



# RADIOLOGIC TECHNOLOGY CLINICAL HANDBOOK



CAMERON  
UNIVERSITY

AT

**GREAT PLAINS**  
Technology Center

# 2019 RADIOLOGIC TECHNOLOGY CLINICAL HANDBOOK

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# CAMERON UNIVERSITY

2800 W. Gore Blvd. | Lawton, OK 73505 | 580.581.2200 | [www.cameron.edu](http://www.cameron.edu)

## MISSION STATEMENT

Cameron University provides a diverse and dynamic student body access to quality educational opportunities; fosters a student-centered academic environment that combines innovative classroom teaching with experiential learning; prepares students for professional success, responsible citizenship, life-long learning, and meaningful contributions to a rapidly changing world; and is a driving force in the cultural life and economic development of the region.

## CORE VALUES

### *We Value*

- Student learning as our top priority
- Excellence in teaching, scholarship, service, and mentoring:
  - Investing in people: The growth and development of our students, faculty and staff in a learning environment based on integrity, respect, and ethical behavior that encourages and provides opportunities for professional improvement
- Leadership in our community and region that emphasizes:
  - Stimulating economic development
  - Forming partnerships and collaborative relationships
  - Providing cultural and social development
  - Serving the community and region by sharing our expertise
- Shared governance that includes:
  - Emphasizing teamwork
  - Facilitating open and effective communication
  - Providing opportunities for active participation by all constituencies
- Diversity among our students, faculty, and staff as demonstrated by:
  - Providing access to educational and teaching opportunities for all constituents
  - Promoting tolerance through a free and open exchange of ideas
- Responsible stewardship of public and private resources, the public trust, and Cameron's future that includes:
  - Focusing resources to achieve optimal student learning
  - Increasing student access to quality higher education
  - Establishing a reliable stream of public and private revenue
  - Holding administrative costs to a minimum
  - Enhancing alumni involvement
  - Providing accountability in key areas such as student learning and management of resources

# CAMERON UNIVERSITY EQUAL OPPORTUNITY POLICY

Cameron University is committed to the goal of achieving equal educational opportunity and full participation for students with disabilities. Consistent with the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, Cameron University ensures that no “qualified individual with a disability” will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination solely on the basis of disability under any program or activity offered by Cameron University.

Cameron University has a policy of internal adjudication in matters relating to alleged discrimination. Any faculty member, staff member, or student, including, without restriction, those on temporary or part-time status, who believes that he or she has been discriminated against, harassed or retaliated against should file a complaint under the Grievance Procedure. Any attempt to penalize or retaliate against a person for filing a complaint or participating in the investigation of a complaint of discrimination and/or harassment will be treated as a separate and distinct violation of University policy.

This institution in compliance with all applicable Federal and State laws and regulations does not discriminate on the basis of race, color, national origin, sexual orientation, genetic information, sex, age, religion, disability, political beliefs, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, housing, financial aid, and educational services.

A brief summary of applicable laws is provided below.

*Title VI of the Civil Rights Act of 1964 states, “No person in the United States shall, on grounds of race, color, or national origin, be excluded from, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”*

*Title IX of the Education Amendments of 1972 states, “No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.”*

*The Age Discrimination Act of 1975 and implementing regulations states, “The Age Discrimination Act prohibits discrimination on the basis of age in programs or activities receiving federal financial assistance.”*

*Section 504 of the Rehabilitation Act of 1973 states, “No person or otherwise qualified handicapped individual shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”*

*Title II of the Americans with Disabilities Act of 1990 (ADA) states, “Subject to the provisions of this title, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subject to discrimination by any such entity.”*

## DISABILITY ACCOMMODATIONS

Students with disabilities have the right to access programs and services at Cameron University as stated in Section 504 of the Rehabilitation Act of 1973, as amended, which states:

*“No otherwise qualified disabled individual. . .shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or any program or activity receiving federal financial assistance. . .” and in accordance with the American with Disabilities Act (ADA) of 1990, which states: “. . . no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subject to discrimination by any such entity. . .no individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages or accommodations of any place of public accommodation.”*

Students who qualify for classroom accommodations must request accommodations by contacting the Office of Student Development as soon as possible prior to the beginning of the semester. Any student who is currently receiving accommodations and has problems or concerns regarding the accommodations should contact Student Development immediately.

To contact the Office of Student Development: (580) 581-2209, North Shepler 314, [student\\_development@cameron.edu](mailto:student_development@cameron.edu).  
Visit [www.cameron.edu/disability\\_services](http://www.cameron.edu/disability_services) for more information.



# CAMERON UNIVERSITY IS ACCREDITED BY

## THE HIGHER LEARNING COMMISSION

230 South LaSalle, Suite 7-500 Chicago,  
Illinois 60602-2504.

They can be reached by phone at **800-621-7440**, or at <http://www.ncahlc.org>.

## NOTICE OF NONDISCRIMINATION

*Great Plains Technology Center does not discriminate on the basis of race, color, national origin, sex/gender, this is to include genetic information, as well as sexual orientation, gender identity, gender expression, age, or disability in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of their operations. Great Plains Technology Center also does not discriminate in its hiring or employment practices*

**Non-Discrimination.** Except to the extent permitted by law, the Facility, the School, Clinical Coordinator, School Program Faculty, Clinical Staff/Instructors and Students shall not discriminate on the basis of race, color, creed, sex, this is to include genetic information, as well as sexual orientation, gender identity, gender expression, age, religion, national origin, disability or veteran's status in the performance of this Agreement. As applicable to the School, the provisions of Executive Order 11246, as amended by EO 11375 and E) 11141 and as supplemented in Department of Labor regulations (41 CFR Part 60 et. SEQ.) are incorporated into this Agreement and must be included in any subcontracts awarded involving this Agreement. The School represents that, except as permitted by law, all services are provided without discrimination on the basis of race, color, creed, sex, age, religion, national origin, disability or veteran's status that it does not maintain nor provide for its employees any segregated facilities, nor will the School permit its employees to perform their services at any location where segregated facilities are maintained. In addition, the School agrees to comply with Section 504 of the Rehabilitation Act and the Vietnam Veterans Era Assistance Act of 1974, 38 U.S.C. Section 4212.

Title IX Coordinator/Compliance Officers

Lawton campus—Kevin Henson and Joelle Jolly (580) 355-6371

Frederick campus—Nancy Hasley and Jack McKee (580) 335-5525

No Discriminación. Salvo en la medida permitida por la ley, el Fondo, la Escuela, Coordinador Clínico, Programa de Escuela de la facultad, personal clínico / instructores y estudiantes no podrá discriminar sobre la base de raza, color, credo, sexo, esto es incluir información genética, como así como la orientación sexual, identidad de género, expresión de género, edad, religión, origen nacional, discapacidad o estado de veterano en el cumplimiento de este Acuerdo. Según sean aplicables a la Escuela, las disposiciones de la Orden Ejecutiva 11246, modificado por el EO 11375 y E) 11141 y complementado en el reglamento del Departamento de Trabajo (41 CFR Parte 60 et. SEC.) Se incorporan a este Acuerdo y debe ser incluido en los subcontratos que adjudique en la participación de este Acuerdo. La escuela representa que, con excepción de lo permitido por la ley, todos los servicios se proporcionan sin discriminación por motivos de raza, color, credo, sexo, edad, religión, origen nacional, discapacidad o estado de veterano que no mantiene ni proporcionar a sus empleados las instalaciones segregadas, ni permitirán la Escuela de sus empleados para llevar a cabo sus servicios en cualquier lugar en el que se mantienen las instalaciones segregadas. Además, la Escuela se compromete a cumplir con la Sección 504 de la Ley de Rehabilitación y la Ley de Asistencia Era veteranos de Vietnam de 1974, 38 USC Sección 4212.

Preguntas, quejas, o para más información con respecto a estas leyes pueden ser recibidas por el coordinador de quejas at Great Plains Technology Center, 4500 W. Lee Blvd., Lawton, OK or Great Plains Technology Center, 2001 E. Gladstone, Frederick, OK.

Title IX Coordinator/Compliance Officers

Lawton campus—Kevin Henson and Joelle Jolly (580) 355-6371

Frederick campus—Nancy Hasley and Jack McKee (580) 335-5525

## NONIMMIGRANT ALIEN STUDENTS

This school is authorized under Federal law to enroll nonimmigrant alien students.

## USEPA REQUIREMENTS

Great Plains Technology Center is in compliance with USEPA requirements for asbestos. Management plan is on file in Building 500.

## CAMPUS SECURITY ACT

In order to comply with federal regulation 34 CFR 668.36 Campus Security Act, the Campus Crime Report for Great Plains Technology Center is available on our web site at [www.greatplains.edu](http://www.greatplains.edu). The report lists statistics of the crime committed on Great Plains Campuses over a 3-year period and information/policies regarding campus crime.

## **PROGRAM MISSION**

Cameron University's Radiologic Technology Program's mission is to prepare a wide-ranging and vibrant student population; access to exemplary educational opportunities, for professional success in the radiologic sciences; by fostering resourceful classroom teaching with realistic learning, developing competitive workforce knowledge, effective leadership, and life-long learning; that will lead to a meaningful contribution in the rapidly changing health care environment.

The mission of Cameron University's department of Agriculture, Biology and Health Sciences is to provide high quality instruction of students at the undergraduate level using a multi-disciplinary approach that emphasizes active learning, problem solving and critical thinking.

## **PROGRAM GOALS AND STUDENT LEARNING OUTCOMES**

*The goals of the Cameron University Radiologic Technology Program are:*

### **GOAL #1**

**Students will demonstrate critical thinking skills.**

#### ***STUDENT LEARNING OUTCOMES***

1. Students will demonstrate critical thinking through problem-solving skills by identifying situations in which non-routine procedures are necessary.
2. Students will demonstrate clinical performance by evaluating radiographs for diagnostic quality.

### **GOAL #2**

**Students will demonstrate clinical competence in their knowledge and technical skills.**

#### ***STUDENT LEARNING OUTCOMES***

1. Students will perform routine procedures.
2. Students will demonstrate clinical competence by evaluating technical needs in radiographic examinations.

### **GOAL #3**

**Students will exhibit professionalism.**

#### ***STUDENT LEARNING OUTCOMES***

1. Students will demonstrate professional conduct.
2. Students will explore professional growth opportunities.

### **GOAL #4**

**Students will demonstrate communication skills necessary to effectively interact with patients and healthcare professionals.**

#### ***STUDENT LEARNING OUTCOMES***

1. Students will communicate effectively with patients.
2. Students will communicate effectively with health care professionals.

### **GOAL #5**

**The program will demonstrate effectiveness.**

#### ***STUDENT LEARNING OUTCOMES***

1. Graduates will pass national certification exam.
2. Graduates will demonstrate preparedness by securing employment.
3. Students will complete the program by graduating.
4. Graduates will indicate that they were adequately prepared to perform as entry-level practitioners.
5. Graduates will be adequately prepared to perform as entry-level practitioners.



# I. INTRODUCTION

During the twenty-two months of training, the student will rotate through the various areas of the radiology department. Upon completion of each rotation, the student will be evaluated for level of performance in that area.

Each facility has its own unique Radiology Department. The experience gained at these facilities will essentially result in highly qualified graduates who can function well in any Radiology Department.

To provide the students the opportunity to gain the clinical experience necessary for them to become a competent, functional radiographer, Cameron University has agreements with the following Clinical Education Settings:

## CLINICAL EDUCATION SETTINGS

<i>Comanche County Memorial Hospital</i> .....	<i>Lawton, OK</i>
<i>Duncan Regional Hospital</i> .....	<i>Duncan, OK</i>
<i>Duncan Regional Orthopaedic Associates, Inc.</i> .....	<i>Duncan, OK</i>
<i>Grady Memorial Hospital</i> .....	<i>Chickasha, OK</i>
<i>Reynolds Army Health Clinic</i> .....	<i>Fort Sill, OK</i>
<i>Southwestern Medical Center</i> .....	<i>Lawton, OK</i>
<i>The Imaging Center of Southwest Medical Center</i> .....	<i>Lawton, OK</i>
<i>The Physicians' Hospital in Anadarko</i> .....	<i>Anadarko, OK</i>
<i>United States Public Health Service Indian Hospital (USPHS Indian Hospital)</i> .....	<i>Lawton, OK</i>
<i>Urgent Med</i> .....	<i>Duncan, OK</i>

Students are required to maintain current records of vaccinations, annual PPD, Hepatitis B vaccine, CPR, negative drug screening, and background check throughout the 22 months of training. It is the student's responsibility to submit copies of these records to Great Plains Technology Center, to be kept in the student's file. If the student's vaccinations, PPD, Hepatitis B vaccine, and/or CPR are not current during the 22 months of training, the student will not be allowed to go to the Clinical Education Setting. Non-compliance of proper documentation will result in the student being marked as absent for the clinical days missed until the records are brought up to date. (See "absences" Radiologic Technology Student Handbook.)

# II. BACKGROUND CHECKS

## A. CRIMINAL BACKGROUND CHECKS

In order to protect patients and the general public, obtaining a cleared background check on each student (18 years of age and older) and instructor participating in clinical rotations is required by our clinical education settings / clinical sites. Each clinical education setting has their own requirements for processing background checks, which may include fingerprinting. These requirements are found in the individual contracts with the clinical education setting and Cameron University. Program and clinical education settings reserve the right to review any information that could impact the student's ability to function safely in the clinical education setting.

Each student's background check will be processed by the same background check facility designated by the program and/or by the clinical education setting. NO other background check will be accepted. The following (including, but not limited to) will be verified and must comply with the requirement. All findings must be satisfactory according to the clinical rotation agreement for each clinical education setting.

- Social Security Number Verification
- Criminal Search last 7 years
- Violent Sexual Offender and Predator Registry Search
- U.S. Treasury Office of Foreign Assets Control (OFAC)
- List of Specially Designated Nationals (SDN)
- Fingerprint Verification

Additionally, students must not have an unfavorable record with any of the clinical education settings from a previous employment, another clinical rotation, or any other reason.

The clinical education setting may refuse any student from participating in the clinical experience who has a criminal background check record that relates to a felony or misdemeanor, or for any nature concerning the safety and security of patients, or any other reason. Conviction/criminal history records are reviewed as they relate to the content and nature of the curriculum and the safety and security of patients and the public. Radiologic Technology Clinical Handbook, 2018 - 2019

A conviction/criminal history record does not necessarily disqualify an individual for admission in a career major. However, if a conviction/criminal history record is not approved by a clinical education setting and the student is unable to receive the required clinical components, then the student may not be able to continue in the career major in which he/she has applied.

The dissemination of self-disclosure information, background check results, and conviction records, whether in or outside the state of Oklahoma as deemed necessary by the School, may be provided to the clinical education settings to meet requirements of the clinical education settings without disclosing the student's identity.

If the student leaves the career major and is later readmitted, another check will be completed only if it has been longer than 30 days.

The program will conduct a background check, which includes sex offender status, felonies and misdemeanors. This will be done prior to the start of your first year and during your second year.

**A conviction/criminal history record does not necessarily disqualify an individual for admission in a program.**

## **B. CLINICAL SITE PRIVILEGES**

If an applicant is denied clinical privileges at a facility, and that denial deems them unable to meet clinical objectives, the applicant will be unable to complete the program and unable to take the certification exam.

## **C. AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGIST APPLICATION FOR EXAMINATION RESPONSE:**

**The National American Registry of Radiologic Technologists requires a response to the following questions to their Application for Examination:**

**Have you ever been convicted of a *misdemeanor, felony*, (including conviction of a similar offense in a military court-martial)?**

YES  NO

You are required to report:

- charges or convictions that were: stayed, withheld/deferred, set aside, or suspended;
- any plea of guilty, Alford pleas, or pleas of no contest (nolo contendere),
- court supervision, probation or pre-trial diversion.
- DO NOT report juvenile convictions processed in juvenile court.
- DO NOT report traffic citations unless they involved alcohol or drug use
- If you answer "YES" provide an explanation of the events and all documentation relevant to the matter.
- Offenses previously reported and formally cleared by the ARRT should be indicated as "No."

**Have you had any professional license, permit, registration, or certification denied, revoked, suspended, placed on probation, under consent agreement or consent order, voluntarily surrendered, or subjected to any conditions or disciplinary actions by a regulatory authority or certification board (other than ARRT)?**

YES  NO

*DO NOT report continuing education (CE) probation.*

- If you answer "Yes" provide an explanation of the events and all documentation relevant to the matter.
- Offenses previously reported and formally cleared by the ARRT should be indicated "No."

**Have you ever been suspended, dismissed or expelled from an educational program that you attended in order to meet ARRT certification and registration requirements?**

YES  NO

- If you answer "Yes" provide all necessary documentation relevant to the matter, along with a detailed explanation of the events that occurred.

- All applicants must read and sign the “Written Consent under FERPA”
- Indicate as “No” if previously reported and formally cleared by the ARRT.

***PLEASE NOTE:***

The Radiologic Technology program will require accepted students to submit a pre-application to ARRT if the student has answered YES to any of the above questions prior to or by the end of 1st Fall semester in program.

The pertinent documents will need to be submitted to the program to be kept in student files **and** also submitted to the ARRT with the certification application for Radiography in the spring semester before graduation, to avoid delays of student being able to take the national certification upon completion of the Radiologic Technology program.

