



MASSACHUSETTS COLLEGE *of* PHARMACY
and HEALTH SCIENCES

**MCPHS Student Handbook
Radiography Program
2022-2023**

MCPHS
School of Medical Imaging and Therapeutics
179 Longwood Avenue, Boston MA 02115-5896
RADIOGRAPHY PROGRAM

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INTRODUCTION

The Radiography Program curriculum at the MCPHS is designed to provide the student with the necessary skills and education to perform as an entry level radiographer, as stated under “Description of the Profession/Educational Outcomes” (Appendix A), and to sit for the American Registry of Radiologic Technologists’ (ARRT) Radiography Certification Examination.

The purpose of this handbook is to assist the student technologist in achieving his/her educational goals during the internship rotations as well as set the standards to which the students should strive at all times. The students should examine all policies carefully and all aspects of the contents clearly understood prior to the commencement of the first rotation. To confirm this is done to the best of the student’s ability they are asked to sign the form provided by the clinical coordinator.

The competency work sheets, and grid are to be used when competencies are being performed. Documentation of the student’s clinical time, the number of patient studies performed, and the completion of the clinical competencies is the responsibility of the student technologist. The logs shall serve as a record of the procedures performed and documentation that students are receiving an appropriate volume and variety of clinical procedure.

B.S. Radiography Curriculum

Year 1

Fall

BIO 110	Anatomy & Physiology I	3
BIO 110L	Anatomy & Physiology I Lab	1
CHE 110/L	Basic Chemistry I	4
ITM 101	Intro to the Major	1
LIB 111	Expository Writing, I	3
MAT 141	Algebra & Trig	3
Total Credits = 15		

Spring

BIO 210	Anatomy & Physiology II	3
BIO 210L	Anatomy & Physiology II Lab	1
CHE 210/L	Basic Chemistry II	4
LIB 112	Expository Writing II	3
LIB 120	Introduction to Psychology	3
PHY 181	General Physics	4
Total Credits = 18		

Summer

RAD 205	Foundations of Radiography	3
RAD 240	X-Ray Radiation Physics	2
RSC 250	Elements of Patient Care	2
RSC 110	Medical Terminology**	1
RSC 325	Clinical Pathophysiology	4
Total Credits = 12		

Year 2

Fall

LIB 133	American Culture	3
LIB 220	Interpersonal Comm.	3
RAD 210	Radiographic Procedures I	3
RAD 210L	Rad. Procedures I Lab	1
RAD 220/L	Radiographic Exposure Principles I	4
MAT 261	Statistics	3
Total Credits = 17		

Spring

RSC 3XX	Research in Ra. Sciences	2
HUM/SSC	Dist. Elective	3
RAD 201C	Radiography Internship I	4
RAD 211	Radiographic Procedures II	3
RAD 211 L	Rad. Procedures II Lab	1
RAD 221	Radiographic Exposure Principles II	3
Total Credits = 17		

Summer

RAD 202 C	Radiography Internship II	5
RAD 250	X-Ray Radiation Physics	2
LIB 512O	Elements of Patient Care	3
HUM/SSC	LIB Distribution Elective	3
Total Credits = 13		

Year 3

Fall

RAD 212	Rad. Procedures III	3
RAD 270	Intro to Problem Solving	2
RAD 303C	Radiography Internship III	6
RAD 320	CT & Cross-Sectional Anatomy	3
Total Credits = 14		

Spring

RAD 304C	Radiography Internship IV	6
RAD 370	Problem Solving in Radiography	3
RSC 287	Radiation: Protection & Bio.	3
BEH	Distribution Elective	3
Total Credits = 15		

Academic Progression

*Students must earn minimum grades of "C" in BIO 110/210, CHE 110/210, MAT 141, and PHY 181.

*Students must earn a minimum grade of "C+" in all professional courses, achieve and maintain a professional GPA of 2.5 or higher.

*Failure to pass ANY 3 professional courses (RAD & RSC) will result in dismissal. The content of this degree sheet is subject to change 7/14/2021

MCPHS COURSE CATALOG

MISSION STATEMENT

Massachusetts College of Pharmacy and Health Sciences (MCPHS) prepare students for successful careers in health care through excellence in teaching, scholarship, research, professional service, and community engagement.

