A.S. Radiologic Technology Program

Clinical Handbook 2022-2024



Clinical Handbook

Table of Contents

Table of Contents for Clinical Handbook

Section I- General Policies

Clinical Education Guidelines1-3	
Attendance/Tardy Policy4-5	
Time Sheet Policy	
Student Illness/Injury Policy for Clinical Rotations	
Communicable Disease Policy	
Clinical Dress Code	
Over-Time Policy	
Bereavement Policy	
Clinical Inclement Weather Policy	
Smoking Policy13	
Drug Testing Policy14	
Section II- Clinical Grading	
Clinical Grading and Evaluations	,
Clinical Exam Grading Policy17-18	
Clinical Curriculum Sequence	
ARRT Radiography Clinical Competency Requirements23-2	
Clinical Grading Denial Policy	Č
Grievance Policy	
Section III - Sample Clinical Grading Forms	
Clinical Attendance Record29)
Clinical Equipment Evaluation30-3	i
Clinical Supply Location Documentation	
Weekly Clinical Performance Evaluation	
Semester Clinical Rotation Evaluation	6
Clinical Grading Form37-3	
Weekly Record of Clinical Experience	
Repeat Clinical Grading Form41-42	
Complaint Form4	
Section IV - Datebook of Drafts and Revisions	
Datebook of drafts and Revisions44-40	6

Clinical Handbook Section I General Policies

Clinical Education Guidelines

**Please be advised that the Radiologic Technology Clinical Handbook is not a contract and the policies in it may be changed to suit the needs of the program.

The University of Charleston Radiologic Technology Program specific requirements for clinical education are as follows:

- All students must be certified in Health Care Provider CPR. It is the student's responsibility to be sure that CPR certification is current in order to continue in the Radiologic Technology Program. Cost of CPR training is the responsibility of the student.
- All students must provide proof of a valid driver's license issued by the state in which he/she resides.
- All students must provide proof of seasonal influenza vaccine or a signed waiver. Students that do
 not provide proof of vaccine will be required to wear a surgical mask during clinical rotations.
 Students must cover the expense of the vaccine.
- A varicella vaccine is required for every student. If the student has had chicken pox as a child, he/she can sign a statement to verify this. The student is responsible for any cost of the vaccine.
- Students must complete a "2-Step" PPD Screening process that starts with their complete health physical.
- All students must obtain a complete health physical (with a completed form provided by the Radiologic Technology faculty)
- All students will retain health insurance for the entire course of study in order to participate in
 clinical rotations. Proof of this insurance coverage will be required at the start of each academic
 year, as well as at any time when current card on file has expired.
- All students will be required to obtain the Hepatitis B vaccinations or sign a waiver prior to beginning clinical rotations.
- All health science students must retain liability insurance this is taken care of by UC, but charges
 may be applied to the student's account.
- All students will submit to annual drug screening. If cause exists for additional screening for
 drugs/alcohol the student will be afforded privacy and confidentiality. Students tested for cause
 must be tested within three (3) hours. Failure to accept testing will be treated as reason for
 dismissal from the Radiologic Technology Program. All charges for testing will be paid by the
 student. Please reference the Rad Tech Drug Policy for more specific information.
- All students will submit to a criminal background investigation at their own expense. Failure to accept the investigation will be treated as cause for dismissal from the program. Students may be subject to additional background checks when required by individual clinical facilities. As a reminder, students with felony and certain misdemeanor convictions may not be eligible for licensure by the ARRT and/or state. Additionally clinical sites may be notified of all background check information. As a result of clinical site policies and at the discretion of the site, students who have record of a misdemeanor and/or felony may not be permitted to complete a clinical assignment. In such cases, students would be dismissed from the program with no refund of tuition or fees.

Clinical Education Guidelines (cont.)

- All students must participate in sessions covering the information below and pass an exam related to the material.
 - Patient Confidentiality/HIPAA
 - Radiation Safety
 - Standard Precautions
 - Infection Control
 - Back Safety
 - Hazardous Materials
 - Personal Protective Equipment
 - Fire Safety
- Once admitted to the Rad-Tech Program, all students will be required to successfully complete coursework that trains them in the following areas:
 - Introduction to Patient Care
 - Vital Signs Training
 - o Patient Transfers
 - Medical Ethics- (Rad Tech Specific)
 - Hand Washing
 - Medical Terminology (Rad Tech Specific)
 - Basic Radiation Protection
 - Introduction to PACS and overview of darkroom
 - Fundamentals of Radiologic Sciences and Health Care
 - Chest Radiography & Positioning
 - Abdomen Radiography & Positioning
 - Smoking Policy
 - Hospital Specific Rules and Regulations
 - o Cell Phone and Pager Usage
- Students will be subject to additional clinical orientation at each facility prior to or during the clinical rotation, as needed.
- Any injuries or incidents occurring during clinical rotations will be recorded according to the clinical facility policy.
- Clinical rotations will be at the discretion of the program faculty in order to provide the
 optimal educational experience for each student.

Requirements

In order to provide each student with a well-rounded education, students will be required to travel to and/or make arrangements to stay in the area of your assigned clinical facility.

- Students are required to rotate on the specific days and hours of his/her assigned schedule.
- Some facilities provide discounted rates to help with lodging.
- Housing, travel, food etc. are the responsibility of the student.
- · Some rotations will be weekend and/or evening shifts.

Current Clinical Sites:

- Bath Community Hospital Hot Springs, VA
- Beckley Appalachian Regional Hospital Beckley, WV
- Braxton County Memorial Hospital— Braxton County, WV
- Charleston Area Medical Center-Memorial
- · Charleston Area Medical Center-General
- Davis Memorial Hospital Elkins, WV
- Greenbrier Valley Medical Center Lewisburg, WV
- Lewis Gale Hospital, Alleghany Low Moor, VA

- Lewis Gale Hospital, Pulaski Pulaski, VA
- Montgomery General Hospital Montgomery, WV
- Plateau Medical Center Oak Hill, WV
- · Raleigh General Hospital Beckley, WV
- Summers County ARH Hinton, WV (Fall & Summer only)
- Summersville Regional Medical Center Summersville, WV
- St. Francis Hospital Charleston, WV
- Webster Memorial Hospital Webster County , WV

Attendance/Tardy Policy

Attendance:

During enrollment in the Radiologic Technology Program, the student is expected to demonstrate responsibility and dependability to the clinical site for which the student is assigned.

Students are scheduled a maximum of 40 hours per week in the combination of academic and clinical portions of the program.

Clinical attendance is mandatory. Should a student be unable to attend clinical for any reason, the student <u>must</u> call the assigned clinical site <u>and</u> the program Clinical Coordinator and speak to them or leave a message a <u>minimum</u> of one (1) hour in advance of scheduled clinical assignment. No e-mails will be accepted as first point of contact. Failure to call and report off will result in a <u>5-point deduction</u> from the final clinical grade per occurrence. All absences will be recorded on the appropriate form by the program faculty. Students must also call the program director or clinical coordinator if they leave a clinical rotation early. Failure to do so will result in a <u>5-point deduction</u> from the final clinical grade.

The student is allotted a designated amount of personal time for each clinical rotation as follows:

Clinical I-8 Hours Personal Time for 240 Hours of Assigned Clinical Time Clinical II and III-8 Hours Personal Time for 240 Hours of Assigned Clinical Time Clinical IV-16 Hours of Personal Time for 360 Hours of Assigned Clinical Time Clinical V-16 Hours of Personal Time for 360 Hours of Assigned Clinical Time

Definitions:

<u>Personal Time</u>: Time that a student can take off without having to provide a doctor's note and excuse and must be requested a minimum of 1 hour in advance of the time missed.

Doctor's Note and Excuse: The doctor's note and excuse is required any time a student is absent beyond the allotted number of Personal Time Hours. The doctor's note and excuse must contain the doctor's signature, be dated for the date of the initial absence that was not covered by Personal Time, state the student was seen in the office or by virtual visit on the date of that initial absence, and detail any dates the student was placed off from clinical beyond those of the initial visit. The Doctor's Note and Excuse must be submitted to the program on or before the first day the student returns to clinical and/or campus related activities. Any doctor's note and excuse that is missing any of the required information will not be accepted as valid and will result in point deductions detailed below.

Explanations:

- Any time missed beyond allotted personal time is not excused. A 5-point final grade deduction
 for the clinical rotation will occur for each clinical day missed beyond allotted Personal Time. An
 additional 5-point final grade deduction will be applied each time a doctor's note and excuse is
 required, is not provided, or is submitted late.
- Any time missed in excess of those allotted will be made up as directed by the Clinical
 Coordinator, as approved by the Clinical Coordinator. The student must contact the Clinical
 Coordinator on or before the first day of returning to clinical and/or on campus activities to
 schedule the make-up time. Any time not scheduled and made up will result in an incomplete
 and/or course failure.

- Cases of a student's emergency surgery or severe accident will be evaluated by program faculty
 on an individual basis; a make-up plan of action will be developed at that time.
- Cases where a student is placed off by UC due to a communicable disease or virus will result in
 no point deductions being applied; however, allotted time will be used. The program will add 8
 hours of Personal Time back for the student to use, if all of the student's allotted time is used due
 to the student being placed off by UC.
- If a student with 8 hours of personal time remaining is assigned to work a 10-hour shift and is
 absent, only 8 hours of time will be used, and no time will need made up. However, in instances
 where a student has less than 8 hours of personal time remaining, all time missed will be made up
 and point deductions will apply.