ARRT findings upon their review received from student will also need to be submitted to the program to be kept in the student’s files, so the program is able to document the findings for future accreditation and follow the ARRT procedures for program director to verify completion graduation endorsement.

Student is advised that this submission of additional documentation for review by the Ethics Committee will delay the student in scheduling a test date to take the national certification in radiography and the Ethics Committee may deny an applicant from taking the national certification in radiography if so deemed that the ethical conduct was too severe to warrant permission to sit for the national certification in radiography.

The individual may submit a pre-application form at any time either before or after entry into an approved educational program. This review may enable the individual to avoid delays in processing the application for examination that is made at the time of graduation. The pre-application must be requested directly from the ARRT. Submission of a pre-application request form does not waive the application for examination, the examination fee, or any of the other application procedures. Confirmation from ARRT may take up to 4 months.

*To request a pre-application from ARRT, write to:*

**American Registry of Radiologic Technologists  
1255 Northland Drive  
St. Paul, MN 55120-1155**

Or refer calls to Examination Services, 651-687-0048.

*To contact JRCERT, write to:*

**Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
312-704-5300 and [www.jrcert.org](http://www.jrcert.org)**

**Further information regarding reporting requirements may be assessed on the ARRT website under “Ethics FAQs”, or by phoning ARRT at (651) 687-0048, ext. 8580.**

*NOTE: Clinical education settings may deny students access to clinical rotations upon the findings of the background check in regard to sex offenders, felonies and/or misdemeanors, prior to clinical rotations and throughout the program.*

*The program will assist the student to complete the program, but without participation in the clinical rotation component of the Radiologic Technology program curriculum within the course, it will be impossible for the student to fulfill the requirements for graduation from the program and he/she would not be eligible to take the National Certification in Radiography, conducted by the ARRT.*

# III. DRUG FREE SCHOOL'S POLICY STATEMENT

## A. ALCOHOL AND DRUG FREE CAMPUS POLICY

**1.01 PURPOSE AND SCOPE:** The abuse of alcohol and other drugs interferes with the processes of learning, teaching, research and public service, which are the functions of Cameron University. In order to accomplish its mission, and further to comply with the Drug Free Schools and Communities Act Amendments of 1989, Cameron University has promulgated this policy and directed its distribution to each of its students.

**2.01 POLICY:** Pursuant to local, state, and federal laws, and its own rules and regulations, Cameron University prohibits the unlawful possession, use, manufacture, or distribution of alcohol and other drugs by students and employees on university owned or controlled premises, as a part of any university sponsored activities, or in the work place.

**3.01 INTERNAL SANCTIONS:** Any student or employee who violates this policy shall be subject to disciplinary action, including, without limitation, probation, expulsion, suspension, or termination of employment; may be required to participate satisfactorily in an appropriate rehabilitation program; or may be referred for prosecution.

**4.01 EXTERNAL SANCTIONS:** Violation of applicable local, state, and federal laws governing the possession, use, manufacture, or distribution of alcohol and other drugs may subject students or employees to fines, imprisonment, and/or community service requirements. Convictions become part of an individual's criminal record and may prohibit certain career and professional opportunities.

**5.01 HEALTH RISKS:** Abuse of drugs and alcohol can result in behavioral changes; impairment of judgment and coordination; elevated or lowered blood pressure; depression; anxiety; hallucinations; convulsions; temporary and permanent loss of memory; damage to the heart, lungs, liver and brain; sterility; lowered immune system and increased infection; cancer, emphysema; chronic bronchitis, and death.

**6.01 ALCOHOL/OTHER DRUG ASSISTANCE PROGRAMS:** Numerous programs are available in the Lawton area to help Cameron students and employees deal with substance abuse related issues. Federal laws insure all persons seeking help for alcohol and/or other drug problems will be treated with respect and in a confidential manner. Please contact the Student Wellness Center for information or assistance.

ON CAMPUS	
Student Wellness Center, North Shepler 1st Floor (for counseling or referral)	581-6725
OFF CAMPUS	
Valley Hope Treatment	1-800-544-5101
Taliaferro Community Health Center	248-5780
Silver Lining (Adults)	357-7827
Roadback, Inc. Halfway Houses	357-6889
Marie Detty Youth & Family Services	248-6450
Southwestern Behavioral Health Center	536-0077
Christian Family Counseling Center	248-0983
Goodyear Employee Assistance Program (for Goodyear Employees & Dependents)	531-5875
Western Area Service Committee of Oklahoma	866-524-7068
HOT LINES - 7 DAYS A WEEK, 24 HOURS A DAY	
United Way Helpline	355-7575
Reach-Out Hotline	1-880-522-9054
Substance Abuse Helpline	1-800-662-HELP

**7.01 COORDINATION AND REFERENCE:** Other policies, rules and regulations of Cameron University also deal with drug and alcohol abuse and complement this Drug-Free Campus Policy statement (such as Appendix C). This policy is based on the Drug Free Workplace Act of 1988 (P.L. 100-690, Title V, Subtitle D) and the Drug Free Schools and Communities Act Amendments of 1989 (P.L. 101-226).

## **B. DRUG SCREEN POLICY – ADULT MEDICAL PROGRAMS**

1. Students in medical programs are required to be screened for substance abuse prior to clinical practicums. The purposes of the drug screen policy are to comply with regulations of area health care agencies and to provide optimal care to patients. Students must abide by the drug screen policies of each health care agency in which a student is assigned for clinical practicums. Area agencies require that students not be involved in the use, or possession of alcohol or non-prescribed drugs. Also, students may not use prescription drugs illegally.
2. Students will submit authorization allowing a facility, designated by the program, to test body fluids for the presence of illicit drugs. In addition to initial screening that will occur when the student is admitted to a medical program, students may be subject to testing when requested by a specific clinical agency or for cause; such as, slurred speech, impaired physical coordination, inappropriate behavior, or pupillary changes.
3. Initial Drug Screening. Student failure to submit to a drug screen, attempting to tamper with, contaminate, or switch a sample will result in the student not being admitted into a medical program. A diluted result will require a retest, at the school's expense. An applicant with a positive drug screen will not be admitted into the program.
4. Drug Screening of Existing Students. Student failure to submit to a drug screen, attempting to tamper with, contaminate, or switch a sample will result in the student not being allowed to meet course objectives for clinical practicums; therefore, progression in the program will not be permitted. A diluted result will require a retest, at the school's expense. Students who test positive for illicit drug use may not continue in clinical practicums and therefore cannot meet objectives for clinical courses. Following school policy, they will be dismissed from the program and may apply for readmission. In order to be considered for readmission, the student must submit a letter from a treatment agency verifying completion of a drug treatment program. Readmission is not guaranteed. If a student is readmitted and tests positive for substance abuse a second time, the student is not eligible for further admission. If a student tests positive for a prescribed drug, the student must submit a valid prescription, providing the drug level is within prescribed limits and that the level does not indicate abuse.
5. Appeal Procedure. If a urine drug screen indicates positive for the presence of unauthorized (illegal or non-prescribed) drugs, the student may request a hair follicle drug screen to be performed within 24 hours of receiving the results of their drug test. (If results of urine drug screen are received on Friday, the student will have until Monday of the following week to have a hair follicle drug screen performed.) The hair follicle drug screen will be at the student's expense, performed at the agency specified by GPTC. While awaiting results of a hair follicle drug screen, the student will not be allowed to attend practicum. If the hair follicle drug screen is negative, the applicant may enter the program or a student enrolled in the program may remain in the program. If the hair follicle drug screen confirms the results of the urine drug screen, the applicant will not be admitted into the program. An existing student will be dismissed from the program and may reapply for admission.
6. All test results will be filed in the GPTC Campus Health Careers Office and shall remain confidential.
7. ***Radiologic Technology students will have an additional drug screen conducted during the second academic year, and prior to submitting the ARRT National Certification application. The prior drug screen policy will be in effect for this additional drug screen.***

## IV. SUPERVISION POLICIES

**Failure to abide to the following Policies and Procedures may result in 3 days suspension or recommendation for dismissal from the Radiologic Technology Program.**

The need for **extensive** clinical experience creates a dilemma. Students need to learn how to function well within the clinical environment. Initially, close supervision is essential; however, the quicker you learn to function under limited supervision, the easier it will be for you to make the transition from student to technologist upon graduation. Our affiliated hospitals use a clinical environment that has resulted in highly qualified graduates who can function well in any radiology department. Their staffing is such that the patient load could be handled without students, but the availability of students improves their patient-flow and the quality of patient care.

**A one-to-one ratio of technologist-to-student is maintained at all Clinical Education Settings.**

Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of ARRT registered radiographers.

### A. DIRECT SUPERVISION POLICY

To assure that all medical imaging procedures are being performed under the direct supervision of a qualified radiographer until the radiography student achieves competency and until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of a qualified ARRT registered radiographer that assures patient safety and proper educational practices.

*JRCERT defines Direct Supervision and Includes:*

1. A qualified ARRT registered radiographer reviews the procedure for examination in relation to the student's achievement.
2. A qualified ARRT registered radiographer evaluates the condition of the patient in relation to the student's knowledge.
3. A qualified ARRT registered radiographer is physically present during the conduct of the procedure.
4. A qualified ARRT registered radiographer reviews and approves the procedure and or image(s).
5. \*\*A qualified ARRT registered radiographer is present in the examination room when a student repeats a radiograph, regardless of the students' skill level or prior achieved competency.

*To assure adherence of the direct supervision policy all medical imaging procedures are documented and verified on the student clinical experience log sheets by the supervising qualified radiographer's initials.*

*After demonstrating competency, students may perform procedures with indirect supervision.*

### B. INDIRECT SUPERVISION POLICY

To assure that all medical imaging procedures are performed under the **\*indirect supervision** of a qualified (ARRT registered) radiographer after a radiography student achieves competency, a student may perform imaging procedures with an ARRT registered radiographer \*immediately available within hearing distance of imaging procedure being performed.

For radiography the JRCERT defines \*indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students, regardless of the level of student achievement. **\*Immediately available** is interpreted as the physical presence of a qualified radiographer 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 on patients.

Students may perform radiographic imaging procedures to gain and enhance their clinical skills under \*indirect supervision only under the following criteria:

1. The student has demonstrated competency of imaging equipment.
2. The student has demonstrated competency of ordered imaging procedure.
3. A qualified ARRT registered radiographer is \*immediately available, adjacent to the room or location where a radiographic imaging procedure being performed.
4. A qualified ARRT registered radiographer performs quality control of finished procedure prior to the release of the radiographic images and patient.
5. A qualified ARRT registered radiographer is present in the examination room when a student repeats a radiographic image, regardless of the students' skill level or prior achieved competency.



For radiography the JRCERT defines **\*indirect supervision** as that supervision provided by a qualified radiographer immediately available to assist students, regardless of the level of student achievement. **\*Immediately available** is interpreted as the physical presence of a qualified radiographer 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 on patients.

*To assure adherence of the direct supervision policy all medical imaging procedures are documented and verified on the student clinical experience log sheets by the supervising qualified radiographer's initials.*

### **C. REPEAT SUPERVISION POLICY**

To assure that radiography students repeating unsatisfactory radiographs are under the direct supervision of a qualified radiographer an ARRT registered radiographer is physically present in the examination room, during the actual conduct of examination, when a student repeats an image, regardless of the students' skill level or prior achieved competency and the ARRT registered qualified radiographer must approve the student's procedure prior to re-exposure.

This supervision policy will assure patient safety and proper educational practices.

After completion of the examination that included repeat radiographic images, the Registered Radiographer must document and verify their presence of the repeat radiographic images by placing their initials on the clinical experience log.

Various procedures performed in the radiology department require injection of contrast media. Students must adhere to institutional policies regarding the injection of contrast media. Student must be competent in phlebotomy prior to being permitted to administer contrast media requiring injection

### **D. SUPERVISION POLICES COMPLIANCE**

Failure to abide by the direct, indirect, and / or repeat supervision policies may result in dismissal from the program. Great Plains Technology Center provides and maintains general comprehensive liability insurance and professional liability insurance for students. Such coverage shall be in an amount no less than one million per occurrence and three million annual aggregate, which shall be considered primary insurance for students.

### **E. SUPERVISION POLICES DISCLOSURE**

The Direct/Indirect/Repeat Supervision Policies are made known to students, clinical instructors, and clinical staff, by Written Documentation Memorandums given to each student, clinical instructor and staff at each clinical education setting utilized by Cameron University. Students, clinical instructors and clinical staff sign that they have read and understand the Direct/Indirect/Repeat Supervision Policies and will adhere to school policies and procedures that are in place. Advisory Committee Members are also reviewed of the Supervision Policies during the fall and spring semesters and documented that each clinical education setting has been informed. To further assure adherence of the supervision policies all medical imaging procedures are documented and verified on the student clinical experience log sheets by the supervising qualified radiographer. Students also sign a Declaration of Understanding that they will not perform any imaging exam by themselves without a qualified radiographer physically present in the imaging/hospital rooms while performing exams under direct supervision and immediately available while performing exams under indirect supervision in the clinical education settings.

# V. COMPETENCY BASED CLINICAL EDUCATION PLAN

During the 22 months of training, students will be evaluated through documentation for the following:

1. Digital Radiographic Equipment Competency Evaluation
2. Computed Radiographic Equipment Competency Evaluation
3. Radiographic Equipment Manipulation LAB Evaluation
4. Clinical Competency Evaluation
5. Simulated Radiographic Examination
6. Limited Computed Tomography Performance Evaluation
7. Clinical Proficiency Evaluation
8. Clinical Performance Evaluation
9. Limited Specialty Achievement
10. Clinical Experience Log

Clinical records will be maintained to ensure students confidentiality. All correspondence from clinical affiliates will be placed in secured drop boxes. Correspondence from Clinical Education Settings includes the 10 forms previously listed, but is not exclusive to only those forms. Upon completion of clinical competencies, students will submit competency documentation in the secured drop boxes. Drop boxes are located in the radiology department at each Clinical Education Setting. Drop boxes are maintained solely by Cameron University faculty. Hand delivered documentation will not be accepted.

All clinical forms are color-coded. Forms submitted that are not of the specified color in accordance to CU Radiologic Technology Program will not be accepted.

Students are not allowed to perform examinations for competency during part-time employment. Clocking out to perform clinical competencies will not be allowed.

## **Digital Radiographic Equipment Competency Evaluation, and Computed Radiographic Equipment Competency Evaluation**

During each clinical rotation to varying rooms, students are evaluated on their knowledge of each control on all radiographic consoles, equipment, and computer applications utilized in the clinical setting. Before attempting clinical competency on radiographic examinations, the student must prove competency in equipment manipulation and computer applications. When the student feels competent in the knowledge of the room and equipment, the clinical instructor or supervising technologist can be asked to observe him/her while demonstrating their knowledge of the radiographic consoles, equipment, and computer applications. The evaluation will be made using the criteria listed in the Digital Radiographic Equipment Competency Evaluation and Computed Radiographic Equipment Competency Evaluation forms. After successfully demonstrating their knowledge, the student will be given a Digital Radiographic Equipment Competency Evaluation or Computed Radiographic Equipment Competency Evaluation form, completed and signed by the clinical instructor or supervising technologist, which signifies that the student is capable of working with the consoles, equipment, and computer applications in the specified room. The student may then proceed to attempt competency on clinical examinations using the Clinical Competency Evaluation.

## **Clinical Competency Evaluation**

Students must successfully complete lecture in classroom and laboratory instruction prior to achieving examinations for clinical competency. The student is expected to observe and assist a registered radiographer in performance of the examination. When the student feels competent, having requisite or adequate ability or qualities to successfully complete a radiographic or computed tomography procedure examination, the student must inform the observing qualified radiographer that the examination is being performed for competency. After successfully completing a radiographic or computed tomography procedure, the student will be given a Clinical Competency Evaluation form for radiographic examinations or a Limited Computed Tomography Performance Evaluation form for computed tomography examinations completed and signed by the observing qualified radiographer which signifies that the student is capable of performing that examination under indirect supervision.

***Only CU approved ARRT registered radiographers may perform Clinical Competency Evaluations.***

## **All Competency Evaluations**

Upon successful completion of any competency evaluation, the student must place the form into the secured drop box. All clinical competency criteria must be completed by the technologist performing the clinical competence evaluation. Students are not permitted to complete (fill-out) clinical competency criteria on clinical competency evaluation forms.

During any competency evaluation, the evaluator will have the option to discontinue the competency evaluation due to lack of competency by the student. This is at the discretion of the evaluator and should be based on the specific competency evaluation criteria.

Should a competency evaluation be discontinued, the student will be made aware of this decision as soon as possible. The student will be corrected and be allowed to proceed under direct supervision. The student may try to gain competency again as his/her skills develop.

All competency evaluations are based on the PASS/FAIL education system. Any student failing to meet competency requirements for any semester will be put on probation for the next semester. Upon failure to meet the competency requirements at the end of the following semester, the student will be dismissed from the program.

Students will be allowed the opportunity to rotate through at least one of the following specialty areas: Magnetic Resonance Imaging, Mammography/Bone Densitometry, Nuclear Medicine, Radiation Oncology, Ultrasonography, and Vascular Radiography (Cardiac Cath Lab) during Semester V (five) of their training.