CORE VALUES

The College embraces a set of core values that reflect commitment to preparing competent, caring, ethical health professionals and scientists to meet the need for quality health care and cutting-edge knowledge. As members of the College and broader community, we are committed to the following core values:

Learner-centered teaching and student engagement that fosters intellectual vitality, critical thinking, and lifelong responsibility for learning and continuing professional development.

Honesty, integrity, professionalism, and personal responsibility; Respecting diversity and appreciating cross-cultural perspectives; Adaptability and flexibility in response to the ever-changing external environment; Effectively and efficiently using of resources to maximize value to those we serve; Excellence and innovation in education, scholarship/research, and service, including outreach to the community; A productive, satisfying work and learning environment that is built upon cross-disciplinary and cross campus collaboration; Integrating liberal arts and basic sciences with professional studies; Scholarship that contributes to developing knowledge, improving health sciences education, and improving health care and health outcomes; Education that fosters developing the whole person.

RADIOGRAPHY PROGRAM

MISSION STATEMENT

The MCPHS University Radiography Program provides students with a high quality, learner centered environment. Students receive state-of-the-art academic and clinical experiences enabling them to become competent entry-level Radiologic Science professionals who are:

Clinically competent in the performance of radiographic exams stipulated within the Clinical Competency Requirements of the American Registry of Radiologic Technologist 'Provider of safe, ethical and compassionate patient care in their practice Effective communicators, Radiologic Science professionals who demonstrate a critical thinking based, scientifically founded, problem solving approach in their practice.

GOALS

Program graduates will be clinically competent entry-level radiographers Program graduates will communicate effectively Program graduates will utilize problem solving and critical thinking skills Program graduates will demonstrate professional behavior

PHILOSOPHY

The most important responsibility of a health care professional is patient welfare. The student must set personal and professional goals focused on this responsibility. Success in achieving goals will depend on many factors some of which are: personal/professional appearance; ability to instill trust and confidence in patients; acquiring technical skills to minimize radiation exposure and maximize image quality; the ability and desire to function as a team member; and a desire to serve others to the best of the student's ability.

ACCREDITATION

MCPHS has regional accreditation from the New England Association of Schools and Colleges, Inc. and the Radiography Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182.

Telephone (312) 704-5300. E-mail: mail@jrcert.org

ADMISSION TECHNICAL STANDARDS RADIOGRAPHY

Massachusetts College of Pharmacy and Health Sciences has established the following list of technical standards for the majors of Radiography, Nuclear Medicine and Radiation Therapy. These technical standards conform to the professional technical standards required for the safe and ethical practice of the tasks/skills associated with medical radiography, clinical nuclear medicine technology and 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 Radiographers and Radiography students typically involve possible exposure to chemical solutions. Possible exposure to ionizing radiation.

STUDENTS WITH DISABILITIES

Students with documented disabilities who wish to request accommodations under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act should contact the Director of the office of Students Accessibility and Accommodation Academic Resource Center (Boston students-617-732-2860) or the Director of Academic Support Services (Worcester/Manchester students– 508-373-5608) to discuss the accommodations process.

MCPHS UNIVERSITY IMMUNIZATION POLICY

In accordance with state law and University policy, students must show proof of required immunizations. Non-compliance with University immunization requirements will result in adverse action up to and including administrative withdrawal from the University and may negatively impact progression in an academic program.

The Covid-19 vaccine requirement goes into effect for the fall 2021 Semester. Students must meet this requirement before coming to campus for fall 2021. Students participating in clinical rotations before fall 2021 may need to satisfy this requirement sooner if required by their clinical site(s).

How and when to report your immunizations to MCPHS:

Students must submit documentation demonstrating compliance with the MCPHS Immunization Policy prior to the first day of the first semester of admission to the University. MCPHS University works with external companies, SentryMD and CastleBranch, to support immunization tracking and management.

All existing MCPHS students enrolled prior to the 2013 summer semester should continue to submit their immunization documentation to SentryMD.

