



MASSACHUSETTS COLLEGE *of* PHARMACY  
*and* HEALTH SCIENCES

School of Medical Imaging and Therapeutics

## **RADIATION THERAPY PROGRAM**

Student Handbook

**MCHPS UNIVERSITY**  
**RADIATION THERAPY PROGRAM**

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### **Mission Statement**

The Radiation Therapy program provides high-quality, student learner-centered environment. Students receive state-of-the-art didactic and clinical experiences enabling them to become competent entry-level professionals.

### **Program Goals**

- Program graduates will be competent entry-level radiation therapists.
- Program graduates will possess necessary skills to effectively communicate and provide competent, empathetic patient care.
- Program graduates will possess and apply critical thinking skills required of an entry level radiation therapist.
- Program graduates will demonstrate professional and ethical behavior.

### **Student Learning Outcomes**

- Students will be able to reproduce the prescribed simulated treatment field on a daily basis
- Students will be able to adjust treatment field parameters as prescribed
- Students will be able to explain procedures to patients in understandable terms.
- Students will be able to evaluate field placement on Portal Images/DRR's & modify shifts accordingly
- Student will demonstrate advanced comprehension & integration of basic radiation therapy concepts to clinical practice
- Student will exhibit professional behaviors necessary for entry level practice
- Students will demonstrate an understanding of required professional behavior throughout their program of study.

### **Admissions Technical Standards**

MCPHS University has established the following list of technical standards for the Radiation Therapy program. These technical standards conform to the professional technical standards required for the safe and ethical practice of the procedures and skills associated with clinical radiation therapy. Each student, with or without a reasonable accommodation, must be able to demonstrate that he/she is able to:

- Reach and manipulate equipment to its highest position (6 feet);

- Move a standard wheelchair and/or stretcher from a waiting area to the imaging/treatment room;
  - Transfer patients from wheelchairs and stretchers and help them on/off imaging/treatment table;
  - Lift a minimum of 60 pounds and ensure patient safety;
  - Perform CPR;
  - Move from room to room and maneuver in small enclosed spaces;
  - Demonstrate manual dexterity to perform necessary manipulations such as drawing doses with a syringe, manipulating locks, putting on surgical gloves;
  - Use sufficient corrected eyesight to observe patients and evaluate radiographic quality;
  - Visually monitor patients/charts/machine indicator lights in dimly lit conditions;
  - Read and apply appropriate information and instructions contained in requisitions, notes and patient charts;
  - Detect audible alarms and background sounds during procedures to ensure patient and staff safety;
  - Possess sufficient verbal and written skills to communicate needs promptly and effectively in English;
  - Communicate in a clear and concise manner with patients of all ages, including obtaining health history and pertinent information;
  - Understand and apply clinical instructions given by department personnel;
  - Be able to adapt to changing environments and schedules;
  - Establish rapport with fellow students, coworkers, patients and families;
  - Function under stressful conditions;
  - Endure an eight-hour clinical day with a minimum of four to six hours of standing or walking;
  - Endure a minimum of two hours of didactic instruction in a normal classroom environment;
- Working conditions for radiation therapy students typically involve:
- Able to be exposed to ionizing radiation.
  - Able to be exposed to film developing chemical solutions.

### **MRI Screening Procedures**

Radiation therapy students may be required to perform or assist with MRI procedures on patients. Radiation therapy students involved in MRI procedures must complete MRI screening and MRI orientation prior to Clinical Rotation. This will occur during Clinical Orientation.

Students must initially undergo the same screening procedures as patients, staff, and visitors in order to enter the scan room. The MRI scan room contains a region of intense magnetic field. Objects that display any form of ferromagnetism are therefore of particular concern for MRI. Contraindications for entering the MRI scan room include, and are not limited to:

- certain biomedical implants, materials, and devices (e.g., aneurysm clips, brain clips);
- certain electrically, magnetically, and mechanically activated implants and devices (e.g., cardiac pacemakers, cochlear implants); and certain metallic foreign objects (e.g., shrapnel, bullets, metal in eyes).

### **Accreditation**

The Radiation Therapy program is accredited by The Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 North Wacker, Suite 2850, Chicago, IL 60606, (312) 7045300.

MCPHS University is accredited by the New England Association of Schools and Colleges (NEASC).

Any individual associated with the program has the right to submit allegations against a JRCERT accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards and/or JRCERT policies. Additionally, an individual has the right to submit allegations against the program if the student believes that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contacting the JRCERT must not be a step in the formal institutional or program grievance policy/procedure. The individual must first attempt to resolve the complaint directly with institutional/program officials by following the grievance policy/procedures provided by the institution/program. If the individual is unable to resolve the complaint with institutional/program officials or believes that the concerns have not been properly addressed, the individual may submit allegations of noncompliance directly to the JRCERT.

### **Clinical Rotations Background Screening**

Clinical rotations at healthcare providers are a required part of the RT curriculum. The Radiation Therapy Program requires a National 1 background check and a CORI background check. The payment for the background screening is the student's responsibility.

It is possible that certain types of criminal offenses, whether prior to being a student at MCPHS or while attending MCPHS, could preclude a student from being able to complete a required clinical rotation. For additional information, please contact the MCPHS Chief Compliance Officer.

### **Clinical Rotation Schedule**

Clinical rotations are scheduled as follows:

#### **Year III Internship**

RTT 300C RT Internship I – Fall Semester

Tuesday & Thursday, 7:30am – 4:00pm

RTT 325C RT Internship II – Spring Semester

Tuesday & Thursday, 7:30am – 4:00pm

RTT 350C RT Internship III – Summer Semester

Monday - Thursday, 7:30am – 4:00pm

#### **Year IV Internship**

RTT400C RT Internship IV– Fall Semester

Monday, Wednesday & Friday, 7:30am – 4:00pm

RTT 425C RT Internship V – Spring Semester

Monday, Wednesday & Friday, 7:30am – 4:00pm

Students are expected to contact the Clinical Supervisor prior to attending the first day of clinical rotations for introduction. Students should note that some clinical sites are significantly geographically distant from the Boston Campus of MCPHS University. Students are responsible for the travel costs incurred as a result of travel to and from clinical settings.

### **Trajecsys**

Students are required to obtain access to the Trajecsys clinical documentation and time keeping system prior to beginning clinical rotations. The approximate \$150.00 expense is the responsibility of the student.



## Clinical Rotation Sites

### **Baystate Medical Center - D'Amour Cancer Center**

3350 Main Street

Springfield, MA

Chief Therapist/ Clinical Supervisor: Sharon Clark

Phone: 413-794-9338 Fax: 413-794-9754

Website: <http://baystatehealth.com/Baystate>

Contact Information for facility clearance; 60 days prior to clinical start date:

[Lisa Ekmalian Forest](#)

Healthcare Education Program Manager

Baystate Health

3601 Main Street, 3<sup>rd</sup> Floor

Springfield, MA 01107

Phone: 413-795-7275| Cell: 413-222-7952

[Lisa.Forest@baystatehealth.org](mailto:Lisa.Forest@baystatehealth.org)

<http://academics.bhs.org/orientation/alliedhealth/orientation.html>

It consists of required documents and online training lessons. Please be sure to follow the instructions carefully when registering for online training. You must sign up as an Allied Health Student. Please be sure to review the health record requirements carefully. Please submit completed forms and the completed online training transcript via fax 413-794-0300. Once cleared to begin your clinical experience, your clinical supervisor and you will receive an email with instructions on how and where to obtain your parking and ID badge.