Tardiness:

Students are expected to be prompt for clinical assignments and be ready to contribute. Any amount of tardiness will be recorded on the appropriate form by the clinical preceptor. All students will be required to stay and make up time after normal relief time up to one hour. Make up time for a tardy beyond one hour must be approved by the Clinical Coordinator and will be made up as directed by the clinical coordinator/program director. It is the student's responsibility to schedule makeup time with program faculty. Any time not scheduled and made up will result in an incomplete and/or course failure.

Explanation: It is not good to be tardy but being tardy is better than being absent. Therefore point deductions for tardiness are less than those for absences. The first two occurrences of tardiness will result in a 50-point deduction from the attendance portion of the clinical grade for each occurrence of tardiness in the same semester. Tardiness in excess of two will result in a 5-point deduction from the final clinical grade per each occurrence.

Time Sheet Policy:

Students are required to sign in each day when arriving to clinical and must sign the actual time they arrive. Students are required to sign out when leaving for lunch and when returning, using actual times. When leaving clinical at the end of a rotation, students are to sign out each day using the actual time. Students may not sign in and out at the same time (i.e. sign in and out when arriving in the morning); additionally students may not sign in and out on one day for the entire week. Failure to follow appropriate procedure will be viewed as an "Honor Policy" Violation.

It is the student's responsibility to make sure a technologist verifies all arrival and departure times as they occur. It is unacceptable for a technologist to sign verification for a student's "in and out" times after they have already occurred (i.e. at the end of the day or the week). A student's failure to adhere to this policy will be viewed as an "Honor Policy Violation".

A total of eight (8) interview hours is allotted during the Sophomore final spring session. No clinical makeup time is necessary, and no point deduction will occur, provided the student follows this protocol:

- Provide as much advanced notice as possible to program director
- Submit written proof of interview upon returning to campus, including name and phone number of contact person for verification. <u>Proof must be submitted on facility letterhead</u>.
- Failure to submit materials as mentioned above will result in a 10-point deduction from the final clinical grade. Interview time may not be used for any purpose other than a job interview for a radiologic technologist position.

Student Illness/Injury Policy

- If a student becomes ill or suffers an injury while in a clinical rotation, he/she
 must notify the Clinical Preceptor immediately.
- The Clinical Preceptor is to notify program faculty in as timely a manner as possible.
- Students suffering an illness or injury while on a clinical rotation will follow the facility protocol for treatment in such instances.
- An incident/occurrence report <u>must</u> be completed, per facility policy.
- Students will assume the financial responsibility for all treatment rendered.

Communicable Disease Policy

- A student having a communicable disease will be required to follow the facility's policy concerning Infection Control Guidelines for Personnel with Infectious Diseases, during all clinical rotations.
- Please review and become familiar with this policy at the beginning of each clinical rotation with your facility Clinical Preceptor.
- Should a student be sent home due to a communicable disease, the Clinical Preceptor is to notify program faculty when the student leaves the facility and the student must call a program official.
- A doctor's excuse should be submitted to program faculty for that absence. All
 illnesses follow the program Absence/Tardy policy.

Clinical Dress Code

The program strives to present a professional image, so students will be required to adhere to the following Dress Code during clinical rotations or while present at a clinical site for programmatic reasons of any kind:

Complete Uniform will include:

- Black scrub top (With UC Patch) and black pants
 - Knee-length scrub skirts are permitted
 - Black hose must be worn with skirts.
 - Plain black T-shirt, tucked in pants or skirt, may be worn under scrubs.
- Lab Jacket
 - Black Lab Jacket with embroidered UC Radiologic Technology student patch must be purchased from UC approved vendor.
- Uniforms and lab jackets are to be clean and wrinkle-free.
- Students are required to have assigned radiation monitoring device, lead markers and a black ink pen with them at all times during clinical rotations.
- Standard UC Radiologic Technology Program Nametag should be worn during clinical rotation.
 - Hospital ID (if required by the facility)
- Socks should be plain black.
- Black Shoes
 - Shoes are to be kept clean.
 - Shoelaces are also to be black and are expected to be clean.
- Hair will be conservatively styled.
 - All hair will be kept away from the face.
 - Long hair (longer than collar length) will be worn pulled back or pinned up with a conservative hair accessory.
 - o Beards and moustaches are to be kept neatly trimmed.
- No excessive make-up will be worn while on clinical rotations.

Clinical Dress Code (cont.)

- Fingernails will be clean and not excessively long
 - If polish is worn, it must be clear.
 - No artificial nails will be permitted.
- Jewelry wear will be limited to:
 - Wedding bands
 - Watches
 - Earrings may be worn with the following conditions:
 - One pair of matching earrings (meaning one earring in each ear)
 may be worn in the ear lobe. They must be small post type
 earrings no larger than ¼" in diameter.
- No visible body piercing(s) or tattoos will be permitted in the clinical setting.
- · Good overall personal hygiene is required at all times.
 - o Deodorant/Antiperspirant
- No perfume/cologne is to be worn.
- The smell of nicotine/cigarette smoke should not be on clothing during clinical rotations
- No chewing gum in exam areas during clinical hours.
- · No food/liquid in exam areas during clinical hours.
- No use of any type of tobacco products during clinical hours (see UC Smoking Policy). In addition to dress code point deductions, smoking also results in a Category II Violation and additional point deductions.
- Use of personal cell phones, pagers, or other electronic devices are not permitted during clinical hours.

***Failure to adhere to the University of Charleston Radiologic Technology Program Clinical Dress Code will result in a 10-point deduction on the student's overall weekly performance evaluation, per offense (for example, if the student did not wear his/her name tag, it would be a 10 point deduction and if he/she also did not follow the UC Radiologic Technology smoking policy, the reduction would be a total of 20 points).

Over-Time Policy

Should the student have an exam in progress when the normal clinical hours expire, the student may complete the exam as an act of professional courtesy or if the student is in the process of grading on an exam. However, the student may only stay for a maximum of fifteen minutes beyond normal clinical hours. No compensatory time will be earned for staying over.

Students will record any overtime on the Clinical Attendance Record with verification of the type of procedure, and an explanation for the reason it was necessary to stay over. The signature of the supervising technologist must accompany the record and explanation.

Student Scope of Practice

In addition to following the "Direct and Indirect Supervision" Policy, students are not permitted to do the following activities during clinical rotations:

- Prepare IV contrast solutions or medications for administration to patients.
- Inject contrast solutions or medications into patients.
- Start IVs or similar ports on patients.
- · Determine if medical images may be forwarded to physician for interpretation.
- Prepare isotopes in Nuclear Medicine or PET.
- Perform any activity considered outside the scope of practice for a certified radiologic technologist.
- Students must never perform mobile radiography or operating room procedures unless they are under the direct supervision of a registered technologist at all times during the procedure.
- In addition to adhering to ALARA principles, students must never hold patients, image receptors, or assist with positioning during actual exposures; students must remain behind the lead wall at console during exposures, except during fluoroscopic and C-Arm procedures, at which time, students must use lead aprons and thyroid shields in addition to other protective devices as needed.
- Students must never transport patients to and from the department without the direct supervision of a radiologic technologist or transport staff.

Bereavement Policy

In the event of a death in the family, the student must notify program faculty as soon as possible. Time off will be granted as follows:

The student will be granted three days off for the death of an immediate family member. One of the three days must be the day of the funeral. Immediate family members include:

- Parents
- · Parents-in-law
- Foster Parent or Legal Guardian
- Sister
- Brother
- Husband
- Wife
- Children
- Grandparent

The student will be granted one day off to attend the funeral of the following:

- Aunt
- Uncle
- Niece
- Nephew

Upon return to campus, the student must provide program faculty with documentation of attendance, from the funeral home/church where the funeral was held. Clinical Coordinator will complete a bereavement form and place it in the student's file.

Make-up time is not required for days granted for bereavement.

Clinical Inclement Weather Policy

If classes at the university are cancelled:

- Do not report to clinical.
- · The student must notify clinical sites of class cancellation.

If classes at the university are on Inclement Weather Schedule:

- Report to clinical on a 2-hour delay.
- The student must notify clinical sites that you will be arriving 2 hours late.
- · Leave clinical at the regularly scheduled time.
- Delay time does not need to be made up if the university is on the Inclement Weather Schedule

If classes at the university are on a regular schedule and you cannot make it to your clinical site:

- Use your best judgment in traveling.
- · Refer to the Attendance/Tardy Policy.

If you make it to clinical before you realize that university classes have been cancelled:

- You may notify your Clinical Preceptor and program faculty and leave clinical as soon as you receive word that classes have been cancelled.
- You may choose to stay at clinical and we will compensate you for the time you spend at clinical that day.

If you arrive at clinical at the assigned time and the university is on Inclement Weather Schedule:

- You will be responsible to work only 6 hours that day.
 - Example if you arrive on time at 8:00am you would leave at 2:00pm instead of 4:00pm to avoid unnecessary compensatory time.

Smoking Policy

The UC Radiologic Technology Program Faculty strongly urges students not to smoke for health related reasons. However, if you do smoke, you must follow the following restrictions during all clinical rotations.