All new students to MCPHS beginning with the 2013 summer semester should submit their immunization documentation to CastleBranch.

The following MCPHS students must show proof of required immunizations:

All full-time students, including students attending MCPHS while on a visa who will be on campus.

All part-time students, including students attending MCPHS while on a visa who will be on campus.

All online students who might be in contact with patients.

All online students whose program involves an on-campus component.

All students attending or visiting MCPHS as part of a formal academic visitation or exchange program.

MEDICINE TECHNOLOGY, RADIATION THERAPY, AND RADIOGRAPHY

Measles vaccinations (2 immunizations at least 4 weeks apart; first dose must be received on or after the student's 1st 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 1st 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 1st 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#note-tdap>.

Tdap given ≥ 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 ≥ 10 years since last Tdap.

Hepatitis B immunization series (3 doses) followed by laboratory evidence of immunity; or Heplisav-B vaccine (2 doses, first dose must be given on or after the student's 18th birthday, and the second dose must be given at least 28 days after the first dose) followed by laboratory evidence of immunity. Laboratory evidence of immunity alone is also acceptable.

Varicella vaccinations (2 immunizations at least 4 weeks apart; first dose must be received on or after the student's 1st 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 16th birthday required only for students under the age of 22. Meningococcal B vaccine does not meet this requirement.

Covid-19: Please see <https://www.mcphs.edu/covid/vaccination-eligibility> for up-to-date information on meeting the Covid-19 immunization requirement.

WAIVERS/EXEMPTIONS

If a student is unable to obtain one or more immunizations due to medical or religious reasons, they may upload the Vaccine Exemption Form to CastleBranch. Students who are unable to obtain one or more immunizations for medical reasons must also submit a letter (on official letterhead with a signature) from the student's health care provider certifying that the provider has personally examined the student and is of the opinion that the student's health would be endangered by the immunization. Medical and religious exemptions must be renewed annually at the start of each school year.

Students who have questions about immunizations can contact immunization@mcphs.edu or call 617.735.1105. In addition to the medical and religious exemptions detailed above, students may qualify for an exemption from the meningococcal immunization requirement if the student (or the student's parent or legal guardian, if the student is a minor) signs a waiver stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine. A copy of this waiver is available for download in your CastleBranch account.

Requirements for clinical rotations are set by clinical sites and MCPHS does not have the authority to override these requirements.

Medical and religious exemptions may be accepted at the discretion of clinical sites. Failure to obtain all immunizations required to participate in clinical or other activities with patient contact may negatively impact progression in certain academic programs. Please contact your Clinical Coordinator for your academic program to discuss how waivers/exemptions may affect your clinical rotation requirements.

ADDITIONAL INFORMATION

Certain health care agencies and clinical training and service-learning sites may have additional immunization requirements. In order to be eligible for clinical placements or service-learning experiences, students must meet all University immunization requirements and any additional site requirements. In cases where the site does not pay for the completion of additional immunization requirements, the student is responsible for paying any associated fees, if it is not covered by their personal health insurance. Without clearance with respect to all University and site immunization requirements, students will not be permitted to begin clinical or service-learning placements, and therefore, would be unable to meet program requirements.

Students who change academic programs must become compliant with all immunization requirements of their new academic program. Students must contact their Program Director/Clinical Coordinator for necessary steps to review their immunization compliance with the new academic program. MCPHS works with a confidential health information service company that maintains and processes all student immunization records and monitors compliance with state law immunization requirements. Authorized officials at MCPHS have access to student immunization records to monitor compliance.

PRE-CLINICAL OBSERVATIONS AND CLINICAL INTERNSHIP ROTATIONS

The Radiography Clinical Coordinator will determine student's pre-clinical observations /clinical internship assignments. Several the clinical observations/rotations may be scheduled at some distance from the campus. Please refer to the Clinical Placement Policy.

Clinical observations are assigned to students to complete as a pre-clinical requirement. These observations give the student a final look into the field of Radiography, they gain a sense of what is expected of them and how a Diagnostic Radiology Department runs.

Clinical rotations are established so that students will be provided with a range of diverse learning opportunities and to ensure the availability and quality of clinical rotation sites. Students will typically rotate through two or more clinical internship sites during their program of study in order to provide equitable learning opportunities.

