressed by the Grade Grievance procedure above, the appropriate order of college personnel to discuss this problem is, in this order: Instructor, Veterinary, Imaging, Surgical Technologies Chairperson, Health and Human Services Dean.

8.3 Appeal to Joint Review Committee on Education in Radiologic Technology
If a student believes that he or she has a grievance or complaint, college policy must be followed in the prescribed manner. If the individual is unable to resolve the complaint through college policy, or believes that their concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT:

Chief Executive Officer
Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone: 312-704-5300
Fax: 312-704-5304
E-mail: mail@jrcert.org

The student must also complete The Allegations Reporting Form and send to the above address with required supporting materials. All submitted documentation must be legible and include a signature.
Failure to submit appropriate materials as requested will result in the complaint being closed. JRCERT will investigate complaint as it relates to the program compliance with relevant accreditation standards or established accreditation policies. JRCERT will provide a written response to the complainant within thirty (30) working days. The records and disposition on any formal complaint or grievance shall be maintained separate from academic records in the President’s Office for a minimum of three (3) years.

9.0 Clinical Education Policies

9.1 Purpose of Clinical Education
Students in the Columbus State Radiography Program will be involved in clinical activities at various locations. Each clinical site must maintain a positive relationship with personnel, patients, and physicians. Therefore the behavior of students in those facilities must reflect the values, skills, and attitudes of the health care institution. At the same time, students in the facility are not merely learning and practicing skills, they are taking on the role of a radiologic technologist and becoming a member of the health care team. Expectations of this role are demanding and not to be taken lightly.

9.2 Clinical Instructor
Each clinical site has at least one identified Clinical Instructor. This person is employed by the clinical site and, in addition to departmental duties, responsible for:

- Assisting students with orientation to the site
- Specific student assignment to a room or technologist
- Providing student with feedback regarding clinical performance
- Ensuring proper supervision of students
- Maintaining student clinical records to include attendance, evaluations, and Significant Incidents.
- Maintaining communication between the clinical site and the college.

Clinical instructors typically meet with students mid-term and at the end of term to discuss student progress and goals.

9.3 Clinical Coordinator
Clinical Coordinators are college personnel who maintain communication between the clinical site and the college. The Clinical Coordinator provides the student rotation schedule, evaluation instruments, student radiation monitor, and ensures that school policies are enforced. The Clinical Coordinator is responsible for the clinical course grade. Clinical coordinators visit clinical sites on a routine and as-needed basis. These visits serve to:

- Maintain communication between the college and the clinical site staff and management.
- Ensure enforcement of college policies.
- Assist the Clinical Instructor in evaluating student progress.

9.4 Clinical Health, Educational, and Security Requirements

Health Requirements
Satisfactory completion of a physical exam and evidence of immunization to include current influenza vaccination are typical requirements

Educational Requirements
Each clinical site has educational requirements which must be completed prior to clinical participation. These mandatory online or classroom educational modules help orient the student to the safety and care policies of the clinical sites. Because all students rotate to the VA and to OhioHealth facilities, online training for both of these institutions must be completed before the first day of clinical participation.

**CPR Requirement**

Students must document current certification in Basic Life Support for Healthcare workers to participate in clinical.

**Customer Service Requirements**

Each clinical site has customer service training and ongoing customer service behavior requirements to which students must adhere.

**Security Requirements**

Criminal background checks, citizenship status, and other documentation may be required at some sites.

The student is responsible for completing and documenting completion of all of the above for each site prior to their scheduled clinical participation. Failure to comply in a timely manner will result in the student not being able to attend and incurring an associated unexcused absence.

9.5 Clinical Dress Code

One of the most important ways to manifest a professional code of conduct is to dress appropriately while in a clinical setting. The goals of our Dress Code are:

- To ensure that students consistently appear professional
- To identify Columbus State students distinctly from other clinical personnel
- To ensure that student appearance conforms to the requirements of the clinical institution

The following policy is required for appropriate dress. Since professional dress is considered modest and does not always conform to current fashions, trendy uniforms will not be allowed. It is the student’s responsibility to be prepared and be professional in dress at all times. An extra uniform should be available in the clinical site should the uniform become soiled. It is impossible to account for all types of uniforms available. To avoid any questions in what is appropriate dress, it is prudent to check with the clinical instructor prior to wearing a new garment to clinical. Ultimately, it is the responsibility of the Clinical Instructor or their designee to make the final determination. Note that the student dress code may be significantly different than for employees of the clinical site. Failure to follow dress code will result in an NSI and student will be dismissed from clinical until the dress code issue is resolved. Make Up days will apply for time missed. Subsequent dress violations will carry additional NSI points and will be accumulative in nature through all clinical courses. Any student removal will be reviewed by the Program Director.

1. **Tops:** All students will wear white scrub tops. The tops should be modest in nature so as to prevent inappropriate exposure of the chest. A plain white undershirt may also be worn underneath. (no other colors, no markings on undershirt.)
2. **Bottoms/Pants:** All students will wear navy blue scrub bottoms.
3. **Clothing Condition:** Clothing should be wrinkle free, clean and in good repair and should be selected to wear within the work environment with the intent to present a professional image.

4. **Shoes:** All white leather shoes are required. Plain, all white leather athletic shoes are acceptable. Colored designs, stripes, bold names, colored shoe laces or high-tops are not permitted. Shoes must be clean and polished at all times.

5. **Lab coats/warm-up jackets:** All students are required to have a white lab coat or warm-up jacket available in the clinical area.

6. **Hospital issued scrubs** or other hospital issued uniforms are to be worn only if assigned to O.R. (or other acceptable) rotations. Hospital scrub uniforms may not be worn in combination with nor in place of the normal student uniform. Students must always have the student uniform available to wear at the clinical site.

7. **Wrist watch:** A functioning wrist watch is required to be worn at all times.

8. **White socks (plain) or white hosiery** are required.

9. **Appropriate undergarments** are to be worn at all times. Non-white undergarments are prohibited under white uniforms.

10. **Student ID badge and radiation** monitor are part of the uniform and must be worn at all times.

11. **Markers:** lead markers are considered part of the uniform and must be carried at all times.

12. **Pocket Handbook:** a pocket positioning handbook is available through the bookstore. It is encouraged that students carry this handbook at all times.

13. **Cell phones/pagers** or other personal communication devices are **not allowed**. Individuals who need to contact a student should contact the radiology department only if there is an emergency. The only time personal cellphones may be carried and/or used is during lunch or other break.

14. **Hair** must be clean, neat, professional in appearance and worn off the shoulders. Facial hair should be kept neat and trimmed. Hair, earrings, necklaces, etc. may not extend ‘beyond the nose’ when the student is bent over.

15. **Excessive cosmetics,** cologne or perfume are not permitted.

16. **Jewelry** may be worn with discretion. Avoid wearing jewelry which is dangling or that may scratch or otherwise harm the patient or yourself.

17. **No chewing of gum** is allowed.

18. **Hair care & accessories:** Hair and jewelry that present a hazard in equipment operation or patient contact is prohibited. Head coverings are only acceptable where required by weather or safety regulations. Hats are not to be worn inside, unless it is a required part of a uniform. Accessories that are a part of religious preference are given appropriate consideration based upon the nature of the job and must be approved by the clinical instructor prior to being worn. Hair must be of natural colors only.

19. **Hygiene:** Skin and hair will be clean. This includes regular bathing, use of deodorants/antiperspirants, and regular dental hygiene. Makeup, cologne, and perfume must not be distracting. Students will be removed from the clinical setting due to poor hygiene or body odors.

20. **Artificial and Natural Nails:** Fingernails must be clean, well groomed and of appropriate length to be able to perform their duties in their job. Students must also keep nails less than 1/4 inch long past the tip of the finger. If polish is worn, clear polish is preferable over colored and polish cannot be chipped, cracked or peeling. Students cannot wear artificial nails. Artificial nails are substances or
devices applied to natural nails to augment, enhance, or extend the nails. They include but are not limited to bonding, tips, wrappings, tapes and inlays.

21. **Piercing and Tattoos:** In order to assure a professional appearance and proper hygiene, visible body piercing is limited to ears only. Ear rings are limited to a length no more than 2 inches. Only three ear rings per ear, employees may opt to place a clear stud in ear ring holes during work hours. No ear tissue dilators, expanders or stretchers permitted. Visible piercings in any other location are prohibited, this includes but not limited to eyebrow, tongue, nose, lips or ear tragus. Visible tattoos that can’t be discreetly covered due to location are prohibited. Visible includes partially visible and tattoos or parts of tattoos that show when the student is moving or performing their duties. Students with visible tattoos must keep them covered at all times and the covering is at the student’s expense. The covering must be natural as not to draw undo attention and must not interfere with regular clinical duties.

9.6 Student Clinical Records

1. Student clinical records will be maintained using the Trajecsys online clinical tracking system. Students will be required to purchase this online service as part of their Practicum course.

2. Students will Clock-In and Clock-Out using the Trajecsys system at each clinical site using a site computer unless other arrangements have been made for that site. **Failure to follow Clock In procedure will result in 1 NSI points for each occurrence.**

3. Any attempt to falsify or manipulate clinical time and clinical progress records will result in corrective action.

9.7 Outside Student Rotation Policy

- Students need to bring right/left markers, pen, watch, radiation monitor, ID badge, and daily logbook notebook. If a site does not have Trajecsys, a timecard, comp eval forms, and affective forms will also be needed.

- Students will wear their CSCC scrubs and will change to OR scrubs at that hospital if needed for rotation.

- Outside rotation Clinical Instructor names and numbers are provided with parking directions. Parking is often in a remote lot with shuttle service. Plan to arrive 20 minutes early to allow for shuttle transport, clocking in, and meeting with the lead technologist or Clinical Instructor before the start of the shift.

- **Failure to meet with the CI or lead technologist prior to start of shift or failure to park in the assigned lot will result in 4 NSI points.**

9.8 Clinical Site Assignment and Schedule

**Primary Clinical Site**

During the clinical portion of the radiography curriculum, each student is assigned a primary clinical site. Student preference will be considered but cannot be guaranteed during primary site placement. Site determination is based upon a number of factors. These include:

- the clinical capacity of the institution
- the volume and variety of radiography examinations performed at that institution
- the goal that no student is assigned to a primary site alone

Program faculty may elect to reassign students to clinical sites to ensure that the above priorities are met.
Change of Primary Clinical Site

1. Program faculty and/or the clinical site may elect to change the primary clinical site for a student to meet the goals of the program.
2. Clinical site management may elect to remove a student from a clinical site due to documented inappropriate behavior (See Negative Significant Incident form). In such cases, if there is no alternate clinical site where the student may be placed, the student will be unable to complete the clinical course successfully.
3. Depending on the circumstances, a withdraw from the program may apply.
4. A student may request to change clinical sites. Such requests will be considered based upon the availability of student openings at other sites.

Should any of the above occur resulting in a change of student primary clinical site, the following policy will apply.

1. The faculty member, clinical site, or student will indicate in writing, to the program director, the request to be removed from (or change) clinical sites.
2. The program faculty will meet with the person initiating the request to validate the request and explain this procedure.
3. Prior to student relocation to a new home clinical site:
   a. The Clinical Coordinator will consult with the other clinical site (CI) with available student openings. The student’s clinical performance records will be shared and the site representative will have opportunity to accept or reject the student relocation.
   b. The Clinical Coordinator will arrange a ‘meet-and-greet’ with the student and the new clinical site management. If both the clinical site and student affirm the change, the Clinical Coordinator will make the necessary arrangements to include the necessary orientations, clinical site procedure manuals, and transfer clinical files.
   c. Equipment orientation checklists must be completed the first full semester of attendance in the new clinical site.
   d. All property of the former clinical site must be returned by the last day of attendance.
   e. New student orientation must be completed for the new clinical site prior to the first day of clinical at the new clinical site.

Scheduled Clinical Rotations

1. Students may only participate in the clinical setting if the time is scheduled by appropriate faculty and associated with a clinical course. Students may not visit clinical site restricted access areas at other times.
2. Scheduled rotations for the entire semester are typically provided to the student at least a week in advance of the start of the semester. No changes to the schedule are permitted after schedules are published unless for an educationally sound reason (i.e. the student needs additional experience in a certain area.)
3. Clinical shift times are determined by the clinical site. Typically, clinical is assigned to weekday shift hours between 7:00 AM and 4:30 PM. Additionally, evening and weekend rotations will be assigned on a limited basis to increase opportunities to participate in trauma radiography.
4. For the most part, students will be scheduled at their primary clinical site. External rotations to other clinical sites are scheduled to help students achieve specific goals and experiences. Shift hours may vary from site to site.
5. Students may request schedule changes in advance, before the start of the term. Requests will be considered on an individual basis.
6. Students may request additional or extra clinical time to increase or maintain their skills and participation in exams. Such time must be scheduled in advance using the Attendance Request form. Once such time is scheduled, attendance rules will be apply regarding tardiness and call-off.
7. Students may not alter their assigned shift, lunch or break times. For example students may not:
   a. skip lunch to leave early
   b. come in late and stay late
   c. come in early to leave early
   d. leave for a period of time and stay late or come in early to make up

9.9 Student Employment
Students enrolled in the Columbus State Community College Radiography Program who have a valid ODH radiologic GxMO license may be employed as student radiography technologists. Program faculty recommend that this be limited so not as to interfere with their academic and clinical studies. The following applies for student employment:

1. The radiography program cannot accommodate employment schedules.
2. The employment is a relationship between the student and the employer. The college will not act as an intermediary between the student and the employer.
3. Employment is to take place only at times outside of scheduled college classes, and clinical education hours.
4. Paid working hours cannot be substituted for required clinical hours.
5. Any and all clinical course requirements cannot be completed during working hours.
6. Students are responsible for obtaining the GxMO license if applicable.
7. Students will not change their clinical schedule to accommodate employment.
8. All clinical time must be scheduled and approved by the clinical instructor. (ie. can not ‘clock out’ become a student, then ‘clock in’ as an employee.)

10.0 Clinical Attendance
One of the primary responsibilities of a student radiographer is regular, punctual attendance in the clinical setting. Since absence is occasionally unavoidable, the following policies have been adopted and are enforced by the program.

10.1 Absence/Tardiness Reporting
In the event of absence or tardiness, the student is responsible to call the clinical site and leave a message for the Clinical Instructor prior to the assigned clinical start time. Failure to call off properly will result in 2 NSI points in addition to NSI points assigned for absence or tardiness. For example, failure to call off on a first absence would be 4 total NSI points. Failure to call on a first tardy would be 3 total NSI points.
1. When the student is scheduled at an outside clinical rotation (non primary site), the student must call off to both the outside site and the primary Clinical Instructor. Failure to call off properly to both sites will result in 2 NSI points in addition to NSI points assigned for absence.
2. The Clinical Instructor of each clinical site will review the specific call off procedure for their site.

