# McNeese State University College of Nursing and Health Professions Department of Health Professions Radiologic Sciences Program

# **Student Handbook**

It is the student's responsibility to read the student handbook. The student will be held responsible for policies in this

handbook. Rules are subject to change. Disputes over interpreta attention. The program director will seek the advice of the program committee for a final decision.	
	Issued to
	Date
I have read the 2024- 2025 MSU Radiologic Sciences Student Handbootherein and will abide by these polices during my enrollment in the pro Sessions)	• •

Date

Student Signature

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## MISSION & PROGRAM GOALS

The program in Radiologic Sciences at McNeese State University offers a Bachelor of Science degree which prepares students for the health care profession as competent radiographers (R). In addition, the program prepares students for career opportunities in Mammography (M), Computed Tomography (CT), Magnetic Resonance Imaging (MR), Bone Densitometry (BD), Vascular-Interventional Radiography (VI), or Cardiac-Interventional Radiography (CI). The program integrates learning and clinical environments to promote advanced professional development. The program mission aligns with the university mission to emphasize in-depth disciplinary knowledge and its application to academic and professional environments. Students achieve success through the studied acquisition of content knowledge, the demonstration of discipline-specific skills and dispositions as well as mastery of general education competencies such as critical thinking, effective communication, and independent learning.

## The program goals are:

- 1. To provide an education that promotes clinical competency.
  - SLO 1.1 Students will be able to demonstrate radiographic positioning skills accurately
  - SLO-1.2 Students will provide patient care and comfort to patients while performing radiographic procedures
  - SLO-1.3 Students will be able to apply the principles of radiation protection for the patient, self and others
- 2. To foster critical thinking skills enabling effective problem solving in the professional environment.
  - SLO 2.1 Students produce radiographic images demonstrating proper selection of exposure and technical factors,
  - SLO 2.2. Students will evaluate finished radiographic images, for proper: anatomy visualized, positioning, and exposure factors
- 3. Apply effective communication skills in the professional environment.
  - SLO 3.1 Student will be able to communicate with their patients while implementing the radiography process
  - SLO 3.2 Students will be able to communicate effectively with clinical staff and peers.
- 4. To promote professionalism in radiologic Sciences.
  - SLO 4.1 The student will maintain appropriate conversation with and in the presence of patients
  - SLO 4.2 The student will demonstrate professional ethics while at the assigned Clinical Setting

SLO – Student Learning Outcome

Policy: 1982

Revised: 1994, 1997, 2007, 2011, 2017, 2019

## Code of Ethics American Registry of Radiologic Technologists (ARRT)

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

- 1 The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
- **2** The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- 3 The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
- **4** The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
- **5** The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
- **6** The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation

- and diagnosis are outside the scope of practice for the profession.
- 7 The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
- **8** The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- **9** The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
- 10 The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
- 11 The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances, which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.



Revised by ARRT 2019

## **INTRODUCTION**

Welcome to the Radiologic Sciences program sponsored by McNeese State University. It is our sincere hope that you will find this program a rewarding and challenging part of your life.

Your participation as part of the health care team is much appreciated. The health care team is a group of individuals who are working toward one goal – providing the best possible care and diagnosis to the patients they are privileged to serve.

The purpose of this handbook is to better acquaint you with the polices and guidelines of the radiologic Sciences program. Being knowledgeable of the polices and guidelines of this handbook will enable you to realize what is expected of you as a student in the program.

Students enrolled in the program will be responsible for observing all university rules and regulations as stated in the current university "Undergraduate Catalog" and the Code of Student conduct for MSU which can be found at <a href="https://www.mcneese.edu/policy">www.mcneese.edu/policy</a> and then click on "Student Handbook" policy. Students will also be responsible for observing all rules and regulations of the assigned Clinical Setting (CS) and all polices, procedures and guidelines listed in this handbook. You are urged to be knowledgeable of the information contained in these references as they contain considerable information about day-to-day concerns you may face.

The information in this handbook is subject to change due to changing Circumstances; the polices, as written, may be modified, superseded, or eliminated. You will be notified of such changes through regular channels.

Not every eventuality can be foreseen, and areas not covered in this handbook will be dealt with on an individual basis. Student clinical performance responsibilities include, but are not limited to the duties and responsibilities stated in this handbook.

In the event that the clinical setting and the student handbook polices and procedures differ, bring the matter to the attention of the program director of radiologic Sciences so that the matter can be presented to the Radiologic Sciences Advisory Committee for a decision.

Policy: 1982

Revised: 1984, 1988, 1994, 1997, 2003,2018

## **ACADEMIC STANDARDS**

The following academic standards are specific to the program in addition to the academic standards set by the university.

- Grading scale for RADS courses:
  - $\circ$  100 93 = A
  - $\circ$  85 92 = B
  - $\circ$  77 84 = C
  - $\circ$  69 76 = D
  - $\circ$  Below 69 = F
- A grade of "C" or better is required for all courses within the professional curriculum
- A grade of "I" for any RADS course not completed by the last date to resign the following semester becomes a grade of "F"
  - o If the "I" is received in a course that is a prerequisite for a course offered the next semester, the "I" must be removed before the start of the next semester

## NON- COMPLIANCE OF ACADEMIC STANDARDS

- If a final grade lower than "C" is earned in a "RADS" course
  - The student will be dismissed from the professional phase of program \*
- If a final grade lower than "C" is made in NURS 330 or HSM 450
  - The student must complete the course with a "C" or better prior to graduation
- Noncompliance of academic standards means the student does not progress to the next semester of the professional phase of the Radiologic Sciences program.
- To progress to the next semester the student may choose to:
  - o Reentry into the program
    - Available if unsuccessful completion of <u>only one</u> RADS course in a given semester
      - Available only the next time the course is offered *if space is available in the cohort*, otherwise reapplying to the program is an option
      - Available only if the minimum grade point averages are met
    - The student does not have to complete an application or the admission process for the professional phase
    - Students who request reentry must contact the program director for more details
    - After a second unsuccessful attempt of any RADS course, reentry is not an option, student may reapply
  - o Reapply to the program
    - Available if unsuccessful completion of more than one RADS course
    - Must complete an application and go through the admission process
      - In calculating the grade point averages for re-admission, the following will apply
    - All courses including the completed RADS courses will be used in the establishing the grade point averages
- \* Students who are dismissed from the professional phase program will be assisted through referral for counseling and guidance.

Policy: 1982

Revised: 1984, 1986, 1987, 1994, 1997, 2003, 2013, 2018, 2021

#### **ACCREDITATION**

The Joint Review Committee on in Radiologic Technology (JRCERT) is the only organization recognized by the U.S. Department of Education (USDE) to evaluate and accredit educational programs in radiography and radiation therapy.

The program is accredited and evaluated by the JRCERT.

- Holds the maximum accreditation status awarded by the JRCERT
- Documents pertaining to this award are housed in the Radiologic Sciences Office
  - JRCERT accreditation is the Hallmark that tells students the educational program is committed to academic excellence, healthcare quality and patient and professional safety
  - JRCERT accreditation demonstrates that the program adheres to these National Educational Standards

The "Standards for an Accredited Educational Program in Radiological Technology" are available through the Program Director or by writing to the: *JRCERT*, 20 N. Wacker Drive Suite 2850, Chicago, IL 60606-3182 or at <a href="www.jrcert.org">www.jrcert.org</a> and then selecting "Programs & Faculty" and then clicking on "JRCERT Standards" and selecting "Radiography Standards"

Allegations of noncompliance of the standards should be directed to the JRCERT

Policy: 19/9

Revised: 1986, 1994,1997, 2003, 2006, 2007,2017

## APPEALS PROCEDURE\*

Differences of opinion may arise from time to time. Resolving these differences fairly and quickly is obtained by the following procedure.

#### STEP ONE

Talk the concern over with the faculty member within two days of the occurrence.

- Faculty member required to give answer within two working days
  - No answer, or not satisfied with response, advance to step two

#### STEP TWO

State your concern to Program Director

- Must be in writing
- Submitted within three working days after initial reply in step one
- Program Director required to reply within one week
  - No answer, or not satisfied with response advance to step three

#### STEP THREE

State concern to Radiologic Sciences Appeals Committee

- Committee composed of all Radiologic Sciences faculty members (excluding the program director and the involved faculty member), department head of Radiologic and Medical Laboratory Science (who will serve as chairman, unless the position is held by the RADS program director, in this situation, the MLS program director will serve as chairman), and one other member (faculty member from the department or technologist from the CS involved). If any of the mentioned members of this committee are unable to attend a replacement member may be appointed.
- Written request to program director for an appeals committee review
- Submitted within two days after completion of step two
- Program director required to call a meeting to review the student's appeal within one two weeks
- Appeals committee required to give a decision on the appeal or call for an investigative hearing within one week following the Committee meeting

#### STEP FOUR

Investigative Hearing called to hear additional evidence before rendering a decision.

- All appeals committee members required to be present
- Student states their appeal calling on witnesses if necessary
- Committee may request faculty and/or the program director to state their rationale for decision
  - Calling on witnesses if necessary
- After the presentations all non-committee persons leave the hearing
- Vote on a decision by secret ballot
- Immediate notification of appeals committee decision

#### STEP FIVE

The University has an established policy entitled student complaint policy which can be found at <a href="http://www.mcneese.edu/policy/student\_complaint\_policy">http://www.mcneese.edu/policy/student\_complaint\_policy</a> This policy states the procedures for filing a complaint. In addition this policy also directs the student to special polices which are not general in nature under the procedure for handling complaints involving special polices. Students are also directed to the University Student Handbook, Code of Student Conduct for further direction on how to make an appeal. Academic appeals must follow undergraduate grade appeals procedure as stated in the MSU catalog, which can be found at <a href="http://catalog.mcneese.edu/content.php?catoid=12&navoid=746#ug\_grade\_appeals">http://catalog.mcneese.edu/content.php?catoid=12&navoid=746#ug\_grade\_appeals</a>.

Policy: 1989

Revised: 1994, 1997, 2003, 2007, 2008, 2010, 2019

#### ATTENDANCE/TARDY

In addition to the rules and regulations stated in the MSU catalog, the following will be enforced:

- Regular and prompt attendance for all Radiologic Sciences courses in the classroom and labs are required
  - Any test missed can be made up according to the policy

#### CLINICAL RADIOGRAPHY COURSES

Active clinical participation is 10% of the overall course evaluation (except RADS 355 =5%, and RADS 467 = 20%). Nonactive clinical participation violation will result in a student receiving a 10-point deduction per occurrence in the clinical participation section of the F-45 grading procedure sheet for the course. The student will be permitted 1 absence from the clinical radiography course each semester which does not have to be made up. This first absence counts as the one permitted absence that does not have to be made up. One absence is equal to the number of assigned hours the day missed. Students must make up all absences over the one permitted. Student who only miss the one permitted absence will receive 100 points in the clinical participation section on the grading procedure sheet for the course (form F-45). If a student must be absence more than the one permitted, the student must make up the day(s) missed and point deductions will be applied to the clinical participation section on the grading procedure sheet (form F-45). If the absence(s) is excused no points will be deducted, but day(s) missed must be made up.

- Make up absences and point deductions are as follows:
  - Must be made up in the assigned area and the times assigned
  - The point deductions are:
    - RADS 350, 355, 356, and 459 2 absences (the 1 permitted & 1 additional) = 25-point deduction
    - RADS 350, 355, 356, and 459 3 absences (the 1 permitted & 2 additional) = 50-point deduction
    - RADS 350, 355, 356, and 459 4 absences (the 1 permitted & 3 additional) = 75-point deduction
    - RADS 350, 355, 356, and 459 over 4 absences (the 1 permitted & 3 additional) = 100-point deduction
    - RADS 461 and 467 2 absences (the 1 permitted & 1 additional = 25-point deduction
    - RADS 461 and 467 3 4 absences (the 1 permitted & 2-3 additional = 50-point deduction
    - RADS 461 and 467 5 6 absences (the 1 permitted & 4-5 additional = 75-point deduction
    - RADS 461 and 467 over 6 absences (the 1 permitted & 6 additional = 100-point deduction
  - The student will receive an incomplete grade for the clinical radiography course until the makeup days are completed.
    - If make up days are not completed before the start of the next clinical radiography course, the student will not be permitted to progress to the next clinical radiography course.
    - Exception: RADS 467- must be made up by the day before grades are due for graduating seniors.
  - A point deduction of 100 points for any clinical course is considered excessive absences and will require a Radiologic Sciences Advisory Committee decision regarding the student's continuation in the program
- Students becoming ill while in attendance at the CS will not be permitted to remain at the CS
  - Leaving the CS prior to completing assigned hours will result in an absence for the total hours assigned for that day
- When a student is unable to attend a clinical assignment, they must contact the CP or the Radiology Department of the CS
  - Prior to scheduled assignment
  - Failure to contact prior to the scheduled assignment will result in a 25-point deduction in the clinical participation section on the grading procedure sheet
- When present for a clinical assignment the time must be documented, see clinical radiography course record keeping
  - Failure to document arrival and departure times is considered an absence, unless it can be verified
  - Failure to document arrival or departure time will result in a -5 pt/occurrence in record keeping
  - 3 violations of not properly documenting time in a semester will result in 25-point deduction in the clinical participation section on the grading procedure sheet.

After 3 violations of nonactive clinical participation during the fall and spring semesters, or 2 violations during the summer, it will be considered as an absence. Each occurrence over the permitted will count as an absence, 25 points will be deducted and the absence must be made up and will not count as the one permitted absence.

#### **TARDINESS**

Students are to clock-in no later than 3 minutes prior to assigned time, and must be properly attired upon clocking in.

- Tardy is considered as clocking in any time after 3 minutes prior to the assigned time and up to 1 hour after.
- Anytime over one hour is an absence
- When tardy, the amount of time tardy will be added to the assigned time for that day
  - Failure to stay for the time tardy, results in a 25-point deduction in the clinical participation on the grading procedure sheet
- Cumulative record of tardiness will be maintained
  - Permitted three (3) tardy occurrences per semester
  - Permitted two (2) tardy occurrences per summer session

Each occurrence over the permitted will count as an absence, 25 points will be deducted and the absence must be made
up and will not count as the one permitted absence.

In the event that extended physical restrictions or circumstances are imposed, see Program Officials

Policy: 1982 Revised: 1984-1994, 1996, 2001, 2003, 2004, 2005, 2007, 2008, 2011, 2012, 2013, 2014, 2019, 2021, 2022, 2023, 2024

## **BACKGROUND CHECK**

Enrollment in clinical radiography courses requires a healthcare worker background check

- Includes:
  - Criminal Search, Social Security Number Verification, Maiden Name/AKA Name Search, Sexual Offender Registry/Predator Registry, National Wants & Warrants Submission, 13224 Terrorism Sanctions Regulations, U. S. Government Terrorist List Search, Investigative Application Review, Adverse Action Letter, Medicare/Medicaid Sanctioned

Performed by: Castlebranch. It is a simple process type in the URL address mcneese.castlebranch.com

- then click "place order"
- then click "please select"
- then select "radiologic technology"
- then click the middle selection for VK83bgdt: Background Check Drug Test
- then check "I have read order instructions"
- then "click to continue"
- then follow instructions as prompted
- If applicable, must file a pre-approval application with the ARRT and LSRTBE (see form F-32)
- Required prior to beginning the first Clinical Radiography course
- An adverse action (denial of acceptance into a clinical setting) based in whole or part from information contained in a healthcare worker background check report requires the program to follow the procedures of the Fair Credit Reporting Act (FCRA)
  - Pre-adverse action disclosure would be issued to the student
  - Student would have right to dispute the accuracy or completeness of information furnished in report in accordance with the Fair Credit Reporting Act (FCRA)
  - A student who has been convicted of any felony or serious misdemeanor will be not be assigned to a clinical setting if it is a security or safety issue.
    - Criminal conviction does not automatically preclude a student from being assigned to a clinical setting, however the assignment decision will be based upon a careful consideration of the nature of the conviction
    - Criminal convictions for a felony or misdemeanor offense involving acts of violence, theft, or
      dishonesty, weapons, program related fraud, abusive treatment of patients, or moral turpitude are
      likely to adversely affect the workplace and thus creates a decision of not assigning a student to
      the clinical setting
    - Being on active probation or parole is also likely to adversely affect the workplace and thus creates a decision of not assigning a student to the clinical setting
  - Students who are identified as a positive match on any part of the healthcare worker background check could be considered as an individual who may not be assigned to a clinical setting
- Failure to complete the healthcare worker background check will result in a student not being assigned to a clinical setting and enrolling into Clinical Radiography courses
- Students are required to report to a program official if they are arrested or charged for any offense with the exception of minor traffic offenses.
  - Student must submit a police report or other documentation concerning the arrest and/or charges within 2 days of the arrest
    - The program will not take any adverse action based solely on an arrest but will consider underlying facts of arrest before taking disciplinary action
    - o Failure to report an arrest or charge is grounds for dismissal

Policy: 2006, 2010, 2019, 2023, 2024

#### **BREAKS**

Clinical radiography courses permit students to leave their assigned areas for breaks, lunch, or dinner.

- 45-minute lunch or dinner
  - Time in excess of 45 minutes must be made up on the day the violation. For each 15-minute block in excess, the time must be made up as follows: 1 min 15 min = 1 hr make up time, 16 30 min = 2 hr make up time, etc.
  - Failure to make up time in excess will result in 25-point deduction in the clinical participation section on the grading procedure sheet.
  - 3 violations of exceeding 45 minutes for lunch or dinner will result in 25-point deduction in the clinical participation section on the grading procedure sheet.
  - Lunch breaks should be scheduled between 11:00 a.m.-12:30 p.m. except in cases of extreme circumstances.
  - When leaving the CS, this time must be documented
    - Failure to document departure and/or arrival times results in a 5 pt deduction for each occurrence in clinical record keeping
    - o 3 violations of not properly documenting time in a semester will result in 25-point deduction in the clinical participation section on the grading procedure sheet.
- Breaks are not guaranteed; permitted at the discretion of the CP or Supervising Technologist

Policy: 1984

Revised: 1988, 1992, 1994, 1999, 2001, 2003, 2006, 2023

## <u>CARDIOPULMONARY RESUSCITATION CERTIFICATION</u>

Enrollment in clinical radiography courses requires cardiopulmonary resuscitation certification.

- Adult, infant & AED Training with Skills Check off, or
- Healthcare Professional /Provide Card,
- Current for the duration of the program
  - Failure to do so will result in suspension (days missed are counted as absences) from the Clinical Radiography course until proper certification is obtained
- The Skills Check off must be completed in person not online

Policy: 1994

Revised: 1998, 2003, 2011, 2021

#### CLINICAL ASSIGNMENTS\*

Enrollment in clinical radiography courses requires assignment to area hospitals and/or clinics that are accredited to serve as Clinical Settings (CS) by the JRCERT. Facilities' currently serving as CS's are listed within the faculty and administration page of this handbook. A minimum number of clinical participation hours are required for each clinical radiography course. Clinical assignments are in addition to on-campus courses and are made by the program officials on a semester basis. Prior to the summer session of the first year, the students are given the initial CS request placement form to complete (Form F- 49). Every attempt is made to assign one clinical setting for two consecutive clinical assignments. The other clinical assignments will be among the other clinical settings. Travel to and from the clinical assignments is the responsibility of the student. All Clinical Settings are located within 15 miles of the campus.

#### FIRST YEAR\*

- 0 clock hours per week spring semester
- RADS 350 22.5 clock hours per week summer for clinical and 3 hours lecture (6wks)
- RADS 355 15 clock hours per week fall semester
- RADS 356 15 clock hours per spring semester

#### SECOND YEAR\*

- RADS 459 22.5 clock hours per week summer for clinical and 3 hours lecture (6wks)
- RADS 461 25 clock hours per week fall semester
- RADS 467 25 clock hours per week spring semester (up to 8 weeks of advanced area rotational assignments, Form F-36)
  - During this course students may also complete <u>some</u> of the documentation required by the ARRT for clinical experience in one post-primary certification examination area, such as Mammography (M), Computed Tomography (CT), Magnetic Resonance Imaging (MR), Bone densitometry (BD), Vascular-Interventional Radiography (VI), or Cardiac-Interventional Radiography, (CI).

#### ROTATIONAL ASSIGNMENTS\*

While assigned to the CS, the student will be rotated through the various areas of the Radiology Department such as Radiography, Fluoroscopy/Radiography, Mobile, Surgery, Computed Tomography (See Form F-1). The student may be assigned to another CS for some rotations, which requires documentation of any procedures that were evaluated for competency/Proficiency on Form F-53.

- Rotational assignments are distributed at beginning of each course
  - No changes in assignments without the permission of the Program Director and/or the clinical coordinator
- Monday Friday daytime hours, with the exception of occasional evening rotation.
   Evening Rotation during summer RADS 459 includes one Saturday assignment.
- If no activity in rotational assignment, must assist/perform in other areas
  - When in other areas, inform the CP and/or the supervising technologist

Students must exercise judgment in the number of hours of employment they work during the program as their education may be jeopardized by excessive hours of employment. Work schedules must not conflict with the program curriculum (clinical courses and campus courses). Students must not receive monetary compensation for work done in the Radiology Department during their assigned clinical education

#### Advanced Area/Choice ASSIGNMENTS\*

The student will also be assigned to choose areas during the professional phase of the radiologic sciences program. Choice areas are selected by the student from the following areas: Radiography, Radiography/fluoroscopy, Mobile, Surgery, Bone Densitometry, Cardiac Interventional Radiography, Vascular Interventional Radiography, Sonography, Nuclear Medicine, Computed Tomography, Magnetic Resonance, Mammography, Radiation Oncology. (See Form F-27) (1-2 weeks)

- Student may request 1-2 wk. rotations through any of the choice assignments listed above
- Will be assigned during the Fall or Spring semester for a maximum of 2 weeks during each assignment, none during the summer session)
- Form F-27

Failure to submit form in the specified time will result in the assignment being selected by the program officials During RADS 356 (first CT assignment) students are assigned to computed tomography as an observation rotation only. During RADS 459 (or second CT assignment) students are assigned to computed tomography to completed the computed tomography objectives (Form F-46), During RADS 461(or third CT assignment) Students are assigned to computed tomography to complete competency (Form F-15)

During RADS 467 students can request an advanced area beyond radiography, in one of the following: mammography/bone densitometry, computed tomography, magnetic resonance imaging, vascular interventional radiography, or cardiac-interventional radiography (see Form F-36 for specifics)

\*Course assignments including both on campus classes and clinical courses should not exceed 40 hrs/wk. or 10 hrs/day. The student may request to exceed this time limit (see Form F-25)

Policy: 1982

## **CLINICAL COURSE OBJECTIVES**

Objectives for clinical radiography courses are stated in the course syllabi. Each clinical radiography course requires the student to

- Acquire clinical competency in a variety of diagnostic procedures and other imaging modalities
  - Successful completion of all clinical radiography courses identifies that the student has documented the minimum clinical competency requirements set by the American Registry of Radiologic Technologists (ARRT)
  - In addition to meeting the minimum clinical competency requirements set by the ARRT, completion of RADS 467 for most students indicates they have completed <u>some</u> of the documentation required by the ARRT for clinical experience in one post-primary certification examination area, such as: Mammography (M), Computed Tomography (CT), Magnetic Resonance Imaging (MR), Bone densitometry (BD), Vascular-Interventional Radiography (VI), or Cardiac-Interventional Radiography, (CI).
- Develop and practice work habits and appropriate interpersonal relationships with patients and other members of the health care team
- Coordinate their RADS course objectives with their clinical assignments
- Utilize the course objectives in preparing for unit tests

Policy: 1981

Revised: 1982, 1983, 1984, 1987, 1988, 1997, 2003, 2011, 2016, 2019

## CLINICAL RADIOGRAPHY COURSE - RECORD KEEPING

Record keeping is part of each clinical radiography course. Record keeping includes but not limited to *clinical experience* records, signing evaluations, personal notebooks of exposure factors, and daily attendance records. The majority of record keeping is maintained through an electronic clinical tracking system, purchased through the MSU Bookstore. The clinical tracking system is **the MED HUB E-Value System**. Students are given 100 pts at the beginning of each semester for proper record keeping. Point deductions will be assessed as stated below and recorded on the grading procedure summary sheet for the course. (see grading procedure sheets Form F-45 (350)(355)(356)(459)(461)(467)

#### CLINICAL EXPERIENCE RECORD

Maintain a daily record of clinical experience

- Enter via www.e-value.net, through the Case Log icon
  - must be completed on the day performed, assisted or observed the procedure
    - O Students will be given 10 minutes at the end of their assignment to complete entering case logs
    - o All procedures on e-value will have 3 listings.
      - Procedure Evaluation, Procedure Proficiency
      - Select the procedure only, not procedure Evaluation or Proficiency
- Randomly checked by clinical preceptor or MSU faculty
  - Incomplete clinical experience records = -5pts/occurrence
- Competency/Proficiency Evaluations completed by Clinical Preceptor other than your home Clinical Preceptor
  - Complete and submit paper form entitled "Clinical Participation Log: e-value entry communication to your home CP. This serves as a reminder for home CP to enter on Form F-45

## PERSONAL POCKETSIZE NOTEBOOK OF EXPOSURE FACTORS

A personal pocketsize notebook is required to be with the student at all times during clinical assignments.

- Record exposure factors for radiographic procedures (no positioning notes)
- Checked randomly
  - No notebook, or notebook not up-to-date = -5pts/occurrence

#### DAILY ATTENDANCE RECORD

- Enter via <u>www.e-value.net</u>, through the **Time Tracking icon** 
  - Students have 5 options under the time tracking icon
    - o Present, absent, make-up, campus closure, and 40+
    - o Failure to the select the appropriate option will result in a -5pts/occurrence under record keeping
- Arrival and departure times must be documented on a designed computer within assigned CS
  - Failure to document arrival and departure times is considered an absence, see attendance policy
  - Failure to document arrival or departure time will result in a 5 pt deduction for each occurrence
  - 3 violations of not properly documenting time in a semester will result in 25-point deduction in the clinical participation section on the grading procedure sheet.

Policy: 1984; Revised: 1986-1990, 1994, 1996-1997, 2001-2003, 2005, 2006, 2007, 2016, 2012, 2019, 2021

## **CLINICAL RADIOGRAPHY COURSE - UNIT TEST**

At the end of the semester, the student will complete a unit test while enrolled in all clinical radiography courses (except RADS 467)

- The test will encompass
  - Course objectives as stated in the syllabi
  - Supplemental information provided by the preceptor or radiographer during any rotation
  - Any objectives from previous or currently enrolled RADS courses
- The unit test will be comprehensive utilizing the objectives, course assignments, and when applicable image evaluation sessions and anatomy ID quizzes for all courses taught in the Radiologic Sciences Program.

Policy: 1985

Revised: 1989, 1992-1994, 2001-2003, 2005, 2007, 2008, 2009, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 2023, 2010, 2011, 2013, 2015, 201

#### **CLINICAL SUPERVISION OF STUDENTS**

During the clinical radiography courses of the program, all students are under direct supervision until a student achieves and documents competency on a given procedure. The following require direct supervision at all times: mobiles, surgical, fluoroscopic procedures not requiring radiographic images, emergency room procedures or other procedures when performed in a room remote from the main imaging department.

#### **DIRECT SUPERVISION**

Direct supervision requires the following parameters:

- A qualified practitioner\* be present in the examining room during the radiographic procedure
- A qualified practitioner\* reviews the procedure and evaluates the patient's condition in relation to the student's achievement and knowledge
- A qualified practitioner\* reviews and approves the procedures.

## **INDIRECT SUPERVISION**

Students who have achieved and documented competency of a given procedure may perform that procedure under indirect supervision of a radiographer\*.

- Indirect supervision requires that a qualified practitioner\* be available for immediate assistance
- Immediate assistance means that a qualified practitioner\* is present in the room adjacent to where the procedure is being performed

#### REPEAT EXPOSURES

When repeat exposures are necessary a qualified practitioner\* must be present in the examining room, and the student must fill out **Form F-31** which is located in the examining room.

## MOBILE, SURGERY, ER/ED, PEDIATRIC procedures

When performing a mobile, surgery, ER/ED, or pediatric procedure, a qualified practitioner\* must be present in the examining room.

## It is the student's responsibility to ensure that proper clinical supervision prevails.

- Failure to comply will result in disciplinary action
- Report to a program official whenever <u>asked</u> to perform an examination, which violates this policy.

## ENERGIZED LABORATORIES

The Radiologic Sciences Program has one DR energized laboratory. The DR lab has a stationary table and upright bucky with an interchangeable DR panel, and two chargeable batteries for the DR panel. This lab also incorporates a PACS system into the lab. The generator for the DR lab is password protected to not allow exposures by students without the supervision of a Radiologic Sciences faculty member.

#### Safety Rules of the lab:

- 1. The Radiologic Sciences lab is always locked except at times when classes are scheduled for the rooms.
- 2. Students are required to wear a dosimeter during all radiography course labs.
- 3. Students are not allowed to stand in opening of the radiographic room while exposures are being made. This is to prevent radiation exposure from scattered radiation.
- 4. Students must get permission from a faculty member to be in the lab when class is not in session.
- 5. Students are not allowed to make exposures in the lab without supervision of the assigning faculty member.
- 6. Students are not allowed to be in the radiographic room when exposures are being made.

Policy: 1992

Revised: 1994, 1997, 1999, 2003, 2007, 2016, 2021

<sup>\*</sup> Qualified practitioner: one which is credentialed and in good standing in radiography, radiation therapy, sonography or nuclear by the American Registry of Radiologic Technologists (ARRT) or appropriate certifying agency, or holds a current license to practice radiography, radiation therapy, or nuclear medicine in the state of Louisiana.

## **COMMUNICABLE DISEASE**

Communicable diseases vary in their virulence, duration, mode of infection, and affects. In order to fully protect students, patients, and clinical staff, the student should do the following:

- Suspicion of exposure or contraction of any of the diseases (conditions) listed as a reportable disease by the state of Louisiana requires an immediate physician notification
  - Annual Infectious Disease report can be found at <a href="https://ldh.la.gov/index.cfm/page/536">https://ldh.la.gov/index.cfm/page/536</a>
  - If diagnosed with a reportable disease (conditions) and determined by their physician to be of short duration which may be transferred by air or contact
    - o Must follow physician's recommendations with regard to attendance of all RADS courses
  - If diagnosed with a reportable disease that is of relatively long duration, a written diagnosis must be submitted to program officials
    - o Continuation in the RADS clinical courses is permitted with proper counsel from the infection control nurse and/or the department of the CS
    - Depending on the severity of the disease, the type of the disease and the student's physician, the student may be required to withdraw from the clinical radiography course
- Students are required to adhere to their physician's course of treatment. Failure to do so will result in disciplinary action.
- The student's confidentiality will be protected to a certain degree. This will depend on what the disease is and if it will affect the health and welfare of others.

FAILURE TO COMPLY WITH THIS POLICY WILL RESULT IN DISCIPLINARY ACTION AS DETERMINED BY THE RADIOLOGIC SCIENCES ADVISORY COMMITTEE.

For additional information:

Communicable Disease Book

Policy: 1989

Revised: 1994, 1998, 2000, 2003, 2021

## **Community Service/Involvement**

The purpose of volunteer requirements throughout the curriculum is to promote the concept of service as a health care professional to the community. The requirement of community service/involvement hours provides service and interaction with the community, as well as exposure of the radiologic Sciences program. Voluntary service is a non-reimbursed contribution to the welfare of others in the community, representing the Radiologic Sciences program and the university.

COURSE	Number of hours required	Reporting Method
RADS 355	6	Student Self-Report Form F-52
	U	1
RADS 356	6	Student Self-Report Form F-52
RADS 461	6	Student Self-Report Form F-52
RADS 467	6	Student Self-Report Form F-52

There will be preapproved events that are posted on the bulletin board in the hallway near the departmental office. These events to not require approval of a program official.