- SMOKING IS NOT PERMITTED ON ANY CLINICAL CAMPUS.
- Any student that chooses to smoke during a lunch break must leave the campus property to do so and must inform the clinical instructor before leaving.

Consequences for violations of the smoking policy are outlined in the Radiologic Technology Program disciplinary policy and clinical dress code section.

Drug Testing Policy

MANDATORY DRUG TESTING

 All mandatory drug screenings will be performed when the program chooses to have the drug screens administered to students. Students will not be notified in advance of a mandatory drug screening. The costs associated with the screening are the responsibility of the student.

REASONABLE SUSPICION DRUG TESTING

 A reasonable suspicion screening will be required based on personal, physical, or performance changes. The cost of the drug screening is the responsibility of the student.

CLINICAL SITE DRUG TESTING

In addition to "Mandatory Drug Testing" and "Reasonable Suspicion Drug
Testing", students are subject to the drug testing policies of any clinical site they
may be assigned to and are responsible for all costs related to a clinical site's drug
testing.

POSITIVE DRUG TEST OR REFUSAL TO PERFORM OR PAY FOR A DRUG TEST

- Any radiologic technology student who has a positive drug screen will be subject to disciplinary action and immediate dismissal from the program.
 - Re-entry into the radiologic technology program will not be considered following a positive drug test.
- Although medical cannabis is legal in the state of WV with a valid prescription, clinical sites do not permit students to use it and complete rotations. Students who test positive for medical cannabis of any kind will be dismissed from the program.
 - Any radiologic technology student who refuses to perform or to pay for a
 mandatory drug screen, a drug screen requested due to reasonable suspicion, or a
 clinical site's drug screen will be considered in direct violation of the radiologic
 technology drug testing policy and will be subject to disciplinary action and
 immediate dismissal from the program.

Clinical Handbook Section II Clinical Grading

Clinical Grading and Evaluations

I. Clinical Instruction

Application of theory and correlation with clinical examinations will be achieved through:

A. Didactic Instruction in Procedures Class and Lab Practices

 The program faculty provide Radiographic Procedures theory in the classroom, and reinforce it with demonstration and practice sessions in the energized lab.

B. Clinical Instruction in Clinical Sites

- In addition to the Didactic Instruction, the student also rotates at various clinical sites in order to obtain a well rounded education.
 A designated Clinical Preceptor(s) is identified at each facility, in order to facilitate the student's clinical education.
- After orientation to the facility, the student is scheduled in a
 variety of settings to reinforce classroom instruction. This
 affords the student the opportunity for direct patient care and
 contact while practicing positioning under the supervision of a
 registered technologist.
- Clinical grading follows the course syllabus and includes a combination of the following, based upon the academic term:
 - a. Clinical grading on procedures
 - b. Weekly clinical performance evaluations
 - c. Attendance
 - d. Clinical experience forms
 - e. Equipment evaluations
 - f. Clinical Rotation Evaluations
 - g. Learning Journals
 - h. Student Improvement Assessment Forms

Clinical Grading and Evaluations (cont.)

C. Repeat Analysis

- During the student's education, a repeat analysis project will be instituted for each individual during the repeat analysis portion of Quality Assurance Class – RADT 206.
- 2. Throughout the program, the Clinical Coordinator and program faculty will evaluate the Weekly Record of Clinical Experience forms and when warranted necessary may make arrangements with the student to sit down one-on-one to identify the reason(s) for repeats, and to discuss methods of improvement to prevent the same type(s) of occurrence in the future. This is not a graded procedure. This is simply a constructive learning tool. It is by no means a disciplinary procedure, and students are encouraged to participate for their own benefit and learning experience.

Direct and Indirect Supervision

- A student must first demonstrate competency in an exam by successfully grading on that exam before being allowed to work independently of the Clinical Preceptor/Staff. Up until competency is demonstrated, the student must always work under the direct supervision of a registered technologist. <u>Direct supervision</u> is defined as being directly observant of the student while the exam is being performed.
- After competency has been confirmed, the student may work
 under the indirect supervision of the registered technologist.

 <u>Indirect supervision</u> is defined as that supervision provided by a
 registered technologist immediately available to assist the
 student, regardless of the level of learning of the student. This
 requires the technologist to be adjacent to the room where the
 procedure is being performed.
- 3. Any repeat needing to be performed by the student <u>MUST</u> be performed in the direct supervision of a registered technologist. The technologist will provide guidance to the student to prevent further repeats. Any repeats beyond the first one <u>MUST</u> be performed by the registered technologist with the student observing. The technologist will explain the methods necessary to produce an acceptable film after the patient's exam is complete.

Clinical Exam Grading Policy

- The student must consult the Clinical Curriculum Sequence to reference in which term exams are recommended to be completed.
- The student must demonstrate competency in <u>all</u> 36 of the mandatory Imaging Procedures. A minimum of 26 of the 36 mandatory competencies must be performed on a patient, with the remainder allowing for simulation if necessary. The student must also demonstrate competency in <u>at least</u> 15 of the 35 elective Imaging Procedures, as well as a minimum of 10 pediatric examinations. Pediatric exams must be performed on patients who are 10 years or under and one pediatric exam must be performed on an infant under 1 year old.
- The student must abide by the following regulations in order to grade on an exam:
 - A student may only grade on exams which have been covered in the didactic procedures class and lab.
 - Clinical Preceptors should conduct clinical testing every time the CP is available.
 In the event the CP is not available, a technologist may grade the student.
 However, at least one new competency exam must be conducted by a CP or designated technologist approved by the program each semester until all are complete.
 - o In each Clinical II-IV rotation, Repeat Clinical Competency Exams must be completed. Two repeat exams will be completed in each Clinical II and Clinical III rotation and three repeat exams will be required in Clinical IV. Repeat Clinical Competency Exams must be completed by the student and the CP or designated technologist approved by the program must be the evaluator. A Repeat Clinical Competency Exam is one where the student completes a clinical test on an exam that they previously graded on. In each rotation, Clinical II-IV, students must complete different exams for the required number of repeat clinical competency exams (i.e students cannot repeat a CXR three times. The exams must be different and distinct from one another).
 - It is the student's responsibility to approach the clinical instructor or staff and request to grade on the exam prior to bringing the patient in the room.
 - If request is granted, obtain a grade form and fill out the necessary information, including:
 - Student Name
 - Date
 - Type of Exam, including "trauma" or "portable" when applicable
 - Patient's age

Clinical Exam Grading Policy Continued

- Patient ID number
 - Exams must be submitted with patient ID # in order to receive credit for the exam. Exams without patient ID # will result in the student repeating the exam.
- Projections obtained for the entire exam
- Prepare radiographic room with all anticipated supplies.
- Inform technologist you are ready to begin, and bring the patient in the room.
- The clinical history and pregnancy release <u>must be</u> witnessed by the evaluator in order to receive credit for the exam grade.
- Upon completion of the exam, the technologist will complete the grade form and discuss the results with
 the student in confidence, identifying areas of strength and weakness. The evaluator will also counsel the
 student on methods of improvement for areas of weakness.
- The evaluator will sign the grade form.
- All forms will then be placed in the Radiologic Technology Program lockbox. All forms shall remain confidential, with only the Clinical Preceptor and university program faculty having keys to the lockbox.
- Students may not access the lock box. The Clinical Preceptor must access it for them. It will be considered
 an "Honor Policy" violation if a students fails to adhere to proper lock box procedure.
- Students will obtain the graded forms from the Clinical Preceptor via a sealed/confidential envelope.
 Students will deliver the envelope to the Clinical Coordinator.
- The Program Faculty will review the grade forms with the student, and the student will sign the form at that time.
- The student or evaluator may bring any discrepancy to the attention of the Clinical Coordinator, who will
 render a decision on that specific exam grade.
- For all competency and final testing exams, the student must obtain a minimum of 85% per projection and an overall grade of 85% per exam. If minimum requirements are not met, the student must make every attempt to repeat the exam during the semester that the failed testing occurred. Should this not be possible, the failed grade will be calculated for the term in which it occurred, and when the student does the repeat exam in the next term, both the passing and the failing grades will be averaged together for a final grade, to count in the term in which the repeat occurred. If the repeat is done in the same term as the failure, both grades will be averaged for the overall grade for that exam. A minimum of one-week time frame is recommended between the exam failure and repeat so that remedial instruction and further practice may occur. All testing papers will be maintained in the student clinical file.
- Mandatory grading time frames on exams are outlined in the Clinical Curriculum Sequence.
- Final Testing must be completed during Second Year Spring Semester
 - Mandatory testing of each exam must be completed prior to Final Testing.
 - In addition, 3 of the Final Testing exams must be evaluated by a CP or designated technologist approved by the program
 - The Clinical Preceptor or Staff must approve the patient for Final Testing.
 - Categories for exams are outlined in the Clinical Curriculum Sequence, as follows:
 - Upper extremity (x 3)— A-C Joints, Clavicle, Elbow, Finger, Forearm, Hand, Humerus, Scapula, Shoulder, Sternum, Wrist
 - Lower extremity (x 3)— Ankle, Femur, Foot, Hip. Knee, Os Calcis, Patella, Tibia/Fibula, Toe
 - Ribs/Spine (x 2)— Cervical Spine, Lumbar Spine, Ribs, Sacrum/Coccyx, Thoracic Spine, SI Joints
 - Barium/Contrast Studies (x 1)— Contrast Enema (single or double), IVP/IVU, UGI, Small Bowel Series, Esophagus
- All clinical grading must be completed to fulfill program completion requirements.

