Mt. San Antonio College
Radiologic Technology Program

Clinical Instructor Handbook

Fall — 2014

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MT. SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

PROGRAM MISSION AND GOALS

MISSION

The mission of the radiologic technology program is to prepare competent and professional entry-level radiographers able to meet the needs of the healthcare community.

GOALS AND STUDENT LEARNING OUTCOMES

1. Students will be clinically competent.

   Student Learning Outcomes:

- Students will apply accurate positioning skills.
- Students will select optimal technical factors.
- Students will utilize appropriate radiation protection

2. Students will communicate effectively.

   Student Learning Outcomes:

- Students will demonstrate effective written communication skills.
- Students will demonstrate effective oral communication skills.

3. Students will develop critical thinking skills.

   Student Learning Outcomes:

- Students will adapt standard procedures as needed for all patients.
- Students will critique images to determine diagnostic quality.

4. Students will model professionalism.

   Student Learning Outcomes:

- Students will demonstrate professional work ethics.
- Students will participate in professional development activities.

5. Students will meet the employment demands of the medical community.

   Student Learning Outcomes:

- Students will pass the ARRT examination.
- Students will secure employment in the radiology profession.

CLINICAL INSTRUCTOR QUALIFICATIONS

Primary Qualifications of the Clinical Instructor

1. Must be registered by the A.R.R.T. and certified by the State Department of Health Services as a C.R.T. in Radiography.

2. Must have 2 years full time experience in the professional discipline.

3. Must understand the clinical objectives and the evaluation system.

4. Must be knowledgeable of program goals.

5. Must maintain competency in the discipline and clinical instruction through continuing education, in-service training and/or the pursuit of advanced certifications and/or degrees.

Primary Duties of the Clinical Instructor

1. Provide students with clinical instruction and/or supervision.

2. Maintain accuracy of student's records relative to competencies achieved and time spent within the department.

3. Evaluate the student's progress towards achieving the stated objectives for the clinical segment under your supervision.

4. Attend Advisory Meetings and/or CI Workshops as deemed necessary by the sponsoring institution.

5. Participate in the assessment of the student's progress with College Faculty during scheduled clinical facility visitations.

CLINICAL EDUCATION SHALL BE UNDER THE DIRECT OR INDIRECT SUPERVISION OF A QUALIFIED PRACTITIONER AS THE SITUATION DICTATES, TO ENSURE CONTROL OF THE QUALITY, SAFETY, AND TECHNICAL ASPECTS OF RADIOGRAPHIC EXAMINATIONS AND PROCEDURES IN THE CLINICAL FACILITY.

RADIOLOGY PROGRAM

DIRECT AND INDIRECT SUPERVISION POLICY

According to the Joint Review Committee on Education in Radiologic Technology Standards for an Accredited Educational Program in Radiological Sciences is defined as:

Direct Supervision is Student Supervision by a Qualified Practitioner who:

1. Reviews the procedure in relation to the student's achievement.
2. Evaluates the condition of the patient in relation to the student's knowledge.
3. Is present during the conduct of the procedure.
4. Reviews and approves the procedure and/or image.
5. Students must be directly supervised until competency is achieved.

Indirect Supervision is Student Supervision by a Qualified Practitioner who:

1. Is immediately available to assist students regardless of the level of student achievement.

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

Guidelines For Clinical Experience

1. A minimum of 2 weeks direct supervision is required when students are assigned to a new clinical facility.

2. All repeat films taken by a student must be performed in the presence of a qualified radiographer.

3. All students must be under direct supervision in the performance of examinations until they have demonstrated competency. The student may function under indirect supervision on examinations that have been demonstrated and evaluated by the clinical instructor.

ALL REPEAT RADIOGRAPHS ARE TO BE CONDUCTED IN THE PRESENCE OF A QUALIFIED PRACTITIONER, NO EXCEPTIONS! STUDENTS VIOLATING THIS POLICY WILL BE SUBJECT TO PROBATION AND/OR EXPULSION FROM THE PROGRAM.

Clinical Contract for Mt. San Antonio College Radiology Program

Radiology students entering the clinical internship are expected to fulfill the following requirements:

1. **Students may not attend clinical unless they have registered and paid for each clinical course throughout the program. (_____)**

2. **Students must wear radiation film badges to clinical at all times or they will be sent home and need to make up hours missed. (_____)**

3. **All clinical hours missed, must be made up before the end of each session. (_____)**

4. **All make up hours must be made up only while the college is open. (_____)**

5. **Any schedule changes need to be approved by Clinical Coordinator ONLY and documentation must be provided. (_____)**

6. **Make up hours cannot be made up during any holidays. (_____)**

7. **Students must complete number of designated hours per session. (_____)**

8. **No vacations or time off is allowed during clinical internship. (_____)**

9. **No "banking hours" are allowed. (which means: making up hours before the day missed) (_____)**

10. **Students must complete number of designated sign offs per session. (_____)**

11. **Students must comply with the entire Dress Code Policy (wear proper uniforms etc ….) (_____)**

12. **No cell phone use or texting is allowed during clinical hours. (_____)**

13. **Students are required to turn in clinical handbooks after each session (_____)**

14. **Students must maintain professional and ethical behavior at all times (refer to Clinical Code of Conduct for specific examples) (_____)**

15. **Students need to be current with physicals, immunizations, and CPR in order to be in clinical or students will be taken out of clinical immediately and hours will need to be made up. (_____)**

16. **Portables are NEVER to be performed alone or with other students. (only other Technologists) (_____)**

17. **Must have 2 passing Clinical Evaluations for Fall and Spring Session and 1 passing Clinical Evaluation for Winter and Summer. (_____)**

18. **Must comply with Attendance Policy. (_____)**

19. **Students must check their Mt.Sac email account daily. (_____)**

20. **It is the student's responsibility to make sure all paperwork including physicals, CPR, drug testing, etc. is turned in to the secretary before or on the date specified. Follow up is also necessary to assure clearance for clinical rotations. (_____)**

21. **Have read and reviewed the Incident Investigation Policy. (_____)**

22. **Students must sign off on the Radiation Exposure Report monthly by initialing on the report itself. (_____)**

23. **All repeat radiographs MUST BE DONE with a Technologist. (_____)**

24. **Students must fill out an absence/make up form and return it to the Clinical Coordinator within 3 days of the absence. (weekends do not count) (_____)**

I _____, understand that full compliance with these requirements is mandatory. Failure to follow these requirements will result in probation and/or dismissal from the program. The rules have been reviewed with me and explained to me. I have been provided with copies of the Dress Code Policy, Attendance Policy, and the Clinical Code of Conduct. I have had the opportunity to ask for clarification of any questions regarding these requirements and consequences of non-compliance.

_____ _____

Print Name **Date**

_____

Student Signature

MT.SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL ATTENDANCE REQUIREMENTS

THE FOLLOWING ATTENDANCE REQUIREMENTS APPLY TO ALL CLINICAL COURSES: **RAD 1A, RAD 1B, RAD 2A, RAD 2B, RAD 3A, RAD 3B, RAD 3C and RAD 4.**

STUDENTS SHALL NOT PARTICIPATE IN MORE THAN 40 HOURS PER WEEK CLINICAL STUDY.

An absence/incident is described as an occurrence of non-attendance. (Ex: if a student is absent one day = one absence. If a student is absent three days in a row for an illness = one incident. One extended illness will not place the student on probation.) A tardy occurs when a student is more than six (6) minutes late.

- **Approval from the program's clinical coordinator and the clinical facility's clinical instructor is required in writing prior to any change in a student's scheduled clinical hours. Students SHALL NOT deviate from their scheduled clinical hours by arriving early or staying late.**
- **If a student is late or absent, the student must call his/her clinical instructor *before* the tardy/absence occurs. The student should make every effort to speak directly with the clinical instructor (messages left with others may not be conveyed as expected).**
- **ALL CLINICAL HOURS MISSED MUST BE MADE UP (except for final exam absences and recognized college holidays).**
- Tardies of more than six (6) minutes are to be made up with time equal to the amount of time lost due to the tardy.
- If the attendance policy is exceeded before the 10th week of a semester (4th week in a 6 week inter-session), a grade of "W" will be assigned. If the policy is exceeded after the 10th week (4th week in a 6 week inter-session), a grade of no-credit (NC) will be assigned.
- **All absences/tardies must be made up at the clinical facility where the absence occurred and within the applicable semester and/or inter-session (not to exceed 40 hours/week).**

In the event of extenuating circumstances, (examples: Jury Duty, Court Subpoena) program reserves the right to make arrangements with the student. The clinical coordinator and clinical instructor *must* meet with the student to discuss these circumstances and determine possible solutions.

THE ATTENDANCE POLICY FOR FINAL EXAMS IS AS FOLLOWS:
DAYTIME FINAL: Excused for the day EVENING FINAL: Excused at 12 noon

Relief from clinical assignment during finals is reserved for **core courses, required general education courses, or required supportive courses**. This policy *does not* apply to elective courses.

I have received a copy of the attendance policy for the Radiologic Technology Program. **I understand that violations of the attendance policy may necessitate probation and/or no credit (NC) for the course.**

Student Signature _____Date_____

Print name _____

RAD 1A 3 absences/incidents or tardies will necessitate probation status 4 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program.	**RAD 3A** 4 absences/incidents or tardies will necessitate probation status 5 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program.
RAD 1B 2 absences/incidents or tardies will necessitate probation status 3 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program.	**RAD 3B** 2 absences/incidents or tardies will necessitate probation status 3 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program.
RAD 2A 3 absences/incidents or tardies will necessitate probation status 4 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program.	**RAD 3C** 4 absences/incidents or tardies will necessitate probation status 5 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program.
RAD 2B 2 absences/incidents or tardies will necessitate probation status 3 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program	**RAD 4** 3 absences/incidents or tardies will necessitate probation status 4 absences/incidents or tardies will necessitate no credit (NC) for the course due to the inability of the student to complete the course objectives. The student will not be able to continue in the clinical portion of the program.

MT. SAN ANTONIO COLLEGE

CLINICAL ATTIRE POLICY

The Radiologic Technology student is required to adhere to the clinical attire policy and present an overall professional appearance while at the clinical education center. Non-compliance with the clinical attire policy will be recorded on the student's clinical evaluation form and the student will be put on probation.

ALL STUDENTS:

- **Scrub type tops and pants only – no other types of variations are allowed-** maroon (burgundy, wine, etc…) in color should be kept clean, wrinkle free, and proper size clothing is required.
- **White lab coat -** (short or long sleeve) may be worn over the attire if desired. (optional)
- **Long sleeve shirts -** are permitted to be worn under scrub tops in the following solid colors, plain with no type of printing and must be tucked in so that it is not hanging below scrub top:
    1. Black
    2. Gray
    3. White
- **Shoes –** white or black (athletic/tennis type, or uniform type shoes) that can repel liquids, body fluids, etc…. No open-toe shoes/sandals or shoes with holes on top should be worn at any time.
- **Socks –** must be worn with shoes at all times.
- **Name Badges -** will be given at the facility and must be worn at all times. Once a student completes a rotation at a particular facility, the student must return their badge to the facility and a new badge will be given at the next clinical site.
- **Tatoos -** must not be visible at any time.
- **Body piercings -** must not be worn at any time.
- **Earrings** – must be small, not dangling
- **Ear plugs/expanders** – must be covered with a band-aid.
- **Acrylic Fingernails, long fingernails, and chipped fingernail polish** – is not allowed
- **Personal Hygiene -** must maintain personal cleanliness to include mouth and body odor.
- **Fragrances/Perfumes/Aftershaves/Colognes -** excessive use is not permitted.
- **Make up/Hairstyles -** no excessive make-up or radical hairstyles are allowed.
- **Jewelry-** no excessive jewelry is allowed. (1 ring/ 1 bracelet/watch is permitted)
- **Cell Phones/Texting –** are not allowed in clinical areas at all. They may be used during designated breaks and lunch time only.

MEN:

- **Earrings –** not to be worn at any time.
- **Hair -** collar length maximum
- **Facial hair -** mustaches, sideburns, and beards of any kind need to be kept neat and closely trimmed to the face.

If the hospital dress code is more restrictive than the Program Clinical Attire Policy, the hospital code will supersede. All uniforms are subject to instructor approval.

I agree to abide by the Radiology Program Clinical Attire Policy.

Sign _____ Date _____

Print Name _____

Required Background Check Policy for the Radiologic Technology Program

Students preparing for entry into the Radiologic Technology program will be required to submit the results of a background check to the program as a condition of participation in the program and prior to any direct clinical interaction.

This policy is a requirement of the program's clinical affiliates and the Joint Commission Standard HR.1.20 for staff, students and volunteers who work in the same capacity as staff who provide care, treatment, and services, at EP 5 (elements of performance, number 5) states criminal background checks are verified when required by law and regulation and organization policy.