10.2 Absence Classification
1. Excused Absence: Only requests made in advance and under certain conditions will be considered excused absence. These conditions include:
   a. **Personal Day***
      i. One 8 hour day per semester, must be used as an entire day.
      ii. Unused Personal Day is lost at the end of the semester. No carry over or banking to subsequent semester.
      iii. Personal Day must be approved at least 24 hours in advance by program faculty or Clinical Instructor using an Attendance Request form.
   b. **Educational Day***
      i. One 8 hour day per semester, must be used as an entire day.
      ii. May not be carried over to next semester.
      iii. These hours are only used when the Educational Activity directly conflicts with scheduled clinical time.
      iv. Educational Activity must be approved in advance by program faculty using an Attendance Request form.
      v. Educational Activities must be related to Radiography and considered to enhance the student’s radiography education.
      vi. Documentation of participation must be submitted within 7 days following the activity or the absence will be converted to Unexcused.
   c. **College Campus Closure**
   d. **Level III Weather Emergency**
      i. Either at the college, the clinical site, or where the student lives or travels through.
      ii. Student must call-off to clinical site unless otherwise communicated by school faculty. No NSI, no Make Up required.
   e. **Bereavement (Funeral Leave)***
      i. One 8 hour day excused.
      ii. For death in immediate family only
   f. **Jury Duty or Military Duty or Extenuating Circumstances***
      i. Must be arranged with the Program Director

* Requires filing of Attendance Request with Clinical Instructor at least 24 hours prior to absence

10.3 Unexcused Absence
a. Any absence from clinical other than stated above is an Unexcused Absence. This includes absence for illness, transportation issues, child-care, doctor or dental
appointment, etc. Any time you are absent other than your Personal Day or Educational Day or one of the Excused Absences above is considered Unexcused Absence. Doctor’s office excuse is required to return to clinical after three missed clinical days.

b. An absence is defined as one period of non-attendance. For example, two consecutive missed clinical days due to the same illness or family emergency would be one absence.

c. It is the responsibility of the student to contact the Clinical Instructor (and Outside Rotation clinical site if applicable) prior to the scheduled clinical time for each day missed. For example if you are ill on Wednesday and call off and you are still ill on Friday you must call off again on Friday (to both sites if an outside rotation).

d. All Unexcused Absence must be made up in accordance with Make Up time policies prior to the end of the term to receive a passing clinical grade.

e. Unexcused Absence will result in NSI percentage points deducted from the clinical course grade. See chart below.

f. Any tardiness greater than 59 minutes or any leaving the clinical site early (without being dismissed by the Clinical Instructor) will be considered an Unexcused Absence resulting in NSI points and a full Make Up Day.

10.4 Make Up Days
Any Unexcused Absence as defined above must be made up according to the following policies to receive a passing clinical grade for the course.

1. Make up days must be scheduled in advance with the Clinical Instructor. Only full (8 hour) Make Up Days will be scheduled. This is true regardless of how much time was missed.

2. Make up days must be scheduled when the college is open for classes (not on holidays or during breaks).

3. Make up days should be scheduled so that the student can participate in similar activities to the clinical time missed.

10.5 Extra-Curricular Educational Opportunities
Students are encouraged to participate in extra-curricular opportunities which enhance the learning opportunities in the program. Since it is an expectation to pursue life-long learning in this profession, the program will provide opportunities for program students to participate in professional radiography activities such as the Ohio Society of Radiologic Technologists as well as field trips that support the mission of the program.

10.6 Educational Activity Hours
Students will be allotted up to 8 excused clinical hours per semester to attend approved educational activities. The educational activity must be approved at least 24 hours in advance by the Clinical Coordinator through use of an Attendance Request form. Participation in the educational activity must be documented in a manner approved by the Clinical Coordinator. No more than 8 clinical hours per semester may be used for outside educational activities. The student is expected to conduct himself/herself in a professional manner at all times while participating in extracurricular functions as they are representatives of Columbus State. Failure to do so will result in disciplinary action and denial of future requests for Educational Activity hours.
Students who miss more than 8 clinical hours to participate in an educational activity may use Personal Time hours or make up the additional time missed from clinical. Unused Educational Activity hours from a previous semester may not be applied to the current semester.

10.7 NSI Penalty for Absence or Tardiness
Absence is defined as one period of non-attendance. This may include leaving early without being dismissed and may include consecutive missed days counting as one absence.

Tardiness is defined as any period of non-attendance of 0-59 minutes in length beginning at the scheduled start time of clinical. A period of 1 hour or more missed from clinical start up time is considered a full day absence and must be made up in addition to receiving absence penalty NSI points.

Negative Significant Incident points are cumulative in nature and are percentage points deducted from the clinical grade according to the following table.

<table>
<thead>
<tr>
<th>Absence or Tardy Event</th>
<th>1ST</th>
<th>2ND</th>
<th>3RD</th>
<th>4TH</th>
<th>5TH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence NSI pts</td>
<td>2 POINTS</td>
<td>3 POINTS</td>
<td>4 POINTS</td>
<td>5 POINTS</td>
<td>6 POINTS</td>
</tr>
<tr>
<td>Cumulative NSI Points</td>
<td>5 POINTS</td>
<td>9 POINTS</td>
<td>14 POINTS</td>
<td>20 POINTS</td>
<td></td>
</tr>
<tr>
<td>Tardy NSI pts Cumulative NSI Points</td>
<td>1 POINT</td>
<td>2 POINTS</td>
<td>3 POINTS</td>
<td>4 POINTS</td>
<td>4 POINTS</td>
</tr>
<tr>
<td></td>
<td>3 POINTS</td>
<td>6 POINTS</td>
<td>10 POINTS</td>
<td>14 POINTS</td>
<td></td>
</tr>
</tbody>
</table>

10 Point Rule
When a student accumulates 10 NSI points for Absence and/or Tardiness a meeting will be arranged with the affected student and Clinical Coordinator (or Program Coordinator) and Clinical Instructor to address attendance and offer strategies and a timeline for expected attendance improvement. The student will be placed on Clinical Probation for the following semester and if the level of absence/tardiness reaches 10 points again during the subsequent semester, the student will be dismissed from the program. If in the subsequent semester, the student attendance are 9 or less, the Clinical Probation status is removed.

10.8 Inclement Weather Policy
Regular, punctual attendance to clinical assignments is an expectation of the program. Students should plan for additional travel time to compensate for delays in travel that periodically happen. The following policy addresses difficulty in travel due to weather related conditions. The ‘call-in procedure’ for clinical tardiness or absence applies. (See Absence/Tardiness Reporting above) The student has the responsibility of contacting the clinical site if they are scheduled to attend clinical but are unable to due to inclement weather and indicate to the Clinical Instructor which of the following reasons applies.
**Level III EMERGENCY** (determined by the Sheriff’s office on a county-by-county basis)
If the College, the clinical site, or the area where the student lives or must travel through is under a Level III Emergency, then students are not to attend clinical. This is considered an Excused absence as indicated above.

**Level I or II EMERGENCY**
1. If the Clinical site or the area where the student lives is under a Level I or II emergency at the time you would normally leave for clinical, the student is not required to attend. No NSI points are assigned to the absence. However Make Up Day(s) are required.

2. If the clinical site is under a Level I or II emergency while the student is in clinical, the student may be dismissed from the clinical site at the discretion of the Clinical Instructor. The dismissal will not count as an absence for NSI points, but a Make Up Day is required.

Please note that normal season-related complications (car won’t start) or (traffic is bad) do not remove the student from the responsibility of attending their assigned clinical assignments. Under most circumstances, you should anticipate inclement weather and adjust your travel time accordingly. Contact your Clinical Instructor or faculty member if you have questions or need additional information.

**11.0 Student Clinical Responsibilities**

**11.1 Professional Ethics**

Students of the Columbus State Community College are required to abide by the ARRT Standards of Ethics found at:


**11.2 Confidentiality Policy**

As a Radiologic Technology student, you will come into possession of confidential demographic and medical information concerning the services rendered to patients at several local health care facilities. This information is provided to you only to facilitate your educational training. You will not at any time during or after your period of education at Columbus State, disclose any confidential information to any other person, or permit any unauthorized person whomsoever to examine or make copies of any medical reports or other related documents with which you come into contact with while enrolled in this program. (Refer to the ARRT Code of Ethics #9)

Upon investigation by the program faculty, anyone found not to be in compliance with this policy is subject to disciplinary action. It is necessary to note that the disclosure of such confidential information may give rise to irreparable injury to Columbus State, the Radiography program, the medical facility, and/or owner of the medical information in question. Accordingly, the above listed parties may seek any available legal remedies against the individual who releases or discloses
confidential demographic and medical information in an illegal and unauthorized manner. A Confidentiality Statement must be signed and on file prior to any student entering the clinical setting.
(See Addendum – Confidentiality Statement)

11.3 Student Behavior Expectations
The Radiography faculty accepts the rules and regulations governing student conduct as set forth in the Columbus State Community College Student Handbook. The philosophy of the Radiography program reflects a commitment to the belief that every human being has dignity and possesses an intrinsic value. Further, it affirms that the purpose of the program is to prepare the student to be a caring person who assumes responsibility and accountability for his or her actions. Therefore, it is appropriate that, in addition to the prohibited actions and unacceptable behavior described in the Columbus State Handbook, the faculty expects the following behaviors from students enrolled in the Radiography program: Failure to comply with these performance expectations may lead to failure from a technical course and/or dismissal from the program.

1. Students are expected to become familiar with and abide by policies and guidelines of each clinical site. Failure to participate in clinical site orientation or assigned educational activities (typically online) will prevent the student from clinical participation and result in clinical course failure.

2. The student will act professionally at all times by interacting with patients, peers clinical personnel, and instructors so that neither they nor the student will be diminished personally.

3. The student will keep confidential all information concerning patients as stated in clinical site policies and HIPAA regulations.

4. The student will be prepared for every clinical experience, since he or she is legally held accountable for the health care he or she provides. This includes maintaining a professional presence in dress and behavior.

5. The student will promote an atmosphere in the classroom and clinical setting which facilitates learning by attending, being prompt, actively participating, demonstrating honesty and ethical behavior, and contributing to a learning environment that is not disruptive.

6. Students will avoid distracting behaviors to include: unnecessary talking, use of cellphone or pager or personal audio devices during class or clinical. Personal electronic devices need to be switched off during class and not carried during clinical.

7. The student shall not solicit or accept tips from patients, visitors, or any representative of the College.
8. The student shall conduct their personal affairs outside of academic and clinical courses. Extenuating circumstances and/or emergent situations should be brought to the attention of the faculty or Clinical Instructor.

9. The student shall abide by the Patient Bill of Rights and the ARRT Code of Ethics.

10. Students are responsible for their own transportation to and from clinical education as well as all needs while at the clinical institution.

11. The student is expected to conduct himself in a professional manner at all times while participating in clinical activities or school functions outside of the hospital.

12. The student must limit their own activity to Direct Supervision (see Definitions) under the following conditions:
   a. Any exam for which category competency has not been granted
   b. Any repeat radiograph
   c. All Portable radiography
   d. All Surgical radiography
   e. All Trauma radiography

13. Students are expected to participate in the routine duties of the department to include:
   a. Cleaning and stocking rooms
   b. Preparing equipment for use (i.e. warm up procedures)
   c. In-service training or orientation to new equipment
   d. Patient transportation/transfers
   e. Paperwork/data entry completion

14. Students are typically assigned to a staff radiographer or radiography room. Students are responsible for all technical assignments given by their supervising staff technologist.

15. Students are not to leave their assigned clinical area until all work assigned to the room and/or procedure has been completed and approved by their supervising staff technologist.

11.4 Clinical Behavior Expectations
The Clinical environment is primarily about health care rather than education. Therefore as students in this environment, you will need to be somewhat assertive and communicate well with the clinical staff you work with. Clinical is not just about getting progress evaluations and affective evaluations done. Clinical is also about:

   Practicing – Participating in exams to gain confidence.
You are to participate in all procedures available to you while you are in clinical – not just the ones you need for a grade. Failing to participate will result in a lowered score in the Affective Evaluation area under "Self Motivation."

**Maintaining** – Keeping your skills sharp.
Build a wide experience base – As you participate in exams with other RT’s and students you will learn different ways of doing exams. Some of these you may want to incorporate into your own practice of radiography. Don’t work with the same RT’s all the time. Get familiar with that equipment that seems unfamiliar. Review equipment that you don’t use often.

**Growing** - as a team player
Each of us brings a unique perspective, personality, and experience to the table. Offer your skills and learn from the skills of others. When you share responsibility for a procedure, communicate well to define what each of you are doing and make sure all the bases are covered. Nothing is worse than when 3 people are working together and none of them set the technique appropriately – assuming the others did!

**Down Time Activities**
What about those times when there aren’t many patient exams? Rather than reading or sitting, here are three activities that will help you build your clinical skills:

1. Ask permission to use an empty radiography room. Set up the room for various procedures. Make yourself familiar with the equipment.
2. Ask permission to look through some patient images. Select images of patient exams from PACS that you recently participated in. Quiz yourself on identifying anatomy and image critique.
3. If another student is available, ask permission to use an empty room to simulate positioning.

Always be asking, “What can I be doing to help?” and make yourself available to participate in exams. You should not be distracted by any non-relevant reading, use of any portable electronic device or computer or otherwise not paying attention to the clinical environment.

**11.5 Positive and Negative Significant Incidents**

**Positive Significant Incident (PSI)**

Exceptional student conduct and professional behavior may be rewarded by receipt of a Positive Significant Incident. These positive SI’s may be recommended by any radiographer or staff member. Each PSI is worth one percentage point of the clinical grade. They are only applied when reviewed and approved by the Clinical Instructor and program faculty. A PSI cannot be used in any way to increase the clinical competency portion of the clinical grade. This includes meeting course objectives and standards of ethical behavior.

**PSI**
- Students will receive 1 point on a 100 point grading scale for any PSI form.
- CI’s and CSCC faculty members are the only ones who can award PSI’s.
- When a student receives a “Power of One” or a hospital recognition form, the CI or CSCC faculty member will convert this to a PSI form.
- CI’s can also convert any exceptional affective forms to a PSI form.

**Negative Significant Incident (NSI)**

A NSI is a numerical documentation of unsatisfactory performance which will affect a student’s clinical grade by decrease of grade percentage points. A NSI may be recommended by radiographers or other staff and assigned following review of both the Clinical Instructor and program faculty. Repeated failure to correct a specific behavior will result in an increase the value of the NSI awarded. NSI’s are cumulative in nature and are reflected in the clinical grade.