<u>Clinical Curriculum Sequence</u> *Refer to Clinical Syllabi for Detailed Requirements*

First Year (Spring, 1)

Instructional Labs	Mandatory Grading *Suggested Grading Sequence*	Elective Grading
KUB	Spring, 1	
Chest-PA and Lateral	Spring, 1	
Finger	Spring, 1	
Hand	Spring, 1	
Wrist	Spring, 1	
Knee	Spring, 1	
Foot	Spring, 1	
Abd Series or Abd Flat and Upright	Spring, 1	
Ankle	Spring, 1	
Tibia/Fibula	Spring, 1	
Femur	Spring, 1	
Forearm	Spring, 1	
Elbow	Spring, 1	
Humerus	Spring, 1	
Shoulder (non trauma)	Spring, 1	
Hip (non trauma)	Spring, 1	
Pelvis	Spring, 1	
Stretcher Chest	Spring, 1	
Portable Chest	Spring, 1	
Patella		Elective
Toes		Elective

First Year (Summer Sessions)

Instructional Labs	Mandatory Grading *Suggested Grading Sequence*	Elective Grading
Cervical Spine	Summer Sessions	
Thoracic Spine	Summer Sessions	
Lumbar Spine	Summer Sessions	
Ribs	Summer Sessions	
Clavicle	Summer Sessions	
Geriatric Patient-CXR	Summer Sessions	
Geriatric Patient – UE or LE	Summer Sessions	
Pediatric (age 6 or younger) Chest	Summer Sessions	
Portable Abdomen	Summer Sessions	
Portable UE or LE	Summer Sessions	
Pediatric (age 6 or younger) mobile study		Elective
Geriatric Patient - Hip or Spine		Elective
Pediatric (age 6 or younger) UE or LE		Elective
Pediatric (age 6 or younger) Abd		Elective
A-C Joints		Elective
Soft Tissue Neck		Elective
Sacrum/Coccyx		Elective
Scoliosis Series		Elective
SI Joints		Elective

Fall Semester, Second Year (Fall, 2)

Instructional Labs	Mandatory Grading *Suggested Grading Sequence*	Elective Grading
C-Arm (more than one projection)	Fall, 2	
C-Arm (sterile field)	Fall, 2	
Trauma Hip (cross-table)	Fall or Spring, 2	
Trauma Shoulder (Y-View/Transthoracic/Axillary)	Fall or Spring, 2	
Trauma Lower Extremity	Fall or Spring, 2	
Trauma Upper Extremity (non shoulder)	Fall or Spring, 2	
Trauma Spine (Cross Table Lateral)	Fall or Spring, 2	
UGI		Elective
Sinuses		Elective
Skull		Elective
Decubitus Abdomen		Elective
Chest Lateral Decubitus		Elective
Contrast Enema (single or double)		Elective
Os calsis/calcaneus		Elective
Facial Bones		Elective
Orbits		Elective
Nasal Bones		Elective
Mandible		Elective
Scapula		Elective
Sternum		Elective
TMJs		Elective
SC Joints		Elective
IVP/IVU		Elective
Esophagram/Barium Swallow		Elective
Small Bowel Series		Elective

Spring Semester, Second Year (Spring, 2)

Instructional Labs	Mandatory Grading *Suggested Grading Sequence*	Elective Grading
Angiograms/ Cath Lab	Clinical Observation Only	
СТ	Clinical Observation Only	
Mammography	Campus/Lab Observation Only	
MRI	Clinical Observation Only	
Nuclear Medicine	Clinical Observation Only	
Ultrasound	Clinical Observation Only	
Arthrogram		Elective
Myelogram		Elective
Cystogram		Elective
ERCP		Elective
Hysterosalpingography		Elective

^{**} In addition to the 36 mandatory exams, the student must test on:

A minimum of 15 of the 35 elective exams – one of which must be from the head section and two of which must be fluoro exams.

and

A minimum of 10 pediatric exams (ages birth-10 years), with one of these pediatric exams being performed on an infant less than 1 year old. These may be in combination with the mandatory and elective exams.

Final Grading, (Spring, 2)

During these terms, the student will grade on any combination of the following exams:

- 1) Upper Extremity (x 3)
- 2) Lower Extremity (x 3)
- 3) Ribs/Spine (x 2)
- 4) Barium/Contrast Studies (x1)

Clinical Competency Requirements

In order to establish competency for program completion in accordance with the ARRT, the following list of criteria was created. These criteria establish the student's eligibility for the ARRT national registry exam.

The student must demonstrate competency in <u>all</u> 36 of the **mandatory** Imaging Procedures. A minimum of 26 of the 36 mandatory competencies must be performed on a patient, with the remainder allowing for simulation if necessary. The student must also demonstrate competency in <u>at least</u> 15 of the 35 elective Imaging Procedures, with one exam completed from the head section and tow from the fluoro section. Additionally, a minimum of 10 pediatric examinations must be performed, with one being performed on an infant less than 1 year old.

The original document is tracked and completed by the program Clinical Coordinator. Students are given a copy for their own tracking purposes. Students may reference the original in the program faculty office at any time.

Clinical site legend for use on the following pages:

Name of Clinical Site	Abbreviation
Bath Community Hospital	ВСН
Beckley Appalachian Regional Hospital	BARH
Braxton County Memorial Hospital	ВСМН
Davis Memorial Hospital	DMH
Greenbrier Valley Medical Center	GVMC
Lewis Gale Hospital Alleghany	LGHA
Lewis Gale Hospital Pulaski	LGHP
Montgomery General Hospital	MGH
Plateau Medical Center	PMC
Raleigh General Hospital	RGH
Saint Francis Hospital	SFH
Summers County Appalachian Regional Hospital	SCARH
Summersville Regional Medical Center	SRMC
Webster Memorial Hospital	WMH

Radiography Clinical Competency Requirements Effective January 2022 STUDENT Class of **Imaging Procedures** Mandatory Elective Date Completed Patient ID Number Verified By Required Clinical Site **Chest and Thorax** Chest Routine M Chest AP, wheelchair or stretcher M Ribs M Chest Lateral Decubitus E Sternum E Upper Airway (Soft-Tissue Neck) E Sternoclavicular Joints E Upper Extremity Thumb or Finger M Hand M Wrist M Forearm M Elbow M Humerus M Shoulder M Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or M Clavicle M Scapula E Acromioclavicular Joints Trauma Upper Extremity (Non Shoulder) E M Lower Extremity Toe E Foot Ankle M Tibla-Fibula M Knee M Femur M Trauma Lower Extremity M Patella E Calcaneus (Os Calcis) E Head Must complete ONE elective from this section Skull E Paranasal Sinuses E Facial Bones E Orbits E Nasal Bones E Mandible E Temporomandibular Joints E Spine and Petvis Cervical Spine Thoracic Spine M **Lumbosacral Spine** M Cross-Table Lateral Spine M Pelvis M Hip M Cross Table Lateral Hip M Sacrum and/or Coccyx E Scoliosis Series