If a student is deemed unacceptable by a clinical affiliate, the student may not be able to continue in the program due to the inability of the student to participate in the program's clinical component. The program is not obligated to pursue placement for the student at an alternate clinical affiliate, but if a substitute facility is secured, this affiliate will be informed of the student's prior denial from the initial clinical affiliate.

Students who leave the program in good standing will be readmitted to the subject to space availability. Students must complete another background check (in addition to other program requirements) to be considered for re-entry. Full details for all program readmission requirements are included in the program's Probation/Dismissal/Readmission policy.

All students must ensure that the background check is provided to the clinical affiliate a minimum of two (2) weeks prior to the beginning of the semester/intersession.

Catalog Statement:
A background check is required of all candidates prior to beginning classes. This is a requirement of the clinical affiliates as they maintain compliance with The Joint Commission Standards. Denial from clinical participation of a student by a clinical affiliate may disallow participation in the program.

Any applicant with a criminal or disciplinary history must complete the Ethics Review Pre-Application offered by the American Registry of Radiologic Technologists (ARRT) for $100 (price subject to change). This is the process for an early ethics review of offenses that would otherwise need to be reported on you Application for Certification after completion of the program. More information on this process may be found at: www.arrt.org, click on the Educators and Students tab, then click on the Ethics Review Pre-Application link. **It is strongly recommended that students self-report criminal or disciplinary history prior to program admission or anytime as needed and complete the ARRT's pre-application. This process can help avoid delays or denial in clinical placement, or denial of licensure.**

I have received, reviewed, and understand the background check policy.
I understand the program is not obligated to pursue placement for the student at an alternate clinical affiliate if I am deemed unacceptable by a clinical affiliate.

POLICY FOR DECLARED PREGNANT RADIOGRAPHY STUDENTS

Disclosure of a pregnancy by a radiography student is a voluntary process; however, it is strongly recommended students voluntarily declare pregnancy so an additional radiation monitoring device may be issued and worn at waist level. Fetal radiation monitoring devices are simply added precautions and do not in any way convey any assignment in the clinical facility is especially hazardous during pregnancy. Students enrolled in Radiography Program clinical courses (RAD 1A, 1B, 2A, 2B, 3A, 3B, 3C or 4) are encouraged to consult their personal physician regarding pregnancy and any potential risk to the embryo/fetus.

Pregnant students shall not expect the issuance of a fetal radiation monitoring device unless the pregnancy has been declared by the student.
Declared pregnant students will receive a copy of the Nuclear Regulatory Commission's "Occupational Dose Limits, Sec.20.1208, Dose to the Embryo/Fetus." The radiation dose to the embryo/fetus during the entire pregnancy will not be allowed to exceed 500 mrem (5mSv). The Clinical Coordinator will maintain documentation of radiation doses for the pregnant student and embryo/fetus. Reading materials are available to students in the department office to inform students of the additional risk to the fetus while working in a radiation area during pregnancy.

A student who voluntarily withdraws from the program due to pregnancy must provide a written withdrawal letter. A student may be readmitted during the appropriate semester provided (1) the student was in "good standing" at the time of withdrawal, and (2) the intent to re-enter the program is conveyed during the semester prior to the student's anticipated return. A student may choose to withdraw the declaration at any time by providing a written request to withdraw the declaration to the Clinical Coordinator.

Mt. San Antonio College, the College Faculty, the Clinical Facility, and all related personnel not already mentioned, cannot be held liable in the event of any negative effects to the embryo/fetus or to the student arising from clinical assignment to a radiation area.

During the completion of the coursework, the declared pregnant student shall meet all regular attendance requirements.

I have read the Program's Pregnancy Policy and understand the contents. I am aware of the possible hazards to the embryo/fetus from exposure to radiation and I choose to continue in the Radiologic Technology Program.

If there are any questions, contact the Mt. San Antonio College Program Director or Clinical Coordinator for clarification.

_____

Student Name (Print) Signature

_____

Date

MT. SAN ANTONIO COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM

DUE PROCESS / PROBATION / DISMISSAL / READMISSION POLICIES

Students enrolled in the Radiologic Technology program are responsible for adhering to the policies and regulations established by the Board of Trustees (see college catalog), the California Department of Public Health, the Technology and Health Division, and the Radiologic Technology Department. Students should review the program's Honor Code, Code for Clinical Conduct, and the College Standards for Conduct published in the Student Handbook. The following policies address due process, probation, dismissal, and readmission for Radiologic Technology students.

DUE PROCESS

In the event that a student violates any of the above mentioned policies and the nature of this violation requires disciplinary action, the following process will be followed.

1. When a faculty member observes behavior that appears to be a policy violation, he/she shall consult the Program Director or Department Chair, inform the student of the potential violation (documented in Report of Misconduct), and notify the student that he/she will not be able to continue class/clinical for the day of the violation or the following class/clinical day while an investigation is underway (Per Ed. Code 76032).

2. The Program Director or Department Chair will notify the student by email that s/he has received a Report of Misconduct. The notice will include a copy of the report and these Regulations for Radiologic Technology students.

3. The Program Director or Department Chair will gather all information related to the potential policy violation, including statements from the student, the accuser, and any witnesses, as well as assemble any other applicable data.

4. A hearing panel will be assembled comprised of any three (3) faculty members to include the Program Director or Department Chair (may not be the accuser). The hearing panel will review the evidence gathered.

5. The hearing panel will call the student in and give him/her the opportunity to answer the charges, respond to the accusation and present supporting evidence.

6. The hearing panel will inform the student in writing (hard copy and email) of the final determination, copying the division deans.

7. If the case is referred to the Office of Student Life, the Director of Student Life will assist the student in understanding his/her due process rights and the grievance procedures. Discipline procedures are under the jurisdiction of the Student Life office. For questions, please contact the Office of Student Life at ext. 4525

PROBATION

A written probation notice is given to the student by their professor when it is necessary to inform the student that his/her behavior does not meet the course and/or program objectives. A student may be placed on probation at any point during any semester/intersession for any of the following reasons:

1. Failure to meet specific course objectives, critical elements, and/or course policies identified in the course syllabus

2. Failure to adhere to clinical attendance policy.
3. Failure to communicate effectively with physicians, staff, and patients in the clinical setting.
4. Demonstration of a lack of personal and professional integrity and ethics by failing to accept responsibility for his or her own actions.
5. Violation of the patient care and safety standards identified on the clinical evaluation.
6. Inability to competently apply technical skills in the clinical setting.
7. Violation of department protocol in the clinical setting.
8. Misconduct or any behavior deemed inappropriate in the clinical setting or classroom (e.g. harassment, stealing, disruptive talking, using cell phone during class, making special arrangements and/or schedule changes without prior approval from college faculty, etc).
9. Damaging phantoms or equipment, including fogging the film bin.
10. Conducting repeat radiographs without direct supervision from a qualified practitioner. Conducting *any* radiograph without the appropriate level of supervision (direct or indirect).
11. Use of electronic devices during class or clinical time, unless permitted by the professor or supervising technologist

Students placed on probation will meet with their professor in conference and a plan for remediation will be developed. If the student fails to successfully complete the remediation plan, the student may be dismissed from the program.

INDICATIONS FOR DISMISSAL

The program has a zero tolerance for students observed cheating. Students observed cheating will be dismissed from the program immediately.

1. Failure to successfully complete a course specific remediation plan.
2. Failure to maintain a "C" or better in all required radiography classes.
3. Inability to communicate effectively with physicians, staff, and patients in the clinical setting.
4. Negligence or conduct contrary to accepted rules/standards of practice/ethics that might result in harm to a patient.
5. Chronic attendance policy violations.
6. Serious violations of the policies, procedures, and standards of care of the clinical setting to which the student is assigned.
7. Abandonment of assignment. Leaving an assigned clinical area prior to the end of the designated schedule without the permission of the clinical instructor.
8. Repeat violations of the program's supervision policy (repeating radiographs without direct supervision from a qualified practitioner, and/or conducting *any* radiograph without the appropriate level of supervision [direct or indirect]).
9. Behavior that would necessitate repeat (more than one) probations for the same behavior / reason while enrolled in the program
10. Students who necessitate a fourth probation while enrolled in the program. Students are allowed a maximum of 3 probations (for different behaviors) while enrolled in the program.
11. Violation of the program's Honor Code (including cheating and plagiarism).
12. Accepting free services of any kind while in the clinical setting.
13. Accepting any service/procedure/product in the clinical setting requiring a physician's prescription without first obtaining a prescription from a physician.
14. Students who have been dismissed more than once from any clinical site for legitimate and documented misconduct while enrolled in the program.
15. Repeated misconduct or any behavior deemed inappropriate in the clinical setting or classroom (e.g. harassment, stealing, disruptive talking, making special arrangements and/or schedule changes without prior approval from college faculty, etc).
16. Repeated damage of phantoms or equipment, including fogging the film bin.
17. Repeated use of electronic devices during class or clinical time, unless permitted by the professor or supervising technologist
18. Repeatedly demonstrating lack of personal and professional integrity and ethics by failing to accept responsibility for his or her own actions.
19. Violation of course specific policies

Students who exhibit behaviors indicative of gross negligence will be subject to **permanent dismissal** from the program. Gross negligence is defined as an extreme departure from the standards of care, which under similar circumstances, would have been exercised by a student of the same level. Violation of the College Standards of Conduct (published in the student handbook and the college catalog), the program's Honor Code, or violation of Radiation Safety Rules (published in the student handbook and posted in the radiography lab) may also be subject to probation and/or **permanent dismissal**. In addition, if it is determined that a student is cheating, he or she will be subject to **permanent dismissal**.

CHEATING AND PLAGARISM

Cheating

Professors have the responsibility of planning and supervising all academic work to encourage honest and individual effort, and of taking appropriate action if instances of academic dishonesty are discovered. However, honesty is primarily the responsibility of each student. The College considers cheating to be a voluntary act for which there may be reasons, but for which there is no acceptable excuse. It is important to understand that collaborative learning is considered cheating unless specifically allowed by the professor. The term "cheating" includes but is not limited to:

- Plagiarism;
- Looking at another students work or talking during a quiz/exam;
- Receiving or knowingly supplying unauthorized information;
- Using unauthorized material or sources;
- Changing an answer after work has been graded and presenting it as improperly graded;
- Illegally accessing confidential information through a computer;
- Taking an examination for another student or having another student take an examination for you; and
- Forging or altering registration or grade documents.

The professor who determines that a student has cheated may give the student a failing grade for the assignment or for the course, or may drop the student from the course. Since the student has failed to abide by the standards of academic honesty, the professor has a right to give a failing grade (zero points) for the assignment or the course even though the student may have successfully and, presumably, honestly passed the remaining portion of the assignment or course. If the professor issues a failing grade for the course or drops the student, the actions shall be reported to the Dean of Student Services, and Director of Student Life. A professor may also recommend that appropriate action be taken under provisions of the Administrative Regulations and Procedures on Student Discipline.

Plagiarism

"Plagiarism is a direct violation of intellectual and academic honesty. Although it exists in many forms, all plagiarism refers to the same act: representing somebody else's words or ideas as one's own. The most extreme forms of plagiarism are the use of material authored by another person or obtained from a commercial source, or the use of passages copied word for word without acknowledgment. Paraphrasing an author's idea or quoting even limited portions of his or her text without proper citation is also an act of plagiarism. Even putting someone else's ideas into one's own words without acknowledgment may be plagiarism. In none of its forms can plagiarism be tolerated in an academic community. It may constitute grounds for a failing grade, probation, suspension, or expulsion." "One distinctive mark of an educated person is the ability to use language correctly and effectively to express ideas. Faculty assign written work for the purpose of helping students achieve that mark. Each instructor will outline specific criteria, but all expect students to present work that represents the student's understanding of the subject in the student's own words. It is seldom expected that student papers will be based entirely or even primarily on original ideas or original research." "Therefore, to incorporate the concepts of others may be appropriate with proper acknowledgment of sources, and to quote others directly by means of quotation marks and acknowledgments, is proper. However, if a paper consists entirely of quotations and citations, the paper

should be rewritten to show the student's own understanding and expressive ability. The purpose of the written assignment (i.e., development of communication and analytic skills) should be kept in mind as each paper is prepared. It should not be evaded through plagiarism."*

**Adopted, with permission of California State University, Los Angeles, from the policy printed in the 1987-88 General Catalog.*

PROGRAM WITHDRAWAL AND READMISSION

Withdrawal

Students may find it necessary to withdrawal from the radiography program for a variety of reasons. Regardless of the reason for withdrawal, every admission is considered to be an entry into the program. If a student leaves the program in good standing, he/she is allowed to re-enter the program a second time. **A student who leaves the program for a violation of the Honor Code, or other college, program, or governing body's policies will not be readmitted since he/she has not left the program in good standing.** Students enrolled in the Radiologic Technology program are allowed a maximum of two (2) entrances in accordance with the Mt. San Antonio College Health programs admission policy.

