



John Patrick University
of Health and Applied Sciences

Clinical Internship Handbook

Radiologic Technology Program

January 2022

Program Mission

The mission of John Patrick University of Health and Applied Sciences Radiography Program is to prepare clinically competent, patient focused, entry-level radiographers who can make a positive contribution to the healthcare community.

Program Objectives

The Radiography program is designed to meet guidelines for Radiography education with the **Accrediting Commission of Career Schools and Colleges (ACCSC)**.

1. Prepare the graduate to work as an entry-level radiographer providing care to patients in the radiology departments.
2. Prepare the graduate to be eligible to take the certification exam in radiography given by the ARRT.

Program Goals and Outcomes

- Students will provide clinically competent care to patients
- Student will:
 - Demonstrate clinical patient care skills
 - Demonstrate positioning procedure skills
- Students will demonstrate critical thinking and problems solving skills
- Student will:
 - Use knowledge to discuss and recognize additional methods to accomplish treatment procedures
 - Identify dilemmas in patient setup during positioning
 - Identify barriers to effective communication and demonstrate effective resolutions
- Students will display effective communication skills
- Student will:
 - Effectively use verbal and written skills to communicate with patients and staff
 - Demonstrate effective presentation skills
- Students will demonstrate professional work standards
- Student will:
 - Accept responsibility for his/her actions and utilize constructive criticism to improve
 - Treat others with respect and make appropriate progress by continuously gaining knowledge
- The Program will meet the needs of its students and healthcare organizations it serves
- Outcomes:
 - Cohorts will complete the program
 - Graduates will be satisfied with the program
 - Graduates will pass the registry on the first attempt
 - Graduates will have jobs within 1 year of graduation
 - Employers will be satisfied with knowledge/skills of new graduates hired

Curriculum

BIOL150	Anatomy & Physiology I*	(3 credits)
BIOL155	Anatomy & Physiology II*	(3 credits)
SCI120	Nutrition	(3 credits)
SCI122	Chemistry	(3 credits)
MATH103	Introduction to College Math	(3 credits)
MATH105	Algebra I	(3 credits)
MATH106	Algebra II	(3 credits)
MATH190	Applied Mathematics	(3 credits)
SOC105	Introduction to Psychology	(3 credits)
SOC107	Introduction to Sociology	(3 credits)
HUM109	English Composition*	(3 credits)
HUM111	Fundamentals of Public Speaking*	(3 credits)
HUM113	Information Systems/Computer Science*	(3 credits)
SCI115	Medical Terminology	(1 credit)
RTE100	Patient Care in Radiologic Sciences	(1 credit)
RTE110	Radiographic Procedures I	(2 credits)
RTE210	Radiographic Procedures II	(3 credits)
RTE212	Radiographic Procedures III	(3 credits)
RTE120	Medical Ethics and Law	(1 credit)
RTE214	Radiation Physics	(1 credit)
RTE215	Principles of Radiographic Exposure	(2 credits)
RTE115	Introduction to Imaging Principles	(1 credit)
RTE216	Digital Imaging	(1 credit)
RTE220	Advanced Modalities	(1 credit)
RTE218	Radiation Biology and Protection	(2 credits)
RTE222	Radiography Review and Capstone	(3 credits)
RTE150	Clinical Practice I	(4 credits)
RTE250	Clinical Practice II	(4 credits)

*Notes a required course. 30 general education credits are required. The student must complete at least one course from each category: Science (SCI), Social Science (SOC), Humanities (HUM), and Mathematics (MATH).

Sample Plan of Study

Semester 1	
Anatomy & Physiology I	3cr
Algebra I	3cr
Medical Terminology	1cr
Radiographic Procedures I	2cr
English Composition	3cr
Introduction to Imaging Principles	1cr
Patient Care in Radiologic Sciences	1cr
	14cr

Semester 2	
Anatomy & Physiology II	3cr
Algebra II	3cr
Fundamentals of Public Speaking	3cr
Radiographic Procedures II	3cr
Radiation Physics	1cr
Medical Ethics and Law	1cr
	14cr

Semester 3	
Introduction to Psychology	3cr
Information Systems/Computer Science	3cr
Radiographic Procedures III	3cr
Advanced Modalities	1cr
Principles of Radiographic Exposure	2cr
Clinical Practice I	4cr
	16cr

Semester 4	
Introduction to Sociology	3cr
Nutrition	3cr
Digital Imaging	1cr
Radiation Biology and Protection	2cr
Radiography Review and Capstone	1cr
Clinical Practice II	4cr
	16cr

Clinical Preceptors

What is a clinical preceptor?