Radiography Clin	ical C			quirements				
STUDENT					Class of			
1	lmaging	Proc	edures					
	Mand Elec	tive	Date Completed	Patient ID Number	Verified By	Clinical Site		
Sacrolliac Joints	100000	E	The second second	Principal and the second	vermed by	Cillical Site		
Abdomen	No.	1000	Charles In the	THE RESERVE	MATERIAL STATE	THE REAL PROPERTY.		
Abdomen Supine (KUB)	M	LIGHTSON	SIAME CONTROL OF	CONTRACTOR OF THE PARTY OF THE	DESIGNATION OF THE PARTY OF THE	No Holeswood Stock		
Abdomen Upright	M	U OF	THE SHAPE STREET	CONTRACTOR SECURE		Marie Salaring		
Abdomen Decubitus		E	IN ENGRAPH	MARKE AREAS	0.00			
ntravenous Urography	- 3	E			The Park	1 (23.000)		
Fluoroscopy Studies	10000	100	ETEXNINES	KASMADISH		STATE OF LINE		
Must complete TWO electives from this section		100						
Upper Gl Series (Single or Double Contrast)	HE HE	E	DIE EUR	P1 15 2 - 5 1	SHUGGLE			
Contrast Enema (Single or Double Contrast)	N WEEK	E	17/12/14/14			Carle Co.		
Small Bowel Series	- Marti	E	HER SLOW P.	No STWIN	Resident to	3 PEAS 1146		
Esophagus (NOT a modified study)		E	I I mension i		1405540			
Cystography/Cystourethrography ERCP	R.S.S.	E				L. Comment		
Myelography	200	E	Artist County of	THE RESERVE	THE NAME OF THE OWNER,	P. P. Society		
Arthrography	1000	E	80 100 200 200			T NEGOTIES		
Hysterosalpingography	1 15/5/6	E	Charles Andrew		The same	I DESCRIPTION		
Surgical Studies	C C C C C C C C C C C C C C C C C C C	E	THE RESERVE OF THE PERSON NAMED IN					
C-Arm Procedure (more than one projection)	M	BETWEEN STREET	DESCRIPTION OF THE PARTY OF THE	Market Street	Design to the second			
Surgical C-Arm Procedure (sterile field)	M	10000		A DESCRIPTION OF THE PARTY OF T	HEAT STATE OF THE			
Mobile Studies	and the same	100000	Commence of the last of the la	E DOGRAMA E SAMPLE O	MACHING EXCENS	ALL ICCOMPANIONS		
Portable Chest	MIN	ALTERNATION .	A STATE OF THE PARTY OF THE PAR	The second second second		A PROPERTY OF		
Portable Abdomen	M	ELST.		THE REPORT OF THE	LICENSIN DESCRIPTION			
Portable Upper or Lower Extremity	M	1248		Control of the Contro	to be a few as	AN EXCENSION		
Geriatric Exams (age 65 or older with physical or cogniti	ve impair	menti		THE PERSON NAMED IN	100000000000000000000000000000000000000	Control of the Contro		
Chest Rountine	1 M	To the same	THE RESIDENCE OF	CHARLES MARKET	MARKET SPORTS	NII CENTRANE POR		
Upper or Lower Extremity	M	1	THE RESIDENCE	Later Court III	No. of the last	SC REDUCTION		
Hip or Spine	11553	E		CAUSSESSES	ECCASION S			
Rediatrics (age 6 or younger)		100	THE REAL PROPERTY.	THE PERSON NAMED IN	THE PERSON NAMED IN	ALCOHOLD BY A		
Chest Routine	M	開稿發		E SERVICE CONTROL	RESERVATION OF THE PERSON	ST STATE OF THE PARTY OF		
Upper or Lower Extremity		E	A STORY	BARRIER S	WE WELL	and the second		
Abdomen	THE R	E	E THE STATE OF	HIDSWISS	THE WALL	The state of the s		
Mobile Study		E		May a Dead of the		ST LOVER OF		
10 Rediatric Exams (age 10 or younger AND one un	der 1 yea	r)	Charles States	VI S. (2) 430 630	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,			
2 在1963年中共1975年中央中国共1976年中央中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国共1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国1976年中国	R	250		STATE OF THE PARTY.				
and the second of the second o	R	288	型原数Base	Malyana Hara		M MERCHAN		
A CONTRACTOR OF THE SECRETARY	R	200	letter to the		ALCOHOL:			
	R	-	AT 20 IS HOS	ADMINITED (#5)	Service Services			
For experience and control of the co	R	255	Sept Charles	国际经济企业	1200			
6	R	(B)	Catalog Sept (Sept 1987)	Christian Co.	REMARK			
76 8 to 77	R	The same	de Salana	in a major com	100000000000000000000000000000000000000	Of Residences		
	R	E VIOLE	de la companya de la	REMERSION OF	ALMES AU	10 (15 2) 22 27		
10	R	200	No. of the last of the	legicandy have	MONEY TONG			
Completed one patient under 1 yr. old? (Y or N)	R	ES48		MARIE DI NAMESSA	D464CB30			

General Patient Care	Verified By
CPR	
Vital signs (Blood Pressure, Pulse, Respiration, Temp, Pulse OX)	
Sterile and Aseptic Technique	
Transfer of Patient	4
Care of patient medical equipment (O ₂ tank, IV tubing)	
Venipuncture	

Clinical Grading Denial Policy

There may be occasions when a student is denied grading on an exam. This prevents the student from the opportunity and may affect his/her clinical grade.

- In order to provide documentation, the student must fill out a denial form, and have the technologist sign the form when a grade opportunity is denied.
- The denial form will be kept in the student's clinical file and used as evidence for
 potential grading time extension, if warranted by the program faculty.
- Denial forms may be obtained from clinical instructors.
- No verbal complaints of test denial will be accepted.

A.S. Radiologic Technology Program Grievance Policy (Due Process) and Procedure

The Radiologic Technology Program and its faculty recognize the rights of students enrolled in the program to file a complaint and/or file a formal grievance to seek solutions to problems or injustices arising from the day-to-day working relationships and differences which may occur between students, faculty, or administration. Students may file a complaint by completing the complaint form and requesting a meeting with the program director. If the complaint process does not offer the desired resolution or the student believes the matter requires a more formal process, the student may initiate the grievance procedure as outlined below. Whenever a misunderstanding or problem exists, students are urged to discuss the situation immediately with his/her faculty member and/or Clinical Preceptor (depending on whether the issue is related to a didactic or clinical experience). Small problems tend to become big problems and are more difficult to resolve when not discussed with someone who can correct them. In addition, students and other communities of interest that have any complaints or other allegations of non-compliance with the JRCERT standards shall also follow the complaint and/or grievance procedure.

Complaint Process: To file a complaint, the student requests a meeting with the program director and a complaint form is completed. Students may obtain the complaint form by requesting one from program faculty or staff. The form is also available in the clinical handbook. The program director will investigate and obtain all pertinent factual information and provide a solution or explanation within three academic days of notification by the student. A full explanation of the reasons for the decision will be given. Documentation will be kept on file in the program director's office.

If the student thinks the complaint merits filing a formal grievance or the student is not satisfied with the response initiated during the complaint process, the student may begin the grievance process as outlined below.

Step 1 Faculty Member or Clinical Preceptor

In order to minimize a misunderstanding, students are required to discuss the situation creating the grievance with the faculty member or Clinical Preceptor at the earliest opportunity available. The nature of the discussion needs to be documented. If the situation is related to the clinical setting, the Clinical Preceptor will contact the Clinical Coordinator to discuss the details related to the grievance. The Clinical Coordinator will work with the Clinical Preceptor to determine if the respective director of medical imaging or hospital administrator needs to be included in the process. The respective faculty member or Clinical Coordinator/Clinical Preceptor will investigate and obtain all pertinent factual information and provide a solution or explanation within three academic days of notification by the student. A full explanation of the reasons for the decision will be given. The faculty member and/or Clinical Coordinator must provide documentation of all meetings and findings to the program director. Documentation will be kept on file in the program director's office.

Step 2 Program Director

If the student does not think the issue was resolved in Step 1 the student should move the grievance to Step 2 by requesting a meeting with the program director. The nature of the discussion between the program director and person filing the grievance needs to be documented. The program director will be notified by the student within two academic days after Step 1 was completed. The program director will investigate and obtain all pertinent factual information and provide a solution or explanation within three academic days of notification by the

student. A full explanation of the reasons for the decision will be given. The program director must maintain documentation of all meetings and findings. Documentation will be kept on file in the program directors office.

Step 3 Dean- School of Health Sciences. University of Charleston

If, after verbal discussion, the problem, complaint, or grievance is not satisfactorily resolved or addressed by the faculty member, Clinical Preceptor, Clinical Coordinator, or program director, the student may appeal to the Dean of the School of Health Sciences in writing within two academic days after Step 2 was completed. The Dean will review the grievance and make a ruling within five academic days and notify the student. The Dean shall provide documentation of all meetings and findings to the program director. Documentation will be kept on file in the program director's office.

Step 4 <u>Provost-University of Charleston</u>

If the decision of Step 3 does not provide a satisfactory solution, the student may appeal in writing to the Provost of the University within two academic days after Step 3 was completed. The Provost shall provide documentation of all meetings and findings to the program director. Documentation will be kept on file in the program directors office.

Reinstatement Policy for Grievance

In the event that the grievance procedure renders a favorable decision for the student at any of the above steps then said student shall be eligible for reinstatement to their previous Radiologic Technology student status conditional upon any other clinical/didactic/behavioral violations. Furthermore, an unfavorable decision shall not render the student eligible for reinstatement to the Radiologic Technology Program. The student would need to re-apply using the Dismissal/Readmission process found in the Radiologic Technology Student Handbook.

Clinical Handbook Section III Sample Clinical Grading Forms

29

University of Charleston Radiologic Technology Program

Clinical Attendance Record

It is the student's responsibility to make certain a technologist initials the attendance record verifying the arrival and Students are required to complete the attendance form using their actual arrival and departure time. departure times as they occur.