## **A. COMPETENCY VALIDATION CRITERIA**

All competency evaluations will be validated by Radiologic Technology Program faculty at each clinical education setting. Any examination found to be outside of established competency criteria will not be validated and the student will be notified. Upon notification, a faculty member will review the discrepancy (ies) with the student and the student will have to reattempt the exam for competency, until successfully achieving the competency with faculty validation. A valid clinical competency must be of diagnostic quality and meet all of the following criteria upon validation:

1. All clinical competency exams must have the correct left or right marker on each radiograph to be considered as a valid student competency. (Extenuating circumstances may be considered for surgery exams and **MUST BE DOCUMENTED** on the student competency form on the comments line by the Clinical Instructor, **NOT** the student.)
2. Exams with someone else's marker other than the student's markers will **NOT** be considered as a valid student competency.
3. Exams with partial markers that do not demonstrate the student initials or Right or Left within the collimated field will **NOT** be considered as a valid student competency.
4. Exams that only have 1 or 2 radiographic images marked out of 2, 4, or 6 radiographic images will **NOT** be considered as a valid student competency. (This is derived from the standpoint of the medical legal aspect of a radiograph.)
5. Undocumented exams, i.e. no record in hospital log or computer system, no order, and no images, will be considered as cheating and the student will be dismissed from the program.
6. Borderline diagnostic exams that are plentiful will **NOT** be considered as a valid student competency. (Extenuating circumstances, i.e. uncooperative patient or patient pathology may exist on hard to get competencies, but **MUST BE DOCUMENTED** on the student competency form on the comments line by the Clinical Instructor, **NOT** the student.) The GPTC instructors will be talking with the CI and student concerning this competency. If the CI fails to document extenuating circumstances, then the competency will **NOT** be considered as a valid student competency.
7. Students must staple the patient information to the competency prior to putting it into the clinical competency boxes at each Clinical Education Setting. (This will allow instructors to validate student competencies more efficiently as the boxes are emptied, and then destroy patient information at the hospital as to comply with HIPAA regulations.)
8. Students' competencies **MUST** be placed in the clinical competency boxes at each Clinical Education Setting immediately upon completion of that competency. (Students cannot hold on to competencies in their pockets or notebooks as they would be leaving the hospital and violating HIPAA regulations.)

## B. MANDATORY CLINICAL COMPETENCY REQUIREMENTS

Student must successfully complete lecture in classroom and laboratory instruction prior to achieving clinical competency.

Clinical Competency Evaluations are counted as 20% of the student's clinical grade, following the guidelines of the Radiologic Technology Student Handbook – Evaluation Policy, Clinical Learning Evaluation and Academic Policies.

**Clinical Experience Log sheets must be maintained accurately on a daily basis.** Students will record the type of procedure, date and time the procedure was performed, if he/she assisted or performed the examination, and exposure values. Students must obtain initials of the qualified radiographer overseeing the exam for repeat images and exam verification.

**Failure to maintain an accurate and up-to-date Clinical Experience Log sheets on a daily basis may result in dismissal from the program.**

The student will be required to complete competency examinations on the following radiographic procedures during the 22 months of training.

*\*All competencies with an asterisk (\*) must be completed by the end of Semester V to compensate for the decline of exams being performed.*

*\*All competencies with double asterisks (\*\*) may be performed under simulated conditions with CU program faculty during Semester V. However, students are highly encouraged to complete all competencies on patients to achieve the highest degree of clinical competency.*

FIRST YEAR - SEMESTER I	
<b>1. RADIOGRAPHIC EQUIPMENT / RADIOGRAPHIC COMPUTER APPLICATIONS</b>	
Minimum Of Two (2) Diagnostic Rooms	
Cassette Readers at CCMH or Program Imaging Suites	
Digital Radiography & Computer Radiography Workstations At CCMH or Program Imaging Suites	
<b>2. CHEST</b>	
ROUTINE CHEST – Standing (PA & Left Lateral)	
<b>3. ABDOMEN</b>	
KUB – Supine (AP)	

Students must complete Digital and Computer Radiographic Equipment Competencies listed above at Comanche County Memorial Hospital or Program Imaging Suites by the end of Semester I.

Remaining radiographic equipment-related rooms and computer applications competencies must be completed when student rotates to Clinical Education Settings.

*(Clinical Education Settings are subject to change. (i.e. additions / deletions).*

***Students are encouraged to complete all chest and abdominal competencies within Semester I.***

## SEMESTER II

### 1. RADIOGRAPHIC EQUIPMENT / RADIOGRAPHIC COMPUTER APPLICATIONS

Students are required to complete radiographic equipment / radiographic computer applications competencies as they rotate to each clinical education setting during semesters II-V.

### 2. CHEST (RESPIRATORY)

**\*\*DECUBITUS CHEST** - Recumbent (AP OR PA)

**WHEEL CHAIR CHEST** - Upright (AP & Lateral)

**\*STRETCHER CHEST** - Upright Or Recumbent In Diagnostic Room (AP AND Lateral)

**\*PEDIATRIC CHEST** - (AGE 6 YRS OR YOUNGER) Upright (PA OR AP & Lateral)

**\*PEDIATRIC CHEST** - (AGE 2 YRS OR YOUNGER) PIGG-O-STAT (PA OR AP & Lateral)

**\*NEWBORN CHEST** - (0-28 DAYS OR AGE) (PA OR AP)

### 3. ABDOMEN

**ABDOMINAL SERIES** - (AP) Supine KUB, Upright KUB, & Upright Above Diaphragm ABD Or Upright PA Chest

**\*ABDOMINAL SERIES** - Recumbent (AP OR PA With Decubitus)

**\*FEEDING / NG TUBE PLACEMENT** - (May Be Ordered As PCXR Or PKUB)

### 4. UPPER EXTREMITY

**FINGERS** - (PA, PA Oblique, Lateral) (Digits 2-5) (PA May Be Done As Part Of Hand) (PA Oblique And Lateral Should Be Done With The Least Amount Of OID And Collimated To The Individual Digit)

**\*THUMB** - (AP, PA Oblique, Lateral) (PA Oblique May Be Done As Part Of Hand) (AP And Lateral Should Be Done With The Least Amount Of OID And Collimated To The Individual Digit)

**HAND** - (PA, PA Oblique, Fan Lateral-Lateromedial)

**WRIST** - (PA, PA Oblique, Lateral Lateromedial) (May Include Ulnar Flexion)

**FOREARM** - (AP And Lateral-Lateromedial) (Must Include Elbow And Wrist Joint)

**ELBOW JOINT** - (AP, AP Oblique With External Rotation, And Lateral Lateromedial)

**\*HUMERUS** - (AP, Lateral-Lateromedial) (Upright Or Recumbent) (Include Elbow & Shoulder Joints) (Transthoracic May Be Substituted For LAT.)

**SHOULDER** - (AP Internal Rotation And AP External Rotation Or AP Oblique Grashey Method) (Upright Or Recumbent)

**\*CLAVICLE** - (AP And AP Axial) (Upright Or Recumbent)

**\*\*ACROMIOCLAVICULAR JOINTS** - (AP-With & Without Weights) (Upright) (Bi-Lateral)

**\*TRAUMA UPPER EXTREMITY** (non-shoulder) (Specified As Non-Routine Procedure.) According To ARRT: Trauma Is Considered A Serious Injury Or Shock To The Body. Modifications May Include Variations In Positioning With Minimal Movement Of The Body Part.

**\*\*TRAUMA SHOULDER** - (AP And Y VIEW Or Transthoracic) **NO MANIPULATION OF THE AFFECTED ARM AND NO ANGULATION OF THE X-RAY TUBE.** (Specified As Non-Routine Procedure.) According To ARRT: Trauma Is Considered A Serious Injury Or Shock To The Body. Modifications May Include Variations In Positioning With Minimal Movement Of The Body Part.

**\*UPPER EXTREMITY** - AGE 6 YRS OR YOUNGER (AP OR PA & LAT)

## SEMESTER III

### 1. LOWER EXTREMITY

**\*TOES** (AP Foot With AP Oblique & Lateral Of Toe)

**FOOT** (AP, AP Oblique Medial Rotation, Mediolateral)

**\*\*OSCALCIS-CALCANEUS** (PA Axial, Mediolateral)

**ANKLE JOINT** (AP, AP Oblique Medial Rotation, Mediolateral)

**TIBIA & FIBULA** (AP & Mediolateral To Include Both Joints)

**KNEE JOINT** (AP, AP Oblique Medial And Lateral Rotation, Mediolateral With Cephalic Angle)

**\*PATELLA** (PA OR AP, Mediolateral, Tangential)

**\*FEMUR** (AP & Mediolateral To Include Both Joints)

**\*LOWER EXTREMITY, AGE 6 YRS OR YOUNGER** (AP OR PA & LAT)

## SECOND YEAR - SEMESTER IV

### 1. LOWER EXTREMITY

**PELVIS** (AP)

**HIP JOINT** (AP And Mediolateral)

**TRAUMA HIP JOINT** (AP Hip Or Pelvis, Crosstable Lateral)  
(Specified As Non-Routine Procedure.) According To ARRT: Trauma Is Considered A Serious Injury Or Shock To The Body. Modifications May Include Variations In Positioning With Minimal Movement Of The Body Part.

**TRAUMA LOWER EXTREMITY** (Any Extremity)  
(Specified As Non-Routine Procedure.) According To ARRT: Trauma Is Considered A Serious Injury Or Shock To The Body. Modifications May Include Variations In Positioning With Minimal Movement Of The Body Part.

### 2. ALIMENTARY CANAL FLUOROSCOPY STUDIES –

STUDENT MUST OBTAIN A MINIMUM OF 3 EXAMS, ONE OF THOSE MUST BE AN UPPER GASTROINTESTINAL STUDY & TWO FROM THE FOLLOWING LIST: BARIUM ENEMA (SINGLE OR DOUBLE CONTRAST), SMALL BOWEL SERIES, ESOPHAGUS STUDY.

*All Contrast Studies Should Include The Room And Contrast Set Up By Student*

**UPPER GASTROINTESTINAL STUDY** (AP OR PA, RAO, RT. LAT, With / Without LPO)

**BARIUM ENEMA** (Single Contrast) Or (Double Contrast) (Must Include The Following Projections: AP OR PA, AP Obliques-RPO & LPO, RT. OR LT. LAT., AP OR PA Axial, RT. & LT. Lateral Decubitus Views)

**SMALL BOWEL SERIES** (AP OR PA) (Should Include Giving Patient Contrast)  
(Should Include Delayed Imaging Up To Two Hours) (May Include Setup Of Spot Filming)

**ESOPHAGUS STUDY** (Minimum Of PA Oblique-RAO And May Include AP Or PA And Right Lateral) (Upright Or Recumbent) (Patient Should Drink Contrast Media)

### 3. CONTRAST MEDIA STUDIES –

STUDENT MUST OBTAIN A MINIMUM OF 2 EXAMS. ONE OF THE FOLLOWING EXAMS MUST BE A MODIFIED BARIUM SWALLOW AND ONE ADDITIONAL EXAM FROM THE FOLLOWING LIST: CYSTOGRAM, ARTHROGRAM, MYELOGRAM, ERCP OR INTRAVENOUS UROGRAM.

**MODIFIED BARIUM SWALLOW** (Includes Set Up Of VCR Or Digital Equipment & Set Up Of Food & Feeding Patient)

**INTRAVENOUS UROGRAM (IVU)** (AP KUB, TOMO Cuts For Kidneys, And/Or Obliques RPO & LPO)

**CYSTOGRAM** (AP Urinary Bladder May Include AP Obliques-LPO & RPO) (In Department Or Surgery)

**ARTHROGRAM** (Includes Set Up Tray, Equipment & May Include Pre And/Or Post Radiographs)



<b>MYELOGRAM</b> (Includes Set Up Tray, Equipment, Running Fluoroscopy For Physician & May Include Post Radiographs)
<b>ERCP</b> (Includes Set Up Equipment, Running Fluoroscopy For Physician & May Include Post Radiographs)
<b>4. MOBILE AND SURGICAL</b>
<b>MOBILE ORTHOPEDICS</b> (DONE IN ER Or Hospital Rooms) Minimum Of AP or PA And LAT
<b>MOBILE CHEST</b> (AP)
<b>MOBILE KUB</b> (AP)
<b>C-ARM PROCEDURE</b> (Requiring manipulation to obtain more than one projection)
<b>SURGICAL C-ARM PROCEDURE</b> (Requiring manipulation around a sterile field)
<b>5. VERTEBRAE</b>
<b>CERVICAL</b> (5 Views) (AP, Odontoid, AP Obliques-LPO & RPO, & Lateral)
<b>**TRAUMA CERVICAL</b> (PORT. OR DEPART.) (AP, Crosstable LAT.) (recumbent position)
<b>THORACIC</b> (3 Views) (AP, Lateral, Cervicothoracic Lateral)
<b>SECOND YEAR - SEMESTER IV</b>
<b>LUMBAR</b> (5 Views) (AP, AP Obliques-LPO & RPO, Lateral, L-5/S-1 Spot)
<b>**SACRUM</b> (2 Views) (AP Axial, Lateral)
<b>**COCCYX</b> (2 Views) (AP Axial, Lateral)
<b>6. GERIATRIC PATIENT (Physically or Cognitively Impaired as a result of Aging) 65 years old and above</b>
<b>Chest – PA &amp; Lateral</b>
<b>Upper Extremity – AP or PA &amp; Lateral</b>
<b>Lower Extremity – AP or PA &amp; Lateral</b>
<b>SEMESTER V</b>
<b>1. BONY THORAX</b>
<b>RIBS</b> (Unilateral) (AP Above & Below Diaphragm, AP Oblique Above Diaphragm)
<b>2. SKULL – STUDENT MUST OBTAIN A MINIMUM OF 3 OF THE 7 EXAMS LISTED. 2 of the 3 may be simulated.</b>
<b>SKULL</b> (PA or AP 0 Degree or PA Axial-Caldwell, AP Axial Towne, RT & LT Lateral)
<b>FACIAL SERIES</b> -- PA or AP 0 Degree or PA Axial – Caldwell, Parietoacanthial – waters, RT. or LT. Lateral (May include SMV)
<b>NASAL BONES</b> (Parietoacanthial And LT. & RT. Lateral)
<b>PARANASAL SINUSES</b> (Upright-PA Axial Parietoacanthial, RT. OR LT. Lateral)
<b>ZYGOMATIC ARCHES</b> (SMV)
<b>MANDIBLE</b> (PA OR AP, RT. & LT. Axialateral Oblique)
<b>ORBITS</b> Modified Parietoacanthial, Bilateral (Rhesse) Partielorbital Or Orbitoparietal Oblique
<b>3. COMPUTED TOMOGRAPHY</b>
<b>HEAD</b> (With Or Without Intravenous Contrast)
<b>ABDOMEN</b> (With Or Without Intravenous Contrast)
<b>PELVIS</b> (With Or Without Intravenous Contrast)
<b>CHEST</b> (With Or Without Intravenous Contrast)

### C. ELECTIVE CLINICAL COMPETENCY REQUIREMENTS

Student must successfully complete lecture in classroom and laboratory instruction prior to achieving clinical competency. Students are encouraged to obtain competency of elective examinations. These examinations have reduced in quantity, but are still performed in the clinical setting.

Students who obtain clinical competency in elective examinations will receive extra credit. The extra credit will be applied toward the student's clinical grade under the Clinical Applications-Mandatory Clinical Competencies category

<b>HYSTEOSALPINGOGRAPHY</b> Includes set up of equipment (May include Radiographic Images)
<b>RETROGRADE UROGRAM</b> (Includes Set Up Of Equipment & AP KUB)
<b>SACROILIAC JOINTS</b> (2 Views) (AP Axial, AP OR PA Obliques, RPO & LPO, OR RAO & LAO)
<b>SCOLIOSIS SERIES</b> (AP- May Include Multiple Views)
<b>STERNUM</b> (PA Oblique RAO, Lateral)
<b>SOFT TISSUE NECK</b> (AP & Lateral)
<b>SCAPULA</b> (AP & Lateral) (Upright Or Recumbent)
<b>ABDOMEN, AGE 6 YRS OR YOUNGER</b>
<b>MOBILE STUDY, AGE 6 YRS OR YOUNGER</b>

### D. MANDATORY ROOM/EQUIPMENT/COMPUTER APPLICATIONS COMPETENCIES

<b>CCMH</b>	GE ADVANTX	ROOM 1
	PHILIPS DIAGNOST ELEVA	ROOM 2
	SIREMOBIL ISO-C	ROOM 3
	SHIMADZU RADSPEED	ER
	GE PROTEUS OPC	ROOM 1, ORTHO 1 & 2
	SIEMENS AXIOM LUMINOS TF OPC	ROOM 3
	SIEMENS POLYDOROS 50S OPC	ROOM 4
	SHIMADZU MOBILE	
	GE AMX 4 MOBILE	
	OEC-9900 C-ARM	OR
	ARCADIS AVANTIC C-ARM	OR
	KONICA CR WORK STATION/READER	
<b>DRH</b>	CARESTREAM DRX	
	DRH TOSHIBA T-RAD	DRH Imaging
<b>DROA</b>	DEL MEDICAL GX 525	
	AGFA CR WORK STATION/READER	

<b>GMH</b>	SIEMENS AXIOM ARTIS	ROOM 3
	SIEMENS TOSRAD	ER
	TOSHIBA DST	ROOM 1
	AGFA CR WORK STATION/READER	
<b>LIH</b>	CARESTREAM DRX	EVOLUTION ROOM 1& 2
<b>PHA</b>	General Electric (GE)	ACOMA FUTURUS
<b>RAHC</b>	SHIMADZU RADSPEED	ROOM 1-2
	CANON DR WORK STATION	
	CARESTREAM CR WORK STATION/READER	
<b>SWMC</b>	GE PERCISION	ROOM 2
<b>URGENT MED</b>	EUREKA MILESTONE HF	

## VI. CLINICAL EDUCATION POLICIES

**Failure to abide to the following Policies and Procedures may result in a 3 days suspension or recommendation for dismissal from the Radiologic Technology Program.**

To provide the students the opportunity to gain the clinical experience necessary for them to become a competent functional radiographer, Cameron University has agreements with the following Clinical Education Settings:

<i>Comanche County Memorial Hospital</i> .....	<i>Lawton, OK</i>
<i>Duncan Regional Hospital</i> .....	<i>Duncan, OK</i>
<i>Duncan Regional Orthopaedic Associates, Inc.</i> .....	<i>Duncan, OK</i>
<i>Grady Memorial Hospital</i> .....	<i>Chickasha, OK</i>
<i>Reynolds Army Health Clinic</i> .....	<i>Fort Sill, OK</i>
<i>Southwestern Medical Center</i> .....	<i>Lawton, OK</i>
<i>The Imaging of Southwestern Medical Center</i> .....	<i>Lawton, OK</i>
<i>The Physician's Hospital in Anadarko</i> .....	<i>Anadarko, OK</i>
<i>USPHS Indian Hospital</i> .....	<i>Lawton, OK</i>
<i>Urgent Med</i> .....	<i>Duncan, OK</i>

**\*Additions and deletions of Clinical Education Settings, to include out-of-town, may be subject to change.**

### A. CLINICAL EDUCATION ROTATIONS

Clinical rotations will follow hospital/clinic various shift rotations (8.5 hours) during 7:00 am - 10:00 pm to include evening and possible weekend rotations. Please refer to academic calendar.