The clinical preceptor is a physician or radiographer responsible for the supervision and evaluation of The Radiologic Technology Program students practicing theory and skill sets in various clinical settings.

What are the responsibilities of a preceptor?

- Maintenance of credentials.
- Review of materials provided by John Patrick University's Radiologic Technology Program.
- Provide supervision of his/her designated student in the clinical setting.
- Monitor the student's compliance with universal precautions.
- Complete and submit an incident report, if necessary.
- Consistently demonstrate clinical competence in the area of practice to facilitate student learning by:
 - Assessing and suggesting appropriate learning experiences available to the student within program objectives.
 - Directly assisting student learning experiences when needed.
 - Providing oral and/or written feedback to student regarding performance, and attainment of student goals.
 - Administering competency assessment/proficiency exams to the student when applicable.
 - Communicating with program faculty regarding student progress according to program objectives.
 - Completing comprehensive student evaluations.

What is the role of the Radiologic Technology Program?

The Program shall:

- Provide preceptors with objectives, policies, procedures, and evaluation instruments to be utilized with students participating in clinical rotations.
- Facilitate, monitor, and evaluate the student's learning through regular communication with students and preceptors.
- Assist students with the application of core content in rotations.
- Serve as resource personnel for students and preceptors/clinical instructors.
- Require its students and faculty to follow the program's and the Clinical Affiliate's rules, regulations, policies, and procedures. This includes but is not limited to, DOH policy, OSHA regulations, HIPAA guidelines and any other requirements, while participating in clinical rotations.
- Ensure that students participating in the clinical rotation program meet the Clinical Affiliate's health standards and provide required documentation.
- Retain ultimate responsibility for the students' grades, evaluation, and discipline.
- Provide the Clinical Affiliate's with copies of student evaluations related to the preceptors and the Clinical Affiliate, upon request.
- Be jointly responsible with the Clinical Affiliate for student experience and performance while on rotations.
- Provide proof of professional liability insurance, upon request.

What is the role of the clinical affiliate?

The Clinical Affiliate shall:

- Retain full responsibility for the care of the Clinical Affiliate's patients, execution of clinical procedures and maintain quality patient care as evidenced by appropriate accreditation.
- Maintain all certifications, accreditations, and licenses appropriate for its business and provide the Program and accrediting/licensing entities access to the Clinical Affiliate's facilities.
- Ensure that each preceptor:
 - Meets qualifying criteria for the preceptor role.
 - Is properly oriented regarding the preceptor role.
 - Personally provides direct supervision on his/her student, which requires such preceptor to be present in the clinical setting and available to the student at all times.
 - Facilitates his/her student's learning by:
 - Assessing and suggesting learning experiences available to the student within the program's objectives.
 - Selecting client care assignments and arranging other learning experiences within the program objectives.
 - Directly assisting student learning experiences when needed.
 - Evaluates student performance and provides the Program with evaluations regarding the student's participation in the clinical rotation.
 - Is an employee of the Clinical Affiliate.
 - Be jointly responsible with the Program for student experience and performance evaluation.
 - To never allow students to function as employees while on a rotation.

Preceptor Do's and Don'ts

DO:

- Be an exemplary role model
- Meet briefly with your student before daily assignments to discuss student goals and answer student questions
- Address problems immediately and appropriately
- Notify student and faculty of unplanned absences
- Remember what it felt like to be a student
- Maintain professionalism in attitude, appearance, and confidentiality at all times
- Attempt to offer your student adequate breaks and meal opportunities
- Offer appropriate positive reinforcement

DON'T:

- Engage the student in gossip
- Impede student learning by assigning only “busy work”
- Always use the same teaching method
- Take your frustrations out on students
- Do anything to the student you wouldn't want done to you!

Student Dress Code for Rotations:

The health care worker must present a neat and professional appearance at all times in order to gain co-worker's and patient's confidence and to ensure that the highest levels of sanitary conditions are maintained.

- **Uniform:** Students are required to wear school issued uniforms during clinical rotations.
- **Hair:** Hair must be kept clean and neatly trimmed. Those with long hair must wear it tied up at all times. Hair dyed an unnatural color is not permitted.
- **Facial Hair:** Beards and mustaches are permitted if they are kept neatly trimmed. Those students without beards or mustaches must be clean shaven at all times.
- **Makeup and Jewelry:** Makeup suitable for daytime wear is acceptable. Cologne, after shave and perfume is permitted if not overpowering. Necklaces, chains, and bracelets must be worn under one's shirt or blouse. One earring per ear is permitted provided they do not hang below the lobe of the ear. No additional facial or body piercings are allowed in the laboratory.
- **Nails:** Nails kept short in length at all times. Only clear nail polish is permitted.