Readmission

Students who leave the program in good standing will be readmitted to the program subject to space availability. Students may not be placed at their previous clinical site and *must* attend their newly assigned clinical site. If a student leaves the program for medical reasons, a medical examination and/or signed medical release from a physician must accompany the request for readmission. The following is a description of the process required to be considered for readmission:

- Students requesting readmission must make a request to the program director in writing no less than *three (3) months* prior to their intended readmission date.
- Students must complete a readmission process including:
    - Complete program re-application form.
    - Complete physical examination (including TB test [PPD or chest x-ray], proof of required vaccinations, etc…)
    - Drug testing
    - Background check
    - Current CPR certification

All of the above requirements must be met prior to program readmission.

I have read, understand, and agree to the Radiologic Technology Program's ***Probation, Dismissal, and Readmission*** policy.

_____	_____	_____
Student Name	Student Signature	Date

(dm 01/15)

MT.SAN ANTONIO COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM

STUDENT RADIATION EXPOSURE POLICY

The program designed this policy to protect the students' health and safety from excessive radiation dose. The Nuclear Regulatory Commission's (NRC) Part 20, *Standards for Protection Against Radiation* was used as the basis for this policy.

1. A student's Total Effective Dose Equivalent (TEDE) is **5 rems (0.05 Sv.) ,or,**
2. The sum of the deep-dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye which is known as Total Organ Dose Equivalent (TODE) must not exceed **50 rems (0.5 Sv.)** annually.
3. Annual Lens (of eye) Dose Equivalent (LDE) must remain below **15 rems (0.15 Sv.)**
4. Shallow Dose Equivalent (SDE) to the skin or any extremity must remain below **50 rems (0.5 Sv.)** annually.
5. Student pregnant worker dose must not exceed **50 mrem (.5 Sv)/month**
6. Fetal dose for term of pregnancy must not exceed **500 mrem (5mSv)**

The student should make every attempt to minimize occupational exposure through consistent application of the Radiation Safety Rules for Clinical and Lab Experience (Student Handbook and posted in the Lab).

In the event a student receives any dose in excess of the occupational dose limits, the program will submit an **Incident Investigation Report** to the NRC within 30 days after learning of the occurrence. Please note that "Reports" shall be forwarded to RHB in accordance with the CCR title 17, section 30253(a)(2). The report will include at minimum:

1. An estimate of the student's dose; and
2. The levels of radiation involved; and
3. The cause of the elevated exposures and/or dose rate; and
4. Corrective steps taken or planned to ensure against recurrence

The program also monitors doses less the annual dose limits. Acceptable dosimetry readings should be less than **100 mrem (1 mSv.)** per month. Dosimetry readings exceeding the acceptable limit will be investigated and corrective steps will be taken to ensure against recurrence.

Students' dosimetry reports are reviewed monthly by the Clinical Coordinator and every six months by the Radiation Safety Officer.

The Radiation Exposure Reports will be made available to students with 30 days of receiving the report.

Students must initial the Radiation Exposure Report monthly to verify they have acknowledged and reviewed their monthly radiation dose.

Print name _____

Signature _____

Date _____

Department of Radiologic Technology

Clinical Facility - INCIDENT INVESTIGATION REPORT – RADIATION SAFETY

According to Regulations imposed by the State of California Department of Public Health, it is a requirement to complete the following information when a student has an overexposure. **If any statement does not apply to this particular incident, please not the statement as not applicable (N/A).**

The clinical education site(s) are California State registrants and are therefore subject to the reporting requirements of 10 CFR 20, section 20.2203(a). The regulation states that any overexposures are to be reported to RHB within 30 days of learning about the occurrence.

1. Student name _____
2. Name of Clinical Facility where exposure took place _____

   _____
3. Estimated dose to student _____
4. Explain how overexposure occurred _____

   _____
5. How can this incident be prevented in the future? _____

   _____
6. Have any other students received unusual dose reports? _____

   _____
7. Please list the types of X-ray equipment the student worked on during the time period of this report. _____

   _____

Signature of Clinical Instructor/Supervisor _____

Print name _____

Date _____

RADIATION SAFETY RULES FOR LAB AND CLINICAL EXPERIENCE

The following rules have been established for your protection against ionizing radiation during hospital clinical work and lab. These rules are mandatory and must be followed, without exception, unless so indicated.

1. A Thermoluminescent Dosimeter (TLD) (radiation monitoring device) properly oriented and placed, must be worn at all times during hospital and lab. These monitoring devices will be exchanged monthly. If protective aprons are used, the badge must be worn on the collar, outside the apron.
2. Except for three specific situations, you may not remain in a radiographic room at any time during activation of the tube (when x-rays are being generated). The three exceptions are surgery, portable, and fluoroscopic work, discussed below.
3. Specifically, you must not hold or support a patient during exposure, nor will you hold or support a cassette during exposure. Immobilization devices should be used if patient is unable to remain properly positioned during the radiographic examination.
4. During activation of the tube, you must not be in a direct visual line with either tube or patient.
    A. Thus you may not observe the patient during exposure from an adjacent room or hall unless through a lead-glass protective window. You must not "peek" around a door nor through a crack between door and wall.
    B. When sitting down to rest in the hall, do not sit in direct line with the tube or radiographic table even if it is then not being used.
5. During an exposure or procedure, do not place yourself in direct line with the central ray, even though you are wearing a lead apron and even though a lead shield is between the tube and yourself. In all cases be pointing away from your body.
6. Under no circumstances will you permit yourself or your fellow students (or any other human being) to serve as "patients" for test exposures or experimentation.
7. If during fluoroscopic procedures you remain in the radiographic room, the following must prevail:
    A. A lead apron will be worn at all times or you will remain behind lead protective screen and not in visible line with either tube or patient.
    B. The personnel monitoring device will be worn as noted above (#1).
    C. You must stand as far from the patient and tube as possible, consistent with the conduct of the examination.
8. When observing radiographic procedures in surgery, the following will prevail:
    A. A lead apron will be worn by you.
    B. A personnel monitoring device will be worn as noted above (#1).
    C. Stand as far from the patient and tube as practicable.
    D. Stand so that the central ray is pointing away from your body.

Radiation Safety Rules For Lab and Clinical Experience (Cont'd)

E. Observe all regulations which apply to work in surgery, such as preserving sterile fields, wearing surgical garments, etc. (The principal technologist will provide details.)

9. When performing radiographic portable procedures in rooms occupied by patients, the rules under #8 apply.
   A. In addition, during actual exposure you must step outside the room if you cannot stand at least six feet from the patient.
10. When enrolled in Techniques of Radiologic Technology (hospital experience), you will be expected to make radiographic exposures on patients. All the rules noted in this outline must be followed. The minimum performance standards acceptable to Mt. SAC regarding patient safety will be those standards recognized and practiced by the particular hospital to which you are assigned. At the start of your clinical experience, permission for actual exposures on patients will be determined by the following:
    A. Your own feeling of security and competence.
    B. The practice of the hospital.
    C. The opinion of the clinical instructor, radiologist, and chief technologist.
11. Diaphragms, cones, and collimator shall be used to limit the useful x-ray beam to the area of clinical interest. The field size should be smaller than the size of the film, providing a peripheral margin on the film that is unexposed and clear.
12. Technique charts should be carefully prepared and followed so that films of optimum diagnostic quality are obtained with the first exposure.
13. The use of high-speed screens and high-speed film is recommended whenever applicable.
14. The highest kilovoltage (kVp) and lowest milliampere-second (mAs) factors should be used which still provide films of optimum diagnostic quality.
15. Gonadal shielding shall be used whenever possible.
16. Women of child bearing age should always be questioned as to the possibility of pregnancy prior to any radiographic examination.
17. The operator is responsible for clearing the x-ray room of non-essential persons prior to generating x-ray.
18. Under no circumstances will any students expose or pretend to expose another students.

Appropriate behavior is required at all times while participating in lab and the clinical setting. Failure to adhere to the policy may result in probation/dismissal of the program.

If in doubt about particular procedures or practices regarding radiation safety, contact the Mt. San Antonio College Program Director or Clinical Coordinator for clarification or instructions.

CODE FOR CLINICAL CONDUCT

Adherence to the rules and regulations listed in the Handbook is required of all students in the Radiologic Technology Program.

Any student not complying with these rules and regulations, and is a detriment to the image of the Radiologic Technology Program, will be subject to any/all of the following: verbal warning written warning, suspension, expulsion and/or NC for the clinical course in which the student is enrolled.

The following are some examples of actions for which a student MAY RECEIVE NO CREDIT for the clinical course.

1. Gross negligence or incompetence.
2. Failure to respect confidential nature of hospital records and information regarding patients.
3. Deliberate altering, removing, or destroying of hospital property.
4. Willful falsification of patient/student records.
5. A non-explanatory refusal to follow instruction from supervisors or other proper authority.
6. Physical attack on any person during clinical hours or on facility grounds.
7. Exceeding attendance policy as stated in the Student Handbook.
8. Theft.
9. Possession of dangerous drugs or alcohol. Reporting on duty or attempting to work while under the affect of drugs or alcohol.
10. Conduct compromising the life/safety/emotional well-being of others.
11. Discourteous and/or disorderly behavior.
12. Malicious gossip or verbal attack on any hospital personnel or other students.
13. Soliciting or unauthorized selling on hospital premises.
14. Leaving the work area or department without permission from the person in charge.
15. Smoking or eating in unauthorized areas.
16. Unwilling to recognize own limitations & refusing assistance from Technologists when appropriate.
17. Critiquing technologists, hospital staff, or physicians.
18. Working ineffectively with technologists and hospital staff in a team environment.

11/09

Radiologic Technology Program
Honor Code

The Honor Code

Students will abide by the Mt. San Antonio College Radiologic Technology Program Honor Code which is designed to promote an atmosphere of ethical and responsible behavior and to reinforce the importance of honesty and integrity. This includes student performance on all assignments and examinations, as well as student conduct in the classroom and in the clinical setting. Violations of this Honor Code may also constitute violations of the Mt. San Antonio College Standards of Conduct, the Radiologic Technology Program's Code for Clinical Conduct, and subvert the American Registry of Radiologic Technologists (ARRT) examination process.

The ARRT, in alignment with its Standards of Ethics, supports programmatic implementation of Honor Codes in order to meet ARRT certification standards. All applicants sign a statement on the ARRT application verifying that they have not been suspended, dismissed, or expelled from an educational program.

Purpose

The objective of the Honor Code is to foster a sense of trust, responsibility, and professionalism among students and between students and faculty. Its fundamental goals are to promote ethical behavior, to ensure the integrity of the academic enterprise, and to develop in students a sense of responsibility to maintain the honor of the healthcare professions.

Student Responsibilities

A. Students will not:
   1. Cheat, plagiarize, or engage in any other academic dishonesty with or without the aid of electronic devices
   2. Give or receive aid during a quiz or an examination.
   3. Give or receive unpermitted aid in assignments.
   4. Plagiarize any source in the preparation of academic papers.
   5. Impede other students to fair and equal access to educational opportunities.
   6. Be in violation of the ARRT Code of Ethics for unethical behavior.
   7. Accept services in the clinical setting without a physician order. Accepting free services constitutes stealing from the clinical setting.

B. No code can explicitly enumerate all conceivable instances of prohibited conduct. In situations where the boundaries of proper conduct are unclear, the student has the responsibility to seek clarification from the appropriate faculty member(s), or dean(s).

C. Each student has the responsibility to participate in the enforcement of this Code. Failure to take appropriate action is in itself a violation of the Code.

D. The student must agree to participate in the enforcement of this Honor Code, and prior to matriculation, must sign a statement agreeing to uphold its principles while enrolled in the Mt. San Antonio College Radiologic Technology Program.

Faculty Responsibilities

Each faculty member has the responsibility to participate in the clarification, promotion, and enforcement of the Honor Code. The faculty plays an integral role in the maintenance of the Honor Code.

Program Procedures in the Event of Honor Code Violations (Due Process)

1. When a faculty member observes behavior that appears to be an Honor Code violation, that person shall submit a Report of Misconduct to the Program Director or Department Chair and notify the student that he/she will not be able to continue class/clinical for the day of the violation or the following class/clinical day while an investigation is underway.

2. The Program Director or Department Chair will notify the student by email that s/he has received a Report of Misconduct. The notice will include a copy of the report and these Regulations for Radiologic Technology students.

3. The Program Director or Department Chair will gather all information related to the potential policy violation, including statements from the student, the accuser, and any witnesses, as well as assemble any other applicable data.

4. A hearing panel will be assembled comprised of any three (3) faculty members to include the Program Director or Department Chair (may not be the accuser). The hearing panel will review the evidence gathered.

5. The hearing panel will call the student in and give him/her the opportunity to answer the charges, respond to the accusation and present supporting evidence.

6. The hearing panel will inform the student in writing (hard copy and email) of the final determination, copying the division deans.