For other events the student will select an agency and/or an event to submit for approval to the RADS Program Director or Clinical Coordinator, prior to the scheduled event.

Service/Involvement maybe direct patient care, indirect patient care, and health care related walks.

• 1 hours for every hour of service/involvement

## Suggested activities for community service/involvement:

- Direct Patient Care
  - o Taking vital signs at:
    - Assisted living, long-term care facilities, etc.
    - Calcasieu Community Clinic
    - Health fairs
- Indirect Patient Care hours for every hour of service/involvement
  - O Checking patients in at a clinic/health fair
  - O Visiting public facilities with therapy dogs, or transporting animals for surgery
  - Visiting and socializing with individual in assisted living or long-term care facilities
  - o Participating in projects that improve the well-being of individuals in the community
- Health Care Related walks
  - o Participating in actual walk –
  - O Volunteering at the walk (working booths, handing out water/foods, registration, etc.) hours for every hour of service/involvement

Policy 2018, Revised 2019, 2023

## **COMPETENCY BASED CLINICAL EVALUATIONS**

Evaluation of the student's performance on specific *radiographic examinations* is part of each clinical radiography course. Competency based clinical evaluations are one aspect of the grading system for the clinical radiography courses. Competency based clinical evaluations involve the following types of performance evaluations:

- Competency evaluation (modules I, II, and III)
- Proficiency evaluation
- Documentation of competency maintenance
- Merit competency evaluation (optional)

## Patient evaluation prior to the request for any performance evaluation is prohibited

#### RADIOGRAPHIC EXAMINATIONS

A radiographic examination is a series of radiographic exposures of an anatomical part sufficient to permit diagnostic evaluation of that part. There are three types of radiographic examinations with regard to *competency evaluations (Modules I, II, and II)*. They are module I, module II examinations. Specific positions/projections included in the evaluation are stated in *Appendix I*. The ARRT competences include general patient care requirements (CPR\*, Vital Signs, Sterile and Aseptic Technique, Venipuncture\*, Transfer of Patient, and Care of patient medical equipment), which are evaluated as part of each competency evaluation on a radiographic examination. Completion of module I and II competency evaluations will satisfy all ARRT requirements for examination eligibility. Completion of module III competency the MSU/BS degree (\*Evaluated separately)

## MODULE I EXAMS (ARRT requirements for examination eligibility)

- Mandatory (26 examination/procedures)
- Performance evaluated on patients in clinical setting, unless indicated by asterisk on Appendix I (2 can be simulated, but not as carryovers)
- Examinations listed in *Appendix I*

## MODULE II EXAMS (ARRT requirements for examination eligibility)

- Mandatory (15 examination/procedures)
- o Performance evaluated on patients in clinical setting or by **simulation** 
  - o Simulation involves performance evaluation on a live subject (not an actual patient) with the exposure simulated
    - Not preferred performance evaluation method
    - Limited for up to 8 of the examinations listed
    - Cautiously requested by the student
      - May need to simulate at a later date due to exam availability
      - Only to meet requirements for currently enrolled clinical radiography course
    - Evaluated by CP, or MSU faculty
      - If unsuccessful, cannot request reevaluation on the same exam on the same day (unless last day of RADS 467)
  - Must use MSU kVp ranges
- Examinations listed in Appendix I

#### MODULE III EXAMS (MSU/BS degree requirement)

- Mandatory (20 examination/procedures)
- Performance evaluated on patients in clinical setting or by **simulation**, unless indicated by + on Appendix I (Computed Tomography cannot be simulated)
  - o Simulation involves performance evaluation on a live subject (not an actual patient) with the exposure simulated
  - o Only to meet requirements for currently enrolled clinical radiography course
- Examinations listed in *Appendix I*

#### **COMPETENCY EVALUATION**

Evaluation of the student's performance of a specific radiologic examination (chest, abdomen, wrist, etc.)

- Initiated by student or faculty member, (if initiated by a Faculty member, inform the student they are being evaluated before the examination begins)
  - o The examination or procedure must have been previously covered
    - In a Radiographic Procedure course and laboratory
    - Appendix I lists examination and/or procedures and the course in which it is taught

- Student must be <u>totally unassisted</u> while performing the requested procedure for evaluation
- Selection of Evaluator should be in the following manner
  - First ask CP, or MSU Faculty
  - If CP or MSU Faculty not available, the student may perform the evaluation with a staff radiographer
- It is the responsibility of the student to generate the necessary form for the evaluator
  - o Log in via www.e-value.net
    - Click on the Case Log icon
    - Select add new; make necessary selection for the procedure being evaluated (select procedure either *Evaluation or Proficiency*); click add procedure
  - o If a CP or MSU faculty is performing the evaluation, the evaluation will be completed on-line via the e-value system the form you generated in the previous step. See Form F-10 (competency/Proficiency evaluation form) for items you will be evaluated on, (sections III and IV of Form F-10 are only evaluated on applicable examination/procedures as specified on Appendix 1)
  - o **If a technologist is performing the evaluation, a** *paper evaluation* **is completed using Form F-11** (competency checklist for staff radiographers) (Student will be held responsible for assurance that images produced meet the established evaluation criteria)
  - A minimum of 2 competency evaluations from module I, II or III must be done by the CP or MSU Faculty during each clinical radiography course, except RADS 467 only 1 competency evaluation required.
    - The CP or MSU faculty will then complete the evaluation on-line via the e-value system using the form you generated.
  - Certain procedures will have specific competency evaluation forms. The procedures and forms are Computed Tomography (Form F- 15), C-arm or OR Cholangiogram (Form F- 21), and Retrograde Pyelogram (Form F-44), see these forms for the items you will be evaluated on
- A minimum number of successfully completed competency evaluations is required for each clinical radiography course

## Performance Criteria for the Evaluation

- Evaluation is based on the objectives and scoring guidelines stated in *Appendix II* or as specified on the following forms: Form F-10 (comp/prof. form), Form F-11 (comp staff checklist), Form F-15 (CT comp), Form F-21 (C-arm or OR Cholangiogram), or Form F-44 (Retrograde Pyelogram)
- Images produced must meet the established evaluation criteria as stated in the Evaluation Criteria from the required positioning textbook
- The student will perform the entire CS routine, however, only evaluated on the projections/positions listed on *Appendix I*, except for radiation protection and patient care
  - Radiation protection and patient care are evaluated on all projections/positions in the area of procedure management of Form F-10
- Successful completion means the student received a score of 90% or better
  - This means the student has demonstrated competency of the examination and receives a score of 10 pts on the grading procedure sheet for the course
  - o Continued competency is established through the Proficiency evaluations and the documentation of competency maintenance (Form F-43)
  - o Successfully completed evaluations over the minimum number required for the course are applied to the minimum for the next clinical radiography course
- A score below 90% means the student was unsuccessful on the competency/Proficiency/merit evaluation, and must be reevaluated
  - o 5 pts will be recorded on the grading procedure sheet for the course
  - A score of "0" on any area of the evaluation results in an unsuccessful evaluation, regardless if the overall score is 90% or better (evaluation must be completed)
  - The student is required to complete the prescribed remedial action (see remedial action policy)
    - Remedial actions not completed as prescribed or within the established time frames will result in changing the
       5 pts to 0 pts (see remedial action policy)
- All unsuccessfully completed evaluations are counted in the course in which they were attempted
- There is an established maximum number of unsuccessful competency/Proficiency evaluations for each course
  - o When maximum number of unsuccessful competency/Proficiency evaluations is exceeded the student will receive an automatic failure of the course

#### **PROFICIENCY EVALUATION**

Evaluation of the student's performance on an examination in which competency has been previously demonstrated, student evaluated while performing totally unassisted. Proficiency evaluations can be performed at any time starting with RADS 355 at the discretion of the Clinical Preceptor; however, there are no semester requirements until RADS 461.

- Initiated by student or Faculty Member
  - o Evaluations performed on module I, II or module III examinations
  - o Exams may be evaluated for Proficiency only one time, unless initiated by the Clinical Preceptor
    - Beginning with RADS 461, there will be a minimum semester requirement for Proficiency evaluations. Any successfully completed Proficiency Evaluations over the minimum number required for RADS 461 are applied to the minimum required for RADS 467 the next semester.
  - o If initiated by a Faculty member (Faculty can initiate starting with RADS 355)
    - inform the student they are being evaluated before the examination begins
  - If initiated by the student, the following applies (Student cannot initiate until RADS 461)
    - First ask CP, MSU Faculty, it is the responsibility of the student to generate the necessary form for the evaluator, you will be evaluated according to the items on Form F-10, sections III and IV of Form-F10 are <u>not</u> completed on Proficiency evaluations
- Log in via www.e-value.net
  - Click on the Case Log icon
  - Select add new; make necessary selection for the procedure being evaluated (select procedure Proficiency); click add procedure,
    - If CP, or MSU Faculty not available, a designated Radiographer will be appointed by CP. The student will be evaluated according to the items on the *paper evaluation Form F-11*
    - The CP or MSU faculty will then complete the evaluation on-line, via the e-value system using the form generated by the student.
  - Evaluations are based on the objectives and scoring guidelines stated in Appendix II or as specified on Form F-10 (comp/prof. form)

## Performance Criteria for the Evaluation

- Evaluation is based on the objectives and scoring guidelines stated in *Appendix II* or as specified on the following forms: Form F-10 (comp/prof. form), and Form F-11 (comp staff checklist)
- Images produced must meet the established evaluation criteria as stated in the Evaluation Criteria from the required positioning textbook
- The student will perform the entire CS routine, however, only evaluated on the projections/positions listed on *Appendix I*, except for radiation protection and patient care
  - Radiation protection and patient care are evaluated on all projections/positions in the area of procedure management of Form F-10
- Successful completion means the student received a score of 90% or better
  - This means the student has demonstrated Proficiency of the examination and receives a score of 10 pts on the grading procedure sheet for the course
- A score below 90% means the student was unsuccessful on the proficiency evaluation
  - o 5 pts will be recorded on the grading procedure sheet for the course
  - A score of "0" on any area of the evaluation results in an unsuccessful evaluation, regardless if the overall score is 90% or better (evaluation must be completed)
  - The student is required to complete the prescribed remedial action (see remedial action policy)
    - Remedial actions not completed as prescribed or within the established time frames will result in changing the
       5 pts to 0 pts (see remedial action policy)
- All unsuccessfully completed evaluations are counted in the course in which they were attempted
- A minimum number of successfully completed proficiency evaluations are required beginning with RADS 461
  - Any successfully completed proficiency evaluations over the minimum number required for the course are applied to the minimum for the next clinical radiography course.
- There is an established maximum number of unsuccessful competency/proficiency evaluations for each course
  - When maximum number of unsuccessful competency/proficiency evaluations is exceeded the student will receive an automatic failure of the course

## **DOCUMENTED COMPETENCY MAINTENANCE** (paper form only)

Students will be required to perform a minimum number of radiographic examinations each semester, in which they have previously demonstrated competency. Completion of the minimum number of radiographic examinations will document competency maintenance. If all documented competency Maintenance requirements are completed for the semester, the student will be granted 100 points for Section II on the grading procedure sheet for course. If any of the documented competency Maintenance requirements are not completed for the semester the student will receive "0" for section II on the grading procedure sheet for course. Examinations completed over the minimum number are not carried over to the next semester.

The student will be responsible for achieving the specified number of Documented Competency Maintenance examinations as indicated on *paper forms* (Form F-43 (350), (355), (356), (459), (461), and (467). It is the student's responsibility to have their individual *paper* form with them during all clinical assignments. The form will be randomly checked for performance accuracy by the clinical preceptor and/or MSU faculty. Examination(s) may be removed if *not* performed within the established guidelines for Documented Competency Maintenance.

## **Documented Competency Maintenance Guidelines:**

- Can be initiated by the student or faculty member
- Student will be observed while performing an examination
  - o Exam will be one in which competency on the examination was previously documented and a completed competency evaluation for the exam is recorded on the e-value system
  - o By a supervising technologist present in room
- Performance of the examination will include whatever is ordered
  - o For example: 3 view spine series or 5 view
  - Must be performed by student from beginning to end (including all paper work or electronic transmission)
  - Form F-43 must be completed by supervising technologist at the end of the examination
  - o Minimum number of examinations in () on Form F-43
  - o Must have at least 2 different examinations represented in each body part area when the minimum required examinations is more than 3
- Will perform the examination with little to no assistance (positioning of patient and exposure selection unassisted)
- May repeat one radiograph within the examination/procedure due to positioning of the patient or exposure selection, but must correct error with little to no assistance (if no measurement on original, cannot be counted as a documented competency Maintenance
- Radiograph(s) to include patient ID (MR #, or X-ray #, and Accession # with applicable)
- Radiograph(s) include student's R or L lead identification marker (must be able to distinguish it could only be an R or L)
- Demonstrate all anatomy in accordance with the established anatomy ID sheet
- Provide radiation protection (collimation, shielding, etc.)
- Complete the examination within an appropriate time limit (dependent on the patient's condition)
- Cannot use 40 + time to achieve documented competency maintenance

#### **MERIT COMPETENCY EVALUATION**

Evaluation of the student's performance on examinations, which are covered in lecture/laboratory courses; however, the examination is not required as part of the module I, II or module III competency/proficiency evaluation system. Merit competency evaluations are a way for students to demonstrate clinical performance above and beyond what is required and receive extra credit. Merit Competency evaluation forms must be generated in the e-value system as stated under the Competency Evaluations.

## • Optional

- Limited to 6 successfully completed evaluations per semester and summer session
- Eligible examinations listed on *Appendix I*
- Evaluated by the CP or MSU faculty while observing the student's performance totally unassisted
- Evaluation is based on the objectives and scoring guidelines stated in *Appendix II* or as specified on **Form F-10** 
  - Remedial action, estimated skin doses and simulation not applicable
  - o Successfully completed evaluations will receive 5 pts each on the grading procedure sheet for the course
    - Only successfully completed evaluations recorded

#### REMEDIAL ACTION+

Unsuccessfully completed competency/proficiency evaluations require a prescribed remedial action.

- A score below 90% on a competency/proficiency evaluation is an unsuccessfully completed evaluation
  - o Recorded as 5 pts on the grading procedure sheet for the course
  - o CP or MSU faculty must review the procedure or examination with the student and/or prescribe necessary remedial action within the e-value system
    - Students may view a remedial action via the e-value system.
    - Sign in to <u>www.e-value.net</u>
    - Select the report icon, then under "Evaluation Trainee Reports", next click on *completed evaluations about trainee*, report, then select about trainee, then within "evaluation type" and select F-12 remedial action, click next, then under the "Evaluation Type" select F-12, then click on "View Evaluation"
    - After viewing the appropriate evaluation (F-12), the student MUST enter the date (in box at bottom of F-12 form) they are viewing the F-12 form, this verifies the student has reviewed the remedial action
  - o Prescription must be completed before a competency/proficiency evaluation can be attempted again on the unsuccessful procedure

## • When viewing the Form F-12, you will be assigned a prescription

- o Evaluations unsuccessful due to a *radiographic procedure* or *technical error* 
  - May require review of the examination/procedure by assigning you to read, perform an experiment, watch an audiovisual, physical demonstration by the CP or MSU Faculty, observation of successful performance on the failed projection(s)++, and/or written research
  - Written research prescriptions must include bibliographic notation
  - The prescription must be completed within 7 days\* or by the end of the current semester if the unsuccessful competency/proficiency was performed during the last week of the semester
- Prescriptions not completed as prescribed or within the established time frames will result in changing the 5 pts to 0 pts on the grading procedure sheet for the course

++ Either on a patient or by simulation, regardless if module I, II or module III, observed by CP, or MSU faculty

+ Not applicable to merit competency evaluations or Documented Competency Maintenance

Policy: 1983

Revised: 1986, 1990-1992, 1994, 1999, 2003, 2004, 2006-2011, 2013, 2014, 2016, 2018, 2021

<sup>\*</sup>Includes days not assigned and weekends

#### COMPETENCY/PROFICIENCY EVALUATION REQUIREMENTS BY COURSE

Each clinical radiography course has a minimum requirement of successful competency evaluations from module II, competency evaluations from module III, proficiency evaluations, and documented competency maintenance. Students are encouraged to request competency (modules I, II, III) and proficiency evaluations on more than the minimum required for each clinical radiography course. Failure to meet the minimum requirements results in failure of the course, regardless of grade calculation. Each clinical radiography course also has an established maximum of unsuccessful competency/proficiency evaluations, when exceeded results in failure of course, regardless of grade calculation. A minimum of 2 competency (module I, II, III)/proficiency evaluations must be done by the CP or MSU Faculty during each clinical radiography course.

#### RADS 350 - CLINICAL RADIOGRAPHY I

- 4 Competency Evaluations from Module I (2 completed by Midterm)
- 1 Competency Evaluations from Module II
- 2 Competency Evaluation from Module III (1completed by Midterm)

Documentation of Competency Maintenance (see form F-43/350)

Maximum number of unsuccessful competency/Proficiency evaluations =20\*

#### RADS 355 – CLINICAL RADIOGRAPHY II

- 8 Competency Evaluations from Module I (4 completed by Midterm)
- 3 Competency Evaluations from Module II (1 completed by Midterm)
- 3 Competency Evaluation from Module III (0 completed by Midterm)

Documentation of Competency Maintenance (see form F-43/355)

Maximum number of unsuccessful competency/Proficiency evaluations = 25\*

#### RADS 356 – CLINICAL RADIOGRAPHY III

- 7 Competency Evaluations from Module I (3 completed by Midterm)
- 3 Competency Evaluations from Module II (1 completed by Midterm)
- 5 Competency Evaluation from Module III (2 completed by Midterm)

Documentation of Competency Maintenance (see form F-43/356)

Maximum number of unsuccessful competency/Proficiency evaluations = 25\*

## RADS 459 CLINICAL RADIOGRAPHY IV

- 4 Competency Evaluations from Module I (2 completed by Midterm)
- 1 Competency Evaluations from Module II
- 2 Competency Evaluation from Module III (1 completed by Midterm)

Documentation of Competency Maintenance (see form F-43/459)

Maximum number of unsuccessful competency/Proficiency evaluations = 20\*

#### RADS 461, CLINICAL RADIOGRAPHY V

- 8 Competency Evaluations from Module I (4 completed by Midterm)
- 4 Competency Evaluations from Module II (2 completed by Midterm)
- 4 Competency Evaluation from Module III (2completed by Midterm)
- 5 Proficiency Evaluations (2 completed by Midterm)

Documentation of Competency Maintenance (see form F-43/461)

Maximum number of unsuccessful competency/Proficiency evaluations = 25\*

#### RADS 467, CLINICAL RADIOGRAPHY VI

- 5 Competency Evaluations from Module I+
- 3 Competency Evaluations from Module II+
- 4 Competency Evaluation from Module III
- 3 Proficiency Evaluations+

Documentation of Competency Maintenance (see form F-43/467) +

Other requirements are dependent upon the Advanced Area rotation requested by the student and assigned by the clinical coordinator; these requirements are distributed to the student depending on their assignment

+ must be completed during the ½ of semester when assigned to the general radiography rotations

\*automatic failure of course if over this number, failure of the course is also possible at a number lower than this if other areas used in calculating the clinical grade are low (see Grading Clinical Radiography course)

Policv: 1983

Revised: 1986, 1990-1992, 1994, 1999, 2003, 2004, 2006-2011, 2013, 2014, 2016, 2018, 2019, 2020, 2021

#### **CONDUCT**

The University expects all students to obey the law, to adhere to the rules and regulations of the University, to fulfill contractual obligations and to maintain integrity and a high standard of honor in scholastic work. The Code of Student conduct for MSU, which can be found in the MSU Student Handbook, located at <a href="https://www.mcneese.edu/policy">www.mcneese.edu/policy</a> and then click on Handbook policy.

## Student enrolled in clinical radiography courses will:

- Perform radiological examinations only with the written orders from a physician
  - o If performs an examination without any orders from a physician, ~
  - o If performs additional examinations other than what was order by the physician\*~
  - o If performs the incorrect side when there are right and left body parts\*∼
  - o If performs incorrect procedure as a result of not obtaining proper patient history\*~
- Report to the clinical assignment in an alert condition
- Not be in possession of drugs, liquor, or weapons, nor engage in their use while on clinical assignments, \*~
- Not engage in conduct which violates the Clinical Setting employee code of conduct, ARRT code of Ethics \*~
- Not chew gum while on clinical assignment
- Transport patients only when accompanied by a technologist, or in situations when the technologist is within audible or visual distance
- Verify patient identification prior to performing a radiographic procedures\*~
- Not sleep while on clinical assignments\*
- Not post any information from the CS on social media, including pictures of self, patients, or others while at the CS, \*~
- Not engage in theft of any articles from the Clinical Setting, or the University \*~
- Not leave patients unattended while undergoing diagnostic procedures
- Not hold patients during radiographic exposures
- Not fight or attempt to injure others while at the Clinical Setting \*~
- Not accept any type of gratuity or "tip" from a patient or a patient's family
- Not destroy property \*∼
- Not clock in or otherwise fill in attendance record of another student \*
- Not abuse patients physically or verbally \*~
- Not study for other courses while on clinical assignments
- Not smoke (E-Cigarettes, Vapors, etc.) in areas where it is prohibited while on clinical assignments
- Not leave the assigned areas unless instructed to do so
- Not falsify records \*~
- Not use profanity while on clinical assignment\*~
- Not use employee lounges (except for lunches)
- Not use clinical setting equipment for personal use
- Not use cell phones/smart watches

# THREE VIOLATIONS OF THE ABOVE WILL RESULT IN DISCIPLINARY ACTION BY THE RADIOLOGIC SCIENCES ADVISORY COMMITTEE

~Results in a disciplinary action more serious than probation when it is determined to be a violation of more serious consequences by the Radiologic Sciences Advisory Committee, or it is a repeated violation

Policy: 1982

Revised: 1984, 1989, 1992, 1994, 1996-1999, 2003, 2006, 2007, 2010, 2013, 2014, 2018, 2019, 2023

<sup>\*</sup> Results in the student being placed on probation immediately without prior violations

#### **CONFIDENTIAL INFORMATION**

The university and the CS's maintain records that are confidential in nature.

- Students will come in contact with protected health information (PHI), this information must be appropriately safeguarded according to the Health Insurance Portability and Accountability Act (HIPAA)
- All information pertaining to the CS, its polices, personnel and/or patients are confidential Requests for information concerning a patient should be referred to the Supervising Technologist or the CP
- Students assigned to some CS's may be required to sign confidentiality statement prior to assignment or as part of the CS orientation process
- Photographs within the radiology department are not permitted without authorization from the hospital's communications department.
- Posting of any information from the CS on social media is prohibited
  - Photographs
  - o identification badges
  - o patient history and protected health information
  - o text indicating the CS patient or employees
  - o encompassing while at the CS or away from CS
- The university in accordance with the Family Education Rights and Privacy Act (FERPA) states
  - O Students have access to their educational records within a reasonable time after requesting
  - O Student records with certain exceptions, will *not* be released without prior consent
    - Only directory information can be released
    - Directory information is considered name, local and permanent address, telephone listing, major field of study, dates of attendance, etc.
    - Prohibiting the release of directory information can be made in writing to the RADS program office
- Clinical radiography course folders maintained at the CS are only to be removed or distributed by the CP or MSU faculty
  - O Students may not copy the records themselves
- Student(s) reviewing other student's folder is a violation of the confidentiality of that student's records
- Student(s) are required to maintain up-to-date directory and contact information with the radiologic sciences office
  - o Any changes in this information must be submitted immediately to the radiologic sciences office
- Students(s) are required to provide faculty with up-to-date e-mail addresses
- Any violation of the above will result in disciplinary action by the MSU Radiologic Sciences Advisory Committee

Policy: 1992

Revised: 1984, 1992, 1994, 2003, 2004, 2007, 2011, 2014

#### **DISCIPLINARY SYSTEM**

The policies contained in this handbook are necessary to insure consistency and orderly operation as well as to protect the rights and safety of all concerned. Disciplinary action for a policy violation will occur <u>whenever</u> program faculty is made aware. Disciplinary action of policy violation will result in a written warning, probation, suspension or dismissal, unless specifically stated within the policy. Repeated violations of any policy will result in the disciplinary action being determined by the radiologic Sciences advisory committee.

- All disciplinary actions are to be documented on Form F-4
  - O Disciplinary Action Report submitted highlighting:
    - Expected behavior or performance with respect to violation
    - Length of the probation or suspension, when applicable
    - Consequences for not fulfilling those expectations

## **Written Warning**

- The clinical preceptor or an professor from McNeese State University will provide written warning(s) of policy violation(s) to a student, unless specified for another immediate disciplinary action
  - O Written warnings are placed in the student's clinical folder
  - o Written warnings are cumulative from one clinical radiography course to another
- After 3 repeated written warnings of the same policy violation(s), the student will be referred to the radiologic Sciences advisory committee for disciplinary action other than written warning

RADIOLOGIC SCIENCES ADVISORY COMMITTEE ACTIONS MAY INCLUDE, BUT NOT LIMITED TO THE FOLLOWING:

#### **Probation:**

- 3 written warnings of the same policy violation
- Items listed on the conduct page marked with an asterisk (\*) warrant probation without prior written warnings
- The length of probation will be for the remainder of the semester in which the violation occurred, unless the violation occurs within the last two weeks of the clinical assignment, and then the probation is applied to the next semester.

#### **Suspension**

- When probation(s) has proven to be inadequate
- Some suspensions are warranted without prior probation
- Length of suspension is 2 days from the clinical radiography course
  - o Days missed will be counted as absences from the clinical radiography course
  - Work due during this absence will not be accepted
  - O Suspension days cannot be made up and cannot be used as the 1 permitted absence, points will be deducted under clinical participation on the grading procedure sheet
  - o Test(s) missed may not be made up
- when it is determined to be a violation of more serious consequences by the Radiologic Sciences Advisory Committee, or it is a repeated violation

#### Dismissal:

- When previous disciplinary action(s) has proven to be inadequate
- Dependent on the type of violation
  - o May be subject to immediate dismissal without prior disciplinary action being taken
- Any student dismissed may be ineligible for reapplication to this program.
- After three suspensions
- When it is determined to be a violation of more serious consequences by the Radiologic Sciences Advisory Committee, or it is a repeated violation

Policy: 1980

Revised: 1987, 1992, 1994, 1997, 2003, 2007, 2010, 2013, 2018, 2022

#### DOSIMETRY SERVICE

Students will always wear a dosimeter while attending clinical assignments and energized laboratory sessions

- Worn on the collar
- Replaced quarterly
  - O Students not providing dosimeter within 2 days for exchange following verbal request during the semester will not be permitted to attend the CS until the exchange
  - Students not providing dosimeter for within 2 days for exchange following verbal request at the close of the semester will prevent student from being able to start the next clinical radiography course
  - o Students not providing final dosimeter prior to their last final examination will result in grade not being submitted for final clinical radiography course until dosimeter is submitted
- Radiation monitoring records are kept on file in the RADS office
  - Distributed quarterly for individual exposure awareness (student's signature or initials must be within 30 days of report)
  - o Students can request a copy of their reading from the Radiologic Sciences office
  - Excessive reading on dosimeter
    - A reading above 1.25 rems per quarter
      - Program -- should not exceed 1.25 rems per quarter
      - NCRP and State -- cannot exceed 3 rems per quarter
    - If exceeded, the following steps should be observed:
      - Written verification on **Form F-5** justifying receiving such an exposure
      - CP where the student is assigned will, for the next quarter, physically observe the student during his/her clinical assignments
    - Exposure readings of greater than the allowable limits by the State of Louisiana
      - Require an over-exposure report to be sent to the Louisiana Energy Division and a copy filed with the student's radiation monitoring records and referred to the University Radiation Safety officer for counseling
- If lost
  - o A fee may be assessed, along with shipping costs
  - o student will not be permitted to attend the clinical assignment(s)
  - o notification must be immediately to a program official
  - o must request to reschedule all the day(s) missed,
    - o must be rescheduled prior to the last day of the semester
  - o day(s) missed will not be counted as an absence, as they are required to be rescheduled
  - o a second time during a semester, days missed will count as absences
    - In cases when shipping takes more than two days only two days will be counted as absences, in accordance with the Attendance/Tardy policy
- Dosimeters may not be used for employment

Policy: 1984

Revised: 1986, 1989, 1991, 1994, 2003, 2004, 2006, 2013, 2018, 2019, 2020, 2021, 2022

## DRESS CODE AND APPEARANCE

The student uniform is to be worn by all students while in attendance at the Clinical Setting. When the assigned area requires something other than the student uniform (i.e.: surgery, special procedures), the student must arrive and leave the CS in the student uniform.

#### STUDENT UNIFORM

- Females all <u>navy</u> professional uniform or professional scrubs
  - o Navy colored -Top/Pant, Top/Skirt, or Dress
    - White lab coat
- Males all *navy* professional uniform or professional scrubs
  - Navy colored -Top/Pant
  - White lab coat
- Pants not to drag the floor or be frayed
- Pants of hipster or low style are permitted when anatomy is not visible when bending
- Professional or Athletic Shoes (comfortable) and solid colored socks, (no Clogs or Crocs)
- MSU patch (sold in bookstore) to be worn on left shoulder on *all* uniforms and lab coats
- The lab coat must be worn
  - When out of the imaging department
  - o Surgical assignment when not involved in a surgical procedure and must be buttoned
- Optional –long sleeve tee shirt white or navy, crew neck
- A white or navy tee shirt may be required under the uniform (determined on an individual basis)
  - o The tail of the tee shirt shall not be visible under the uniform top

#### THE FOLLOWING RULES WILL BE OBSERVED:

- Clean and well-pressed uniforms at all times
- Uniforms must be navy and not faded in color
- Clean and polished shoes
- Hair clean, neat, and pulled out of the way and under control
  - o No Ornamental headwear (ie: wide headbands, caps, etc.)
- Nails clean and cut short (clear polish only); no artificial nails
- Neatly trimmed beards and mustaches are permitted
- The personnel monitoring devices (dosimeter) must be worn at all times
- MSU name badge must be worn and, where provided, the CS ID
  - o No magnetic name badges permitted
- Make-up must be in moderation
- Fragrance -- keep in mind that a heavy fragrance may be offensive to the very sick patient but an effective deodorant is a must
- Jewelry is limited to the following
  - o Earrings, if worn, no large or dangling earrings and no hoops
  - o If gauged earlobes, must wear flesh toned gauge plugs
  - Wedding band and/or engagement ring
  - Wrist watch with a second hand (smart watches are not acceptable)
- No sweaters or jackets -- only lab coats are acceptable
- Surgical Attire is not permitted outside the CS it is the property of the CS
- Pb markers and personal technique notebook are to be with you at all times

## ANY STUDENT VIOLATING THE DRESS CODE WILL BE REQUIRED TO LEAVE THE CS

• Time missed will be considered an absence

Repeated violations of the dress code will warrant appropriate disciplinary action.

Policy: 1982

Revised: 1984, 1987-1998, 2000, 2003-2005, 2007, 2008, 2010, 2011, 2013, 2015, 2016, 2021, 2023, 2024

#### EARLY RELEASE FROM A CLINICAL RADIOGRAPHY COURSE

The clinical radiography courses are completed on documented achievement of the stated objectives and competences for the course. A student may request consideration for early release of a clinical radiography course only one time. To make this request the student must have:

- Completed all competency/Proficiency evaluation requirements for program
- Completed all unit tests with a grade of "C" or better
- Submitted a written request to the Program Director
  - o By mid-term of the semester involved

## Following the approval of the request for consideration of early release, the student must:

- Unit testing
  - O Any remaining unit tests must be completed with a grade of "C" or better
- Specialized objectives
  - All performance evaluations for <u>required</u> specialty/choice objective areas must be completed (Forms F 16-20, 22, 35)
  - May challenge rotating through the above stated areas by successfully completing a performance evaluation of the specialty/choice area
- Pass an exit testing session
  - On <u>all</u> exams listed on the Summary of Exams Form F-13
  - O Adhere to the same rules and regulations as competency evaluations
  - Exams may be simulated regardless if it is a Module I, II or III
  - o Only one attempt for each examination
  - o After one unsuccessfully evaluation, early release is <u>not</u> considered

## When the student successfully completes the above

- The following clinical radiography course requirements will be waived
  - Rotational evaluations (F-9)
  - Record keeping
  - Clinical participation requirements
  - o Clinical preceptor evaluation of the student.