Their Clinical Preceptor will give room rotation/assignment schedules for a clinical internship to each student at the beginning of each semester. The clinical objectives will determine the performance expectations for a particular internship. The clinical rotation schedule will not be changed without permission of the Clinical Preceptor and Clinical Coordinator.

CLINICAL PERFORMANCE REVIEW

Evaluation of the student's overall clinical performance will be conducted throughout the Radiography Program. The Clinical Performance Review Form H will be utilized at mid- semester and upon the completion of the semester. If the Coordinator determines there are areas in need of improvement or issues of concern the Student Conference Form, I should be utilized to address specific areas of a student's clinical performance, either areas of concern/improvement or areas in which the student exceeds expectations or excels. A minimum of two per semester must be completed (one at mid-term, the other at the end of the semester).

CLINICAL COMPETENCY EVALUATIONS

Clinical evaluation of the student's performance and competence will be conducted throughout the Radiography Program. The Clinical Preceptor, Radiography Program Director, Clinical Coordinator or ARRT-certified technologists may perform the student's clinical competency evaluations, using the MCPHS Clinical Competency Evaluation Form J.

The MCPHS Clinical Competency Evaluation Form is based on a total point score of 100 points. In order to pass a competency evaluation a student must achieve a score of 85% or higher. Please refer to the Failed Clinical Competency

Evaluation policy, for specific criteria relating to failed competency evaluations.

CRIMINAL BACKGROUND CHECKS (CORI)

The Department of Public Health DPH requires that all persons regularly providing care to patients or in a support, service role, which could potentially place them in unsupervised contact with patients in any program or facility funded by the DPH, must disclose background information concerning crimes and offenses against vulnerable populations. It is the policy of the DPH that certain crimes presumptively pose an unacceptable risk and would exclude the individuals from employment in DPH facilities. It is a requirement that the student provide verification that there is no conviction or criminal history. In order to do so, the student is required to undergo a Criminal Offender Record Information (CORI) check prior to the start of clinical internships.

Inability to provide evidence of a clean record may result in a student being unable to complete these clerkships, thereby jeopardizing their standing in the program. The cost is directly billed back to the students.

ADDITIONAL REQUIREMENTS:

Certain health care agencies and clinical training and service-learning sites may have additional placement requirements. This may include but not limited to drug screening. In order to be eligible for clinical placements or service-learning experiences, students must meet all University immunization requirements and any additional site requirements. In cases where the site does not pay for the completion of additional placement requirements, the student is responsible for paying any associated fees, if it is not covered by their personal health insurance.

Without clearance with respect to all University and site requirements, students will not be permitted to begin clinical or service-learning placements, and therefore, would be unable to meet program requirements.

Please note: Each student should be fully advised by his/her health care provider about the appropriateness of individual vaccines or tests and possible side effects/adverse reactions. Any concerns and questions should be addressed by the health care provider prior to vaccinations or tests being performed.

CPR (AMERICAN HEART ASSOCIATION BLS FOR HEALTHCARE PROVIDERS)

It is the students' responsibility to attain & maintain American Heart Association BLS for Healthcare Providers CPR Certification and provide a copy of their CPR card to the Clinical Coordinator of the program. Students will not be allowed in the clinical setting without prior documentation of current CPR certification.

Failure to maintain current CPR certification for the duration of program enrollment will require that a student be removed from clinical rotation until such time that a current CPR card is submitted. Time missed from clinical will be considered as unexcused absences.

MALPRACTICE INSURANCE

MCPHS presently carries an umbrella malpractice policy for all students enrolled in the health-related programs. Students interested in obtaining information on additional professional liability insurance may do so at the website for American Society of Radiologic Technologists (ASRT) at www.asrt-ins.com or contacting the ASRT Risk Management center at 888-674-2778.

PROGRAM COUNSELING

Personal student counseling is available by appointment through the MCPHS Counseling Services Department. Individual student conferences will be scheduled with the Clinical Coordinator and/ or Clinical Preceptor throughout the year on a regular basis during the student's clinical internship rotation in order to provide feedback and maintain an open line of communication regarding the student's performance and the quality of the program.