7. If the case is referred to the Office of Student Life, the Director of Student Life will assist the student in understanding his/her due process rights and the grievance procedures. Discipline procedures are under the jurisdiction of the Student Life office. For questions, please contact the Office of Student Life at ext. 4525

By signing this document I acknowledge that I have received a copy of the Radiologic Technology Program's Honor Code which is designed to promote an atmosphere of ethical and responsible behavior and to reinforce the importance of honesty and integrity. I have read, understand, and agree to abide by the policies and procedures of the Honor Code.

_____

Print Student Name

_____

Sign Name

_____

Date

MT. SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

FLUOROSCOPIC EQUIPMENT OPERATION

The operation of fluoroscopic equipment by students shall only be performed while **directly supervised** by a qualified radiographer, radiologist, or other physician possessing a supervisor/operator permit issued by the Department of Public Health, Radiologic Health Branch.
Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

At no time will students be allowed to operate fluoroscopic equipment unsupervised or through indirect supervision.

_____ _____
Student (print name) Student (signature)

_____
Clinical Instructor (signature)

MT. SAN ANTONIO COLLEGE
Radiologic Technology Program
Progress Report

Student Name_____ **Grading Period** _____

Clinical Facility _____ **Week: 4 or 12**

Initials: Student _____**Clinical Instructor** _____ **Professor** _____

Please rate students based on their level of education and experience (1st year, 2nd year, etc…). We encourage you to provide comments and review this evaluation with the student to support their ongoing learning and development.

PLEASE COMMENT ON RATING OF MINOR OR MAJOR IMPROVEMENT NEEDED

Rating Scale: O = Outstanding MIN = Minor Improvement needed
A = Acceptable MAJ = Major Improvement needed
NA = Not Applicable

Patient Care	**O**	**A**	**MIN**	**MAJ**	**NA**
1. Shields patient whenever possible					
2. Properly identifies patient & introduces themselves					
3. Explains procedures to patient knowledgeably & clearly					
4. Appropriate change of gloves					
5. Careful while positioning patients with IV's, tubes, catheters, & ventilators					
6. Applies proper skills of gurney safety					

To better develop the student's skills in patient care, I recommend that the student:

Equipment	**O**	**A**	**MIN**	**MAJ**	**NA**
7. Able to operate equipment					
8. Set up room properly with necessary equipment before exam begins					
9.Has received instruction to operate PACS/CR/DR					
10. Input patient data into PACS/CR/DR					
11. Able to load & process film safely according to department protocol					

To better develop the student's skills on operating equipment, I recommend that the student:

Procedures	O	A	MIN	MAJ	NA
12. Manages procedures in organized & orderly manner					
13. Able to identify anatomy on images					
14. Able to orientate images properly					
15. Performs procedures in a timely manner					
16. Has adequate knowledge of radiographic procedures					

To better develop the student's procedural skills, I recommend that the student:

Student	O	A	MIN	MAJ	NA
17. Behaves appropriately in the clinical setting					
18. Uses problem-solving & critical thinking skills					
19. Able to take constructive criticism from techs & hospital staff					
20. Takes initiative in clinical setting					
21. Professional personal appearance & hygiene					
22. Uses body mechanics effectively to minimize injury to self & others					
23. Meets program attendance criteria as defined in student handbook					

To better develop the student's role in clinical setting, I recommend that the student:

Additional Comments:

Check here

I recommend that the student be placed on probation. ☐

The reason(s) I recommend the student be placed on probation are:

CLINICAL EVALUATION

Student Name_____Grading Period_____
Clinical Facility_____
Initials: Student_____Clinical Instructor_____Professor_____
Please rate the student based on his/her level of education/experience (1st year, 2nd year, etc…) and review the evaluation with the student to support the students ongoing learning and development. **Comments are required for NI or CS ratings.**

E= Excellent CA= Competent/Acceptable NI= Needs Improvement CS= Critically Substandard NA= Not Applicable

Patient Care and Safety	**E**	**CA**	**NI**	**CS**	**NA**
1. Uses appropriate & effective written, oral & nonverbal communication with patients, the public & members of healthcare team					
2. Examines procedure orders for accuracy & makes corrections when applicable					
3. Executes x-ray procedures under appropriate level of supervision					
4. Demonstrates principles of assisting, transporting, transferring, positioning & immobilizing patients					
5. Differentiates between emergency & non-emergency procedures					
6. Recognizes life-threatening electrocardiogram tracing					
7. Uses personnel & radiation protection measures each exam warrants					
8. Applies standard & transmission based precautions, appropriate medical asepsis, & sterile technique					
9. Assesses patient, records clinical history, & demonstrates competent assessment skills through effective management of the patient's physical & mental status					
10. Provides patient-centered, clinically effective care for all patients					
11. Uses education strategies appropriate to the comprehension level of patient or family & answers patient questions knowledgeably					
12. Adapts procedure to meet age-specific, disease-specific & cultural needs of patient					
13. Examines demographic factors influencing patient compliance with medical care (gender, age, religion, disability, socioeconomic, lifestyle choices, sexual orientation, etc)					
Technical Skills	E	CA	NI	CS	NA
14. Demonstrates appropriate level of understanding of procedures					
15. Competently operates radiographic equipment & reports equipment malfunction					
16. Positions patient & image receptor to achieve accurate demonstration of affected body part					
17. Selects image receptor and/or grid combinations appropriate for part					
18. Operates beam restrictor to limit radiation exposure & improve image quality					
Technical Skills cont….	E	CA	NI	CS	NA
19. Uses lead markers on image receptors					
20. Selects technical factors producing quality diagnostic images with the lowest possible radiation exposure					
21. Completes procedure in timely manner					
22. Performs adequately under stressful situation					
23. Practices darkroom procedures resulting in radiographs of suitable quality					
24. Critiques images for appropriate anatomy, accuracy of positioning, image quality & patient ID					
25. Determines corrective measures to improve inadequate images					
26. Demonstrates adequate computer skills & competence in using PACS					
Professionalism	E	CA	NI	CS	NA

27. Demonstrates professional work habits					
28. Interested & assertive in the clinical setting					
29. Assumes responsibility for own actions					
30. Recognizes own limitations & seeks assistance from technologists when appropriate (ex. repeating image)					
31. Takes initiative in pursuing learning opportunities in clinical setting					
32. Adheres to team practice concepts & works effectively with healthcare team					
33. Adheres to national, institutional & departmental standards, protocol, policies & procedures regarding patient care, providing x-ray procedures & reducing medical errors					
34. Complies with department & institutional policies, regarding response to emergencies, disasters & accidents					
35. Adheres to & integrates into clinical practice the Radiographers Practice Standards & Standards of Ethics					
36. Understands the purpose of clinical study is not to critique technologist, staff or physicians					

Comments:

☐ Check here if you recommend the student is placed on probation. Please contact Mt. SAC faculty.
Reason(s) I recommend the student be placed on probation:

PROCEDURE EVALUATION

Student Name_____Clinical Facility_____

Radiographic Procedure _____Date _____

RAD 1A RAD1B RAD2A RAD2B RAD3A RAD3B RAD3C RAD4

A= Acceptable NI= Needs Improvement U= Unacceptable NA= Not Applicable

Patient Care and Safety	**A**	**NI**	**U**	**NA**
1. Uses appropriate & effective written, oral & nonverbal communication				
2. Examines procedure orders for accuracy & makes corrections when applicable				
3. Properly identifies patient & introduces himself/herself				
4. Executes x-ray procedures under appropriate level of supervision				
5. Demonstrates principles of assisting, transporting, transferring, positioning & immobilizing patients				
6. Differentiates between emergency & non-emergency procedures				
7. Uses personnel & radiation protection measures each exam warrants				
8. Applies standard & transmission based precautions, appropriate medical asepsis, & sterile technique				
9. Assesses patient, records clinical history, & demonstrates competent assessment skills				
10. Uses education strategies appropriate to the comprehension level of patient or family & answers patient questions knowledgeably				
11. Adapts procedure to meet age-specific, disease-specific & cultural needs of patient				
Technical Skills	A	NI	U	NA
12. Demonstrates appropriate level of understanding of procedures				
13. Competently operates radiographic equipment				
14. Prepares room for radiographic procedure				
15. Positions patient & image receptor to achieve accurate demonstration of affected body part				
16. Selects image receptor and/or grid combinations appropriate for part				
17. Operates beam restrictor to limit radiation exposure & improve image quality				
18. Uses lead markers on image receptors				
19. Selects technical factors producing quality diagnostic images with the lowest possible radiation exposure & exposure indicators (i.e. S-number in the appropriate range)				
20. Completes procedure in timely manner				
21. Practices darkroom procedures resulting in radiographs of suitable quality				
22. Critiques images for appropriate anatomy, accuracy of positioning, image quality, patient ID, & exposure index (i.e. S-number)				
23. Determines corrective measures to improve inadequate images				
24. Demonstrates adequate computer skills & competence in using PACS				
Professionalism	A	NI	U	NA
25. Demonstrates professional work habits				

Clinical Instructor/Designee Signature _____

What do I have to do to pass my clinical courses?

1. **It is the responsibility of the student to turn in the required minimum procedure evaluations for each clinical course before the session ends.**

2. **It is necessary to have 2 passing clinical evaluations from the clinical facility the student is attending for the fall and spring sessions and 1 passing evaluation for the winter and summer sessions.**

3. **The repeat procedure log assignment must be turned in for each clinical course before the session ends.**

4. **Regular attendance is required for all clinical courses and any hours missed must be made up in that specific course. (No carrying over owed hours to next session).**

5. **The student handbook assignment must be turned in before the end of the clinical course RAD 1A.**

6. **It is also a requirement that at the end of each clinical session, the student must turn in their clinical handbook with their clinical instructor's initials verifying hours and procedures completed.**

7. **2 self evaluations must be turned in for fall and spring sessions, while 1 self evaluation must be turned in before the required clinical grading periods.**

MT. SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
RAD 1A
FALL - FRESHMEN

(909)594-5611 P. Engisch x4527 M. Neel x4680 D. McLaughlin x4790

HOURS OF CLINICAL ASSIGNMENT; TUES & THURS 1 PM – 5 PM,
FRI 8 AM – 4:30 PM

To complete the requirements of RAD 1A, the student will:

1, Demonstrate an overall acceptable standard of behavior relative to personal and professional demeanor in accordance to the criteria stated on the evaluation instrument.

2. Demonstrate competency in at least 2 of the following mandatory radiographic examinations: thumb, finger, wrist, forearm, elbow, humerus, trauma upper extremity, shoulder, trauma shoulder, foot, ankle, tibia, fibula, knee, femur, trauma lower extremity, pelvis, hip, portable orthopedic, cross-table lateral hip, routine chest, decubitus chest, portable chest, wheelchair or stretcher AP chest, pediatric chest, supine abdomen, upright abdomen, decubitus abdomen, or portable abdomen.

3. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

   *****Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!*****

4. Completion of the “student handbook assignment”.

GUIDELINES FOR CLINICAL EXPERIENCE

1. A minimum of 2 weeks direct supervision is required when students are assigned to a new clinical facility.

2. Clinical assignments shall be documented and provided to the sponsoring institution by the clinical facility.

3. The student shall indicate to the clinical instructor or their designee their intention to attempt to perform a required examination. A Procedure Evaluation Form is provided to rate the student’s performance of the exam.

4. In the event of three (3) non-successful attempts to perform a particular examination, appropriate notation should be made on the Clinical Evaluation Form relative to: Application of Skills.

5. All repeat films taken by a student must be performed in the presence of a qualified radiographer.

6. All students must be under direct supervision in the performance of examinations until they have demonstrated competency . The student may function under indirect supervision only during exams in which he or she has demonstrated competency and have been evaluated by the clinical instructor.

COURSE OBJECTIVES
RAD 1A

1. Explain how a person's cultural beliefs toward illness and health affect his or her health status.
2. Recognize life-threatening electrocardiogram (ECG) tracing.
3. Adhere to team practice concepts that focus on organizational theories, roles of team members, conflict resolution and principles of interpersonal relationships.
4. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
5. Execute medical imaging procedures under the appropriate level of supervision.
6. Provide psychosocial support and patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
7. Integrate the use of appropriate and effective written, oral and nonverbal communication with patient, the public and members of the healthcare team in the clinical setting while maintaining patient confidentiality standards and meeting HIPAA requirements.
8. Integrate appropriate personal and professional values with patient care by adhering to the Radiographers Practice Standards and Standards of Ethics.
9. Respond appropriately to medical emergencies and describe the role of healthcare team members in responding to a local or national emergency.
10. Comply with departmental and institutional policies, regarding response to emergencies, disasters and accidents.
11. Apply standard and transmission-based precautions, appropriate medical asepsis, and sterile technique.
12. Apply the principles of total quality management to include assessment, analysis, education, performance, evaluation, implementation, outcomes measurement, and documentation of quality performance standards.
13. Demonstrate competency in the principles of radiation protection standards and use personnel and radiation protection measures each exam warrants.
14. Demonstrate competency in operating radiographic equipment and report equipment malfunctions.
15. Demonstrate safe, ethical, and legal practices.
16. Demonstrate the principles of assisting, transporting, transferring, positioning and immobilizing patients with standard patient care and management procedures.
17. Demonstrate professional work habits.