Policy 1989

Revised 1994, 1997, 2003, 2007, 2021

#### **EVALUATIONS**

The following evaluations are used to evaluate the student performance and/or various aspects of the program.

#### CLINICAL PERFORMANCE EVALUATION

The student will

- Be evaluated at the end of each rotational assignment
  - unless assigned to a different radiographer for a portion of the rotation
  - When a rotation exceeds two weeks, one evaluation will be done every two weeks
- Be responsible for generating the necessary form (Form F-9) via <a href="www.e-value.net">www.e-value.net</a> (learning module icon) to the assigned radiographer
- Receive up to 100 pts on the grading procedure sheet for clinical radiography courses for each evaluation
- Assure the assigned radiographer has completed form within one week\* or it may result in the score of "0"
- The completed form will then be reviewed and recorded on the grading procedure sheet by the CP

#### **EOUIPMENT MANIPULATION**

All students are to be knowledgeable of the equipment at each CS.

- Equipment manipulation evaluation form (F-24)
  - o Equipment manipulation evaluation forms are to be completed for all radiographic, radiographic/fluoroscopic equipment in the department, and the mobile equipment, that you are assigned
    - the C-Arm<sup>†</sup> (Form F-21, and indicate equipment manipulation in procedure box)
    - All required equipment manipulation evaluations must be generated in e-value by the student and completed during the first assignment through the rotation at each assigned CS, per semester
    - o Submit the completed form to the CP within one week\* or it will result in the score of "0"
  - O Students must be *familiar with all the different types* of equipment in the department (whether assigned or not), as the Competency/Proficiency evaluations may be performed on equipment without a prior assignment
    - Students cannot refuse to perform a competency/Proficiency evaluation, or appeal an unsuccessful competency/Proficiency evaluation because of lack of equipment manipulation knowledge
  - o Must be completed by assigned technologist, CP, or MSU faculty
  - The completed form will then be reviewed, scored and recorded on the grading procedure sheet by the CP
    - % Of yes responses based on total number of responses and that % of 10 is the score, for example: 22 total responses with 20 yes responses = 20/22=90%; 90% of 10pts=a score of 9 pts

#### EVALUATION OF THE STUDENT by CLINICAL PRECEPTOR

Students enrolled in clinical radiography courses will be evaluated by the clinical preceptor.

• Twice during each clinical radiography courses, except the summer session will be once

**Form F-26** Completed evaluation reviewed in counseling session at the discretion of the CP. Student receiving a score of less than 50 must have a counseling session.

## TECHNOLOGIST EVALUATION

At the close of each semester, the student will evaluate each technologist they were assigned to each semester via <u>www.e-value.net</u>, under the evaluation icon-"initiate ad hoc Evaluation" select Form F-6 "Who did you work with"

#### **CLINICAL SETTING EVALUATION**

At the close of each semester, the student will evaluate each CS to which they are assigned via <u>www.e-value.net</u>, under the evaluation icon- "initiate ad hoc Evaluation" select Form F-7

## **CLINICAL PRECEPTOR EVALUATION**

At the close of each semester, the student will evaluate each the CP to which they are assigned via <a href="www.e-value.net">www.e-value.net</a>, under the evaluation icon- "-initiate ad hoc Evaluation" select Form F-8

#### ADVANCED AREA/CHOICE ASSIGNMENT CLINICAL OBJECTIVE EVALUATIONS

• Choice clinical assignments (RADS 461)

Includes Radiography, Radiography/Fluoroscopy, Mobile/Surgery, Cardiac Catheterization, MR, Mammography, Nuclear Medicine, Radiation Oncology, Sonography, Computed Tomography, and Vascular Interventional. The forms listed below specific to each area are generated via <a href="https://www.e-value.net">www.e-value.net</a> (learning module icon)

- O For choice assignment areas complete form F-9 and in these areas also incorporate the following forms; Nuclear Medicine F-16, Radiation Oncology F-17, and Sonography F-18.
- O Submit the completed form to the CP within one week\* or it will result in the score of "0"
- O The completed form will then be reviewed and scored by the CP
  - Scoring, is worth up to 100 points

- % Of yes responses based on total number of responses and that % of 100 is the score, for example:
  - 22 total responses with 20 yes responses = 20/22 = 90%
- Advanced Area Assignments (RADS 467)

The forms listed below specific to each area are generated via www.e-value.net (learning module icon)

- o For Advanced Area Rotation Assignment Form F-9 every two weeks, and the following evaluations depending on area assigned: Mammography/Bone Densitometry F-23/F-35, Computed Tomography F-47, Magnetic Resonance F-48, Vascular & Cardiac Interventional Technology F-19
- o Submit the completed form to the CP within one week\* or it will result in the score of "0"
- o The completed form will then be reviewed and scored by the CP
- o Scoring, is worth up to 100 points
  - % Of yes responses based on total number of responses and that % of 100 is the score, for example:
    - 22 total responses with 20 yes responses = 20/22 = 90%
- † If assigned to another CS for a surgery assignment can do equipment manipulation evaluation at their assigned CS
- \* One week 7 (seven) days including days off

Policy: 1984, Revised: 1986-1994, 1997, 1998, 2001, 2003, 2005, 2007, 2008, 2011, 2014, 2016, 2019, 2020, 2023, 2024

## EXIT INTERVIEW

As an intrinsic evaluation factor for the Radiologic Sciences program, Department of Radiologic & Medical Laboratory Science, and the College of Nursing and Health Professions, an exit questionnaire and/or interview is *required* of all graduating students

- o Evaluation forms for the department and the college are distributed after mid-term the final spring semester
- Evaluations for the program are distributed prior to the last final examination
  - The student has the *option* to schedule an interview with program officials in addition to completing the evaluation form
- o All evaluations must be returned prior to graduation
- o Evaluations not submitted could possibly delay the student's graduation

Policy: 1991 Revised 1997,2003, 2013, 2016

## EXTENSION OF A CLINICAL RADIOGRAPHY COURSE

A student may request extension of a clinical radiography course.

- Requires successful completion of all previous clinical radiography courses
- Request made in writing to the Program Director
  - o No later than fourteen (14) days before the close of the semester involved
  - o Seven (7) days before the close of the summer session
- Reviewed by the Radiologic Sciences Advisory Committee
  - O Approval or rejection will be given to the student one week from the date of the request
- The maximum extension considered is four (4) weeks

Policy: 1992 Revised: 1994, 2003

## FLUOROSCOPY

Students will not use fluoroscopy for the purpose of checking the positioning of a patient for any clinical radiography course. Selected fluoroscopic procedures can be a part of the rotational assignment.

- Fluoroscopic procedures are performed in accordance with the policy of the CS
- All fluoroscopic procedures not requiring radiographic images require direct supervision
- Any violation of the above will result in disciplinary action by the MSU Radiologic Sciences Advisory Committee

Policy: 1984

Revised: 1997, 2001, 2003

#### **GRADING - CLINICAL RADIOGRAPHY COURSES**

These courses are designed as an opportunity for attainment and documentation of clinical competence. The program defines clinical competency as completion of all clinical radiography courses with a grade of "C" or better. Grades for clinical radiography courses are based on performance evaluations, documented competency maintenance, rotational evaluations, recording keeping, clinical participation, clinical preceptor evaluation of the student, unit testing (when required, and writing enriched assignments (when required. See grading procedure sheets Form F-45 (350) (355) (356) (459) (461) and (467). The final grade for clinical radiography courses is based on the following percentages:

#### RADS 350, 355, 356, 459 and 461

- 50% performance evaluations, see competency evaluations policy
  - competency evaluations
  - Proficiency evaluations
  - Merit competency evaluations
- 5% Documentation of Competency Maintenance requirements for the semester, see competency evaluations policy)
- 3% of Final grade, see below
  - o Clinical performance evaluations (F-9)
  - o Choice Clinical Assignment Evaluations (RADS 461 only)
  - Equipment Manipulation Evaluations
  - LSRT or Equivalent Membership (RADS 356 only), Community Service (except for RADS 350 and 459),
  - o Professional meeting bonus points
- 5% Record keeping, see clinical radiography course record keeping
- 10% Clinical participation, see attendance/tardy policy
- 7% Clinical preceptor evaluations of the student, see evaluations
- 20% Unit tests, Case Analysis Presentation (350 only), Oral Presentation (459 only), Mid-term grade, and Quizzes, see clinical radiography course unit testing

#### **RADS 467**

- 55% performance evaluations, see competency evaluations policy
  - Clinical Experience Requirements as required by the program for selected ARRT Post Primary Certifications –see individual sheets for assigned areas
  - Merit competency evaluations
- 5% Documentation of Competency Maintenance requirements for the semester, see competency evaluations policy)
- 3% Rotational Evaluations and Community service, see evaluations and community service polices
  - Clinical performance evaluations
  - Advanced Area Clinical Evaluations
  - Equipment Manipulation Evaluations
- 5% Record keeping, see clinical radiography course record keeping
- 20% Clinical participation, see attendance/tardy policy
- 12% Clinical preceptor evaluations of the student, see evaluations

Policy 2003,

## **HEALTH / INSURANCE**

## **HEALTH SERVICES**

The university operates a student health center, for more information https://www.mcneese.edu/health-services/

- Nurses are on duty
- Doctors and/or a Nurse practitioner will maintain office hours
  - Extended care for chronic or serious health problems is referred to private physicians and/or public health facilities
    - Students are responsible for payment to those providers

### HEALTH INSURANCE / WORKERS COMPENSATION

The program strongly encourages students to have health insurance.

- Selected Clinical Settings require assigned student(s) to have health insurance
  - O Students must indicate health insurance coverage on the self-reported health form (Form F-38)
- Students are not employees of the CS
  - Not covered by employee benefits of the assigned CS
  - Not covered by worker's compensation will assigned to the CS

## HEALTH RELATED DOCUMENTATION

Students are required by the radiologic Sciences program to provide specific health related documents on an annual basis. Failure to do so will result in suspension from the Clinical Radiography course until proper submission

- A completed self-health form, **Form F-38 is** to be submitted prior to each Summer Session, this submission is to be in a PDF or JPEG format and uploaded as instructed.
- Any changes in health condition and medications must be reported to the Radiologic Sciences office and will require an updated Form F-38
  - o Results of a PPD for tuberculosis are required prior your RADS 350 clinical assignment and if exposed to an individual with active tuberculosis. This submission is to be in a PDF or JPEG format and uploaded as instructed.
  - o If positive, must report to your parish health unit for blood testing with your positive result from skin test and proceed as recommended by the parish TB nurse
  - o Results of specified drug screening (prior to First Clinical Radiography Course)
- Hepatitis B immunization or waiver (Form F-28)
  - o Submitted one time, this submission is to be in a PDF or JPEG format and uploaded as instructed.
- Submit documentation of a seasonal flu vaccine (during each Fall Semester), this submission is to be in a PDF or JPEG format and uploaded on e-value.
- Submit a Release of Medical Information Form F-42 (prior to First Clinical Radiography Course), this submission is to be in a PDF or JPEG format and uploaded as instructed.

Students are also required to view the following presentations on Moodle (on an annual basis) with regard to workplace hazards

- Universal precautions (power point presentation and testing) (part of program orientation)
- Tuberculosis awareness (power point presentation and testing) (part of program orientation)
- MRI Safety screening (power point presentation, completion of the screening **Form F-51** and testing) (part of program orientation)
- Fire safety (part of CS orientation)
- Hazard materials (chemical, electrical, bomb threats etc.) (part of CS orientation)
- Failure to attend will result in suspension from the clinical radiography course until attendance is documented
- Document of TJC and OSHA requirements are completed on Form F- 39, and reported to the CS on a semester basis

Student(s) with latex allergies

- Must inform the CP or program official immediately
- Proper non-latex examination gloves at the CS is the student's responsibility when not provided by the CS
- It is also the student's responsibility to be aware that other items in the imaging area and patient areas may contain latex

Policy: 1994

Revised: 1997, 2001, 2006-2008, 2010, 2012, 2013, 2016, 2017, 2020, 2021

## **HEPATITIS "B" IMMUNIZATION**

The Occupational Safety and Health Administration (OSHA) standards state there is an occupational hazard for health care workers – especially when dealing with blood-borne pathogens such as the **Hepatitis B Virus** (HBV).

- **OSHA standards** require that employers make available the hepatitis B vaccine and vaccination series to employees who come in contact with blood and infectious materials while working
  - The standard fails to specifically include students working in health care settings

## PROGRAM POLICY

Students enrolled in the program may come in contact with blood and infectious material while assigned to a CS. Students will need to plan for their own immunization if they desire this means of protection. For some this immunization may have been included as part of your childhood immunizations.

- The program **recommends** that you take part in a Hepatitis B immunization program
  - Immunization includes three injections and/or a blood antibody test
  - Payment and submission of documentation of immunization is the responsibility of the student
- Students choosing not to participate in the immunization or those who have not completed the immunization process, must sign a waiver
  - Form F-28
    - Submit the to the Radiologic Sciences program, this submission is to be in a PDF or JPEG format to the designated Radiologic Sciences faculty
- Failure to do so will result in suspension from the Clinical Radiography course until proper submission of one of the above

Policy: 1993, Revised: 1994, 1997, 2003, 2008, 2016

## INCIDENT REPORTING

All incidents that occur while on clinical assignment should be reported.

- Shall be reported immediately to the CP and the Clinical Coordinator
- Required to follow the proper procedure for documenting incidents in the CS where the incident occurred
  - See the CP or supervisor for the proper procedure
- All incidents must be documented with the CS and the program officials within one week of the incident
- Any incident not reported by the student according to the above will result in disciplinary action

Policy: 1992, Revised: 1993, 1997, 2003

## **INCLEMENT WEATHER**

If the university closes due to inclement weather, an announcement will be made as early as possible on the radio stations, TV, MSU web-site, etc. in the surrounding areas

- When the university campus is closed, clinical radiography courses are also cancelled

  O If a Code Gray is declared at the assigned CS while in attendance, students are not permitted to leave until an all clear is given
- If the university closes during the day
  - Students will be dismissed from the campus and the CS
- An announcement of elementary and secondary schools' closings *does not* include McNeese State University
- If not made before a student must leave for the university campus or their CS
  - Must use good judgment in deciding as to whether or not to attend
  - If the student does not attend when the university campus is open and operating normally
    - The day is considered as an absence

Policy: 1994, Revised: 1997, 2008

## **INFORMED CONSENT**

Informed consent is a procedure whereby patients may agree to medical intervention or refuse it based on information provided by a health-care professional regarding the nature and possible risks and complications of the intervention.

- Providing this information is usually considered a duty of the physician
  - o The physician will be responsible under the doctrine of respondent superior (Let the Master Answer)
- Students enrolled in the program are *not* permitted to obtain a patient's consent
  - Obtaining informed consent is a responsibility / risk beyond the scope of the student's educational level
- Students are not allowed to sign any forms including, but not limited to, informed consent, or pre and post examination instructions
- Students will be permitted to present information to the patient under direct supervision of a qualified radiographer
- Violations of this policy will be subject to disciplinary action

Policy: 1998

## LOUISIANA STATE LICENSURE

To work as a registered technologist in radiography at a hospital, or hospital affiliated clinic an individual is required to hold a valid license granted by the state. To qualify for a state license, one must:

- Successfully complete the certification examination administered by the American Registry of Radiologic Technologists (ARRT) in radiography
- Pay associated licensure fees to the Louisiana State Radiologic Technologist Board of Examiners (LSRTBE)

### TEMPORARY PERMITS

A temporary license may be requested for individuals who have graduated from an approved program and are awaiting a test date and results from the ARRT.

- Temporary permits are issued one time and one time only
- An unsuccessful completion of the ARRT examination will cancel any temporary permit issued by the LSRTBE
  - o In this case, individuals will *not* be able to work at a hospital as a radiographer in the state until a passing score is reported to the LSRTBE

## CONVICTION OF A CRIME (Form F-32)

All potential violations must be investigated by the LSRTBE in order to determine eligibility. The LSRTBE will ask have you ever been convicted of a misdemeanor, felony or similar offense in a military court-martial

- You are required to report charges or convictions that have been withheld, deferred, stayed, set aside, suspended, or entered into a pre-trial diversion, or involved a plea of guilt or no contest (nolo contendere)
- DO NOT report juvenile convictions processed in juvenile court
- DO NOT report traffic citations unless drugs or alcohol was involved
- Individuals must notify the LSRTBE in order to obtain a ruling of the impact of their eligibility for the state
  license (go the LSRTBE website <u>www.lsrtbe.org</u> and write the Executive Director for the process of
  preapproval for a state license.
  - Pre-approval for the state license must be submitted any time after acceptance into the professional phase and before your first clinical radiography course.
  - Further information regarding reporting requirements may be accessed on the LSRTBE website

### STUDENT EXEMPTION

Students engaged in radiologic procedures from a board (LSRTBE) approved school are exempt from the licensure law while at the CS as an assignment for a clinical radiography course

• Students may not perform radiologic procedures at the CS any other time

Policy: 1986, 2024

Revised: 1988, 1997,2013

## **LOITERING**

Students are requested to be on hospital premises only during clinical assignment hours.

- Visiting with employees or other students who are on assignment is prohibited
- Students will not congregate in offices, halls, other rooms, or leave the clinical area unless instructed to do so.

Policy: 1982

Revised: 1984, 1988, 2003

## **MALPRACTICE INSURANCE**

The State of Louisiana's Public Health and Safety Act 40:1299.39, Part XXI-A assumes student liability coverage by the state. This act is on file in the radiologic Sciences program office.

Policy: 1984

## **MAKE-UP TEST/QUIZ**

## MAKE-UP TEST POLICY

The policy for making up a test for all **RADS** courses is as follows

- Make-up tests will only be administered in cases of excused absences
- Excused absences are limited to
  - Death (family member)
  - Jury duty and other court appearances (summons)
  - Written doctor's (MD or DDS) excuse/signature required), must document time/date of appointment or dates of illness
  - Natural disaster (must be officially declared by Governor and/or University President
  - University approved event
- Excuse must be submitted to the course professor within 3 days of returning to class
- Make-up tests must be arranged within two weeks after absence, and must be completed prior to the final exam period
- The make-up test will not necessarily be multiple choice

## MAKE-UP QUIZ POLICY

There will be no make-up quizzes

- Quizzes will not be given to tardy students
- Quizzes will not be graded if the student leaves before the end of class
- In most classes the course preceptor will drop one quiz grade when calculating the final course grade

Policy: 1997, Revised 2008

## **MAMMOGRAPHY MQSA EDUCATION & DOCUMENTATION**

The American Registry of Radiologic Sciences (ARRT) considers mammography an area of post primary certification. The program does not require competency in mammography; however, it is an area that may be requested for assignment during RADS 467. The request and completion of the assignment does not mean an individual may perform mammography in a clinical setting after graduation. Mammography performance in the clinical setting requires the facility to adhere to the specific Mammography Quality Standards Act (MQSA) guidelines.

- Graduates from the program currently can meet the *initial* education requirements set by MQSA by electing to and successfully completing RADS 470, completing RADS 467 with a Mammography assignment requested, successfully graduating from the program
- MQSA requires in addition to the initial education requirements that an individual document the performance of at least 25 supervised examinations
  - It is <u>possible</u> for students to document the MQSA performance requirements for initial training in Mammography following completion of a requested assignment to mammography during RADS 467
    - Form-F-37 should be incorporated for those individuals pursuing possible mammography certification following graduation
  - Letters of documentation for the MQSA initial education requirements should be requested from the program director.

Policy: 1995, Revised: 2002 2004, 2008, 2009, 2011, 2013

## **MARKERS**

Students are responsible for ordering a specified set of R/L lead identification markers with their initials (2-3 initials required) for use in the CS.

- Markers are must be ordered from **PB Markers** (<a href="https://pbmarker.com/markers.html">https://pbmarker.com/markers.html</a>) (allow a minimum of 2 weeks for delivery) or call (954 447-5137), or email at pbmarkers@yahoo.com
- The markers you want to order is "1 A Marker" (see the two bullets below that follow for ordering details)
  - Order one set a Right "R" and Left marker 'L", (Marker A right, color A- red, Marker B- left, color B blue)
  - o Include first and last initial, then add to cart
  - o Click on checkout and continue as directed by webpage
- Must be used on every image
- Marker must be visualized (must be able to distinguish it could only be an R or L) (On computed and digital images marker must be visualized with mask present)
  - o Correct marker must correspond to the correct side
  - Not obscuring anatomy of interest
  - o If all of the above are followed no points are deducted on the competency/Proficiency/merit evaluations
- Must have in possession at all times
- Not to be used by another student or radiographer
- If lost
  - Report it immediately to the CP
  - o Have two clinical assignment days to locate their markers
  - Must show a copy of order form for new markers to be eligible for future competency/Proficiency evaluations until new markers are received
    - During this time, use of the clinical preceptor's markers for competency/Proficiency evaluations is permitted

Policy: 1982

Revised: 1984, 1985, 1986, 1993, 1994, 1996, 1997, 2003, 2004, 2008, 2013, 2014, 2016, 2018, 2019, 2023

## MAGNETIC RESONANCE IMAGING (MRI) SAFETY POLICY

Students spend the majority of their observation and clinical experience in the general diagnostic imaging area of the radiology department. However, students will have an opportunity to observe and tour the MRI area, as well as complete a specialty rotation during RADS 461 (1-2 weeks) and an advanced area rotation during RADS 467 (7-8 weeks).

• Prior to the first clinical assignment of the professional phase of the Radiologic Sciences Program (RADS 350), students are required to view the power point on "MRI Safety: Potential Workplace Hazards associated with Magnetic Wave and Radiofrequency", complete the on-line test, and fill out the MRI screening Form F-51.

In order to ensure student safety and the safety of personnel and patients in the department, it is important that students respect and follow the rules of MRI safety at all times while in the MRI environment.

- The MRI safety polices and screening requirements for each Clinical Setting (CS) must be followed.
- Do not enter the MRI suite unless cleared and accompanied by an MRI technologist.
- Assume the magnet is always ON.
- Carrying magnetic items or equipment into the MRI suite is strictly prohibited. These items can become projectiles causing serious injury or death and/or equipment failure.

These items include, but not limited to, most metallic item such as:

- Oxygen tanks
- Wheelchairs
- o Carts.
- monitors
- o IV poles
- Laundry hampers
- o Tools
- o Furniture

MRI compliant medical equipment is available for use in the MRI department.

- Personal magnetic items must be removed prior to entering the MRI suite. These include the following:
  - O Purse, wallet, money clip, credit cards or other cards with magnetic strips, electronic devices such as beepers/cell phones, hearing aids, metallic jewelry (including all piercing), watches, pens, paper clips, keys, nail clippers, coins, pocket knives, hair barrettes/hairpins, shoes, belt buckles, safety pins, and any article of clothing that has a metallic zipper, buttons, snaps, hooks or under-wires.
- Disclose or ask the supervising MRI technologist or faculty about all known indwelling metallic device(s) or fragment(s) the student may have prior to entering the MRI suite to prevent internal injury.

### Injury risks

In addition to the personal items listed, students are advised that any metallic implants, bullets, shrapnel, or similar metallic fragment in the body pose a potential health risk in the MRI suite. These items could change position in response to the magnetic field, possibly causing injury. In addition, the magnetic field of the scanner can damage an external hearing aid, or cause a heart pacemaker/defibrillator to malfunction.

Examples of items that may create a health hazard or other problems in the MRI suite include:

- Cardiac pacemaker, wires, heart valve(s) or implanted cardioverter defibrillators (ICD)
- Neurostimulator system
- Aneurysm clip(s)
- Surgical Metal
- Metallic implant(s) or prostheses
- Implanted drug infusion device
- History of welding, grinding or metal injuries of or near the eye
- Shrapnel, bullet(s) or pellets
- Permanent cosmetics or tattoos (if being scanned)
- Dentures/teeth with magnetic keepers
- Eye, ear/cochlear, or other implants
- Medication patches that contain metal foil (i.e. transdermal patch)

Items that are allowable in the MRI suite, and that generally do not pose a hazard to the student or other persons include:

- Intrauterine devices (IUD's)
- Gastric bypass devices (lapbands)
- Most cerebrospinal fluid (CSF) shunts

Prior to a special rotation in MRI, each facility may require additional medical screening (such as a radiograph of the orbits), which may require a physician's order. For more information regarding MRI Safety, please refer to the American College of Radiology's MR Safety Guidelines available at: <a href="http://www.acr.org/quality-safety/radiology-safety/mr-safety">http://www.acr.org/quality-safety/radiology-safety/mr-safety</a>

Policy: 2016

## NATIONAL CERTIFICATION EXAM

To become a certified Radiologic Technologist in Radiography, R.T. (R) (ARRT) requires successful completion the national certification examination in radiography administered by the American Registry of Radiologic Technologists (ARRT) examination.

- The ARRT examination is a computer-based test
  - Eligibility to take the examination follows completion and graduation from the program
  - Applications to take the test are made to the ARRT
  - The applicant will be issued an admission ticket with a 90-day window
  - The candidate may schedule an examination at any point within that window at a test center that has an opening

#### CONVICTION OF A CRIME (Form F-32)

All potential violations must be investigated by the ARRT in order to determine eligibility. The ARRT will ask have you ever been convicted of a <u>misdemeanor</u>, <u>felony</u> or similar offense in a <u>military court-martial</u>

- You are required to report charges or convictions that have been withheld, deferred, stayed, set aside, suspended, or entered into a pre-trial diversion, or involved a plea of guilt or no contest (nolo contendere)
- DO NOT report juvenile convictions processed in juvenile court
- DO NOT report traffic citations unless drugs or alcohol was involved
- Individuals may file a pre-application with the ARRT in order to obtain a ruling of the impact of their eligibility for the examination (applications available online, go to the ethics section on www.arrt.org
  - Pre-approval for the state license must be submitted any time after acceptance into the professional phase and before your first clinical radiography course.
  - Further information regarding reporting requirements may be accessed on the ARRT website at www.arrt.org/pdfs/ethics/ethics-review-pre-application.pdf

Policy: 1982

Revised: 1984, 1985, 1986, 1993, 1994, 1996, 1997, 2003, 2004, 2008, 2013, 2014, 2016, 2024

## **ORIENTATION - CLINICAL SETTINGS**

Students receive proper orientation to each clinical setting they are assigned (see form F-40).

- CP for the CS will conduct orientation
- Will be held on the first day of the clinical assignment or on an assigned date each semester
- Attendance is mandatory

Failure to attend will result in suspension from the Clinical Radiography course until orientation is documented

Policy: 1991

Revised: 1992, 1994, 1996, 1997, 2000, 2003, 2005, 2007

## **PREGNANCY POLICY**

If a student suspects she is pregnant, she <u>can</u> notify the Clinical Coordinator and/or the Program Director. **Pregnancy notification is strictly voluntary**; the program strongly advises written pregnancy notification.

- Must sign a witnessed "Attest" form that the appendix to Regulatory Guide 8.13 of the United States Regulatory Commission was read and discussed
  - Form F-29 (completion of form documents written declaration of pregnancy)
- One option the student can select is to continue in the program without modification
- Another option the program recommends is the following
  - Student continue in the program, but the student will *not* be permitted to engage in the following activities (this is suggested as an option)
    - Fluoroscopy
    - Mobiles and Surgery
    - MR
    - Nuclear Medicine
    - Radiation Oncology
    - Special Procedures
- Neither the university nor the CS will be responsible for radiation injury to the student or the embryo/fetus if the student chooses to continue in the program during pregnancy
- Regardless of option selected may or may not be allowed to graduate at the scheduled date
  - Determined on an individual basis
  - Depending on the student's capacity to complete course requirements
- Regardless of option required to purchase and wear an additional dosimeter for fetal measurement
  - Required to follow the National Council on Radiation Protection and measurement (NCRP) dose limits for the embryo and fetus
    - No more than .5 rem during the entire gestation, with respect to the fetus
    - No more than .05 rem in any month, both with respect to the fetus
- If the student elects to declare they are pregnant, they have the option of withdrawing their declaration of pregnancy at any time. The *written* declaration withdrawing notification of pregnancy is included on **Form F-29**.

Policy: 1992

Revised: 1994, 1995, 1997, 2003, 2008, 2011, 2014

## PROFESSIONAL SOCIETIES

Student attendance at professional organization meetings is strongly encouraged. Student membership is permitted in all the organizations listed below at a reduced rate.

## STATE SOCIETY www.lsrt.net

The state society is *Louisiana Society of Radiologic Technologists* (LSRT). Students may elect to attend the educational meetings sponsored by the LSRT.

- MID-WINTER SEMINAR\*- Students are encouraged to attend, those who attend will
  - o Receive 2 pts for each lecture attended (max pts 20)
  - o Receive 2 pts for each hour of observation at the Bee (requires faculty member initials/hr)
  - o Receive 2 pts for Student BEE participation
    - 3<sup>rd</sup> place 10 pts
    - 2<sup>nd</sup> place 15 pts
    - 1<sup>st</sup> place 20 pts
- ANNUAL MEETING\* Students are encouraged to attend, those who attend and participate in:
  - o Scientific Exhibit and/or Quiz Bowl receive
    - Participation 5 pts, 3<sup>rd</sup> place 10 pts, 2<sup>nd</sup> place 15 pts, 1<sup>st</sup> place 20 pts
    - Receive 2 pts for each hour of observation at the Bowl (requires faculty member initials/hr)
  - o Ceremonial events (awards/induction of officers) attendance receive 5 pts
  - o Educational lectures receive 2 pts for each lecture attended (max pts 20)
- Points are added to the unit test category for clinical radiography course grade determination. For RADS 467 the points are added to the CP evaluation category on the grading procedure sheet.
- Provide annual scholarship Joe Schwartz Memorial Scholarship

## NATIONAL SOCIETY www.asrt.org

The national society is the *American Society of Radiologic Technologists* (ASRT)

• Provides multiple scholarships and other events for students

Policy: 1982

Revised: 1984-97, 2000, 2003, 2005, 2007, 2008, 2009, 2013, 207, 2022, 2023

<sup>\*</sup> points may change depending on options at meeting

## SEXUAL HARASSMENT

All students enrolled in clinical radiography courses are to render patient care and maintain an environment that shows respect to all. For the purpose of this policy all members of the University and CS community have an obligation to comply with all federal and state laws relating to diversity matters. The University has incorporated a "Diversity Awareness Policy" which is part of the *Faculty/Staff Handbook*, and the *Code of Student Conduct, and all other documents that mention the* behavior of University employees and/or students. "Students should visit the MSU web page at <a href="https://www.mcneese.edu/ada">www.mcneese.edu/ada</a> and <a href="https://www.mcneese.edu/policy">www.mcneese.edu/policy</a> for polices and procedures regarding disabilities, and diversity awareness, including sexual harassment."