Student Name:

Date Arrival Time	Verifying Technologist	Lunch Begin	Lunch	Lunch Departure End Time	Verifying Technologist	Total Clinical Hours	Comments/Notes

Faculty Use:

Timesheet Entered

Attendance/Tardy Form Complete

University of Charleston Radiologic Technology Program

CLINICAL EQUIPMENT EVALUATION

		S	tudent Name:
	Fa	cility	Name: Room #
whe	n oper	ating	the front portion of this evaluation is to determine the student's competency level radiographic equipment in the clinical setting.—Clinical Preceptor Please Check Off
The			mpetent to do the following:
YE	NO	N/A	Evaluation Criteria
			Raise and lower the x-ray tube by using the vertical lock.
			Move the x-ray tube the length of the table by using the longitudinal lock.
			Move the x-ray tube the width of the table by using the transverse lock.
			 Place a 14x17, 11x14, 10x12 and 8x10 cassette in the Bucky drawer lengthwise and/or crosswise.
			Center the x-ray tube when it is perpendicular to the Bucky drawer.
			Use the DETENT button and lock the tube to center it transversely.
			Angle the tube cephalad and/or caudad to any given degree.
			Demonstrate how to move the Bucky drawer the length of the table and lock it into position.
			Center the tube when angled to the Bucky drawer
			 Demonstrate how to move the Bucky drawer the length of the table and lock it into position.
			 Demonstrate requested distances to the table or the upright Bucky by using distance markers on the ceiling or behind the x-ray tube (40-44 inches or 72 inches).
			 Center the x-ray tube to the upright Bucky with various film sizes lengthwise and/or crosswise.
			 Demonstrate how to collimate to the appropriate filed size.
			 Demonstrate how to angle to the table (Trendelenburg) by using the table controls as well as the tower controls.
			15. Place the table in the upright position.
			Manipulate the tube to place it in the horizontal position for decubitus exposures.
			 Demonstrate how to lock the fluoroscopic tower over the table so that it does not float back.
			Demonstrate how to remove the fluoroscopic tower and/or lead apron from tower.
			 Load and unload spot films in the tower. (Digital equipment the student must input patient info into computer.
			Program the machine for full, split, horizontal and four-on-one spot films.
			21. Demonstrate how to lock the fluoro tower in place.
			22. Move the tower the length of the table using the motor driven handle.
			23. Connect videotape recording system.
			 Identify the generator controls (On/Off, mA, kVp, Seconds/Time, Phototimer with cells and density settings.
			25. Manipulate the rotor and exposure switch button.
Cor	nments	s:	
Eva	luator'	s Sig	nature Date

University of Charleston Radiologic Technology Program

CLINICAL EQUIPMENT EVALUATION

The objective of this portion of the evaluation is to enhance the student's awareness of the different types of radiographic equipment. Also to become familiar with the technical factors on pre-programmed settings of the radiographic equipment.

Student Please Fill In with help of Tech/Preceptor

				d of Equipm s, Toshiba, C			
				e of Genera igh Frequen	Ty _l , 3-Phase, H	ngle Phase,	(Ex. Sir
	box**	e an N/A in b	ailable, plac	s are not a	**If setting		
Patient	Focal	Density	Backup	mAs	mA	KV	Type of

Type of	KV	mA	mAs	/ailable, plac Backup	Density	Focal	Patient
Éxam	setting	setting	setting	Time	Setting	Spot Size	Size
Chest							
Abdomen							
L-Spine							
T-Spine							
Pelvis							
Lower Leg							
Knee							
Hand							
Wrist							
Foot							
Ankle							

University of Charleston Radiologic Technology Program

Clinical Supply Location Documentation

	5	Student Name:
		Facility Name:
retriev	e item	the student where the following items are located, so they will be able to s as needed. thas been shown the location of the following items:
YES		CLINICAL SUPPLY LOCATION LIST
		LINEN – sheets, pillowcases, towels, washcloths, etc.
		2. CLEANING SUPPLIES - disinfectant for cleaning the table, spill kits, etc.
		3. BARIUM/GASTROVIEW/GASTROGRAFIN
		4. BARIUM RELATED SUPPLIES - cups, air crystals, BE tips, BE bags, etc.
	Ú II	5. IV CONTRAST
		IV RELATED SUPPLIES – needles, syringes, alcohol prep, 2x2s, tape, etc.
		FORMS – history forms, ER forms, contrast consent forms, etc.
		 EXAM RELATED SUPPLIES – emesis basins, bed pans, gloves, IV pole, myelogram trays, special procedures items, etc.
		 DARKROOM SUPPLIES – film, screen cleaner, film copier, processor chemicals, etc.
		10. OTHER MAJOR DEPARTMENTS – ER, CT, MRI, NM, Lab, Patient Registration, Cardio-Pulmonary, etc.
		EMERGENCY EQUIPMENT – Crash cart location, Instruction on how to activate the Code system, etc.
		 FIRE SAFETY EQUIPMENT – How to activate the code system, location of pull stations and extinguishers.
		13. ANY FREQUENTLY USED SUPPLIES NOT LISTED ABOVE.
Comm	ents:	
Evalua	ator's	Signature Date

University of Charleston Radiologic Technology Program WEEKLY CLINICAL PERFORMANCE EVALUATION

Student Na	ame:	Date:
Evaluat	e student's	form, mark the box where student improvement is needed. performance and place appropriate point value earned for each category ble is given for each category.
PERFORMA	NCE	
Points Earned	Points Possib	<u>le</u>
	5	Room Preparation/Care of Equipment Deficiency/Compliments
	20	Equipment Manipulation and Controls Deficiency/Compliments
))	5	Organization Deficiency/Compliments:
PERSONAL Points Earned		
		Deficiency/Compliments:
	20	Patient Care Deficiency/Compliments:
	5	Standard Precautions Deficiency/Compliments:
	5	Cooperation with Staff/Student Appearance Deficiency/Compliments :
Total Points Earned	100 Points Possible	
Technologis	st Signature	Student Signature
Date		Date

Mark the provided box where student improvement is needed. Please consider student's current skill level. The following is a guide to the content expected in each category.

PERFORMANCE

Room Preparation/Care of Equipment—5 points possible
Stocks assigned room or portable daily with linen and necessary supplies.
Cleans table and changes linen after each patient.
Assists technologist with equipment care (Tube warm up, system shut downs, etc.)
Leaves assigned room clean and stocked at the end of the day.
 Cleans portable and C-Arm after each patient and before entering sterile areas (OR/PORT)
Equipment Manipulation and Controls—20 points possible
Demonstrates the ability to manipulate tube and utilize appropriate locks on all equipment.
Demonstrates knowledge of various SIDs
☐ Differentiate between mA, kVp and time settings on the control panel including fluoro controls.
Correctly utilize lead markers.
Stamp or Flash patient information on each radiograph
Demonstrates the ability to set up, operate and disassemble C-Arm equipment. (OR/PORT)
Demonstrates the ability to set up, operate and disassemble C-Affil equipment. (ONFORT)
Organization—5 points possible
Student demonstrates the ability to keep work area organized.
Demonstrates the ability to anticipate technologist's next logical move.
Assists the technologist perform each projection and/or exam in an organized fashion to
decrease unnecessary patient discomfort.
Image Quality and Application of Knowledge—25 points possible
☐ Produces images that demonstrate correct patient positioning
Demonstrates the ability to apply information learned from didactic courses and use critical
thinking skills.
Produces images that demonstrate the use of correct technical factors
Shows interest in film quality including identifying anatomy and learning pathology.
☐ Always practices radiation protection for patient, self and others.
PERSONAL CHARACTERISTICS
Work Ethic—15 points possible
Participates in all aspects of exams at current skill level
Demonstrates punctuality and accountability to assigned technologist
Demonstrates motivation and initiative
Patient Care—20 points possible
☐ Applies effective communication skills when interacting with patients and patient families
including explanation of exams to be performed.
 Demonstrates principles of patient care, safety, and concern including providing comfort items such as pillows, blankets, etc.
Observes the technologist's assessment of the patient's ability to participate in the procedure
(some examples are sight/hearing impairment, anxiety, physical disabilities, etc.)
Transports patients via wheelchair and/or stretcher <u>unassisted</u>
(Handling of O ₂ tanks, IV pumps, and removal and reattachment of monitor equipment).
Under technologist supervision, provides radiologist with appropriate patient history.
Maintains patient confidentiality at all times
Checks patient's ID, acquires history, and obtains contrast consent when needed.
Standard Precautions—5 points possible
Follows standard precautions: handwashing and hospital policy regarding isolation precautions
□ Demonstrates patient care when doing mobile exams (always leave the room as you found it,
make sure patient can reach nurse call button, telephone, etc. (OR/PORT)
□ Demonstrates a basic knowledge of sterile fields (OR/PORT)
Cooperation with Staff/Student Appearance—5 points possible
☐ Maintains a good rapport with all hospital personnel
Consistently follows the UC's Radiologic Technology. Program dress code.
Presents for clinical well prepared. (Must have markers, nametag, Luxel badge, black pen,

University of Charleston Radiologic Technology Program CLINICAL ROTATION EVALUATION

		Faci	lity/Term:						
and/or weaknesses.	evaluation is to track Please score this ev OPRIATE SCORE FOR	aluation according to							
Punctuality/Depend		经产业							
- 6	4	3	2	1					
No Tardies/No occurrences with dependability	One tardy or 1 occurrence with dependability	Two tardies or 2 occurrences with dependability	Three tardies or 3 occurrences with dependability	Tardies in excess of three or more than 3 occurrences with dependability					
Comments:									
Personal Appearance	ce:								
5	4	3	2	1 7					
Student always presents a professional image and consistently adheres to the UC Rad Tech Program dress code.	Student usually presents a professional image and has been reminded once of the failure to adhere to any part of the UC Rad Tech Program dress code.	Student usually presents a professional image, but has been reminded twice for the failure to adhere to any part of the UC Rad Tech Program dress code.	Student is occasionally untidy and has been reminded more than twice for the failure to adhere to any part of the UC Rad Tech Program dress code.	Student is consistently untidered and has repeatedly been reminded about failure to adhere to any part of the UC Rad Technogram dress code.					
Comments:									
performance of the contract of									
Professional Relation 5 Maintains above	onships: A Maintains average	3 Occasionally has	2 Frequently has	Constantly has to					