### **Beth Israel Deaconess Medical Center (East Campus Boston)**

330 Brookline Ave.

Boston, MA 02215

Chief Therapist/ Clinical Supervisor: Susie Topp, R.T.(T), 617-667-3546

[stopp1@bidmc.harvard.edu](mailto:stopp1@bidmc.harvard.edu)

Website: <http://www.bidmc.org/>

*Radiation Therapy* is located in the Finard Basement. At the main entrance, bear left to use the revolving door entrance. After revolving doors, take an immediate left through sliding doors. Walk straight down hallway (past Admitting) and around bend to Finard elevator. Take to the basement.

### **Beth Israel Deaconess Cancer Center and Surgical Pavilion Needham**

148 Chestnut St.

Needham, MA 02492

Main # (781) 453-7501

Clinical Supervisor: Kevin Lonergan (781) 453-7501

[klongerga@bidmc.harvard.edu](mailto:klongerga@bidmc.harvard.edu)

Website: <http://www.bidmc.org/>

### **Dana Farber Cancer Institute - Boston**

44 Binney Street

Boston, MA 02115

Main #: (617)632-3591

Chief Therapist/ Clinical Supervisor: Alex Marques R.T.(T). (617) 632-4122

[alexander\\_marques@dfci.harvard.edu](mailto:alexander_marques@dfci.harvard.edu)

Website: <http://www.dana-farber.org/>

*Radiation Therapy* is located on level one. From main entrance, take elevator to “L2.” Follow signs to Radiation Therapy

***Brigham and Women’s Hospital/ Dana Farber Cancer Institute***

75 Francis Street

Boston, MA 02115

Main #: (617) 732-8672

Chief Therapist/ Clinical Supervisor: Sarah Bartlett, R.T.(T) (617) 732-8672 and Thomas Liljeblad

[SBARTLETT@BWH.HARVARD.EDU](mailto:SBARTLETT@BWH.HARVARD.EDU)

[tliljeblad@mgb.org](mailto:tliljeblad@mgb.org)

Website: <http://www.brighamandwomens.org/>

Radiation Therapy is located on L-2. From the main entrance, turn right at the information desk and take elevators to L-2. Turn right out of the elevators and go to the end of hallway.

**BW/DF Cancer Center @ Milford Regional Hospital**

20 Prospect Street

Milford, MA 01757

Main # (508) 488-3800

Chief Therapist: Shona White - [swhite25@mgb.org](mailto:swhite25@mgb.org)

Clinical Supervisor: Hayley Allen R.T.(T) (508) 488-3800

[hayley\\_allen@dfci.harvard.edu](mailto:hayley_allen@dfci.harvard.edu)

Website: <http://www.milfordregional.org/Site/slideshow/index.cfm>

**Brigham and Women’s/Sturdy Memorial Radiation Oncology**

89 Forbes Boulevard

Mansfield, MA. 02048

Main # (857)307-3700

Chief Therapist/ Clinical Supervisor: Jill Connolly R.T. (T) (857) 307-3700

[jlconnolly11@partners.org](mailto:jlconnolly11@partners.org)

Vaneesa Cedrone, [VSTRONG@BWH.HARVARD.EDU](mailto:VSTRONG@BWH.HARVARD.EDU)

**Charlton Memorial Hospital**

363 Highland Ave

Fall River, MA. 02720

Prospect St. Entrance

Main # (508) 679-7814

Chief Therapist/Clinical Supervisor: Deb Ventura (508) 973-3070

[VenturaD@southcoast.org](mailto:VenturaD@southcoast.org)

<http://www.southcoast.org/charlton/>

**Dana Farber/Brigham and Women's Hospital at Libby Park**

51 Performance Dr.

Weymouth, Massachusetts 02189

Main # (781) 624-5000

Chief Therapist/ Clinical Supervisor: Kelly Scholl (781) 624-4712

Kelly\_scholl@dfci.harvard.edu

Britany Furlong - Senior Therapist

[bfurlong@bwh.harvard.edu](mailto:bfurlong@bwh.harvard.edu)

Website: <http://www.southshorehospital.org/cancercenter/index.html>

**Dana Farber/Brigham and Women's Hospital at South Shore Hospital**

101 Columbian Street at Route 18

South Weymouth, Massachusetts 02190

Main # (781) 624-4700

Chief Therapist/ Clinical Supervisor: Kelly Scholl (781) 624-4712

Kelly\_scholl@dfci.harvard.edu

Website: <http://www.southshorehospital.org/cancercenter/index.html>

**Lahey Clinic - Burlington**

41 Mall Road

Burlington, MA 01805-0001

Clinac IX and Linac 2100 C

Main # (781) 744-8780

Chief Therapist/ Clinical Supervisor: Matt Charette (781) 744-8780

Matthew.Charette@lahey.org

Website: <http://www.lahey.org/>

**Lahey Clinic North**

1 Essex Center Drive

Peabody, MA. 01960

Chief Therapist: Monica Caggiano

R.T. (T) 978-538-4134

Hannah Dowling - Clinical Supervisor

Hannah.E.Dowling@lahey.org

Website: <http://www.lahey.org/>

**Massachusetts General / North Shore Center for Outpatient Care**

102 Endicott Street

Danvers, MA. 01923

Main #(978) 882-6060

Director of Radiation Therapy: Jamie Silva, R.T.(T)

978-882-6011

[jsilva1@partners.org](mailto:jsilva1@partners.org)

Website: [www.massgeneralnorthshore.org](http://www.massgeneralnorthshore.org)

**Mass General Boston**

55 Fruit St,

Boston, MA 02114

Main # 617-724-4179 , Chief Therapist Courtney Brown

Clinical Supervisor – Catherine Bozek and Stephanie Morando

[cbozek1@mgd.harvard.edu](mailto:cbozek1@mgd.harvard.edu)

[smorando@mgb.org](mailto:smorando@mgb.org)

**Mount Auburn Hospital**

330 Mount Auburn Street

Cambridge, MA 02238

Main # (617) 499-5665

Chief Therapist/ Clinical Supervisor: Clarita Gulati R.T.(T) (617) 499-5665 X 5768

[cgulati@mah.harvard.edu](mailto:cgulati@mah.harvard.edu)

Website: <http://www.mountauburn.caregroup.org/clinicalservices/cancer.htm>

*Radiation Therapy* is located on the ground floor of the LINAC Building. The LINAC Building is located next to the Wyman Building.

**North Main Radiation Oncology (Vantage)**

825 North Main Street

Providence, RI 02904

Main # (401)521-9700

Chief Therapist: Lucy Wayland, R.T.(T)(R) (401)521-9700

[Lucy.Wayland@usoncology.com](mailto:Lucy.Wayland@usoncology.com)

Website: <http://nmrad.com>

**Rhode Island Hospital**

593 Eddy Street

Providence, RI 02903

Main # (401) 444-8311

Chief Therapist/ Clinical Supervisor: Jill Achille (401) 444-2162

[Jill.Achille@lifespan.org](mailto:Jill.Achille@lifespan.org)

Website: <http://www.lifespan.org/partners/rih/>

**St. Vincent Hospital Radiation Oncology Center**

1 Eaton Place

Worcester, MA 01608

Main #508-363-7100

Office Chief Therapist/ Clinical Supervisor: Rachael Trichell (508) 363-7099

[rachael.trichell@stvincenthospital.com](mailto:rachael.trichell@stvincenthospital.com)

Department of Radiation Oncology (next to main campus 123 Summer St.)