- **Badges:** Identification badges will be provided to each student upon entering the school. Students will wear their ID badge while on clinical assignment.

Evaluation by Preceptors

There will be performance evaluations during each clinical rotation. These are designed to evaluate the student's progress to date and provide feedback for improvement. The clinical faculty will directly observe the student in the clinical setting and evaluate him/her. In addition to the evaluations described, the student will also be evaluated on his/her professional conduct and attitudes. This will also be considered in establishing the grade.

The evaluation process is designed to integrate the student's ability to perform professional skills along with their knowledge and attitudes regarding safe, effective and empathetic care and to demonstrate their knowledge of the basic theories and background information presented during the didactic phase of the program.

Each student will receive Competency/Proficiency Exams (when applicable) and Rotation Evaluation Forms.

Every rotation requires the completion of the above exams (when applicable) and evaluation forms by a preceptor.

Who does the preceptor contact should student concerns arise?

Should questions or concerns arise preceptors are encouraged to contact their supervisor or the Program's Associate Program Director, Graziella Sestito, by phone at 347-668-7766 or via email at Gsestito@jpu.edu. If the Associate Program Director is unavailable, clinical preceptors can contact the Program Director, Isaak Miroshenko, at 347-421-1533 or IMiroshenko@JPU.edu.

Program Objectives

Upon graduation, students will receive an AS Degree of completion and are prepared to meet the requirements to sit for the written examination of the American Registry of Radiologic Technologists (ARRT) and to function as entry level Radiologic Technologists. Specifically, the program's objectives are to have our graduates perform effectively by:

- Applying knowledge of radiation protection for patients, self, and others
- Applying knowledge of anatomy, positioning and radiographic technique to accurately demonstrate anatomical structures on a radiograph
- Determining exposure factors to achieve optimum radiographic technique with a minimum of radiation exposure to patients
- Examining radiographs for the purpose of evaluating technique, positioning and other pertinent technical qualities
- Exercising discretion and judgment in the performance of medical imaging procedures
- Providing patient care essential to radiographic procedures
- Recognizing emergency patient conditions and initiating life-saving treatment within their scope of practice

Student Learning Outcomes

- Students will apply positioning skills
- Students will demonstrate appropriate use of equipment
- Students will practice radiation protection
- Students will employ proper techniques
- Students will use effective oral communication skills with healthcare professionals and patients
- Students will demonstrate effective presentation skills and written communication skills
- Students will adjust all necessary elements to perform non-routine exams
- Students will appropriately evaluate images
- Students will demonstrate professional behavior
- Students will understand ethical decision making
- Students will understand the importance of obtaining membership in professional organizations and obtaining certifications for advanced modalities
- Students will complete the program
- Students will pass the ARRT National Certification on the first attempt
- Graduates will be satisfied with their education and training
- Graduates will be gainfully employed within 1 year
- Employers will be satisfied with graduates' training

Clinical Internship Objectives

The overall objective, with regard to the clinical rotations, is to have the student practice and demonstrate competency in each procedure.

This is accomplished by having the student begin observing a procedure, then assisting with the procedure and finally performing the procedure on their own under direct supervision (see definition as published below).

Students must understand basic radiation safety practices prior to assignment to clinical settings. Students may not hold image receptors during any radiographic exposure. Students may not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. As students progress through the program, they will become increasingly proficient in the application of radiation safety practices.

During Clinical Rotations, students will be able to:

- evaluate each requisition
- ensure room readiness
- demonstrate proper patient/technologist relationship
- demonstrate proper positioning skills
- manipulate equipment effectively
- show evidence of radiation protection
- evaluate radiographic image for:
 - anatomical parts
 - proper alignment
 - radiographic technique
 - evidence of radiation protection

Students will be evaluated in the mid-point of the semester and the endpoint of the semester. Students must pass these evaluations with an 85%. Students must also complete initial competencies for all required procedures during the timeframe found under Establishment and Evaluation of Competencies as published.

Direct and Indirect Supervision

Direct Supervision: Student supervision by a qualified practitioner, who reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the procedure, and reviews and approves the procedure. A qualified radiographer is present during student performance of a repeat of any unsatisfactory radiograph.

Indirect Supervision: Supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. 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.

Competencies and Documentation Required Prior to Beginning your Internship

All students must receive clearance from the Program Director before beginning their clinical rotation.