5	4	3	2	1
Self-motivated,	Motivated,	Completes tasks	Often leaves tasks	Expresses
productive always	productive and	as assigned.	incomplete or	minimal or no
completes tasks	usually completes	Productive, but	continually asks for	effort. Avoids
as assigned.	tasks as assigned.	rarely seeks out	help on previously	assigned tasks as
Consistently seeks	Occasionally	additional	mastered tasks.	well as additional
out additional	seeks out additional	responsibilities.	mastered tasks.	responsibilities.
responsibilities.	responsibilities.	responsibilities.		responsibilities.
Comments:	responsibilities.			
Clinical Performance		TO STATE OF THE ST	A WALLOW STREET	
5	4	3	2	
Consistently	Usually accurate in	Occasionally	Frequently exhibits	Consistently
exhibits the ability	the demonstration	inaccurate in the	difficulty in the	exhibits careless
to demonstrate the	of the basic	demonstration of	demonstration of	
concepts necessary				disregard for
	concepts needed to	basic concepts	basic concepts	production of
to produce quality	produce quality	needed to produce	needed to produce	quality radiographs
	and a manaka			
	radiographs.	quality radiographs.	quality radiographs.	
Comments:		quality radiographs.	quality radiographs.	
Comments:				
Professional Ethics	· A	3	2	1.1
Professional Ethics 5 Always conducts	Usually conducts	3 Occasionally does	2 Frequently must	Shows little/no
Professional Ethics 5 Always conducts self in a	Usually conducts self in a	Occasionally does not conduct self in a	Frequently must be reminded to	Shows little/no regard for
Professional Ethics 5 Always conducts self in a professional	Usually conducts self in a professional	Occasionally does not conduct self in a professional	Frequently must be reminded to conduct self in a	Shows little/no regard for professionalism
Professional Ethics 5 Always conducts self in a professional manner with	Usually conducts self in a professional manner with	Occasionally does not conduct self in a professional manner around	Frequently must be reminded to conduct self in a professional	Shows little/no regard for professionalism when dealing with
Professional Ethics 5 Always conducts self in a professional manner with	Usually conducts self in a professional	Occasionally does not conduct self in a professional manner around staff, but is	Frequently must be reminded to conduct self in a professional manner around	Shows little/no regard for professionalism
Professional Ethics 5 Always conducts	Usually conducts self in a professional manner with	Occasionally does not conduct self in a professional manner around	Frequently must be reminded to conduct self in a professional	Shows little/no regard for professionalism when dealing with
Professional Ethics 5 Always conducts self in a professional manner with patients and staff.	Usually conducts self in a professional manner with patients and staff.	Occasionally does not conduct self in a professional manner around staff, but is professional with	Frequently must be reminded to conduct self in a professional manner around	Shows little/no regard for professionalism when dealing with
Always conducts self in a professional manner with	Usually conducts self in a professional manner with patients and staff.	Occasionally does not conduct self in a professional manner around staff, but is professional with	Frequently must be reminded to conduct self in a professional manner around	Shows little/no regard for professionalism when dealing with
Professional Ethics 5 Always conducts self in a professional manner with patients and staff. Professional Ethics	Usually conducts self in a professional manner with patients and staff.	Occasionally does not conduct self in a professional manner around staff, but is professional with patients.	Frequently must be reminded to conduct self in a professional manner around patients and staff.	Shows little/no regard for professionalism when dealing with
Professional Ethics 5 Always conducts self in a professional manner with patients and staff. Professional Ethics	Usually conducts self in a professional manner with patients and staff. Comments:	Occasionally does not conduct self in a professional manner around staff, but is professional with patients. 26–30 = A	Frequently must be reminded to conduct self in a professional manner around	Shows little/no regard for professionalism when dealing with
Professional Ethics 5 Always conducts self in a professional manner with patients and staff. Professional Ethics	Usually conducts self in a professional manner with patients and staff.	Occasionally does not conduct self in a professional manner around staff, but is professional with patients. 26–30 = A	Frequently must be reminded to conduct self in a professional manner around patients and staff.	Shows little/no regard for professionalism when dealing with
Professional Ethics 5 Always conducts self in a professional manner with patients and staff. Professional Ethics	Usually conducts self in a professional manner with patients and staff. Comments: Number of Points Il Score (Program Faculty)	Occasionally does not conduct self in a professional manner around staff, but is professional with patients. 26–30 = A	Frequently must be reminded to conduct self in a professional manner around patients and staff. g Scale 16-20 = C 11-15 = D Below 10 = F	Shows little/no regard for professionalism when dealing with patients or staff.

Student Signature

Date

Evaluator Signature

Date

University of Charleston-Beckley Radiologic Technology Program Clinical Testing Form

Student Name											Da	te								_
Exam											Pa	tient II)#					A	ge	69
Points Possible:				Po	ints E	arnec	l:				Ex	am Gr	ade							
Rating Scale: • Please see • Each succe	essful	bulle	ted i	tem eq	uals e	ne po	oint)								2000					
0 = 0 out of 4 c Section I	rneri		-10	na oj	crite	ria	2 = 20	na	oj 4 cri	teria	111	3 out o	14	criteri	a 4	= 4 0	ui of -	4 cri	teria	
Objective								_				0	100	1	2	Т	3		4	
Order/Requisition	n											-	- 3	1			3	-	4	ş
Patient Care/Safe																+				-
Exam History/Pro	egnar	icy V	erifi	catio	n															
Room Preparatio	n															\exists				
						Te	tal Po	in	ts: Ea	rned			- 3	Total	Poin	ts: P	ossib	le	16	
Section II																				_
Projection →												V								
Evaluation Criteria	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
fficient use of time																				
ositioning																				
echnical Factors																				
quipment																				
Markers																				
Radiation Protection																				
ilm Critique																				
Total Points	Ea	rne	d	Poss 2		Ea	rned	4	Poss 28		Ea	rned	F	Poss 28		Ea	rne	d	Poss 2	_
Number of Repeat							ison:													
Tech Printed Name:						_ Te	ch Sign	nati	ıre:		2.00			CP or	Desig	gnated	i Tecl	h (Y	or N):	_

Section I - Evaluation Criteria:

Order/Requisition:

The student accurately:

- Stated pt. name, age, and area; performed proper identification check on patient by checking armband
- Identified mode of transportation
- Identified exam to be performed
- Noted any conditions of concern

Patient Care/Safety:

The student:

- Assured correct patient dress where applicable; assisted patient with maneuvering on/off table
- Evaluated patient comfort/condition regularly, maintained patient modesty at all times
- Provided courteous/compassionate care to patient
- Applied safety measures when using wheelchair/stretcher, ventilators, IV, and other ancillary equipment

Exam History/Pregnancy Verification:

The student:

- Obtained accurate clinical history pertinent to exam
- Explained pregnancy policy and obtained patient signature where applicable
- Stated patient preparation/contrast usage (type and amount) where applicable
- Thoroughly explained exam to patient, using age specific oriteria and adaptations where necessary

Room Preparation:

The student demonstrated

- Correct IR or DR identification procedure; selected proper IR size, grid, etc.
- Proper care and use of equipment (IR, tube, etc.) within the exam room
- Appropriate maneuvering of table
- Assembled necessary supplies, including contrast where applicable before exam

Section II - Evaluation Criteria:

Efficient use of time:

The student demonstrated:

- Correct body mechanics when lifting/transferring patient to exam table
- Efficient ordering of exam positions to facilitate patient comfort
- Minimum use of time to accomplish task
- Promptly returned to patient after processing images

Positioning:

The student:

- Followed facility protocol for exam positioning
- Placed central ray at proper entrance and exit points
- Removed all external artifacts before exposure; utilized proper positioning aids where necessary
- Provided patient with proper breathing instructions

Technical factors:

The student:

- Adjusted exposure factors for consideration of body habitus, pathology, etc...
- Adapted exposure factors for changes in grid ratio, screens, collimation, SID, etc...
- Selected correct technical factors for exam
- Identified correct AEC chambers and kV for fluoroscopic exams

Equipment:

The student:

- Used calipers to determine patient measurement
- Performed correct film placement in Bucky/tabletop
- Chose correct SID for each exam
- Demonstrated correct movement of tube (including angle), Bucky and upright Bucky, cap grid, and other pieces of equipment

Markers:

The student

- Used the markers issued to them containing their initials
- Used correct marker (left/right) for side being examined.
- Correctly placed right/left markers to be visible on the final image
- Utilized other identification markers (erect, decub, time) where applicable

Radiation Protection:

The student demonstrated:

- Beam restriction to area of interest
- Use of intermittent fluoroscopy, Application of ALARA and TDS principles
- Patient shielding
- Use of protective apparel where required

Film Critique:

The student:

- identified exam views
- explained anatomy demonstrated on each view and identified pathology where applicable
- modified technical factors if necessary
- determined source of artifacts, if necessary (motion, foreign objects, etc.)

University of Charleston Radiologic Technology Program

Weekly Record Of Clinical Experience

Student Name:	Facility Name:	
Room/A	ssignment:	

Today's Date	Imaging Number	Patient's Age	Type of Examination	**Type of Assistance	Technologist Signature

**Explanation of Type of Assistance Column:

- O = Observation Student did not actively participate in performing the procedure.
- A = Assisted Student actively participated with positioning, film sequencing and/or selection of technique.
 (DIRECT SUPERVISION)
- P = Performed Student performed procedure independently (positioned and selected technique).
 (INDIRECT SUPERVISION)
- R = <u>Repeats</u> Student repeated exam (1st repeat can be done by student with <u>Direct Supervision</u> 2nd repeat MUST BE DONE BY TECHNOLOGIST <u>regardless of the reason for the repeat.</u>)
- T = <u>Tested</u> Student performed this procedure as a competency testing exam and was evaluated by a registered technologist.