18. Demonstrate competency in at least 2 of the following mandatory radiographic examinations: thumb, finger, wrist, forearm, elbow, humerus, trauma upper extremity, shoulder, trauma shoulder, foot, ankle, tibia, fibula, knee, femur, trauma lower extremity, pelvis, hip, portable orthopedic, cross-table lateral hip, routine chest, decubitus chest, portable chest, wheelchair or stretcher AP chest, pediatric chest, supine abdomen, upright abdomen, decubitus abdomen, or portable abdomen.
19. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm
    Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!
20. Demonstrate competency in the use of picture archival and communications system (PACS) and recognize common problems associated with retrieving or viewing images within PACS.
21. Integrate the radiographer’s practice standards into clinical practice setting.
22. Practice darkroom procedures resulting in radiographs of suitable quality.
23. Position the patient and image receptor to achieve accurate demonstration of the affected body part.
24. Operate the beam restrictor to limit radiation exposure and improve image quality.
25. Use lead markers on the image receptor to indicate body position and/or time.
26. Use patient and family education strategies appropriate to the comprehension level of the patient or family.
27. Determine corrective measures to improve inadequate images.
28. Examine demographic factors that influence patient compliance with medical care.
29. Examine procedure orders for accuracy and make corrective actions when applicable.
30. Differentiate between emergency and non-emergency procedures.
31. Assess the patient, record clinical history, and demonstrate competent assessment skills through effective management of the patient’s physical and mental status.
32. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
33. Select image receptor and/or grid combinations appropriate for the part being examined and technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
34. Critique images for appropriate anatomy, accuracy of positioning, image quality and patient identification.

MT. SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
RAD 1B
WINTER - FRESHMEN

(909) 594-5611 P. Engisch x4527 M. Neel x4680 D. McLaughlin x4790

HOURS OF CLINICAL ASSIGNMENT;

MONDAY – FRIDAY 7:30 AM – 12:30 PM

To complete the requirements of RAD 1B, the student will:

1. Demonstrate an overall acceptable standard of behavior relative to personal and professional demeanor in accordance to the criteria stated on the evaluation instrument.

2. Demonstrate competency in at least 2 of the following mandatory radiographic examinations: thumb, finger, wrist, forearm, elbow, humerus, trauma upper extremity, shoulder, trauma shoulder, foot, ankle, tibia, fibula, knee, femur, trauma lower extremity, pelvis, hip, portable orthopedic, cross-table lateral hip, routine chest, decubitus chest, portable chest, wheelchair or stretcher AP chest pediatric chest, supine abdomen, upright abdomen, decubitus abdomen, or portable abdomen.

3. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

   *****Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!*****

GUIDELINES FOR CLINICAL EXPERIENCE

1. A minimum of 2 weeks direct supervision is required when students are assigned to a new clinical facility.

2. Clinical assignments shall be documented and provided to the sponsoring institution by the clinical facility.

3. The student shall indicate to the clinical instructor or their designee their intention to attempt to perform a required examination. A Procedure Evaluation Form is provided to rate the student's performance of the exam.
4. In the event of three (3) non-successful attempts to perform a particular examination, appropriate notation should be made on the Clinical Evaluation Form relative to: Application of Skills.

5. <u>All repeat films</u> taken by a student must be performed in the presence of a qualified radiographer.

6. All students must be under direct supervision in the performance of examinations until they have demonstrated competency. The student may function under indirect supervision only during exams in which he or she has demonstrated competency and have been evaluated by the clinical instructor.

COURSE OBJECTIVES
RAD 1B

1. Explain how a person's cultural beliefs toward illness and health affect his or her health status.
2. Recognize life-threatening electrocardiogram (ECG) tracing.
3. Adhere to team practice concepts that focus on organizational theories, roles of team members, conflict resolution and principles of interpersonal relationships.
4. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
5. Execute medical imaging procedures under the appropriate level of supervision.
6. Provide psychosocial support and patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
7. Integrate the use of appropriate and effective written, oral and nonverbal communication with patient, the public and members of the healthcare team in the clinical setting while maintaining patient confidentiality standards and meeting HIPAA requirements.
8. Integrate appropriate personal and professional values with patient care by adhering to the Radiographers Practice Standards and Standards of Ethics.
9. Respond appropriately to medical emergencies and describe the role of healthcare team members in responding to a local or national emergency.
10. Comply with departmental and institutional policies, regarding response to emergencies, disasters and accidents.
11. Apply standard and transmission-based precautions, appropriate medical asepsis, and sterile technique.
12. Apply the principles of total quality management to include assessment, analysis, education, performance, evaluation, implementation, outcomes measurement, and documentation of quality performance standards.
13. Demonstrate competency in the principles of radiation protection standards and use personnel and radiation protection measures each exam warrants.
14. Demonstrate competency in operating radiographic equipment and report equipment malfunctions.
15. Demonstrate safe, ethical, and legal practices.
16. Demonstrate the principles of assisting, transporting, transferring, positioning and immobilizing patients with standard patient care and management procedures.
17. Demonstrate professional work habits.
18. Demonstrate competency in at least 2 of the following mandatory radiographic examinations: thumb, finger, wrist, forearm, elbow, humerus, trauma upper extremity, shoulder, trauma shoulder, foot, ankle, tibia, fibula, knee, femur, trauma lower extremity, pelvis, hip, portable orthopedic, cross-table lateral hip, routine chest, decubitus chest, portable chest, wheelchair or stretcher AP chest, pediatric chest, supine abdomen, upright abdomen, decubitus abdomen, or portable abdomen.
19. Demonstrate competency in the use of picture archival and communications system (PACS) and recognize common problems associated with retrieving or viewing images within PACS.
20. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes,

os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!

21. Integrate the radiographer's practice standards into clinical practice setting.
22. Practice darkroom procedures resulting in radiographs of suitable quality.
23. Position the patient and image receptor to achieve accurate demonstration of the affected body part.
24. Operate the beam restrictor to limit radiation exposure and improve image quality.
25. Use lead markers on the image receptor to indicate body position and/or time.
26. Use patient and family education strategies appropriate to the comprehension level of the patient or family.
27. Determine corrective measures to improve inadequate images.
28. Examine demographic factors that influence patient compliance with medical care.
29. Examine procedure orders for accuracy and make corrective actions when applicable.
30. Differentiate between emergency and non-emergency procedures.
31. Assess the patient, record clinical history, and demonstrate competent assessment skills through effective management of the patient's physical and mental status.
32. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
33. Select image receptor and/or grid combinations appropriate for the part being examined and technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
34. Critique images for appropriate anatomy, accuracy of positioning, image quality and patient identification.

MT.SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
RAD 2A
SPRING - FRESHMEN

(909)594-5611 P. Engisch x4527 M. Neel x4680 D. McLaughlin x4790

HOURS OF CLINICAL ASSIGNMENT;

TUES & THUR 8 – 12 noon; FRI 8 am – 4:30 pm,

To complete the requirements of RAD 2A, the student will:

1. Demonstrate an overall acceptable standard of behavior relative to personal and professional demeanor in accordance with the criteria stated on the evaluation instrument.

2. Demonstrate competency in at least 4 of the following mandatory radiographic examinations not previously completed or signed off: cervical spine, cross-table trauma cervical spine, thoracic spine, lumbar spine, ribs, paranasal sinuses, esophagus, upper gastrointestinal, small bowel or barium enema.

3. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

   *****Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!*****

GUIDELINES FOR CLINICAL EXPERIENCE

1. A minimum of 2 weeks direct supervision is required when students are assigned to a new clinical facility.

2. Clinical assignments shall be documented and provided to the sponsoring institution by the clinical facility.

3. The student shall indicate to the clinical instructor or their designee their intention to attempt to perform a required examination. A Procedure Evaluation Form is provided to rate the student's performance of the exam.

4. In the event of three (3) non-successful attempts to perform a particular examination, appropriate notation should be made on the Clinical Evaluation Form

relative to: Application of Skills.

5. All repeat films taken by a student must be performed in the presence of a qualified practitioner.

6. All students must be under direct supervision in the performance of examinations until they have demonstrated competency. The student may function under indirect supervision only during exams in which he or she has demonstrated competency and have been evaluated by the clinical instructor.

COURSE OBJECTIVES
RAD 2A

1. Explain how a person's cultural beliefs toward illness and health affect his or her health status.
2. Recognize life-threatening electrocardiogram (ECG) tracing.
3. Adhere to team practice concepts that focus on organizational theories, roles of team members, conflict resolution and principles of interpersonal relationships.
4. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
5. Execute medical imaging procedures under the appropriate level of supervision.
6. Provide psychosocial support and patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
7. Integrate the use of appropriate and effective written, oral and nonverbal communication with patient, the public and members of the healthcare team in the clinical setting while maintaining patient confidentiality standards and meeting HIPAA requirements.
8. Integrate appropriate personal and professional values on patient care by adhering to the Radiographers Practice Standards and Standards of Ethics.
9. Respond appropriately to medical emergencies and describe the role of healthcare team members in responding to a local or national emergency.
10. Comply with departmental and institutional response to emergencies, disasters and accidents.
11. Apply standard and transmission-based precautions, appropriate medical asepsis, and sterile technique.
12. Apply the principles of total quality management to include assessment, analysis, education, performance, evaluation, implementation, outcomes measurement, and documentation of quality performance standards.
13. Demonstrate competency in the principles of radiation protection standards and use personnel and radiation protection measures each exam warrants.
14. Demonstrate competency in operating radiographic equipment and report equipment malfunctions.
15. Demonstrate safe, ethical, and legal practices.
16. Demonstrate the principles of assisting, transporting, transferring, positioning and immobilizing patients with standard patient care and management procedures.
17. Demonstrate professional work habits.
18. Demonstrate competency in at least 4 of the following mandatory radiographic examinations not previously completed or signed off.
19. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies:

pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!

20. Demonstrate competency in the use of picture archival and communications system (PACS) and recognize common problems associated with retrieving or viewing images within PACS.
21. Integrate the radiographer's practice standards into clinical practice setting.
22. Practice darkroom procedures resulting in radiographs of suitable quality.
23. Position the patient and image receptor to achieve accurate demonstration of the affected body part.
24. Operate the beam restrictor to limit radiation exposure and improve image quality.
25. Use lead markers on the image receptor to indicate body position and/or time.
26. Use patient and family education strategies appropriate to the comprehension level of the patient or family.
27. Inquire if a patient has a medical condition or allergy that would contraindicate the use of contrast media before the introduction of contrast and assist the physician in administration of contrast as required by each radiographic procedure.
28. Determine corrective measures to improve inadequate images.
29. Examine demographic factors that influence patient compliance with medical care.
30. Examine procedure orders for accuracy and make corrective actions when applicable.
31. Differentiate between emergency and non-emergency procedures.
32. Assess the patient, record clinical history, and demonstrate competent assessment skills through effective management of the patient's physical and mental status.
33. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
34. Select image receptor and/or grid combinations appropriate for the part being examined and technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
35. Critique images for appropriate anatomy, accuracy of positioning, image quality and patient identification.

7/13

MT.SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
RAD 2B
SUMMER - SOPHOMORES

(909)594-5611 P. Engisch x4527 M. Neel x4680 D. McLaughlin x4790

HOURS OF CLINICAL ASSIGNMENT;

M W F - 8 AM to 4:30 PM

To complete the requirements of RAD 2B, the student will:

1. Demonstrate an overall acceptable standard of behavior relative to personal and professional demeanor in accordance to the criteria stated on the evaluation instrument.

2. Demonstrate competency in at least 2 of the following mandatory radiographic examinations not previously completed or signed off: : cervical spine, cross-table trauma cervical spine, thoracic spine, lumbar spine, ribs, paranasal sinuses, esophagus, upper gastrointestinal, small bowel or barium enema.

3. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

   *****Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!*****

GUIDELINES FOR CLINICAL EXPERIENCE

1. A minimum of 2 weeks direct supervision is required when students are assigned to a new clinical facility.

2. Clinical assignments shall be documented and provided to the sponsoring institution by the clinical facility.

3. The student shall indicate to the clinical instructor or their designee their intention to attempt to perform a required examination. A Procedure Evaluation Form is provided to rate the student's performance of the exam.

4. In the event of three (3) non-successful attempts to perform a particular examination, appropriate notation should be made on the Clinical Evaluation Form relative to : Application of Skills .

5. <u>All repeat films</u> taken by a student must be performed in the presence of a qualified radiographer.

6. All students must be under direct supervision in the performance of examinations until they have demonstrated competency . The student may function under indirect supervision only during exams in which he or she has demonstrated competency and have been evaluated by the clinical instructor.