- Harassment is an act that discriminates against or harasses another in relation to ethnicity, race, gender, sexual orientation, religion, disability, or age.
- Any act that is derogatory in relation to ethnicity, race, gender, sexual orientation, religion, disability, or age will not be tolerated.
- Harassment or discrimination can be explicitly or implicitly presented as a term or services, or such conduct will interfere or create an intimidating hostile or offensive environment
- Harassment or discrimination includes but is not limited to Jokes, insults taunts, obscene gestures, embracing, touching, or pictorial communication

## Racal Discrimination--Civil Rights Act of 1964

No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. (See MSU diversity awareness policy for specifics)

## Sexual Harassment/Discrimination -- Title VII

The use of any term or the commission of any act that is sexually derogatory or discriminatory will not be tolerated. Sexual harassment may be either same gender or different gender. It includes any unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of this nature where:

## Gender Discrimination -- Title IX Education Amendments of 1972 as Amended

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. (See MSU diversity awareness policy for specifics)

## Sexual Orientation Discrimination – Executive Order EWE 92-7; KBB2004-54

No state agency or department shall discriminate on the basis of sexual orientation against an individual in the provision of any services or benefits. (See MSU diversity awareness policy for specifics)

## Age -- Age Discrimination Act of 1967, as amended

It is unlawful in situations to discriminate in any way based on age. (See MSU diversity awareness policy for specifics)

Discrimination Against Individuals with Disabilities -- Rehabilitation Act of 1973/ Americans with Disabilities Act of

The commission of any act that is derogatory or discriminatory toward individuals with disabilities will not be tolerated. (See MSU diversity awareness policy for specifics)

Upon the knowledge or the verbal/written notice of an allegation of sexual harassment, general harassment, or discrimination, the student must notify the Clinical Coordinator and/or Program Director

- Then the Office of Special Services and Equity (or appropriate office) will be contacted at both the University and at the CS to initiate a resolution
- An informal resolution is attempted first, then on to a formal resolution
- The student must also be aware that the complainant also has the right to file a complaint with an external agency (i.e., Civil Rights Commission).
- In the event it is determined a student is guilty of sexual harassment, general harassment or discrimination, the student will be subject to disciplinary action by the MSU Radiologic Sciences Advisory committee

The University also has an equity and inclusion policy for protecting students, faculty and staff that can be found at https://www.mcneese.edu/policy/equity and inclusion policy

Policy: 1994 Revised: 1997, 2012, 2019

## **SUBSTANCE ABUSE\***

The University has established a policy for students with substance abuse problems. This policy can be found at <a href="https://www.mcneese.edu/policy/alcohol-and-other-drug-policy/">https://www.mcneese.edu/policy/alcohol-and-other-drug-policy/</a>.

Enrollment in clinical radiography courses requires drug screening (ALL RESULTS OF DRUG SCREENING(S) ARE CONFIDENTIAL)

- Utilizes blood/and or urine samples to detect the presence of illegal drugs (10 Panel split study drug Screening)
- Performed by Castlebranch. (see instructions under the **Background Check Policy**, the steps in obtaining drug screening and background check are both performed by Castlebranch)
- Required prior to the first Clinical Setting assignment
  - o Mandatory prior to the beginning the first clinical radiography course
  - A positive drug screen will result not being able to start the clinical radiography course for first semester clinical radiography students
- All fees are paid by the student to Castlebranch to perform the screening
- May also be performed on a random basis at any time while enrolled in a clinical radiography course
  - o Report to one of the screening facilities within 2 hours of being instructed to do so
  - o In cases of negative <u>random</u> screening student will be reimbursed fees by the department
  - A positive drug screen will result in disciplinary action up to and including dismissal from the program for current clinical radiography students.
- Drug Screen and/or Alcohol screening may also be performed in cases of reasonable suspicion
  - Reasonable suspicion of being under the influence of alcohol or illegal drugs may be evidenced by the following but not limit to:
    - Frequent absences from class, clinical or lab and/or disappearance from such
    - Isolation and withdrawal
    - Patient care errors
    - Detectable odor of alcohol or illegal drugs
    - Increasingly poor decision and judgment about patient care
    - Illogical or sloppy charting
    - Unusual accidents/incidents
    - Deteriorating personal appearance
    - Changes in motor function/behavioral patterns including personality changes, mood swings, illogical thought patterns, gait disturbances, impaired dexterity, slurred speech, drowsiness/sleepiness, and pupil changes
  - o Program Official or designee must be notified, and the Program Official or designee will go to the assigned location of the student and decide if drug and/or alcohol screening is necessary
    - In no screening necessary, the student will report back to their assigned area or sent home for the remainder
      of the assigned time on that day
    - If necessary, Program Official or designee will contact the screen facility
  - o Report to screening facility within 2 hours of being instructed to do so
  - o Student may not drive a motor vehicle to the screening facility and will be responsible for all transportation costs
  - o Student may not attend class or clinical activities until results are reviewed by the Director or designee
  - o If the student refuses the screening, he/she shall sign a refusal form (F-4) witnessed by two clinical or university representatives
    - Refusal to sign this form will result in disciplinary action up to and including dismissal from the program for current clinical radiography students.
  - A positive blood alcohol and/or urine drug screen will result in disciplinary action by the Radiologic Sciences advisory committee, immediate dismissal from the program will be considered.

\*this policy also complies with the Employee and Student Drug Testing Protocol for the College of Nursing and Health Professions

Policy: 2006

Revised 2008, 2010-2012, 2015, 2016, 2019, 2023

## TELEPHONES/CELL PHONES/SMART WATCHES

Personal telephone calls are not permitted.

- No one will be called from class or clinical assignment except in an emergency
- Personal calls are permitted on breaks or lunch
- Cellular/Digital phone and smart watch usage is prohibited at the CS
  - Cell phones and/or smart watches must be left in car or locker

Policy: 1982, Revised: 2001, 2003, 2005, 2007, 2012, 2023

## TUBERCULOSIS NOTIFICATION/PROTOCOL

Students are <u>not</u> to perform radiological examinations on patients suspected or confirmed of having active or inactive tuberculosis.

• Exception to policy if student is provided with a particulate mask

Policy: 1996, Revised: 1997, 2003

## **VENIPUNCTURE/INJECTION**

Clinical performance of venipuncture/injection procedures is required.

- Performed only under *direct supervision* of a qualified radiographer approved to perform venipuncture/injection by the CS
- By the completion of <u>all</u> clinical radiography courses for the program, the student is required to document successful completion of 5 venipuncture procedures
  - o Form F-41
- Not all clinical settings permit students to perform venipuncture procedures
  - O Students are advised to plan appropriately for proper documentation of the required # of venipuncture procedures based on their CS assignments
- When <u>not</u> performing the venipuncture procedure, students are expected to assist by doing the following, but not limited to:
  - Setting up for the procedure
  - o Administering contrast media

Policy: 1994, Revised: 1996, 1997, 2003

#### WORKPLACE HAZARDS

Students are required to attend the following presentations on an annual basis or review the following polices with regard to workplace hazards and Health/Safety

- Standard precautions (done with annual program/CS orientation at the University)
- Tuberculosis awareness (done with annual program/CS orientation at the University)
- MRI safety (done with annual program/CS orientation at the University)
- Fire safety (done with annual CS orientation at the CS)
- Emergency preparedness/Hazards (chemical, electrical, bomb threats, terrorist attack etc.) (done with annual CS orientation at the CS)
- Medical emergencies (done with annual CS orientation, and in each clinical radiography course syllabi, (code: blue, yellow, pink, gray, red, black, orange, white, silver)
- Natural disasters (tornado, hurricane and flood) (included in student handbook inclement weather policy)
- Substance abuse (included in student handbook substance abuse policy)
- Communicable disease (included in student handbook communicable disease policy)
- HIPAA (included in student handbook confidential information, and CS specific policy review done with annual CS orientation at the CS)
- Harassment-(included in student handbook sexual harassment/general harassment diversity awareness policy)
- Failure to attend or review as assigned will result in suspension from the Clinical Radiography course until attendance is documented
- Form F- 39 and Form F-40

Policy: 1994, Revised: 2007, 2011, 2016, 201

## **FORMS**

## **Clinical Rotation Record Summary Sheet**

Name:

Name:			
RADIOGRAPHY (36 weeks	s)	Approximate	minimums – 4 weeks of evenings,
`			
RADIOGRAPHY/FLUORO	OSCOPY (12 weeks)	-	
MOBILES & SURGERY (8	B weeks)	-	

C.T. (3 weeks)			
, ,			
CHOICE DOTATION(S), Dadiamento, Dad	is amount of the succession. Makille	/S/ Para Paraitanatan	Vesseles Istersetteral
CHOICE ROTATION(S): Radiography, Rad			
Radiography, Sonography, Nuclear Medicine Oncology, (see Form F-27) (1-2 weeks)	e, Computed Tomograpny, M	iagnetic Resonance, Mammo	grapny, Kadiation
Oncology, (see Form F-27) (1-2 weeks)	1	1	1
Advanced Area Rotations: CT, MRI, Mammo	ography/Bone Density, Vascu	lar Interventional Radiograp	hy, Cardiac Interventional
Radiography, (See Form F-36) (up to 7 - 8 wo		9 1	
, , , , , , , , , , , , , , , , , , ,	1		
D	olicy: 1982, Revised: 2001, 2003, 2	1 2007 2008 2009 2010 2011 201	3 2014 2015 2016 2010 2021
	011cy. 1982, Revisea. 2001, 2005, 2 924	2007, 2000, 2009, 2010, 2011, 201	3, 2014, 2013, 2010, 2019, 2021,
20	) <u>4 I</u>		

## **COUNSELING FORM**

- □ Counseling only
- ☐ Counseling with disciplinary action

☐ Incident documentation			
Name		Date	
CS		Date of Incident	
NATURE OF INCIDENT and	<b>COMMENTS:</b>		
SUGGEST AREAS FOR IMPI	ROVEMENT:		
<u> </u>			F
DISCIPLINARY ACTION (When applicable)	<ul><li>□ Written w</li><li>□ Probation</li></ul>		☐ Suspensiondays ☐ Dismissed
Clinical Coordinator's Signature		Student's Signature	
Clinical Preceptor's Signature		Program Director's	Signature
Re	vised: 2003, 2007, 2014	Date:	

Excessive / Unusual Exposure Readings

То:	Studen	t ID#:		
Date:	Birthda	ite:		
Clinical Settings:				
The following are the results of your	□ Jan – N □ Apr - J		July – Sep Oct - Dec	Year 20
Please note that you exceed or have an	unusual ex	posure rea	ding as set by M	AcNeese State University
Excessive Whole Body rem (MSU limits – 1.25 rem/quarter)		ısual read	ing	mrem
If you can think of any reason for exceeding	g McNeese	State Uni	versity's limits	, please comment:
Student's Signature		F	Radiation Safety	y Officer's Signature
Program Director's Signature			Clinical Coord	linator's Signature
For the next quarter you will be obse	ved by the	Clinical P	receptor and the	e Clinical Coordinator
				Revised 2003

## TECHNOLOGIST EVALUATION QUESTIONNAIRE

Student doing evaluation:			
Technologist being evaluated:			
CS:			
Semester	Year		
INSTRUCTIONS FOR FILLING OUT THIS FORM: The the Clinical Setting teaching process. For this reason, all answ personal feelings out of this evaluation. BE SURE TO READ	vers should be objective, keeping	Yes	No
1. Was the technologist willing and available to act as an pre	ceptor?		
2. Did the technologist stay with you during your rotation per exams on your own?			
3. Did the technologist alternate with you in processing imag	ges and staying with the patients?		
4. Did the technologist critique images with you?			
5. Was the equipment fully explained to you?			
6. If you asked the technologist, was he/she willing to explain			
7. Was the technique chart reviewed and was it current?			
8. Did the technologist use calipers and follow the technique	chart?		
9. If the technologist altered from the technique chart, did he	/she explain to you why?		
10. Did the technologist collimate images whenever possible?			
11. Was proper lead shielding used on all patients?			
12. Were you encouraged to do the exams while the technolog	gist observed?		
13. Did the technologist properly identify each patient?			
14. Did the technologist take patient history and explain the ex	xam to the patient?		
15. Did the technologist attempt to have you do any exam total covered in class?	ally unassisted that you had not yet		
<b>COMMENTS:</b> (Use the back of this page if more room is ne	eded)		

## **Clinical Setting Evaluation Questionnaire**

CS:					
Semester:	Year:				
The purpose of this questionnaire is to evaluate the Clinical Settings. Please give serious consideration to your responses and be frank and objective. The responses are tabulated by the RADS Office and then made available to the Clinical Setting after the end of each semester. You are encouraged to respond to each item, but you need not answer any item that you feel will identify you.	Strongly Agree #5	Agree #4	Neither Agree Nor Disagree #3	Disagree #2	Strongly Disagree #1
<ol> <li>The amount of time spent in the Clinical Setting was adequate time to expose you to a variety of procedures.</li> <li>The clinical routines and procedures are consistent.</li> <li>The Clinical Setting Radiographers are interested in the</li> </ol>					
program.  4. The Clinical Setting Radiographers were willing to give instructions and assistance.  5. You were supervised according to the guidelines stated in					
your student handbook.  6. You were allowed ample opportunity to perform Radiologic procedures.					
7. The Radiographers at the Clinical Setting acted as good examples in radiation protection procedures.					
<ul> <li>8. The clinical rotation assignments were adhered to.</li> <li>9. The radiographers at the Clinical Setting acted in a professional manner.</li> <li>10. The radiographers at the Clinical Setting were good examples in rendering patient care.</li> </ul>					
11. You received thorough feedback on your performance to enable you to improve on your weaknesses.					
12. You were provided adequate opportunity to apply what you learned in didactic courses.					
13. The staff of the Radiology Department made you feel like a stranger.  14. In general, the Radiology Department practices radiotion.					
<ul><li>14. In general, the Radiology Department practices radiation safety.</li><li>15. The radiographic technique charts work when used correctly.</li></ul>					

CS:		
Semester:	Year:	
16. What did you like best about this Clinical Setting?		
17. What did you like least about this Clinical Setting?		
18. What suggestions do you have for improving this Clinical So	etting?	
Too Walle suggestions we you have not improved going consentations	•••••	
ADDITIONAL COMMENTS:		
ADDITIONAL COMMENTS.		
		Revised 2015, 2016

## **Clinical Preceptor Evaluation Questionnaire**

Clinical Preceptor:						
CS:						
Semester:	Year:					
The purpose of this questionnaire is to evaluate the Clinical Precep Please give serious consideration to your responses and be frank objective. The responses are tabulated by the RADS Office and t made available to the Clinical Setting after the end of each semes You are encouraged to respond to each item, but you need not any item that you feel will identify you.	and hen ter.	Strongly Agree #5	Agree #4	Neither Agree Nor Disagree #3	Disagree #2	Strongly Disagree #1
<ol> <li>The preceptor is well prepared and organized.</li> <li>The preceptor is a good clinical supervisor.</li> </ol>						
<ol> <li>The preceptor is a good clinical supervisor.</li> <li>The preceptor makes me feel free to ask questions and express ideas while at the Clinical Setting.</li> <li>The preceptor is willing to provide outside help.</li> </ol>	S					
5. The preceptor has been fair to me in performing competency, Proficiency evaluations and merit competency evaluations.						
6. The preceptor sets a good example for students.						
7. The preceptor appears to want to help students learn.						
8. The preceptor acts in a professional manner in the clinical sett	ing.					
9. The preceptor is available to perform competency, Proficiency evaluations and merit competency evaluations.						
10. The preceptor completes competency, Proficiency evaluations	3,					
and merit competency evaluations in a timely manner.						
11. The preceptor informs me of my strengths and weaknesses.						
12. The preceptor attempts to find solutions to problems.						
13. The preceptor <u>does not</u> show favoritism in the clinical setting.						
14. The clinical routines and procedures were explained sufficient to allow for a thorough understanding.	ly					
15. The preceptor was interesting and willing to take time to give instructions and assistance.						
16. The Clinical Preceptor saw that the rotational schedule was adhered to.						
17. The Preceptor provided individualized instruction when necessary.						
18. The preceptor has a positive attitude toward the program.						
19. The preceptor provided me with proper orientation to the department and assigned clinical areas.						
COMMENTS: (use reverse side if needed)	<u> </u>					
					Revised 201	4, 2015, 2016

Score		

## Clinical Performance Evaluation

Student Name:	
CS:	
Rotational Area:	
Date from:	Date to:
Directions to the evaluator	'
SELECT ONE OF THE FOLLOWING FOR EACH	CH ITEM FOLLOWING I-V:
Also complete the checklist for the rotation when ap	oplicable (located in the course syllabi)
* Consider Student length of time in professional phase of pr	rogram
4 The student does this 90% of the time or more	2 The student does this 70 - 79% of the time
<b>3</b> The student does this 80 - 89% of the time	1 The student does this 69% of the time or less
Technical Skills* - The student	II. Patient Care - The student
A. Properly manipulates equipment	A. Exhibits patience and empathy
B. Selects appropriate technical factors	B. Communicates with the patient before, during, and immediately after the procedure
C. Correctly evaluates radiographs	C. Respects the patient's privacy and modesty
D. Utilizes technical "tips" as provided by the Radiographer	D. Attends to patient's physical and emotional needs
E. Performs and/or assists the radiographer utilizing proper positioning skills	E. Performs duties with minimum discomfort to the patient
	THE COLUMN THE ADDRESS OF THE COLUMN THE COL
III. Radiation Protection - The student  A. Protects patients and personnel from unnecessary	IV. Organizational Skills - The student
radiation by using adequate collimation on the part (consider	A. Keeps assigned area neat, clean and orderly  B. Maintains a well-stocked room
repeat rate)	
B. Utilizes gonadal shielding	C. Cleans assigned area after each patient D. Seeks and recognizes what needs to be done without
C. Correctly wears a radiation monitoring device D. Closes the door to the radiographic room during	Wasting time
D. Closes the door to the radiographic room during exposures	E. Handles radiographic procedures within appropriate time limits
V. Affective Domain – The student	time innus
A. Maintain appropriate conversation with and in from	t of patients
B. Maintain confidentiality	
C. Accepts constructive criticism	
	efrains from emotional outbursts while in the clinical education
E. Maintains favorable interpersonal relationships & co	
F. Follows the dress code as state in the student Handb	
Technologist's signature Date	Student's signature Date
Comments: (use reverse side of this sheet if more space is no	Revised 2004, 2007, 2011, 2016, 2021

Requested by:						<u> </u>		
□ Student				$\Box$ CC	<b>MPETE</b>	NCY	$\Box$ <b>P</b> A	ASSED
□ <b>CP</b>				□ PROFICIENCY □ RE			ETEST	
PERFORMANCE EVALUATION				□ MF	ERIT	I		
Student's name:				lure:				
Patient's X-ray or MR# Accession # (when				ble):	Date:			
Room #	l		Course	e/Semester				
This form is to be completed only by	the Cli	nical Prec	eptor, M.	SU faculty				
KEY:  3 – Satisfactory  2 – Acceptable (need minor improvement)  1 – Acceptable (needs major improvement)  0 – Unsatisfactory (results in failure regardless of the overall average is 90%)								
I. Assessment of Requisition:								
	Proj	Proj	Proj	Proj	Proj	Proj	Proj	Proj
II. Fill in the projections here $\rightarrow$								
A. Physical Facility Readiness								
B. Patient Care								
C. Radiographic Procedure								
D. Radiation Protection								
E. Exposure Factors								
III. PRODUCT ANALYSIS		l				<u> </u>		
A. Anatomy Identification *								
B. Positioning Analysis *								
C. Exposure Factors Analysis *								
IV. Total Skin Dose Estimate: +*								
V. Procedure Management:								
Comments:								
Evaluator's Signatur	re				Student's	Signatur	e	
* Only required on applicable examinations/procedure	s – see appe	ndix, not requi	red on Profici	iency and merit	evaluations			
*Show paperwork; must be turned in by the end of t							m F 44	
CT Competency use Form F-15, C-Ar  Patient History must be recorded on back of this for		eiency use	roriii F-Z	ı, Keirogra	ue pyeiogr	am use <b>FO</b> I	ш г-44	
- mass so recorded on backer this ion	<del></del>		Rev	rised 2003, 200	04, 2005, 200	6,2007, 2008	, 2009, 2014,	2016, 2017

## **Competency / Proficiency Checklist**

CP was contacted First	compet	ency / 1 Tonciency Checkinst			
Student's Name:		Procedure			
Patient's x-ray # or MR #	Access	ion # (when applicable)	Date		
Room#	<u> </u>	Course/Semester	1		
This form is to be used by the staff radiograph conducting the evaluations. Completion of the evaluated and Form F-10 is completed by the C-Arm Competency use Form F-21, OR Chou 44  Directions: check yes or no for the following of ASSESSMENT OF REQUISITION	is form doe. CP. <b>This</b> langiogran	s not imply competency. Competers form is not applicable for the	etency will be determined after following: CT Competency us	the images e <b>Form F-</b>	are <b>15</b> ,
Identify procedure to be performed					
2. Identify mode of transportation to clinical ar	ea				
3. Identify the patient's name and age					
PHYSICAL FACILITY READINESS				YES	NO
Maintained a clean radiographic table during	the proced	ure			
Maintained appropriate linens	_				
3. Turn machine "on", setting appropriate techn					
4. Select appropriate size IR, proper grid, etc. a					
5. Turn tube and table into position for procedu					
6. Set up machine correctly (i.e.: selecting corre			l spot size)		
7. Select the examination for Computed Radios	graphy (Che	ck here for N/A			
8. Select the number of projections for the exar	nination du	ring Computed Radiography			
9. (Check here for N/A )  10. Assign projections to each IR for the examin	ation during	Computed Radiography			
11. (Check here for N/A $\square$ )	ation during	g Computed Radiography			
PATIENT CARE				YES	NO
Verify patient's identity				125	1,0
2. Introduce self to patient (and to radiologist v	vhen applica	able)			
3. Escort and assist patient to radiographic roor		,			
4. Transfer patient on to radiographic table					
5. Explain the radiographic procedure to the pa	tient				
6. Record the patient's clinical history (physical		ents pt history, so that radiologist	will be able to view patient		
history), including last menstrual period wl			1		
7. Reassure apprehensive patient and/or parents					
8. Gown/cover patient, respecting privacy and	modesty				
9. Provide immediate and accurate nursing pro-	cedures; wh	en indicated by physical and emot	ional conditions of the patient:		
10. Maintenance of I.V. flow					
11. Labeling of specimens					
12. Utilization of aseptic, and/or isolation techni					
13. Comply with all the rules of safety (physical,					
14. Provide routine monitoring of equipment, vi	tal signs, ph	ysical signs and symptoms			
PATIENT PROTECTION				YES	NO
Protected patient and personnel from unnece	ssary radiat	ion			
2. Utilized gonadal shielding					
3. Applied gonadal shielding correctly for fluor			oom)		
Check N/A if Radiologist does not want to sh	neld for fluc	oro N/A			
4. Demonstrate adequate collimation of part					
5. Closed the door to the radiographic room du	rıng exposu	res			

Positio immob Utilize Placem	AAPHIC PRO	CEDURES												
Positio immob Utilize Placem		CEDURES	DIOGRAPHIC PROCEDURES						ı		D			
immob Utilize Placem	on the nationt &				A A			B		C			l I	
immob Utilize Placem			-41		Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
Utilize Placem		straining device												
Placem		cks on radiograp												
		Pb markers ("R"												
Can an		er to only be an		)										
		angling subtrac		erv 5										
	s of angulation			<i>J</i> -										
images	pt. identifications for interpretate t, if not check "	on on IR before sion (must be red'No")	submission cognized b	n of y										
		t to properly pla	ced IR											
		and collimator		y										
Instruct	t patient for bre	eathing and rema	aining still											
		ning to accommo												
	RE FACTORS	suai cases.(Circ	KIIIV/A	)	A	\		B	(		I	)	]	F.
H OSCI	ETHETORS				Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
Select	the proper mAs	and kVp for the	e procedure	e				- 10				- 10		
Was tee		mployed (if so												
(Check	here for N/A													
	mAs and kVp : Check here for	as appropriate fo	or an unusu	ıal										
		e set before posi	tioning the	nationt										
	not leaving the	patient in an u												
		employed on ea	ch projecti	on (can b	e filled o	ut by th	e studen	t or eval	uator)	I	I			
ROJ P	PATIENT TH	ICKNESS	mAs	kVp	SID	EV o	or SV	Patien	t condit	ion con	nments			
A														
В														
С														
D														
Е														
	s accepted	# 0	f images r	eiected				1						
_	-	phy, workstatio	_	•	here pro	cessed								
	KIN DOSE ES													
		form, or must l					ologist a	and sub	mitted t	o drop	box by t	he end	of the	
		the examinatio	n/procedu	ire was p	erforme	d.					1		_	
	JRE MANAG										YES	8	NC	<u>)                                    </u>
		ling work flow a						c room.						
	1	npetently and co	1 2	1 1	propriate 1	ime lin	nits.							
		vith accuracy an			_									
Sena co		es to PACS (Cn	eck nere ic	n' IN/A	D									
OWINIEN	(15:													
								_						_

## CLINICAL COMPETENCY SYSTEM - REMEDIAL ACTION

COMPLETED REMEDIAL ACTION PROFICIENCY EVALUATION COMPETENCY EVALUATION			
Student's Name:	Procedure:		
Date Attempted Evaluation:	Date Remedi	al Action Assigned:	
Date Attempted Evaluation.		OMPLETED WITHIN	1 <b>7D AV</b> C
	MUST BE C	OMPLETED WITHIN	I /DAYS
Preceptor making assignment(s)			
RADIOGRAPHIC PROCEDURE ERRO	OR – Prescription:		
Signature verifying co	 mpletion	Completion Date:	
☐ TECHNICAL ERROR - Prescription	1		
	_		
	_		
Signature verifying co	mpletion	Completion Date:	
ERROR IN SECTION III, IV OR V	. 1	<u> </u>	
The student has reviewed the section cov	ering:		
Signature verifying co	 mnletion	Completion Date	
~ ginear o vernjing coi		Jonipiction Dute	Revised: 2003, 2007, 2016

<u>CLINICAL EDUCATION SUMMARY OF MASTERED EXAMS</u>
Student's name:

date MODULE I	date MODULE II	date Module III
Check box if simulated. Limit 2 simulations	Check box if simulated. Limit 8 simulations	Check box if simulated. No Limit
Abdomen	Calcaneus	AC joints
Abdomen Upright	Contrast Enema (Single	Arthrography
Ankle	or Double Contrast)	Computed Tomography
Chest	Decubitus Abdomen	Cysto/Cystourethrogram
Chest, wheelchair or	Decubitus Chest	ERCP
stretcher	Esophagus	Geriatric Hip or Spine
Clavicle	Facial Bones	Hysterosalpingography IVU
C-Arm Procedure (Manip in	Nasal Bones Patella	Mandible
sterile field)	L L	
C-Arm Procedure (Manip >1 proj)	☐ Pediatric Abdomen- Age 6 or Younger	☐ Myelography ☐ Optic Foramen and
(Mamp >1 proj)	o or rounger	Orbits
C-Spine	Pediatric Lower or Upper	Orbits
Elbow	Extremity -Age 6 or	Sacro-Iliac Joints
Femur	Younger	Scapula
Finger or Thumb	☐ Pediatric Mobile- Age 6	SC Joints
Foot	or Younger	Skull
Forearm	Sacrum and/or Coccyx	Small Bowel
Geriatric Chest	Sinuses	Sternum
Geriatric Upper or Lower	Toes	TMJ's
Extremity	Upper GI	Upper Airway- STN
Hand		Zygomatic Arches
Hip		
Hip (Cross Table –		Merit Evaluations (Write in as performed)
Horizontal Beam)*		
Humerus		
Knee		
L-Spine		
Mobile Abdomen		
Mobile Chest		
Mobile Lower or Upper Extremity		
Pediatric Chest age 6 or		
Lower		
Pelvis		
Ribs		
Shoulder		
Spine (Cross Table –		
Horizontal Beam)*		
T-Spine T-Spine		
Tibia/Fibula		
Trauma ^ Lower Ext.		
Trauma ^ Shoulder*		
Trauma ^Upper Ext.	General Patient Care Competencies/Requi	rements
Wrist	Completion of F-13 indicates completion o	
	Transfer of Patient	, and isoppose reconsique (1 21)
	Care of Patient Medical Equip	
	Vital Signs	
	Venipuncture (F-41) Date completed:	
* can be simulated	CPR (Clinical Course Require	ement)

## SUMMARY OF PASSED PROFICIENCY EVALUATIONS

<b>Student Name:</b>	

	Proficiency evaluations completed beginning with RADS 461 8 different procedures or examinations required
Date	Procedure or Examination

Revised: 2004, 2006, 2007, 2013, 2015, 2016, 2018, 2020

Passed	
Retest	

COMPETENCY EVALUATION - AREA: COMPUTED TOMOGRAPHY

SCORE	

Student Name:			Date:		
I. PATIENT CARE	Y	N	B. Procedures	Y	N
A. Evaluate and understand request, check chart order			1. Utilize correct patient immobilization devices		
B. Prepare room prior to patient arrival			2. Select and prepare contrast media		
C. Verify patient's identity			3. Perform the following, start to finish (includes reconstruction):	Y	N
D. Introduce self to patient (and to radiologists when applicable)			a. Head, date MR or X-ray #		
E. Locate Emergency Cart			b. Abdomen, date MR or X-ray #		
F. Attentive to the needs of patient			c. Spine, date MR or X-ray #		
G. Maintain clean, stocked area			C. Identify the following anatomy on scan	Y	N
H. Assist patient onto the table			1. Heart		
I. Record pertinent history from patient & compare			2. Lung		
with chart history			3. Aorta		
(PT. must be on back of form)					
II. CT TECHNOLOGY			4. Kidney		
A. Operation	Y	N	5. Liver		
Type patient information into computer			6. Spleen		
2. Code scan program into computer			7. Bladder		
3. Utilize operator console to begin patient scan			8. Ureters		
4. Interpret indexing on table and correctly perform table movement			9. Intestine (small & large)		
5. Call up images on display console			10. Stomach		
			11. Pancreas		
			12. Ventricles of the brain		
			13. Optic nerve		
			14. Major parts of the vertebrae		
Comments:					
		I			
Technologist Signature			Student Signature		
1 echnologist signature			Student Signature		
Clinical Preceptor Signature			Revised: 2004, 2007, 2014, 2	016, 2	019
		<u> </u>			•

## RADS 461 CHOICE ASSIGNMENT OBJECTIVE EVALUATION – AREA: NUCLEAR MEDICINE

Student Name:									
CS:									
Date from:			Date to:	ate to:					
I. PATIENT CARE	Y	N	C. Outline specific patient preparation necessary for the following exams:	Y	N				
A. Evaluate and understand request, check chart order			1. Bone						
B. Prepare room prior to patient arrival			2. Thyroid						
C. Verify patient's identity			3. Myocardial						
D. Introduce self to patient (and to radiologists when applicable)			4. Lung						
E. Locate Emergency Cart			E. Assist in the performance of the following examinations	Y	N				
F. Attentive to the needs of patient			1. Bone scan						
G. Maintain clean, stocked area			2. Lung scan						
H. Assist patient onto the table									
I. Record pertinent history from patient &			D. List other radiographic procedures that would in	nterfe	ere				
compare with chart history			with any nuclear medicine if done on the same day.	•					
II. NUCLEAR MEDICINE TECHNOLOGY									
A. Operation	Y	N							
Assist in setting up camera for routine procedures									
B. Radiopharmaceuticals	Y	N							
1. Identify common radioactive agents used in nuclear medicine									
2. Explain rationale for use of tagging agents									
3. Discuss rules of radiation safety in aseptic sterile technique, and drawing up of pharmaceuticals									
Comments:									
Technologist Signature			Student Signature	· · · ·					
Clinical Preceptor Signature		revised 2007, 2	008, 20	14, 2016					

SCODE

## MCNEESE STATE UNIVERSITY Department of Health Professions RADIOLOGIC SCIENCES PROGRAM

## RADS 461-CHOICE ASSIGNMENT OBJECTIVE EVALUATION – AREA: RADIATION ONCOLOGY

			SCOR	Е	
Student Name:					
CS:					
Date from:	Dat	e to:			
I. PATIENT CARE	Y	N			
A. Prepare room prior to patient arrival					
B. Identifies patient correctly	1				
C. Assists the patient on and off the treatment table	1				
D. Keep room stocked with supplies					
E. Attentive to the patient needs					
F. Identifies the emotional characteristics of			III. RADIATION ONCOLOGY	Y	N
patients who are terminally ill.			TECHNOLOGY CONTINUED		
II. EQUIPMENT	Y	N			
A. Differentiate between linear accelerator and		[	C. From the patient's chart, be able to determine		
other types of radiation therapy equipment			if it's photon, electron or arc, Etc., and identify		
	<u> </u>		SSD's, gantry angles, etc.		
B. Operate hand switch to manipulate therapy			D. Distinguish between single dose		
machine	<u> </u>		fractionation and continuous dose methods	igsquare	
C. Compare different types of e'cones and wedges			E. Explain the importance of field size		
in relation to their use for Radiation Onc.	<u> </u>			$\perp \!\!\!\! \perp \!\!\!\! \perp$	
D. Properly set up a patient's radiation prescription	↓		F. Evaluate a patient's radiation treatment plan	<u> </u>	
E. Be able to tell what a bolus is used for			G. Identify potential side effects of radiation therapy		
III. RADIATION ONCOLOGY TECHNOLOGY	Y	N	H. Describe the physical symptoms corresponding to various side effects		
A. Cite the principle reason for the use of ionizing					
radiation for patient treatment.		!			
B. Name the class of disease most frequently					
subjected to treatment by Radiation Oncology					
Comments:					
Technologist Signature		_	Student Signature		
3 3			8		
Clinical Preceptor Signature			Revised: 2007, 2008,	2014, 2	2016

**Student Name:** 

RADS 461-CHOICE ASSIGNMENT OBJECTIVE EVALUATION – AREA: SONOGRAPHY SCORE\_\_\_\_\_

CS:					
Date from:			Date to:		
I. PATIENT CARE	Y	N	III. SONOGRAPHY	Y	N
A. Evaluate and understand request,			A. Explain the principle behind the production of the		
check chart order			sonographic image		
B. Prepare room prior to pt arrival			B. Recognize a longitudinal and transverse scan image		
C. Verify patient's identity			C. Identify the purpose and types of coupling agents		
D. Introduce self to patient (and to			D. Explain various patient preparations for common		
radiologists when applicable)			examinations		
E. Locate Emergency Cart			E. State the significance of transducer size to frequency		
			and resolution		
F. Attentive to the needs of patient			F. Identify the following anatomy on a sonographic	Y	N
			image:		
G. Maintain clean, stocked area			1. Gall Bladder		
H. Assist patient onto the table			2. Liver		
I. Record pertinent history from patient			3. Kidneys		
& compare with chart history					
			4. Vena Cava		
II. EQUIPMENT Y N 5.		5. Aorta			
A. Type patient's information on			6. Uterus		
monitor					
B. Manipulate transducer			7. Urinary Bladder		
C. Observe how to change transducer			8. Fetus		
according to the sonographic					
examination					
D. Observe the real time apparatus for			G. Discriminate between cystic and solid areas		
limited scan					
E. Assist in operating equipment to					
properly freeze a real time image and					
record					
Comments:					
Technologist Signatur	·e		Student Signature		
CE IB 4 C	4		n:	2000 201	1 2016
Clinical Preceptor Signa	ture		Revised: 2003, 2007, 2	:008, 2014	4, 2010

RADS 461 & 467-ADVANCED AREA ASSIGNMENT OBJECTIVE EVALUATION – AREA: VASCULAR INTERVENTIONAL RADIOGRAPHY AND CARDIAC INTERVENTIONAL RADIOGRAPHY

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Stu	aer	ו דו	van	16.
ou	uu	11	зап	10.