***The student is required to place an "R" in the "Type of Assistance" column and to have the technologist's signature on this form for each repeat performed.

Weekly Record of Techniques

Patient Size S=Small M=Medium L=Large														
Distance														
sAm														
KVp														
From Front Sheet Type of Examination & Projection														
Patient Size S=Small M=Medium L=Large		Shirt				\$145						013	6	
Distance				П										
sAm	+												- 2	
кль	+	\vdash	+	H										
	-	\vdash	+											
From Front Sheet Type of Examination & Projection														
egned≐J			W.W		(6)		No.	30	2	YES	2004			28
Patient Size Ilsm2=8 M=Medium														
Distance														
sAm														
кль														
From Front Sheet Type of Examination & Projection														

University of Charleston-Beckley Radiologic Technology Program

REPEAT Clinical Testing Form for Clinical II - IV

Student Name											Da	te								
Exam											Pa	tient II								
Points Possible:		_		Po	ints E	arne	d:				Ex	am Gr	ade	:						
Rating Scale: Please see Each succe 0 = 0 out of 4 o	essful	bulle	eted it	ria on lem eq	rever quals	rse sia	le to e oint)	valu	ate stu											
Section I																				
Objective												0	1		2		3		4	
Order/Requisition											-					_				_
Patient Care/Safe Exam History/Pr		na. 1	lorifi	ontin							-					_		_		4
Room Preparatio	V. 7	icy v	enn	catio	1			_			+		_	_		\dashv				4
Koon reparatio			_	_	_	T	atal D	20.1	ts: Ea		+	-	7		n					4
Section II	,					10	nai r	om	is. Ea	rnea			-	otai	Point	is: 1	ossit	ne	16	
Projection →						Г										-				
Evaluation Criteria	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Efficient use of time																				
Positioning																				
Technical Factors																				
Equipment				104									1.27							
Markers										reconstruction of the second										
Radiation Protection																				
Film Critique																				
Total Points	Ea	rne	d I	Poss 28		Ea	rne	4	Possi 28		Ea	rned	P	oss 28		Ea	rne	d	Poss 28	_
Number of Repeat							ison:													
Tech Printed Name:						_ Tee	ch Sig	natu	ıre;				_ (CP or	Desig	nate	i Teci	h (Y	or N):	
Student Signature:																				

Section I - Evaluation Criteria:

Order/Requisition:

The student accurately.

- Stated pt. name, age, and area; performed proper identification check on patient by checking armband
- Identified mode of transportation
- Identified exam to be performed
- Noted any conditions of concern

Patient Care/Safety:

The student:

- Assured correct patient dress where applicable; assisted patient with maneuvering on/off table
- Evaluated patient comfort/condition regularly, maintained patient modesty at all times
- Provided courteous/compassionate care to patient
- Applied safety measures when using wheelchair/stretcher, ventilators, IV, and other ancillary equipment

Exam History/Pregnancy Verification:

The student:

- Obtained accurate clinical history pertinent to exam
- Explained pregnancy policy and obtained patient signature where applicable
- Stated patient preparation/contrast usage (type and amount) where applicable
- Thoroughly explained exam to patient, using age specific criteria and adaptations where necessary

Room Preparation:

The student demonstrated

- Correct IR or DR identification procedure; selected proper IR size, grid, etc.
- Proper care and use of equipment (IR, tube, etc.) within the exam room
- Appropriate maneuvering of table
- Assembled necessary supplies, including contrast where applicable before exam

Section II - Evaluation Criteria:

Efficient use of time:

The student demonstrated:

- Correct body mechanics when lifting/transferring patient to exam table
- Efficient ordering of exam positions to facilitate patient comfort
- Minimum use of time to accomplish task.
- Promptly returned to patient after processing images

Positioning:

The student

- Followed facility protocol for exam positioning
- Placed central ray at proper entrance and exit points
- Removed all external artifacts before exposure; utilized proper positioning aids where necessary
- Provided patient with proper breathing instructions.

Technical factors:

The student:

- Adjusted exposure factors for consideration of body habitus, pathology, etc...
- Adapted exposure factors for changes in grid ratio, screens, collimation, SID, etc...
- Selected correct technical factors for exam
- Identified correct AEC chambers and kV for fluoroscopic exams

Equipment:

The student:

- Used calipers to determine patient measurement
- Performed correct film placement in Bucky/tabletop
- Chose correct SID for each exam
- Demonstrated correct movement of tube (including angle). Bucky and upright Bucky, cap grid, and other pieces of equipment

Markers:

The student

- Used the markers issued to them containing their initials
- Used correct marker (left/right) for side being examined.
- Correctly placed right/left markers to be visible on the final image
- Utilized other identification markers (erect, decub, time) where applicable

Radiation Protection:

The student demonstrated

- Beam restriction to area of interest
- Use of intermittent fluoroscopy; Application of ALARA and TDS principles
- Patient shielding
- Use of protective apparel where required

Film Critique:

The student

- identified exam views
- explained anatomy demonstrated on each view and identified pathology where applicable
- modified technical factors if necessary
- determined source of artifacts, if necessary (motion, foreign objects, etc.)

University of Charleston A.S. Radiologic Technology Meeting Request/Complaint Form

Date:		
Person Requesting Meeting:		
	o file a complaint?	
Brief Summary:		
Date of Meeting:		
Resolution/Plan of Action:		
	·	
	ne satisfaction of the person who requested the me re a need start the grievance process?	eting and/
		3
Signature:	Date:	
Faculty Signature:	Date:	

Clinical Handbook Section IV



University of Charleston Radiologic Technology Program Clinical Handbook Datebook of Original Drafts and Revisions

Section	Policy Title	Original Draft Date	Revision Date	Reason for Revision
1			eral Policies	
l,	Clinical Education Guidelines	2013	2016	Changed "Travel Requirements" to "Requirements". Removed "Weekends Only" from BARH.
			2017	Added "3-Step" PPD Requirements
			2018	Revised to *2-step* PPD
			2018	Added "provide proof of valid driver's license"
<u>l</u>	Attendance/Tardy Policy	2013	May 2014	Removed section on make up time occurring on University Holidays. Replaced with "will be directed by clinical coordinator" Also changed tardy policy to 50 point deduction from attendance portion for first two and 5 point deduction from final grade for each tardy after the first two.
			2017	Added "Call Policy" for leaving Clinical
			2021	Revised Policy
1	Student Illness/Injury Policy	2013		
	Communicable	2013	TANKS OF THE PARTY OF	
	Disease Policy	2013		
1	Female Dress Code	2013	2020	Altered to indicate scrub color changed to black.
1	Male Dress Code	2013		Altered to indicate scrub color changed to black.
ĵ	Clinical Dress Code	2013	May 2014	Added smoking during clinical time is also a category II violation with additional point deductions.

	Compensatory Time Policy	2013	2014	Edited "Scope of Practice" to include requirements for portable exams, OR exams, and holding IR.
Ī	Student Scope of Practice	2013	2014	Added that students may not hold or assist during actual exposures.
			2015	Added transport guidelines.
Ē	Early Dismissal Policy	2013		
1	Bereavement Policy	2013		
ı	Clinical Inclement Weather Policy	2013		
T	Smoking Policy	2013		
1	Drug Testing Policy	2013	2023	Updated to include medical cannabis.
ı	Attendance/Tardy Policy	2013		
1	Clinical Dress Code	2013		

		g		
11	Clinical Grading and Evaluations	2013		
II	Clinical Exam Grading Policy	2013	Nov 2015	Updated options for final testing to include more exams as listed on the ARRT competency list
			2017	Added "Designated Technologist"
11	Clinical Curriculum	2013	Oct	Post syllabi competency
	Sequence	2010	2015	revisions: Revised to include suggested grading sequence and see syllabi for details.
			2023	Updated and Revised

11	ARRT Competency Requirements	2013		_
	2			
Ш	Demand Testing Policy			
11	Clinical Grading Denial Policy	2013		
11	Contact Meeting Policy Grievance Policy	2013	2020	Replace contact meeting policy with grievance policy
11	Clinical Sites	2013		

III	S	ample Clin	ical Gradii	ng Forms
III	Clinical Attendance Record	2013		
III	Clinical Equipment Evaluation	2013		
III	Clinical Supply Location Documentation	2013		
III	Weekly Clinical Performance Eval	2013		
Ш	Semester Clinical Rotation Eval	2013		
101	Clinical Testing Form	2013	2017	Added Check Box and "CI/Designated Tech"
A CONTRACT OF THE PARTY OF THE			2022	Updated with CP line
Ш	Weekly Record of Clinical Experience	2013		
III	Repeat Clinical Testing Form	2017	2022	Updated with CP line
111	Complaint Form	2022		

IV	Da	Datebook of Drafts and Revisions				
IV	Policy Section, Policy Title, Original Draft Date, Revision Date, Reason for Revision	2013				