Each NSI equates to 1 point on a 100 point scale and is factored into each clinical grade. The issuance of a PSI or NSI will be documented on an NSI form. Examples include:

- Failure to clock in or out (2 NSI)
- Failure to park in assigned parking area (4 NSI)
- Failure to check in with CI or Lead Technologist upon arrival (4 NSI)
- Failure to call off when absent or tardy (2 NSI – in addition to absence NSI)
- Unexcused absences or tardiness (see specifics under Absence and Tardiness Reporting above)
- Leaving the scheduled clinical area or clinical site without permission.
- Written assignments not completed and/or turned in on time.
- Violation of dress code. (to include no radiation monitoring device)
- Failing to participate in the normal functions of the department. (routine room cleaning and stocking, calling in when absent from clinical practice, attending department meetings, attending in-services, etc.)
- Not following professional standards in appearance, behavior, or attitude.
- Mislabeled images or other forms of documentation. (computer entry, etc)
- Failure to complete entire exams.
- Failure to act when such behavior could reduce (or eliminate) risk or injury to patient, staff, or others.
- Failure to routinely shield patients, self, or others when such shielding is available.
- Failure to abide by department policies and procedures that apply to students in the clinical setting.
- Failure to be prompt and ready to assigned clinical duties during the clinical day (i.e. at the beginning and end of clinical day, or following scheduled lunch or break periods.
- Gossip or any form of communication that may breach confidentiality or be destructive in nature to patients, staff, other students, or others.
- Failing to have markers, watch, pen, or ID badge.
- Failing to have marker on image
- Wearing fake nails or unacceptable finger nail polish
- Performing imaging procedures without direct supervision when this is required: Any exams for which category competency is not attained
  - Any portable exam
  - Any surgical exam
  - Any trauma exam
Any repeat radiograph
● Failing to determine risk of pregnancy
● Approving/sending an imaging procedure without RT approval
● Failure to verify patient ID (Name/DOB)
● Smoking on hospital property
● Horseplay or inappropriate behavior on hospital property
● Other violations to include breach of program or hospital policies, or behaviors which place an individual at risk.

It is impossible to construct an entire list. Others may be given at the discretion of the clinical instructor and approved by the program faculty.

11.6 Student Corrective Action Protocol
Student behavior that is not consistent with the clinical behavior expectations listed elsewhere in this document will be handled as follows:

a. Warning – Documented meeting with the student and faculty will occur in which unacceptable behavior is described and guidelines for student improvement are set.

b. Clinical Probation – Follow up to the Warning will be held in a timely manner. Failure to show satisfactory improvement in clinical behavior will result in placement on clinical probation for a time period specified by program faculty.

c. Program Dismissal – Failure to show satisfactory improvement in clinical behavior during probationary period may result in program dismissal.

11.7 Immediate Dismissal.
A student may be dismissed from clinical education immediately with a review of the situation to be discussed with the Program Director at a later time for any of the following reasons:

a. Insubordination toward faculty or hospital personnel
b. Failure to comply with the policies, rules and regulations of the clinical site or College.
c. Unprofessional conduct.
d. Unauthorized clinical schedule changes.
e. Placing a patient, staff member or other persons at physical or emotional risk.

Advising and misconduct corrective actions will be documented on an NSI form and/or Anecdotal Report form and retained in the student’s permanent academic file.

The following are considered examples of severe, inexcusable behavior which will result in immediate removal from a clinical course with a recommendation of dismissal from the course and/or program to the Academic Misconduct Procedure.

a. Deliberate damage to hospital or individuals related to the site
b. Stealing
c. Assault or Battery
d. Conviction of a felony
e. Indecent, lewd or unprofessional behavior
f. Carrying a concealed weapon on hospital site
g. Falsification or misuse of any information related to the hospital or program
h. Breach of Confidentiality
i. Smoking in hazardous areas
j. Consumption of intoxicants while on hospital property or attempting to perform duties while under the influence of alcohol or other drugs
k. Falsification or misuse of hospital records
l. Deliberately working beyond the appropriate duties of a student
m. Drug dealing
n. Excessive absenteeism/tardiness
o. Insubordination
p. Placing a staff member, other student, or patient at risk

It is impossible to compile a complete summary of misconduct that requires disciplinary action. The faculty is responsible for interpreting the rules of conduct, and any questions in this area should be addressed to the Program Director.

Each clinical site has the responsibility to provide clinical assignments for their designated students. The clinical site has the right and responsibility to release a student if there are severe issues or chronic patterns of unacceptable behavior that have not been resolved. Upon the student dismissal from the clinical site, the program faculty will meet with representatives of the clinical site to review the issue. If an alternate clinical site can be identified, arrangements will be made for change and the student will be notified. If another clinical site can not be identified, the student will receive an incomplete (I) for the course and will be unable to continue in the assigned clinical course.

12.0 Clinical Competency-Based Education Overview

The implementation of a competency-based evaluation system conducted with a series of planned clinical rotations provides a standardized format for evaluation of the student in the clinical setting. In addition, the system is designed to allow each student to progress at an individual rate consistent with their abilities, knowledge, and motivation. However, minimum performance standards must be met to demonstrate satisfactory progress through the clinical courses.

The didactic and laboratory aspects of the curriculum are well integrated with clinical assignments to allow each student the opportunity to achieve program goals and objectives in the optimum manner. Concurrent didactic and clinical experiences allow students to apply theoretical principles to the clinical situation in a systemic and organized manner. To achieve meaningful and productive clinical experience, the student is provided with behavioral objectives which specify desired behaviors to be demonstrated in all areas of clinical instruction. As the student masters the didactic and laboratory objectives, he/she applies these principles in the clinical setting, guided by the clinical objectives for each clinical course.

The student begins the clinical experience by observing and assisting the registered radiographer in the performance of radiographic examinations. This experience serves to familiarize the student with the care and radiography of patients for a given radiographic examination. Once the student
masters the examination as taught in Radiographic Procedures I - III he/she moves from a passive role to one of active participation, thus allowing "hands on" experience in the performance of procedures. These examinations are performed under the direct supervision of registered radiographers in each given category.

12.1 Clinical Competency

Academic Competence
Clinical competence begins in the classroom. This occurs in RAD 1141, 1142, 1143, and related technical courses.

Laboratory Competence
Academic knowledge is applied in the laboratory setting in RAD 1141, 1142, and 1143 and related courses.

Clinical Competence
Clinical competence is a long term process which occurs over a period of 5 clinical semesters (RAD 1901-2902). Students progress through routine competency evaluations, category evaluations, and a final comprehensive competency.

12.2 Routine, Category, and Final Competency Evaluations

a. Following classroom instruction on each mandatory examination and/or procedure the student must perform the exam at least twice at the Assisted level before proceeding to Routine Competency Evaluation. A technologist signature is used to verify the two Assisted exams.

b. Routine Competency Evaluation is used to indicate that the student completed a procedure competently without assistance. The student is expected to manipulate the equipment to include technical factors, position the patient, provide customer service, and documentation of the procedure.

c. The minimum required number of Routine Competency Evaluations will be posted in the clinical course syllabus.

d. Two thirds of the required Routine Competency Evaluations must be earned at the student’s primary clinical site during any given semester.

e. All Routine Competency Evaluations are factored into the clinical grade.

f. A grade of 80% or above is considered passing for any Competency Evaluation.

g. Passing of a Competency Evaluation requires at least a Minimum Competence score for each criterion and a minimum of 80% score for the procedure.

h. Non-pass 1 - Should a student not successfully complete a Competency Evaluation, the student must perform the failed examination(s) at least one more time successfully under direct supervision, and as a simulation with a faculty member, clinical instructor, or assigned evaluator, and on the phantom, if applicable. The non-pass will be reflected as a ‘0’ in the student’s semester clinical grade.

Competency Evaluations procedure
Competency Evaluations are used to assess student performance of clinical procedures. They are used for the following situations:

- Simulation of exam without an actual patient
- Practice of exam with a patient and limited assistance from a technologist
- Routine Competency for an exam or procedure
- Category Competency for a representative exam or procedure of a category
- CCE – Continued Competency Evaluation – Simulation of procedures with trauma or other limitations/adaptations.
- Final Competency during the final semester.

When the Competency Evaluation is performed for a Routine or Category Competency with an actual patient, the following procedure applies:

1. The student must initiate the procedure by asking to be evaluated on an exam BEFORE the exam starts. If this step does not occur – no Progress Evaluation is done.
2. **Students can submit up to two (2) Routine Competencies on the same procedure twice per semester.**
3. The RT evaluates the patient and the student’s ability to do the exam. If there is any question, the RT can refuse to allow the Evaluation at that point. This may be either due to patient condition or how the student has performed prior to asking to be evaluated. The RT may ask pertinent questions to determine whether the student is ready. The student should be able to state the routine views, centering points, IR sizes, angles, console settings, etc. prior to the exam if asked. If the student cannot give satisfactory answers, the RT should not continue the evaluation because the student is not ready.
4. The student performs the entire exam, start to finish, room set up to room clean up. The RT observes and intervenes and takes over if:
   - the student is making an error that is going to cause a repeat or unnecessary radiation exposure (See Performance Evaluation Criteria)
   - the student takes too long and the patient is uncomfortable
   - other demands of health care setting – i.e. Dr. wants the images done more quickly, or patient condition deteriorates.

**12.3 Supplemental Examinations**

Supplemental exams are any exam that does not fall under a bulleted or non bulleted line item on the competency tally sheet. A supplemental exam might be a routine exam where some imaging parameter has changed to make it substantially different from routine. For example; adding a cast to a three view wrist would make the exam a supplemental rather than routine wrist. The student has not demonstrated those skills needed to count as a routine wrist, but has demonstrated another (supplemental) skill set, which may be more difficult or easier than the routine exam. Supplemental exams cannot be a subset of a routine exam. Example; A student cannot request to perform two views out of a routine exam and call it a supplemental.

For the category competencies, supplementary is a one line item. What this means is that if a student does multiple supplementary exams only one exam counts toward the total number to meet the required exams to pull the category. These may include lumbar and cervical flex/ext, axillary shoulder, etc. If a student does a 2 view lumbar and a 2 view cervical (both of these are part of a routine exam) these would go under the supplemental listing, count as individual competencies, and not towards category competencies. The exception to this is category 8. In category 8, multiple supplementary exam lines are listed but these must be different exams under the specials category.
12.4 Affective Evaluations
The affective component of the clinical competency-based education focuses on student's emotions, values and attitudes. Affective performance ranges from receiving an emotion to organizing a value system to build character. The ultimate goal is to develop a positive value-based system toward patients and the profession.

As a part of the clinical experience, the student will:
1. Subscribe to the basic concepts of the practice of radiologic technology.
2. Comply with the standards of accuracy and thoroughness.
3. Organize time constructively and productively.
4. Assist in completing appropriate amount of work in the time expected.
5. Respond to the needs of patients.
6. Evaluate pressure/crisis situations and respond accordingly.
7. Display the appropriate interpersonal relationships with supervisors, peers, patients, and other employees (partners).
8. Display motivation, interest and responsibility in completing tasks.
9. Pursue the ability to reason, interpret and use discretion in carrying out assignments.
10. Conform to the attendance/punctuality standards.
11. Adhere to the guidelines regarding personal appearance.
12. Adhere to the professional standards of conduct.

As a part of measuring the affective development in the clinical setting, affective evaluation forms are used in the clinical area. Each student is responsible for submitting a minimum of one completed affective evaluation form per each week in clinical. The student should ask the technologist to complete the form at the end of each day or each week in the clinical area. A technologist may complete the forms independently of the student’s request. Affective evaluations are reviewed with students during mid- and final semester faculty clinical conferences and assist in the development of student clinical goals. A composite of the affective evaluations makes up one component of the clinical grade. Affective evaluations which are in conflict with the above stated goals will be reviewed with the students by the program faculty and corrective action will be determined.

13.0 Standards and Methods for Clinical Evaluation
13.1 Overall Clinical Plan
Throughout the clinical course series, the student is required to complete minimum numbers of Affective Evaluations, Progress Evaluations, Category Competencies, and a Final Competency according to the chart below. Each of these items is explained below to present the greater overall clinical picture, even though some items may not apply to the current semester.

Table 1 – Clinical evaluations required per semester.

<table>
<thead>
<tr>
<th></th>
<th>RAD 1901</th>
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<td>20%**</td>
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</tbody>
</table>

*No Category Competencies are required the first semester, however, if achieved they will count 10% of grade. Otherwise, this 10% is added to the Progress Evals and they become worth 60%.

** In semesters where no Category Competency is accomplished, the Category Competency percentage points are given to the Progress Evaluations.

During the clinical course series, students work toward demonstrating competency in a variety of procedures as indicated Table 2 below. The specific procedures in each category that are classified as Required, Elective, or Other can be found in the student’s Procedures Manual. Students are eligible to request a Progress Evaluation only for procedures for which the student has accomplished the following:

- Passed didactic coursework for the procedure in the positioning and procedures class.
- Passed simulation evaluation for the procedure as part of the positioning and procedures class laboratory.
- For most exams, performed at least one Assisted Level for the procedure at the clinical site recorded in Trajeceys Daily Logbook.
The required semester Category Competencies (See Table 1 above) ensure that the student is making progress toward accomplishing all competencies required for graduation.
Table 2 – Required number of exams per Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Exams on Required List</th>
<th>Number of Exams on Elective/Other List</th>
<th>Total Possible Exams</th>
<th>Total Minimum Required to attempt Category Competency and for Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Extremities</td>
<td>14</td>
<td>16</td>
<td>30</td>
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<tr>
<td>2- Chest/Abdomen</td>
<td>5</td>
<td>7</td>
<td>12</td>
<td>6</td>
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<td>3- Basic Fluoroscopy</td>
<td>3</td>
<td>5</td>
<td>9</td>
<td>4</td>
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<tr>
<td>4- Vertebral Column/Thorax</td>
<td>4</td>
<td>14</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>5- Portables/Trauma</td>
<td>5</td>
<td>12</td>
<td>17</td>
<td>9</td>
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<td>6- Skulls</td>
<td>3</td>
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<td>9</td>
<td>3</td>
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<td>7- Operative Studies</td>
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<td>15</td>
<td>5</td>
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<td>8- Special Procedures</td>
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<td>39</td>
<td>87</td>
<td>128</td>
<td>60</td>
</tr>
</tbody>
</table>

13.2 Continued Competency Evaluations
a. Each semester during the second year, the student will perform at least one Continued Competency Evaluation (CCE) to demonstrate continued competency in procedures completed to date.
b. The CCE will be factored into the clinical grade.
c. A half day of clinicals will be spent at the college and the other half will be at your assigned clinical site.
d. The morning group will be at the college from 8a-11a and will be expected to be at their assigned clinical site by 12p. The afternoon group will leave clinicals at 11a and will be at the college until 330. NSI’s for being tardy/absence will be in accordance with the handbook. If you are more than 59 minutes late it will be considered an absence and you will not be able to complete your CCE.
e. When you are not completing your CCE, you will be doing mock registry questions and/or practicing for CCE.
f. 2nd attempt CCE’s will be scheduled by individual/college needs.
g. These CCE’s are typically trauma CCE’s.
h. If you are absent: Your score will drop to 80% and if you receive a 0 on any part of your make up you will receive a 0 for that procedure. There will be no 2nd attempt.