Date from:			Date to:			
I. PATIENT CARE	Y	N	II. SPECIAL PROCEDURES	Y	N	
A. Evaluate and understand request, check chart order			A. Prepare the fluoroscopic equipment for use			
B. Prepare room prior to patient arrival			B. Prepare the injection site and drape patient			
C. Verify patient's identity			C. Position the patient and select exposure factors for required preliminary images			
D. Introduce self to patient (and to radiologists when applicable)			D. Circulate as needed during the procedure			
E. Assist patient onto the table			E. Identify common catheters and guidewires			
F. Attentive to the needs of patient			F. Identify the purpose of various solutions used during a procedure			
G. Record pertinent history from patient & compare with chart history			G. Identify general pharmaceuticals used in the angiographic room			
H. Check for appropriate signature on consent form			H. Select programming exposures			
I. Correctly place ECG leads on pt			I. Describe procedural steps involved in the Seldinger technique			
J. Obtain & record pt blood pressure			J. Declot	Y	N	
K. Establish peripheral pulses			Identify			
L. Identify the need and administer basic life support if applicable			Right Atrium			
M. Locate and evaluate the readiness of the following	Y	N	Superior Vena Cava			
1. Crash cart			Subclavian			
2. Defibrillator			Dialysis Graft			
3. Suction			Identify common wires and catheters used for Declot			
4. Oxygen						
N. Monitors patient vital signs	Y	N				
1. Blood Pressure						
2. Pulse						
3. Respiration						
4. Temperature						
Comments: (please use reverse side if ne	cessary	y) 				
Technologist Signature			Student Signature			
Clinical Preceptor Signature			Revised: 2003,2004, 2007,2008, 2011, 2014	t, 2016, 2	2019	

**Equipment Manipulation** to be evaluated on first surgery rotation (RADS 355) Competency to be evaluated during the second surgery rotation

## MCNEESE STATE UNIVERSITY Department of Health Professions RADIOLOGIC SCIENCES PROGRAM

<b>Competency</b>	Passed
☐ Proficiency	☐ Retest

## COMPETENCY/PROFICIENCY EVALUATION & Equipment Manipulation - AREA: C-ARM Student Name:

X-ray or MR # Accession # (if applicable)		Procedure				
I. MANIPULATE C-Arm Equip.		Y	N	E. Lock and unlock for Circular movement	T	
A. Connecting monitor to				F. Operate steering handle		
B. Connecting C-Arm or	monitor to electrical					
outlet						
C. Operating the on/off s	witch			V. Properly drape the C-Arm	Y	N
D. Operating kVp, mA, a	nd time controls			VI. Properly placed foot switch	Y	N
E. Operating switch to ali	ign image with an			VII. Adjust brightness and contrast controls for the	Y	N
anatomical position of the				video monitor		
F. Operating Fluoroscopy	y timer and switch			VIII. Properly store the image with the video	Y	N
				monitor (Save the image)		
G. Operating selection sw				IX. Making a permanent image	Y	N
radiography and fluorosc						
H. Operating exposure sw	vitch for			X. Radiation Protection *	Y	N
radiography						
I. Operating collimators				A. Protect all personnel with lead aprons		
II. Enter patient inform	nation*			B. Protect all personnel from unnecessary		
				radiation	<u> </u>	L.
III. Select Technical Fac		Y	N	XI. Properly clean the C-Arm before and after	Y	N
Procedure to be Perform	med:					
A. Fluoroscopic				XII. Properly adhered to Sterile aseptic technique *	Y	N
B. Cine/Subtraction				XIII. Send image to PACS if applicable*	Y	N
IV. Mechanics of movin		Y	N			
A. Lock and unlock hori						
B. Lock and unlock verti	2					
C. Lock and unlock exter				* Automatic failure if not met		
D. Lock and unlock angu	ulation					
Comments:						
Technologist Signature				Student Signature		
Clinical Preceptor Signature						
Chinical Preceptor Signature			Revised: 2004, 2005, 2007, 2013, 2014, 2	2016, 2	:022	

Passed
Retest

Student Name:	Date:
RADS 467 ADVANCED AREA ASSIGNMENT OBJECTIVE EVALUATION <b>- ARE</b> .	A: MAMMOGRAPHY

X-ray or MR #					
I. PATIENT CARE	Y	N	B. Quality Control	Yes	No
A. Evaluate and understand request,			1. Observe Laser imager QC for assigned CS		
check chart order			2. Observe Diagnostic Review Workstation QC		
B. Prepare room prior to patient arrival			3. Observe Phantom image QC		
C. Verify patient's identity*			4. Observe Viewing Conditions QC		
D. Introduce self to patient (and to			5. Observe the signal to noise (SNR), contrast to noise		
radiologists when applicable)			(CNR) modulation transfer function (MTF) QC, for assigned CS		
E. Explain procedure to patient *			6. Observe Compression force QC		
F. Record pertinent history from* patient utilizing the correct form			7. Observe the Repeat Analysis QC		
G. Maintain clean, stocked area			8. Observe the visual checklist for QC		
H. Assist patient onto the table			Ì		
I. Prepare patient for exam: gown*			9. Review Medical physicts annual survey report for		
patient, removal of excess deodorant,			Mammographic machine(s)		
body powder, necklaces			<b>C</b> 1		
J. Be attentive to the needs of the			III. Mammography Technology	Y	N
patient			A. Explain the difference b/t breast tissues in:		
II. Equipment	Y	N	1. Fibro-Glandular		
A. Operation			2. Fibro-Fatty		
1. Connect the compression device to			3. Fatty Breast		
unit*					
2. Apply the compression to patient*			B. Explain importance of noting scars, moles, etc.		
3. Locate the grid/IR holder*			C. Explain baseline mammography		
4. Locate the photocell receptors *			D. Explain mammography guidelines related to age		
5. Insert IR correctly * (if app)			E. Explain the Eklund (pinch-back) method		
6. Attach localization device*			F. Briefly discuss special mammographic positions		
7. Use markers correctly (name, R or L, CC, MLO)*			IV. Locate supplies	Y	N
8. Manipulate the x-y axis on localization device*			a. Identify needles (biopsy and accessories)		
9. Raise and lower unit*			b. Gauze, tape, scalpels, etc		
10. Turn unit from vertical to			c. Scrub trays, linen		
horizontal*			,		
11. Identify SID*				1	1
12. Connect the spot compression			1		
device					
13. Utilize the magnification technique			1		
14. Send images to PACS (if App)*	1		1		
14. Send mages to 171CS (1171pp)					

## RADS 467- ADVANCED AREA ASSIGNMENT OBJECTIVE EVALUATION - AREA: MAMMOGRAPHY

Student's name:	

V. TECHNICAL ASPECTS OF MAMMOGRAPHY TECHNOLOGY							
A. Select the proper automatic selection for:							
1. Fibro-Glandular							
2. Fibro-Fatty							
3. Fatty Breast							
B. Perform without assistance: (may be simulated) *	(If repeat is necessary check no)						
1. Cranio-caudad							
2. Medio-lateral oblique							
C. Identify Anatomy listed below on the above projections							
1. Tail							
2. Nipple							
3. Inframammary crease							
4. Pectoralis muscle							
Completed Documentation Forms							
Clinical Experience Documentation Form							
Mammography (Form F-37)							
2. Initials, ARRT ID #s Addresses of ARRT Certified Mammo Technologists Form							
Comments:							
*Automatic failure if no							
Technologist Signature Student Signature							
Clinical Preceptor Signature Revised: 2003, 2004, 2007,							

	RADIOLOGI	C SCIENCES PRO	GRAN	M					
CHECKLIST							SCORE		
NON-RADIOGRAPHIC PERF	ORMANCE EVALUATION <b>- A</b>	REA: EQUIPMENT	MAN	IP	PULATIO	)N			
Student's Name:				L	Date:				
CS:			Room	1#					
I. Radiographic Equipment O	peration						YES	NO	
A. Manipulate the following	<u> </u>								
1. On/off switch									
2. kVp control									
3. mA control									
4. Time control									
5. Small and large focal spot								-	
6. Fluoroscopic reset switch									
7. Tube locks (vertical, horiz									
8. Foot board and shoulder b	oraces								
B. Turn radiographic tube from	n horizontal to vertical and vice	versa							
C. Move radiographic table from	om horizontal to vertical				•••••				
D. Center the tube to the table									
E. Position and move bucky tr	ay, utilizing locks								
F. Angle the tube both caudal	and cephalic and lateral angles (i	f applicable)			•••••				,
G. Insert and remove IR into t	he bucky tray						•••••		
II. Identify the location of the:									
A. Grids (table, wall, stationary	y)								
B. X-ray tubes (Fluoro, radiog	raphic)								
C. X-ray generator									
D. Storage cabinets									
E. Source to image receptor d	istance (SID) indicators								
F. Immobilization devices									
G. Location of Emergency dru	ig box and supplies within the ro	om							
	sh carts in the Radiology Departn	nent							
<ol> <li>Identify the location of the</li> </ol>									
III. Set up for Computed Radio									
A. Type in patient information	ı								
B. Select the examination									
C. Select # of projections									
D. Assign projection to each I									
E. Properly process image (IR									
F. Manipulate image when an	d if necessary								
G. Accept image/reject image									
H. Terminate (end) Study (sen									
IV. Locate the following on th		onitor:							
A. Brightness and contrast cor									
	continuous Fluoro (frames/sec)								
C. Image reverse	/a								
D. Switch for last image hold									
V. Set up for Computed fluoro	iscopy								
A. Type in patient information									
B. Retrieve/Print/Delete images									
C. Enhance image contrast									
D Reroute images (if just one pr									
E. Send images to PACS (if app	licable)								_
Comments:									
Technologist Signature	Student Signature	Clinical Preceptor	Signot	<b>4112</b>	ro				
1 echnologist Signature	Student Signature	Chincal Freceptor	Signat	ıuſ	i e	Revised: 2	2003, 2005, 2	006, 2007, 2016	 5

### MCNEESE STATE UNIVERSITY **Department of Health Professions**

RADIOLOG.	IC SCIENCES PROGRAM
40 PLUS FORM	☐ Approved
40 I LUS FORM	☐ Not Approved
	Requested time completed
This forms should be used for the following shock the	
This form should be used for the following, check the I. When a student needs to request make up time.	appropriate description
_ <del> ^                                </del>	ssignment beyond what is assigned for the clinical radiography course
	that is not available at their assigned Clinical Setting (CS)
l <del>-</del>	at exceeds either the 10 hr/day or the 40 hr/wk time limits set by the
program.	
5. When a student has requested an additional acade	demic course, which exceeds either the 10 hr/day or the 40 hr/wk time
limits set by the program.	
Student's Name	
CS:	
Date of request:	
Date(s) and time(s) for the clinical assignment of	or academic course request
Area of the clinical assignment(s) if applicable	
If area requested is not performing examinations,	student must be actively involved in clinical participation during
the request time	1 1
1	
Student's Signature	Signature/title of Individual approving or not approving
Stipulations:	
1. Competency/Proficiency evaluations may be perform	ormed
2. Cannot perform Documentation of Competency M	
3. Minimum time requested is a 2-hour block	
4. May not be scheduled during a student's class time	
5. Requests are limited to the assigned CS - unless ap	
6. Requests during semester breaks are limited to the	previously assigned CS
7. For examinations/procedures not available at curren	
	y previously assigned CS during your clinical assignment
Must have approval of both Clinical Preceptor	
	ssignment is voided and any examination/procedures performed are not
counted or applicable.	
8. Patient care cannot be delayed.	
	specific examination/procedure while the patient waits on the arrival of
	S when patient is available for examination/procedure.  nt as tardy. If a student does not show up for a scheduled 40+
assignment, it will count as an absence.	nt as tardy. If a student does not snow up for a scheduled 40+
Documentation of 40 + Time	
Documentation of 10 - 2	
Arrival time Tech initials	Departure time Tech initials

Revised: 1998, 1999, 2000, 2001, 2003, 2007, 2008, 2011, 2013, 2014, 2016, 2018, 2023

Student Name:	Date:	Score:				
A radiographer's conduct in the clinical environment is a strong indicator that the public uses to judge a hospital's/department's level of professionalism. The appropriate conduct is composed of several aspects. When evaluating a student on his/her own abilities, one must consider the length of time they have been in the program.  INSTRUCTIONS: CHOOSE ONE IN EACH CATEGORY.						
1. STUDENT'S PROFESSIONAL KNOWLEDGE - unde	rstanding of information, responsi	bilities, procedures, materials, equipment,				
and techniques required to do the job.	1 1 10 1	(10.4.)				
The student demonstrates comprehensive knowledge of the						
The student demonstrates above average knowledge of the						
The student demonstrates adequate knowledge of the basic		· • ·				
The student demonstrates a lack of some phases of the bas		1 1 1				
The student has inadequate knowledge of the basic concep	ts related to the production of quality	mages. (6 pts.)				
2. QUALITY OF WORK - accurate, thorough, and neat	1 (10 )					
The student meets highest standards of accuracy and thoro	<u> </u>					
The student's work is consistently well done; seldom make		2				
The student's quality of work is satisfactory; recognizes m		8 pts.)				
The student makes repeated mistakes; tries to correct them	· • /					
The student has poor work quality; makes repeated mistal	\ \ \ \ \ \ \ \	)				
3. ORGANIZATION OF WORK - the ability organize pro						
The student sets up room and organizes procedure without						
The student sets up room and organizes procedures with li		(9 pts.)				
The student has to be told when and how to set up a room	· · · · · · · · · · · · · · · · · · ·					
The student cannot complete procedures without assistance		<u> </u>				
The student does not have any concept of the procedure.	The technologist has to take over the r	room. (6 pt.)				
4. QUANTITY OF WORK - the volume of work accomplis						
The student does more work and is quicker than expected.	(10 pts.)					
The student completes appropriate amount of work in the	time expected. (9 pts.)					
The student completes work a little slower than expected.	(8 pts.)					
The student does not complete work in the time expected.	(7 pts.)					
The student does not complete work; works very slowly. (	6 pts.)					
5. PERFORMANCE UNDER PRESSURE - ability to han	dle pressure and remain calm in bu	sy or crisis situations				
The student has exceptional ability to handle pressure; is a	lways calm and efficient in busy or cr	risis situations. (10 pts.)				
The student can handle most busy or pressure situations ca	lmly; seldom appears nervous or lose	es control. (9 pts.)				
The student displays moderate amount of tolerance for bus	sy or crisis situations. (8 pts.)					
The student is easily irritated in busy or crisis situations an	d occasionally loses their temper. (7	pts.)				
The student cannot handle busy or crisis situations or make	es situations more tense. (6 pts.)					
6. INTERPERSONAL SKILLS - ability to communicate,	interact and deal effectively with s	upervisors, peers, patients, and other				
employees.						
The student is well thought of by others; tactful and diplon (10 pts.)	natic; promotes teamwork; instills con	nfidence in patients; aware of patients' needs.				
The student uses an average amount of tact and diplomacy	and gets along with others and patien	nts. (9 pts.)				
The student is sometimes curt with patients and/or peers; s	hould be more considerate and tactfu	l. (8 pts.)				
The student consistently interacts poorly with supervisors,	patients and/or peers. (7 pts.)					
The student is distant and does not interact with supervisor	The student is distant and does not interact with supervisors, patients, and/or peers. (6 pts.)					
7. INITIATIVE - energy and motivation displayed in start	ing and completing tasks.					
The student is a self-starter and consistently seeks addition	al work. (10 pts.)					
The student works well when give responsibility, occasion	ally seeks additional work. (9 pts.)					
The student does what is required but does not pursue additional responsibility. (8 pts.)						
The student needs frequent encouragement to start and complete tasks. (7pts.)						
The student puts forth very little effort and does just enough	th to get by. (6 pts.)					

### CLINICAL PRECEPTOR EVALUATION OF STUDENT

#### **Student Name:**

8. PUNCTUALITY - reporting at the start of day and returning from lunch					
The student is punctual in reporting to their assigned area. (10 pts.)					
The student is punctual in reporting to their assigned area. (10 pts.)  The student is on time, but not in assigned area. (9 pts.)					
The student is on time, but not in assigned area. (9 pts.)  The student is occasionally late. (8 pts.)					
The student is occasionary rate. (6 pts.)  The student is consistently late. (7pts.)					
The student is consistently late. (7pts.)  The student is consistently late and wanders or is not easily located. (6 pts.)					
9. PERSONAL APPEARANCE - grooming, cleanliness and appropriateness of dr					
The student consistently presents a professional image and is always well groomed and	1 1 1				
The student has satisfactory personal appearance; is clean and neat and is in accord	` - '				
The student has satisfactory personal appearance; sometimes needs to be reminded	of dress code. (8 pts.)				
The student is careless about personal appearance. (7 pts.)					
The student is sloppy and is totally oblivious of appearance. (6 pts.)					
10. PROFESSIONAL ETHICS - integrity, loyalty and impressions the student ma					
The student conducts self in an appropriate manner at all times conforming to profession decisions. (10 pts.)					
The student usually conducts self in an appropriate manner conforming to profession	\ <b>*</b> /				
The student adheres to professional standards of conduct in an acceptable manner.	. = .				
The student often does not follow professional standards of conduct when dealing					
The student uses unreasonable judgment and decision-making skills; consistently h (6 pts.)	as a negative attitude, rude, arrogant to patients and staff.				
This evaluation tool will be completed two times during fall, spring, and	once during the summer. This evaluation counts				
as 7 - 12% of the grade for the clinical radiography course.					
TO	OTAL POINTS /100				
	OTAL POINTS /100				
Comments:					
Student's Signature Date					
Student 8 Signature Date					
Clinical Preceptor's Signature	<b>Date</b> Revised, 2003, 2011, 2014,2016				

#### **REQUEST FOR Choice ASSIGNMENTS**

Requests must be made by the Mid-Term of RADS 459 (Rotations are done in RADS 461)

Student Name:	
CS:	
Semester:	Course #
Date of Request	
I would like a choice rotation through (Student me Place and X in your selected area(s) and write in the 1 or 2 week rotations)	ay request 1-2 choice rotation(s) for up to 2 weeks).  e number of weeks being requested next to the area you select) (Select
Radiography	
Radiography/fluoroscopy	
Mobile/surgery	
Bone Densitometry	
☐ Vascular Interventional Radiography	
Cardiac Catheterization	
Sonography	
Nuclear medicine	
Computed tomography	
Magnetic Resonance	
Mammography	
Radiation Oncology	
Other: please specify	
	Assigned to:
Student's Signature	CS
Approved by:	For
Clinical Coordinator's Signature	Rotation Area  Paying 2003 2007 2011 2013 2014 2016 2010 2022

#### HEPATITIS B VACCINE WAIVER

This waiver is signed to confirm that, as a student health care provider who will be exposed to blood and other infectious materials, I am at risk of acquiring the Hepatitis B Virus (HBV). I understand that the McNeese State University Radiologic Sciences program recommends that I receive the HBV immunization. I also understand that I have the right to decline the immunization and do so at this time. Should I acquire the Hepatitis B Virus, I will hold harmless McNeese State University and the Radiologic Sciences program, affiliated Clinical Setting or any persons associated therewith.

Name (	printed)
Signature	Date
Witness Signature	Date

Revised: 2003, 2013

### Written Pregnancy Notification Form

I, the undersigned, am <u>voluntarily</u> notifying a Program Official on (Month) (Day) (Year)						
of my pregnancy, with an estimated ges	station			(=====)		
and an estimated due date of (Month) (Day)	(Year)		'			
I have <u>read</u> , and agree to abide by the pregnancy policy in the Student Handbook, and do agree to take personal responsibility for the radiation safety and protection of my unborn child.						
Student Signature			Date			
Student Signature			Butt			
I have read the appendix to Regulatory Guide 8.13 of	the United Sta	ates Nucle	ar Regulator	ry Commission		
Thave read the appendix to regulatory Guide 0.13 of		ites i tueic	ai Regulato	y Commission.		
Student Signature			Date			
	•					
I, the undersigned, realize that neither the University, its faculty, nor the Clinical Setting will be						
responsible for radiation injury to myself or the embryo/fetus since I am continuing in the program						
during my pregnancy.	·		S	• 0		
C4 1 4 6' 4			D 4			
Student Signature			Date			
I will continue in the program without modification						
64 1 462 4			<b>D</b> 4			
Student Signature			Date			
I will continue in the program following the recomme	endations of the	e program	ı			
Student Signature			Date			
Written Withdrawal of Declaration	<u> </u>					
I wish to withdraw my declaration of pregnancy						
Student Signature			Date			
				revised 2003, 2008, 2014		

#### **REPEAT EXPOSURES**

When repeat exposures are necessary, a qualified practitioner\* must be present in the examining room, and the student must fill out this form.

It is the student's responsibility to ensure that proper clinical supervision prevails.

Failure to comply will result in disciplinary action

Report to a program official whenever asked to perform an examination which violates this policy.

	Room#
_	Semester/Yr
CS:	

#### STUDENT REPEAT EXPOSURES

Exam/position or projection	Student Signature	Tech Initials	Date

Revised: 2003, 004,2016

<sup>\*</sup>Qualified practitioner: one which is credentialed and in good standing in radiography, radiation therapy, sonography or nuclear by the American Registry of Radiologic Technologists (ARRT) or appropriate certifying agency, or holds a current license to practice radiography, radiation therapy, or nuclear medicine in the state of Louisiana.

#### **CONVICTION OF A CRIME NOTICE**

I, The undersigned student of the Radiologic Sciences Program at McNeese State University – Department of Radiologic and Medical Laboratory Science, do here by acknowledge:

#### Required to report to ARRT and LSRTBE

- That if I have ever been charged with or convicted of a crime such as a <u>misdemeanor</u>, <u>felony</u> or similar offense in a <u>military court-martial</u>, that it could result in my not being eligible to take the national certifying examination to become a certified technologist in radiography,
- I am required to report traffic violations charged as misdemeanors or felonies
- I am required to report traffic violations that involved drugs or alcohol
- I am required to report charges or convictions that have been withheld, deferred, stayed, set aside, suspended.
- If I have had court conditions applied to my charge including court supervision, probation, or pretrial diversion.
- If I have any plea of guilty, Alford plea, or plea of no contest (nolo contendere)
- I also realize that if charged or convicted as stated above while enrolled as a student in the program, all of the above is applicable, and

#### Not required to report to ARRT and LSRTBE

- I am <u>not</u> required to report juvenile convictions processed in juvenile court
- I am not required to report speeding and parking tickets that were not charged as misdemeanors or felonies and that did not involve drugs or alcohol.

I understand it is my responsibility to file a pre-application with the ARRT and LSRTBE in order to obtain a ruling of the impact of my eligibility.

SIGNATURE OF STUDENT	
DATE	<u> </u>

- Pre-application is to be submitted at any time either before or immediately after acceptance into an accredited program. It is *strongly recommended* that if applicable you apply for preapproval from the ARRT and LSRTBE. There is an associated fee for submitting this application to the ARRT
- For further information regarding the reporting requirements go to the ARRT and LSRTBE websites at <a href="https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/d67eef6f-1560-49bb-9a49-c958d2a67b67/ethics-review-prepplication.pdf">https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/d67eef6f-1560-49bb-9a49-c958d2a67b67/ethics-review-prepplication.pdf</a>
  or <a href="www.lsrtbe.org">www.lsrtbe.org</a>

Revised: 2001, 2007, 2008, 2011, 2016, 2021, 2024

SCORE

RADS 467 - ADVANCED AREA ASSIGNMENT OBJECTIVE EVALUATION- AREA BONE DENSITOMETRY

Student Name:				
CS:				
Date from:	Da	te to:		
I. PATIENT CARE	<u> </u>		YES	NO
Evaluate and understand request				
2. Prepare room prior to patient arrival				
3. Verify patient identity				
4. Introduce self to patient				
5. Obtain patient height and weight				
6. Assist patient to table				
7. Attentive to patient needs				
8. Record pertinent patient history				
9. Maintain clean stocked area				
II. EQUIPMENT			YES	NO
1. Energize unit				
2. Perform QA phantom test				
3. Type patient information into computer				
4. Position patient properly on table				
5. Select correct scan speed				
6. Utilize correct immobilization devices				
7. Position part correctly – use rice bags when applicable				
8. Select correct scan				
9. Properly position scan arm				
A. Scan hip				
B. Scan Lumbar Spine				
III. BONE MINERAL ANALYSIS			YES	NO
1. Analyze hip				
2. Analyze Lumbar Spine				
3. Set profiles when applicable				
4. Compare scans when applicable			l.	
A. Backup disc				
B. Archive disc				
Comments:			L	
Student Signature		Clinical Preceptor Signa	ture	
Deducite Signature		Officer Freeprof Signa	· · · · · · · · · · · · · · · · · · ·	
Technologist Signature		Re	vised: 2003, 200	7,2014, 2016

Advanced Area Assignment ranking Request Form (Only used for individuals prior to enrolling in RADS 467)

**Student Name:** 

Semester: Spring	Course # RADS 467
Date of Request	
	for my advanced area assignments for RADS 467:  em according to your desire for possible assignment, Ranking of 1  etc.)
individuals request an area than spaces are avai	form rotations may be limited to availability. In cases where more lable, a scoring system will be instituted to determine who will be include the following: Unit Test grade RADS 461 at midterm
1	linical performance, the RADS faculty by a plurality can decide to is case the student would be assigned to Diagnostic Radiology.
Computed Tomography (14 Positions) requ	uires completion of RADS 471
Magnetic Resonance (8 Positions) requires	s completion of RADS 471
Cardiac Interventional Radiography (4 Pos	itions) requires completion of RADS 370
Vascular Interventional Radiography (4 Po	ositions) requires completion of RADS 370
Mammography/Bone Densitometry (10 Po	sitions) requires completion of RADS 470
☐ Diagnostic Radiology	
	Assigned to:
Student's Signature	For CS
Approved by:	r or
Clinical Coordinator's Signature	Rotation Area
3	Revised 2003, 2004, 2011, 2013, 2014, 2015, 2016, 2019, 20

Documentation for part of the initial training in Mammography required for MQSA (Successful completion of at least 25 supervised examinations)

Student Name:

Date completed	Pt. Identification	Verified by ARRT certified Mammographer
		Revised: 2003, 2004, 201

#### **HEALTH FORM**

This form is to be completed by those students accepted into the professional phase of the radiologic Sciences program. This information is necessary so that the University can inform the affiliated clinical settings of your health history should a situation occur resulting in the need for immediate medical attention.