**South Coast Centers for Cancer Care**

206 Mill Road

Fairhaven, MA.

Main # (508) 973-3000

Chief Therapist/ Clinical Supervisor: Deb Ventura (508) 973-3070

Website: <http://www.southcoast.org/cancercare/>

**UMass Memorial Medical**

University Campus

55 North Lake Avenue

Worcester, MA.01605

Main # (508)856-4225

Chief Therapist: Samantha Boudreau

[samantha.boudreau@umassmemorial.org](mailto:samantha.boudreau@umassmemorial.org)

Clinical Supervisor- Shay Atkinson

[shay.atkinson@umassmemorial.org](mailto:shay.atkinson@umassmemorial.org)

UMass Memorial Medical - Burbank

275 Nichols Rd

Fitchburg, MA 01420

Main # (978)343-5048

Chief Therapist: Samantha Boudreau

[samantha.boudreau@umassmemorial.org](mailto:samantha.boudreau@umassmemorial.org)

Clinical Supervisor- Aaron Vivenzio

[Aaron.Vivenzio@umassmemorial.org](mailto:Aaron.Vivenzio@umassmemorial.org)

UMass Memorial Medical - Marlborough

157 Union St

Marlborough, MA 01752

Main# (508)486-6700

Chief Therapist: Samantha Boudreau

[samantha.boudreau@umassmemorial.org](mailto:samantha.boudreau@umassmemorial.org)

UMass Worcester Campus

Peter Levine Building

33 Kendall St, Worcester, Ma

Chief – Bryant Hoard

[Bryant.Hoard@umassmemorial.org](mailto:Bryant.Hoard@umassmemorial.org)

Winchester Hospital Radiation Oncology Center (WHROC)

620 Washington Street

Winchester, MA. 01890 Main #781-756-8300

Chief Therapist/ Clinical Supervisor: Matt McLaughlin, R.T.(T) 781-756-8300

[mmclaugh1@bidmc.harvard.edu](mailto:mmclaugh1@bidmc.harvard.edu)

Website: <https://www.winchesterhospital.org/our-services/medical-care/departments-centers/cancer-care-center/radiation-therapy>

### **Clinical Attendance**

***Health care professionals will always be expected to be on time or early for all scheduled work days. Therefore, it is expected that students will be present and on time for all classes and clinical rotations.***

Clinical internship hours will typically be 7:30am-4:00pm with a one-hour lunch break. All students will follow the published MCPHS University holiday and vacation schedule. Clinical internship is a MCPHS University course, therefore, in the case of inclement weather, attendance will follow the University's decision for school closing or delayed opening. All clinical time must be made up prior to the last day of finals week.

### **Procedure and Trajecsyst Time Recording**

1. Each semester students are assigned to a clinical internship site by the Clinical Coordinator in accordance with the MCPHS University clinical affiliation agreements.
2. Students are expected to arrive at the clinical facility on time and check-in with the clinical site supervisor designee.
3. Students must clock-in and clock out in Trajecsyst using a computer located at the clinical site. Students are expected to be present for all clinical assignments and to arrive on time.  
**Note: The student must request Internet access at the clinical site enter a time record in Trajecsyst.**
4. Time exceptions may be entered in rare circumstances only. A student submitting more than 4 time exceptions at any point during the semester will receive a 5% reduction in the clinical grade.
5. Student's class, vacation, and holiday schedules follow the MCPHS University schedule.
6. **STUDENTS MAY NOT ATTEND CLINIC ON UNIVERSITY HOLIDAYS.**
7. The Clinical Coordinator will notify the clinical facility when MCPHS University classes are cancelled due to inclement weather.
8. In the event MCPHS University remains in session and in the absence of the Program Director and Clinical Coordinator, the clinical supervisor should use their best judgment in releasing the students from clinical sites during severe weather conditions, or during other emergency situations.
9. The student is expected to attend clinical for 8.5 hours, which includes a one-hour lunch. If there is reason that the treatment unit is finished for the day, the student must seek other education activities to complete until the end of the clinical day.

### **Clinical Absence Policy**

**Each student in Internship (3-5) is allowed to take 1 personal day during their clinical rotation per semester and the personal day cannot be carried over. Internship 1 & 2 are not allowed to take personal day.**

**The clinical supervisor and clinical coordinator must be informed of any absence the day of an absence, (at least 1 hr. prior to the absence). Failure to notify both parties results in an automatic loss of 10 % of your final grade.** The student will be allowed one absence for the semester and is required to make-up that day. If the student misses a second clinical day, it must be made up prior to the end of the current semester or 5% will be deducted from the final clinical grade.

Subsequent absences after the two allowable days' may not be made up and impact the final clinical grade as follows:

Day 3 = 1 letter grade reduction

Day 4 = Automatic Failure

Each tardy of 10 minutes (after the first occurrence) will result in a loss of 3 percentage points from the final grade. If a student is more than 10 minutes late the time must be made up.

### **Clinical Make-Up Time**

#### **Policy**

Each student will receive 7.5 hours of clinical time off each semester. Missed clinical time beyond those 7.5 hours must be made up. Clinical time off may not be banked.

Students may not attend clinical on the University's designated "holidays" but may attend clinical during official days off when program faculty are available (spring break, exam periods, reading days, summer break). Students may attend clinical for make-up days during the exam periods if there is no conflict with scheduled exams.

#### **Procedure**

1. The student may receive an incomplete grade for the clinical rotation until such time as the clinical hours are completed and documented.
2. Clinical proficiency is based on both clinical experience and clinical hours.
3. All missed clinical time will need to be made up prior to the end of finals week.
4. The Clinical Supervisor must preapprove make-up days in advance. The Clinical Coordinator must be notified and preapprove all clinical make up time.

### **Clinical Travel and Transportation**

In order to provide students with exposure to a broad range of patients in a wide variety of practice settings, *travel beyond the metropolitan Boston/Massachusetts area may be required*. As the program continues to grow and recruit even more clinical sites in both hospital-based and free standing settings, this perimeter could easily expand.

The student will be responsible for transportation to and from all assigned clinical sites and any costs incurred, regardless of their location. In addition, the student is also responsible for any expenses incurred while rotating at the clinical site including food, parking, and any other incidentals.

The student acknowledges that clinical rotation assignments are based on student educational best interest and clinical site availability. Students will be required to commute to any MCPHS clinical affiliate regardless of location.

### **Student Roles and Responsibilities**

#### **Patient Care**

- The care and comfort of the patient is always the first priority.
- Set up treatment room prior to procedure and clean room after procedure.
- Introduce self and greet the patients.
- Strive to demonstrate cultural competency at all times.
- Escort patients to and from the treatment room.
- Assist patient to and from treatment couch using correct and safe lifting/moving techniques.
- Help maintain patient comfort while maintaining proper patient positioning.
- Maintain patient integrity and modesty by properly draping the patient.
- Explain treatment procedures in terms the patient will comprehend.
- Relay patient problems and complaints to radiation therapist, nurse or physician.
- Avoid discussing the health of the patient or patient's disease with the patients themselves.