Semester I	2 days per week	7:00 am - 7:00 pm
Semester II – IV	3 days per week	7:00 am - 10:00 pm
Semester V	2 days per week	7:00 am - 10:00 pm

Possible weekend rotations could be scheduled if warranted to be of educational value/benefit to students.

Clinical rotations will be up to 3 weeks in duration and provides equitable learning opportunities for all students regarding learning activities and clinical assignments.

Program limits required clinical assignments for students to not be more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

Students will rotate through all clinical education settings and other education settings may be added to include out of town rotations with evening and possible weekend rotations.

Students will be required to rotate to any and all additional Clinical Education Settings as they become available. Clinical times will vary from 7:00 a.m. to 10:00 p.m., with possible weekend rotations. Combined clinical and academic hours will not exceed forty (40) hours per week. There will be NO makeup of seat time allowed.

This supervised experience is planned to enable students to gain experience in all areas of diagnostic radiology (radiography). This includes the areas of general diagnostic, urology, fluoroscopy, surgery, computed tomography, special procedures and trauma/portable radiography.

Limited experience is gained in Magnetic Resonance Imaging, Mammography/Bone Densitometry, Nuclear Medicine, Radiation Oncology, Ultrasonography, and Vascular Radiography (Cardiac Cath Lab). Refer to the Radiologic Technology Clinical Handbook for Specialty Rotations.

Students will rotate through various Clinical Education Settings. Each facility has its own unique Radiology Department. The experience gained at these facilities will essentially result in highly qualified graduates who can function well in any Radiology Department.

In the beginning of Semester I, there will be classroom/labs Monday through Friday. October will start clinical rotations. Clinicals will be scheduled (8.5 hour shifts) from 7:00 a.m. to 7:00 p.m., and will continue every Tuesday and Thursday until the end of December.

Students who are successful in the program need to have a flexible schedule, completed financial arrangements, a supportive family, reliable transportation, and reliable (and backup) childcare.

Semester II will start full time Clinicals: Semester II - IV, on Monday, Wednesday, and Friday 7:00 a.m. to 10:00 p.m., to include students on evening rotations and with possible weekend rotations.

**(Subject to change depending upon availability at Clinical Education Settings)**

Students will rotate through each Clinical Education Setting and should be prepared to spend approximately 12-16 weeks per year at out-of-town Clinical Education Settings. Cost of transportation is the sole responsibility of the student. Classroom/Lab time didactic portion will be on Tuesdays and Thursdays, 8:00 a.m. to 3:00 p.m.

Clinical: Monday, Wednesday, and Friday,  
**(with possible weekend rotations)** ..... 7:00 a.m. - 10:00 p.m.  
Class/Lab: Tuesday and Thursday..... 8:00 a.m. - 3:00 p.m.

The clinical schedule will change slightly in Semester V. The first school day in January, the clinical schedule will be as follows:

Clinical: Tuesday and Thursday  
**(with possible weekend rotations)** ..... 7:00 a.m. - 10:00 p.m.  
Classroom / lab will be scheduled as follows:  
Monday, Wednesday, and Friday ..... 8:00 a.m. - 3:00 p.m.

Clinical time accountability will be managed through the use of a sign in/out book located at each clinical education setting.

In addition to rotating through the various diagnostic radiography rooms, students will also spend time in mobile and surgery radiography, and computed tomography. Upon completion of the student's rotation in mobile and surgery radiography, the student will be able to demonstrate his or her knowledge and skill in the examination and care of confined patient undergoing surgical procedures.

1. The Clinical Education Setting does not make space available for personal belongings of students and faculty. Any damage occasioned by the loss of such personal belongings shall not be the hospital's liability. The hospital will provide access to instructional and library resource material. Radiologic Technology Clinical Handbook, 2018 - 2019
2. Clinical assignments are made by the Clinical Coordinator. A schedule of classes, clinical hours, days off and holidays will be posted by the coordinator. (All students will rotate through all Clinical Education Settings. Cost of travel is the student's responsibility. Extenuating circumstances that prohibit students from traveling to all Clinical Education Settings will be dealt with on an individual basis. Example: medical conditions.)

3. Students are expected to abide by the personnel policies of the Clinical Education Setting at all times. Nametag, markers, and dosimeter badge must be worn at all times when in the clinical area. Employee handbooks are available in Clinical Coordinator's office. The Clinical Education Setting administration may recommend the withdrawal of a student from their Clinical Education Setting; however, final action will be taken by Cameron University faculty.
4. The Clinical Education Setting will make available emergency medical care to Cameron University students and faculty members who may be injured while at the hospital. The term "injury" includes physical injury and also injury due to contact with blood borne pathogens, body fluids, or communicable diseases through mucus membranes or via infectious needle sticks. **The cost of such treatment is the responsibility of the student or faculty member.**
5. Incident Reports at Clinical sites and CU/GPTC must be filled out 24 hours post-injury, and student must notify the Clinical Education Setting's clinical instructor and Radiologic Technology Clinical Coordinator. (If copy of Clinical Education Setting Incident Report is put in student file, CU/GPTC Incident Report is not necessary.)
6. The Clinical Education Setting will make available emergency medical care to CU students and faculty members who become ill while at the hospital. **The cost of such treatment will be paid by the student or faculty member.**
7. Students are required to pass a background check and negative drug screening prior to clinical rotations. Students are required to maintain current records of vaccinations, original PPD, Hepatitis B vaccine, and CPR throughout the 22-months of training. It is the students' responsibility to submit copies of these records to GPTC, to be kept in the students' file. If the students' background check and drug screening is not passed, or vaccinations, PPD, Hepatitis B vaccine, and/or CPR are not current during the 22-months of training, the student will not be allowed to go to the clinical site which may result in dismissal from the program.

**Costs for background check, immunizations, drug screening, and CPR are the student's responsibility. Radiologic Technology requires Titers to prove immunity for MMR, Varicella, and Hepatitis B.**

**NOTE: Noncompliance of proper documentation will result with the student being marked absent for clinical days missed, until records are brought up-to-date.**

Student is required to have completed two (2) Heptovax B immunizations before attending clinical rotations.

8. **Students are highly advised to have personal medical insurance. (Cost of insurance is the student's responsibility.) The CU faculty or Clinical Education Setting are not responsible for injuries incurred at the clinical site or on GPTC campus. This will include physical injuries and also injury due to contact with blood borne pathogens, body fluids, or communicable diseases through mucus membranes or infectious needle sticks. (CU carries only a medical liability blanket policy on all medical students, which is not medical insurance and will not cover personal medical illness or injuries.)**
9. Students are expected to stay home when they have a communicable disease that may infect affiliate personnel, patients, CU or GPTC students. Students may need to take a leave of absence (temporary interrupt) from school, pending approval of administration, if the communicable disease lasts longer than five (5) consecutive days. Doctor's approval to return to school is required.
10. **Smoking**  
Smoking at clinicals is not permitted, due to a smoke-free environment that promotes health. If there are no patient examinations, one (1) 15-minute break will be allowed in the a.m. and one 15-minute break in the p.m. Breaks are to be taken consecutively through and not divided into segments. Approval from clinical instructors is required prior to taking a break. **(Breaks are a privilege and are not mandatory during clinical training.)**
11. **Food and Drinks**  
The Clinical Education Setting cafeteria and snack bar are available for use by the student. Trays, dishes and silverware are not to be brought to the radiology department. There are carryout containers and plastic silverware for "to go" orders. If meals or snacks are eaten in the lounge area, please be considerate of others and clean up any mess. Students must store drinks and snacks in lounge or kitchen area only, avoiding all patient care areas where patients may see or smell food and run the risk of spillage on the computed radiography equipment, processor or images. No food or drinks are allowed in the surgical area.

## 12. Students Use of Phones

- a. Personal telephone calls are not allowed except in emergency cases. The departmental phones are for hospital business and must be kept free for the heavy volume of communications needed to provide good patient care. Students needing to speak with other students should not use the telephone, but personally speak to the other student during scheduled break times.
- b. Students are not allowed to use the hospitals toll-free extensions for personal use, i.e., to talk to other students that are in clinical rotations at those Clinical Education Settings.
- c. Cellular telephones are to be on silent mode at clinical education setting. Students may only use cell phones during breaks and lunch. Cell phones are not to be displayed openly. Cell phones should not be used in patient care areas. (i.e., exam rooms, work areas, and hallways, etc.) Cell phones should not be used to text message or play games during clinical time. If student receives a call in the event of an emergency, (child care provider, family emergency, etc.) student will go to non-patient care area to respond. Students not abiding by these guidelines may be asked not to bring cell phones to clinical education settings by clinical affiliates.

13. If you should arrive at the Clinical Education Setting and learn that the school is closed, you will be supervised in the clinical area by the technologist in charge. Due to your attendance on a day when other students were off, you will be compensated with another day off.

14. A discount on items purchased in the cafeteria and snack bar may be given to the Radiologic Technology students and faculty when the GPTC issued ID badge is displayed. (Subject to change)

15. Students may NOT charge items purchased in the hospital. Items are payroll deducted for employees only.

## B. MAMMOGRAPHY POLICY

*The radiography program sponsored by Cameron University has revised its policy, effective July 5, 2016, regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging. (Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.)*

*Under the revised policy, all students, male and female, will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.*

*The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is included as Addendum A to the program's policy and is also available on the JRCERT Web site, [www.jrcert.org](http://www.jrcert.org), Programs & Faculty, Program Resources.*





## Position Statement on Mammography Clinical Rotations

### Adopted by the JRCERT Board of Directors (April 2016)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

**Standard One - Objective 1.2** of the JRCERT Standards requires a program to document that it “provides equitable learning opportunities for all students.”

The JRCERT does not provide legal advice to program officials. Nevertheless, the JRCERT has received numerous inquiries regarding the placement of students in mammography clinical rotations. The JRCERT understands that there have been significant concerns regarding the interpretation of the JRCERT Standards regarding equitable learning opportunities for all students. As a point of clarification, the JRCERT notes that equitable means dealing fairly with all concerned. It does not necessarily mean equal.

The JRCERT has analyzed statistical data that indicates current imaging practices in mammography have resulted in minimal employment opportunities for males. Certification demographic data indicates that less than 1% of the approximately 50,000 technologists registered in mammography by the American Registry of Radiologic Technologists (ARRT) are males. Overwhelmingly, clinical site policies prohibit male students from participation in mammography rotations. Such participation is limited due to liability concerns, as well as consideration for the interests of the patient. These policies are established not only for mammography exams, but also for other gender-specific examinations performed by professionals who are the opposite gender of the patient.

With regard to mammography, the JRCERT has determined programs must make every effort to place a male student in a mammography clinical rotation if requested; however, programs will not be expected to attempt to override clinical site policies that restrict mammography rotations to female students. Male students should be advised that placement in a mammography rotation is not guaranteed and, in fact, would be very unlikely. To deny mammography educational experience to female students, however, would place those students at a disadvantage in the workforce where there is a demand for appropriately educated professionals to address the needs of patients. It is noted that the same clinical site policies that are in place during the mammography educational rotations are most likely applicable upon employment, thus limiting access for males to pursue careers in mammography.

The JRCERT reiterates that it is the responsibility of each clinical site to address any legal challenges related to a program's inability to place male students in a mammography rotation. All students should be informed and educated about the various employment opportunities and potential barriers that may affect their ability to work in a particular clinical staff position.

## C. CLINICAL TRAVEL EXPENSE

The travel vehicle and cost of transportation to geographically-dispersed clinical education settings is the sole financial responsibility of students

## D. ATTENDANCE POLICY

Employers want dependable and punctual employees; therefore, the program has a strict attendance policy. There will be no makeup of seat time allowed that counts towards the 5 days of absences allowed during fall and spring semesters, or 3 days of absences allowed in the summer semester. Attendance = 40% of clinical grades. For detailed program attendance information, please see the Radiologic Technology Program Handbook, II. Policies and Procedures, **Radiologic Technology Attendance Policy**.

## E. HEALTH POLICIES

### Clinical Location

- a. All clinical facilities require that students be free of any communicable diseases.
- b. Students in the clinical area will abide by the policies of the facility with regard to illness. The instructor should be notified if a student becomes ill, while on clinical duty.
- c. A student who incurs an injury or has an exposure due to contact with bloodborne pathogens, through body fluids, mucous membranes or infectious needle sticks, will contact their instructor immediately.
- d. Clinical agencies make available emergency medical care to students who become ill or are injured while in the clinical setting. (Cost of treatment is the responsibility of the student or faculty member.)

## F. UNIFORM REQUIREMENTS

The school class and clinical uniform consists of:

- Dark Pewter gray lab coat
- Dark Pewter gray uniform pants
- Dark Pewter gray or Teal V-neck scrub top

Students are required to wear their uniform to class and clinical education settings on a daily basis.

## G. UNIFORM AND GROOMING POLICY

1. A nametag and dosimeter are also part of the required uniform, with school patch sewn on left upper arm of lab coat and scrub top. The nametag and dosimeter must be worn at all times.
2. Students may remove lab coats under the following conditions, but must have his/her own lab coat in the clinical education settings at all times.
  - When working in areas and on examinations that do not expose the student to blood or other body fluids being excreted from patient.
  - During lunch and breaks.
3. Students **must** wear lab coats under the following conditions:
  - While working in the emergency room.
  - When leaving the surgery department while on surgical rotation.
  - During fluoroscopy and urographic studies.
  - Portables
  - Exams in which student may come in contact with bodily fluids.
4. Students **are not allowed** to wear warm-up jackets during clinical rotations in lieu of lab coats. Warm-up jackets are not a part of the approved clinical uniform. It is suggested however, that if a student is cold that he/she wear his/her lab coat.
5. Nametag, radiographic markers, and dosimeter badge must be worn at all times when in the clinical education setting. Replacement of lost nametag, radiographic markers and/or dosimeter (approximately \$25 to replace dosimeter) is the students' responsibility and student will be required to purchase any lost items.
6. **Students coming to clinical education settings without a lab coat, nametag, radiographic markers, appropriate clinical attire (to include shoes), and/or dosimeter badge will be dismissed from the clinical education setting to retrieve them, Student will be held accountable for the time missed and points will be deducted from student employability grade.**
7. V-neck scrub tops (Teal or Pewter gray) and uniform style pants (Pewter gray) must be in good shape and ironed. Scrub tops may need appropriate undergarments, i.e. all white, black, or gray tee shirts or turtlenecks. Dresses or stirrup style pants are not permissible. Uniforms will be purchased after mandatory information meeting, from Kingdom Medical 355-1511, Lawton Medi-Equip 355-7655, or any medical uniform supply facility.
8. The uniform must be clean and free from stains and wrinkles; free from tears; worn with foundation garments.
9. Levi or denim type pants are not allowed and must not be worn to clinicals under any circumstances; this includes shorts and cutoffs.
10. Socks or hosiery must be white, black or neutral, of ankle length. Shoes are to be all white or all black and made of sturdy leather that provides good support on all sides. Shoes and shoe laces must be kept clean and polished at all times. Canvas shoes, clogs or mules are not permissible.