Name:							
Date of Birth:	ID #						
Do you have health Insurance	NO YES						
Directions -Please check the appro	priate box and give an explanatio	n if necessary. (Use the reverse side if needed)					
ALLERGIES	If yes, please list allergies and sta	ate any medications if applicable.					
□ NO YES							
Convulsions or Seizures NO YES	If yes, please explain type and lis	t medications(s) if applicable.					
DIABETES NO YES	If yes, please explain type and list medication(s) if applicable.						
SEVERE HEADACHES NO YES	If yes, please explain type and lis	t medication(s) if applicable.					
HERNIA OR RUPTURE NO YES	If yes, please explain type and list medication(s) if applicable.						
HEART AILMENT NO YES	If yes, please explain type and lis	t medication(s)if applicable					
BACK OR SPINAL AILMENT NO YES	If yes, please explain type and lis	t medication(s)if applicable					
SURGERIES, INJURIES NO YES	List any surgeries or injuries						
COMMUNICABLE DISEASE NO YES	List any communicable disease(s	) that you currently have:					
OTHER HEALTH AILMENTS SUCH AS KIDNEY AILMENT, ULCERS, CHEST PAIN, FREQUENT COLDS OR SORE THROAT	List any:						
IMMUNIZATIONS OR TEST RECORD	*	on record along with this form (if not in nical setting requirements, you will have to obtain test).					
ARE YOU CURRENTLY UNDER MEDICAL CARE NO YES	space is needed)	applicable medications (use back of form if more					
I MEET THE TECHNICAL STAN	DARDS OF THE PROGRAM	NO YES					
	n.	1.1					
EMERGENCY CONTACT Notific	ation: Please state name, address	and phone # for the following:					
Physician: Relative or Friend:							
Keiauve or Friena:							
Studer	nt's Signature	<b>Date</b> <i>Revised 2013, 2016</i>					

TJC and OSHA Requirements Documentation for the CS

CS:	Date:
Assigned Radiologic Sciences Students For Semester 20 listed below:	
Contact Radiologic Sciences Program Director Greg Bradley at 475-5657 if more details	s are needed

Student Name	Fire Safety Hazardous Mat. Orientation Done at CS	Blood borne Pathogen &TB Standards Orientation Annually date	Hand Washing Orientation Annually	Background Check Performed by Precheck Once prior to first clinical course date	Drug Screen Once, prior to first clinical course or random date	TB Skin (PPD) Test Date Read	CPR Cert.  Must be current  Date Expires

Revised: 2004, 2006, 2015, 2016, 2019, 2021

### ORIENTATION TO THE CLINICAL SETTING

CS: Date Orientation completed:						
Student Name:			Student Phone #:			
TO BE COMI	PLETED THE FIRST DAY C	OF THE CLINICAL RADIOGRAPHY COURSE				
Introduction of Clinical	*		trooms, Storage areas: linen, supplies, etc.			
Obtain students' phone n		Front desk/file, Advanced/Specialty area				
Review the following po	olices in the Handbook	Critical Care Unit				
Dress Code	Breaks	Cafeteria, Emergency Room, Surgery, Laboratory,				
Incident Reporting	Attendance/Tardy	Cardiology, Labor & Delivery, GI Lab, Nursery				
Clinical Supervision of	Clinical Radiography	_ <u> </u>	te to hospital or clinic polices			
Students	Course – Record Keeping	Stan	dard Precautions			
Clinical Assignments	Conduct	Requ	est assistance from security			
Appeals Procedures	Fluoroscopy		ergency Preparedness, (tornado, hurricane, flood,			
Markers	TB. /Notification/Protocol	bon	nb threats, terrorist attacks)			
Introduce to chief techno	ologists, technical directors,		gical attire			
radiologists (if possible).		Me	dical emergencies, (code: blue, yellow, pink, gray,			
Procedure Management	/patient flow		, black, orange, white, silver)			
Room assignments, and		Parking, Smoking				
demonstration of physical le		Radiation Protection				
Review policy and proce	edures for:	Location of Pb apparel				
Competency System		Where to stand during exposures				
Radiographic Exams	s - Module I, II and III	Where to wear dosimeter				
Competency I		Holding patients during exposures				
Proficiency Ev		Gonadal Shielding				
Merit compete	ency Evaluation	Closing doors during exposures				
Remedial Acti			gnancy considerations			
Minimum Req	uirements & Documentation	Basic review of time, distance and shielding				
	y Maintenance	MRI Safety				
Scoring guidel	lines for competency &	Rev	view Policy in Handbook			
	aluations (show location of	MF	CI safety protocol specific to the assigned CS			
posted copy)		CS Emp	ployee Code of Conduct or Handbook			
Evaluation - E	quipment manipulation					
Attendance – Cl	inical Participation					
Location of all forms w	ithin the Department		Student Signature			
Review clinical course	syllabus					
Review CS HIPAA polic	cy (signature when required)		Clinical Preceptor Signature			
Distribute routine exam	booklets for the CS	$\prod$				
Orientate and tour of der Designated Computer (s)		1	Revised: 2004, 2007, 2011, 2012, 2013, 2016			
lockers						

#### MCNEESE STATE UNIVERSITY

#### Department of Health Professions RADIOLOGIC SCIENCES PROGRAM

#### **Venipuncture Documentation**

Documentation of successful performance of venipuncture procedures (Performance of at least 5 directly supervised venipunctures required by completion of all clinical radiography courses)

**Student Name:** 

Date completed	Pt. Identifi	cation #		Verified by assigned radiographer			
Comments:							
Student S	ignature	Clinical Preceptor Signature					
	-			Revised: 2004, 2014, 2016			

#### **Medical Information Release**

Name
(print name)
Date
I, give my permission to the McNeese State University Radiologic Sciences program to release the following checked items listed below to Clinical Settings affiliated with the program. The Clinical Settings affiliated with the program are: Advanced MRI, Children's Clinic of Southwest Louisiana, Christus-Ochsner St. Patrick Hospital, Diagnostic Center of West Calcasieu-Cameron Hospital, Christus-Ochsner Lake Area Hospital, Lake Charles Memorial Hospital, Open Air MRI of Lake Charles, Pediatric Center of Southwest Louisiana, and West Calcasieu Cameron Hospital.  By checking each of the four items in the table below, you are giving permission for the McNeese State
University Radiologic Sciences program to release that information to the clinical setting.
Check each
Health Form (Form F-38)
Results from PPD
Results from Drug Screening
Results from Alcohol Screening
(Student Signature)
(Date)

Policy 2006, 2011, 2014, 2016, 2023

#### **DOCUMENTATION OF COMPETENCY MAINTENANCE**

#### Student's Name

CHEST, and/or							
ABDOMEN (10)							
,		TECH	Re √			TECH	Re √
DATE/EXAM	PT. ID#	Initials	Initials	DATE/EXAM	PT. ID#	Initials	Initials
				LIDDED EVT (	71	Classiala	T
				UPPER EXT., or Supper ext., or AC.			
				upper ext., or rice	oints, or SC		Scapula (1)

Revised 2008, 2009, 2013, 2022

### **DOCUMENTATION OF COMPETENCY MAINTENANCE**

Student's Name

CHEST, and ABDOMEN (13)							
ABDOMEN (13)				EXTREMITIES			
		TECH	Re √	(upper or lower) (4)			
						TECH	Re √
DATE/EXAM	PT. ID#	Initials	Initials	DATE/EXAM	PT. ID #	Initials	Initials
MOBILES (1)							

Revised 2008, 2009, 2010, 2013

#### **DOCUMENTATION OF COMPETENCY MAINTENANCE**

CHESI.				EXTREMITIES			
CHEST, ABDOMEN (20)		TECH	Re √	(upper or lower) (5)		TECH	Re √
DATE/EXAM	PT. ID#	Initials	Initials	DATE/EXAM	PT. ID#	Initials	
				MODILES (2)			
				MOBILES (3)			
						Revised 20	008,2009, 2010, 2013

### **DOCUMENTATION OF COMPETENCY MAINTENANCE**

				Student's Name	$\varrho$		
CHEST,							
ABDOMEN, BONY				EXTREMITIES			
THORAX, SPINE				(upper or lower)			
(20)		TECH		(5)		TECH	
DATE/EXAM	PT. ID#	Initials	Initials	DATE/EXAM	PT. ID#	Initials	Initials
				MICCELLANDOUG	(1.60	C + +	3.47
				MISCELLANEOUS	(I (Cranium,	Contrast	or any Merit
				Comp exam)	1		
				MOBILES and/or S	URGERY (	5)	
					<u> </u>		
						D : 13000	2000 2010 2012 2015
						Kevised 2008,	2009, 2010, 2013, 2015

#### **DOCUMENTATION OF COMPETENCY MAINTENANCE**

CHEST, ABDOMEN,				EXTREMITIES			
BONY THORAX				(upper or lower)			
(25)	PT. ID	ТЕСН	Re √	(10)	_	TECH	Re √
DATE/EXAM	#	Initials	Initials	DATE/EXAM	PT. ID #	Initials	Initials
				MISCELLANEOUS ( Comp exam)	(1) Cranium, (	Contrast o	r any Merit
				MOBILES and/or S	URGERY (5	<i>9</i> 	
				TVIODIDES WIW, OF S	endent (c		
VERTEBRAL (2)							
					Revised 2008.2009	9, 2010, 2013,	2015

### **DOCUMENTATION OF COMPETENCY MAINTENANCE**

				Stutent S 1 van		1	1
Chest, Abdomen,							
and Bony Thorax				EXTREMITIES			
(10)		<b>TECH</b>	${f Re}\ $	(upper or lower)(2)		TECH	${f Re}\ $
(10) DATE/EXAM	PT. ID#	Initials	Initials	DATE/EXAM	PT. ID#	Initials	Initials
DATE/EXAM	PI.ID#	Initials	initials	DATE/EXAM	P1.1D#	initials	iniuais
				VERTEBRAL (1)			
				(1)			
MOBILES or SUR	GERY(1)						
	- (-)						
						Revised 2008	8, 2009, 2010, 2013,
						2021	

			Competency	☐ Pa	assed	
MEDIT COMPETENC	VEVALUATION: Anna Datuagua	da Prologram	Retest	TE ATT	VECTO	
MERII COMPETENC	Y EVALUATION: Area - Retrogra	ae Pyeiogram	PASS THIS EV	RECEIVE ALL YES TO THIS EVAL.		
<b>Student Name:</b>			Date	<del>-</del>		
X-ray or MR #	Accession # (if applicable)	Procedure				
A-ray or with #	Accession # (ii applicable)	Troccaure				
I. Assessment of Req	uisition*	<del>.</del>		Yes	No	
A. Identify Procedure	2					
B. Identify Patient						
II. Physical Facility F	Readiness*				1	
A. Set up the Room						
B. Set up the Contro						
C. Properly placed for						
III. Assist Staff as red	quested *					
IV. Procedure*				ı	1	
A. Properly adhered						
B. Operate the Fluor						
C. Make Exposures	as requested					
D. Save the image						
E. Send image to PA						
F. Make a permanen	t image when applicable					
V. Radiation Protect					T	
A. Protect all person						
	nel from unnecessary radiation					
VI. Anatomy Identifi						
* Automatic failure if	not met					
Comments:						
Techn	ologist Signature		Student Signature			
Clinical 1	Preceptor Signature		Revised	2004 200	5,2007, 2016	
	4 -		neviseu.	∠ 007,∠00 <b>.</b>	2,2007, 2010	

Grading Procedure Sheet RADS. 350

STUDENT'S NAME

I. Per	forman	ce Evaluations = 50% of Final (	Grade	0221(1 51(1		
		ncy Evaluations Form F- 10 (10				
		ncy Evaluations from Module I				
√if CP	Date	Successful Examination	Score 10	Date	<i>Unsuccessful</i> Examination	Score 5 or 0
Carry	over co	ompetency evaluations to RADS 33	55			
2. (	Compete	ency Evaluations from Module I	I (1 require	d)		
1	Date	Successful Examination	Score 10	Date	Unsuccessful	Score 5 or 0
CP	2	~ #************************************	2001010	2000	Examination	200100010
Carry	over co	 ompetency evaluations to RADS 3:	<u> </u> 55			
Curry	0707 00	imperency evaluations to ILIBS 30				

√ CP	Date	Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or 0
Carry	over coi	npetency evaluations to RADS	355			
B. N	Aerit Co	mpetency Evaluations (5 poi	ints) (limit of 6			

MID SEMESTER POINT SY	YSTEM For Section	I		
TOTAL PTS RECEIVED FRO	OM A, B =		TOTAL PTS	POSSIBLE FROM A =
PTS. Received divided				
by PTS. Possible =	X 100 =	X 50	)% =	Score for I

FINAL POINT SYSTEM	A for Section I			
TOTAL PTS RECEIVED	FROM A, B =	TOTAL	PTS POSSIBLE FROM A =	
PTS. Received divided				
by PTS. Possible =	X 100 =	X 50% =	Score for I	

#### II. Documented Competency Maintenance = 5% of Final Grade

If All documented competency Maintenance requirements are completed for the semester the student will be granted 100 points for Section II.

If any of the documented competency Maintenance requirements <u>are not</u> completed for the semester the student will receive "0" for section II.

FINAL POINT SYSTEM	For Section II		
TOTAL PTS RECEIVED	FROM Section II =	T	OTAL PTS POSSIBLE FROM Section II = 100
		•	
PTS. Received divided by PTS. Possible =	X 100 =	X 5% =	Score for II

## 3% of Final Grade, and LSRT Bonus points when applicable, A. Student Clinical Evaluations Form F- 9 (Each Evaluation = possible 100 pts) DATES DATES From To SCORE From To SCORE

III. Equipment Manipulation Evaluations = 10 points each, Rotation Evaluation, = 100 possible pts each =

From	То	SCORE	From	То	SCORE

DATE	ROOM	SCORE	DATE	ROOM	n, will result in (0)  I SCORE
	THO OIVE	SCOTE	DITTE	ROOM	Score
C. Record dat	e and score for each	of the following v	vhen applicable	,	
					SCORE
-	ints (when applicab	, ·	*		
_	l be given by MSU	• / \	points are adde	d to the points	
ceived and not	the total points poss	ible)			
	ER POINT SYSTEM				
OTAL PTS RE	CEIVED FROM A, I	3 & C =	TOTAL P	TS POSSIBLE F	ROM A, B & C =
S. Received di	vided				
PTS. Possible		00 = X	3% =	Score for III	
NAL POINT	SYSTEM For Section	on III			
	CEIVED FROM A, F		TOTAL P	TS POSSIBLE F	ROM A, B & C =
7G D : 11:	*1 1				•
TS. Received di PTS. Possible		nn – Y	3% =	Score for III	
1 13.1 0881010	- X 10	NO - A	370 —	Score for in	
Record Kee	$\frac{1}{\text{ping} = 5\% \text{ of Final } 6}$	Grade (each studer	nt is granted 100	on day one of the	clinical radiography
	ping = 5% of Final ( 5 points for each time				clinical radiography
ırse) (subtract	5 points for each time	e student does not r	ecord in the follo	owing areas)	
ırse) (subtract		e student does not r	ecord in the follo	owing areas)	
urse) (subtract	5 points for each time	e student does not r	ecord in the follo	owing areas)	
urse) (subtract	5 points for each time	e student does not r	ecord in the follo	owing areas)	
urse) (subtract	5 points for each time	e student does not r	ecord in the follo	owing areas)	
urse) (subtract	5 points for each time	e student does not r	ecord in the follo	owing areas)	
urse) (subtract Daily Clinical )	5 points for each time Experience Record (rec	e student does not record the date for each	ecord in the follon incomplete clini	owing areas) cal experience rec	ord = -5)
urse) (subtract Daily Clinical )	5 points for each time	e student does not record the date for each	ecord in the follon incomplete clini	owing areas) cal experience rec	ord = -5)
urse) (subtract Daily Clinical )	5 points for each time Experience Record (rec	e student does not record the date for each	ecord in the follon incomplete clini	owing areas) cal experience rec	ord = -5)
urse) (subtract Daily Clinical )	5 points for each time Experience Record (rec	e student does not record the date for each	ecord in the follon incomplete clini	owing areas) cal experience rec	ord = -5)
urse) (subtract Daily Clinical )	5 points for each time Experience Record (rec	e student does not record the date for each	ecord in the follon incomplete clini	owing areas) cal experience rec	ord = -5)
Daily Clinical Completion a	5 points for each time Experience Record (record and signing of Evaluate	tions (record the date	n incomplete clini	owing areas) cal experience rec	ord = -5)
Daily Clinical Completion a	5 points for each time Experience Record (rec	tions (record the date	n incomplete clini	owing areas) cal experience rec	ord = -5)
Daily Clinical Completion a	5 points for each time Experience Record (record and signing of Evaluate	tions (record the date	n incomplete clini	owing areas) cal experience rec	ord = -5)
Daily Clinical Completion a	5 points for each time Experience Record (record and signing of Evaluate	tions (record the date	n incomplete clini	owing areas) cal experience rec	ord = -5)

MID SEMESTER POINT SYSTEM For Section IV						
TOTAL PTS RECEIVED FROM A, B, C, D = TOTAL PTS POSSIBLE FROM A, B, C, D =						
PTS. Received divided						
by PTS. Possible = $X 100 = X 5\% =$ Score for IV						
T						
FINAL POINT SYSTEM For Section IV						
TOTAL PTS RECEIVED FROM A, B, C, D = TOTAL PTS POSSIBLE FROM A, B, C, D =						
PTS. Received divided						
by PTS. Possible = $X 100 = X 5\% = S$ core for IV						
V. Clinical Participation – 10% of Final Grade						
Record date of Absence, Tardy, or Non-Active Clinical Participation						
Absences beyond one absence, record date of absence and the make-up date.						
<b>Tardies</b> - record date of tardy, and indicate if time was made up at the end of the assigned day.						
Non-Active Participation – record date and time, results in – 10 pts						
Date of Absence Make-up Date Tardy dates Made up time late Y or N Non-Active Clinical Participation time/date						
Not required for 1st						
absence						
Refer to the chart below for the point value for clinical participation						
0-1 absence = 100 pts. Excessive Tardies - Over 2 = a deduction of 25 pts/occurrence						
2 absences = 75 pts						
3 absences = 50 pts Non-Active Participation = a deduction of 10 pts/occurrence						
4 absences = 25 pts						
Over 4 absences = 0 pts No point deduction for excused absence(s)						

MID SEMESTER POINT	SYSTEM For Section V	7		
PTS. Received from				
Clinical Participation	X 100 = X	10% =  Score:	for V	
FINAL POINT SYSTEM	For Castion V			
PTS. Received from	For Section v			
clinical participation =	X 100 =	X 10% =	Score for	V
ennical participation		71 1070	Beore for	•
VI. Clinical Preceptor Ev	aluation Form F- 26/Co	unseling Sessions = 7%	6 of Final Gra	de
Enter the date and score f	or the clinical preceptor	evaluation (evaluation	n worth 100 pt	<u>(s)</u>
D	ate		Score	
EINIAL DOING CYCTEM	£ C 4: I/I			
FINAL POINT SYSTEM		TOTAL PEG DOG	CIDLE 100	_
TOTAL PTS RECEIVED (	P evaluations =	TOTAL PTS POS	SIBLE = 100	
PTS. Received divided		<b>'</b>		
by PTS. Possible =	X 100 = X	7% = Score	for VI	
lr-				
VII. 20% of Final Grade quizzes = 10 points each)	(unit test, Case Analysis	Presentation, midtern	n grade = 100	possible pts each;
Record date and score for	each of the following wl	ien applicable		
		DA	TE	SCORE
Unit Test grade				
Midterm grade				
Quiz				
Case Analysis Presentation				
MID SEMESTER POINT				
TOTAL PTS RECEIVED =	=	TOTAL PTS POS	SIBLE =	
PTS. Received divided				
by PTS. Possible =	X 100 = X 2	20% = Score	e for VII	
-				
FINAL POINT SYSTEM	for Section VII			
TOTAL PTS RECEIVED =	•	TOTAL PTS POS	SIBLE =	
PTS. Received divided		I		

X 100 =\_\_\_\_\_ X 20% =\_\_\_\_ Score for VII

by PTS. Possible =

MID-TERM GRA	ADE	FIN	IAL GRADE
SCORE FROM I		SCORE FROM I	
		SCORE FROM II	
SCORE FROM III		SCORE FROM III	
SCORE FROM IV		SCORE FROM IV	
SCORE FROM V		SCORE FROM V	
		SCORE FROM VI	
		SCORE FROM VII	
TOTAL= /68= % For	Grade	TOTAL= For	Grade
<u>Midterm</u>		<u>Final</u>	
Student's Signature	Date	Student's Signature	Date
Clinical Preceptor's Signature	Date	Clinical Preceptor's Signatur	
		Revised 2008, 2009, 2010, 2013, 2014, 20 2024	015, 2016, 2017, 2018, 2019, 2021, 2023,

Grading Procedure Sheet RADS. 355 STUDENT'S NAME

		Evaluations = 50% of Final				
		cy Evaluations Form F- 10 (				
1. Co	mpeten	cy Evaluations from Modul	e I (8 require	ed) (need	4 for midterm)	
√if CP	Date	Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or 0
Carry o	ver com	petency evaluations to RADS .	356			
2. Cor	npetenc	y Evaluations from Module	II (3 require	ed) (need	1 for midterm)	
√ CP	Date	Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or 0
Carry o	ver com	petency evaluations to RADS .	356			

• ~				N) (0.0		
		cy Evaluations from Modul				C
√ CP	Date	Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or (
Carry o	ver com	petency evaluations to RADS	356			
B. Pr	oficiency	y Evaluations (10 points)				
		` <u>*</u>				
C. Mo	erit Con	npetency Evaluations (5 poi	nts) (limit of	6)		

MID SEMESTER POINT SYS	STEM For Section 1			
TOTAL PTS RECEIVED FR	OM A, B, C =	TOTAL PTS	S POSSIBLE FROM A, B =	
PTS. Received divided				
By PTS. Possible =	X 100 =	X 50% =	Score for I	

FINAL POINT SYSTEM	For Section I		
TOTAL PTS RECEIVED F	ROM A, B, C =	TOTAL PTS	POSSIBLE FROM A, B =
PTS. Received divided By PTS. Possible =	X 100 =	X 50% =	Score for I

# II. Documented Competency Maintenance = 5% of Final Grade If All documented competency Maintenance requirements are completed for the semester the student will be granted 100 points for Section II. If any of the documented competency Maintenance requirements are not completed for the semester the student will receive "0" for section II. FINAL POINT SYSTEM for Section II = TOTAL PTS POSSIBLE FROM Section II = 100 PTS. Received divided by PTS. Possible = X 100 = X 5% = Score for II

ossible pts each =	= 3% of Final Gra	de and LSRT Bonu	s points when ap	
l Evaluations For	m F- 9 (Each Evalu	nation = possible 100	) pts)	
ES		DA	ΓES	
To	SCORE	From	To	SCORE
	ossible pts each = l Evaluations For ES	ossible pts each = 3% of Final Grad 1 Evaluations Form F- 9 (Each Evalue) ES	Desible pts each = 3% of Final Grade and LSRT Bonu 1 Evaluations Form F- 9 (Each Evaluation = possible 100 ES  DA'	

	ROOM	SCORE	DATE	rough the area, w	M SCORE
C. Record scor	e for each of the fol	lowing when appl	icable		
					SCORE
	ice (6 hours required, a	<u> </u>	/	C.1 LODE	
	oints (when applicable ll be given by MSU				
	ot the total points po		nis ure uuued ll	ine points	
	-				l
	ER POINT SYSTE				
OTAL PTS RE	CEIVED FROM A,	B & C =	TOTAL PTS P	OSSIBLE FROM	IA, B&C =
TS. Received					
ivided by PTS.	X 100	= X 3	3% =	Score for III	
Possible =					
FINAL POINT	SYSTEM for Sectio	n III			
	CEIVED FROM A,		TOTAL PTS P	OSSIBLE FROM	[ A. B & C =
	,				,
TS. Received	X 100	= X 3%	√₀ = S	core for III	
TS. Received ivided by PTS.	X 100	= X 3%	√₀ = S	core for III	
PTS. Received livided by PTS.	X 100	= X 3%	√₀ = S	core for III	
TS. Received ivided by PTS. cossible =					
TS. Received ivided by PTS. Possible =	ping = 5% of Final	Grade (each stude	ent is granted 1	00 on day one of	
TS. Received ivided by PTS. Possible =		Grade (each stude	ent is granted 1	00 on day one of	
PTS. Received livided by PTS. Possible =  V. Record Kee radiography cou	ping = 5% of Final ırse) (subtract 5 poi	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the fo	llowing areas)
PTS. Received livided by PTS. Possible =  V. Record Kee adiography cou	ping = 5% of Final	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the fo	llowing areas)
PTS. Received livided by PTS. Possible =  V. Record Kee adiography cou	ping = 5% of Final ırse) (subtract 5 poi	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the fo	llowing areas)
TS. Received ivided by PTS. cossible =  V. Record Kee adiography cou	ping = 5% of Final ırse) (subtract 5 poi	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the fo	llowing areas)
TS. Received ivided by PTS. cossible =  V. Record Kee adiography cou	ping = 5% of Final ırse) (subtract 5 poi	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the fo	llowing areas)
TS. Received ivided by PTS. cossible =  V. Record Kee adiography cou	ping = 5% of Final ırse) (subtract 5 poi	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the fo	llowing areas)
TS. Received ivided by PTS. ossible =  V. Record Kee adiography cou	ping = 5% of Final ırse) (subtract 5 poi	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the fo	llowing areas)
PTS. Received livided by PTS. Possible =  V. Record Kee adiography cou	ping = 5% of Final ırse) (subtract 5 poi	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the force clinical experie	nce record = -5)
TS. Received ivided by PTS. cossible =  V. Record Kee adiography cou	ping = 5% of Final irse) (subtract 5 poi l Experience Record	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the force clinical experie	nce record = -5)
PTS. Received livided by PTS. Possible =  V. Record Keeradiography con	ping = 5% of Final irse) (subtract 5 poi l Experience Record	Grade (each stude nts for each time s	ent is granted 1 student does no	00 on day one of t record in the force clinical experie	nce record = -5)

C. Personal Pocket-Sized Notebook of Exposure Factors (record the date for no notebook or not up-to-date= -5)

D. Daily At	ttendance Reco	ord (record date	for failure to r	ecord arrival or	r departure tim	e = -5)	

MID SEMESTER PO	DINT SYSTEM <i>j</i>	for Section	<i>IV</i>
TOTAL PTS RECEIV	ED FROM A, B,	C, D =	TOTAL PTS POSSIBLE FROM A, B, C, D =
PTS. Received divided by PTS. Possible =	X 100 =	X 5%	= Score for IV
FINAL POINT SYST	TEM for Section	IV	
TOTAL PTS RECEIV	ED FROM A, B,	C, D=	TOTAL PTS POSSIBLE FROM A, B, C, D =
PTS. Received divided by PTS. Possible =	X 100 =	X 5%	= Score for IV

### V. Clinical Participation – 10% of Final Grade

Record date of Absence, Tardy, or Non-Active Clinical Participation

Absences beyond one absence, record date of absence and the make-up date.

Tardies - record date of tardy, and indicate if time was made up at the end of the assigned day.

Non-Active Participation – record date and time, results in -10 pts

Date of Absence	Make-up D	ate	Tardy dates	Made up time late Y or N	Non-Active Clinical Parti	cipation time/date
	Not required abser	-				
0-1 absence	=	100 pts		Excessive Tardies - Over 2	2 = a deduction of 25 pts/occ	currence
2 absences	=	75 pts			•	
3 absences	=	50 pts		Non-Active Participation:	= a deduction of 10 pts/occu	rrence
4 absences	=	25 pts		1.011 1 touve 1 articipation	a academon of 10 pts/0000	
Over 4 absences	=	0 pts		No point deduction for ex	ccused absence(s)	

MID SEMESTER POINT SYSTEM for Section V								
PTS. Received divided by PTS. Possible =	X 100 =	X 10% =	Score for IV					
FINAL POINT SYS	FINAL POINT SYSTEM for Section V							
PTS. Received divided by PTS. Possible =	X 100 =	X 10% =	Score for IV					

VI. Clinical Preceptor Evaluation Form F- 26/Counseling Sessions = 7% of Final Grade						
Enter the date and score for the 2 clinical preceptor evaluation each semester (Each evaluation worth 100 pts)						
Date	Score					

MID SEMESTER POINT SYSTEM for Section VI						
TOTAL PTS RECEIVED (	CP evaluations =		TOTAL PTS POSSIBLE = 100			
PTS. Received divided	W 100	37.70/	C C VII			
by PTS. Possible =	X 100 =	X 7% =	Score for VI			

FINAL POINT SYSTEM	for Section VI		
TOTAL PTS RECEIVED C	P evaluations =	Т	OTAL PTS POSSIBLE = 200
PTS. Received divided by PTS. Possible =	X 100 =	X 7% =	Score for VI

VII. 20% of Final Grade, Unit Test, Midterm Grade = 100 possible pts each						
Record date and score for each of the following when applicable						
DATE SCORE						
Unit Test Grade	Unit Test Grade					
Midterm Grade						

MID SEMESTER POINT SYSTEM For Section VII						
TOTAL PTS RECEIVED =			TOTAL PTS POSSIBLE =			
PTS. Received divided						
by PTS. Possible =	X 100 =	X 20%	6 = Score for VII			

FINAL POINT SYSTEM for Section VII					
TOTAL PTS RECEIVED =	TOTAL PTS RECEIVED =				
PTS. Received divided by PTS. Possible = X 100 =	X 20% = Score for VII				

MID-TERM (	GRADE		FINAL	GRADE
SCORE FROM I		SCORE FROM 1		
		SCORE FROM II		
SCORE FROM III		SCORE FROM II	I	
SCORE FROM IV		SCORE FROM IV	7	
SCORE FROM V		SCORE FROM V		
SCORE FROM VI		SCORE FROM V	I	
		SCORE FROM V	П	
		SCORE FROM V	ш	
TOTAL= /75 = % For	Grade	TOTAL=	For	Grade
Midterm		<u>Final</u>		
Student's Signature	Date	Student's Signature		Date
Clinical Preceptor's Signature	Date	Clinical Preceptor's	s Signature	Date
		Revised 2008, 2009 2024	9,2013, 2014, 2015, 20	016,2017, 2018, 2019, 2021, 2023,

**Grading Procedure Sheet** 

	8	
RADS.	356	STUDENT'S NAME

		ce Evaluations = 50% of Fin ency Evaluations Form F- 10		nch)		
A. C	Compet	tency Evaluations Form F- 10 tency Evaluations from Mod	lule I <i>(</i> 7 reau	icn) ired) (nee	d 3 for midterm)	
$\sqrt{\text{CP}}$		Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or 0
, 01	2000	Zuccessjui Zuminimi	2001010	2000		200100 01 0
Carry	over co	mpetency evaluations to RAD	S 459			
	ı					
2.	Compe	tency Evaluations from Mod	lule II (3 requ	uired) (ne	ed 1 for midterm)	
√ CP	Date	Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or 0
		1	G 450			
Carry	over co	mpetency evaluations to RAD	S 459			

√ CP	Date	Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or 0
7 (11110)	011011 00	manatanas avalvations to DAD	C 450			
Jarry	over coi	mpetency evaluations to RAD	3 439			
B. P	roficien	ncy Evaluations (10 points)				 
C	Aorit Ca	ompetency Evaluations (5 po	oints) (limit of	F 6)		
C. IV		ompetency Evaluations (3 po	omes) (mme o			

MID SEMESTER POINT SYSTEM For Section I						
TOTAL PTS RECEIVED F	ROM A, B, C =	TOTAL PTS PO	OSSIBLE FROM A, B =			
PTS. Received divided by PTS. Possible =	X 100 =	X 50% =	Score for I			

FINAL POINT SYSTEM	I For Section I			
TOTAL PTS RECEIVED	FROM A, B, C =	TOTAL PTS	S POSSIBLE FROM A, $B =$	
PTS. Received divided				
by PTS. Possible =	X 100 =	X 50% =	Score for I	

II. Documented Competency Maintenance = 5% o	Documented Competency Maintenance = 5% of Final Grade					
If All documented competency Maintenance requirem granted 100 points for Section II.	ents are completed for the semester the student will be					
If any of the documented competency Maintenance rewill receive "0" for section II.	quirements <u>are not</u> completed for the semester the student					
FINAL POINT SYSTEM for Section II						
TOTAL PTS RECEIVED FROM Section II =	TOTAL PTS POSSIBLE FROM Section II = 100					

## III. Equipment Manipulation Evaluations = 10 points each, Rotation Evaluation, LSRT Membership, Community Service - each item = 100 possible pts each; LSRT participation Bonus points = 3% of Final Grade

A. Student Clinical Evaluations Form F- 9 (Each Evaluation = possible 100 pts)

DA	TES		DA	TES	
From	To	SCORE	From	То	SCORE

DATE ROOM SCORE DATE ROOM SCORE	assigned area) if r
	DATE
C. Record date and score for each of the following when applicable	C. Record date ar
DATE SCORE	
LSRT Membership or equivalent	LSRT Membership
Community Service (6 hours required, all or nothing for points)	
LSRT Bonus points (when applicable) (points possible are dependent of the	LSRT Bonus point
LSRT program and will be given by MSU faculty) (bonus points are added	
to the points received and not the total points possible)	
MID SEMESTER POINT SYSTEM For Section III	
TOTAL PTS RECEIVED FROM A, B & C = TOTAL PTS POSSIBLE FROM A, B & C =	TOTAL PTS REC
PTS. Received divided	PTS. Received div
by PTS. Possible = $X 100 = X 3\% = Score for III$	by PTS. Possible =
FINAL POINT SYSTEM For Section III	FINAL POINT S
TOTAL PTS RECEIVED FROM A, B & C = TOTAL PTS POSSIBLE FROM A, B & C =	TOTAL PTS REC
PTS. Received divided	
by PTS. Possible = $X 100 = X 3\% = S$ core for III	by PTS. Possible =
TV D 117 ' 70/ CE' 10 1 / 1 / 1 / 1 100 1 C/I L' 1	W D 117
IV. Record Keeping = 5% of Final Grade (each student is granted 100 on day one of the clinical radiography course) (subtract 5 points for each time student does not record in the following areas)	
A. Daily Clinical Experience Record (record the date for each incomplete clinical experience record = -5)	A. Daily Clinica
B. Completion and signing of Evaluations (record the date for no signature on evaluation = -5)	B. Completion a
C. Demond Desket Sized Notehook of Evmonyo Footons (neared the date for me matched a mark to the first	C Danger of Double
C. Personal Pocket-Sized Notebook of Exposure Factors (record the date for no notebook or not up-to-date= -5)	C. Personal Pocke

D. Daily Attendance Record (record date for failure to record arrival or departure time = -5)						

MID SEMESTER POINT	SYSTEM for Sect	tion IV	
TOTAL PTS RECEIVED I	FROM A, B, C, $D =$		TOTAL PTS POSSIBLE FROM A, B, C, D =
PTS. Received divided by PTS. Possible =	X 100 =	X 5% =	= Score for IV

FINAL POINT SYSTEM	for Section IV		
TOTAL PTS RECEIVED	FROM A, B, C, $D =$		TOTAL PTS POSSIBLE FROM A, B, C, D =
PTS. Received divided by PTS. Possible =	X 100 =	X 5%	= Score for IV

#### V. Clinical Participation – 10% of Final Grade

Record date of Absence, Tardy, or Non-Active Clinical Participation

**Absences** beyond one absence, record date of absence and the make-up date.

Tardies - record date of tardy, and indicate if time was made up at the end of the assigned day.