13.3 Category Competency Evaluation

Category Competency consists of an evaluation of clinical ability and written knowledge of the examinations within a given category.
a. Once the student successfully completed Routine Competencies for the minimum number and all mandatory procedures in a given category, they can request the Category Competency Evaluation from the clinical instructor.
b. The student cannot request this evaluation until all examinations within the specific category have been taught and tested in the Radiographic Procedures or Special Procedures courses.
c. Competency may be achieved in any order for Categories I through VIII.
d. The student demonstrates competency by performing and critiquing three examinations, chosen at random from the category, in a real clinical situation. This accounts for 50% of the category Competency grade. Image critique must be completed with a Faculty member for Category Competency exams.
e. Category Competency simulations are only considered one calendar month after a student has pulled three random exams in a given category and has not had opportunity to perform the examination. This period of time may be extended depending upon the availability of procedures at the discretion of the clinical instructor. Simulations may not exceed one simulation per Category Clinical Competency.
f. The student must complete a written category test consisting of questions and diagrams over material relevant to that particular category. This accounts for 50% of the category competency grade. A minimum grade of 80% is required. The written exam may be taken twice to achieve a minimum 80% score. The average of the two scores will be used in grading.
g. To successfully complete the Category Competency Evaluation, the student must receive a composite score of at least 80%.

Simulation of Category Competency 6 (skull category)
The student will have the opportunity to simulate all required skull individual competency evaluations in the laboratory setting. These simulations will include all routine projections of skull, facial bones, and sinuses and will be performed during the IMAG 1142 course lab (Spring semester). The student will get one opportunity to successfully complete all skull views/projections, and a grade will be assigned to that attempt. If there is an unsuccessful attempt at any view/projection, the student will have to repeat that view on the phantom, and successfully repeat positioning before moving on to category competency. Repeats will have no effect on the grade, but documentation will not be released to the student until all views have been successfully performed. Clinical instructors will not allow students to challenge category competency without documentation of successful completion of individual competencies. The student is responsible for handling all documentation of completion of individual competencies. If the documentation is lost or misplaced, the student may be required to repeat individual competency simulation.

Upon successful completion of individual competencies, the student will choose when to pull category 6. It is recommended, but not required that this be done during spring semester. There will be no simulation of any Category exams for this category, and this category does not have to be completed in two semesters. The written test must be completed before any category exams are attempted. Any exams attempted before the written test will count as individual competencies.

The grade for this simulation is tabulated in IMAG 1142 and does not affect clinical grades. The simulations do not count as individual competencies.
NOTE: A clinical grade for category 6 will count in the semester that the category is completed (test and exams).

Request to Simulate
If a procedure on a pulled-Category competency is unavailable the student may request to simulate or substitute the procedure during the final two weeks of the following semester. The Clinical Instructor will review the request and determine the availability of procedures in question. The Clinical instructor may elect to make arrangements to make the procedure more readily available. If the CI determines that there is not an opportunity to obtain the procedure in a reasonable period of time, then the CI may elect to simulate or substitute the procedure. Since a simulation request may involve many dynamics, the CI is encouraged to involve program faculty as needed. Since all procedures cannot be simulated, the CI may elect to substitute the procedure with another procedure in the same category of ‘comparable’ difficulty.

13.4 Category Competency Pass vs. Non-Pass
The following describes the results of both pass and non-pass situations for the Category Competency Evaluation:

Pass - Upon successful completion of the Category Competency Evaluation, the student can perform any examination within that category under indirect supervision. The student will continue to produce any requested examination within that category while progressing toward completion of the next category in a similar manner. Repeated performance of these procedures allows the student to gain a proficiency in the performance of each examination in order to meet requirements of the Final Competency Evaluation required for completion of all Clinical requirements.

Non-pass (1st attempt) - The student must perform the failed examination(s) at least one more time successfully under direct supervision, and as a simulation with a faculty member, and on the phantom, if applicable, before requesting the second attempt at the Category Competency Evaluation. This re-evaluation will include the failed examination, plus two other examinations in the same category which are randomly chosen. The student must also retake the category test pertaining to examinations in the given category if the first test score is less than 80%. The test should be a different version of the original if applicable. Successful completion of the re-evaluation allows the student to continue to progress through the remaining categories. This failure will be reflected in the student's semester clinical grade.

Non-pass (2nd attempt) - The clinical instructor will counsel the student in an attempt to correct the deficiency. The student must again successfully perform the examination(s) at least one more time under direct supervision and as a simulation with a faculty member, and on the phantom., if applicable. The student may then request the third attempt at the Category Competency Evaluation. This failure will be reflected in the student's semester clinical grade.

Non-pass (3rd attempt) - Non-passage of a category competency after three attempts indicates an inability of the student to demonstrate competence. If the student does not successfully complete the third attempt at a Category Competency Evaluation, he/she will receive a failing grade for the course preventing him/her from continuing in the program.
13.5 Achievement of Category Clinical Competence  
(Awarding of “stars”)
Achievement of category competency is an important milestone in the clinical experience. This achievement represents the attainment of clinical “competence” for that category, and in some cases, the ability to work under indirect supervision. The next step beyond “competency” is “proficiency”, and that is the next goal for the category. Proficiency requires an accumulation of experience and responsibility. Until now, technologists have probably helped select patients that were appropriate for evaluation to help students achieve competency. It is now time for the students to take a leadership role, and responsibility for all patients in areas where they have achieved competency. The technologist will still be available to help when needed, but full technologist responsibility rests with the student, for both volume and variety of examinations. All work/images must still be approved by a registered technologist before exams are considered complete.

- Upon completion of a category, the student will receive a star on their clinical badge.
- The student will be the lead in that “starred” area during their scheduled rotation. The technologist will be your assistant.
- The student still needs to be under DIRECT supervision on portables, surgery and trauma procedures
- All work/images must be approved by a licensed technologist prior to completion of exams.

13.6 Maintaining Clinical Competence
When working on the requirements for the subsequent categories, the student must not receive any non-passed Progress Evaluations in any category of demonstrated competency. If this should occur, the student returns to a direct supervision status in that category. He/she must pull and successfully repeat the Category competency. This re-evaluation must be completed no later than one semester after the failure has occurred, unless circumstances dictate otherwise as determined by the clinical instructor. Successful completion of the re-evaluation returns the student to indirect supervision status in that category.

Spot Evaluation
Once the student has exhibited category competency in an area, that student can then be spot evaluated in that area. These students are identified by a star on their Hospital I.D. that represents category completion. Students should not be pulled from any clinical rotation to be spot evaluated in another non-contiguous area. Students shall be spot evaluated only by approved evaluators whom are on the evaluators list for that clinical site. Students can only be spot evaluated on routine procedures within a completed category, and not on supplemental or hot listed procedures. Technologists performing spot evaluations on students must verify the appropriateness of the patient for the purpose of evaluation. In all other ways the spot evaluation is exactly like any other individual competency evaluation. A non-pass on a spot evaluation will cause the student to lose credit for the category, and category competency (Blue Sheet) will have to be re-pulled.

13.7 Minimum Clinical Competence Standards
One fundamental aspect of a competency-based system is that it allows students to progress at their own rate. However, it is equally important that the student demonstrate some degree of progress in
the clinical area to demonstrate minimum clinical competence. The following chart is to be used to check student performance. If a student falls one category behind he/she will receive 4 NSI’s and receive a warning at the end of the semester. If a student falls two categories behind, he/she will be placed on clinical probation at the end of the semester and will receive additional 4 NSI’s. If the student is on probation for two consecutive semesters they will be dismissed from the program. Categories **must be pulled** by the semester indicated in the chart below. It is **recommended** that they be completed in this semester also. It is **required** that they be completed by the semester following the semesters in which they were pulled. If a category competency is not completed by the end of the semester after it is pulled it will not be accepted.

13.8 Final Competency Evaluation

a. Upon successful completion of the Category Competency Evaluations for Categories I through VIII, the student requests the Final Competency Evaluation.

b. The Final Competency Evaluation may not be requested prior to the first day of the scheduled graduating semester in the second year of the program.

c. All clinical make up time must be completed prior to requesting the Final Category Competency.

d. The student must successfully complete one examination each from a total of five randomly chosen categories. These five Final Competencies will count 50% of the Final Competency grade.

e. **The student must successfully complete an Indirect Supervision Rotation to include satisfactory independent completion of all general radiography examinations assigned by the Radiology Supervisor.** This section will comprise 50% of the final competency grade.

f. To successfully complete the Final Competency Evaluation, the student must receive a composite score of at least 80%.

The following describes the results of non-pass status for the Final Competency Evaluation:

**Non-Pass (1st attempt)** - If the student does not successfully complete the Final Competency Evaluation, the clinical instructor will counsel the student in an attempt to correct any areas of deficiency. The student must successfully perform the failed procedure at least one more time under direct supervision and as a simulation with a faculty member, and on the phantom, if applicable. The student can then request the second attempt at the Final Competency Evaluation. This evaluation will consist of the performance of the failed examination and one other randomly chosen examination from the failed category, and one examination from three other randomly chosen categories. After successful completion of the second Final Competency Evaluation, the student can perform any examination under indirect supervision until graduation. However, all repeat examinations must be taken under the direct supervision of a registered technologist.

**Non-Pass (2nd attempt)** - If the student does not successfully complete the second Final Competency Evaluation, he/she will be considered non-passing. Such a student has two options available:

**Option 1.** Receive special clinical instruction and be re-evaluated in all categories in a manner determined by program faculty. This option is contingent upon available space in
the program as determined by the standards established by the Joint Review Committee on Education in Radiologic Technology and availability of a clinical site.

**Option 2** Elect not to continue in the program. Such a student will receive career counseling, if desired.

Completion of the Final Competency Evaluation is a requirement for graduation.

**13.9 Clinical Rotations**
Diagnostic imaging comprises the major component of the radiography program. Areas include diagnostics, fluoroscopy, neurology, genitourinary, mobile, and surgical and trauma imaging. Other rotations include CT, MR, IR, pediatrics, and other advanced level skills. Objectives and guidelines are provided for each area of clinical study. Clinical hours are generally during the day (7am-4:30pm) but may vary with each clinical site and/or specific clinical rotation. Scheduled clinical rotations are scheduled each semester and are subject to change based on procedure availability, college academic schedules, and clinical availability.

- **IMAG 1901** Practicum I Autumn Semester Tues/Thurs
- **IMAG 1902** Practicum II Spring Semester Tues/Thurs
- **IMAG 1903** Practicum III Summer Semester Tue/Wed/Thu
- **IMAG 2904** Practicum IV Autumn Semester Mon/Wed/Fri
- **IMAG 2905** Practicum V Spring Semester Mon/Wed/Fri
### 13.10 Master Rotation Schedule

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<td>Fluoro</td>
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<td>Portables</td>
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<tr>
<td>VA OP/Childrens</td>
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<td>VA OP/Childrens</td>
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<td>Surgery</td>
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<td>Portables</td>
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<tr>
<td>VA OP/Childrens</td>
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<tr>
<td>Surgery</td>
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<td>Trauma</td>
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<td>Portables</td>
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<td>Portables</td>
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<td>Surgery</td>
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</tr>
<tr>
<td>Student Choice</td>
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</tr>
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</tr>
<tr>
<td>Advisor Choice</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>
13.11 Clinical Rotation Hours/Trauma Rotation

1. The student will typically be scheduled by the clinical instructor according to one of the following time periods according to the clinical site hours:
   7:00 a.m. - 3:30 p.m.  7:30 a.m. – 4:00 p.m.  8:00 a.m. - 4:30 p.m.

2. Trauma Rotation hours are scheduled as follows:

SUMMER SEMESTER Trauma Rotation hours
Riverside
Tue 2:30 PM – 11:00 PM
Fri, Sat 5 PM – 1:30 AM
Grant
Tue, Wed, Thu 3:00 PM-11:30 PM
Children’s
Tue, Wed, Thu 3 PM to 11:30 PM

AUTUMN, SPRING SEMESTER Trauma Rotation hours
Riverside
Mon 2:30 PM – 11:00 PM
Fri, Sat 5 PM – 1:30 AM
Grant
Mon 3:00 PM-11:30 PM
Thu, Fri 11:00 PM to 7:30 AM
Childrens
Mon Wed Fri  3 PM to 11:30 PM

3. The general intent of scheduling a student for a non-routine rotation is to provide learning experiences and opportunities not readily available during regularly scheduled clinical hours. These non-routine rotations serve to:
   • Acquaint the student in a more direct role with the care, handling, and radiography of traumatized and other non-routine patients.
   • Provide increased opportunity to gain proficiency in performing examinations of a critical/complex nature on an individualized basis.
   • Develop a degree of student independence of thought and action in the performance of duties.
   • Increase student confidence in their abilities through more independent actions.
   • Become familiar with department protocol that differs from that practiced during routine hours.
   • Develop appreciation of the interdepartmental cooperation necessary for quality patient care.
   • Establish a work ethic and pattern that resembles that of an employable radiologic technologists.
Evening/Night Rotations

- Students will be assigned to at least 2 weeks of an evening or night shift trauma rotation during the program. Students may also choose an evening or night rotation for one of their choice rotations.
- Trauma rotations will be held at Grant, Riverside or Children’s Main.
- Students doing the night rotation at a new hospital for them may complete a Monday dayshift or 2nd shift at the site first. They will become familiar with the trauma radiography equipment and meet with the Clinical Instructor to find out who their night supervisor is and how to call off.
- Hours will vary depending on hospital.

13.12 Special Clinical Rotations

Orientation. Along with the normally scheduled radiographic/fluoroscopic clinical rotations, the student may participate in the following rotations during orientation:

Radiology Office/File Room
Patient Escort

Related Modalities
- Vascular and Interventional Radiography (Special Procedures)
- Radiation Oncology
- Diagnostic Medical Sonography
- Cardiovascular Laboratory
- Magnetic Resonance Imaging

The purpose is to acquaint the student with the basic principles involved in these modalities and relate them to conventional radiography. In addition, each rotation will familiarize the student with the nature of the specialty for future reference as a career option.

Didactic instruction in the basic concepts involved in each area is given prior to the rotation. Behavioral objectives specify desired knowledge and behaviors for each specialty area. The student is evaluated by a registered technologist in each area upon completion of the rotation. These evaluations are intended to gauge student interest and involvement in these areas should a student wish to pursue additional experience in a given area during the semester prior to graduation. This is arranged with the Clinical Instructor.

13.13 Student Evaluation of Clinical

Student feedback about the nature of the clinical evaluation is considered vital to the viability of the process. At least once a year, students are invited to participate in a Student Evaluation of Clinical Survey (See Addendum). This evaluation system serves to:

1. Recognize the value of positive clinical instruction.
2. Focus on means of improving the student's clinical experience.
3. Identify any potential problems occurring with the evaluation system. In addition, the student should feel free to voice any comments or suggestions to the program director and/or clinical instructor. The program reserves the right to modify the evaluation system at any time during the year, as the need arises. Students will always be informed in advance of any changes that are pertinent to them.