RADIOGRAPHIC CLINICAL INTERNSHIP POLICIES AND PROCEDURES PURPOSE

Policies and procedures provide a guide for radiographic clinical internship. Policies are the "rules" or statements to guide conduct in specific situations. Procedures describe the method of policy implementation. Standard policies and procedures are useful in improving the internship experience by establishing specific expectations and assessment methods.

CLINICAL INTERNSHIP GRADING

Reviewed: 09/21 Revised: 09/21

POLICY

The Clinical Internship Grading policy, which follows, will apply to the following clinical internship courses: RAD201C, RAD202C, RAD303C, and RAD304C. If there is deviation from this grading calculation defined in this policy, students will be notified via their course syllabi for the respective internship, which will be impacted. Clinical grades will be given at the end of each semester and will be part of the students Quality Point Average and their Professional Quality Point Average. Clinical grades will be based on the student meeting specific radiographic internship goals and objectives, successfully completing specific clinical competency evaluations for each internship rotation, and on the evaluation of the student's laboratory competencies, overall professional behavior and performance as reflected by the student's successfully meeting the established standards for that internship in the areas of attendance, punctuality, dress code, student documentation, technologist/student performance evaluations and continuing education credits.

PROCEDURES

The grading system for the clinical internship is a merit/demerit system. Students begin the internship with the maximum point value in each category, and only decrease their point value by not meeting the stated objectives/standards.

The Clinical Internship Grade is determined by the total number of points a student receives from the categories listed below:

Clinical Competency & Re-Competency Evaluations	Maximum	(45 points)
Technologist Evaluation of Students Progress	Maximum	(20 points)
Clinical Preceptor Evaluation of Students Progress	Maximum	(20 points)

Professional Behavior (5 categories listed below) Maximum (15 points):

1. Attendance	Maximum	(3 points)
2. Punctuality	Maximum	(3 points)
3. Student Documentation	Maximum	(3 points)
4. Dress Code/Conduct	Maximum	(3 points)
5. Student Journal/Registry Review/Case Study	Maximum	(3 Points)

Total Point value = Maximum (100 points)

Students may also receive merits/demerits in the professional behavior categories listed above. Merits and/or demerits will be given at the discretion of the Clinical Coordinator and/or Program Director and will be documented using the Student Conference Form (Form I, Appendix C). See the Clinical Demerits & Clinical Merits Policy for further information. The grading scale for the radiographic internship is as follows:

TOTAL POINTS	GRADE	QUALITY POINTS
100-95 points	A	4.0
94-90 points	A-	3.7
89-88 points	B+	3.3
87-85 points	B	3.0
84-80 points	B-	2.7
79-78 points	C+	2.3
77-75 points	C	2.0

A grade below C+/78 points is considered a FAILING grade for a clinical internship. The Clinical Internship Grade Form, Form K is found in Appendix C.

The clinical coordinator in consultation with the Clinical Preceptor will perform grading of each clinical rotation.

A syllabus will be given at the beginning of each internship course with the grading policy regarding evaluations, competencies, etc.

The final grade will be a letter grade in compliance with the grading policy as outlined in the MCPHS Radiography Student Handbook.

CLINICAL COORDINATOR VISITS AND MEETINGS

The clinical coordinator will visit each site regularly to observe the student in action and to review and quiz the student on the knowledge foundation relevant to their activities in the clinical site - competencies that they have recently passed will be targeted. At these visits, the competencies and goals may be reviewed for progress and concerns. The clinical coordinator does reserve the right to complete a competency on a student after a competency has been completed by the clinical affiliate. This competency grade will be factored into the competency grading scale. The clinical coordinator and Clinical Preceptor have the right to challenge a previous competency if they feel the student is not performing that exam satisfactorily.