Date of Absence	Make-up Dat	æ	Tardy dates	Made up time late Y or N	Non-Active Clinical Parti	cipation time/date
Not required for 1 <sup>st</sup> absence	for 1 <sup>st</sup>					
0-1 absence	=	100 pts.		Excessive Tardies - Over 2	2 = a  deduction of  25  pts/occ	currence
2 absences	=	75 pts				
3 absences	=	50 pts		Non-Active Participation	= a deduction of 10 pts/occu	irrence
4 absences	=	25 pts		1.011 Tient e I anneipation	a academon of 10 ptb/occi	
Over 4 absences	=	0 pts		No point deduction fo	or excused absence(s)	

MID SEMESTER POINT SYSTEM	SYSTEM for Section V			
PTS. Received from				
active clinical participation =	X 100 =	X 10% =	Score for V	

FINAL POINT SYSTEM for Section V				
PTS. Received from				
active clinical participation =	X 100 =	X 10% =	Score for V	

VI. Clinical Preceptor Evaluation Form F-26/Counseling Sessions = 7% of Final Grade				
Enter the date and score for the 2 clinical preceptor evaluation each semester (Each evaluation worth 100 pts)				
Date	Score	Date	Score	

MID SEMESTER POINT SY	STEM for Section	on VI	
TOTAL PTS RECEIVED CP 6	valuations =		TOTAL PTS POSSIBLE = $100$
PTS. Received divided by PTS. Possible =	X 100 =	X 7% =	Score for VI

FINAL POINT SYSTEM for Section VI							
TOTAL PTS RECEIVED	CP evaluations =	TOTA	AL PTS POSSIBLE = 200				
PTS. Received divided by PTS. Possible =	X 100 =	X 7% =	Score for VI				

VII. 20 % of Final Grade, Midterm Grade, Unit Test Grade				
	DATE	SCORE		
Midterm grade				
Unit Test grade				

FINAL SEMESTER POINT SYSTEM For Section VII						
TOTAL PTS RECEIVED =		ТО	TAL PTS POSSIBLE =			
PTS. Received divided						
by PTS. Possible =	X 100 =	X 20% =	Score for VII			

MID-TERM GRADE	FINAL GRADE
SCORE FROM I	SCORE FROM I
	SCORE FROM II
SCORE FROM III	SCORE FROM III
SCORE FROM IV	SCORE FROM IV
SCORE FROM V	SCORE FROM V
SCORE FROM VI	SCORE FROM VI
	SCORE FROM VII
TOTAL= /75= % For Grade	TOTAL= For Grade

<u>Midterm</u>		<u>Final</u>		
Student's Signature	Date	Student's Signature	Date	
Clinical Preceptor's Signature	Date	Clinical Preceptor's Signature	Date	

2008, 2009, 2013, 2015, 2016, 2018, 2019, 2021, 2023, 2024

Grading Procedure Sheet RADS. 459 STUDENT'S NAME

	I. Performance Evaluations = 50% of Final Grade								
		cy Evaluations Form F- 10(1							
		cy Evaluations from Module							
√ CP	Date	Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or 0			
Carry	over comp	petency evaluations to RADS 4	161						
2. (	Competen	cy Evaluations from Modul	e II (1 requi	red)					
√ CP	Date	Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or 0			
Carry	over comp	petency evaluations to RADS 4	161						

2 ~	<u> </u>			D /4			
		<b>Evaluations from Mod</b>					Γ
√ CP	Date	Successful Examinat	tion Score 10	Date	Unsuccessfu	<i>l</i> Examination	Score 5 or 0
Carry	over comp	petency evaluations to R	4DS 461				
	Proficiency	Evaluations (10 points					
√ CP	Date	Successful Examinat	tion Score 10	Date	Unsuccessfu	<i>E</i> xamination	Score 5 or 0
Carry	over Profi	ciency evaluations to RA	ADS 461				
C. N	Merit Com	petency Evaluations (5	points) (limit of	6)	•	T	1

MID SEMESTER POINT SYSTEM for Section I					
TOTAL PTS RECEIVED I	FROM A, B, C =		TOTAL	PTS POSSIBLE FROM A, B =	
PTS. Received divided					
by PTS. Possible =	X 100 =	X 5	0% =	Score for I	

FINAL POINT SYSTEM for Section I					
TOTAL PTS RECEIVED	FROM A, B, C =		TOTALI	PTS POSSIBLE FROM A, B=	
PTS. Received divided					
by PTS. Possible =	X 100 =	X 5	0% =	Score for I	

# II. Documented Competency Maintenance = 5% of Final Grade If All documented competency Maintenance requirements are completed for the semester the student will be granted 100 points for Section II. If any of the documented competency Maintenance requirements are not completed for the semester the student will receive "0" for section II. FINAL POINT SYSTEM for Section II TOTAL PTS RECEIVED FROM Section II= TOTAL PTS POSSIBLE FROM Section II = 100 PTS. Received divided by PTS. Possible = X 100 = X 5% = Score for II

III. Equipment M	III. Equipment Manipulation Evaluations = 10 points each, Rotation Evaluation, = 100 possible pts each =						
3% of Final Grade, and LSRT Bonus points when applicable,							
A. Student Clinical Eva	aluations Form F-9 (Ea	ach Evaluation = possib	ole 100 pts) (Form F-46	also recorded here = 10	00 possible points)		
DAT	ES		DA	ΓES			
From	То	SCORE	From	То	SCORE		

DATE	ROOM	SCORE	DAT	E ROC	OM	SCORE
C. Record date	e and score for ea	ach of the following	ng when applica	ıble		2005
						SCORE
CDT D	·	-1.1.) (		14 .£ 41 I CDT	7	
	,	, ·		dent of the LSRT dded to the points		
_	the total points p	• / \	us poinis are a	uaea to the points	8	
ceivea ana noi	ine ioiai poinis p	ossivie)				
IID SEMESTE	R POINT SYST	EM for Section II	7			
	CEIVED FROM A	- U		TS POSSIBLE FR	OM A. B	& C =
			1011121			
ΓS. Received di		100	37.20/	C C III		
y PTS. Possible		100 =	X 3% =	Score for III	-	
	SYSTEM for Sec		TOTALD	TO DOCCIDI E ED	OM A D	0.0
OTAL PIS RE	CEIVED FROM A	A, B & C =	IOIALP	TS POSSIBLE FR	OM A, B	& C =
TS. Received di						
y PTS. Possible	= X	100 =	X 3% =	Score for III		
		•	_	100 on day one of th	ne clinical	radiography
		time student does n		linical experience rec	aard = 5)	
	Experience Record	(record the date for t			coru – -3)	
<u> </u>						
Completion	nd signing of Evo	lustions (record th	a data for no sig	nature on evaluation	n = 5)	
	lid signing of Lva	luations (record in		mature on evaluation	m – - <i>3)</i>	
						<u> </u>
. Personal Pocke	t-Sized Notebook o	f Exposure Factors (	(record the date fo	r no notebook or not	up-to-date	e=-5)
Daily Attenda	nce Record (rocce	d date for failure t	o record amissal	or departure time –	= _5)	
. Daily Attenda	nce Record (recor	d date for failure t	o record arrival	or departure time =	= -5)	
Daily Attenda	nce Record (recor	d date for failure t	o record arrival	or departure time =	= -5)	
D. Daily Attenda	nce Record (recor	d date for failure t	o record arrival	or departure time =	= -5)	

MID SEMESTER POINT SYSTEM For Section IV						
TOTAL PTS RECEIVED FRO	M A, B, C, D =		TOTAL PTS POSSIBLE FROM A, B, C, D =			
PTS. Received divided						
by PTS. Possible =	X 100 =	X 5% =	Score for IV			

FINAL POINT SYSTEM	For Section IV		
TOTAL PTS RECEIVED	FROM A, B, C, $D =$		TOTAL PTS POSSIBLE FROM A, B, C, D =
PTS. Received divided by PTS. Possible =	X 100 =	X 5% =	Score for IV

V. Clinical Par	ticipation –	· 10% of	f Final Grad	e					
Reco	rd date of Abs	ence, Tar	dy, or Non-Act	ive Clinical Participation					
Absences beyond or	ne absence, rec	ord date o	of absence and the	he make-up date.					
Tardies - record da	te of tardy, and	d indicate	if time was mad	le up at the end of the assig	gned day.				
Non-Active Partic	ipation – reco	rd date an	d time, results i						
Date of Absence	Make-up Date Tardy dates Made up time late Y or N Non-Active Clinical Participation time/date								
	Not required f	or 1 <sup>St</sup>							
	absenc								
0-1 absence	=	100 pts.		Excessive Tardies - Over	2 = a deduction of 25 pts/occ	urrence			
2 absences	=	75 pts	•	Encospire function Over	2 a abadenon of 25 pts/000				
3 absences	=	50 pts		Non Active Participation	= a deduction of 10 pts/occur	rranga			
4 absences	=	25 pts		rion-Active Farticipation	– a deduction of 10 pts/occul	TEHE			
Over 4 absences	=	0 pts		No point deduction for	or excused absence(s)				
		•		110 point acauciton je	or excusen absence(s)				

Over 4 absences = 0	pts No	No point deduction for excused absence(s)								
MID SEMESTER POINT SYSTEM For Section V										
PTS. Received from										
active clinical participation =	X 100 =	X 10% =	Score for V							
FINAL POINT SYSTEM for Section V										
PTS. Received from										
active clinical participation =	X 100 =	X 10% =	Score for V							

VI. Clinical Preceptor Evalu			8	
Enter the date and score for t	he clinical pred	ceptor evalu	ation (evaluation worth	1 /
Date				Score
FINAL POINT SYSTEM for				
TOTAL PTS RECEIVED CP e	valuations =		TOTAL PTS POSSIBLE	E = 100
PTS. Received divided				
by PTS. Possible =	X 100 =	X 7% =	Score for VI	
0 1 1 1 0 3 1 0 1 0 1	71 100	21 //0	Score for VI	
VII. 20 % of Final Grade (U	nit Tests. Presi	entation of	Writing Assignment fro	om RADS 355. Mid-term
grade = 100 possible pts each				
Record date and score for each			,	
Tecord date and score for each	en of the follow	ing when a <sub>l</sub>	DATE	SCORE
Unit test			DATE	SCORE
Midterm Grade				
Quiz				
Presentation				
Tresentation				
MID SEMESTER POINT S	YSTEM for Sec	ction VII		
TOTAL PTS RECEIVED	1811Mjor sec		TOTAL PTS POSSIBL	E
			TOTALTIBIOSSIDE	
PTS. Received divided				
by PTS. Possible =	X 100 =	X 20%	= Score for V	<u>II</u>
FINAL POINT SYSTEM FO	or Section VII			
TOTAL PTS RECEIVED			TOTAL PTS RECEIVE	ED
PTS. Received divided	37.100	37.0007	C C 1777	
by PTS. Possible =	X 100 =	X 20%	= Score for VII	

MID-	TERM GRADE	FINAL GRADE		
SCORE FROM I		SCORE FROM I		
		SCORE FROM II		
SCORE FROM III		SCORE FROM III		
SCORE FROM IV		SCORE FROM IV		
SCORE FROM V		SCORE FROM V		
		SCORE FROM VI		
		SCORE FROM VII		
TOTAL= /68 = %	For Grade	TOTAL= For Grade		
Midterm		<u>Final</u>		

Midterm		<u>Final</u>	
Student's Signature	Date	Student's Signature	Date
Clinical Preceptor's Signature	Date	Clinical Preceptor's Signature	Date
		Revised 2008, 2009, 2011, 2013, 2015, 201	6, 2017, 2018, 2019, 2021, 2022, 2023, 2024

Crading Procedure Short

RADS.	461	ure Sneet		NT'S NAME		
		Evaluations = 50% of Fina		1-)		
A. C.	ompetenc Sompeten	cy Evaluations Form F-10 ( acy Evaluations from Modu	<u> 10 points e</u> ile I (8 regi	acn) uired) (need	4 for midterm)	
√CP	Date	Successful Examination	Score 10	Date Date	Unsuccessful Examination	Score 5 or 0
Carry o	over comp	vetency evaluations to RADS	467			
	1					
2 Ca		v Evolvetions from Module	o II (A vo gu	inad) (maad 1	) for midtown)	
2. Co	mpetency	y Evaluations from Module	e 11 (4 requ	irea) (need 2	a for midterm)	
√CP	Date	Successful Examination	Score 10	Date	Unsuccessful Examination	Score 5 or 0
Carry o	over comp	petency evaluations to RADS	467			

	1	I T		<u>.                                    </u>		<u> </u>		
3. Con	 npetency	 Evalua	ntions from Module	 III (4 reau	ired) (need 2	for midterm)		
√ CP	Date		essful Examination	Score 10	Date	Unsuccessful I	Examination	Score 5 or 0
Carre		20101	analysticus to PADS	1 167				
Carry	ver comp		evaluations to RADS	40/				
R Pr	oficiency	Fvalu	ations (10 points) (5	-required)	(2 for midter	rm)		
<b>D.</b> 11	l	Evalu	ations (10 points) (3	-required)	(2 for inface)			
Carry o	over Prof	iciency	evaluations to RADS	467				
C 35			- Fl- (* (*	4) (1' ''	<b>.</b>			
C. M	erit Com	petenc	y Evaluations (5 poi	nts) (limit o	01 6)			

•									
	D DOINT CYCTEN	N. E C 42 I							
	<mark>R POINT SYSTEM</mark> EEIVED FROM A, I		TOTAL PTS PO	SSIBLE FROM A,	B =				
PTS. Received div	rided								
by PTS. Possible =	= X 100	) = X 50	)% = Sc	ore for I					
	YSTEM For Section		TOTAL PEG DO		<u> </u>				
	CEIVED FROM A, I	B, C =	TOTAL PTS PO	SSIBLE FROM A,	B =				
PTS. Received divided by PTS. Possible =		$\mathbf{X} = \mathbf{X} \mathbf{S}($	)% = Sc	ore for I					
II. Documented (	Competency Maint	enance = 5% of Fi	nal Grade						
granted 100 points	s for Section II. nented competency	nance requirements Maintenance requir	1 0						
FINAL POINT S	YSTEM for Sectio	n II							
	EIVED FROM Sec		TOTAL PTS PO	SSIBLE FROM Sec	ction II = 100				
PTS. Received div		O = X 59	% = Sco	re for II					
Community Serv	III. Equipment Manipulation Evaluations = 10 points each, Rotation Evaluation, Choice Evaluations, Community Service, - each item = 100 possible pts each = 3% of Final Grade and LSRT Bonus points when applicable.								
A. Student Clinic	al Evaluations Form	r F-9 (Each Evaluat	ion = possible 100	pts)					
	TES		<b>D</b> A	ATES					
From	То	SCORE	From	То	SCORE				

	DATE	SCORE	AREA	DATE	SCORE
. Equipment Mani	pulation Evaluations	Form F-24 (Each eval	uation – possible 10	pts) (required for	or each rotational
ssigned area) if no		of the first rotational SCORE		the area, will	result in (0)
DATE	ROOM	SCORE	DATE	ROOM	SCORE
Record score for	each of the follow	ving when applicab	le		SCODE
Community Compies	(6 hours required a	ll or nothing for points	`		SCORE
	` .	e) (points possible at	,	ISRT	
		faculty) ( <i>bonus point</i>			
	the total points pos			<b>F</b> • • • • • • • • • • • • • • • • • • •	
		ME C ' III			
	<b>R POINT SYSTE</b> EIVED FROM A, I		TOTAL PTS PO	SSIBLE FROM	1 A B C & D=
		5, C & D			171, B, C & B
ΓS. Received divid γ PTS. Possible =	ded X 10	$0 = X^3$	3% = Sc	ore for III	
y r 13. r ossibie –	A 10	0 A.	570	010 101 111	
INAL POINT SY	STEM for Section	n III			
	YSTEM for Section		TOTAL PTS POS	SIBLE FROM	A, B, C & D =
OTAL PTS RECI	EIVED FROM A, I		TOTAL PTS POS	SIBLE FROM	A, B, C & D =
OTAL PTS RECI	EIVED FROM A, I	B, C & D =		SIBLE FROM	A, B, C & D =
OTAL PTS RECI	EIVED FROM A, I	B, C & D =			A, B, C & D =
OTAL PTS RECITS. Received divided to PTS. Possible = V. Record Keepi	eived from A, led  X 10  ng = 5% of Final	B, C & D = 0 = X 3 Grade (each studen	% = Sco	ore for III	he clinical
OTAL PTS RECITS. Received divides a part of the property of th	eIVED FROM A, I  ded  X 10  mg = 5% of Final se) (subtract 5 poi	B, C & D =  0 = X 3  Grade (each students for each time street)	% = Sconti is granted 100 condent does not re-	ore for III  on day one of the cord in the followers	he clinical owing areas)
OTAL PTS RECI  TS. Received divide  PTS. Possible =  V. Record Keepindiography course	eIVED FROM A, I  ded  X 10  mg = 5% of Final se) (subtract 5 poi	B, C & D = 0 = X 3 Grade (each studen	% = Sconti is granted 100 condent does not re-	ore for III  on day one of the cord in the followers	he clinical owing areas)
OTAL PTS RECITS. Received divides a part of the property of th	eIVED FROM A, I  ded  X 10  mg = 5% of Final se) (subtract 5 poi	B, C & D =  0 = X 3  Grade (each students for each time street)	% = Sconti is granted 100 condent does not re-	ore for III  on day one of the cord in the followers	he clinical owing areas)
OTAL PTS RECITS. Received divides a part of the property of th	eIVED FROM A, I  ded  X 10  mg = 5% of Final se) (subtract 5 poi	B, C & D =  0 = X 3  Grade (each students for each time street)	% = Sconti is granted 100 condent does not re-	ore for III  on day one of the cord in the followers	he clinical owing areas)
OTAL PTS RECITS. Received divides a part of the property of th	eIVED FROM A, I  ded  X 10  mg = 5% of Final se) (subtract 5 poi	B, C & D =  0 = X 3  Grade (each students for each time str	% = Sconti is granted 100 condent does not re-	ore for III  on day one of the cord in the following the cord in the following the cord in the following the cord in the cord	he clinical owing areas)
OTAL PTS RECITS. Received divides a part of the property of th	eIVED FROM A, I  ded  X 10  mg = 5% of Final se) (subtract 5 poi	B, C & D =  0 = X 3  Grade (each students for each time str	% = Sconti is granted 100 condent does not re-	ore for III  on day one of the cord in the following the cord in the following the cord in the following the cord in the cord	he clinical owing areas)
OTAL PTS RECITS. Received dividently PTS. Possible =  V. Record Keepitadiography course. Daily Clinical E	eived from A, led X 10  ng = 5% of Final Experience Record	B, C & D =  0 = X 3  Grade (each students for each time str	% = Scont is granted 100 condent does not recease incomplete cl	on day one of to	he clinical owing areas) ce record = -5)
TOTAL PTS RECIPTS. Received divides PTS. Possible = V. Record Keeping adiography course. Daily Clinical Experience of the property of the prop	eived from A, led X 10  ng = 5% of Final Experience Record	B, C & D =  0 = X 3  Grade (each students for each time students for each time students)	% = Scont is granted 100 condent does not recease incomplete cl	on day one of to	he clinical owing areas) ce record = -5)
TOTAL PTS RECIPTS. Received divides by PTS. Possible = V. Record Keeping adiography course. Daily Clinical Experiences of the property of the	eived from A, led X 10  ng = 5% of Final Experience Record	B, C & D =  0 = X 3  Grade (each students for each time students for each time students)	% = Scont is granted 100 condent does not recease incomplete cl	on day one of to	he clinical owing areas) ce record = -5)

C. Personal I	Pocket-Sized No	otebook	of Exp	osure	Factors	(record the d	ate for no notel	ook or not up-	to-date= -5)
			Î						
D. Doily Atto	mdamaa Daaand	(magand	data f	m failu	#2 to #2	م المسنية المس	dan antiqua tima	. – 5)	
D. Daily Aue	ndance Record	(record	date 10	or raniu	re to rec	oru arrivai ol	departure time	;	
							<u> </u>		
[ <del>-</del>									
MID SEMES	STER POINT S	SYSTE	M For	<sup>r</sup> Sectio	on IV				
TOTAL PTS	RECEIVED FR	ROM A.	B, C,	D =		TOTAL PT	S POSSIBLE F	ROM A, B, C	, D =
PTS. Receive	d divided								
by PTS. Poss	ible =	X 10	00 =		X 5% =	= 5	Score for IV		
EINAL DOL	NT CVCTEM C	on Cook	Com III						
	NT SYSTEM fo								
TOTAL PTS	RECEIVED FR	ROM A,	, B, C,	D =		TOTAL PT	S POSSIBLE F	ROM A, B, C	, D =
PTS. Receive	d divided								
by PTS. Poss	ible =	X 10	00 =		X 5%	= S	core for IV		
II.									
V Clinical l	Participation –	10% of	f Final	Grad	ρ				
						al Danii sia ai s			
	decord date of Abse d one absence, reco						!		
	d date of tardy, and					_	anad day		
	rticipation – record						igned day.		
Date of Absence	Make-up Date		Tardy			time late Y or N	Non-Active Cli	nical Participati	on time/date
Date of Absence			Taruy	uates	Trade up		Tion-Active Ch		on time/date
	Not required fo								
	absence	?							
0-1 absence		100			Evene	a Tardias Ores	1 - a daduation -	f 25 ptg/ggggggg	20
2 absence	=	100 pts.			LXCESSIV	e raidies - Ove	c = 2 = a  deduction $c$	or 25 pts/occurrent	LE
2 absences 3 absences	=	75 pts 50 pts			3.7			10	
4 absences	=	25 pts			Non-Act	ive Participation	n = a deduction of	10 pts/occurrence	e
Over 4 absences		_					_		
Over 4 absences	=	0 pts			No poin	nt deduction	for excused ab	sence(s)	

MID SEMESTER POINT	SYSTEM For Section V	<b>7</b>				
PTS. Received from						
active clinical participation	= X 100 =	X 10% =	Score f	or V		
FINAL POINT SYSTEM	For Section V					
PTS. Received from						
active clinical participation	= X 100 =	X 10% =	Score f	or V		
VI. Clinical Preceptor Ev	aluation Form F-26/Cou	nseling Sessions = 7°	% of Final Gra	ade		
Enter the date and score f	or the 2 clinical precepto	r evaluation each se	mester (Each	evaluation worth 100		
pts)	• •		`			
Date	Score	Date		Score		
MID SEMESTER POINT	SYSTEM For Section V	I				
TOTAL PTS RECEIVED O	CP evaluations =	TOTAL PTS POSSIE	BLE = 100			
PTS. Received divided	XX 100	70/	0 111			
by PTS. Possible = $X 100 = X 7\% = Score for VI$						
DINAL DOINT CYCTEM	C C 4 1/1					
FINAL POINT SYSTEM	•	TOTAL PEG DO	COLDI E COO			
TOTAL PTS RECEIVED (	CP evaluations =	TOTAL PTS POS	SSIBLE = 200			
PTS. Received divided						
by PTS. Possible =	X 100 =	X 7% = Scor	re for VI			
by 1 13. 1 ossible –	71 100	500.	10 101 11			
VIII 200/ CE: 1.C. 1		1 1 100 '1	1 4			
VII. 20% of Final Grade (Unit test, Midterm Grade, each = 100 possible pts;						
Record score for each of the following						
				SCORE		
Unit Test						
Midterm Grade						
Widterm Grade						
•						
MID SEMESTER POINT	MID SEMESTER POINT SYSTEM for Section VII					
TOTAL PTS RECEIVED Unit Tests = TOTAL PTS POSSIBLE from Unit Tests =						
PTS. Received divided	¥7.100	200/	C 1777			
by PTS. Possible =	X 100 = X 2	20% = Sco	re for VII			

FINAL POINT SYSTEM	I for Section VII				
TOTAL PTS RECEIVED	Unit Tests =		TOTA	L PTS RECEIVED Unit Tests =	
DTC D ' 11' '1 1					
PTS. Received divided by PTS. Possible =	X 100 =	X 20%	⁄ <sub>0</sub> =	Score for VII	

MID-TERM GRADE		FINAL GRADE		
SCORE FROM I		SCORE FROM I		
		SCORE FROM II		
SCORE FROM III		SCORE FROM III		
SCORE FROM IV		SCORE FROM IV		
SCORE FROM V		SCORE FROM V		
SCORE FROM VI		SCORE FROM VI		
		SCORE FROM VII		
TOTAL= /75 = %	For Grade	TOTAL= For	<u>Grade</u>	

<u>Midterm</u>		<u>Final</u>	
Student's Signature	Date	Student's Signature	Date
Clinical Preceptor's Signature	Date	Clinical Preceptor's Signature	Date
		Revised 2008, 2009,2011, 2014, 2015, 201 2024	76, 2019, 2021, 2022,2023,

#### **Grading Procedure Sheet**

**RADS. 467** 

#### STUDENT'S NAME

KADS.			STUDEN	1 S NAIVII	L			
I. Performance Evaluations = 55% of Final Grade  A. Competency Evaluations Form F-10 (10 points each)								
			` -					
		tency Evaluations Form			T			
√ CP	Date	Successful Examination	Score 10	Date	Unsuc	cessful Examination	on	Score 5 or 0
		tency Evaluations Form		<u> </u>	1			
√ CP	Date	Successful Examination	Score 10	Date	Unsuc	cessful Examination	on	Score 5 or 0
3. Competency Evaluations Form Module III (4required)								
√ CP	Date	Successful Examination Score 10 Date Unsuccessful Examination Score 5 or				Score 5 or 0		
3.	Proficio	ency Evaluations (3 requi	red)	<b>-</b>				l
√ CP	Date	Successful Examination	Score 10	Date	Unsuc	cessful Examination	on	Score 5 or 0
B. Advanced Area Rotation Assignments (selected ARRT Post Primary Certifications)								
1.		uation – for Advanced Ar					Sco	re=
# of points received divided by total points possible from: Form F-19, F-22, F-23/F35, F-37, F-47, or F-48 (Each evaluation is worth 100 pts)								
		nentation of Clinical Exp					Sco	ore =
<u> </u>		nission of form, or case log			ed area) (v	worth 100 points)		
C. N	vierit C	ompetency Evaluations (5	o points) (limit o	01 6)		<u> </u>		

FINAL POINT SYSTEM for Section I					
TOTAL PTS REC	EIVED FROM A, E	3, C =	TOTAL PTS POS	SSIBLE FROM A, I	3, =
PTS. Received div by PTS. Possible =	ided = X 100	) = X 55	5% = Sco	ore for I	
II. Documented C	Competency Mainte	enance = 5% of Fi	nal Grade		
If All documented competency Maintenance requirements are completed for the semester the student will be granted 100 points for Section II.  If any of the documented competency Maintenance requirements <u>are not</u> completed for the semester the student will receive "0" for section II.					
FINAL POINT S	YSTEM for Section	n II			
	EIVED FROM Section		TOTAL PTS POS	SSIBLE FROM Sect	tion II = 100
PTS. Received divi		n = X 5	% = Sco	ore for II	
by 1 13. 1 ossible -	71 100	113	70 500	10 101 11	
	valuations and Cor points each, = 3 % o	•	each worth 100	points, Equipment	Manipulation
_					
	al Evaluations Form	F-9 (Each Evaluation			T
DA		CCORE		TES	CCOPE
From	То	SCORE	From	То	SCORE
B. Equipment Manipulation Evaluations Form F-24 (Each evaluation – possible 10 pts) (required for each rotational					
assigned area) if not completed by end of the first rotational assignment through the area, will result in (0)  DATE ROOM SCORE DATE ROOM SCORE					
DAIL	KOO141	SCORE	DAIL	KOOM	SCORE
C. Community Service (6 hours required, all or nothing for points)					

IV. Record Keeping course) (subtract 5 points)	ints for each time stud	dent does not re	ecord in the foll	llowing areas)		одгарпу
A. Daily Clinical Experi	ience Record (record t	he date for each	incomplete clin	ical experience	$\overline{\text{record}} = -5$	
					'	
					1	
B. Completion and sig	gning of Evaluations	(record the da	te for no signat	ture on evalua	$\overline{\text{tion}} = -5$	-
					'	
			+			
C. Personal Pocket-Size	ed Notebook of Expos	ure Factors (reco	ord the date for r	no notebook or t		7.7
C. I Gibonai I Gont 222	d Note of the state of the stat					<u></u>
1						
D. Daily Attendance R	cecord (record date f	or failure to rec	cord arrival or	departure time	e = -5	<del></del> -
1					'	
THE POINT CYC	TENAL C. C Con II	·				
FINAL POINT SYST			T TOTAL DEC	= accept E	== 3:1	
TOTAL PTS RECEIV	ED FROM A, B, C,	, D =	TOTALPIS	, POSSIBLE F	FROM A, B, C, 1	D =
PTS. Received divided						
by PTS. Possible =	X 100 =	X 5% =	= Scc	ore for IV		

FINAL POINT SYSTEM for Section III				
TOTAL PTS RECEIVED FROM A, B & C =			TOTAL	PTS POSSIBLE FROM A, B & C =
PTS. Received divided by PTS. Possible =	X 100 =	X	3% =	Score for III