#### **Technical Area**

- Work within your scope as a student and maintain level of required direct supervision by a registered RTT.
- Question the appropriate staff member when uncertain, and do not proceed until the orders/set-up has been clarified.
- Conduct a "Time-out" procedure and correct patient identification according to MCPHS program policy.



- Obtain a verbal ok from a licensed therapist after checking all control panel settings and parameters and be supervised by registered therapists when turning the beam on.
- Demonstrate the use of immobilization devices, blocks and wedges safely at all times. Check prescription daily in the treatment record and avoid administering treatments unless specific instructions are given by the radiation oncologist.
- Assist with patient positioning by:
  - locating skin marks and tattoos
  - instructing patient as to desired position
  - correcting patient alignment
- Take portal images and critique field placement with supervision of a registered therapists.
- Keep complete and accurate records of all treatments carried out in the Radiation Oncology Department.

### **Treatment Documentation**

- recording daily treatment fields and meter doses \*all entries to be reviewed and cosigned by staff
- recording of images taken
- recording any change in treatment parameters
- falsifying documentation may lead to disciplinary action
- Demonstrate operation of pendant and control panel with direct supervision.
- Do not rotate the gantry from outside the room. A registered therapist can choose to allow this function with supervision.
- Locate and use emergency shut-offs and become aware of emergency response procedures.
- While rotating the gantry inside the treatment room always stand on the side which the gantry is turning.
- Avoid manipulating treatment accessories above a patient and maintain safe practices at all times.

### **Professional Behavior**

- Report to the assigned area on time. Return from all breaks or rotations promptly as scheduled.
- Anticipate the next step in the clinical setting, i.e. identifying patients that are cued in, setting up the treatment room, reviewing the patient record for any daily changes.
- Report ALL mistakes to the Therapist Manager immediately.
- Report any injuries that occur on duty to the Clinical Supervisor, Clinical Coordinator, and the Program Director.
- Complete an incident report according to policy when involved/witnessing a clinical incident.
- Maintain dress code compliance.
- Demonstrate professional attitudes and respect towards staff.
- Demonstrate the ability to accept constructive criticism when necessary.
- Complete and clinical research requested by the clinical staff in a timely manner.
- Effective communication skills, including proper phone etiquette.
- Maintain patient confidentiality at all times while in the department, hospital, and University
- Complete and maintain Clinical Attendance Record and have staff sign on a daily basis.

- Do not accept gratuities or "Tips" (monetary compensation) from patients or patient's families.
- Exercise honesty and integrity in all interactions.
- Use proper English at all times (***absolutely no profanity***).
- Realize that the clinical area is not a place for “goofing off,” gossiping, giggling, etc.
- Maintain professional relationships at all times with clinical staff and patients.
- Make yourself available to clean up the treatment room and equipment, restock the linen, and ask the staff if there are any unfinished tasks to complete.
- Research and study only clinical related information during down time (after all other clinical tasks have been achieved), non RTT class work should not be reviewed during the clinical day.
- Follow Personal Communication Device policy while in the clinical setting. Students may keep cell phones in bags and check it during the lunch break.

### **Clinical Documentation**

All clinical documentation is located on Trajecsyst and Blackboard (Bb). It is the student's responsibility to present all clinical documentation to the clinical supervisor/instructor in a timely manner for completion and signature. Clinical supervisors/instructor may request copies of clinical forms and or specific documentation from the student or the clinical coordinator.

- **Attendance**— to be documented in Trajecsyst before and after clinical shift.
- **Initial Student Assessment Checklist** – to be reviewed by the student and clinical instructor during week 1 to discuss past accomplishments and rotation goals.
- **Clinical Assessment I** – to provide the student and faculty with first quarter feedback to ensure that students are on track to succeed in the rotation.
- **Clinical Assessment II** – to provide the student and faculty with mid semester feedback to ensure that students are on track to succeed in the rotation.
- **Clinical Assessment III** - to provide the student and faculty with 3<sup>rd</sup> quarter feedback to ensure that students are on track to succeed in the rotation.
- **Final Evaluation** – to provide the student and faculty with whole semester feedback to ensure that students are on track to succeed in the program.
- **Student Evaluation** – to be used by clinical instructors to evaluate the student's performance for the semester (due the last day of the rotation).
- **Conference Documentation**- to document educational conferences such as Longwood Medical Conferences or Tumor Boards (due the last day of the rotation).

- **Knowledge Assessment** – to be completed **before** a treatment competency to ensure knowledge and understanding of the procedure to be performed (due the last day of the rotation).
- **CT Simulation Checklist** – to be complete to completed and signed by the clinical instructor to ensure understanding of CT simulator, sim preparation, sim warm up including water phantom and laser QA immobilization devices, emergency equipment, and emergency medical response.
- **CT Simulation Competencies** - to be completed and signed by the clinical instructor to evaluate completion of the simulation competency.
- **Treatment Competencies** - to be completed and signed by the clinical instructor and evaluate completion of the patient competency.
- **Warm up Competencies** - to be completed and signed by the clinical instructor and student to ensure understanding of Linac warmup, laser alignment, imaging systems QA and Beam output/symmetry. These are progressive in nature and range from assisted to unassisted warm up. Used ensure treatment unit warm up procedures (due the last day of the rotation).
- First Semester Warm up Competency
- Second Semester Warm up Competency
- Final Warm up Competency
- **Treatment Accessories Competencies** – to be completed and signed by the clinical instructor and student. Used to evaluate proficiency for mold room competencies (due the last day of the rotation).
- **Brachytherapy Competency** – to be completed and signed by the clinical instructor and student. This form is used to document a brachytherapy observation only.
- **CSI Competency** - to be completed and signed by the clinical instructor and student. This form is used to document a Cranio-spinal Irradiation observation only.
- **TBI Competency** - to be completed and signed by the clinical instructor and student. This form is used to document a Total Body Irradiation observation only.
- **SBRT/SRS Competency** - to be completed and signed by the clinical instructor and student. This form is used to document a SBRT/SRS observation only.
- **Special Treatment Simulation Procedure** - to be completed and signed by the clinical instructor and student. This form is used to document a Special Treatment Simulation Procedure observation only.

## **Clinical Evaluations**

Clinical evaluations and competency evaluations will be used to determine if clinical performance is satisfactory by the midpoint and end of the semester rotation.

**Clinical Evaluations** - Evaluation of achievement of performance and conduct objectives is completed by the clinical supervisor or instructor at the completion of each rotation. The purpose of the clinical evaluation is to assess the student's professional conduct and overall performance in patient care and technical skill. During the last week of each clinical rotation the student must have the clinical supervisor(s) complete the appropriate clinical evaluation form. This completed evaluation must be received by the Clinical Coordinator by 4:00pm on the last day of that rotation or as indicated by the Clinical Coordinator.