13.14 Clinical Goals And Objectives
The goals of the clinical competency evaluation system are that under indirect supervision, the student will be able to:

Perform any examination/procedure in Categories I - VIII. NOTE: All portable, trauma, and surgical procedures must be performed under direct supervision.

Produce technically satisfactory radiographs with minimum radiation exposure and discomfort to the patient.

Note: It is the prerogative of the radiographer to determine a procedure that a student is performing as needing direct supervision if, in their professional opinion, the quality of the procedure or safety of the patient may be compromised.

In order to successfully complete a competency evaluation given by a clinical evaluator during Clinical I - VII, the student must meet the following objectives with a minimum composite score of 80%.

**The student will evaluate the patient requisition.**
Assess the requisition for correct and necessary information.
Recognize conflicting clinical history and examination ordered.
Identify the procedure(s) to be performed on the patient.
Recall the patient's name and age.
Identify the mode of transportation to the radiology department.
Identify the type of patient to be radiographed (i.e. OP, ED)
Document any variations from the requested procedure in the appropriate location.

**The student will demonstrate proper physical readiness.**
Provide a clean table and/or upright grid device for the patient.
Maintain an orderly work area.
Maintain a proper inventory of supplies.
Dispense articles to the patient as needed. (i.e. denture cup, tissues, etc.)
Ready the radiographic unit (tube, table, console)
Provide appropriate size and type of cassettes for the exam requested.
Locate syringes, needles, and other supplies, as needed.
Prepare sterile trays and instruments to avoid contamination.

**The student will demonstrate the proper elements of communication.**
Select the correct patient for the examination.
Converse with the patient in an intelligent, professional manner.
Solicit information from the patient, as needed.
Communicate procedure instructions to the patient with clarity.
Complete all necessary paperwork, as required.
Dispatch the patient to the proper destination after the examination.

AIDET: Five Steps to Achieving Satisfaction with Affective Communication

**Acknowledge:** Greet people with a smile, maintain appropriate eye contact, and demonstrate a warm, receptive attitude with everyone you come in contact with.

**Introduce:** Offer your name, your role in the patient’s care and communicate your ability and desire to help – this requires your full attention to the other person.

**Duration:** Explain how long a procedure will take, how long the patient may have to wait, or if you are walking with someone, how long it will take to reach your destination.

**Explanation:** Provide detailed information about a test or procedure, such as why it is being performed, who will perform it, whether there is pain or discomfort, and what will happen afterward. Be sure to answer the patients’ or family members’ questions.

**Thank You:** Sincerely thank the patient or visitor for choosing the hospital and for trusting you to provide care.

**The student will attend to the patient’s safety and comfort.**
Gown the patient in the manner indicated by the procedure.
Assist the patient to and from the radiographic room in a safe and courteous manner.
Employ proper body mechanics when moving or transporting the patient.
Maintain the patient’s respect and dignity throughout the procedure.
Understand contrast media dosage, use, and potential adverse reactions.
Observe any isolation precautions in effect.
Monitor the patient’s condition throughout the procedure.
The student will position the patient using the standard methods employed for each examination.

**The student will position the patient using the standard methods employed for each examination.**
Position the patient in the manner described hospital procedures manual for each projection.
Perform comparison projections when required.
Remove unwanted articles from the area to be radiographed.
Use immobilization devices and positioning devices when necessary.
Alter the examination according to patient condition and cooperation.

**The student will demonstrate correct use of imaging systems.**
Select the correct imaging system for a given examination.
Select the proper IR and orientation for each projection.
Employ a grid to clinical site protocol.
Center the central ray correctly to the center to the imaging receptor.
Correctly angle the central ray.
Maintain the proper source-to-image receptor distance (SID) for each projection.
The student will employ proper radiation protection measures for the patient and the operator.
Collimate to the area or part of interest.
Use gonadal shielding when appropriate.
Wear a lead apron and gloves in the presence of ionizing radiation.
Maximize the distance between the radiation and self.
Minimize the time spent in an area of radiation, when appropriate.
Employ proper technical factors and proper positioning methods to avoid repeat radiographs.
Question females of child-bearing age about the possibility of pregnancy.
Shield all patients where appropriate.

The student will demonstrate correct technical factor manipulation.

First Year
Interpret a technique chart to set the proper exposure factors.
Set the automatic exposure control (AEC) device in the proper manner.
Measure the patient correctly to determine radiographic exposure factors, when applicable.
Select the correct combination of factors at the control console.
Use lead shielding when necessary and appropriate.

Second Year  In addition to the above, 
Adapt the exposure technique for changes in SID, cassette type, pathology, etc. as applicable.
Apply exposure factors to prevent patient motion.

The student will complete each examination in an appropriate time as determined by the patient's condition and the student's state of learning.

First Year  First year students are not failed for taking excessive time to perform an examination. They are also not guaranteed the right to perform all exams on all patients. It is the responsibility of the technologist with whom the student is working to evaluate the appropriateness of each patient for the skill level of the student. If the technologist believes that the student is taking an excessive amount of time they should terminate the assessment process and complete the examination with or without the help of the student. No score will be assigned for this incomplete attempt at evaluation. If they excessively repeat tasks (such as aligning detents), or perform tasks in an illogical manner (changing I.R.s or control panel) causing gaps or delay in efficient delivery of patient care, they may be penalized, but not failed.

The student will manipulate radiographic equipment in the correct manner.
Move the radiographic tube from horizontal to/from vertical and correctly move the tube in other directions as needed.
Utilize all equipment locks to avoid damage to equipment or injury to the patient or self.
Correctly prepare equipment for radiographic or fluoroscopic imaging.
Fill syringes using aseptic technique.
Operate all controls on the mobile radiographic units.
Operate all fluoroscopic controls **properly and safely**.

The student will identify each radiograph in the correct manner.
Identify each radiograph with "RIGHT", and "LEFT", or other appropriate markers in the correct location.

**Ensure that radiographic images have correct patient identification information.**
Place any "time" markers appropriately on the cassette/radiograph.

**Second Year**  Second year students are expected to perform exams in a manner which does not significantly impede departmental workflow. They can be assigned lower or non-passing grades for “completion in appropriate time” on the competency evaluation forms. If a non-pass is awarded, the student will follow up with program faculty for remediation. Additional lab time may be assigned.

The student will assess each finished radiograph adequately.
Identify all pertinent anatomic parts visible on the radiograph.
Determine if rotation of the body part(s) is present.
Determine if motion is present.
Describe the adequacy of the exposure factors chosen.
Describe the overall radiographic quality of the image.
State if the radiograph is correctly identified.
Discuss means of improving the radiograph.
Appendix A Definitions

Demonstration: The instructor demonstrates the clinical procedure pointing out essential tasks. On Trajecsys Daily Logsheet:

*Simulation: The student performs the clinical procedure in the laboratory or the clinical setting without an actual patient but using a phantom or another student as the patient (part of positioning course).

*Observation: The student observes qualified technologists performing clinical procedures to note the patient communication, positioning skills, technical performance, task sequence, radiation protection practices, and teamwork skills.

*Assisted: The student performs part of the positioning process that includes interaction with the patient and x-ray generating equipment with guidance of a qualified technologist. (i.e. positions 1 of 3 routine projections, positions the x-ray tube and collimates. Specifically NOT setting technique only or processing images or scanning paperwork)

*Independent Performance: The student performs all aspects of the clinical procedure independently in the clinical setting with an actual patient under direct supervision (defined below). This is the Progress Evaluation level of performance.

*Indirect Supervision Performance: The student performs all aspects of the clinical procedure independently in the clinical setting with an actual patient under indirect supervision (defined below) This level is reserved for after attainment of Category Competency.

Direct Supervision Defined as student supervision by a qualified practitioner who: reviews the procedure in relation to the student’s achievement; evaluates the condition of the patient in relation to the student’s knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image. Students must be directly supervised until category competency is achieved.

NOTE: Portable, Trauma, Surgical and repeat radiography require DIRECT SUPERVISION AT ALL TIMES, regardless of the level of competency achievement. Failure of the student to follow this policy will result in disciplinary action.

Indirect Supervision Defined as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement.

Immediately available: Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Affective Evaluation The purpose of the affective evaluation form is to help the student identify both positive and negative aspects of temperament, socialization patterns, and idiosyncrasies learned
from family or subculture. The affective evaluation form can be used to evaluate both positive and negative aspects of emotional behavior, or affective judgment. This is evaluated separately from cognitive judgment, which falls under the assessment domain of competency evaluations.

**Definition of Other Terms**

**Radiographic Examination** This consists of a series of radiographs of an anatomical region, sufficient to permit diagnostic evaluation of that region.

**Category** A series of related radiographic examinations which demonstrates a specific area of the human body (i.e., extremities), or group of studies.

**Competency** The student is able to perform radiologic examinations under indirect supervision and assume those duties and responsibilities as described by the clinical goals and objectives.

**Routine Competency Evaluation** Procedure by which the student's performance and the resulting radiographs for a specific examination are evaluated en route to category competency.

**Category Competency Evaluation** Procedure by which the student's performance and the resulting radiographs for a specific category are evaluated enroute to final competency. This consists of the performance of three (3) examinations from the specific category, chosen at random, as well as questions about examinations within the same category.

**Final Competency Evaluation** Procedure by which the student's overall performance in all categories is evaluated. This consists of the performance of one (1) examination from each of five (5) categories, chosen at random, and successful completion of an Indirect Supervision Rotation.

**Clinical Instructor** A Registered Staff Radiographer that has been trained to evaluate the student within the boundaries of the Clinical Competency Based Plan. (Members of the Clinical Education Committee)
APPENDIX B FORMS
<table>
<thead>
<tr>
<th>Affective Evaluation</th>
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<tbody>
<tr>
<td>Student: ______________</td>
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<tr>
<td>Evaluator ______________</td>
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<tr>
<td>Date ______________</td>
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<tr>
<td>Site ______________</td>
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</tbody>
</table>

| INTEGRITY | Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities |
| EMPATHY | Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others. |
| SELF-MOTIVATION | Initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; taking advantage of learning opportunities |
| SELF-CONFIDENCE | Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment. |
| COMMUNICATION WITH STAFF | Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; accepting constructive feedback in a positive manner; following directions, ask appropriate questions. |
| COMMUNICATION WITH PATIENTS | Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations. Is aware of what is appropriate conversation and/or conduct in front of the patient. |
| TIME MANAGEMENT | Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks on time. |
| TEAMWORK AND DIPLOMACY | Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems. |
| RESPECT | Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession |
| PATIENT ADVOCACY | Examples of professional behavior include, but are not limited to: Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity |
ADAPTABILITY  Examples of professional behavior include, but are not limited to:
First Year – Adapt classroom learning to clinical situations.
Second year - Changes existing protocols to meet patients’ needs, incorporates new procedures and methods, performs multiple tasks when necessary, and responds effectively to interruption.

Comments: _____________________________________________________________

Staff Evaluator ______________________ Student ___________________________
CI ___________________________
Attendance Request

Columbus State Community College
Radiography Program
Please FAX to CSCC Radiography 614-287-6059

[ ] Request for Extra Clinical Time
Date(s) requested: ____________________ Shift requested: ____________________
Clinical Rotation/Area: __________________

[ ] Request for Excused Absence: Personal Day
Date requested: ____________________ Clinical area/shift missed: ____________________

[ ] Request for Excused Absence: Educational Activity Day
Date Requested to miss Clinical: ____________________
Educational Activity: ____________________
Educational Activity approved by: ____________________
   (must be approved in advance by Clinical Coordinator)
   Additional dates missed to be made up: ____________________

[ ] Request for Make Up Day (must be scheduled as full day/shift)
Absence occurred:
Date(s) ____________________ Clinical Rotation: ______ Shift: __________

Make Up Day scheduled:
Date(s) ____________________ Clinical Rotation: ______ Shift: __________
Comments: ____________________

Clinical Site: ____________________

Student: ____________________ Date __/__/__

Clinical Instructor: ____________________ Date __/__/__
COLUMBUS STATE COMMUNITY COLLEGE

Bloodborne Pathogen Exposure Incident Protocol

**Exposure Incidents Involving CSCC Employees (Faculty and Staff)**

If any actual or potential exposure to blood or bodily fluids has occurred, the employee must follow the “Post Exposure Evaluation and Follow-Up” as defined in the CSCC Employee Safety Manual: Exposure Control Plan for Bloodborne Pathogens.

**Student Exposure Incidents Occurring at CSCC in Student Labs:**

1. Universal precautions require that all blood and body fluid exposures be treated as though they are contagious:
   a. Needle stick/Sharps Exposures: Immediately cleanse the needlestick/Sharps wound with soap and water and cover the wound with a bandage or gauze.
   b. Mucous Membrane Exposure to Bloodborne Pathogens: Flush the exposed mucous membrane with water or sterile saline for 10 minutes. Use an eye-wash station to flush exposures to the eyes.

2. An exposed student will directly notify his/her instructor of the exposure after cleansing the exposed area.

3. The exposed student will obtain the “CSCC Assessment of Blood and Body Fluid Exposure” form from their Instructor. The completed report must be signed by both the exposed student and their Instructor, and then forwarded to the Health and Records Department in Room U-123. (A copy may be located on the back side of this sheet).

4. Per CSCC policy, the Instructor must contact the CSCC Police for assessment of the exposure incident.

5. Any exposure to bloodborne pathogens requires the student to report immediately to a hospital emergency room or an urgent care facility for post exposure evaluation. Post-exposure prophylaxis for HIV, HBV, and HCV, when medically indicated, must be offered to the exposed worker (student). Post-exposure follow-up must include counseling the worker (student) about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts. The follow-up must also include evaluation of reported illnesses that may be related to the exposure.

6. Faculty and students are not required to be tested for HIV or disclose their HIV status. However, if a patient, instructor or student is exposed to another’s blood via accidental needle stick, that student (or source of the needlestick) has a moral obligation to be tested for HIV or hepatitis.

7. Any expenses associated with an exposure incident are the responsibility of the student. Therefore it is highly recommended that all students in health technologies have personal health insurance.

8. The CSCC “Exposure Control Plan for Bloodborne Pathogens” can be obtained from the CSCC website link:

   http://www.cscc.edu/about/human-resources/files/esm/PRO02-BBP_Employee.pdf

**Student Exposure Incidents Occurring at a Clinical Facility:**

1. The student is to notify his or her clinical instructor and immediately take appropriate preventive measures including:
   a. Needlestick/Sharps Exposures: Immediately cleanse the needlestick/Sharps wound with soap and water and cover the wound with a bandage or gauze.
b. Mucous Membrane Exposure to Bloodborne Pathogens: Flush the exposed mucous membrane with water or sterile saline for 10 minutes. Use an eye-wash station to flush exposures to the eyes.