Required Competency

All students must complete the Clinical Internship Competency Evaluation. This evaluation is typically given after completion of the second semester and is designed to evaluate competency in relevant topic areas to ensure the student is adequately prepared to participate in the clinical internship. Each student is allowed three attempts to complete the evaluation. A minimum score of 75% in all topic areas must be achieved in order to be granted clearance to begin your clinical internship. A score of less than 75% in one or more topic areas will result in academic advising from the Program Director and/or Educational Coordinator. The advising session will outline topic areas where increased competency is required and will assign tasks designed to assist the student in achieving the required competency. Students that receive additional training to achieve the required competency level will be allowed two additional attempts to complete the Clinical Internship Competency Evaluation. Students unable to achieve the required competency to begin their clinical internship after attempting the Clinical Internship Competency three (3) time will be dismissed from the program.

Required Training and Documentation

Training

1. HIPAA/OSHA/Infection Control training
 - a. Including completion of the Infection Control Quiz
2. Patient Care and PPE training
3. Radiation Safety Training
 - a. Including completion of the Radiation Safety Quiz
4. MRI Safety Training
 - a. Including submission of the MRI Safety Screening Form

Documentation

1. CPR
2. Health Insurance
3. Physical exam
4. Background check
5. TB
6. Hepatitis B*
7. Rubella*
8. Rubeola*
9. Mumps*
10. Tdap*
11. Varicella*
12. Annual flu shot
13. Annual radiation safety training form
14. Annual MRI safety training form
15. Complete the HIPPA and OSHA Completion Form
16. Drug test (do not complete until 30 days prior to your internship start date)

*This requires immunization documentation submitted or a titer.

Some clinical sites may require additional documentation such as additional background check items, additional forms or evaluations, or additional documentation. All students are required to comply with all requirements outlined by their assigned clinical site.

Clinical Site Placement

Students typically begin their clinical internship during the third semester of their program. JPU works with each student to place them in a clinical site within a reasonable distance from their place of residence. Based on clinical site availability or unforeseen circumstances outside of the control of the student or JPU, the student may be assigned to a site that required them to temporarily relocate.

Students may propose a clinical site closer to their place of residence than is currently available. In this instance, the University prefers to receive notice 5-6 months in advance for the purposes of communicating with the clinical site and securing paperwork. The Program Director and/or Educational Coordinator will evaluate any proposed site to ensure it would provide a clinically relevant and valid clinical experience for the student.

A student may not wish to accept the clinical site assigned to them. Although JPU works to provide a reasonable clinical site placement for the student, the student is required to accept their assigned clinical site if they have chosen to decline two previous site assignments. Failure to accept a clinical site assignment after two previous declinations will result in dismissal from the program.

Clinical Rotation Evaluation Criteria

**PLEASE SEE COMPETENCY REQUIREMENTS AND
FORMS**

Clinical Requirements and Competencies

<i>Chest & Thorax</i>		
Radiologic Procedure:	#	Mandatory (M)/ Elective (E)
Chest Routine	5	M
Chest AP (Wheelchair or Stretcher)	5	M
Ribs	5	M
Chest Lateral Decubitus	3	E
Sternum	2	E
Upper Airway (Soft-Tissue Neck)	2	E
<i>Upper Extremity</i>		
Thumb or Finger	5	M
Hand	5	M
Wrist	5	M
Forearm	5	M
Elbow	5	M
Humerus	5	M
Shoulder	5	M
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic, or Axial)*	5	M
Clavicle	2	M
Scapula	2	E
AC Joints	2	E
Trauma: Upper Extremity (Non Shoulder)*	5	M
<i>Lower Extremity</i>		
Toes	5	E
Foot	5	M
Ankle	5	M
Knee	5	M
Tibia-Fibula	5	M
Femur	5	M
Trauma: Lower Extremity*	5	M
Patella	2	E
Calcaneus	2	E
<i>Head</i>		
<i>Students must select at least one elective procedure from this section.</i>		
Skull	2	E
Paranasal Sinuses	2	E
Facial Bones	2	E
Orbits	2	E
Zygomatic Arches	2	E
Nasal Bones	2	E
Mandible	2	E
Temporomandibular Joints	2	E