V. Clinic	al Particination	1 – 20% of Final (					
				ion			
	Record date of Absence, Tardy, or Non-Active Clinical Participation  Absences beyond one absence, record date of absence and the make-up date.						
	Tardies - record date of tardy, and indicate if time was made up at the end of the assigned day.						
		cord date and time, re-					
Date of	Make-up Dat	e Tardy	Made up time late Y	Non-Active Clinic	cal Participation time/date		
Absence		dates	or N				
	t required for 1 <sup>St</sup>						
	absence						
0-1 absence	=	100 pts. Exce	essive Tardies - Over $2 = 3$	a deduction of 25 pts	s/occurrence		
2 absences		75 pts					
3 absences		50 pts Non-	Active Participation = a	deduction of 10 pts/d	occurrence		
4 absences		25 pts					
Over 4 absence	ces =	) pts No j	point deduction for $\epsilon$	excused absence(	(s)		
FINAL POI	NT SYSTEM for	Section V					
Pts Received	l from						
Clinical Part	icipation =	X 100 =	X 20%	Score fo	or V		
	1						
VI Clinical	Precentor Evalua	tion Form F-26/Cou	nseling Sessions = 12%	of final grade			
	=		or evaluation(s) each sen	_	ion worth 100 pts)		
		ional area only 1 CP e	* /	lester (Each evaluati	ion worth 100 pts)		
	Date	Score	1	Date	Score		
	Date	Score		Dute	Score		
LSRT Bonus	LSRT Bonus points (when applicable) (points possible are dependent of the LSRT program and						
	will be given by MSU faculty) (bonus points are added to the points received and not the total						
possible)							
• '							
Total Total							
FINAL POI	NT SYSTEM for	Section VI					
	RECEIVED CP e		TOTAL P	TS POSSIBLE = 100	OR 200		
IOIALIIS	RECEIVED CI	variations –	TOTALT	IS I OSSIBLE – IUC	) OR 200		
PTS Receive	ed divided		1				

X 12% =

Score for VI

X 100 =

By PTS Possible =

FINAL GRADE				
SCORE FROM I				
SCORE FROM II				
SCORE FROM III				
SCORE FROM IV				
SCORE FROM V				
SCORE FROM VI				
	Total	for	Grade	

Student's Signature	Date
Clinical Preceptor's Signature	Date
	Revised 2008, 2009, 2010, 2011, 2012, 2013, 2016, 2018, 2020, 2021, 2023, 2024

SCOKE	<b>SCORE</b>	
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Specialty Assignment Objective Evaluation - Area: Compound Tomography

<u>Complete this form for RADS 356</u> (First CT assignment), record on grading procedure sheet under section III, A (100 points possible)

**Do not complete this form for RADS 461** (second CT assignment, complete F-15 to achieve CT competency,

Student Name:					
CS:					
Date from:			Date to:		
I. CT Technology 1. Define Computed tomography	Y	N	II. Patient Care a. Assist in Assessment of patient requisition	Y	N
2. Identify the parts of the CT unit a. gantry			b. Observe and assist in assessing physician orders c. Prepare room prior to patient arrival		
b. Patient table (couch) c. Computer Monitor/LCD/CRT			d. Introduce self to patient e. Locate emergency cart		
d. Operator Console			f. Maintain clean and stocked area		
3. Define the following terminology a. Matrix			g. Participate in providing for patient needs h. Assist in recording of patient information		
b. Hounsfield unit c. voxel			III. CT TECHNOLOGY  a. type patient information into computer		
d. pixel e. gantry			b. correctly performs table movement c. utilizes operator console to begin patient scan		
f. (FOV) g. Window level for the following:			d. retrieve images e. sends images to printer or PACS		
Head Abdomen			IV. CT PROCEDURES  a. selects the correct patient immobilization devices		
Spine 3. Define the following terminology			b. observes and assist in all CT procedures c. identify contrast used for CT procedures		
a. Matrix			d. assist in preparation of contrast (oral IV / automatic injector		
			e. identifies types of contrast used for CT procedures:  IV  Oral		
Comments:					<u> </u>
Technologist Signature			Student Signature		
Clinical Preceptor Signature					

#### FORM F-47 (generated via e-value, learning modules by student)

Date:

## MCNEESE STATE UNIVERSITY Department of Health Professions RADIOLOGIC SCIENCES PROGRAM

RADS 467 ADVANCED AREA ASSIGNMENT OBJECTIVE EVALUATION- COMPUTED TOMOGRAPHY	SCORE_	

**Student Name:** 

A. General Guidelines	Y	N	B. Performance of at least 2 Procedures from each category listed in the Syllabus	Yes	No	NA
Assesses Patient Requisition			1. Head and Neck			
2. Assesses Physician Orders			2. Spine and Musculoskeletal			
3. Prepare room prior to patient's arrival			3. Chest			
4. Verify patient's identity			4. Abdomen and Pelvis			
5. Introduce self to patient (and to radiologists when applicable)			5. Special procedures			
6. Record pertinent history from patient & compare with chart history			6. Image Display and Post Processing			
7. Assist patient onto the table			7. Quality Control			
8. Attentive to the needs of patient						
9. Type patient information into computer			<b>Completed Documentation Forms</b>			
10. Selects proper protocol for procedure to be performed			Clinical Experience Documentation Form     Computed Tomography			
11. Selects parameters for procedure			2. Initials, ARRT ID#'s Addresses of ARRT Certified CT Technologists Form			
12. Interpret indexing on table and correctly perform table movement			<u> </u>			
13. Initiates scan						
Prepares and administers contrast						1
14. Display image, sequencing, and archiving						
15. Evaluates images for image quality (e.g., motion, artifacts, noise)						
16. Utilizes proper radiation protection						
17. Locate Emergency Cart						
18. Maintain clean, stocked area						
Comments:						
Technologist Signature			Student Signature	2		
Clinical Preceptor Signatu	re			Revi	sed 20	13, 2016

RADS 467 ADVANCED AREA ASSIGNMENT OBJECTIVE EVALUATION- MAGNETIC RESONANCE IMAGINGSCORE\_\_\_\_

Student Name:			Date:					
A. General Guidelines	Y	N	18. MRI safety procedures and precautions					
Assesses Patient Requisition		- 1	19. Distinguish T1 and T2 weighting protocols seen					
- · · · · · · · · · · · · · · · · · · ·			on resultant images					
2. Assesses Physician Orders			20. Locate Emergency Cart					
3. Prepare room prior to patient's			21. Maintain clean, stocked area					
arrival								
4. Verify patient's identity			B. Performance of at least <u>2 Procedures</u> from each category listed in the Syllabus	Y	N	NA		
5. Introduce self to patient (and to radiologists when applicable)			1. Head and Neck					
6. Record pertinent history from patient & compare with chart history			2. Spine					
7. Assist patient onto the table			3. Thorax					
8. Attentive to the needs of patient			4. Abdomen and Pelvis					
9. Type patient information into computer			5. Musculoskeletal					
10. Selects proper protocol for procedure to be performed			6. Special Imaging Procedures					
11. Selects parameters for procedure			7. Quality Control					
12. Select optimal imaging coil			Completed Documentation Forms	Y	N			
13. Initiates scan			Clinical Experience Documentation Form     Magnetic Resonance Imaging					
14.Prepares and administers contrast			2. Initials, ARRT ID #'s Addresses of ARRT Certified MR Technologists Form					
15. Display image, and archiving			8					
16. Evaluates images for image quality								
17. Utilizes Standard precautions								
Comments:								
Technologist Signaturo	2		Student Signature					
1 comologist orginature			Student Signature					
Clinical Preceptor			Revi	sed: 201	3, 201	4, 2016		

#### **Initial Clinical Setting Placement Request Form**

Name	Date
<b>DIRECTIONS:</b> Rank (1-5) according following when making your preference	ng to your preference with "1" assigned to your top choice. Please consider the nce selection.
Hospital, Ochsner American Legion 1	nsner St. Patrick Hospital, Christus Ochsner Lake Area Hospital, Lake Charles Memoria Hospital-Jennings, and/or West Calcasieu-Cameron Hospital. If possible, every attempeir first choice for at least one assignment. Typically, students will be assigned to one
Summer Session RADS 350/Fall Seg Christus/Ochsner-St. Patrick I Christus/Ochsner-Lake Area I Lake Charles Memorial Hosp Ochsner American Legion Hos West Calcasieu-Cameron Hos	Hospital Hospital oital ospital-Jennings
Give a brief explanation for your ratio	onale.

Policy 1985, Revised 1994, 2000, 2002, 2009, 2011, 2012, 2014, 2016, 2018, 2019, 2021, 2023, 2024

#### **Clinical Setting Placement Request Form**

Name	Date					
<b>DIRECTIONS:</b> Rank (1-4) according to your preference following when making your preference selection.	e with "1" assigned to your top choice. Please consider the					
	bital, Christus Ochsner Lake Area Hospital, Lake Charles Memorial ssible, every attempt will be made to grant each student their first ll be assigned to one CS for two consecutive semesters.					
Spring Semester Junior year	Fall Semester Senior year					
Christus-Ochsner St. Patrick Hospital Christus-Ochsner Lake Area Hospital Lake Charles Memorial Hospital Ochsner American Legion Hospital-Jennings West Calcasieu-Cameron Hospital	Christus-Ochsner St. Patrick Hospital Christus-Ochsner Lake Area Hospital Lake Charles Memorial Hospital Ochsner American Legion Hospital-Jennings West Calcasieu-Cameron Hospital					
Summer Session Senior year	Spring Semester Senior year					
Christus-Ochsner St. Patrick Hospital Christus-Ochsner Lake Area Hospital Lake Charles Memorial Hospital Ochsner American Legion Hospital-Jennings West Calcasieu-Cameron Hospital	Christus-Ochsner St. Patrick Hospital Christus-Ochsner Lake Area Hospital Lake Charles Memorial Hospital Ochsner American Legion Hospital-Jennings West Calcasieu-Cameron Hospital					
Give a brief explanation for your rationale. Please explain	which #1 choice is the most important to you.					

Policy 1985, Revised 1994, 2000, 2002, 2009, 2011-2014, 2016, 2018, 2019, 202, 2022, 2023, 2024

# Form F-51 (student will generate form through e-value, learning modules) McNeese State University Department of Health Professions RADIOLOGIC SCIENCES PROGRAM

#### MRI Safety Screening Form (This form must be completed annually prior to RADS 350, and RADS 459)

The following questions must be answered prior to entry into the MRI scan room:

	Yes	No
1. Do you have a pacemaker or defibrillator?		
2. Do you have a brain aneurysm clip?		
3. Have you had a surgery where metal clip or other surgical metal remains in your body?		
4. Are you a welder?		
5. Have you ever had metal in your eyes?		
6. Do you have any mechanical or electronic devices in your body?		
7. Do you have an inner ear implant?		

I have completed the following as required by the MSU RADS program:

	Yes	No
Read and understand the MRI and Ferromagnetic Safety Policy		
2. Viewed the power point on "MRI Safety: Potential Hazards associated		
with Magnetic Wave and Radiofrequency"		
3. Taken the online test covering the material in the power point on "MRI		
Safety: Potential Hazards associated with Magnetic Wave and		
Radiofrequency"		

Student Name		Date	
	(Please Print)		
Student Signature			

# McNeese State University College of Nursing and Health Professions Department of Health Professions Radiologic Sciences Program

#### Community Service/Involvement Student Self-Report Form

**Purpose:** The purpose of volunteer requirements throughout the curriculum is to promote the concept of service as a health care professional. The requirement of community service/involvement hours provides service and interaction with the community, as well as exposure of the radiologic Sciences program. Voluntary service is a non-reimbursed contribution to the welfare or others in the Radiologic Sciences program, the University, and the community.

#### Criteria

Student Name

Phone number:

- 1. The student will select an agency and/or an event.
- 2. Submit this form for approval to the RADS Program Director or Clinical Coordinator, prior to the scheduled event.
- 3. Make arrangements with agency or event coordinator to schedule your community service/involvement.

Course Date of Form Submission

4. Following the event, the student must submit the completed form within three days

Name o	of Agency or Event:				
Check	Activities	Proposed objectives/s	activities		
	Direct Patient Care				
	Indirect Patient Care				
	Health Care Related Walk				
RADS	Program Official approval fo	r events not posted for	with prior	approval:	Date:
	To be	completed by agency or	event coor	dinator	
Total n	umber of hours completed:		Date comp	leted:	
Name o	f agency official or event coord	linator (please print)			
Signatu	re of agency official or event co	pordinator			
Signata	10 of agone y official of event of	or animor			
ı					

# McNeese State University College of Nursing and Health Professions Department of Health Professions Radiologic Sciences Program

Rotation Activity Log When assigned to another CS Student Report Form to Clinical Preceptor at Home CS

**Purpose:** The student is to complete this form when assigned to another CS for some rotations, to document any procedures that were evaluated for competency/Proficiency. The Clinical Preceptor at the home CS will verify that all competency/Proficiency evaluations completed while assigned at the visiting CS were entered in to the e-value clinical tracking system. Then, the CP will add the procedures listed on Form F-53 to the Grading Procedure Sheet for the current clinical course.

Must be submitted to Clinical Preceptor at home CS on the first day of return. Failure to submit this form F-53 on first day of return to home CS will result in minus 5 pts for each item on Form F-53.

Student Name:	Home CS:
Dates of Assignment:	Visiting CS:

	Indicated II   e-value   '					• Students must keep this paper in their possession			
Date			Completed in e-value by CP at visiting CS?	Graded tasks must be initialed by an					
ex: 10/15/18	Sternum *	Х		Ŷ	N	Y	Graded in e-value, ready to be recorded on F45:	Check when applicable	AP
comments	s: simulated. Procedure p lysis	ortion gr	aded in e	e-value, a	and saved	N	Reason Pending: waiting to do produ	uct analysis	
1.				Y	N	Y	Graded in e-value, ready to be recorded on F45:		
comments	S:					N	Reason Pending:		
2.				Y	N	Y	Graded in e-value, ready to be recorded on F45:		
comments	S:					N	Reason Pending:		
3.				Y	N	Y	Graded in e-value, ready to be recorded on F45:		
comments	s:					N	Reason Pending:		
4.				Y	N	Y	Graded in e-value, ready to be recorded on F45:		
comments	s:					N	Reason Pending:		
5.				Y	N	Y	Graded in e-value, ready to be recorded on F45:		
comments	S:		•			N	Reason Pending:		
6.				Y	N	Y	Graded in e-value, ready to be recorded on F45:		
comments	S:					N	Reason Pending:		

Policy 2019, revised 2020, 2024

#### APPENDIX I

#### McNeese State University Department of Health Professions Radiologic Sciences Program

#### **MODULE I** (must be performed on patient)

Examination/Procedures	RADS course in	(√) requires	Projection/Position/Method Requirements	
ARRT Clinical Competency Requirements Mandatory Procedures	which	III and IV		
<u> </u>	covered	on F-10 √	AD	
Abdomen Upright	220	<b>'</b>	AP AP	
• •				
Ankle	320		AP, Oblique (internal), Lateral	
Chest	220	1	PA, Lateral	
Chest, Wheelchair/Stretcher	220		AP	
Clavicle	220		AP or PA, AP or PA axial	
C-ARM PROCEDURES (Surgical requiring manipulation around a sterile field)	320		Can be done after 1st Surgery rotation	
C-ARM PROCEDURE (requiring the C-	320		Can be done after 1st Surgery rotation	
arm be moved for more than one projection) C-Spine	321	1	AP AXIAL, AP Open mouth, Lateral, Swimmer's (if necessary)	
Elbow	220	<del>                                     </del>	AP, Lateral	
Femur		1	<u>'</u>	
	320		AP, Lateral	
Finger Or Thumb	220	1,	PA, Oblique, Lateral	
Foot	320	1	APAXIAL, Oblique (internal ) Lateral	
Forearm	220		AP, Lateral	
Geriatric Chest	220		As requested	
Geriatric upper or lower extremity	220/320		As requested	
Hand	220	1	PA, Oblique (external), Lateral	
Hip	320		AP, Lateral	
Hip (Cross Table – Horizontal Beam)*	320	1		
Humerus	220		AP, Lateral	
Knee	320		AP AXIAL, Lateral	
L-Spine	321	1	AP, Lateral, and Lateral spot L -S	
Mobile Abdomen	220		AP (supine or upright)	
Mobile Chest	220		AP	
Mobile lower or upper extremity	220 upper/320 lower		Two view minimum (Lower - Femur to Toes) (Upper – humerus to fingers)	
Pediatric Chest, Age 6 Or Younger	220/230		PA or AP and Lateral	
Pelvis	320	1	AP	
Ribs	321	1	AP or PA, Oblique (uppers and lowers on all projections when appropriate)	
Shoulder	220	1	CS Routine	
Spine (Cross Table -Horizontal beam)*	321			
T-Spine	321	1	AP, Lateral, Swimmer's (if necessary)	
Tibia/Fibula	320	1	AP, Lateral	
Trauma^ Lower Extremity	320		Two view minimum (Femur to Toes)	
Trauma^ Shoulder or Humerus*	220	1	FOR EXAMPLE: Y- VIEW OR Transthoracic Lateral	
Trauma^ Upper Extremity	220		Two view minimum (Upper – humerus to fingers)	
Wrist	220		PA, Oblique (external), Lateral	

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#### CLINICAL COMPETENCY SYSTEM

**MODULE II** (Can simulate up to 8 examinations/Procedures)

Examination/Procedures ARRT Clinical Competences Requirements, Elective procedure	RADS course in which covered	(√) requires III and IV on F-10	Projection/Position/Method Requirements	
Calcaneus	320	<b>V</b>	Axial, lateral	
Contrast Enema (Single Or Double Contrast)	320	1	AP, AP axial, Lateral, Post Evac (AP or PA)	
Decubitus Abdomen	220		AP or PA	
<b>Decubitus Chest</b>	220		AP or PA	
Esophagus	320		1 projection	
Facial Bones	321	<b>V</b>	PA or AP, Waters, Lateral	
Nasal Bones	321		Waters, Both laterals	
Patella	320		Tangential	
Pediatric Abdomen, Age 6 or Younger	230/220		AP	
Pediatric Lower or Upper Extremity-Age 6 Or Younger	230/220 320/lower		Two view minimum (Lower - Femur to Toes) (Upper – humerus to fingers)	
Pediatric Mobile Study, Age 6 or Younger	230		CS Routine	
Sacrum and /or Coccyx	321		AP Axial, Lateral of sacrum and/or coccyx (as ordered)	
Sinuses	321		Erect Waters, PA or PA Caldwell, Lateral	
Toes	320		AP Axial, Medial oblique, lateral	
Upper GI	320	1	RAO, right lateral, LPO, PA or AP	
^Trauma requires modifications may include variations in positioning due to injury with monitoring of the patient's condition				

#### **CLINICAL COMPETENCY SYSTEM**

MODULE III (Any examinations/procedures other than Computed Tomography may be simulated)

Examination/Procedures	RADS	(1/)	Projection/Position/Method Requirements
MSU Clinical Competences	course in	requires	
Requirements	which	III and IV	
•	covered	on F-10	
A-C Joints	220		AP erect with and without weights
Arthrography	320		
Computed Tomography+	342		See form F-15
Cystogram/Cystourethrogram	320		
ERCP	320		
Geriatric Hip or Spine	320/hip		
	321/Spine		
Hysterosalpingography			
IVU	320	1	Must include but not limited to AP or PA, post
			void (scout not evaluated), if performed in
			surgery will be CS Routine
Mandible	321		AP or PA, Towne, Both Axiolateral obliques
Myelography	321		All projections as requested by the physician
Optic Foramen and Orbits	321		
Sacro-Iliac Joints	320		AP Axial or PA Axial, Both Obliques
Scapula	220	<b>V</b>	AP, Lateral
SC Joints	321		
Skull	320	<b>V</b>	AP or PA, Right or Left lateral, Towne
Small Bowel	320	1	AP or PA projection(s) (scout does not count)
Sternum	321		
TMJ's	321		
Upper Airway – (STN)	321		Lateral
Zygomatic Arches	321		
^ Trauma requires modifications may inclu	de variations in positi	ioning due to inj	ury with monitoring of the patient's condition

<sup>^</sup> Trauma requires modifications may include variations in positioning due to injury with monitoring of the patient's condition + Computed Tomography Cannot be simulated

Clinical Competency System	RADS course in	Additional Comments for
<u>Merit</u>	which covered	clarification
Examination/Procedures		
May do up to six per semester		
Bone Age	321	For bone maturation in young children, PA projection of both wrists or CS routine
Cleaves or Modified Cleaves	320	projection of both wrists of CS fourthe
C-Spine Flex and Extension	321	
Dialysis Survey	321	AP Pelvis, PA hand, AP Clavicle, Lateral Skull, Lateral Spine, AP Knees or CS routine
Elbow (Coyle Method)	220	Later at Spine, At Kites of C5 fourthe
Elbow (oblique either one)	220	
Intercondylar Fossa	320	
IVU Obliques	320	
Knee (Oblique Either One)	320	
Knees – Standing	320	
L- Spine (Bending Views Ap)	321	
L- Spine (Flex & Ext. Laterals)	321	
Lateral Abdomen	220	
Lordotic Chest	220	
Metastatic Bone Survey	321	Sometimes called <i>Skeletal Survey</i> , PA chest, AP & lateral of skull and spine, AP of Pelvis or CS routine
Oblique Chest	220	
Oblique C-Spine	321	
Oblique L-Spine	321	
OR Cholangiogram	320	All projections requested by the physician
Panoramic Tomography	321	
Retrograde Pyelogram	320	All projections requested by the physician
Scaphoid	220	
Scoliosis Series	321	
Sinuses (Open Mouth)	321	
Sinuses (SMV)	321	
T-Tube Cholangiogram	320	All projections requested by the physician
Venogram	370	
Wrist – (radius and/or ulnar deviation)	220	

#### **APPENDIX II**

#### COMPETENCY / PROFICIENCY OBJECTIVES AND SCORING GUIDELINES

#### **STANDARD RULES:**

- 1. When the student receives a score of "zero" on any area of the evaluation, the result is a failure (regardless if the overall average score is above 90%); however, the evaluation is to be completed.
- 2. If any portion of the examination must be repeated, it is an automatic failure of the competency evaluation.
- 3. All anatomy listed on anatomy ID sheet must be included on the finished radiographs
- 4. If the equipment malfunctions the student should not be penalized and given an opportunity to make necessary corrections if applicable.
- 5. A student may share a projection when performing a competency on multiple exams. (i.e.: waters projection used for nasal bones and zygomatic arches. If the student has to repeat the shared projection both evaluations will need to be retested
- 6. Student must generate the proper form in e-value prior to being evaluated (when possible). Next give the evaluator the paper form or the tablet prior to beginning the procedure with the name, patient # (including accession # if applicable), date CS, course/semester and room # or results in an *automatic failure* of evaluation.
- 7. During a simulation evaluation if a student is serving as the patient and provides assistance or clues to the student performing the simulation the evaluation will be stopped and thrown out. The student providing the assistance will be written up for cheating and appropriate disciplinary action will be taken

#### **OBJECTIVES:**

#### . ASSESSMENT OF REQUISITION

- A. Identify procedure to be performed\*
- B. Identify mode of transportation to clinical area\*
- C. Identify the patient's name and age\*

#### II. A. PHYSICAL FACILITY READINESS \*

- 1. Maintain clean radiographic table and appropriate linens\*
- 2. Turn machine "on", setting appropriate technical factors using technical chart and calipers before positioning of patient\*
- 3. Select appropriate size IR's, and all necessary supplies\*
- 4. Turn table and tube into position for procedure\*
- 5. If machine setup wrong (i.e.: setting wall bucky for Table procedure, incorrect Focal Spot Size) = (0)
- 6. Type in patient information when applicable (if not done 0)
- 7. Select the examination for computed radiography (if not done 0)
- 8. Select the number of projections for the examination during computed radiography (if not done 0)
- 9. Assign projection to each IR for the examination during computed radiography (if not done 0)

#### II. B. PATIENT CARE

- 1. Verify patient's ID. (If not verified, 0).
- 2. Introduce self to patient or radiologist. \*
- 3. Escort and assist patient to radiographic room\*
- 4. Transfer patient onto the radiographic table\*
- 5. Explain radiographic procedure to patient.
  - a. No explanation (0)
  - b. Improper terminology (-1) Ex. Dye (contrast), Shoot (expose)
  - c. Explanation not detailed or poor explanation\*
- 6. Record the patient's clinical history (physically documents patient history, so that radiologist will be able to view patient history), including last menstrual period when applicable. If not fulfilled, (0) Must be documented on back of F-10 or F-11, and recorded in e-value.
- 7. Reassure apprehensive patient & parents of pediatric patient. \*
- 8. Gown the patients when applicable respecting privacy and modesty. \*
- 9. Provide immediate and accurate nursing procedures.
  - a. Not maintaining infusion catheters & pumps, O2, NG tubes, urinary catheters, or other tubes (0)
  - b. Not labeling specimens (0)
  - c. Not utilizing aseptic and/or isolation techniques (0)
  - d. Other point deductions depend on severity
- 10. Provide Routine Monitoring of equipment, vital signs, physical signs and symptoms\*
- 11. Comply with all rules of safety (i.e. physical safety, electrical safety, etc.)\*
- 12. Interacts appropriately and respectfully with patient diversity

#### II. C. RADIOGRAPHIC PROCEDURES

- 1. Position the patient and anatomical part correctly, utilizing immobilization and restraining devices when necessary. \*
- 2. Utilize controls and locks for the radiographic equipment. \*

- 3. Place correct markers (R or L, etc.) and patient ID on the IR.
  - a. Must be able to distinguish marker to only be an R or L if not then (0), (if bilateral projections on one IR both sides must be marked, If not (0)
  - b. Marker must be visualized on masked image send to PACS, if not (0)
  - c. Omitting of marker (0) incorrectly marked i.e.: Right side with Left marker (0).
  - d. If marker is not visualized (0), if can distinguish as only to be an R or L but no initials visible (-1).
  - e. If marker is in anatomy of interest (0).
  - f. If wrong ID is used, or if no patient ID (0).
  - g. Placement of marker on IR; **for example, but not limited to:** marking lateral projections anteriorly if not = **-1** (except for lateral humerus can be either, marking); obliques side down, except for SI joints, orbits, and ribs, if not = **-1**; marking decubitus images of the chest and ABD side up, if not = **-1**,
- 4. Set incorrect source image-receptor distance; 1"-2" (-1); over 2" (0)
- 5. Align CR and collimators accurately. \*

If the student can tell the evaluator prior to making the exposure and after palpating the patient that all the anatomy cannot be visualized and that they will take an additional radiograph to include the missing anatomy, then no points will be deducted.

- 6. Center anatomical part to properly placed IR.\*
- 7. Instruct patient for breathing and remaining still. \*
- 8. Adjust patient positioning as appropriate for an unusual case\*
- 9. Correct placement of IR lw, cw, etc. (-1)

If identification blocker is in anatomy of interest (0)

10. If do not adjust patient positioning to accommodate the patient as appropriate for unusual cases\*

#### II. D. RADIATION PROTECTION

- 1. Protect patient and personnel from unnecessary radiation. \*
- 2. Utilize gonadal shielding. \*If they do not shield patient/ personnel (0).
- 3. Demonstrate adequate collimation of the part.
  - a. If over collimated resulting in repeated radiograph (0).
  - b. If collimation is not adequate\*
- 4. Applied gonadal shielding correctly for fluoroscopy (on table top, unless remote control room), if not (0) unless not permitted by the radiologist then no pts are deducted
- 5. Closed the door to the radiographic room during exposure, if not results in (0)

#### II. E. EXPOSURE FACTORS

- 1. Select the proper mAs and kVp for the procedure.
  - a. If the above procedure not done (0).
  - b. The only situation, which permits the student to repeat the radiograph due to exposure factor selection, is for unknown pathologic conditions. *If the student evaluates and then produces a diagnostic radiograph, no points will be deducted.*
- 2. If exposure factors are slightly under or over proper IR exposure but radiograph is diagnostic (-1, -2) -- dependent on severity.
- 3. If the student does not measure the patient (0).
- 4. Automatic Exposure Control not permitted until RADS 461, except for barium studies. If not selected properly (0).
- 5. Excessive quantum mottle (0). (These numbers are subject change as equipment changes)

WCCH-E-value range 1700-2300, if acceptable but out of range (-1) DR range 100-300; 100-450 Chest

COSP -S-value range 100-300, if acceptable but out of range (-1)

LCMH the S# is dependent on body part, if acceptable but out of range (-1)

COLA E-value range 1500-1800 for RM 1, S# for RM 2 is 100 - 300, except chest 100 - 400 if acceptable but out of range (-1)

LCMH 150 – 500 mobile digital machines, if acceptable but out of range (-1)

CC – E-value General 225 – 900 (400), Extremities 500 – 2000 (1000), (target value indicated), if out of range (-1)

PC - E-value 200 - 400 (for 1 on 1 images)

6. If exposure factors are not completed at all on Form F-11 = (0), if partially completed \*

#### III. PRODUCT ANALYSIS For each incorrect response by students (-1).

#### A. ANATOMY IDENTIFICATION

- . IDENTIFY all anatomy on the radiograph.
- 2. The preceptor should point out any anatomy not identified by the student and ask them to identify it.
- 3. The Preceptor should point out any unusual anatomy or anomalies and ask the student what it is. (This is adjusted for the level of the student. FRACTURES AND MOST PATHOLOGICAL CONDITIONS are not covered until RAD TECH 463. If it is a junior student, use this as an opportunity for discussion and inquiry.

#### III B. POSITIONING ANALYSIS

- 1. Review radiographic image on monitor
- 2. Ask the student to identify each radiograph according to position, projection, or view.
- 3. Select each radiograph and have the student fully describe how they positioned the patient.

#### AREAS THE STUDENT SHOULD COVER

a. Patient's position (supine, erect, prone, oblique)

- b. Patient's rotation or position of the body or part.
- c. Baselines used to position the part (MSP, MAL, IOML, etc.)
- d. SID
- e. Bucky, grid, non-grid, table top (Give ratio also).
- f. IR size.
- g. Central ray alignment to IR/part.
- 4. Ask the student to evaluate the radiograph to establish evaluation criteria and to identify any corrective measures that could be used.

#### III C. EXPOSURE FACTOR ANALYSIS

- 1. Is there anything you could do to optimize the technique on this image? If so, what? (brightness, contrast, penetration, or spatial resolution.) This is adjusted to the student's level. Use this area as an opportunity for discussion and learning.
- 2. What technique did you use? (mAs, kV) JUSTIFY EACH COMPONENT.
- 3. Define Contrast (Grayscale), Brightness, Spatial Resolution, Penetration, and Distortion. **Depends on the student's level. These** areas are covered in RADS 230. Use this area for discussion and learning.
- 4. What does mA, kVp, and time control?
- 5. What is the function of grids? How do they affect technique?
- 6. How do collimators affect image quality? Depends on student level; taught in RADS 230.
- 7. Ask the student to give the appropriate technical factors when changing from a grid to non-grid or vice-versa. **Depends on student level; taught in RADS 342.**
- 8. Must use proper terminology: If not (-1) (i.e.: overexposure –too much mAs, underexposure-too little mAs, underpenetrated-too little kVp, and over penetrated-too much kVp
- IV. TOTAL SKIN DOSE ESTIMATE Calculate patient skin dose estimate for the radiographic examination Subtract 4" when using a cassette, and subtract 3" when using no cassette
  - A. If calculated with no mistakes (3).
  - B. If calculated within a 10% margin of error (-1). If calculated and it is over the 10% (0)
  - C. If correct for each projection but not totaled (-1)
  - D. If correct but wrong unit of measurement (-2)
  - E. If measurement obtained incorrectly = (0) (i.e.: correct measurement for lateral C-spine from the side of the neck closest to the tube to the IR)
  - F. If not submitted by end of the assigned time on the day the examination/procedure was performed (0)

#### V. PROCEDURE MANAGEMENT\*

- A. Make decisions regarding workflow and procedures performed in radiographic room\*.
- B. Handle procedure competently and completely within appropriate time limits\*.
- C. Complete procedure with accuracy and thoroughness\*
- D. Correctly assign projections for CR/DR (if not done 0)
- E. Send completed images to PACS when applicable and/or terminating the study (if not done 0)
- F. Accept image/reject images (if not done 0)
- \* Point deduction depends on severity.
- + Except pediatric patients.

Policy: 1986; Revised: 1994, 1997, 1998, 1999, 2001, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2018, 2021, 2024