2. The student is required to follow the facility’s protocol for reporting, evaluation and treatment of a bloodborne pathogen exposure.

3. The exposed student will notify the CSCC Health Records Office about the exposure incident within 24 hours, and complete/return the “CSCC Assessment of Blood and Body Fluid Exposure” form to the CSCC Health Records office. Failure to report the exposure incident may result in disciplinary action.

4. Any expenses associated with an exposure incident are the responsibility of the student. Therefore it is highly recommended that all students in health technologies have personal health insurance.

1CSCC policy: “Exposure Control Plan for Bloodborne Pathogens”
2Bloodborne Pathogens-Bloodborne Pathogen Exposure Incidents, Occupational Safety and Health Administration (OSHA) Fact Sheet (January 2011)
Columbus State Community College  
Assessment of Blood borne Pathogen Exposure

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Cougar ID:</th>
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<tr>
<td>Program or Department:</td>
<td>Date &amp; Time of Incident:</td>
</tr>
<tr>
<td>Instructor or Supervisor:</td>
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</table>

**Location:** (Building/room or clinical site/unit):

**Description of occurrence (include body location, type of exposure):**

**Type & Brand of device involved in injury:**

- [ ] Do not need to be evaluated
- [ ] Evaluation by Health Care Provider (include name, date & time)

**Signature of exposed individual:**

**Date:**

**Signature of instructor or supervisor:**

**Date:**

**1st Faculty or person responsible should immediately assess exposed student for:**

- [ ] An injury that punctured the skin (needle stick, cut, etc.)
- [ ] A splash to the eyes, nose, mouth, or broken skin
- [ ] A bite resulting in a break in the skin

*If none of the boxes have been checked there is no risk for blood borne pathogen exposure. Student should:*

1. Wash Intact skin with soap & water

**2nd if one or more of the above areas are checked, further assess for the following fluids or tissue involved in exposure:**

- [ ] Blood
- [ ] Any fluid containing visible blood
- [ ] Potentially infectious fluid or tissue (vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, semen)
- [ ] Direct contact with concentrated HIV, HBV, HCV virus
- [ ] Unknown whether needle or fluid contaminated

*If none of the boxes have been checked there is no risk for blood borne pathogen exposure. Student should:*

1. Wash exposed skin site with soap and water or flush eyes, nose, or mouth area
2. Follow up with health care provider as needed
3. Submit Assessment of Bloodborne Pathogen Exposure form to the College Health Office.

**3rd if any of the above has been checked student should:**

1. Immediately wash exposed skin site with soap and water or flush eyes, nose, & mouth for 15 minutes
2. Immediately be seen by a health care provider, urgent care, or local emergency room for further evaluation
3. Submit Assessment of Bloodborne Pathogen Exposure form to the College Health Office

*If exposure occurs in an area outside of the College, student should follow the policy of the facility. The supervising faculty should be notified immediately and Assessment of Bloodborne Pathogen Exposure form completed and submitted to College Health Office. Any expense occurred from either testing or treatments are the responsibility of the student.*

Competency Evaluation Form (Routine/Category/Final)
Columbus State Community College
Radiography Program

Student: _______________________________ Exam: __________________
Technologist: ____________________________
Site: ___________________________________
Date: ___________________________________
Accession #: _____________________________
Patient Age/Condition:
___________________________________________________________

Images Reviewed by: _________________________ (Faculty or CI required for Category/Final)

<table>
<thead>
<tr>
<th>Projection</th>
<th>kVp</th>
<th>mAs</th>
<th>Exposure Index</th>
<th>Comment</th>
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Columbus State Community College
Radiography Competency Evaluation

Student Name ___________________________ Date ____________
Exam ___________________________ Evaluator ____________________________

(Please check one box for each item.)

<table>
<thead>
<tr>
<th>Fail (0)</th>
<th>Minimal (1) Competence</th>
<th>Full (2) Competence</th>
<th>N/A</th>
</tr>
</thead>
</table>

**PREPARATION**

1. EVALUATE REQUISITION (Exam, Date, Time, Transportation mode)

2. PREPARE FOR FIRST EXPOSURE (Clean room, equipment gathered, generator set)

3. PRACTICE INFECTION CONTROL (Hand wash, PPE)

4. CONTRAST MEDIA PREPARATION (If used: correct amount, preparation, aseptic technique)

**PATIENT INTRODUCTION**

5. GREET PATIENT (Verbal greeting, Eye contact, smile, Introduce self, Clear speech)

6. CORRECTLY IDENTIFY PATIENT (2 identifiers minimum)

7. CHECK PATIENT PREGNANCY STATUS (Question females 12-60 y.o.)

8. PATIENT ASSESSMENT (Assess level of consciousness and need for assistance; monitor throughout exam)

9. OBTAIN PATIENT HISTORY (Confirm correct exam, Prev. surgery, Pain/Symptoms, Pertinent medications)

10. ENSURE PATIENT PREPARATION (Gowning, artifact removal, fluoro prep)

11. EXPLANATION (Explain procedure, Duration, Respond to questions)

**POSITIONING**

12. COMMUNICATION DURING PROCEDURE (Proper position/breathing instructions, Clear speech, Accommodate to patient age/condition)

13. COMMUNICATION WITH STAFF (Paperwork complete, Transport and other staff communication)

14. PATIENT POSITION (Utilize anatomic landmarks/imaging planes, Proper instructions)

15. IMAGE RECEPTOR ALIGNMENT (Correct size, Orientation, Alignment to part)

16. X-RAY TUBE POSITION/ALIGNMENT (Correct SID, Central Ray Angle, Aligned to anatomy and Image Receptor)
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<tbody>
<tr>
<td>17. COLLIMATION (Collimate to part without missing anatomy of interest)</td>
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<tr>
<td>18. MARKER PLACEMENT (Correct marker visible, without obstructing anatomy)</td>
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<tr>
<td>19. EQUIPMENT MANIPULATION (Tube movement, Bucky movement, Table movement, Locks)</td>
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<tr>
<td>20. RADIATION PROTECTION (Gonadal shield, Close door, Avoid unnecessary exposure, Protection for self and staff)</td>
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<tr>
<td><strong>TECHNIQUE</strong></td>
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<tr>
<td>21. EXPOSURE FACTORS (Correct kVp, mAs, FSS, AEC, etc., Use of Rotor/Exposure, AEC detectors, backup time)</td>
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<tr>
<td>22. ADAPT TECHNIQUE (for using Grid, Tabletop, Cast, Breathing Technique, etc.)</td>
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<tr>
<td><strong>PATIENT CARE</strong></td>
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<td>23. PATIENT COMFORT (Exhibit confidence, Use listening skills, Attentive to patient need, Protect patient safety/privacy, Position in logical sequence)</td>
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<tr>
<td>24. GENERAL SAFETY (Body mechanics, Monitor patient condition, Care for patient care equipment)</td>
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<tr>
<td>25. APPROPRIATE TIME (Complete exam in appropriate time with minimal discomfort to the patient.)</td>
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<tr>
<td>26. CRITICAL THINKING (Adapt imaging sequence, Exposure factors, and Positioning to patient condition and equipment limitations)</td>
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</tr>
<tr>
<td><strong>POST PROCEDURE</strong></td>
<td></td>
</tr>
<tr>
<td>27. DOCUMENTATION (Complete all forms/computer entries, charting associated with exam. Label and care for lab specimens)</td>
<td></td>
</tr>
<tr>
<td>28. IMAGE EVALUATION (Detect positioning/exposure errors, artifacts, Suggest improvements, Identify pertinent anatomy)</td>
<td></td>
</tr>
<tr>
<td>29. IMAGE PRESENTATION (Proper orientation, Annotation, Post processing, Archiving)</td>
<td></td>
</tr>
<tr>
<td>30. ANY REPEAT RADIOGRAPHS? (Explain repeat radiographs in comments; Generally, any repeats due to student error result in Non Approval of Competency. Repeats must be performed under Direct Supervision.)</td>
<td>Repeats</td>
</tr>
</tbody>
</table>
Competency Evaluation Criteria

Following is a list of criteria for the Progress Evaluation areas. These are intended to give the evaluators and the students a better idea of what is expected, and will allow for more consistent evaluation.

- **Evaluation of requisition**: The request should be evaluated before the patient is brought into the room. The student should be able to establish: the inpatient/outpatient status of their patient; the mode of travel; the correlation between the exam requested with patient’s history; the patient’s age, the patient location.

- **Infection Control**: Student must follow infection control guidelines to include washing hands before and after, standard universal precautions, and isolation precautions.

- **Pregnancy Status Checked**: Student must question all female patients 12-60 as to possibility of pregnancy (in a private setting)

- **Proper Patient Gowning / Preparation**: Student should ensure that the patient is properly attired for the procedure and all possible artifacts removed.

- **Physical facilities readiness**: Student should prepare the room and generator for the first image prior to bringing the patient in. The exam room should: be clean, have a sheet on the table; have the tube in position; be stocked with adequate size and number of cassettes; and have accessories available; have correct procedure set-up for first image, including an average technique at the control panel. The student should choose: the correct cassette size; proper cassette orientation (landscape or portrait); correct use of grid when applicable.

1. **Elements of communication**: Student must communicate clearly (both verbal and written). Student must make eye contact with the patient and listen to the patient while doing the following:
   a. **Acknowledge** the patient with eye contact and a friendly greeting.
   b. **Identify** the patient using 2 identifiers (in a private setting)
   c. **Duration – Explanation** - Explain the procedure to the patient giving an estimate of how long the procedure will take. Ask the patient if they have questions.
      i. Ask for patient history – Why are we doing this exam today?
      ii. Verify the anatomy of interest and the exam ordered
      iii. Question about pain, prior surgery, prior x-ray procedures, nausea, vomiting, diarrhea, fever, etc.
      iv. If fluoroscopy, ask about preparation for the procedure and medications.
      v. Ask “Is there anything else I should know about you before we do this exam?”
   d. **Thank** At the end of the exam, thank the patient for their cooperation and help with the procedure.

2. **Technical factors manipulation**: The student should properly select machine setting per the technique chart and patient body habitus and/or pathology.

3. **Proper patient positioning**: The student should properly: align the body part, cassette, and central ray; collimate; set SID.

4. **Patient safety and comfort**: The student should: assure patient privacy, comfort, and safety throughout the exam; offer blankets/pillows; use positioning sponges; employ proper patient transfer techniques; assure cart rails are up whenever possible and cart wheels are locked; show proper handling of IVs, tubes, etc.

5. **Equipment manipulation**: The student should correctly align tube/IR; have an adequate knowledge of the tube, table and Bucky controls. Any misalignment of the tube and I.R. should be considered for a non-pass.
6. **Radiation protection measures:** The student should stand behind a protective barrier or use a lead apron; close the door to the radiographic room; provide gonadal shielding for the patient; take responsibility for radiation protection of other staff, visitors, and themselves.

7. **Completion in appropriate time:** The exam should be completed in a logical sequence within a reasonable amount of time.

8. **Correct ID/Labeling - Radiographic identification:** The patient’s name, number, exam, and date of exam should be well visualized on the film; the film should be marked anatomically correct (L or R); and without obstruction of pertinent anatomy.

9. **Completion of all paperwork:** The student should demonstrate the ability to complete all paperwork associated with the examination, including RIS functions.

10. **Assessment of finished radiograph:** The student should display an adequate knowledge of anatomy and pathology and demonstrate the ability to determine a technically adequate radiograph.
Competency Evaluation Failure
Failure of Competency Evaluation must occur upon any of the following:

- Student error resulting in repeat - for example:
  - Positioning error - under rotation, over rotation, anatomy clipped by collimation, incorrect centering
  - Incorrect or incomplete routine
  - Incorrect breathing, immobilization instruction
  - Incorrect generator setting, incorrect IR, incorrect IR/Central Ray alignment, incorrect Grid use; SID off by more than 1"

- Failing to Communicate:
  - Failing to positively ID the pt.
  - Failing to ask about pregnancy
  - Failing to ask about area of injury/history and correlating history to confirm exam – i.e. R or L side, correct anatomy
  - Failing to interpret requisition correctly
  - Failing to complete all paperwork/data entry

- Technique –
  - Failing to set control panel correctly prior to exposure (2nd year need to know manual technique)

- Pt safety and comfort
  - Failing to lock brakes, use safety belts, use side rails etc. to ensure safety
  - Failing to be respond to patient needs - Being “rough” with patient - must guide patient into position - not push patient into position; provide emesis basin, tissues as needed.

- Radiation protection
  - Failing to shield patient and self (as needed)
  - Failing to close door
  - Failing to stand in safe location
  - Failing to remove others from room before exposure

- Labeling
  - Failure to use lead marker
  - Lead marker on wrong side
  - -1 point if lead marker present but collimated off

- Image Analysis
  - Failure to identify at least 80% of anatomy questioned about
  - Failure to identify obvious repeatable image error such as rotation, off center, artifact obstructing anatomy, incorrect collimation

OVERALL CONCERN: Did the student perform the exam in a professional and competent manner without any mistakes that would result in a repeat radiograph?
Competencies – Category Competency Lists
*Insert DATE into box for the quarter when individual competency is completed.
*Students may submit up to 2 comps of the same procedure only twice per semester.
*Number of category competencies indicated MUST be completed before category test administration.
*Duplicates do not count towards Total exams required for Category.
*15 ARRT Electives Must be completed before pulling Final competency.
*Italic and underlined exams are required for CSCC but will count toward the
15 Electives for ARRT.
*If an elective exam is done for the category competency it is still counted towards the 15 exams.
*ALL required exams must be completed.

Category 1  Extremities 17 total exams required
Lower Extremities
Required competencies

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### Upper Extremities

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**Category 1**

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**Test Grade**

**Exams Average**

**Category Grade**

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Date Pulled ________ Date Completed ________

Exams Pulled

1__________

2__________

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Test Grade ________ Exams Average ________

Category Grade ________
## Category 2  Chest and Abdomen  6 total exams required

**Required Competencies**

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**Category 2  Date Pulled ______ Date Completed ______

**Exams Pulled**

1__________
2__________
3__________

**Test Grade____  Exams Average____

**Category Grade_______
## Category 3  Basic Fluoroscopy

4 total exams required

### Required Competencies

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* UGI to include 1. AP/PA  2. RAO/LPO  3. Lateral or simulation

**BaE to include 1. AP/PA  2. LAO/RPO  3. RAO/LPO 4. Downshot/Upshot 5. Lateral Rectum

### Elective

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### Category 3  Date Pulled ______ Date Completed_____

Exams Pulled

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3___________

Test Grade ______ Exams Average_____

Category Grade ______
## Category 4: Vertebral Column
8 total exams required

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</table>

Exams Pulled

1
2
3

Test Grade
Exams Average
Category Grade
## Category 5 Portables/trauma

**9 total exams required**

### Required Competencies

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<tr>
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<th>1901 (AU)</th>
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<th>1903 (SU)</th>
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<tr>
<td>Decub abdomen</td>
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</tbody>
</table>

* Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc. A trauma will include an exam where equipment set up will be changed to accommodate minimal patient movement, a patient is in a cast, or x-fire projections. These procedures do NOT need to be done in a trauma room.