## **Clinical Competencies**

### **Policy**

Clinical competencies must be demonstrated by the student under direct supervision of an ARRT certified radiation therapist with a minimum of 2 years of experience. Students are required to complete simulation and treatment procedures. The purpose of the competency evaluation is to assess specific technical skills. These evaluations are progressive tests of clinical achievement and are completed by the clinical supervisor or instructor. The purpose of the competency evaluation is to assess specific technical skills. It is each student's responsibility to request time with the clinical supervisor and machine time to perform specific clinical competencies.

### **Procedure**

1. The student must perform a minimum of one and a maximum of three logins prior to attempting to complete a competency procedure on a patient.
2. The student must complete a knowledge assessment, which will be reviewed by the radiation therapist prior to a treatment competency and logins.
3. The clinical instructor must input the competency into Trajecsyst when completed.
4. The evaluating clinical instructor must sign the ARRT Master Competency form or the competency is not valid.
5. Demonstration of the competency includes considerations related to radiation safety, equipment operation, patient and equipment monitoring, patient positioning, treatment volume localization, dose to critical structures, imaging procedures, dose verification, record keeping, and patient management and education.
6. Failed competencies should be reported to the clinical coordinator for remedial discussion.
7. **Any competency not documented in Trajecsyst by the end of the applicable semester, will not be considered complete and must be repeated.**

## **Recompetencies**

### **Policy**

The student is expected to recall and maintain previously learned treatment procedure skills, and continue to build upon this foundation of knowledge in clinical practice. The student may be asked to perform recompetencies to substantiate their clinical proficiency on past treatment procedures under direct supervision. The purpose of a recompetency is for the student to demonstrate continued clinical competency throughout the program of study.

### **Procedure**

1. Recompetencies on previously passed treatment competencies may be required based on student performance in the student's senior year. (RTT 350/375C).
2. Based on the discretion of the clinical instructor, students may be asked to perform any of the simulation and treatment competencies as specified on the ARRT content specifications.
3. Clinical instructors may request a student complete a recompetency if at any time it is determined that the student is lacking skill and knowledge in a particular procedure.
4. The recompetency procedures are not scheduled in advance.

## **Direct Supervision Policy**

As student members of the treatment team, radiation therapy students must follow MCPHS University RTT program rules for direct supervision as outlined by the Joint Review Committee on Education in Radiologic Technology (JRCERT). **All radiation therapy procedures are performed under direct supervision of a qualified practitioner.**

Students are never to administer radiation without the direct supervision/approval of a registered, licensed radiation therapist and will be supervised in and out of the treatment room at all times.

Radiation therapy procedures requiring direct supervision include brachytherapy, simulation, and treatment. The JRCERT defines direct supervision as

supervision by a qualified practitioner who: reviews the procedure in relation to the student's achievement; evaluates the condition of the patient in relation to the student's knowledge; is present during the conduct of the procedure; and reviews and approves the procedure.

### **Continuing Education Credits**

All students are required to obtain 4 Category A or B continuing education in order to graduate. The American Society of Radiologic Technologists offers CEU credits in its publications and online. The Massachusetts Society of Radiologic Technologists and The New England Society of Radiation Therapists offer several conferences per year. The student must keep documentation and certificates of attendance to be presented upon completion of the clinical internship program. Students who attend continuing education lectures at their clinical site may submit documentation of attendance.

| <b>CONTINUING EDUCATION LECTURE ATTENDANCE</b> |                 |               |          |                      |
|------------------------------------------------|-----------------|---------------|----------|----------------------|
|                                                | Name of Lecture | Date attended | Location | Event Contact Person |
| 1.                                             |                 |               |          |                      |
| 2.                                             |                 |               |          |                      |
| 3.                                             |                 |               |          |                      |
| 4.                                             |                 |               |          |                      |
| 5.                                             |                 |               |          |                      |
| 6.                                             |                 |               |          |                      |
| 7.                                             |                 |               |          |                      |
| 8.                                             |                 |               |          |                      |
| 9.                                             |                 |               |          |                      |
| 10.                                            |                 |               |          |                      |

**This form can be found on Blackboard.**

### **RTT Grading Scale**

|        |    |     |
|--------|----|-----|
| 95-100 | A  | 4.0 |
| 94-90  | A- | 3.7 |
| 89-87  | B+ | 3.3 |
| 86-84  | B  | 3.0 |
| 83-80  | B- | 2.7 |
| 79-77  | C+ | 2.3 |

**NOTE: A letter grade of “C+” is required.**

### **Immunization Requirements**

In accordance with state law and University policy, students must show proof of required immunizations. Noncompliance with University immunization requirements will result in administrative withdrawal from the University or might negatively impact progression in an academic program.

Compliance with required immunizations must be documented and submitted prior to the first day of the first semester of admission to the University. MCPHS University works with an external company CastleBranch, to support immunization tracking and management. All student data is protected.

The following MCPHS students must show proof of required immunizations:

- Measles vaccinations (2 immunizations at least 4 weeks apart; first dose must be received on or after the student’s 1<sup>st</sup> birthday) or laboratory evidence of immunity.
- Mumps vaccinations (2 immunizations at least 4 weeks apart; first dose must be received on or after the student’s 1<sup>st</sup> birthday) or laboratory evidence of immunity.
- Rubella vaccinations (2 immunizations at least 4 weeks apart; first dose must be received on or after the student’s 1<sup>st</sup> birthday) or laboratory evidence of immunity.
- Tetanus Diphtheria Pertussis vaccinations 1 dose of Tdap and either a history of DTaP primary series or age appropriate catch-up vaccination (<https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>). Tdap given  $\geq 7$  years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been  $\geq 10$  years since last Tdap.
- Hepatitis B immunization series (3 doses) followed by laboratory evidence of immunity; or laboratory evidence of immunity.
- Varicella vaccinations (2 immunizations at least 4 weeks apart; first dose must be received on or after the student’s 1<sup>st</sup> birthday); laboratory evidence of immunity; or physician diagnosis of varicella.

- Annual Tuberculosis skin test or Tuberculosis blood test. If results are positive, a clear chest x-ray (with laboratory report or physician verification of results) or a physician letter verifying the student is symptom free is required each year.
- Annual influenza shot (Must be obtained as soon as the vaccine for the annual flu season becomes available each fall).
- Meningococcal vaccination: 1 dose of MenACWY (formerly MCV4) received on or after the student's 16<sup>th</sup> birthday required only for students under the age of 22. Meningococcal B vaccine does not meet this requirement.
- COVID-19 - The University accepts all vaccines recognized by the U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA) as well as those recognized by the World Health Organization (WHO) EUA. Although the University accepts the latter, please be aware that clinical rotation sites will require students to be immunized by one of the three vaccines accepted by the U.S. Centers for Disease Control and Prevention (CDC): Pfizer, Moderna, or Johnson & Johnson (Janssen).
- Please note that you must be fully immunized and follow university protocol. Refer to the link below:  
<https://www.mcphs.edu/covid/vaccine-requirement>

## **Student Injury Reporting**

### **Procedures in the Event of Injury**

- Departmental policies are to be followed at all times in the clinical sites. These policies are written to protect the safety of patients and employees. In the event a student is injured while in a clinical setting, the student should observe the following procedures:
- Notify supervising therapist of the injury, and of the circumstances under which the injury occurred. Report the injury to the Clinical Coordinator and the Program Director verbally as soon as possible.
- Complete a departmental incident report form for the clinical site in which you are assigned, give a copy of the report to the Clinical Coordinator and the Program Director, and keep a copy for your records. PLEASE NOTE: There are separate Incident Report Forms that will need to be completed for both MCPHS and the clinical sites.
- If medical attention is required, go to the emergency room at the hospital to which you are assigned for internship. The student is responsible for all costs incurred in the emergency room



- Needle sticks must be brought to the attention of your supervising therapist immediately, the injury must be examined by a healthcare professional within 24 hours of the injury (see procedure below).
- In the event a student must leave the clinical site to see a physician for health reasons and plans on returning to the clinical site the same day, they must return accompanied by a physician's note.