CLINICAL CLOCK-IN/OUT POLICY

Reviewed: 09/21 Revised: 09/21

POLICY

Radiography students are required to clock into Trajecsys before beginning their clinical internship each day and to clock out of Trajecsys before leaving the clinical site each day. Clinical sites may choose to use a form of electronic sign-in/sign-out as long as this procedure documents both the date and time that a student logs in and out, for the purpose of accurate documentation of attendance and punctuality. Students are responsible for documenting absence day(s), using the appropriate MCPHS form (Form C: Clinical Absence form) on the first day they return to their clinical site, following their absence. Failure to complete this required form in the appropriate time frame will result in point deductions on their final grade for the semester.

PROCEDURE

Each clinical site will maintain an attendance file for each MCPHS radiography student assigned to their clinical site.

This file must indicate both the dates and the times that a student starts and ends their internship training on a daily basis, for maintaining accurate documentation of a student's attendance, sick days and punctuality (documented on Trajecsys).

The student must sign in and out of their internship site on a daily basis, documenting the date and times that, the student starts and ends their clinical training each day.

Students must utilize the Trajecsys time logs in addition they may utilize an electronic or paper sign-in/sign-out form by their designated clinical site.

Any student who does not follow the daily sign in and out procedure for their internship site will receive point demerits for failure to follow policy regarding clinical sign-in/out procedures on the Clinical Internship Grade Form, (Form K) in the category of Student Documentation.

The student must complete the appropriate form for absence as documented in the CLINICAL ABSENCE POLICY, Clinical Absence Days upon their first day back to their clinical site following their absence.

Failure to complete the required documentation in the required time frame will result in a point demerit on the Clinical Internship Grade Form, (Form K) in the category of Student Documentation.

Students who do not complete the required forms for clinical absence may receive point demerits on the Clinical Internship Grade Form, (Form K) in the category of Student Documentation.

CLINICAL SUPERVISION (DIRECT/INDIRECT)

Reviewed: 09/21 Revised: 05/22

POLICY

Radiography students will have the appropriate clinical supervision of a qualified radiologic technologist at all times, through direct or indirect supervision as outlined in the procedures below. A qualified radiologic technologist is defined as a technologist who is certified by the ARRT, (or equivalent agency recognized by the Commonwealth of Massachusetts Radiation Control Program) in radiography and holds a current license in radiography with the Commonwealth of Massachusetts, Radiation Control Program.

PROCEDURE

Each student must work under the appropriate clinical supervision of a qualified radiologic technologist.

DIRECT SUPERVISION

A student must have direct supervision while observing, practicing, or performing an exam in which he/she has not yet attained competency. Direct Supervision is defined as a qualified radiologic technologist in the room overseeing all activities associated with that radiographic procedure including:

The qualified radiologic technologist reviews the procedure in relation to the student's achievement.

The qualified radiologic technologist evaluates the condition of the patient in relation to the student's knowledge.

The qualified radiologic technologist is present during the conduct of the procedure. The qualified radiologic technologist reviews and approves the procedure.

INDIRECT SUPERVISION

After a student has attained competency in a particular exam then he/she may perform that exam with Indirect Supervision. Indirect Supervision is defined as a qualified radiologic technologist immediately available to assist student, regardless of the level of the student's achievement or competency. Immediately available is interpreted as the presence of a qualified radiologic technologist within earshot of where a radiographic procedure is being performed.

Surgical & Mobile Students must be directly supervised during surgical and all mobile (including mobile fluoroscopy) procedures regardless of the level of competency.

Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.

If a student technologist repeats an x-ray image without a qualified technologist present the Clinical Preceptor will notify the clinical coordinator who will meet with the student to discuss disciplinary actions. There will be an automatic ONE LETTER GRADE Deduction from the students final clinical grade form. Students WILL BE DISMISSED from the program if the offense is repeated.

REPEATING of UNSATISFACTORY RADIOGRAPHS

Reviewed: 09/21 Revised: 09/21

POLICY

In the event a radiographic image is unsatisfactory, and must be repeated, the following steps will be followed as outlined in the procedure section below.

PROCEDURE

The student and the qualified radiographer review the unsatisfactory radiographic image in order to identify the unacceptable factors and needed corrections.

The student then accurately identifies how those corrections should be implemented. If the student's correction plan is satisfactory continue to step 3.

If the student's correction plan is incorrect, the qualified radiographer will review step 1 with the student to assist the student in determining the steps needed to correct the error.