11. Facial cosmetics should be worn with discretion as well as perfumes and colognes. Duncan Regional Hospital has a scent-free policy.
12. Nails must be kept neat, trimmed, and clean at all times, and be in a working length – defined by nail technicians and manicurists as being approximately ¼ “ in length from finger tips. Nail polish, nail jewelry and decals are not permissible. **Artificial nails will not be worn.** Artificial nails are defined as substances or devices applied to the natural nails to augment or enhance the nails. These artificial applications include, but are not limited to, bonding, tips, wrappings, and tapes.
13. Good personal hygiene must be maintained at all times. A daily shower/bath & use of deodorant is required, as is daily brushing of teeth. Special care must be taken to prevent halitosis.
14. Hair must be neat, brushed, clean, and worn off the face. If hair touches the shoulders, it must be pulled back, **off of the shoulders and away from the face.** If hair does not touch shoulders, but is long enough in front to cover facial area while interacting with patients, front of hair must be pulled/pinned back away from face. All beards must be kept neat and clean at all times, close shaven and trimmed and ¾ inch in length or less. Growing beards must be started on long school breaks or vacations and must be filled in before going to Clinical Education Setting, (i.e. no stubble, etc.) This paragraph applies to the clinical area only.
15. Jewelry: Wristwatches may be worn at any time. One ring may be worn at your own risk. Lanyards may be worn, but must be the break-away style, for safety purposes. No other jewelry is allowed, including earrings in cartilage. Body piercing that is visible is **Not** allowed, i.e. nose, eyebrows, mouth (inside and out), and face or lips.
16. Tattoos that are visible must be covered while at clinical education settings.
17. Any questions regarding the school class and clinical uniform requirements must be discussed with the **CU Program Faculty.**
18. Student must notify CU faculty immediately if during any time of clinical education, the student has lost/misplaced his/her radiographic marker, dosimeter, nametag, or lab coat. Student will not be allowed to continue training in clinical education setting. Student will be held accountable for time missed while retrieving missing items. If student does not notify CU faculty and continues to work without missing items, student will receive an absence and lose all employability grades for that day and subsequent clinical days until student has retrieved all required items for clinical education training.

## VII. RADIATION SAFETY POLICIES IN CLINICAL EDUCATION SETTINGS' ENERGIZED ROOMS

**These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).**

- A. The program will assure instruction of students in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. Radiation policies will ensure that occupational radiation exposures to faculty and students engaged in the use of radioactive equipment are kept As Low As Reasonably Achievable. Program students will be exposed to ionizing radiation within the clinical education settings when performing radiologic examinations, which can mutate biologic human cells and be harmful to an unborn fetus.
  - Students will understand basic radiation safety practices within the school's imaging suites and prior to assignment to clinical settings.
  - Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
- B. Magnetic Resonance Imaging (MRI) machines generate a strong magnetic field within and surround the MR scanner. This magnetic field is always on and unsecured. Magnetically susceptible (ferromagnetic) materials even at distance can become accelerated into the bore of the magnet with force sufficient enough to cause serious injury or damage to equipment, patient and any personnel in its path. Therefore, great care is taken to prevent ferromagnetic objects from entering the MRI scanner room. It is the qualified MR personnel, especially the technologist' responsibility to control all access to the scanner room.
  - As a program student, you too become part of this team adhering and obligated to all MRI safety policies and procedures and will review an MRI Safety Video covering these safety policies and procedures prior to starting your clinical training.
  - It is vital that you remove metallic objects before entering the MRI static magnetic field, including watches, jewelry, and items of clothing that have metallic threads or fasteners.
  - If you have a bullet, shrapnel, or similar metallic fragment in your body, there is potential risk that it could change positions, possibly causing injury.

- Also, the magnetic field of the scanner can damage an external hearing aid or cause a heart pacemaker to malfunction.
- History of any surgical procedure that entails implanted electronic device(s), or any implant within/on your body you were not naturally born with will need to be reviewed prior to clinical training.
- Detailed MRI Policies will be covered upon entrance to the program in August of each year and prior to specialty rotations.

- C.** The radiation machines in the clinical education settings meet specific radiation control requirements and each Imaging Suite is registered with the state and the certificate is posted within the Laboratory. Compliance with any conditions or restrictions on that certificate is required. X-ray equipment is installed following the manufacturer's specifications. No alterations, tampering with, or removing of any of the filters, or collimators, or in any way causing needless radiation exposure is permitted.
- D.** All clinical education settings, CU faculty, and student operators of the radiology machines are responsible for radiation safety and all are required to know the radiology procedures including the proper demonstration of the use of the x-ray machines safely and correctly. Students will obtain Radiographic Equipment/Radiographic Computer Applications competency in each clinical education setting, prior to operating imaging equipment on patients.
- E.** Each person utilizing the imaging equipment in clinical education settings must be an ARRT certified in radiography technologist or as in the case of students, must complete the basic radiation safety practices curriculum contained within the Fundamentals of Radiological Sciences & Health Care course prior to performing exposure examinations and work under the supervision of an ARRT qualified radiographer (CU Program Faculty or clinical education setting clinical instructors/staff).
- F.** The Direct/Indirect/Repeat Supervision Policies will apply to all students during their clinical training at assigned clinical education settings and Supervision for Students Flyers are posted at all clinical education settings to serve as a reminder of established Supervision Policies of CU for students.
- G.** The clinical education setting radiographers, CU program faculty, and students are responsible for personnel who enter the energized rooms at all times and therefore those rooms will be used only with permission by the clinical education setting.
- H.** All clinical education setting radiographers, CU program faculty, and students are required to wear their assigned radiation monitoring dosimeters at times while in the energized rooms and is to be worn at the collar, on the outside of any radiation protective devices.
- I.** Clinical education setting radiographers, CU Faculty, and students shall practice all standard radiation safety practices while operating imaging equipment.
- J.** Clinical education setting energized room doors will be closed prior to making any exposure.
- K.** Faculty and students are forbidden to remain within the clinical education setting energized rooms while an exposure is being made without justifiable cause as is the case with portables, fluoroscopy exams, etc., and are required to stand behind a barrier wall when making exposures.
- L.** The clinical education setting energized rooms are equipped with safety kill/stop switches of power to prevent undue radiation exposure or electrical accidents that could cause injury.

**M. To ensure the protection of all personnel, program faculty and students will adhere to the "No Hold Policy" which states:**

- Radiologic personnel; technologists/students should not hold patients or image receptors for static exposures and this is the policy for clinical education settings to protect against unnecessary radiation, known as the "no hold policy".
- The following are suggestions to help adhere to the "no hold policy".
  - > Family/friend or general public better choice
  - > Immobilization devices, i.e. image receptor holder, sandbags, sheet immobilizers, tape, pigg-o-stat, or other commercial immobilizers are the best choice

**Extreme Extenuating Circumstances of Holding Patients/Image Receptors**

- The Radiologic Technology Program realizes that there may be extreme extenuating circumstances that the technologists/students may need to hold the patients or image receptors, but this is not the routine policy in the clinical education settings and all personnel should adhere to the "no hold policy".
- The following list is the parameters of extreme circumstances in which technologists/ students may need to hold patient/image receptors in the clinical education settings and may be permissible, provided that the prior suggestions above are not feasible.
  - > Fluoroscopy of Neonate Patients.
  - > Portables of Neonate Patients.
  - > Extreme Emergency Patients.

## Extreme Extenuating Circumstances of Holding Patients/Image Receptors Protection Guidelines

- When it is not possible to adhere to the “no hold policy” the following guidelines should be utilized:
  - > Do not stand in the direct primary beam.
  - > Stand 90 degrees from primary beam.
  - > Utilize protective devices:
    - ◆ lead apron
    - ◆ lead gloves
    - ◆ lead glasses
    - ◆ thyroid shields

**N.** Energized imaging equipment within the clinical education setting may not be used to expose family, friends, radiographers, or other students without a doctor’s order.

**O.** Clinical education setting clinical instructors/staff, CU faculty, and students must follow all applicable OSHA guidelines in the laboratory setting.

**P.** Material Safety Data Sheets (MSDS) for processing chemicals and any other materials encountered within the clinical education settings are stored within that facility for clinical instructor/staff, CU faculty and student referral in case of an exposure.

**Q.** Basic safety rules apply when utilizing imaging equipment at clinical education settings to enhance learning and minimize possible injury to clinical instructors/staff, patients, students, CU faculty or others include:

- No use of profanity or unprofessional vocabulary
- No food or drink containers allowed in the energized rooms
- When positioning patients onto a wheelchair, gurney, or radiographic table, demonstrate lifting and transfer techniques using proper body mechanics
- Return all patients to the correct waiting areas or rooms when finished
- Handle cassettes, CR cassettes, DR cassettes, QC instruments and patient with utmost care
- Clean and maintain a sanitary work area at all times
- Use good hand hygiene before positioning patients and performing radiologic exams
- Wear personal protective equipment when following standard precautions
- Utilize eye wash station available when warranted
- Discard sharps into a sharps container immediately after use
- Report any electrical equipment damage and correct problems related to electrical safety

**R.** Exit Signs are appropriately posted within the clinical education setting and followed, if needed.

**S.** Fire extinguishers are located within the clinical education settings for use in case of a fire.

**T.** Phones are strategically placed within the clinical education settings to report fire or other accidents or codes that may occur during students’ training.

## VIII. CLINICAL EDUCATION SETTING HEALTH & SAFETY POLICIES AND PROCEDURES

- A.** Students are required to attend orientation at each clinical education setting that CU Radiologic Technology Program students attend to gain clinical training experience and is scheduled by the CU's clinical coordinator or designee with the clinical education setting's Education or HR department. The orientations are conducted prior to students scheduled for clinical training rotations. The orientations conducted by the clinical education setting personnel address policies and procedures relevant to that particular institution and address at a minimum, hazards relating to fire, electrical, chemical, emergency preparedness, medical emergencies, HIPAA, and Standard Precautions. Orientation outlines of exhibits, curriculum outlines, or printed list of students attended with date is copied and kept within each student's clinical file at GPTC campus.
- B.** The student may be asked to contact his/her physician regarding appropriate measures to be taken in the event of exposure to infectious and communicable disease in the Clinical Education Setting, when deemed advisable by the faculty.
- C.** Students in the Clinical Education Setting are expected to abide by the policies of the clinical affiliate in regard to illness.
- D. Clinical Location**
1. All clinical facilities require that students be free of any communicable diseases.
  2. Students in the clinical area will abide by the policies of the facility with regard to illness. The instructor should be notified if a student becomes ill, while on clinical duty.
  3. A student who incurs an injury or has an exposure due to contact with bloodborne pathogens, through body fluids, mucous membranes or infectious needle sticks, will contact their instructor immediately.
  4. Clinical agencies make available emergency medical care to students who become ill or are injured while in the clinical setting.
  5. The Clinical Education Setting will make available emergency medical care to Cameron University students and faculty members who may be injured while at the hospital. The term "injury" includes physical injury and also injury due to contact with blood borne pathogens, body fluids, or communicable diseases through mucus membranes or via infectious needle sticks. **The cost of such treatment is the responsibility of the student or faculty member.**
  6. Incident Reports at Clinical Education Settings must be filled out 24 hours post-injury, and student must notify the Clinical Education Setting's clinical instructor and Radiologic Technology Clinical Coordinator. (If copy of Clinical Education Setting Incident Report is put in student file, CU/ GPTC Incident Report is not necessary.)
  7. Students are required to maintain current records of vaccinations, original PPD, Hepatitis B vaccine, and CPR throughout the 22-months of training. It is the students' responsibility to submit copies of these records to program, to be kept in the students' file. If the students' vaccinations, PPD, Hepatitis B vaccine, and/or CPR are not current during the 22-months of training, the student will not be allowed to go to the clinical site which may result in dismissal from the program. **Costs for immunizations, PPD, Hepatitis B vaccine, and CPR are the student's responsibility. Radiologic Technology requires Titers to prove immunity for MMR, Varicella, and Hepatitis B.**

**NOTE: Noncompliance of proper documentation will result with the student being marked absent for clinical days missed, until records are brought up-to-date.**

Students are required to adhere to standard precautions pertaining to safety and personal protective equipment. Students are required to wear lab coats and carry gloves and masks, if not available in clinical site. Students are required to utilize personal protective equipment (i.e. mask, gloves...), and radiation protection equipment, lead aprons or gloves, when applicable. (i.e. exposure to blood and body fluids and radiation exposure).



## IX. GRADING STANDARDS

The didactic grading scale as adopted by the Board of Education is as follows:

- A = 93 – 100
- B = 85 – 92
- C = 78 – 84
- D = 70 – 77
- F = 69 and below

The clinical grading scale as adopted by the Board of Education is as follows:

- A = 90 – 100
- B = 80 – 89
- C = 70 – 79
- D = 60 – 69
- F = 59 and below

**NOTE:** Students must receive a minimum of a C or a 78% average to pass the Radiologic Technology didactic courses. **Students must also pass clinical courses with a minimum of a B or 80% average on a ten point grading scale.** Students are required to maintain a 78% average in each didactic course taught to pass levels in each Semester and 80%, for each clinical course for each semester during their 22-month training period. If at any time during the courses, the student's grade falls below 78% for didactic or 80% for clinical, the student will be notified of this and placed on Academic Probation. If a final exam brings GPA below the 78% in didactic courses or 80% in clinical courses, then the student will be dismissed from the program, regardless of prior probationary status. Students will be notified of their GPA prior to taking a final exam. (For probation specifics refer to Radiologic Technology Program Student Handbook, Academic Policies.)

Clinical competencies must be maintained at 100% to pass levels for each Semester. If student does not maintain competencies for the Semester they will be put on Clinical Probation, until competencies are reached in the next following Semester. Failure to meet the competency requirements at the end of the following Semester will result in student dismissal from the Radiography Technology program. (For probation specifics refer to Radiologic Technology Program Student Handbook, Academic Policies.)

Assignments turned in by students 1 day late results in 10 points loss per day up to 1 week of that assignment grade. Late assignments in excess of 1 week (7 consecutive days to include the weekend – ex. Thursday to Monday = 4 days) will result in a "0" for that assignment grade. (If student is absent the day that the assignment was made, it is the **student's responsibility** to contact instructor to review material covered during class or clinical and receive assignments or worksheets given.)

Exams should be made up immediately upon return to campus class, unless advanced arrangements have been made with instructor to take exam within one week of missed examination. Any student missing an exam must provide justifiable written documentation prior to making up the exam or a letter grade (i.e. 7 points) will be deducted from the makeup exam. If student fails to make up the exam during the specified time frame, it will result in a "0" for that exam grade. (It is the student's responsibility to make arrangements with the instructor for examination make-ups. Make-up exams are lowered one letter grade.)

Exam items left blank on exams or answers not related to course of study (such as "I don't know", or "Yahoo", or "Boomer Sooner") will result in double penalties, to encourage the student to answer questions intelligently.

### **MAKE-UP WORK POLICY:**

**All Make-Up Work Is the Responsibility of the Student.** Make-up work will be handled as specified in the Student Handbook. Please be sure to read and understand all student policies, especially make-up of assignments, tests and employability due to absences. Students should always arrange for any make-up work with the instructor as per the Student Handbook. Students should keep track of his or her progress and grades.

# X. CLINICAL EVALUATION POLICY: SEMESTERS II-V

## EMPLOYABILITY SKILLS GRADE (40% OF FINAL GRADE)

- Daily points for each clinical day attended equals 20 points.
- Student is graded over 5 categories for 4 points each to equal 20 daily points.
- Weekly grades will consist of the total 5 consecutive clinical days in session to equal 100 points.
- Student absence results in a "0" for that day's employability grade. -4 points will be deducted for each hour the student is tardy or absent, not to exceed 20 points per class.

Five categories for daily points

- > Respectful / Honest
- > Organized / Alertness
- > Professional
- > Punctual / Dedicated
- > Positive Attitude

Description of five categories for daily points

- > Does not talk back or argue with instructors, campus staff, clinical staff or classmates.
- > Comes to class and clinical prepared with books, assignments due, clinical uniform, name badge, film badge and tools. Does not fall asleep in class or clinical.
- > Adheres to campus and clinical dress, neat appearance. Does not have body or mouth odor.
- > Team player.
- > Determined to succeed demonstrating reliability by coming to campus and clinical on time.
- > Positive working attitude, no whining or complaining and be flexible when asked to adjust assignment, clinical exams or campus policies.

## PERFORMANCE GRADES (20% OF FINAL GRADE)

- Mandatory Clinical Competencies (Radiographic Procedure Exams outlined in Clinical Handbook)
- Radiographic Equipment Manipulation & Computer Application Competencies (Must be completed prior to obtaining an exam competency.)
  - > Semester II – V All remaining diagnostic, mobile radiographic equipment & radiographic computer applications as student rotates to each clinical educational setting
- Clinical Experience Log

## CLINICAL GRADES (40% OF FINAL GRADE)

- Clinical proficiency evaluations
- Simulated Lab Radiographic Procedure Exam Semester V
- Clinical performance evaluations

## Didactic Evaluation Policy:

**Test Grades (75% of final grade)**

- Cognitive exams
- Performance exams (hands-on)
- Project Assignments

**Final Exam Grade (25%)**

- Cognitive exam that covers material presented over the semester

**Clinical component of semester I is incorporated within the Radiographic Procedures & Image Analysis I course reflected as a didactic grade outlined below:**

## TEST GRADES (75% OF FINAL GRADE)

- Mandatory Clinical Competencies - (ROUTINE CHEST–Standing (PA& LT Lat) & ABD.- KUB (Supine–AP))
- Radiographic Equipment Manipulation & Computer Application Competencies (Must be completed prior to obtaining an exam competency.)
  - > Minimum of 2 diagnostic rooms

- > Cassette Readers at CCMH or Program Imaging Suites
- > Digital Radiography & Computer Radiography Workstations at CCMH or Program Imaging Suites
- Simulated Lab Radiographic Procedure Exam (ROUTINE CHEST or ABDOMEN)

## XI. ACADEMIC, CLINICAL EDUCATION SETTING, AND DISCIPLINARY ADVISEMENT POLICY & PROCEDURES

1. Students will have access to their academic didactic and clinical GPA throughout courses taken that are posted online, which is available prior to taking the final exam in a course and throughout the semester or in program faculty's offices at the request of the student. Individual counsels may be conducted in reference to clinical grades, plus competencies obtained or lacking.
2. Academic advisement is required if student's didactic GPA falls below 78% or clinical GPA falls below 80%, the student is then placed on academic probation and given opportunity to complete remedial work and schedule tutoring from the Academic Center or individual instruction from program faculty.
3. Program disciplinary advisement is conducted through the program faculty offices, depending upon where the unacceptable behavior took place. Certain behaviors are considered unacceptable and detrimental to the overall objectives of the Radiologic Technology Program and are listed on under Standards of Conduct/Disciplinary Policies and Procedures in the Radiologic Technology Program Handbook.
4. Clinical advisement is required to review Clinical Performance Evaluations and clinical competencies periodically with each student.