### **Procedure in the Event of a Needle Stick in Clinic or Lab**

- Needle sticks must be brought to the attention of your supervising therapist immediately.
- The student must complete a MCPHS incident report located on the Blackboard Clinical site under the Student Injury button.
- Contact the Program Director or Clinical Coordinator by e-mail or phone.
- Students who received or administered a needle stick have must receive medical care within 24 hours of the injury as follows:

Clinical Facilities without Emergency Department ○ New England Baptist Occupational Health at 125 Parker Hill Avenue, 3<sup>rd</sup> floor, Suite 360, Boston MA

Clinical Facilities with Emergency Department ○ Report the hospital ED for examination and testing

- Student will be responsible for the cost of testing.
- The Program Director or Clinical Coordinator will notify the Dean of Students and Environmental Health at MCPHS University.

### **Student Illness**

If a student arrives at the clinical rotation and is ill, the Clinical Supervisor may use discretion and send the student home. Cancer patients are immunocompromised and must not be exposed to disease unnecessarily. As a student, if you are ill, please err on the side of caution and do not go to clinic and expose others.

## **Bereavement**

In the event of the death of an immediate family member, students will receive 3 days off from clinical rotations. It is up to the discretion of the program director as to if the student is required to make-up the missed time.

*"Immediate family" includes a spouse, child, parent, grandparent, brother, sister, son-in-law, daughter-in-law, spouse's parent, and/or a person living within the student's household. Days missed due to an extended absence, or absence for a non-immediate family member, must be made up. The discretion of the Program Director may be utilized for bereavement time off.*

## **Radiation Therapy Program Dress Code**

All students must be professionally dressed while in the clinical area. Overall appearance and attire should not be distracting.

- Student are required to wear burgundy scrubs. You can purchase them online or they are available at the MCPHS Bookstore. Inform the Bookstore that you are with the Radiation Therapy Program when ordering scrubs if you want custom embroidery.
- Custom Jacket: Student issued MCPHS University custom jacket must be worn at all times, along with MCPHS University nametag and dosimeter badge. All students are required to purchase the Custom Jacket and should be worn when needed in clinic and clinical labs. Jacket must be clean at all times.
- Black, white or gray solid color athletic shoes must be worn.
- Hair: All styles must be kept neat and clean; hair longer than shoulder length must be tied back. Hair should be symmetrical, evenly shaved, and of a natural color.
- Facial Hair must be kept clean and neatly trimmed. A student, who chooses to grow a beard /moustache/sideburns, etc., should initiate this over a vacation to avoid appearing unkempt in the clinic.
- Jewelry: Watches, small rings, small earrings are permissible. Ear gauges are not allowed and the opening should be covered. Maximum of two earrings per ear. No visible body piercing allowed. Absolutely no facial piercings allowed in clinic.
- Visible tattoos must be covered.
- Nail polish permitted in subdued shades only, no chipped nail polish permitted. Nail length should be kept to 1/4", and no acrylic nails allowed for infection control purposes.
- No perfumes or cologne should be worn while in clinical. Patients receiving radiation therapy and chemotherapy may have an aversion to strong odors. Co-workers may also have sensitivities/allergies to perfumes and cologne.

***Any student found to be non-compliant with the dress code will be immediately dismissed from their clinical assignment. Time lost will need to be made up.***

### **Behavioral Standards**

- Students should refrain from chewing gum or eating, unless they are in the lounge or cafeteria areas.
- Eating and drinking in the clinical area is not permitted.
- Tobacco use is prohibited 2 hours prior to the start of the clinical shift or at any time during the clinical day.
- Students reporting to clinical smelling of tobacco will be dismissed and time made up.
- Newspapers, magazines and non-textbooks are not to be taken in to the clinical area. Students are expected to utilize any down-time by reviewing patient records, reviewing images, or assisting other radiation therapy teams. Students are not allowed to study for their didactic courses while at clinical unless approved by the radiation therapy team.
- Students are not allowed to use the clinical affiliate computers for personal reasons and may only use them during the lunch hour for clinical related work after receiving permission from the staff.
- All cell phones are to be turned off while in clinical and not carried in your clothing or lab coat.
- Students may check cell phones during breaks or lunch, but may not carry them to the treatment unit.
- Smart watches are okay to wear, however, excessive usage of smart watches while in clinical is not permitted and could lead up to serious performance action.

### **Outside Employment**

Students who are employed in a radiation therapy department that is affiliated with the college may be excluded from that site as a clinical rotation at the discretion of the Clinical Coordinator and the Program Director. Outside employment ***is not*** to affect attendance or achievement of educational objectives. Students must report to the Clinical Coordinator and the Program Director when they are hired by a designated Clinical Affiliate. Student may not complete program requirements while being paid by a clinical setting.

### **Personal Communication Devices**

The use of mobile phones are prohibited in all clinical locations. Students may not make or receive personal phone calls or text messages while at clinical locations. In an emergency

situation students will be permitted to utilize the phones at their clinical site, after receiving permission from the Clinical Instructor or other appropriate supervisory personnel. Students are to use the phones and computers at the clinical internship site only for clinical business. Students may use personal mobile phones outside the department while on break or lunch.

### **Professional Relationships**

It is essential that students behave professionally when in the clinical setting. Equally important is the maintenance of professional relationships with patients, physicians, coworkers and other medical staff. Students should refrain from outside activities, social media, and personal relationships with all clinical staff while enrolled in the program.

## **Personnel Radiation Monitoring**

### **Policy**

All persons working around radioactive material, or radiation-producing equipment, are required to wear current dosimeter badges. All radiation therapy students must wear a radiation monitor during all clinical rotations. Badges are provided for the student in accordance with state and federal regulations.

### **Procedure**

Thermoluminescent Dosimeters (TLDs) are assigned to students by MCPHS and used according to state and federal regulations. Students are responsible for ensuring the proper use and handling of their TLD.