### Category 5

**Date Pulled ________ Date Completed_______**

**Exams Pulled**

1

2

3

**Test Grade_______ Exams Average______**

**Category Grade________**
### Category 6 Skulls 3 total exams required

**Required Competencies**

<table>
<thead>
<tr>
<th></th>
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**Elective**

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**Other**

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**Category 6  Date Pulled __________ Date Completed_______**

- Exams Pulled
  1
  2
  3

- Test Grade ______ Exams Average_____
- Category Grade __________
## Category 7  Operative Studies  5 total exams required

### Required Competencies

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<th>1903 (SU)</th>
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**One other exam will count as an elective**

### Category 7

**Date Pulled_______ Date Completed_______

Exams Pulled

1__________

2__________

3__________

Test Grade_______ Exams Average_______

Category Grade_______
Category 8  Special Procedures  8 total exams required  
Required Competencies

<table>
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<tr>
<th>Exam</th>
<th>1901 (AU)</th>
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<tr>
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Elective

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Other

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* Requires special evaluation forms

Category 8  Date Pulled _______  Date Completed _______

Exams Pulled
1_________
2_________
3_________

Test Grade _______ Exams Average_______

Category Grade _________
Competencies: Category Competency Test and Procedure Pull

1. **Category Exam** (50% of total Category Competency)
   - Category Test Questions are from Bontrager Textbook/Workbook
   - Students may attempt twice, the average score will count toward the grade. Minimum score of 80% required on at least one attempt.
   - Category tests are completed online through the Blackboard site for the clinical course. Student is to print the score and submit to Clinical Instructor.

2. **Clinical Procedures** (50% of total Category Competency)
   - Students will pull three procedures after they have successfully completed the online exam for the category.
   - The procedures will be pulled at random from the list below.
   - The procedures must be completed a semester after they are pulled except for category VI.
   - Thirty days after pulling the category, students may request to simulate one exam if an actual patient was not available. This is at the discretion of the CI.
   - If a student fails a Category competency attempt, procedure, they will have to pull 2 new procedures and repeat the procedure that was failed. Before repeating the failed procedure, the student must complete a simulation of the exam, and take images on a phantom where applicable.

|------------|---------|----------|--------|-----------|

| Category II | 1. Chest PA/Lat | 5. I.V.U |
| CHEST/ABD | 2. Chest AP recumbent | 6. Pediatric Chest |
| 4. Abdomen supine | 8. AAS |

| Category III | 1. Esophogram | 4. BaE (single or double) W/ after films |
| FLUOROSCOPY | 2. UGI | 5. Other |
| 3. SBFT | |

| Category IV | 1. Cervical Spine | 4. Ribs |
| VERTEBRAL COLUMN | 2. Thoracic Spine | 5. Other/Elective |
| 3. Lumbar Spine | |

| Category V | 1. Port Chest | 5. Portable Extremity | 9. Trauma Lower extremity |
| PORTABLES | 2. RR/PACU Chest | 6. Portable Pediatric | 10. Other/Elective |
| 3. Port Abd/Pelvis | 7. Trauma Hip |
| 4. Trauma Spine | 8. Trauma Upper extremity |

| Category VI | Each student has to do a skull and facial or sinus |
| SKULLS | 1. Skull |
| 2. Facial or Sinus |
| 3. Other |

| Category VII | Three different surgical procedures as determined by CI |
| SURGERY | |

| Category VIII | 1. Tomogram | 5. LP |
| SPECIAL PROCEDURES | 2. Myelogram | 6. Arthrogram |
| 3. Cystogram/VCUG | 7. HSG |
| 4. ERCP | 8. Other Elective |

*requires special evaluation form

<table>
<thead>
<tr>
<th>Written Category Exams</th>
<th>Topic</th>
<th>Questions</th>
<th>Time Limit</th>
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<td>1</td>
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<tr>
<td>2</td>
<td>Chest Abdomen</td>
<td>200</td>
<td>120 min.</td>
</tr>
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<td>3</td>
<td>Basic Fluoroscopy</td>
<td>198</td>
<td>150 min.</td>
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<tr>
<td>4</td>
<td>Vert/Bony Thorax</td>
<td>153</td>
<td>120 min.</td>
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<td></td>
<td>Portables Trauma</td>
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<td>75</td>
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<td>6</td>
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<td>120 min.</td>
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<td>7</td>
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<td>60 min.</td>
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<td>8</td>
<td>Special Procedures</td>
<td>80</td>
<td>90 min.</td>
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Confidentiality Statement

Columbus State Community College
Radiography Program

While participating in clinical activities as a Radiography student, I recognize that I will have access to confidential clinical, financial, and employee information (both computerized and manually generated) and that my access to such information will be limited to that which is necessary to perform my duties and responsibilities.

I agree that during my time as a radiography student I will not disclose any such confidential information to unauthorized persons or organizations or permit anyone, without proper authorization, to examine, copy, or alter any information in my possession. I am accountable for the confidentiality of my computer passwords and access codes and will not allow them to be used or viewed by anyone else.

I will not misuse any information for personal gain or to bring harm to employees, patients, or their families or use the information for any purpose other than which it was collected or requested.

Upon termination of my clinical participation, I agree to return all records and copies that I obtained in connection with my clinical participation. Also, I agree to keep confidential all information contained in the records to which I had access while a radiography student.

I accept responsibility to protect the confidentiality of the information to which I have access. I understand that any violation of this agreement is subject to disciplinary action including termination from the radiography program.

Printed Name

Signature Date
# Department Orientation Checklist

**Student Name ___________________________ Date ________________**

**Evaluator Name ___________________________**

<table>
<thead>
<tr>
<th>Tours</th>
<th>N/A</th>
<th>Not Completed</th>
<th>Completed</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td><strong>MAIN RADIOLOGY DEPARTMENT</strong> - Tour of main radiology department to include radiography, fluoroscopy rooms, light room, portable equipment storage, radiologist offices, prep areas, patient changing areas, patient waiting area, front desk, file room.</td>
<td>N/A</td>
<td>Not Completed</td>
<td>Completed</td>
<td>Comment</td>
</tr>
<tr>
<td><strong>EMERGENCY DEPARTMENT</strong> - Tour of radiography facilities in ED, layout of ED patient rooms, nurse stations, portable x-ray equipment.</td>
<td>N/A</td>
<td>Not Completed</td>
<td>Completed</td>
<td>Comment</td>
</tr>
<tr>
<td><strong>SURGERY DEPARTMENT</strong> - Tour of Surgery Department to include surgical attire changing area, controlled access areas, radiology equipment storage, Surgery scheduling area.</td>
<td>N/A</td>
<td>Not Completed</td>
<td>Completed</td>
<td>Comment</td>
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<tr>
<td><strong>ANCILLARY AREAS</strong> - Tour of CT, MR, Nuclear Medicine, VIR, ultrasound, bone densitometry, mammography areas.</td>
<td>N/A</td>
<td>Not Completed</td>
<td>Completed</td>
<td>Comment</td>
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<tr>
<td><strong>OUTPATIENT AREA</strong> - Tour of outpatient radiography facilities, workstation, light room, etc</td>
<td>N/A</td>
<td>Not Completed</td>
<td>Completed</td>
<td>Comment</td>
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<tr>
<td><strong>PATIENT ROOMS</strong> - Tour of typical layout of patient rooms on a floor/unit, nursing station, location of specialty care units, room numbering system, appropriate elevators</td>
<td>N/A</td>
<td>Not Completed</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Emergency Medication Box</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure for calling an emergency code</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify sentinel event reporting (incident report) procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire call box and procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire extinguishers and procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Emergency Code announcements and appropriate response</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Items</th>
<th>N/A</th>
<th>Not Completed</th>
<th>Completed</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate student ability to describe or identify each item.</td>
<td>N/A</td>
<td>Not Completed</td>
<td>Completed</td>
<td>Comment</td>
</tr>
<tr>
<td>Locker/personal storage area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee lounge/cafeteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clock in/out procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Call off procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily assignment/lunch schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forms – Attendance request, Competency evaluation, Affective evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dress code (White scrub top, navel scrub pants, white leather shoes, white socks, white undergarments), student hygiene and appearance, hospital scrub policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer Service</td>
<td>N/A</td>
<td>Not Completed</td>
<td>Completed</td>
<td>Comment</td>
</tr>
<tr>
<td>------------------</td>
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</tr>
<tr>
<td>Indicate student ability to describe or identify each item.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Identify components of patient greeting to include eye contact, voice volume, and introduction. |     |               |           |         |
| Identify components of AIDET |     |               |           |         |
| Identify importance of conveying confidence in staff and avoiding questions in front of patients. |     |               |           |         |
| Identify importance of appearance and hygiene. |     |               |           |         |
| Identify importance of listening to the patient and observing the patient. |     |               |           |         |

<table>
<thead>
<tr>
<th>Safety</th>
<th>N/A</th>
<th>Not Completed</th>
<th>Completed</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate student ability to describe or identify each item.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| GENERAL SAFETY - Avoiding clutter, awareness of other workers in area, observing maintenance signs |     |               |           |         |
| SECURITY - Use of ID badge; ID badges required of personnel in work area; only in work area during assigned clinical time; report to CI/lead technologist; Stay in assigned area |     |               |           |         |
| RADIATION SAFETY - Observe radiation protection principles; use protective equipment/apparel; avoid unnecessary radiation; ensure room is clear of other people prior to making exposure; protected control booth area; wear radiation monitor appropriately |     |               |           |         |
| MAGNET SAFETY - Observe magnetic field precautions in MR department |     |               |           |         |
| UNIVERSAL PRECAUTIONS - Locate gloves and other personal protective apparel and appropriate use. |     |               |           |         |
| INFECTIOUS DISEASE - Locate personal protective equipment and identify situations for use |     |               |           |         |

<table>
<thead>
<tr>
<th>Computer Systems</th>
<th>N/A</th>
<th>Not Completed</th>
<th>Completed</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate student ability to describe or identify each item</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Protecting confidential information when using computer systems to include appropriate logoff. |     |               |           |         |
| Use of Radiology Information System (RIS) - log on procedure, appropriate use, log off procedure |     |               |           |         |
| Use of Hospital Information System (HIS) - log on procedure, appropriate use, log off procedure |     |               |           |         |
| Use of Radiology PACS system - log on procedure, appropriate use, log off procedure |     |               |           |         |

<table>
<thead>
<tr>
<th>Credentials</th>
<th>N/A</th>
<th>Not Completed</th>
<th>Completed</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate student ability to describe or identify each item</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Current CPR card |     |               |           |         |
| Hospital required training completed annually |     |               |           |         |
Drug Testing Agreement

I understand that as a requirement for admission to the CSCC health program, I must submit to a drug test at a designated laboratory, which will provide the result of the test to the designated college official. I understand that if the test result is positive, I will be denied participation in the professional component of the designated program.

I further understand that I may be subject to drug tests while enrolled. A positive drug test or refusal to submit to drug testing will result in dismissal from the program.

By signing this document I indicate that I have read, understood and agree with the tenants outlined in this policy. Further, I understand that a negative drug test is required for admission and progression into the professional component of my program. By signing this document I also attest that my results were disseminated by a college designated laboratory. Additionally, I also consent for the approved laboratory to release the results of my drug test to the designated college official. I also acknowledge that my request may be obtained by clinical practicing sites.

__________________________  ____________________________  ________________
Student Signature          Student’s Printed Name, Cougar ID    Date

__________________________  ____________________________  ________________
Witness Signature           Witness’s Printed Name               Date
Educational Activity Report
Columbus State Community College
Radiography Program

Note: This form may be cut and pasted and turned in via email.

Name ________________________________________ Date _____________________

1. The topic of the educational activity was ________________________________.

1. Name of the guest speaker______________________________________________
2. Major points of the presentation were:

1. One thing that was valuable for me to learn from this presentation was:

1. Other comments regarding this presentation:
Columbus State Community College

Equipment Competency – RF Room

Student Name ______________________________ Date __________________
Evaluator ___________________ Equipment ID: ____________ Equipment type: ___ Radiographic Room ___

*Radiographic/Fluoroscopic Room

Student should demonstrate competence in operation of each equipment item.
Check appropriate box.

<table>
<thead>
<tr>
<th>Equipment Item</th>
<th>Competent</th>
<th>Not Yet Competent</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-RAY TUBE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube movement release locks: vertical, longitudinal, transverse, rotational, angulation, detents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collimator: PBL, PBL Override, Light, CR crosshair, IR centering light</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SID indicator and SID measuring tape.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table Bucky/Wall Bucky centering Detents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RADIOGRAPHIC/FLUOROSCOPIC TABLE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table movement (motorized or lock release) – longitudinal, transverse, vertical (or step stool)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table angulation from horizontal to vertical position (footboard/shoulder guard)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table mattress, Easy Slider, compression band, handles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMAGE RECEPTOR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct IR storage; covers for IR; clip on grid; battery charging for DR IR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place IR in Table Bucky, Wall Bucky, Tabletop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Align the x-ray beam with a cassette/IR in the Bucky.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If removable Bucky grid demonstrate removal/placement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube side of Image Receptor and Image orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-RAY GENERATOR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All x-ray generator controls: on/off, mA, timer, mAs, kVp, AEC selection, AEC detector, FSS selection, patient size selection, exposure/rotor button, and all anatomically programmed technique selections.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm up procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select manual or AEC controls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set generator console for a typical tabletop extremity examination. Typical table Bucky exam, typical upright Bucky exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Set for typical fluoro procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*FLUORO Image Intensifier</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Image Intensifier movement, locks, fluoro exposure, collimation, compression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Image Intensifier exposure button, collimation, compression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANCILLARY EQUIPMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Identify the appropriate use of positioning sponges, lead markers, and lead blockers, weights, weightbearing foot stand, etc.
Identify protective Aprons, Gloves, Shields
*Fluoro room – hand held compression paddle, etc.
Linens – locate sheets, pillow cases, gowns, Soiled linen disposal, etc.
Other pt care: emesis basins, urinals, bedpans, O2, tape, sandbags,
*Patient chair for modified swallow: locks, positioning, safety belt

<table>
<thead>
<tr>
<th>RADIATION SAFETY</th>
<th>Competent</th>
<th>Not Yet Competent</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate location to stand during exposure/fluoro</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close all doors to room prior to exposure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Lead drapes for fluoro unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Bucky slot cover for fluoro table</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Columbus State Community College

Equipment Competency – Mobile Radiographic

Student Name _______________________________ Date _____________
Evaluator ________________ Equipment ID: ____________

Student should demonstrate competence in operation of each equipment control. Check appropriate box.