<i>Spine And Pelvis</i>		
Cervical Spine	5	M
Thoracic Spine	5	M
Lumbar Spine	5	M
Cross-Table (Horizontal Beam) Lateral Spine	2	M
Pelvis	5	M
Hip	5	M
Cross-Table (Horizontal Beam) Lateral Hip	2	M
Sacrum and/or Coccyx	3	E
Scoliosis Series	3	E
Sacroiliac Joints	2	E
<i>Abdomen</i>		
Abdomen Supine (KUB)	5	M
Abdomen Upright	5	M
Abdomen Decubitus	5	E
Intravenous Urography	2	E
<i>Fluoroscopy Studies</i>		
<i>Students must select either upper GI or contrast enema plus one other elective procedure from this section.</i>		
Upper GI Series, Single or Double Contrast	2	E
Contrast Enema, Single or Double Contrast	2	E
Small Bowel Series	2	E
Esophagus	2	E
Cystography/Cystourethrography	2	E
ERCP	2	E
Myelography	2	E
Arthrography	2	E
Hysterosalpingography	2	E
<i>Mobile C-Arm Studies</i>		
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	2	M
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	2	M
<i>Mobile Radiographic Studies</i>		
Chest	5	M
Abdomen	5	M
Orthopedic	4	M
<i>Pediatric Patient (Age 6 or Younger)</i>		
Chest Routine	5	M
Upper Extremity	5	E
Lower Extremity	5	E
Abdomen	5	E
Mobile Study	5	E
<i>Geriatric Patient</i> <i>(Physically or Cognitively Impaired as a Result of Aging)</i>		
Chest Routine	5	M
Upper Extremity	5	M
Lower Extremity	5	M

**Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patient's condition.*

Mandatory Procedures

Students must demonstrate competence in all procedures identified as mandatory (M). Procedures should be performed on patients; however, up to eight mandatory procedures may be simulated if demonstration on patients is not feasible.

Elective Procedures

Students must demonstrate competence in 15 of the 35 elective (E) procedures. Students must select one elective procedure from the Head section. Students must select either Upper GI or Barium Enema plus one other elective from the Fluoroscopy section. Elective procedures should be performed on patients; however, electives may be simulated if demonstration on patients is not feasible.

John Patrick University
RADIOGRAPHY PROGRAM
LAB COMPETENCY EVALUATION FORM

- Lab #
- Pediatric Exam (6yo or younger)
- Geriatric Exam
- Trauma Exam

STUDENT: _____ **DATE:** _____

Evaluating Instructor: _____ **Examination/Lab #:** _____

Using the grading scale below, please put an "✓" in the appropriate box for each of the categories listed.

Professional Development		1	2	3	4	5	N/A	To the Evaluator Please evaluate the student for all categories listed, checking N/A if any of the listed questions are not applicable. COMMENTS
1	Student identifies procedure to be performed							
2	Prepares the room (Sanitizes the room and makes sure room is presentable)							
3	Verifies the patient name, Date of Birth, and MRN (if Applicable) (C)	Yes		No				
4	Acquires appropriate clinical history and verifies it with the patient							
Patient Care								
5	Provides name, title and credentials to patient	Yes		No				
6	Explains procedures to patients, reassuring and instilling confidence.							
7	Provides appropriate assistance to patient based on patient mobility							
8	Communicates effectively with patients							
9	Communicates effectively with technologists, physicians and support staff							
10	Maintains communication with patient throughout the examination							
Equipment Operation								
11	Correctly manipulated tube and bucky/wall stand							
12	Selected appropriate SID & Image Receptor Collimation Field size							
13	Used correct anatomical marker (Right or Left) (C)	Yes		No				
14	Knows required positioning							
Positioning Skills								
15	Correctly positioned body part (C)							
16	Maintained tube-part-IR alignment							
17	Set the correct tube angle (C)							
Radiation protection								
18	Wears protective and monitoring apparel.							
19	Collimates to the part and/or image receptor size.							
20	Shield was used where necessary (C)							
21	Did the student give the proper technical factors? (kVp and mAs) (Senior's only)							
Anatomy								
22	Did the student identify all structures shown? (C)							
Reviewing Faculty Instructor: _____ Date: _____ Student: _____ Date: _____ Clinical Coordinator/Program Director: _____ Date: _____								

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Grading Legend 1= 0 points 2= 65 points 3=75 points 4=85 points 5= 100 points on a 100 point scale (YES=100, NO=0)

The following definitions are used to assess the student's performance:

Excellent (5) – displays exceptional ability, is able to compensate for errors, and is consistent in work habits.

Good (4) – works consistently with minimal errors, needs minor improvement.

Average (3) – performs as expected.

Fair (2) – work is generally acceptable, however, noted improvement is needed.

**John Patrick University
RADIOGRAPHY PROGRAM
OR COMPETENCY EVALUATION**

Simulation
 Competency

STUDENT: _____ DATE: _____

OR Examination: _____ Clinical Location: _____

Using the grading scale below, please put an "✓" in the appropriate box for each of the categories listed.