1. Students must wear their MCPHS-issued TLD at all times while at their clinical internship site, even if the site assigns an additional monitoring badge.
2. Student TLD readings are reviewed by the MCPHS radiation safety officer as they are issued (every other month) and become part of the school's permanent radiation safety records.
3. In the event that a student's radiation readings exceed .025 Sieverts, the radiation safety officer will contact the student to discuss these issues or concerns and remove the student from clinical if deemed necessary. (NRC guidelines are .05 Sievert (five rems); or the sum of the deep dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 0.5 Sievert (50 rems) as stated in the NRC policy)
4. Radiation monitoring reports are made available to all students within 30 days of receipt by MCPHS. Students view and initial their report with the clinical coordinator during clinical meetings. Reports are received every two months. January, March, May, etc.
5. Students may request a copy of their radiation exposure record from MCPHS at any time by contacting the clinical coordinator.
6. It is the responsibility of the students to change their TLD in the first week of each odd numbered month (i.e.: January, March, May etc.) to ensure accurate readings.
7. Students who report to their clinical internship site without their TLD will be asked by their Clinical Supervisor to leave their clinical site and return with their TLD.
8. Time missed from the clinical site, due to retrieval of a TLD, will be made up.
9. If a TLD is lost or damaged the radiation therapy Clinical Coordinator, MCPHS Clinical Placement Coordinator, and MCPHS Radiation Safety Officer must be notified immediately so that a replacement can be ordered.
10. Replacement TLDs can be ordered for overnight delivery to MCPHS to help ensure that the student does not miss any clinical internship time.
11. Until the lost/damaged TLD is replaced a student will not be allowed to perform radiation therapy treatment delivery procedures in which the student may be subject to scattered radiation, i.e. radiation delivery, computed tomography scans, brachytherapy procedures, etc.

### **Radiation Therapy Program Clinical Dismissal**

Removal from a clinical assignment can occur anytime during the rotational period for any of the following reasons but not limited to:

- Failure to perform clinical tasks with direct supervision
- Demonstrating a lack of professional ethics
- Demonstrating a lack of professional conduct
- Lack of cooperation with clinical staff
- Inability to accept his/her role as a student
- Negative attitude toward patients and/or staff
- Refusal to comply with the professional dress codes
- Creating disruptions in the clinical area
- Excessive usage of smart watch
- Failure to satisfactorily complete performance, including competency, evaluations
- Failure to comply with Program or Affiliate rules and regulations
- Approaching a clinical staff member in a confrontational manner, for the purpose of debating a grade or evaluation
- Falsifying actions, findings, or documentation
- Failure to demonstrate appropriate safety protocol while delivering radiation to a patient
- Failure to complete clinical objectives in the designated clinical rotation timeline
- Failure to practice safe patient care
- Acceptance of any monetary amount from a patient, i.e., cash, check, gift card...
- Any inappropriate and/or offensive language or behavior
- Failure to comply with clinical site guidelines for time and attendance
- Disparaging any student, clinical setting, instructor, or program official connected to MCPHS University
- This list is not intended to be all inclusive

The Program Director, Clinical Coordinator or Clinical Supervisor each have the ability to dismiss a student from the clinical setting for any of the above reasons, or for due cause.

Dismissal from the clinical setting for any reasons will result in failure of the clinical course. A student removed from a clinical assignment for any reasons will be provided written notification of the cause for dismissal. Students have the right to appeal the dismissal and should follow the Radiation Therapy Grievance Policy and the University Appeals Process.

Dismissal from a clinical assignment results in failure of the clinical course and automatic dismissal from the Radiation Therapy Program at MCPHS University.

In addition, failure of two clinical courses results in automatic program dismissal.

### **Program Re-Entry Procedure**

Students who have not been continuously attending courses for a period of one semester or more from an undergraduate SMIT professional course, or who withdraw from a SMIT program via leave of absence, must validate previous knowledge and skills held prior to program exit before they may reenroll in SMIT clinical professional courses. Reenrollment is subject to clinical placement availability (Note: there is no guarantee that space will be available at the desired time of return of the student; it may take up to two years for reentry due to lack of clinical placement availability). This policy applies to all undergraduate SMIT programs.

The validation will occur via students' demonstration of knowledge and skills, i.e., meeting established program clinical competencies, in a selected clinical facility or simulation laboratory. This requires that students notify the program director of desired date of return a minimum of 30 days prior to anticipated return to make arrangements for preparing and performing validation testing. Program faculty will provide guidance as to what content and skills (competencies) need to be reviewed by students prior to the testing, but it is the students' responsibility to prepare for the validation testing.

Students attempting to return from a leave of absence must also have been cleared to return to classes by designated staff in the CASE and the Dean of the School of Medical Imaging and Therapeutics of Students (if a medical leave of absence) prior to performing validation testing. The CASE will notify the Dean of the School of Medical Imaging when the student is eligible to take the validation test. Validation of knowledge will consist of a competency examination. A minimum grade of C on the competency examination is required. Program faculty will determine the content and skills to be included in the validation test.

If a student fails the validation test, he/she must enroll in a one-semester Directed Study to remediate prior to reentering the program. This will delay the student's reentry for at least one semester but likely for one year (or more if there is no clinical space available). The number of semester credits assigned to the Directed Study course will vary (1-3 semester credits) depending upon the number of semesters successfully completed in the program. If the student completed 2 or fewer semesters, one credit will be assigned; if 3-4 semesters, 2 credits; and if more than 4 semesters, 3 credits). Students may take general education courses concurrently with the Directed Study, but may not take any program professional courses until the directed study has been successfully completed.

If a student does not pass the Directed Study with a minimum of C on the first attempt, he/she will be dismissed from their respective program.

## **RTT Program Grievance Policy**

The Radiation Therapy Program Grievance policy enables students to work with program faculty to resolve problems that may arise at their clinical internship site or within their program in a fair and unbiased manner. If a student has a grievance regarding decisions made while in the RTT Program an appeal may be made within ten days of the occurrence as outlined below.

### **Procedure**

The student should first make every effort to resolve the problem through open communication with the Clinical Instructor in the case of a clinical related concern, or with the program faculty in the case of a program related concern.

1. If the student is not satisfied with the resolution of the situation, he/she should present the problem in writing to the Radiation Therapy Clinical Coordinator at MCPHS University within three days.
2. If the student is not satisfied with the resolution of the situation, he/she should present the problem in writing to the Radiation Therapy Program Director at MCPHS University within three days.
3. After investigating the situation, the Radiation Therapy Program Director will respond to the student in writing, within seven days of receiving the student's original letter.
4. If the student is not satisfied with the Radiation Therapy Program Director's response then he/she should present the problem, in writing to the Dean of the School of Medical Imaging and Therapeutics.
5. The Dean of the School of Medical Imaging and Therapeutics then has seven days to request additional information and must respond to the student's grievance within seven days of receiving the student's original letter.
6. If the student is not satisfied with the Dean of the School of Medical Imaging and Therapeutics's resolution then he/she should present the problem, in writing within three days to the Associate Provost for Student Achievement and Success.
7. The decision of the Associate Provost for Student Achievement and Success is final.
8. If the complaining party has exhausted all University channels for resolution of a program related problem that represents non-compliance with Accreditation Standards, the student should contact the Joint Review Committee on Education in Radiologic Technology (JRCERT) at:

20 N. Wacker Drive, Suite 2850  
Chicago, IL 60606-02901 Phone: (312) 704-5300  
e-mail: [mail@jrcert.org](mailto:mail@jrcert.org)  
fax (312) 704-5304

The student may choose to cancel the grievance procedure at any point in the process by notifying the appropriate person, i.e. the Radiation Therapy Program Director, Dean of the School of Medical Imaging and Therapeutics in writing that he/she wishes to cancel the grievance process.