COURSE OBJECTIVES
RAD 2B

1. Explain how a person's cultural beliefs toward illness and health affect his or her health status.
2. Recognize life-threatening electrocardiogram (ECG) tracing.
3. Adhere to team practice concepts that focus on organizational theories, roles of team members, conflict resolution and principles of interpersonal relationships.
4. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
5. Execute medical imaging procedures under the appropriate level of supervision.
6. Provide psychosocial support and patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
7. Integrate the use of appropriate and effective written, oral and nonverbal communication with patient, the public and members of the healthcare team in the clinical setting while maintaining patient confidentiality standards and meeting HIPAA requirements.
8. Integrate appropriate personal and professional values on patient care by adhering to the Radiographers Practice Standards and Standards of Ethics.
9. Respond appropriately to medical emergencies and describe the role of healthcare team members in responding to a local or national emergency.
10. Comply with departmental and institutional response to emergencies, disasters and accidents.
11. Apply standard and transmission-based precautions, appropriate medical asepsis, and sterile technique.
12. Apply the principles of total quality management to include assessment, analysis, education, performance, evaluation, implementation, outcomes measurement, and documentation of quality performance standards.
13. Demonstrate competency in the principles of radiation protection standards and use personnel and radiation protection measures each exam warrants.
14. Demonstrate competency in operating radiographic equipment and report equipment malfunctions.
15. Demonstrate safe, ethical, and legal practices.
16. Demonstrate the principles of assisting, transporting, transferring, positioning and immobilizing patients with standard patient care and management procedures.
17. Demonstrate professional work habits.
18. Demonstrate competency in at least 2 of the following mandatory radiographic examinations not previously completed or signed off.
19. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic

retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!

20. Demonstrate competency in the use of picture archival and communications system (PACS) and recognize common problems associated with retrieving or viewing images within PACS.
21. Integrate the radiographer's practice standards into clinical practice setting.
22. Practice darkroom procedures resulting in radiographs of suitable quality.
23. Position the patient and image receptor to achieve accurate demonstration of the affected body part.
24. Operate the beam restrictor to limit radiation exposure and improve image quality.
25. Use lead markers on the image receptor to indicate body position and/or time.
26. Use patient and family education strategies appropriate to the comprehension level of the patient or family.
27. Inquire if a patient has a medical condition or allergy that would contraindicate the use of contrast media before the introduction of contrast and assist the physician in administration of contrast as required by each radiographic procedure.
28. Determine corrective measures to improve inadequate images.
29. Examine demographic factors that influence patient compliance with medical care.
30. Examine procedure orders for accuracy and make corrective actions when applicable.
31. Differentiate between emergency and non-emergency procedures.
32. Assess the patient, record clinical history, and demonstrate competent assessment skills through effective management of the patient's physical and mental status.
33. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
34. Select image receptor and/or grid combinations appropriate for the part being examined and technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
35. Critique images for appropriate anatomy, accuracy of positioning, image quality and patient identification.

07/13

MT. SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
RAD 3A
FALL - SOPHOMORES

(909)594-5611 P. Engisch x4527 M. Neel x4680 D. McLaughlin x4790

HOURS OF CLINICAL ASSIGNMENT;

MONDAY & WEDNESDAY 8 AM – 4:30 PM

TUESDAY & THURSDAY 8 AM – 12 PM

To complete the requirements of RAD 3A, the student will:

1. Demonstrate an overall acceptable standard of behavior relative to personal and professional demeanor in accordance to the criteria stated on the evaluation instrument.

2. Demonstrate competency in at least 4 of the following mandatory radiographic examinations not previously completed or signed off: thumb, finger, wrist, forearm, elbow, humerus, trauma upper extremity, shoulder, trauma shoulder, foot, ankle, tibia, fibula, knee, femur, trauma lower extremity, pelvis, hip, portable orthopedic, cross-table lateral hip, routine chest, decubitus chest, portable chest, wheelchair or stretcher AP chest, pediatric chest, supine abdomen, upright abdomen, decubitus abdomen, portable abdomen, cervical spine, cross-table trauma cervical spine, thoracic spine, lumbar spine, ribs, paranasal sinuses, esophagus, upper gastrointestinal, small bowel or barium enema, operative cholangiogram, or orthopedic c-arm.

3. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

   *******Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!*******

GUIDELINES FOR CLINICAL EXPERIENCE

1. A minimum of 2 weeks direct supervision is required when students are assigned to a new clinical facility.

2. Clinical assignments shall be documented and provided to the sponsoring institution by the clinical facility.

3. The student shall indicate to the clinical instructor or their designee their intention to attempt to perform a

required examination. A Procedure Evaluation Form is provided to rate the student's performance of the exam.

4. In the event of three (3) non-successful attempts to perform a particular examination, appropriate notation should be made on the Clinical Evaluation Form relative to: Application of Skills.

5. All repeat films taken by a student must be performed in the presence of a qualified radiographer.

6. All students must be under direct supervision in the performance of examinations until they have demonstrated competency. The student may function under indirect supervision only during exams in which he or she has demonstrated competency and have been evaluated by the clinical instructor.

COURSE OBJECTIVES
RAD 3A

1. Explain how a person's cultural beliefs toward illness and health affect his or her health status.
2. Recognize life-threatening electrocardiogram (ECG) tracing.
3. Adhere to team practice concepts that focus on organizational theories, roles of team members, conflict resolution and principles of interpersonal relationships.
4. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
5. Execute medical imaging procedures under the appropriate level of supervision.
6. Provide psychosocial support and patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
7. Integrate the use of appropriate and effective written, oral and nonverbal communication with patient, the public and members of the healthcare team in the clinical setting while maintaining patient confidentiality standards and meeting HIPAA requirements.
8. Integrate appropriate personal and professional values on patient care by adhering to the Radiographers Practice Standards and Standards of Ethics.
9. Respond appropriately to medical emergencies and describe the role of healthcare team members in responding to a local or national emergency.
10. Comply with departmental and institutional response to emergencies, disasters and accidents.
11. Apply standard and transmission-based precautions, appropriate medical asepsis, and sterile technique.
12. Apply the principles of total quality management to include assessment, analysis, education, performance, evaluation, implementation, outcomes measurement, and documentation of quality performance standards.
13. Demonstrate competency in the principles of radiation protection standards and use personnel and radiation protection measures each exam warrants.
14. Demonstrate competency in operating radiographic equipment and report equipment malfunctions.
15. Demonstrate safe, ethical, and legal practices.
16. Demonstrate the principles of assisting, transporting, transferring, positioning and immobilizing patients with standard patient care and management procedures.
17. Demonstrate professional work habits.

18. Demonstrate competency in at least 4 of the following mandatory radiographic examinations not previously completed or signed off.

19. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm
    Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!
20. Demonstrate competency in the use of picture archival and communications system (PACS) and recognize common problems associated with retrieving or viewing images within PACS.
21. Integrate the radiographer's practice standards into clinical practice setting.
22. Practice darkroom procedures resulting in radiographs of suitable quality.
23. Position the patient and image receptor to achieve accurate demonstration of the affected body part.
24. Operate the beam restrictor to limit radiation exposure and improve image quality.
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27. Inquire if a patient has a medical condition or allergy that would contraindicate the use of contrast media before the introduction of contrast and assist the physician in administration of contrast as required by each radiographic procedure.
28. Determine corrective measures to improve inadequate images.
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31. Differentiate between emergency and non-emergency procedures.
32. Assess the patient, record clinical history, and demonstrate competent assessment skills through effective management of the patient's physical and mental status.
33. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
34. Select image receptor and/or grid combinations appropriate for the part being examined and technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
35. Critique images for appropriate anatomy, accuracy of positioning, image quality and patient identification.

7/13

MT. SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
RAD 3B
WINTER - SOPHOMORES

(909) 594-5611 P. Engisch x4527 M. Neel x4680 D. McLaughlin x4790

HOURS OF CLINICAL ASSIGNMENT;

MONDAY – FRIDAY 12:30 PM – 5:30 PM

To complete the requirements of RAD 3B, the student will:

1. Demonstrate an overall acceptable standard of behavior relative to personal and professional demeanor in accordance to the criteria stated on the evaluation instrument.

2. Demonstrate competency in at least 2 of the following mandatory radiographic examinations not previously completed or signed off: thumb, finger, wrist, forearm, elbow, humerus, trauma upper extremity, shoulder, trauma shoulder, foot, ankle, tibia, fibula, knee, femur, trauma lower extremity, pelvis, hip, portable orthopedic, cross-table lateral hip, routine chest, decubitus chest, portable chest, wheelchair or stretcher AP chest, pediatric chest, supine abdomen, upright abdomen, decubitus abdomen, portable abdomen, cervical spine, cross-table trauma cervical spine, thoracic spine, lumbar spine, ribs, paranasal sinuses, esophagus, upper gastrointestinal, small bowel or barium enema, operative cholangiogram, or orthopedic c-arm.

3. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

   ******Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester! *****

GUIDELINES FOR CLINICAL EXPERIENCE

1. A minimum of 2 weeks direct supervision is required when students are assigned to a new clinical facility.

2. Clinical assignments shall be documented and provided to the sponsoring institution by the clinical facility.

3. The student shall indicate to the clinical instructor or their designee their intention to attempt to perform a required examination. A Procedure Evaluation Form is provided to rate the student's performance of the exam.

4. In the event of three (3) non-successful attempts to perform a particular examination, appropriate

notation should be made on the Clinical Evaluation Form relative to: Application of Skills

5. All repeat films taken by a student must be performed in the presence of a qualified radiographer.

6. All students must be under direct supervision in the performance of examinations until they have demonstrated competency. The student may function under indirect supervision only during exams in which he or she has demonstrated competency and have been evaluated by the clinical instructor.

COURSE OBJECTIVES
RAD 3B

1. Explain how a person's cultural beliefs toward illness and health affect his or her health status.
2. Recognize life-threatening electrocardiogram (ECG) tracing.
3. Adhere to team practice concepts that focus on organizational theories, roles of team members, conflict resolution and principles of interpersonal relationships.
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8. Integrate appropriate personal and professional values on patient care by adhering to the Radiographers Practice Standards and Standards of Ethics.
9. Respond appropriately to medical emergencies and describe the role of healthcare team members in responding to a local or national emergency.
10. Comply with departmental and institutional response to emergencies, disasters and accidents.
11. Apply standard and transmission-based precautions, appropriate medical asepsis, and sterile technique.
12. Apply the principles of total quality management to include assessment, analysis, education, performance, evaluation, implementation, outcomes measurement, and documentation of quality performance standards.
13. Demonstrate competency in the principles of radiation protection standards and use personnel and radiation protection measures each exam warrants.
14. Demonstrate competency in operating radiographic equipment and report equipment malfunctions.
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16. Demonstrate the principles of assisting, transporting, transferring, positioning and immobilizing patients with standard patient care and management procedures.
17. Demonstrate professional work habits.
18. Demonstrate competency in at least 2 of the following mandatory radiographic examinations not previously completed or signed off.

19. Demonstrate competency in the use of picture archival and communications system (PACS) and recognize common problems associated with retrieving or viewing images within PACS.
20. Although students are not required to demonstrate competency in elective procedures to pass this course, all students are ***required*** to demonstrate competency in at least 9 of the following elective radiographic examinations to complete the program's terminal clinical competencies: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm
Demonstrating competency in elective procedures throughout the program's clinical courses is highly recommended. Do not wait until the last semester!
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22. Practice darkroom procedures resulting in radiographs of suitable quality.
23. Position the patient and image receptor to achieve accurate demonstration of the affected body part.
24. Operate the beam restrictor to limit radiation exposure and improve image quality.
25. Use lead markers on the image receptor to indicate body position and/or time.
26. Use patient and family education strategies appropriate to the comprehension level of the patient or family.
27. Inquire if a patient has a medical condition or allergy that would contraindicate the use of contrast media before the introduction of contrast and assist the physician in administration of contrast as required by each radiographic procedure.
28. Determine corrective measures to improve inadequate images.
29. Examine demographic factors that influence patient compliance with medical care.
30. Examine procedure orders for accuracy and make corrective actions when applicable.
31. Differentiate between emergency and non-emergency procedures.
32. Assess the patient, record clinical history, and demonstrate competent assessment skills through effective management of the patient's physical and mental status.
33. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
34. Select image receptor and/or grid combinations appropriate for the part being examined and technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
35. Critique images for appropriate anatomy, accuracy of positioning, image quality and patient identification.

MT. SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
RAD 3C
SPRING - SOPHOMORES

(909) 594-5611 P. Engisch x4527 M. Neel x4680 D. McLaughlin x4790

HOURS OF CLINICAL ASSIGNMENT;

MON & WED 8 am – 4:30 pm & TUES & THURS, 1 pm – 5 pm
To complete the requirements of RAD 56, the student will:

1. Demonstrate an overall acceptable standard of behavior relative to personal and professional demeanor in accordance with the criteria stated on the evaluation instrument.