## XII. COMPLAINT POLICY / DUE PROCESS PROCEDURES

For specific Sponsoring Institution information related to the Grievance Procedure, refer to the Cameron University Student Handbook, under Grievance Procedure.

For complaints based upon discrimination, sexual harassment, sexual assault, consensual sexual relationships, retaliation or racial and ethnic harassment.

### 1.0 WHO MAY USE PROCEDURE

1.1 The grievance procedure embodied herein shall be available to any person who, at the time of the acts complained of, was employed by, or was enrolled as a student at Cameron University.

### 2.0 FILING OF COMPLAINT

2.1 *Acceptance of Procedure Conditions.* Complainants who exercise the right to use this procedure agree to accept its conditions as outlined. A grievance filed under this procedure normally may not be filed under any other University grievance procedure. Depending upon the nature of the issues involved, the complainant will be advised by the EO Office or his/her designee about the appropriate procedure(s) to utilize.

2.2 *Equal Opportunity Officer.* Persons who have complaints alleging discrimination based upon race, color, national origin, sex, age, religion, disability or status as a veteran or complaints alleging sexual harassment, consensual sexual relationships, retaliation, or racial and ethnic harassment may file them in writing with the EO Officer, also referred to as EO Officer, or with their department head/chair, academic dean, or administrative supervisor. These individuals and the EO Officer or the EO Officer designee are referred to as "Administrator."

2.3 *Multiple Issues.* Where multiple issues exist, (i.e. sexual harassment and violation of due process or grade appeal), the complainant must specify all grounds of which the complainant should have reasonably known at the time of filing.

### **3.0 TIMING OF COMPLAINT**

**3.1** Any complaint must be filed with the EO Officer or other appropriate administrator within 180 calendar days of the act of alleged discrimination or harassment. All other time periods may be reasonably extended by the administrator.

### **4.0 WITHDRAWAL OF COMPLAINT**

**4.1** The complainant may withdraw the complaint at any point during the investigation or prior to the adjournment of a formal hearing.

### **5.0 CONFIDENTIALITY**

**5.1** Proceedings. Investigators and members of the Hearing Panel are individually charged to preserve confidentiality with respect to any matter investigated or heard. A breach of the duty to preserve confidentiality is considered a serious offense and will subject the offender to appropriate disciplinary action. Parties and witnesses also are admonished to maintain confidentiality with regard to these proceedings.

**5.2** Records. Upon disposition of a complaint, all records involving discrimination or harassment shall be transmitted to and maintained by the EO Officer as confidential records except to the extent disclosure is required by law. This includes records of complaints handled by administrators.

### **6.0 ADMINISTRATIVE ACTION**

**6.1** *Unilateral Action.* The University recognizes its obligation to address incidents of discrimination and harassment on campus when it becomes aware of such incidents even if no complaints are filed, and the University reserves the right to take appropriate action unilaterally under this procedure.

**6.2** *Students.* With respect to students, the Director of Student Development or other appropriate persons in authority may take immediate administrative or disciplinary action which is deemed necessary for the welfare or safety of the University Community. Any student so affected must be granted due process including a proper hearing. Any hearing involving disciplinary suspension or expulsion shall be conducted by the Office of Student Development, in accordance with the principles set forth in the Cameron University Code of Student Conduct, as the same may be amended from time to time. Lesser administrative or disciplinary action may be appealed to the Dean of Student Services. Such requests must be in writing and filed within seven calendar days following the summary action. Appeals will be conducted in the manner set forth under "Appeals and Review" in the Code of Student Conduct.

**6.3** *Personnel.* With respect to employees, upon a determination at any stage in the investigation or grievance procedure that the continued performance of either party's regular duties or University responsibilities would be inappropriate, the proper executive officer may suspend or reassign duties or responsibilities or place either party on leave of absence pending the completion of the investigation or grievance procedure.

### **7.0 PROCEEDINGS**

**7.1** *Investigation.* Upon receipt of a complaint, the EO Officer or other appropriate administrator is empowered to investigate the charge, to interview the parties and others, and to gather any pertinent evidence. The investigation should be completed within 60 calendar days of receipt of the complaint, or as soon as practical. If a time period is extended for more than 10 calendar days, the EO Officer will provide written or oral notice of reason for extension to all parties involved. The investigator shall prepare a record of the investigation. In arriving at a determination of a policy violation at any stage of the proceedings, the evidence as a whole and the totality of the circumstances and the context in which the alleged incident(s) occurred shall be considered. The determination will be made from the facts on a case by case basis.

**7.2** *Completion of Investigation.* Upon completion of the investigation the EO Officer or other administrator is authorized to take the following actions:

**7.2.1** *Satisfactory Resolution.* The matter may be resolved to the satisfaction of the University and both the complainant and the respondent. If a resolution satisfactory to the University and both parties is reached through the efforts of the EO Officer or other administrator, the administrator shall prepare a written statement indicating the resolution. At that time the investigation and the record thereof shall be closed.

**7.2.2** *Dismissal.* If it is determined that no policy violation occurred, the complaint will be dismissed. Notice of dismissal will be given in writing to each party involved.

**7.2.3** *Determination of Impropriety.* If the investigator determines an impropriety has occurred, both parties will be notified of the finding of impropriety and of the action to be taken.

**7.2.4 Actions Regarding Faculty.** In the case of a complaint against a faculty member, the administrative investigator may determine that the evidence is sufficiently clear and serious so as to warrant the immediate commencement of formal proceedings as provided in the Abrogation of Tenure, Dismissal Before Expiration of a Term Appointment, and Severe Sanctions sections of the Faculty Handbook. If the Vice President for Academic Affairs and the President concur with the administrator's finding, the case may be removed at the option of the accused from the grievance proceedings contained herein and further action in the case shall be governed by the Abrogation of Tenure, Dismissal Before Expiration of a Term Appointment, and Severe Sanctions section in the Faculty Handbook. Otherwise, this policy and procedure shall apply.

**7.3 Appeals.** In the event of either dismissal or determination of impropriety, as described in Sections **7.2.2** or **7.2.3**, either party may lodge an appeal. An appeal must be filed with the EO officer in writing within 15 calendar days of the date of the notice of dismissal. The appeal must request a hearing according to the provisions of Section 8 of this procedure. Unless an appeal is filed within the 15 calendar day period, the case will be considered closed.

## **8.0 HEARING**

**8.1 Request for a Hearing.** Appeals and complaints unresolved following an investigation may result in a hearing before a hearing panel selected from the membership of the Committee on Discrimination and Harassment as described below. Faculty versus faculty grievances with multiple issues will be heard by a Faculty Appeals Board. The request for a hearing must be in writing, and filed with the EO Officer.

**8.1.1 Form of Request.** The request for a hearing must contain the particular facts upon which the policy violation allegation is based as well as the identity of the appropriate respondent(s). A notice of the request and a copy of the request shall be given to the proper respondent(s) by the EO Officer.

**8.1.2 Accused Party Response to Request.** Written response to the request for a formal hearing must be sent to the EO Officer within 10 calendar days of the date of the notice that a formal hearing has been requested. A copy of the response shall be given to the party requesting the hearing.

**8.2 Selection of a Hearing Panel.** Within 10 calendar days following receipt of the written request for a hearing, the EO Officer shall initiate the process to determine the members of the Hearing Panel who are to conduct a hearing. A five-member hearing panel will be chosen by the parties to the complaint from the twenty-four (24) member Committee on Discrimination and Harassment/Faculty Appeals Board. A Committee on Discrimination and Harassment shall be established on campus and composed of eight (8) staff members, eight (8) students, and eight (8) faculty members. Five (5) staff members will be appointed by the Vice President for Business and Finance; five (5) students will be appointed by Student Government Association; and the President will appoint three (3) staff and three (3) students. All faculty members will be appointed by the Faculty Council. The terms of appointment shall be for three (3) years with initial terms of 1, 2, and 3 years in each category to provide the staggered membership, except that each student shall be appointed for a one year term. The selection process shall be in the following manner: the complainant and the respondent alternately select two names each from the pool. Those selected choose a fifth name from the pool to serve as chair. If the four panelists cannot agree on the fifth, the names of the five additional Committee members will be drawn by lottery. Each panelist will strike one name off the list of five names. The remaining person shall be the fifth panelist. Either party to the complaint may ask the EO Officer to disqualify any member of the Hearing Panel upon a showing of cause. No panelist shall be expected to serve if he/she feels that a conflict of interest exists. Replacements shall be selected in the same manner as the original panel.

**8.3 Pre-Hearing Conference.** Within 10 calendar days of receiving notification of selection, or as soon as practical, the Chair shall convene the Hearing Panel for an informal discussion of the grievance and a decision as to whether there exist adequate grounds for a hearing. The parties involved and the EO Officer shall be present during the informal discussion. Prior to the informal discussion, the EO Officer shall conduct an orientation. Each panel member shall be given a copy of the written complaint, the request for a hearing, and the written response. No witnesses or evidence will be heard.

**8.4 Advisers and Attorneys.** At all meetings, each party may be accompanied by an adviser. In the event that a party chooses to be advised by an attorney he/she may do so at his/her expense. If an adviser is used, the name of the person so assisting must be furnished to the EO and the other party 10 calendar days in advance of the pre-hearing conference. The EO will forward the name of the person to the Hearing Panel. Advisers may advise their clients at the pre-hearing conference but may not directly address the Hearing Panel. If the Panel decides at its pre-hearing conference that there is no basis for a hearing, it shall report the determination in writing to the proper Executive Officer with a copy to the President and the EO Officer. The Executive Officer shall render his or her decision on the matter in writing to each of the parties involved in the informal proceedings. After the pre-hearing conference, if a party wishes to have an adviser present at any stage of a hearing he/she must notify the Hearing Panel Chair and other party(ies) of the name of the adviser at least 10 calendar days in advance of the scheduled hearing. Advisers may advise their clients at the hearing but may not directly address the Hearing Panel or witnesses, except as required for student disciplinary hearings leading to suspension or expulsion.

**8.5 Hearing Guidelines.** The panel shall be convened by the EO Officer for further orientation prior to the formal hearing. Each panel member shall be given a copy of the Hearing Guidelines. The hearing panel procedures in conducting a hearing shall be established with reference to the Hearing Guidelines and shall provide that the parties may present all of the evidence that they consider germane to the determination. The parties also may call witnesses to testify and may cross-examine witnesses called by the other party. The hearing shall be closed unless all principals in the case agree to an open hearing. Audio tape recordings of the proceedings shall be arranged by the Chair of the Hearing Panel and paid for by the University. Transcripts may be charged to the requesting party.

**8.6 Notice and Scheduling.** The Chair of the Hearing Panel shall notify the parties of the dates, times and locations of hearings and meetings. Parties are responsible for notifying their witnesses. Hearings shall be scheduled to reasonably ensure that the complainant, respondent, and essential witnesses are able to participate. Upon request Legal Counsel may serve as an adviser to the Hearing Panel.

## 9.0 CONCLUSION OF PROCEEDINGS

**9.1 Satisfactory Resolution Prior to Hearing Completion.** In the event the matter is resolved to the satisfaction of all parties prior to completion of the hearing, a written statement shall indicate the agreement recommended by the parties and shall be signed and dated by each party and by the Chair of the Hearing Panel. The recommendation will be referred to the appropriate Executive Officer for final determination.

**9.2 Panel's Findings and Recommendations.** In the event a solution satisfactory to the parties is not reached prior to the completion of the hearing, the Panel shall make its findings and recommendations known to the proper Executive Officer, with copies to the President of the University and the EO Officer. The Panel's report, with its findings and recommendations, shall be prepared and properly transmitted within seven (7) calendar days after conclusion of the hearing.

**9.3 Executive Officer's Decision.** Within fifteen (15) calendar days of receipt of the Hearing Panel's findings and recommendations, the proper Executive Officer shall inform the complainant and the respondent of the findings of the Hearing Panel and the Officer's decision. A copy of the Officer's decision shall be transmitted to the Chair of the Hearing Panel, with copies to the President of the University and the EO Officer. In a case investigated initially by an administrator, the administrator also shall be informed of the Officer's decision. In the event the allegations are not substantiated, reasonable steps in consultation with the accused may be taken to restore that person's reputation.

**9.4 Appeal to the President.** A party may appeal the decision of the Executive Officer by filing a written notice of appeal with the President within 15 calendar days after the party receives notice of prospective action or of action taken, whichever is earlier. If the President does not act to change the decision of the Executive Officer within 15 calendar days of receiving the appeal, the decision of the Executive Officer shall become final under the executive authority of the President. To contact the **Equal Opportunity Office: (580) 581-7962.**

It is essential that the program of Radiologic Technology provide students, faculty, clinical staff or institutional staff with an unbiased avenue to pursue complaints or grievances and the opportunity to be heard in a timely manner. The following outline the steps for formal resolution of a grievance or complaint.

1. Inform the program director of grievance or complaint within 5 days of occurrence by submission of a written letter describing the grievance or complaint.
2. The program director will investigate the grievance or complaint within 5 days and will report the findings to the student/faculty/clinical staff/institutional staff within 2 weeks, or a time agreed to by both parties with a written memorandum. In the event that the grievance or complaint is substantiated, a plan for improvement will be implemented and will be included in the written memorandum.
3. In the event the student/faculty/clinical staff/institutional staff does not feel that the complaint or grievance has been resolved they should refer to the Cameron University Student Handbook under Grievance Procedure and follow the procedures outlined.

## XIII. CHANGES IN POLICIES

The program director and/or faculty will notify students of changes in policies by documentation with memorandums. Students are required to sign the memorandums to demonstrate acknowledgment of change in policy.

## XIV. JRCERT NON-COMPLIANCE COMPLAINT POLICY / DUE PROCESS

It is essential that the program of Radiologic Technology provide students, faculty, clinical staff, or institutional staff with an unbiased avenue to pursue complaints or grievances regarding allegations of non-compliance of JRCERT standards and the opportunity to be heard in a timely manner. These standards are reviewed in the Radiologic Technology curriculum course: Fundamental of Radiological Sciences and Health Care and are available for review at [www.jrcert.org](http://www.jrcert.org). The following outlines the steps for formal resolution of a grievance or complaint regarding allegations of non-compliance of JRCERT standards.

1. Inform the program director of grievance or complaint regarding allegations of non-compliance of JRCERT standards within 5 days of occurrence by submission of a written letter describing the allegations of non-compliance of JRCERT standards.
2. The program director will investigate the allegations of non-compliance of JRCERT standards within 5 days and will report the findings to the student/faculty/clinical staff/institutional staff within 2 weeks, or a time agreed to by both parties with a written memorandum. In the event that the allegation is substantiated, a plan for improvement will be implemented and will be included in the written memorandum.
3. In the event the student/faculty/clinical staff/institutional staff does not feel that the complaint or grievance regarding allegations of non-compliance of JRCERT standards has been resolved, they should refer to the Cameron University Student Handbook under Grievance Procedure and follow the procedures outlined.

## Process for JRCERT Submission

1. Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/ institution. Each program/institution is required to publish its internal complaint procedure in an information document such as a catalog or student handbook. (Standard Two, Objective 2.4)
2. If the individual is unable to resolve the complaint with program/institution officials or believes that the 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, Illinois 60606-3182

Phone: (312) 704-5300 Fax: (312) 704-5304 e-mail: [mail@jrcert.org](mailto:mail@jrcert.org)

3. The Allegations Reporting Form must be completed and sent to the above address with required supporting materials, and is found on the website: [www.jrcert.org](http://www.jrcert.org), under Accreditation Forms and Checklists.
4. Forms submitted without a signature or the required supporting material will not be considered.
5. If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

The Federal Higher Education Act of 1965, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegation(s) to the agency accrediting the institution or program.

The JRCERT, recognized by the United States Department of Education for the accreditation of radiography, radiation therapy, magnetic resonance, and medical dosimetry educational programs investigates allegation(s) submitted, in writing, signed by any individual with reason to believe that an accredited program has acted contrary to the relevant accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

**Cameron University's Radiologic Technology will decide the final outcome of any and all allegations/complaints submitted to the program.**

# XV. CLINICAL EDUCATION EVALUATION INSTRUMENTS

## A. DIGITAL RADIOGRAPHIC EQUIPMENT COMPETENCY EVALUATION

**Primary Objective:** The student will demonstrate a working knowledge of each control on all radiographic consoles utilized in the clinical setting. The student must prove competency in equipment manipulation before attempting to complete any clinical procedure competencies.