## **MCPHS Pregnancy Policy**

**Pregnant female students may voluntarily declare their pregnancy in writing. The student must complete the Declaration of Pregnancy Form. Students have the option to continue in the program without modification. Students may also “undeclare” the pregnancy declaration in writing.**

### **How to and Declare Your Pregnancy?**

In order to start this protection program, you must declare your pregnancy with your Instructor. A simple form is provided for you to declare your pregnancy. You must provide your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you gave the form to the Instructor. All of this information is noted on the form. You may also write your own letter if you prefer.

- You do not need to provide documented medical proof that you are pregnant.
- Regulations require that the MCPHS University receive the declaration in writing.
- Even if you are visibly pregnant, the lower dose limits do not apply until pregnancy is declared in writing.
- The choice to declare pregnancy, and thereby work under the lower dose limits is your choice. The University cannot direct you to make this declaration.
- If you are planning to become pregnant (but are not yet pregnant), and sign a declaration, the lower limits will not apply until you declare in writing that you are pregnant.
- After the birth of your child, you must notify the Instructor that you have given birth so that embryo/fetal monitoring can be canceled and your normal exposure limits can be reinstated.
- You can revoke your declaration of pregnancy at any time, even if you are still pregnant by contacting the Instructor.

### **Monitoring the Radiation Dose to Your Embryo/Fetus**

A special monitoring program has been developed to assist you and your Instructor with monitoring your radiation dose. Once pregnancy is declared, an extra dosimeter will be provided by the MCPHS University’s Radiation Safety Officer to monitor the exposure to your embryo/fetus. Wear the dosimeter clipped on outer clothing under the lead apron if a lead apron is worn. The dosimeter should be worn at waist level at the location of your embryo/fetus at the part of the body that could receive the highest radiation exposures. This will usually be the front of your body. A special report will be provided once a month so that both you, and your instructor, can track your monthly doses. Radiation Safety Officer also independently reviews these reports.

Questions about the reports, or how to properly wear the dosimeter, should be directed to the MCPHS University Radiation Safety Officer at 617-732-2861.

### Declaration of Pregnancy Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Student Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Date of Conception (Mo/Yr.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| By providing this information to my immediate supervisor/Instructor, in writing, I am declaring myself to be pregnant as of the approximate date shown above. Under the provisions of 10 CFR Part 20.1208 I understand that my exposure will not be allowed to exceed 5 mSv (500 mRem) during my pregnancy, from occupational exposure to radiation. I understand that this limit includes exposure I have already received. If my estimated exposure since the above approximate date of conception has already exceeded 5 mSv (500 mRem), I understand that I will be limited to no more than 0.5 mSv (50 mRem) for the remainder of my pregnancy. If I should find out that I am not pregnant, or if my pregnancy ends, I will inform my supervisor as soon as practical. |
| Signature of Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Date Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

### DESCRIPTION OF CURRENT WORK WITH IONIZING RADIATION

Source of Ionizing Radiation (equipment):

Isotope:

### RECEIPT OF DECLARATION OF PREGNANCY

Name of Supervisor/Instructor

I have received notification from the above named woman that she is pregnant. I have explained to her the potential risks from exposure to radiation as provided in Regulatory Guide 8.13, Revision 3. I have evaluated her prior exposure and established appropriate limits to control the dose to the developing embryo/fetus in accordance with limits in 10

CFR part 20.1208. I have explained to her options for reducing her exposure to as low as reasonably achievable (ALARA).

Signature of Supervisor/Instructor

Date Signed

### **Pregnancy Declaration Withdrawal Form**

I \_\_\_\_\_ wish to withdraw my declaration of pregnancy. I understand that the lower dose limit for the embryo / fetus no longer must be applied and that the additional fetal monitoring device will no longer be provided.

If pregnant, but formally withdrawing declaration of pregnancy, I hereby release the Radiation Therapy program and clinical affiliate sites of any responsibility for fetal exposure.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date:

#### **Acknowledgement of Receipt of Declaration:**

Program Director Signature:

\_\_\_\_\_  
Date: \_\_\_\_\_

Clinical Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: the student will receive a copy of this declaration once all signatures are obtained. The original will be maintained in the student's clinical file.

### **Academic Success Plan Policy and Procedure**

#### **Purpose:**

The Radiation Therapy Program is committed to supporting student success through early intervention and individualized support. The Academic Success Plan (ASP) is designed to assist students who are struggling academically or clinically by identifying concerns, outlining expectations, and providing a structured plan for improvement.

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#### **Policy:**

Any student demonstrating academic or clinical difficulty during a semester may be placed on an Academic Success Plan (ASP). The ASP is a formal, individualized plan designed to support the student's progress toward meeting program competencies and expectations.

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#### **Scope:**

This policy applies to students enrolled in any semester of the Radiation Therapy Program and may be implemented at any point during the academic term.

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#### **Criteria for Initiating an Academic Success Plan:**

An ASP may be initiated for, but is not limited to, the following:

- Clinical performance concerns (e.g., unsafe practices, communication issues, difficulty meeting clinical competencies)
  - Didactic performance concerns (e.g., failing exams, poor attendance, lack of engagement)
  - Behavioral or professionalism concerns impacting academic success
- 

#### **Procedure:**

##### **1. Identification and Initiation:**

- A faculty member, clinical instructor, or program director may identify a student who is not meeting expected performance standards.
- The concern will be discussed with the student, and an Academic Success Plan may be initiated.

##### **2. Plan Development:**

- The ASP will be individualized and developed in collaboration with the student.
- The plan will clearly state:
  - The area(s) of concern (clinical or didactic)

- Specific expectations and performance benchmarks
- Required actions or interventions (e.g., tutoring, skill remediation, behavior modification, study plans)
- A timeline for improvement
- A scheduled date for review

**3. Documentation:**

- The ASP will be documented in writing, signed by both the student and the faculty member or program director.
- A copy will be retained in the student's academic file.

**4. Review and Follow-Up:**

- On the agreed-upon review date, the student's progress will be evaluated.
- One of the following outcomes will be determined:
  - The student has met the plan goals and no further action is required.
  - The plan will be extended or revised to allow additional time.
  - Further action is required, which may include academic probation, clinical suspension, or dismissal in accordance with program policies.

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**Student Responsibility:**

Students placed on an Academic Success Plan are expected to:

- Actively engage with the plan and utilize all recommended resources
- Maintain open communication with faculty and/or clinical instructors
- Demonstrate consistent effort and progress toward the outlined goals

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Acceptance of the MCPHS University Radiation Therapy Student Handbook**

I, \_\_\_\_\_, acknowledge that I have received and am responsible for understanding and complying with the policies stated in the Radiation Therapy Student Handbook. I understand that I may contact Kelly Ebert at (617) 274-3322 with any questions regarding the policies contained therein. I understand that all my medical records must be up to date and that I am responsible for providing this information to CastleBranch. I acknowledge that I have received and am responsible for understanding and complying with

the radiation safety program policies appropriate use of my personal dosimeter badge. I understand that my dosimeter badge reports will be made available at my request. I will review and sign my dosimeter badge reports when provided, and exchange quarterly badges in a timely manner. I also understand that the program requires Direct Supervision of all radiation therapy procedures. I will only perform procedures on patients when directly supervised.

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**Student Signature**

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**Date**