OR COMPETENCY EVALUATION FORM		YES	NO	N/A
1	Student is properly Shielded for the C-Arm case			
2	Introduces himself/herself to the medical staff			
3	Correctly connects the C-Arm (turns on and off) (C)			
4	Obtains proper name sticker and compares it to the patient wrist band (C)			
5	Students properly programs the patient information			
6	Makes sure the C-Arm is draped properly			
7	Understands the directional language of the surgeon (AP, Lat, Oblique.)			
8	Correct placement of central ray (C)			
9	Understands the proper operations of the C-Arm			
10	Correctly orients the image			
11	Uses correct marker annotations (left and right)			
12	Properly cleans the C-Arm and other radiographic equipment			
13	Identifies anatomy correctly (C)			
14	Prints images as needed and/or send images to PACS			
15	Completes necessary paperwork / Correctly sent images to PACS			
16	Manipulated c-arm with confidence during exam (C)			
17	Critiques images for technical considerations			
18	Discards disposable materials in proper receptacle			
19	Provided protection for others / Protected self properly (distance/shielding)			
20	Cleaned c-arm after procedure & Proper shutdown and disassemble c-arm connections			

**To the
Evaluator**

Please evaluate the student for all categories listed, checking N/A if any of the listed questions are not applicable.

COMMENTS

C-Arm time in _____

C-Arm time out _____

Fluro time used _____

OR Room # _____

Surgeons name _____

Reviewing Technologist: _____	Date: _____
Student: _____	Date: _____
Clinical Coordinator / Program Director: _____	Date: _____

**John Patrick University
RADIOGRAPHY PROGRAM
CLINICAL COMPETENCY EVALUATION**

STUDENT: _____ DATE: _____

Competency Examination: _____ Gender & Age: _____

Using the grading scale below, please put an "✓" in the appropriate box for each of the categories listed.

Patient Care		YES	NO	N/A
1	Calls patient's name, has patient repeat name and checks patient's identity by (1) other means (C)			
2	Obtains appropriate medical history, correctly interprets all information on a request			
3	Determines pregnancy status and date of last menstruation on a female of child bearing age (C)			
4	Prepares room and equipment before patient enters			
5	Assists patient into room and on/off radiographic table			
6	Provided explanations and instruction throughout the examination.			
7	Provided for the patient's safety and comfort.			
8	Followed appropriate isolation/protection procedures when appropriate.			
9	Provided the appropriate instructions/gown/jewelry security.			
10	Follows proper patient care techniques (standard precautions, patient transfer, etc.)			
11	Ensures patient's physical safety using appropriate patient care skills and restores order to the radiographic room			
12	Provided appropriate instructions to the patient upon completion of exam.			
Positioning Skills				
13	Identified if the exam is done table top or bucky			
14	Uses correct size, type, and orientation of image receptor			
15	Proper use of Bucky/Tabletop, distance, and collimation (C)			
16	Properly shields patient when appropriate (C)			
17	Correctly positions body part in question for each projection required			
18	Uses correct tube angles & SID (C)			
19	Correctly utilized locks to move and adjust tube			
20	Aligns center of body part to be demonstrated to the center of the image receptor			
21	Gives clear and proper respiration instructions when needed			
22	Performs procedure in a reasonable length of time			
23	Performs procedure with confidence and ease			
24	Performs procedure without any prompting from evaluator			
Equipment Operation and Radiation Protection				
25	Correctly manipulates equipment (X-Ray tube, CR, DR, PSP readers, wet/dry imagers, digitizers)			
26	Proper use of IR type and SID			
27	Uses collimation to body part or IR as appropriate			
28	Clears area of people during mobile radiography or fluoroscopic procedures			
Radiographic Techniques				
29	Utilized appropriate ALARA technical factors (C)			
30	Sets and manipulates technique based on body habitus, patient condition or pathology			
31	Did the image need to be repeated due to student error? (C)			
Image identification				
32	Student's R or L markers are visible and properly placed (C)			
33	Determined the presence or absence of motion artifact (C)			
34	Determined that the pertinent anatomy is properly demonstrated. (C)			

**To the
Evaluator**

Please evaluate the student for all categories listed, checking N/A if any of the listed questions are not applicable.

COMMENTS

Reviewing Radiographer: _____ Date: _____

Student: _____ Date: _____

Clinical Coordinator/ Program Director: _____ Date: _____

Radiation Monitoring

Radiation Protection

The program maintains and monitors student radiation exposure data by requiring all students to wear a dosimeter badge at chest level at all times while in the clinical setting. The program's Radiation Safety Officer monitors, reviews and signs off on all radiation exposure reports monthly. Reports are made available to students within 30 school days following receipt of the data. If an exposure reading that requires attention is identified, an Incident Report form is completed and signed by the Radiation Safety Officer and student. The report is maintained by the Radiation Safety Officer and in the student's record.