2. Demonstrate competency in at least 4 of the following mandatory radiographic examinations not previously completed or signed off: thumb, finger, wrist, forearm, elbow, humerus, trauma upper extremity, shoulder, trauma shoulder, foot, ankle, tibia, fibula, knee, femur, trauma lower extremity, pelvis, hip, portable orthopedic, cross-table lateral hip, routine chest, decubitus chest, portable chest, wheelchair or stretcher AP chest, pediatric chest, supine abdomen, upright abdomen, decubitus abdomen, portable abdomen, cervical spine, cross-table trauma cervical spine, thoracic spine, lumbar spine, ribs, paranasal sinuses, esophagus, upper gastrointestinal, small bowel or barium enema, operative cholangiogram, or orthopedic c-arm.

3. Demonstrate competency in at least 7 of the following elective radiographic examinations: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm

GUIDELINES FOR CLINICAL EXPERIENCE

1. A minimum of 2 weeks direct supervision is required when students are assigned to a new clinical facility.

2. Clinical assignments shall be documented and provided to the sponsoring institution by the clinical facility.

3. The student shall indicate to the clinical instructor or their designee their intention to attempt to perform a required examination. A Procedure Evaluation Form is provided to rate the student's performance of the exam.

4. In the event of three (3) non-successful attempts to perform a particular examination, appropriate notation should be made on the Clinical Evaluation Form relative to: Application of Skills.

5. <u>All repeat films</u> taken by a student must be performed in the presence of a qualified radiographer.

6. All students must be under direct <u>supervision</u> in the performance of examinations until they have demonstrated competency. The student may function under <u>indirect supervision</u> only during exams in which he or she has demonstrated competency and have been evaluated by the clinical instructor.

COURSE OBJECTIVES
RAD 3C

1. Explain how a person's cultural beliefs toward illness and health affect his or her health status.
2. Recognize life-threatening electrocardiogram (ECG) tracing.
3. Adhere to team practice concepts that focus on organizational theories, roles of team members, conflict resolution and principles of interpersonal relationships.
4. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
5. Execute medical imaging procedures under the appropriate level of supervision.
6. Provide psychosocial support and patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
7. Integrate the use of appropriate and effective written, oral and nonverbal communication with patient, the public and members of the healthcare team in the clinical setting while maintaining patient confidentiality standards and meeting HIPAA requirements.
8. Integrate appropriate personal and professional values on patient care by adhering to the Radiographers Practice Standards and Standards of Ethics.
9. Respond appropriately to medical emergencies and describe the role of healthcare team members in responding to a local or national emergency.
10. Comply with departmental and institutional response to emergencies, disasters and accidents.
11. Apply standard and transmission-based precautions, appropriate medical asepsis, and sterile technique.
12. Apply the principles of total quality management to include assessment, analysis, education, performance, evaluation, implementation, outcomes measurement, and documentation of quality performance standards.
13. Demonstrate competency in the principles of radiation protection standards and use personnel and radiation protection measures each exam warrants.
14. Demonstrate competency in operating radiographic equipment and report equipment malfunctions.
15. Demonstrate safe, ethical, and legal practices.
16. Demonstrate the principles of assisting, transporting, transferring, positioning and immobilizing patients with standard patient care and management procedures.
17. Demonstrate professional work habits.
18. Demonstrate competency in at least 4 of the following mandatory radiographic examinations not previously completed or signed off.
19. Demonstrate competency in at least 7 of the following elective radiographic examinations: pediatric upper extremity, clavicle, scapula, acromioclavicular joints, toes, os calcis, patella, pediatric lower extremity, pediatric abdomen, pediatric portable, sacroiliac joints, sacrum, coccyx, scoliosis, sternum, sternoclavicular joints, skull, facial bones, nasal bones, zygomatic arches, mandible, orbits, temporomandibular joints, soft tissue neck, intravenous urography, retrograde urogram, cystogram, cystourethrogram, endoscopic retrograde cholangiopancreatography (ERCP), myelogram, arthrogram, or non-orthopedic c-arm
20. Demonstrate competency in the use of picture archival and communications system (PACS) and recognize common problems associated with retrieving or viewing images within PACS.

21. Integrate the radiographer's practice standards into clinical practice setting.
22. Practice darkroom procedures resulting in radiographs of suitable quality.
23. Position the patient and image receptor to achieve accurate demonstration of the affected body part.
24. Operate the beam restrictor to limit radiation exposure and improve image quality.
25. Use lead markers on the image receptor to indicate body position and/or time.
26. Use patient and family education strategies appropriate to the comprehension level of the patient or family.
27. Inquire if a patient has a medical condition or allergy that would contraindicate the use of contrast media before the introduction of contrast and assist the physician in administration of contrast as required by each radiographic procedure.
28. Determine corrective measures to improve inadequate images.
29. Examine demographic factors that influence patient compliance with medical care.
30. Examine procedure orders for accuracy and make corrective actions when applicable.
31. Differentiate between emergency and non-emergency procedures.
32. Assess the patient, record clinical history, and demonstrate competent assessment skills through effective management of the patient's physical and mental status.
33. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
34. Select image receptor and/or grid combinations appropriate for the part being examined and technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
35. Critique images for appropriate anatomy, accuracy of positioning, image quality and patient identification.

MT. SAN ANTONIO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
RAD 4
SUMMER - GRADUATES

(909)594-5611 P. Engisch x4527 M. Neel x4680 D. McLaughlin x4790

Not to exceed 40 hours/week or 5 consecutive days between 7 am and 5 PM.

To complete the requirements of RAD 4, the student will:

1. Demonstrate an overall acceptable standard of behavior relative to personal and professional demeanor in accordance with the criteria stated on the evaluation instrument.

2. Verify competency in all mandatory radiographic examinations and a minimum of 9 elective radiographic examinations listed as program terminal competencies.

3. Complete the requirements for competency in Venipuncture procedures.

4. Complete an observation period in each of the following imaging modalities: Sonography, Angiography, CT/MRI, Nuclear Medicine, and Surgery.

5. NOTE: In the event that the required examinations listed cannot be performed in the clinical setting, the student may simulate the examinations on campus using phantoms in the laboratory.

GUIDELINES FOR CLINICAL EXPERIENCE

1. A minimum of 2 weeks direct supervision is required when students are assigned to a new clinical facility.

2. Clinical assignments shall be documented and provided to the sponsoring institution by the clinical facility.

3. The student shall indicate to the clinical instructor or their designee their intention to attempt to perform a required examination. A Procedure Evaluation Form is provided to rate the student's performance of the exam.

4. In the event of three (3) non-successful attempts to perform a particular examination, appropriate notation should be made on the Clinical Evaluation Form relative to: Application of Skills.

5. <u>All repeat films</u> taken by a student must be performed in the presence of a qualified radiographer.

6. All students must be under direct <u>supervision</u> in the performance of examinations until they have demonstrated competency. The student may function under <u>indirect supervision</u> only during exams in which he or she has demonstrated competency and have been evaluated by the clinical instructor.

COURSE OBJECTIVES
RAD 4

1. Explain how a person's cultural beliefs toward illness and health affect his or her health status.
2. Recognize life-threatening electrocardiogram (ECG) tracing.
3. Adhere to team practice concepts that focus on organizational theories, roles of team members, conflict resolution and principles of interpersonal relationships.
4. Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
5. Execute medical imaging procedures under the appropriate level of supervision.
6. Provide psychosocial support and patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
7. Integrate the use of appropriate and effective written, oral and nonverbal communication with patient, the public and members of the healthcare team in the clinical setting while maintaining patient confidentiality standards and meeting HIPAA requirements.
8. Integrate appropriate personal and professional values on patient care by adhering to the Radiographers Practice Standards and Standards of Ethics.
9. Respond appropriately to medical emergencies and describe the role of healthcare team members in responding to a local or national emergency.
10. Comply with departmental and institutional response to emergencies, disasters and accidents.
11. Apply standard and transmission-based precautions, appropriate medical asepsis, and sterile technique.
12. Apply the principles of total quality management to include assessment, analysis, education, performance, evaluation, implementation, outcomes measurement, and documentation of quality performance standards.
13. Demonstrate competency in the principles of radiation protection standards and use personnel and radiation protection measures each exam warrants.
14. Demonstrate competency in operating radiographic equipment and report equipment malfunctions.
15. Demonstrate safe, ethical, and legal practices.
16. Demonstrate the principles of assisting, transporting, transferring, positioning and immobilizing patients with standard patient care and management procedures.
17. Demonstrate professional work habits.
18. Demonstrate competency in the use of picture archival and communications system (PACS) and recognize common problems associated with retrieving or viewing images within PACS.
19. Integrate the radiographer's practice standards into clinical practice setting.
20. Practice darkroom procedures resulting in radiographs of suitable quality.
21. Position the patient and image receptor to achieve accurate demonstration of the affected body part.
22. Operate the beam restrictor to limit radiation exposure and improve image quality.
23. Use lead markers on the image receptor to indicate body position and/or time.
24. Use patient and family education strategies appropriate to the comprehension level of the patient or family.
25. Inquire if a patient has a medical condition or allergy that would contraindicate the use of contrast media before the introduction of contrast and assist the physician in administration of contrast as required by each radiographic procedure.
26. Determine corrective measures to improve inadequate images.
27. Examine demographic factors that influence patient compliance with medical care.
28. Examine procedure orders for accuracy and make corrective actions when applicable.
29. Differentiate between emergency and non-emergency procedures.
30. Assess the patient, record clinical history, and demonstrate competent assessment

skills through effective management of the patient's physical and mental status.

31. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
32. Select image receptor and/or grid combinations appropriate for the part being examined and technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
33. Critique images for appropriate anatomy, accuracy of positioning, image quality and patient identification.
34. Verify competency in all mandatory radiographic examinations and a minimum of 9 elective radiographic examinations listed as program terminal competencies.
35. Document 40 hours of observation time in the following developing imaging and/or therapeutic technologies: Surgery, Sonography, Mammography, Angiography, Nuclear Medicine, Computed Tomography, Magnetic Resonance Imaging, Radiation Therapy, Cardiac-Interventional, or Vascular Interventional

7/13

RADIOLOGY PROGRAM
CLINICAL TIME SHEET

Student Name: *Jane Xraystudent*
Hospital: *Care Medical Center*
Semester: *Fall* Year: *2009*
RAD: (circle one) (52) 53 54 55 56 57

Attendance Codes:	**A** = Absent **H** = Holiday

Week #	Dates (week of)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Week Total	C. I. Initials
1	8/28-9/1		4		4	4			12	C.I.
2	9/4-9/8		A		4	4			8	C.I.
3	9/11-9/15		4		4	4	4		16	C.I.
4	9/18-9/22		H		4	4			8	C.I.
5	9/25-9/29		H		4	4			8	C.I.
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
								Semester Total	204 hrs	

(CONTINUE TO LOG HOURS FOR THE REMAINDER OF THE SEMESTER)

Signatures *"I declare that the information on this timesheet is true and accurate to the best of my knowledge."*
Student: *Jane Xraystudent* Date: *12-15-2009*
Clinical Instructor: *Mr. Clinical Instructor* Date: *12-15-2009*

PROCEDURE LOG SHEET

Student Name _____ Hospital _____ Week _____ RAD _____

Exam Type	Date	Date	Date	Date	Date	Week Total	Total to Date
CHEST EXAMS (200) i.e. all chest studies (routine, wheelchair, pediatric, decubitus, portable, etc.							
BONY SKELETON (400) i.e. all upper and lower extremity; all spine studies; hip; pelvis; ribs; portable ortho.; clavicle/AC sacrum/coccyx; skull; nasal bones; facial bones; zygoma; sinuses; mandible; orbits; scapula; sternum; S.I. joints; scoliosis, etc.							
GASTROINTESTINAL and GENITOURINARY (200) i.e. abdomen; abd. Series; esophagram; U.G.I.; small bowel; B.E.; I.V.P.; portable abdomen; etc.							
VASCULAR and CONTRAST (50) i.e. esophagram; U.G.I.; small bowel; B.E.; I.V.P.; cystogram/urogram; operative cholangiogram; myelogram; arthrogram; angiogram; venogram; hysterosalpingogram; etc.							
SPECIAL STUDIES and X-RAY IMAGING MODALITIES (50) i.e. c-arm; soft tissue neck; cystogram/urogram; operative cholangiogram; digital fluoro/radiography; myelogram; arthrogram; mammography; foreign body; hysterosalpingogram; etc.							
BEDSIDE and SURGICAL (50) i.e. trauma hip; trauma c-spine; chest wheelchair; chest pediatric; port. Chest/abdomen/orthopedic; c-arm; trauma shoulder; pediatric extremity; etc.							

Clinical Instructor Signature _____ Date _____

Evaluations by Students

After students complete clinical rotations they are given the opportunity to evaluate their clinical instructors and clinical facilities. All evaluations are confidential and retained by the Program Faculty in a secured location.