1. **Radiographic Table** – The student successfully demonstrated location and proper use of:
  - a. Table top movement and bucky tray locks.
  - b. Placing cassette in the bucky tray.
  - c. Side rail accessories to include the foot rest, hand grips, compression shoulder rests, lateral cassette holder, and/or patient cradle.
  - d. Horizontal stop.
  - e. Emergency shut off.
  - f. Vertical movement of table.



**2. X-ray Tube** – The student successfully demonstrated location and proper use of:

- a. Warming up the x-ray tube.
- b. Movement of x-ray tube in all directions.
- c. Centered x-ray tube to the table / bucky.
- d. Collimator light switch, override switch, diaphragm controls, and scales.
- e. Scales relating to tube position.
- f. Selection of kVp and mAs.
- g. Calibrate detector.
- h. Grid removal.
- i. Proper removal and installation of battery image receptor.
- j. Proper utilization of tracking device.

**3. Vertical Bucky and Chest Stand** – The student successfully demonstrated location and proper use of:

- a. Upright table / bucky movement in all directions to include rotation, angulation, vertical and horizontal placement.
- b. All locks and scales associated with movement of upright bucky.
- c. Adjustment of cassette holder for all cassette sizes.
- d. Procedure for placing cassettes in the bucky tray.
- e. Handgrip adjustment.

**4. X-ray Control Panel (generator)** – The student successfully demonstrated location and proper use of:

- a. kVp, mA, mAs, and / or time selection controls.
- b. Automatic exposure controls (i.e. ionization chamber/photocell placement and density settings).
- c. Focal spot selection control.
- d. Bucky selection (table / wall) controls.
- e. Exposure switch.
- f. On / Off switch.
- g. Input of patient data.

**5. Digital Radiography Workstation** – The student demonstrated location and proper use of:

- a. Logon to the DR system.
- b. Enter patient information – Patient name, MR#, CI#, Gender, DOB, and send destination.
- c. Locate patient on patient directory.
- d. Scan image receptors (IR) prior to start of examination.
- e. Modify Examination Tag – selecting correct procedure protocol for facility.
- f. Modify Region of Interest (ROI) on image.
- g. Output Formatting/Processing – collimation/masking.
- h. Exam overlays (Exam markers) – R/L, upright, decubitus, prone.
- i. Accept/Reject images for diagnostic quality.
- j. Query from patient history/pull up radiograph.

**6. Portable Radiographic Unit**

- a. Source of power supply.
- b. X-ray tube warm up.
- c. Collimator light switch, override switch, and diaphragm controls and scales.
- d. All locks and scales associated with movement of the x-ray tube.
- e. Tube movement in all directions, to include rotation, angulation, vertical, and horizontal placement.
- f. All controls / locks necessary to “drive” or maneuver the unit.
- g. kVp, mA, mAs, and / or time selection controls.
- h. Exposure switch.

## 7. Image Intensifier (C-Arm)

- a. Source of power supply.
- b. All locks and scales associated with movement of the x-ray tube.
- c. Tube movement in all directions to include rotation, angulation, vertical, and horizontal placement.
- d. All controls/locks necessary to “drive” or maneuver the unit.
- e. kVp, mA, mAs, and/or time selection controls.
- f. Exposure switch.
- g. Automatic exposure selection controls (i.e. ionization chamber/photo cell placement and density settings).
- h. Focal spot selection control.
- i. Fluoroscopy controls.
- j. Fluoroscopic timer controls.
- k. Enter patient information.
- l. Orientate anatomy/image intensifier.
- m. Save and print images.

## B. COMPUTED RADIOGRAPHIC EQUIPMENT COMPETENCY EVALUATION

**Primary Objective:** The student will demonstrate a working knowledge of each control on all radiographic consoles and equipment utilized in the clinical setting. The student must prove competency in equipment manipulation before attempting to complete any clinical procedure competencies.

**2. Radiographic Table** – The student successfully demonstrated location and proper use of:

- a. Table top movement and bucky tray locks.
- b. Placing cassette in the bucky tray.
- c. Side rail accessories to include the foot rest, hand grips, compression shoulder rests, lateral cassette holder, and/or patient cradle.
- d. Horizontal stop.
- e. Emergency shut off.
- f. Vertical movement of table.

**3. X-ray Tube** – The student successfully demonstrated location and proper use of:

- a. Warming up the x-ray tube.
- b. Movement of x-ray tube in all directions.
- c. Centered x-ray tube to the table / bucky.
- d. Collimator light switch, override switch, diaphragm controls, and scales.
- e. Scales relating to tube position.
- f. Selection of kVp and mAs.

**4. Fluoro Tower / Image Intensifier** – The student successfully demonstrated location and proper use of:

- a. Cassette program selector.
- b. Cassette loading control.
- c. Loading and removing cassette from the cassette holder.
- d. Collimator controls.
- e. Automatic Exposure Control (AEC).
- f. Fluoroscopy exposure switch.
- g. Table top movement and table tilt controls.
- h. Compression control.
- i. Hand grip.
- j. Centering and parking the spot film diaphragm.
- k. Fluoroscopic timer controls.
- l. Myelogram lock.
- m. Remove/attach lead apron from fluoro tower.

**5. Vertical Bucky and Chest Stand** – The student successfully demonstrated location and proper use of:

- a. Upright table/bucky movement in all directions to include rotation, angulation, vertical and horizontal placement.
- b. All locks and scales associated with movement of upright bucky.
- c. Adjustment of cassette holder for all cassette sizes.
- d. Procedure for placing cassettes in the bucky tray.
- e. Hand grip adjustment.

**6. X-ray Control Panel (generator)** – The student demonstrated location and proper use of:

- a. kVp, mA, mAs, and /or time selection controls.
- b. Automatic exposure controls (i.e. ionization chamber/photocell placement and density settings).
- c. Focal spot selection control.
- d. Bucky selection (table/wall) controls.
- e. Exposure switch.
- f. On/Off switch.

**7. Tomographic System** – The student demonstrated location and proper use of:

- a. Exposure angle.
- b. Plane/pivot (level of cut) control.
- c. Tube movement (linear, circular, etc.) controls.
- d. Coupling the link to the tube/bucky tray.

**8. Mobile Units** – The student demonstrated location and proper use of:

**Portable Radiographic Unit**

- a. Source of power supply.
- b. X-ray tube warm up.
- c. Collimator light switch, override switch, and diaphragm controls and scales.
- d. All locks and scales associated with movement of the x-ray tube.
- e. Tube movement in all directions to include rotation, angulation, vertical, and horizontal placement.
- f. All controls/locks necessary to “drive” or maneuver the unit.
- g. kVp, mA, mAs, and/or time selection controls.
- h. Exposure switch.

**Image Intensifier (C-Arm)**

- a. Source of power supply.
- b. All locks and scales associated with movement of the x-ray tube.
- c. Tube movement in all directions to include rotation, angulation, vertical, and horizontal placement.
- d. All controls/locks necessary to “drive” or maneuver the unit.
- e. kVp, mA, mAs, and/or time selection controls.
- f. Exposure switch.
- g. Automatic exposure selection controls (i.e. ionization chamber/photo cell placement and density settings).
- h. Focal spot selection control.
- i. Fluoroscopy controls.
- j. Fluoroscopic timer controls.
- k. Enter patient information.
- l. Orientate anatomy/image intensifier.
- m. Save and print images.

**9. Cassette Readers** – The student demonstrated the location and proper use of:

- a. Turn on/off.
- b. Erase cassettes.
- c. Remove cassette if stuck.
- d. Properly insert cassette.

**10. Computed Radiography Workstation** – The student demonstrated the location and proper use of:

- a. Logon to the CR system.
- b. Enter patient information-Patient name, MR#, CI#, Gender, DOB, and send destination.
- c. Locate patient in patient directory.
- d. Scan Image Receptors (IR) prior to start of examination.
- e. Modify Examination tag – selecting correct procedure protocol for facility.
- f. Modify Region of Interest (ROI) on image.
- g. Output formatting/processing – collimation/masking.
- h. Exam overlays – R/L, upright, decubitus, prone.
- i. Accept/reject images for diagnostic quality.
- j. Query from patient history/pull up radiograph.

## C. RADIOGRAPHIC EQUIPMENT MANIPULATION LAB EVALUATION

**Objective:** Demonstrate ability of having or manifesting the knowledge and experience needed for success in radiologic science profession.

Proficiency evaluations will be obtained from radiographic equipment manipulation competencies that the students have successfully attained.

**Standard:** The evaluator will rate the student's competency according to the numbered rating scale. Each Performance Objective is worth a total of 5 points.

### GRADING SCALE

5 = Excellent (no mistakes)	A	90 - 100
4 = Above Average (ten percent error)	B	80 - 89
3 = Satisfactory (twenty percent error)	C	70 - 79
2 = Below satisfactory (fifty percent error)	D	60 - 69
1 = Needs more assistance	F	59 - 0
0 = Unsatisfactory (needs immediate improvement)		

**Primary Objective:** The student will demonstrate a working knowledge of each control on the radiographic console and equipment utilized in the laboratory setting.

**Specific Objectives:** Given the necessary radiographic equipment, the student will demonstrate the ability to properly manipulate radiographic equipment by:

**1. Radiographic Table & Vertical Bucky** - The student successfully demonstrated location and proper use of:

- Table top movement and bucky tray locks.
- Placing cassette in the bucky tray.
- Side rail accessories to include the foot rest, hand grips, compression shoulder rests, lateral cassette holder, and/or patient cradle.
- All locks and scales associated with movement of table and upright bucky.
- Emergency shut off.

**2. X-ray Tube** - The student successfully demonstrated location and proper use of:

- Warming up the x-ray tube.
- Movement of x-ray tube in all directions.
- Centered x-ray tube to the table/bucky.
- Collimator light switch, override switch, diaphragm controls, and scales.
- Scales relating to tube position.

**3. Digital Radiography Workstation (DR/CR)** - The student successfully demonstrated location and proper use of:

- Logon to the system and Enter patient information – Patient name, MR #, CI #, gender, DOB, and send destination.
- Locate patient on patient directory. Scan image receptor prior to start of exam(CR)
- Modify Examination Tag – selecting correct procedure protocol for facility and Modify Region Of Interest (ROI) on image.
- Output Formatting/Processing(collimation/masking) and Exam overlays (Exam markers– R/L, upright, decubitus, prone) and Accept/Reject images for diagnostic quality.
- Query from patient history/pull up radiograph.

**4. X-ray Control Panel (generator)**- The student demonstrated location and proper use of:

- kVp, mA, time selection controls (mAs), and automatic exposure controls.
- Focal spot selection control.
- Bucky selection (table / wall) controls.
- Exposure switch.
- On/Off switch.

## D. CLINICAL COMPETENCY EVALUATION

**Prior to achieving clinical competency of an examination, the student must successfully complete lecture in classroom and laboratory instruction.**

**Objective:** Given a patient and the necessary radiographic equipment and supplies, the student will demonstrate having requisite or adequate ability or qualities to successfully complete a radiographic procedure exam from the required ARRT radiographic procedure exam competency list following the Clinical Competency Evaluation form.

**To obtain competency and pass the performance test on a radiographic procedure exam, all performances must be marked passed on the Clinical Competency Evaluation Form. These guidelines have been established by the American Registry of Radiologic Technologists (ARRT) criteria for radiography national certification and the Joint Review Commission of Education in Radiography Technology (JRCERT).**

**Instructions to the Learner:** One of the tasks performed by the radiographer is the successful completion of established radiographic procedure exams on a patient in the clinical setting. This task is a combination of multiple performance skills in which you have been practicing, utilizing the radiographic procedure more independently as you complete the course of work and gain confidence under indirect supervision.

**Learner must inform ARRT registered radiographer that the examination is being performed for competency prior to starting. The competency evaluation will begin when learner receives requisition for the examination.**

**Instructions to the Evaluator:** Using the **Clinical Competency Evaluation** as a guide, determine the student's ability to complete a clinical radiographic procedure exam. Be sure to check each of the following performance skills and make an overall assessment of the student's ability. Use the following rating scale for the performance test:

- Passed - Excellent (Skilled, can perform task with no supervision- no mistakes).**
- Failed - Needs more assistance (Unable to perform this task).**

**Rate the student's ability to complete the clinical radiographic procedure exam. Upon completion of the student's performance, complete the overall assessment.**

## E. CRITERIA FOR CLINICAL COMPETENCY EVALUATION

**Part I Evaluation Objective:** Given a patient and the necessary radiographic equipment, the student will demonstrate the ability to:

- 1. Evaluate requisition** - verify procedure to be performed, patients name and age, and mode of transportation to the clinical area.
- 2. Prepare radiographic room for exam**- provide clean table, exhibit orderly cabinets and storage space, have appropriate image receptor available, have all supplies necessary to perform exam readily available, turn machine "on" and be prepared for exposures, and turn tube in position necessary for the exam.
- 3. Prepare patient for exam**- verify patient identification ensure patient is wearing proper attire for examination, assess patient to ensure all undesired external artifacts have been removed from the patient (i.e. necklaces, rings, watches, safety pins, etc), and obtain patient history.
- 4. Obtain routine views**- (All of the following must be performed to mark section as passed)
  - a. Select appropriated image receptor and placement.
  - b. Mark image receptor appropriately.
  - c. Select proper SIRD.
  - d. Proper tube-image receptor alignment.
  - e. Accurately measure anatomic part.
  - f. Direct central ray to anatomic part.
  - g. Apply radiation protection devices.
  - h. Position patient for radiographic projections for exam.
  - i. Apply collimation.
  - j. Select adequate kVp and mAs using technique chart of select appropriate photocells for AEC
  - k. Instruct patient in breathing technique while observing patient during exposure.
  - l. Demonstrate ability to manipulate radiographic equipment. (i.e. table, x-ray tube, tomo unit, etc)

**Part II Evaluation Objective:** Given a patient & the necessary radiographic equipment, the student will demonstrate the ability to produce and evaluate a radiographic image that demonstrates:

- 1. All anatomic parts included on radiographic images**- for each radiographic projection required for the exam.
- 2. No motion or removable artifacts.**
- 3. Evidence of proper collimation.**

4. Correct I.D. (i.e. patient name, date, and R or L marker)
5. Adequate radiographic contrast & brightness.
  - Region of Interest (ROI) in the center of the anatomy.

**Part III Evaluation Objective:** The student will exhibit professional ethics and attitude by:

1. Respect for patient modesty- cover the patient with blanket, ensure patient is wearing gown properly.
2. Proper patient communication- explaining the examination to the patient, instilling confidence in the patient.
3. Applying patient comfort procedures- placing cushion under patient's knees when applicable, ensure patient is not cold, and allow patient to assume comfortable position while waiting for images to process.
4. Ability to adapt to new situations- body habitus, patient condition, equipment failure, and patient having reaction to contrast media.

## F. SIMULATED RADIOGRAPHIC EXAMINATION

**Objective:** Demonstrate ability of having or manifesting the knowledge and experience needed for success in radiologic science profession.

**Standard:** The evaluator will rate the student's competencies according to the numbered rating scale. Each Performance Objective is worth a total of 4 points.

**Standard:** The evaluator will rate the student's competencies according to the numbered rating scale. Each Performance Objective is worth a total of 4 points.

### GRADING SCALE

4 = Excellent (no mistakes)	A	90-100
3 = Satisfactory (ten percent error)	B	80 - 89
2 = Below Satisfactory (fifty percent error)	C	70 - 79
1 = Needs more assistance	D	60 - 69
0 = Unsatisfactory (Needs immediate improvement)	F	59 and below

**Part I Performance Objective:** Given a patient and the necessary radiographic equipment, the student will demonstrate the ability to perform and evaluate technical application by:

1. Evaluate requisition and prepare radiographic room for exam
2. Prepare patient for exam
3. Select appropriate image receptor & placement
4. Mark the image receptor appropriately and be able to visualize it on radiographic image
5. Select proper SIRD / Tube – image receptor alignment
6. Apply proper collimation
7. Direct the central ray to the anatomic part
8. Apply radiation protection devices
9. Position the patient for the radiographic projection
10. Select the adequate kVp and mAs using technique chart or appropriate photo cell for AEC
11. Instruct the patient in breathing technique while observing the patient during exposure
12. Demonstrates ability to manipulate radiographic equipment. (Table, x-ray tube, tomo unit,)

**Part II Performance Objective:** Given a patient and the necessary radiographic equipment, the student will demonstrate the ability to produce and evaluate satisfactory radiographic image (s) for diagnostic quality that demonstrates:

1. All anatomic parts correctly positioned and included on radiographic image (s)
2. No motion or removable artifacts
3. Evidence of proper collimation
4. Proper patient identification
5. Adequate radiographic contrast & brightness

**Part III Performance Objective:** The student will exhibit professional ethics and attitude by:

1. Respect for patient modesty
2. Proper patient communication
3. Applying patient comfort procedures
4. Ability to adapt to new situations
5. Instilling confidence in the patient
6. Communicates effectively with healthcare professionals
7. Exhibiting the self-confidence to perform this examination
8. Accepting constructive criticism

## G. LIMITED COMPUTED TOMOGRAPHY PERFORMANCE EVALUATION

**Objective:** Given a patient and the necessary computed tomography equipment and supplies, the student will demonstrate having requisite or adequate ability or qualities to successfully complete a limited computed tomography exam from the required ARRT radiographic procedure exam competency list following the Limited Computed Tomography Performance Evaluation Form.