Pregnancy Policy

- The student may (but will not be required to) notify the Program Director and the Radiation Safety Officer if pregnancy is suspected. The notification must be in writing
- If the student does notify the Program Director of a pregnancy, they have the option to withdraw the declaration of pregnancy. The withdrawal must be in writing
- The student will consult with the Radiation Safety Officer (in the presence of the Program Director) and at that time:
 - A review will be made of previous radiation exposure
 - The student will be made aware of current information of the risks and effects of radiation exposure to a fetus
 - The student will be made aware of the precautions to be taken while working in the clinic
- After consulting with the Radiation Safety Officer, the student must sign a statement:
 - Stating that they have been provided information on the risks and effects of radiation on the fetus
 - If the student wishes to continue in the program, or take a leave of absence
 - That the student has read and understands the suggested program regulations regarding a pregnant student, found below

School Regulations

If the student chooses to remain in the program:

The student may do so up until the time their pregnancy will interfere with normal function within the clinic. The student has the option to continue the program without modification or choose to follow the suggested regulations below:

The student may wear an additional monitoring device at waist level. The exposure received by the additional film badge will be closely monitored to assure radiation dosage does not exceed recommended levels for the fetus.

Special arrangements can be made with the student.

If the student does not wish to remain in the program:

She will obtain a leave of absence and arrangements will be discussed to readmit her into the program at the appropriate level of clinical and didactic education. If there have been changes in the program, she must agree to the new regulations in effect at the time of admission. (i.e., new course requirements, tuition, clinical competencies, etc.)

Establishment of Maximum Allowable Levels in Order to Monitor Individual Occupational External Radiation Doses

John Patrick University hereby establishes maximum allowable levels for occupational external radiation doses which, when exceeded, will initiate review or investigation by the RSC and/or the RSO. The maximum allowable levels that we have adopted are listed in Table 1. These levels apply to the exposure of individual students.

The RSO will review and record on appropriate forms results of personnel monitoring not less than once in any calendar quarter. The following actions will be taken at doses equal to or exceeding 25% of the levels listed in Table 1.

- The RSO will investigate in a timely manner the causes of all personnel doses equal to or exceeding 25% of the levels listed in Table 1 and, if warranted, will take action. A report of the investigation, any actions taken, and a copy of the individual's exposure record will be presented to the RSC at its first meeting following completion of the investigation. The details of these reports will be included in the RSC minutes.

Reestablishment of maximum allowable student levels

In cases where a worker's or a group of workers' doses need to exceed the maximum allowable level, a new, higher maximum allowable level may be established for that individual or group on the basis that it is consistent with good ALARA practices. Justification for new maximum allowable levels will be documented.

The RSC will review the justification for and must approve or disapprove all revisions of maximum allowable levels.

Table 1	
Body Part	Maximum Allowable Student Levels (Annual)
Effective whole body dose	1 mSv
Equivalent dose limit for the tissues and organs for the lens of the eye	15 mSv
Equivalent dose limit for the tissues and organs for the skin, hands and feet	50 mSv

Revised September 2021. Maximum doses based on U.S.NRC 10 CFR 20.13 and NCRP Report No. 116

Attendance Policy

In order to maintain a quality program and to ensure compliance with regulatory requirements, the following attendance policy is in effect:

Attendance at all clinical education sessions is mandatory.

One (1) absence is defined as one (1) missed session.

The course schedule will be provided to each student prior to the first day of the Semester. In addition to the course schedule, the number of absences for each course may be found in the course syllabi provided to the students during the first session of each course.

Time Off

Students are allowed time off for extenuating circumstances or documented medical emergencies. Examples of such absences include, but are not limited to, admission to a hospital for treatment, serious or contagious illness, bereavement of a non-immediate family member, jury duty and mandatory court dates.

All absences, regardless of whether they meet the criteria for allowed time off, may not exceed the maximum number of absences per course as detailed in the tables below.

Clinical Internship Absences

Students are required to complete all clinical internship hours. Students are allowed 3 clinical absences per semester with no make-up hours.

All absences must be logged in Trajecsys on or before the date of absence. Absences not logged in Trajecsys on or before the date of absence will be required to be made up on a 2:1 ratio.

Maximum Absences

The following table represents the maximum number of clinical internship hours per quarter/term that a student may make up:

Scheduled Clinical Internship Hours per Week	Maximum Hours
21 hours (3 days)	21 hours (3 days)

One day of clinical internship is equal to 7 hours.

Clinical Late, Left Early, Half-Absence and Absence

The following table represents the definition of clinical Late, Half-Absence and Absence:

Student Arrival/Presence	Considered
Arrives within one hour of the scheduled shift start time	Late
Fails to clock out	Left Early
Present for 50% of scheduled rotation time	Half-Absence
Present for less than 50% of scheduled rotation time or fails to clock in and out	Absence

Three occurrences of tardiness per course are considered one absence as calculated toward the student's course grade.