<table>
<thead>
<tr>
<th>X-RAY TUBE</th>
<th>Competent</th>
<th>Not Yet Competent</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tube movement release locks: Vertical, Extension, Rotational, Pivot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collimator: Light, CR crosshair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SID indicator and SID measuring tape.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor drive controls/ Security lock/Power On-Off</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X-RAY GENERATOR</th>
<th>Competent</th>
<th>Not Yet Competent</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>All x-ray generator controls: on/off, mA, timer, mAs, kVp, exposure/rotor button, and all anatomically programmed technique selections.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charging procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient worklist for digital units</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set generator console for a typical portable exams – Chest, abdomen, pelvis extremity.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
<th>Competent</th>
<th>Not Yet Competent</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position equipment for safe travel, navigation/steering, apron storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly use image receptor storage compartment, cassettes, grids, markers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify protective Aprons, Gloves, Shields</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify appropriate place to stand during exposure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate verbal warning of x-ray exposure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Columbus State Community College

Equipment Competency – C-Arm Mobile Fluoroscopy

Student Name ______________________________________ Date _____________

Evaluator ___________________ Equipment ID: ____________

Student should demonstrate competence in operation of each equipment control. Check appropriate box.

<table>
<thead>
<tr>
<th>WORKSTATION MONITOR</th>
<th>Competent</th>
<th>Not Yet Competent</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cable connection sequence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power on/off</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter Patient information or retrieve from worklist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set up for initial imaging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage image files</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter patient data; send to PACS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Image save; image swap; brightness, contrast, autosave; autoswap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Display monitor, image orientation, image marker/annotation,</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMAGE RECEPTOR/Tube</th>
<th>Competent</th>
<th>Not Yet Competent</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position equipment for safe travel, navigation/steering, apron storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security keys/locks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheel locks/steer, navigation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-arm movement: telescope/boom, banking, arc AP-Lat, wig-wag, rainbow/orbital, vertical</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X-RAY GENERATOR</th>
<th>Competent</th>
<th>Not Yet Competent</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set generator console for a typical exams: i.e. orthopedic, abdominal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjust Fluoro kV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoro mode: hi level fluoro mode; low dose; pulse; magnification, subtraction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Image orientation and collimation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interconnect cables; power cord; cord storage for travel</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Negative Significant Incident Report
Columbus State Community College
Radiography Program

Date of Occurrence: ___/___/___ Where Incident Occurred: __________________
Persons Involved: ________________________________________
____________________________________________________________________________
Was Patient Care/Customer Service Compromised? Y/N Explain:
____________________________________________________________________________
____________________________________________________________________________
Why Behavior Was Inappropriate? Explain: _____________________________________
____________________________________________________________________________
____________________________________________________________________________
Comments: __________________________________________________________________
____________________________________________________________________________
Person completing report: ______________________ Date: ________________
Clinical Instructor: _______________________________________ Date: _______________

FACULTY CONFERENCE WITH STUDENT
Consequences of Behavior: 1. ___ NSI Points ___ Warning
                                      2. ___ Clinical Probation (period: _________________)
                                      3. ___ Program Dismissal (as of date: _________________)
Suggestions for Improvements:

How Behavior Must Change:

Consequences of Repeated Behavior:

Signature of Program Director: ______________________ Date
Signature of Student: ______________________ Date
Signature of Clinical Coordinator: ______________________ Date
Other Conference Attendees: ______________________ Date
PreClinical Evaluations
1. Student policies/procedures
2. Pt Confidentiality and HIPAA
3. Lifting and Body Mechanics
4. Patient Transportation/Pt Care Equipment
5. Emergency Situations
6. Safety – General, Radiation, Fire
7. Infection Control
8. Surgical Asepsis
9. Patient/Staff Communication skills
10. Customer Service Skills
11. Patient Transportation at Clinical Site

Pre-Clinical Orientation
Unit objectives.
Upon completion of this unit, the student should be able to:
1. Identify the policies and procedures which govern Columbus State Radiography student in the clinical setting.
2. Identify appropriate applications of HIPAA rules to confidential patient information to include conversation, written communication, patient charting, and interaction with the Hospital and Radiology Information Systems.
3. Use appropriate body mechanics when lifting or moving patients or objects.
4. Identify and appropriately use various patient transportation equipment to include wheelchair, stretcher, cart, bed, and radiographic table to include safety locks, brakes, and position changes.
5. Assist with patient movement /care skills:
   a. Standing to radiographic table
   b. Wheelchair to radiographic table
   c. Cart to radiographic table (using Slider board)
   d. Placing radiographic cassette beneath patient in cart/bed situation
   e. Changing patient gown in bed/cart
6. Identify and appropriately care for patient care equipment to include:
   a. Portable oxygen
   b. IV
   c. Catheter drainage
   d. Chest tube drainage
   e. Tracheostomy
   f. Immobilization devices – Casts, splints, collars, traction, slings
7. Identify and use the clinical site emergency notification alert systems to include fire alarm, patient condition code, missing child or patient code, and other emergencies discussed in orientation.
8. Identify and use appropriate procedures in response to infection control situations.
9. List the proper response actions to a fire or potential fire situation.
10. List and explain general safety rules and policies.
11. Identify the appropriate uniform and accessories required during the practicum experience.
12. List and describe the basic practices and expectations related to customer service.
13. Demonstrate appropriate communication skills to be used with patients and staff in the clinical setting.
14. Identify various areas of the radiology department at the clinical site and various departments and patient room locations at the clinical site.
15. Transport a patient from the patient floor to the radiography department at the clinical site.

Assessment Methods:

1. PreClinical Evaluations.

Student Name ______________________________________  Date __________

Evaluator ___________________________________________

<table>
<thead>
<tr>
<th>Patient Communication</th>
<th>Fully Competent</th>
<th>Minimal Competent</th>
<th>Not Yet Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greets the patient using customer service skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assures correct patient identification and correct procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes a brief patient history.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks about the possibility of pregnancy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explains the radiographic procedure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use active listening skills while communicating with the patient.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protect patient privacy according to HIPAA.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__ Pass   __ Non Pass

<table>
<thead>
<tr>
<th>Positioning Terminology</th>
<th>Fully Competent</th>
<th>Minimal Competent</th>
<th>Not Yet Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use appropriate patient position terminology to include supine, prone, lateral, decubitus, oblique.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use appropriate x-ray beam projection terminology to include PA, AP, lateral, Axial, and Tangential.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use appropriate x-ray beam angulation terminology to include caudad and cephalad.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use appropriate patient anatomy relationships terminology to include: superior, inferior, medial, lateral, distal, proximal.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__ Pass   __ Non Pass
<table>
<thead>
<tr>
<th>X-ray Machine and Accessories</th>
<th>Fully Competent</th>
<th>Minimal Competent</th>
<th>Not Yet Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate appropriate use of x-ray tube release locks to include: vertical, longitudinal, transverse, rotational, angulation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the x-ray tube protective housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the high voltage generator and high voltage cables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operate the collimator to include manual and automatic collimation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and use the SID indicator and SID measuring tape.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and use the detent settings for table and upright Bucky.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position the Bucky device and correctly load and unload a cassette in the Bucky.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate procedure to align the x-ray beam with a cassette in the Bucky.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the appropriate use of positioning sponges, lead markers, and lead blockers.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__ Pass  __ Non Pass

Student Name __________________________________________________________________________ Date ____________

Evaluator ____________________________________________________________________________

<table>
<thead>
<tr>
<th>X-ray Generator Operation</th>
<th>Fully Competent</th>
<th>Minimal Competent</th>
<th>Not Yet Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and operate all x-ray generator controls at the control panel to include: on/off, mA selection, timer selection, kVp selection, AEC selection, FSS selection, patient size selection, exposure/rotor button, and all anatomically programmed technique selections.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Identify the technique/exposure chart and tissue thickness calipers and use both to set appropriate exposure settings on the console.

Use the appropriate procedure to warm up the x-ray generator.

Correctly use the x-ray exposure button and rotor mode

Set control console to use automatic exposure control and manual exposure factors.

Set generator console for a typical tabletop extremity examination.

Set generator console for a typical table Bucky examination.

Set generator console for a typical upright Bucky examination.

___ Pass    ____ Non Pass

Student Name ______________________________________  Date _____________

Evaluator ___________________________________________

<table>
<thead>
<tr>
<th>Radiation Protection</th>
<th>Fully Competent</th>
<th>Minimal Competent</th>
<th>Not Yet Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate appropriate use of protective apparel to include lead apron, lead gloves, thyroid collar.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate appropriate use of collimation for radiation safety.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate appropriate use of Controlled Area barriers to include wall, window, and door.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate appropriate use of gonadal shield devices.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify the appropriate use of SID to reduce patient</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
exposure.

Demonstrate appropriate use of a personnel radiation monitor.

Demonstrate procedure for determining possibility of patient pregnancy prior to exposure.

__ Pass  __ Non Pass

Student Name ______________________________________  Date _____________

Evaluator ___________________________________________

<table>
<thead>
<tr>
<th>Patient Care Equipment</th>
<th>Fully Competent</th>
<th>Minimal Competent</th>
<th>Not Yet Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operates all bed controls- vertical height, head raise, knee raise, wheel locks, steer, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate use of wheelchair – siderails, footrest, wheel locks, appropriate speed, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate use/transportation of IV stand – floor mounted, bed mounted, tubing, drip chamber, keeping infusion site secure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operates oxygen supply – portable tank, flowmeter, valve control, wall mounted, tubing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates safety regarding chest tube – tube insertion site, drainage reservoir.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates safety regarding NG tube – tube insertion site, drainage reservoir</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__ Pass  __ Non Pass

Student Name ______________________________________  Date _____________

Evaluator ___________________________________________

<table>
<thead>
<tr>
<th>Infection Control</th>
<th>Fully Competent</th>
<th>Minimal Competent</th>
<th>Not Yet Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs handwashing consistent with policy.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Applies universal precautions by identifying body fluid contamination and appropriate attire to prevent contact.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates understanding of infection control philosophy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies various types of infection control categories Contact, Contact Plus, Airborne, Respiratory, Protective</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates infection control dress – gown, gloves, mask.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies area of patient care area likely to be contaminated.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__ Pass  __ Non Pass

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**Student Name ______________________________________  Date _____________**

**Evaluator __________________________________________**

<table>
<thead>
<tr>
<th><strong>Patient Transportation</strong></th>
<th>Fully Competent</th>
<th>Minimal Competent</th>
<th>Not Yet Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctly identifies patient to be transported.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates with patient using customer service skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gives instructions regarding transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moves patient and bed to appropriate position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places lift pad under patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assists patient from bed to wheelchair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfers patient from bed to cart</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

__ Pass  __ Non Pass
Pregnancy Risk Form

Student Section:

I have read the Health Care Related Programs Risks and Pregnancy Guidelines and understand the potential risks that may exist to me and my unborn child should I decide to continue in health program laboratory and clinical placements for the remainder of my pregnancy.

Student signature:  
_________________________  Date:  __________________

_________________________________________             __________________

Health Care Provider Section:

I have read the Health Care Related Programs Risks and Pregnancy Guidelines and am identifying the following laboratory/clinical practice restrictions that my patient is to adhere to for the remainder of her pregnancy:

Student Name ________________________________

Restrictions: (please be specific)

EDC _________________________

Physician Name:  
Date:  __________________

_______________________________  __________________________
Radiation Monitor Agreement

1. Treat your badges as if it is worth $1,000,000.00!

2. Failure to return your badge by the semester due date will result in 2 NSI points per occurrence for that semester grade AND holding of grade until monitor is received.

3. Loss of your radiation monitor will result in 2 NSI points per occurrence.

4. You must notify Jeffrey Rowe and or Amy Parry and your Supervisor immediately if your badge is lost, stolen or misplaced so a replacement can be ordered.

5. You must return your Radiation Monitor by the end of finals week. Clinical grade will NOT be assigned until your monitor is returned.

____________________________________________________
Please sign and return the bottom portion of this form to Shawndeia Thomas, to be placed in your file.

I have read and agree to abide by the Radiation Monitor Agreement

Name:___________________________________

Signature:______________________________
## Student Evaluation of Clinical

### Clinical Instructor Evaluation

Respond to these questions to provide feedback to the Clinical Instructor.

<table>
<thead>
<tr>
<th>Question</th>
<th>Unacceptable</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Clinical Instructor demonstrates an understanding attitude toward students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Instructor provides clear expectations regarding student behavior in clinical.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The Clinical Instructor respects confidentiality of student information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The Clinical Instructor maintains up-to-date student records.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The Clinical Instructor shares student progress or information with student.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The Clinical Instructor is willing to help with student questions/concerns.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The Clinical Instructor demonstrates considerable knowledge and experience in radiography.</td>
<td></td>
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</tr>
<tr>
<td>The Clinical Instructor gives constructive comments and suggestions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Instructor displays enthusiasm toward the profession of radiography and continuing education.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The Clinical Instructor provides a professional role model for students to follow.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Instructor maintains appropriate communication with students.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The Clinical Instructor treats all students fairly and enforces policies consistently.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Comments regarding the Clinical Instructor:

### Clinical Site Staff

Respond to these questions to provide feedback regarding the Clinical site staff technologists who worked with you as a student.

<table>
<thead>
<tr>
<th>Question</th>
<th>Unacceptable</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Clinical Site Staff are helpful to students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The Clinical Site Staff are supportive of the program and students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Site Staff provide constructive feedback to students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Site Staff demonstrate considerable knowledge and experience in radiography.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Site Staff provide professional role models for students to follow.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Site Staff treat students with respect and fairness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Site Staff maintain appropriate communication with students.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Comments regarding the Clinical Site Staff:

### Clinical Site

Respond to these questions to provide feedback regarding the Clinical site facilities and experience.

<table>
<thead>
<tr>
<th>Question</th>
<th>Unacceptable</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Clinical Site facilities equipment is maintained in good working order.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The Clinical Site provided a sufficient quantity and variety of clinical procedures to support my learning experience.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The Clinical Site provided well defined procedure guidelines.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The Clinical Site provides appropriate technique chart/radiation exposure guidelines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Site provided a safe and clean working environment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinical Site provided sufficient supplies needed to perform procedures.</td>
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</tr>
</tbody>
</table>

Comments regarding the Clinical Site:
Acknowledgement of receipt of Student Handbook

Date_________________________

Name___________________________
  (print)

I have had an opportunity to review the Radiography Program Student Handbook. I understand that the policies are in place for the educational benefit of all program students, as well as the safety of faculty, patients, and staff. I further understand that the radiography program reserves the right to amend program policies and procedures following accepted process reviews. Any changes to the program requirements will be made available in a timely manner.

I hereby agree to abide by the program policies and procedure manual.

____________________________________________
(Signature)