The results of the evaluations are used during periodic program review and as required by the Joint Review Committee on Education in Radiologic Technology. Each Clinical Instructor may review his/her own evaluations at any time upon request. Clinical Facility Evaluations will be shared with each facility at the Advisory Meetings.

MT. SAN ANTONIO COLLEGE RADIOGRAPHY PROGRAM
STUDENT EVALUATION OF CLINICAL INSTRUCTOR

Clinical Instructor _____ Date _____

PLEASE EVALUATE THE FOLLOWING AREAS PERTAINING TO YOUR CLINICAL INSTRUCTOR AND/OR QUALIFIED PRACTITIONERS
(On a scale of 1 – 10, 1 being lowest, 10 being highest)

1. Clinical Instructor provides sufficient departmental orientation (introduction to hospital protocol and use of equipment) to enable the student to feel comfortable.

   1…2…3…4…5…6…7…8…9…10

2. Clinical Instructor or qualified practitioner consistently employs direct supervision techniques until student competency is achieved.

   1…2…3…4…5…6…7…8…9…10

3. Clinical Instructor or qualified practitioner consistently employs indirect supervision techniques after student competency is achieved.

   1…2…3…4…5…6…7…8…9…10

4. Clinical Instructor or qualified practitioner consistently provides immediate assistance to students regardless of their skill level.

   1…2…3…4…5…6…7…8…9…10

5. Clinical Instructor ensures that all repeat radiographs are conducted in the presence of a qualified practitioner.

   1…2…3…4…5…6…7…8…9…10

6. Clinical Instructor is approachable and encouraging to the students.

   1…2…3…4…5…6…7…8…9…10

7. Clinical Instructor is courteous and impartial in relationships with students.

   1…2…3…4…5…6…7…8…9…10

8. Clinical Instructor is knowledgeable of the subject matter.

   1…2…3…4…5…6…7…8…9…10

9. Clinical Instructor is tolerant of student's opinions and/or mistakes.

   1…2…3…4…5…6…7…8…9…10

Additional Comments:

MT. SAN ANTONIO COLLEGE
STUDENT EVALUATION OF CLINICAL FACILITIES

Facility _____ Date _____

PLEASE EVALUATED THE FOLLOWING AREAS PERTAINING TO YOUR CLINICAL FACILITY: On a scale of 1 – 10, 1 being the lowest rating, 10 the highest rating:

1. Departmental orientation, introduction to hospital protocol and use of equipment.

   1…2…3…4…5…6…7…8…9…10
   - Insufficient for student to feel comfortable
   - Sufficient for student to feel comfortable

2. Attitudinal response of staff to the students.

   1…2…3…4…5…6…7…8…9…10
   - Resentful, critical, demeaning and/or negative towards students
   - Positive, helpful, constructive, and informative

3. Attitudinal response of Radiologists towards the students.

   1…2…3…4…5…6…7…8…9…10
   - Rude, impatient, unwilling to work with students alone
   - Helpful, cordial, patient, willing to work with students

4. Progression of experience of radiographic exams.

   1…2…3…4…5…6…7…8…9…10
   - Not allowed to progress to more difficult exams
   - Student allowed to attempt more exams

5. Observation of other imaging modalities.

   1…2…3…4…5…6…7…8…9…10
   - Not allowed to observe other imaging modalities
   - Exposed through observation of other imaging modalities

6. Based on your experiences in this facility, would you:

   1…2…3…4…5…6…7…8…9…10
   - Recommend it to a family member or friend
   - Be reluctant to recommend the facility to friends/family

PLEASE COMMENT ON THE STRENGTHS AND/OR WEAKNESSES OF THIS FACILITY.

STRENGTHS _____

_____

WEAKNESSES _____

_____

Quick Reference Guide for Student Injuries

All injuries need to be reported immediately to the clinical instructors. The student will turn in the required paperwork to the Health & Technology Division Office within 24 hours of reported injury.

Student - report injury as soon as it occurs to clinical instructor.

Clinical Instructor - must fill out the following forms:

1) **"Manager's Report of Employee Injury Form" (yellow paper)**
2) **"Sharps Injury Report Form" (only if applicable)**
3) **"Worker's Compensation Claim Form"**
4) **"Industrial Injury Medical Treatment Authorization Form" (yellow ½ sheet)**

Student -

- **Go to the following work injury clinic & take the "Industrial Injury Medical Treatment Authorization Form" (yellow ½ sheet)**

  CAL-CARE INDUSTRIAL MEDICAL
  502 SOUTH GARY AVE.
  POMONA, CA. 91766
  (909) 620-8887

  OPEN 7 DAYS ● 24 HOURS

- **Take completed paperwork (1 - 4) by clinical instructor to Mount San Antonio College's Health & Technology Division Office. This paperwork must be completed & returned within 24 hours of reported injury.**

MT. SAN ANTONIO COLLEGE

M E M O R A N D U M
ADMINISTRATIVE SERVICES

EMPLOYEES

FROM: **Michael Gregoryk, Vice President, Administrative Services**

DATE: **January 2014**

SUBJECT: ***MEDICAL PANEL FOR WORK INJURY TREATMENT***

Pursuant to the Workers' Compensation Appeals Board and Labor Code Guidelines, Keenan and Associates, our third party administrators for industrial injuries, have directed that we maintain control for the first thirty (30) days from the date of the injury. In other words, for the first thirty (30) days, injured employees go to the **U.S. HEALTHWORKS MEDICAL GROUP** (see attached map) for all industrial related injuries occurring between the hours of 7:30 a.m. and 6:00 p.m. If you are injured after 6:00 p.m. or on the weekend, please go to CAL-CARE INDUSTRIAL MEDICAL (see attached map). If you have a pre-designated personal physician on file before the date of injury, ***notify Administrative Services*** prior to seeking treatment. Any employee can pre-designate a personal physician by submitting a completed "Personal Physician Selection" form to Administrative Services.

If you are ***off campus*** on college business during your regular work hours or your ***office is located off campus***, additional maps to all other **U.S. HEALTHWORKS MEDICAL GROUP** facilities are attached for your convenience.

If you are injured on the job, ***report the injury to your supervisor or manager*** as soon as possible. If medical treatment is necessary, obtain a medical authorization form and go to the medical facility. Medical authorization forms may be obtained from the secretary of your area, the Health Services Office, or from the Administrative Services Office in Building 4, Room 105. Unless you take the signed authorization form when you seek treatment, you may be charged for the visit.

PLEASE NOTE: After your first treatment at the doctor/clinic, future doctor's appointments are not considered authorized time off under Labor Code 45192 and as such, you are not eligible for salary continuation benefits. Workers' compensation payments are only due when a physician has certified that an employee is unable to work. By definition, a doctor's appointment does not fall into this category and the employee would not receive workers' compensation payment when the appointment is scheduled during working hours.

SUBJECT: ***MEDICAL PANEL FOR WORK INJURY TREATMENT***
January 2014
Page 2

The Administrative Services Office should be notified of a reported work related illness or injury as soon as possible. Call Administrative Services, Extension 4230.

The **manager** must complete a ***Manager's Report of Employee Injury*** within ***24 hours*** and turn it in to the Administrative Services Office, Building 4, Room 105. The **employee** must complete an ***Employee's Claim for Workers' Compensation Benefits*** form as soon after treatment as he/she is able. Forms are available at Administrative Services.

If you have any questions regarding the above, please contact the Administrative Services Office, Extension 5501 or 4230.

MG:cn

Attachments

MT. SAC
Mt. San Antonio College

INDUSTRIAL INJURY MEDICAL TREATMENT AUTHORIZATION

To: Dr./Hospital: _____

Address: _____

The following employee has authorization to receive medical services in accordance with the terms of the Workers' Compensation laws.

Employee: _____

Date of Injury: _____

Nature of Injury: _____

Authorized By: _____

Date: _____

COMPLETE THIS SIDE IN FULL AND SEND WITH EMPOYEE.

BILLING INSTRUCTIONS – See Reverse Side

Form B-920 7/98

INSTRUCTIONS TO DOCTOR:

1. Keenan & Associates is the administrator for the District's Workers' Compensation Program.
2. Prepare "Physician's & Surgeon's Report of Injury" (Workers' Compensation Form) in triplicate.
3. Mail original and one copy of Form to Keenan & Associates at location shown below.
4. Mail one copy of Form to employer.
5. Mail all bills in duplicate to Keenan & Associates at the following address:

2355 Crenshaw Boulevard, Suite 200
Torrance, CA 90501
Or
P.O. Box 4328
Torrance, Ca 90510

MT. SAN ANTONIO COLLEGE

MANAGER'S REPORT OF EMPLOYEE INJURY

IMPORTANT: This form is to be completed by employee's manager and immediately submitted (within one business day) to Administrative Services, Building 4, Room 105.

NAME OF INJURED _____ SOCIAL SECURITY #____-___-____

JOB TITLE/DEPARTMENT _____ BIRTHDAY ___-___-____

HOME ADDRESS _____ TELEPHONE _____
NUMBER, STREET, CITY, ZIP CODE

DATE OF ACCIDENT /____/___ HOUR _____A.M. _____P.M.

DATE REPORTED TO MANAGER _____/_____/_____HOUR _____A.M. _____P.M.

ACCIDENT LOCATION _____
BE SPECIFIC BUILDING, PARKING LOT, ADDRESS, CITY, COUNTY, ETC.

_____

_____

EMPLOYEE WORK HOURS: HOURS PER DAY ____ DAYS PER WEEK ____ TOTAL WEEKLY HOURS_____

EMPLOYEE STATUS – Check One: REGULAR FULL-TIME _____ REGULAR PART-TIME _____

HOURLY AS NEEDED _____ VOLUNTEER _____
CLINICAL _____ WORK EXPERIENCE _____

HIRE DATE ____/___/___ SALARY RATE $___,_____10 OR 12 MONTH EMPLOYEE ___

TIME EMPOYEES BEGAN WORK _____ a.m. _____ p.m.

WHAT WAS EMPLOYEE DOING AT TIME OF INJURY? _____

_____

_____

HOW DID ACCIDENT/ILLNESS/EXPOSURE OCCUR? _____

_____

_____

Managers Report of Employee Injury (Cont'd)

APPARENT NATURE OF INJURY (PLEASE CHECK): ☐ Abrasion ☐ Contusion ☐ Strain/Sprain

☐ Cut ☐Dislocation ☐Concussion ☐ Internal

☐ Other (explain) _____

INJURED PART OF BODY (PLEASE CHECK): ☐ Head ☐ Finger ☐ Arm ☐ Abdomen

☐ Neck ☐ Eye ☐ Leg ☐ Hand ☐ Back ☐ Chest ☐ Face ☐ Foot

☐ Other (explain) _____

DID INJURY INVOLVE SHARPS (NEEDLES)? YES _____ NO _____

****IF YES, PLEASE COMPLETE THE SHARPS INJURY FORM**

DID EMPLOYEE HAVE MEDICAL AID? YES _____ NO _____

IF YES, WHERE? _____

NAME/ADDRESS OF FACILITY OR HOSPITAL _____

_____

MSAC HEALTH CENTER YES _____ NO _____

DID INJURED LEAVE WORK? YES _____ NO _____ DATE ____/____/____ TIME ____ am/pm

DID INJURED RETURN TO WORK? YES _____ NO _____

NAME OF WITNESS(ES) _____

_____

WHAT STEPS HAVE BEEN TAKEN TO PREVENT SIMILAR ACCIDENTS? _____

_____

_____

WHAT FURTHER STEPS DO YOU RECOMMEND? _____

_____

MANAGER'S NAME (PRINTED) _____ EXT. _____

MANAGER'S SIGNATURE _____ DATE_____

SHARPS INJURY REPORT

Procedure: o Draw venous blood ○ Heparin/saline flush o Draw arterial blood ○ Cutting o Injection, through skin ○ Suturing o Start IV/set up heparin lock o Unknown/not applicable o Other _____	Did the exposure incident occur: o During use of sharp ○ Disassembling o Between steps of a multistep procedure o After use and before disposal of sharp o While putting sharp into disposal container o Sharp left, inappropriate place (table, etc.) o Other _____

Potentially infectious materials involved: Type: _____ _____ Source: _____ _____ _____	Identify sharp involved: (if known) Type: _____ Brand: _____ Model: _____ e.g. 18G needle/AB Med/"no stick" syringe	Did the device being used have engineered sharps injury protection? ○ Yes ○ No ○ Don't know Was the protective mechanism activated? ○ Yes-fully ○ Yes-partially ○ No Did the exposure incident occur: ○ Before ○ During ○ After ○ Activation

Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? ○ Yes ○ No Explain: _____ _____ _____	Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? ○ Yes ○ No Explain: _____ _____ _____

Personal protective equipment being used at the time of the exposure: _____
_____
_____

Actions taken following incident (decontamination, clean-up, etc.): _____
_____
_____