Exceeding Maximum Absences

Students who exceed the maximum number of didactic, laboratory or clinical internship absences will receive a grade of “F” and will be considered to have failed the course regardless of their calculated course average. Students who fail a course are required to follow the Progression Policy as published in the Catalog.

Breaks

Students are required to clock in and out before and after their lunch break or the break closest to the midpoint of their shift. After the third failure to clock in or out in a single quarter, two points will be deducted from the student’s course grade per occurrence.

Student Portal

Students can view their attendance through their student portal (Sycamore). Students will be advised and counseled as they near the maximum percentage allowed.

Absence Notification

Students are required to notify their Program Director, Clinical Coordinator, or any administrative office staff if they will not be attending class or clinic that day.

Attendance Procedure

Requirements

Clinical attendance is logged and monitored using Trajecsyst, a web-based clinical reporting system. Students are required to clock in and out via Trajecsyst upon arrival to, and departure from, their clinical site. Students are also required to clock in and out before and after their lunch break or the break closest to the midpoint of their shift. All Trajecsyst clock-ins and clock-outs must be performed within 50 feet of the clinical facility, using a GPS-enabled mobile device.

Clinical sessions will start exactly on the assigned hour, and students are expected to be on time. The definition of late is up to the discretion of the Associate program director, but will be no later than 15 minutes after the scheduled shift start time. Excessive tardiness is considered unprofessional conduct and will not be tolerated. Excessive tardiness may result in the student's termination from the Program.

If a student must leave early from their rotation for any reason, they must inform their assigned clinical instructor or supervisor/preceptor AND either their Program Director or Associate Program Director. Failure to inform one of these individuals will result in the student being penalized for a full day's absence. Repeated infractions of this type are grounds for termination from the Program.

Exceptions

In the event of any exceptions (e.g., the Trajecsyst attendance logging feature is down), students are required to send a message to the Program Director and Clinical Coordinator through Trajecsyst, at the time that they are unable to clock in or out, notifying them of the issue. The Clinical Coordinator will verify the student's attendance and enter that record on their behalf. If a student does not send the required message at the scheduled time, the exception will be considered a failure to clock in or out.

Failure to Clock In or Out

A student may fail to clock in or out up to three times per quarter for the beginning and end of their shift, in which case the Clinical Coordinator will verify the student's attendance and enter that record on their behalf. Students who exceed the maximum number of allowed failures will be subject to the Attendance Policy.

Volunteering During Off Hours and Holidays

Students may only rotate at John Patrick University's affiliated clinical sites during the shifts and hours assigned to them by their Program Director or Clinical Coordinator. Student may not "volunteer" during off hours in his or her profession's department to obtain additional clinical experience.

Bloodborne Infection Control Guidelines

SUBJECT: Universal Blood and Body Fluid Precautions

Purpose: To minimize the risk exposure to blood and body fluids and prevent transmission of infection in the health care setting.

Policy:

Blood and body fluid precautions shall be used whenever there is exposure or possible exposure to ALL blood and body fluids. It will no longer be necessary to label specimens specifically for HIV or isolation. The advantages of applying these precautions universally are:

- a. Minimize contact with blood and body fluids by health care workers.
- b. Minimize the likelihood of transmission of specific organisms such as Hepatitis B and the Human Immunodeficiency Virus (HIV).
- c. Consistent needle and sharp disposal practices.
- d. Increased confidentiality for patients as these same precautions shall apply to all patients' blood and body fluids regardless of the patient's diagnosis.
- e. Consistent application of infection control principles.

Procedures:

1. HANDS should always be washed before and after contact with patients. Hands should be washed even when gloves have been used. If hands come in contact with blood, body fluids, or human tissue, they should be immediately washed with soap and water.
2. GLOVES should be worn when contact with blood, body fluid, tissues or when contaminated surfaces are anticipated. Gloves should be changed after contact with blood or body secretions.
3. GOWNS or plastic aprons are indicated if blood splattering is likely.
4. MASKS and/or PROTECTIVE GOGGLES should be worn when it is likely that eyes and/or mucous membranes will be splashed with body substances (e.g., when suctioning a patient).
5. Emergency mouth-to-mouth resuscitation, mouthpieces, other ventilation devices should be accessible and available for use.
6. Needles should be handles in such a manner to prevent accidental cuts or punctures. They should not be bent, broken, reinserted into their original sheath or reused. They should be discarded intact immediately after use into the disposal box.

Mucosal splashes or contamination of open wounds with blood should be reported immediately to the Occupational Health Department using an Accident Report Form. The area should be cleaned up promptly with a disinfectant solution (e.g., 1:10 dilution of bleach, phenol, or alcohol