**To obtain competency and pass the performance test on a computed tomography procedure exam, all performances must be marked passed on the Limited Computed Tomography Performance Evaluation Form.**

**Instructions to the Learner:** One of the tasks performed by the radiographer is the successful completion of established computed tomography procedure exams on a patient in the clinical setting. Passing this task will allow you to work more independently as you complete the course of work and gain confidence under indirect supervision.

**Learner must inform ARRT registered radiographer that the examination is being performed for competency prior to starting. The competency evaluation will begin when learner receives requisition for the examination.**

**Instructions to the Evaluator:** Using the **Limited Computed Tomography Performance Evaluation Form** as a guide, determine the student's ability to complete a computed tomography procedure exam. Be sure to check each of the following performance skills and make an overall assessment of the student's ability. Use the following rating scale for the performance test:

**Passed - Excellent (Skilled, can perform task with no supervision- no mistakes).**

**Failed - Needs more assistance (Unable to perform this task).**

**Rate the student's ability to complete the radiographic procedure exam listed above. Upon completion of the student's performance, complete the overall assessment.**

## H. CRITERIA FOR LIMITED COMPUTED TOMOGRAPHY PERFORMANCE EVALUATION

**Part I Evaluation Objective:** Given a patient and the necessary computed tomography equipment, the student will demonstrate the ability to:

- 1. Evaluate requisition** - for procedure to be performed, patients name and age, and mode of transportation to the clinical area.
- 2. Prepare computed tomography room for exam-** provide clean couch, exhibit orderly cabinets and storage space, have all supplies necessary to perform exam readily available, set-up injector, and in-put of patient data.
- 3. Prepare patient for exam** - ensure patient is wearing proper attire for examination, ensure all undesired external artifacts have been removed from the patient. (i.e. necklaces, rings, watches, safety pins, etc)
- 4. Obtain routine views** - (All of the following must be performed to mark section as passed)
  - a. Obtained patient clinical history.
  - b. Positioned patient for exam.
  - c. Set scan parameters.
  - d. Advanced patient into gantry properly.
  - e. Followed scan protocol.
  - f. Send images to correct location (i.e. laser printer or physician).

**Part II Evaluation Objective:** Given a patient & the necessary computed tomography equipment, the student will demonstrate the ability to produce a satisfactory image that demonstrates:

- 1. All anatomic parts included on images.**
- 2. No motion or removable artifacts.**
- 3. Adequate radiographic contrast & brightness windows.**
- 4. Able to identify anatomy.**

**Part III Evaluation Objective:** The student will exhibit professional ethics and attitude by:

- 1. Respect for patient modesty-** cover the patient with blanket, ensure patient is wearing gown properly.



2. Proper patient communication- explaining the examination to the patient, instilling confidence in the patient.
3. Applying patient comfort procedures- placing cushion under patient's knees when applicable, ensure patient is comfortable with room temperature.
4. Ability to adapt to new situations- body habitus, patient condition, equipment failure, and patient having reaction to contrast media.

## I. CLINICAL PROFICIENCY EVALUATION

Cameron University faculty members will administer proficiency examinations on students throughout each semester on radiographic examinations the student has demonstrated competency in. Students are required to maintain an 80% for each proficiency evaluation given. A score of less than 80% on a proficiency evaluation is a failing grade. The faculty member has the authority to withdraw any competency in which the student fails proficiency. The student will be reevaluated by a faculty member to regain any competency that has been withdrawn due to a failing grade from a proficiency evaluation. Proficiency evaluations are counted as 30% of the student's clinical grade following the guidelines of the Radiologic Technology Program Handbook – Clinical Grading Standards.

The student will be given proficiency evaluations on the following radiographic procedures during each semester of the 22-months of training. Students will be evaluated for proficiency at least one time during semesters II - V. Clinical Proficiency Evaluations are part of 40% of the clinical grade. The radiographic procedures students are evaluated on are as follows:

## PROFICIENCY EVALUATION SCHEDULE

### Semester II

Chest  
Abdomen/KUB  
Abdominal Series  
Upper Extremities

### Semester IV

Fluoroscopy Exams (Contrast Studies)  
Upper Extremities  
Lower Extremities  
Spine

### Semester III

Upper Extremities  
Lower Extremities

### Semester V

Spine  
Skull  
Any Radiographic procedure the student has demonstrated competency in.

## J. CRITERIA FOR CLINICAL PROFICIENCY EVALUATIONS

**Objective:** Demonstrate ability of having or manifesting the knowledge and experience needed for success in Radiologic Science profession. Proficiency evaluations will be obtained from clinical competencies that the students have successfully attained.

**\*In the event a student receives a score below 80%, the student's competency will be pulled until the student is reevaluated on their competency of the exam.**

**Standard of Evaluation:** The evaluator will rate the student's competencies according to the numbered rating scale. Each Performance Objective is worth a total of 4 points.

## GRADING SCALE

4 = Excellent (no mistakes)	A	90-100
3 = Satisfactory (ten percent error)	B	80 - 89
2 = Below Satisfactory (fifty percent error)	C	70 - 79
1 = Needs more assistance	D	60 - 69
0 = Unsatisfactory (Needs immediate improvement)	F	59 and below

**Part I Performance Objective:** Given a patient and the necessary radiographic equipment, the student will demonstrate the ability to perform and evaluate technical application by:

1. Evaluate requisition and prepare radiographic room for exam
2. Prepare patient for exam
3. Select appropriate image receptor & placement
4. Mark the image receptor appropriately and be able to visualize it on radiograph
5. Select proper SIRD / Tube – image receptor alignment
6. Apply proper collimation
7. Direct the central ray to the anatomic part
8. Apply radiation protection devices
9. Position the patient for the radiographic projection
10. Select the adequate kVp and mAs using technique chart or appropriate photo cell for AEC
11. Instruct the patient in breathing technique while observing the patient during exposure
12. Demonstrates ability to manipulate radiographic equipment. (Table, x-ray tube, tomo unit,)

**Part II Performance Objective:** Given a patient and the necessary radiographic equipment, the student will demonstrate the ability to produce and evaluate radiographic image(s) for diagnostic quality that demonstrates:

1. All anatomic parts correctly positioned and included on radiographic image(s)
2. No motion or removable artifacts
3. Evidence of proper collimation
4. Proper patient identification
5. Adequate radiographic contrast & brightness

**Part III Performance Objective:** The student will exhibit professional ethics and attitude by:

1. Respect for patient modesty
2. Proper patient communication
3. Applying patient comfort procedures
4. Ability to adapt to new situations
5. Instilling confidence in the patient
6. Communicates effectively with healthcare professionals
7. Exhibiting the self-confidence to perform this examination
8. Accepting constructive criticism

## **K. CLINICAL PERFORMANCE EVALUATION**

**Objective:** At the completion of each clinical rotation, the student will have required adequate abilities or qualities to successfully demonstrate clinical aptitude for their assigned rotation.

**Instructions to the Learner:** At the completion of each clinical rotation, the student will be evaluated by the ARRT registered radiographer with which he/she has worked with over the course of the rotation period, who can adequately assess the student's performance according to the evaluation criteria. Performance evaluations are counted as 20% of the student's clinical grade following the guidelines of the Radiologic Technology Program Handbook- Course of Study, Evaluation Policy, Clinical Learning Evaluation and Academic Policies.

**Instructions to the Evaluator:** The evaluator will rate the student's performance for the clinical rotation according to the criteria listed on the clinical performance evaluation. Mark the appropriate box with a check mark (✓). Final score will be tallied by the clinical coordinator. Rating scale for the clinical performance evaluation is listed in Radiologic Technology Clinical Handbook.

**Standard:** Each criteria is worth a total of 5 points. Final score for the performance evaluation is compiled by adding the total points in each category from excellent to poor. That sum is then multiplied by a factor of 1.67 resulting in the final score for that clinical rotation.

- 5.0 = Excellent
- 4.5 = Above Average
- 4.0 = Average
- 3.5 = Below Average
- 3.0 = Poor

## L. CRITERIA FOR CLINICAL PERFORMANCE EVALUATION

The evaluator will rate the students' performance for the clinical rotation according to the students' ability to demonstrate:

1. Patient Care - Convey confidence to patient. Demonstrates courtesy and empathy towards patient. Ability to establish and demonstrate concern, integrity, responsibility. Communicate effectively with the patient. Acquires patient history for each exam.
2. Professionalism and Appearance - Exhibits logical thought and good judgment in making decisions and recommendations. Demonstrates respect for patients. Wears clean uniform, pays attention to personal hygiene, and wears student I.D. badge and dosimeter. Students will demonstrate professional behavior in the clinical setting.
3. HIPAA - Demonstrates knowledge of HIPAA requirements by adhering to patients' rights to privacy in clinical practice. Uses two identifiers when getting patient for exam.
4. Organization - Ability to evaluate needs to the technical situations of examinations. Demonstrates speed and accuracy in performing clinical duties.
5. Quality of work - Evidence of proper radiographic image quality, and absence of repeat radiographs due to inadequate preparation and thought.
6. Ability to work and communicate with Peers and Clinical Staff - Communicates effectively with healthcare professionals. Considers the feelings and interests of co-workers and acceptance of supervision.
7. Initiative - Amount of motivation and enthusiasm, expressed by willingness to perform or assist technologist with radiographic examinations.
8. Upkeep of room - Keeps assigned room neat, clean, and well stocked. Cleans after each examination.
9. Punctuality and dependability - Student arrives to assigned clinical area at all times including a.m., after breaks, p.m., after lunch, etc. Student attends clinical training for duration of rotation. Reliance on student to complete technical procedures started and to remain in assigned work area. Proper communication with supervising technologist in regard to leaving work area for any reason.
10. Attitude – Demonstrates a cooperative courteous attitude toward clinical staff, fellow students, and hospital personnel. Shows receptivity to constructive criticism by applying new knowledge, exercises self-control, and demonstrates interest in clinical assignments.
11. Technical application - Degree to which the student applies knowledge of positioning and technique to the clinical situation and demonstrates knowledge of department routine examinations. Degree to which student is able to evaluate radiographs for quality and problem solve to achieve solutions.
12. Critical Thinking - Degree to which student is able to evaluate the technical situations of examinations.

## XVI. SPECIALTY ROTATION

Students will be allowed to enhance professional development growth in Radiologic Technology by rotating through Computed Tomography and one additional rotation of the student's choice of the following specialty areas: Magnetic Resonance Imaging, Mammography / Bone Densitometry, Nuclear Medicine, Radiation Oncology, Ultrasonography, and Vascular Radiography (Cardiac Cath Lab). All categories will require direct supervision.

The program provides learning opportunities in current and developing imaging and/or technologies. Exposure to specialty areas of Radiologic Science is an opportunity for students to experience first-hand the operation of the equipment used and skills of the professionals within each modality. During rotation through any given specialty area, students are allowed the opportunity to gain limited hands-on training. Upon completion of any rotation through the above listed areas, students will be able to demonstrate their limited knowledge and acquired skill in the area of rotation through the specific criteria listed for each modality.

With regard to mammography the program must make every effort to place a male student in a mammography clinical rotation if requested; however, the program will not be expected to attempt to override clinical site policies that restrict mammography rotations to female students. Male students should be advised that placement in a mammography rotation is not guaranteed and, in fact, would be very unlikely. To deny mammography educational experience to female students, however, would place those students at a disadvantage in the workforce where there is a demand for appropriately educated professionals to address the needs of patients. It is noted that the same clinical site policies that are in place during the mammography educational rotations are most likely applicable upon employment, thus limiting access for males to pursue careers in mammography.

It is the responsibility of each clinical site to address any legal challenges related to the program's inability to place male students in a mammography rotation. All students should be informed and educated about the various employment opportunities and potential barriers that may affect their ability to work in a particular staff position.

### **Primary Objective:**

Upon completion of a rotation through any specialty area, a technologist in that given modality will signify achievements of the student by initialing each accomplishment listed for that modality.

### **Standard of Evaluation**

Please give an overall rating of the student based on their performance during this rotation according to the following rating scale.

## **OVERALL RATING**

### **GRADING SCALE**

3 – LIMITED PRACTICE – has practiced job during training program, additional training is required to develop skill.

2 – EXPOSURE ONLY – general information provided with minimal practice time, close supervision needed and additional training required.

1 – NO EXPOSURE –no information or practice provided during training program, complete training required.

## **A. MAGNETIC RESONANCE IMAGING – MRI**

Upon completion of the student's rotation in MRI, the student will be able to demonstrate his or her understanding and knowledge in MRI procedures. A Limited Specialty Achievement has been attained when student is able to:

1. State examinations benefiting from MRI.
2. State methods in which images are recorded.
3. Describe briefly how the machine operates.
4. Prepare and position the patient for the procedure.
5. Set up the machine.
6. Perform an examination with supervision.
7. Identify cross-sectional anatomy.

## **B. MAMMOGRAPHY/BONE DENSITOMETRY**

Upon completion of the student's rotation in Mammography/Bone Densitometry, the student will be able to demonstrate his or her understanding and knowledge in Mammography/Bone Densitometry procedures. A Limited Specialty Achievement has been attained when the student is able to:

### **MAMMOGRAPHY**

1. Equipment
  - a. Breakers and control panel
    - i. Identify / operate main power switch and circuit breakers for control and machine.
    - ii. Identify / operate mAs, and kVp controls and photo time controls.
    - iii. Identify / operate exposure switch.
2. Radiographic Tube
  - a. Identify and operate all locks.
  - b. Identify and operate
    - i. Field light switches.
    - ii. Compression device.
    - iii. Release switch.
3. Radiographic table
  - a. Identify and operate Bucky tray and adapter.
  - b. Identify and operate compression paddle.
  - c. Identify and operate magnification system.
  - d. Identify and operate needle localization paddle.
4. Accessory equipment
  - a. Identify and demonstrate radiation protection and safety devices (i.e. lead aprons, gloves, gonadal shields, etc.)
  - b. Identify tower indicators.
  - c. Identify and operate foot controls.

### **BONE DENSITOMETRY**

1. Set up equipment for examination.
2. Prepare and position the patient for the procedure.
3. Perform an examination with supervision.

## **C. NUCLEAR MEDICINE**

Upon completion of the student's rotation in nuclear medicine, the student will be able to demonstrate his or her knowledge and understanding of the basic concept of nuclear medicine. A Limited Specialty Achievement has been attained when the student is able to:

1. Prepare patient for exam and obtain medical history.
2. Demonstrate concepts of equipment setup.
3. Aid the technologists in obtaining patient data unique in nuclear medicine.
4. Understand the uses of pharmaceuticals used in nuclear medicine.

## **D. RADIATION ONCOLOGY**

Upon completion of the student's rotation in oncology, the student will be able to demonstrate his or her knowledge and understanding of the basic concept of oncology. A Limited Specialty Achievement has been attained when the student is able to:

1. Describe and understand procedures involved with work up of patient for radiation treatments.
2. Linear Accelerator utilized and setup.
3. Aid doctor, nurse, and technologist in obtaining patient data unique for oncology.
4. State method in which radiation treatment is given.
5. Prepare and position the patient for the procedure.

## **E. ULTRASONOGRAPHY**

Upon completion of the student's rotation in ultrasound, the student will be able to demonstrate his or her knowledge and understanding of ultrasonography and the multiple methods of application. A Limited Specialty Achievement has been attained when the student is able to:

1. Identify basic physics and its relationship to ultrasonography. (Optimizing exam data, transduce selections, etc.)
2. State patient prep requirements for various exams as well as different techniques to optimize diagnostic data.
3. State basic protocol of various U / S application methods of display. (B-mode, M-mode, color flow and Doppler, 3-D imaging, harmonics and contrast agents used, etc.)
4. Discuss technical requirements of interpreting knowledge. Normal vs. pathology documentation indicators of progression for case presentation.
5. Prepare patient for exam. Confirm prep for exam and obtain medical history.
6. Demonstrate concepts of equipment set up as well as basic control manipulation for exam.
7. Perform "hands-on" scan of one U / S examination.

## **F. VASCULAR RADIOGRAPHY**

Upon completion of the rotation in special procedures, the student will be able to demonstrate his or her knowledge and understanding of angiographic studies utilizing special equipment and techniques which demonstrates functioning organs and systems. The student will be able to assist in special procedure examinations. A Limited Specialty Achievement has been attained when the student is able to:

1. Set the x-ray machine controls and position the radiographic tube for angiographic studies.
2. Practice positioning a patient for radiographs.
3. Practice patient handling tasks specific to specific procedures.
4. Practice radiation safety during special procedures.
5. Practice aseptic techniques when handling materials and supplies necessary to the procedure.
6. List accessory equipment and state rationale for its use in special angiographic examinations.
7. Archive examination onto Compact Disc (CD).
8. Transfer archived examination from CD to Cardiologist's computer.

## **G. POSITRON EMISSION TOMOGRAPHY (PET)**

Upon completion of the rotation in PET Scan, the student will be able to demonstrate his or her knowledge and understanding of the basic concept of PET Scan studies. A Limited Specialty Achievement has been attained when the student is able to:

1. State examinations benefiting from PET.
2. State methods in which images are recorded.
3. Describe briefly how the machine operates.
4. Prepare the patient for the procedure.
5. Set up the machine.
6. Identify cross-sectional anatomy.
7. Understand the uses of pharmaceuticals used in PET.