If student's correction plan is still unsatisfactory after review of step 1, the qualified radiographer will identify the proper correction plan and continue to step 3.

The Corrections must be performed under the direct supervision of a qualified radiographer

Due to patient safety issues, no deviation from this policy is to be allowed.

PROFESSIONAL APPEARANCE/DRESS CODE POLICY

Reviewed: 09/21 Revised: 09/21

Radiography students are required to dress in a professional manner at all times while at their radiographic internship site. The student's appearance must not be distracting to others (i.e., co-workers, patients, visitors, etc.). A distracting appearance is defined as those styles or fashions that are not of a conservative nature appropriate to a health care environment, such as facial piercing, including but not limited to, piercing of the tongue, nose, cheek, eyebrow, lip, or chin and/or visible tattoos that are of an offensive subject matter.

Students who are in violation of the dress code will meet with their Clinical Preceptor and/or Clinical Coordinator and a Student Conference Form (Form I, Appendix C) will be completed to document the reason for the conference and the expectations that the student is to meet.

Violations in dress code will reflect in the radiographic internship grade as point reductions in the category of dress code/conduct. Continued violations of three or more infractions for the same violation of the dress code will result in suspension from the clinical internship site and possible dismissal from the program.

The professional dress code, as outlined below, must be followed by all Radiography students during their clinical internship rotations.

PROCEDURE

The prescribed professional appearance/dress code for Radiography Students is outlined below: The standard uniform for Radiography students is maroon scrub tops and pants. Plain white T-shirts are allowed under the maroon scrub top (no logos on the T-shirt). A white lab coat, white lab jacket or white scrub jacket may be worn over the maroon scrub uniform. Lab coats/jackets are considered optional. All ID badges must be worn on the outside of the lab coat/jacket. All clothing must be neat and clean. Hair longer than shoulder length must be tied up/back for safety. Jewelry and make-up must be kept to a minimum. No long necklaces or large hoop/dangling earrings are allowed, as these can be a safety risk. Nails must be short and clean; no long or false nails will be allowed due to potential infection control problems. If the student wishes to wear nail polish, only clear will be permitted. No gum chewing is allowed while working with patients in the clinical setting. Solid colored (or white) sneakers or uniform clogs may be worn and must be made of solid leather, vinyl or other non-porous material. No suede or canvas may be worn. All footwear must be clean. Sandals or opened toed shoes are not allowed, as these can be a safety risk. White socks, or white- or flesh-colored nylons must be worn at all times. Students must wear an identification/name badge while at their clinical site.

Some clinical sites issue the student a site-specific identification badge and this badge must be appropriately displayed on the uniform as outlined by the policies of that facility. If the clinical site does not issue a site-specific identification badge, then the Radiography student is required to purchase a name badge that contains the student's first and last name printed in blue or black upper-case letters on a white background, so that it can be easily read. Under the student's name, it must carry the identifier: MCPHS INTERN or MCPHSSTUDENT. For liability purposes, students must be clearly identified as such at all times.

Students must refrain from using strong cologne, perfume, aftershave, body spray and body lotion. These strong scents can be offensive to ill patients and may result in patients feeling nauseated.

If a lead marker is lost, the student should notify the Clinical Preceptor so that a replacement marker can be ordered. Students may be responsible for the cost of replacement markers.

Students should not use lead markers that belong to other radiology personnel, nor allow other personnel to use their markers.

Students will be required to purchase a minimum of one set (two are recommended) of personal markers for clinical rotation (see specifications below). *

Students who arrive at their clinical internship site without lead markers may receive a point reduction/demerit in dress code/conduct under professional behavior for their Clinical Internship grade, at the discretion of the Clinical Preceptor.

A Student Conference Form (Form I) will be completed by the Clinical Preceptor indicating the reason that the student received the point reduction/demerit.

Students who continue to arrive at their clinical internship site without their lead markers may be sent home, at the discretion of their Clinical Preceptor, and an unscheduled absence will be documented, resulting in a (total) 4-point reduction/demerit for attendance as well as the demerits for failure to follow dress code policy.

A Student Conference Form (Form I) will be completed by the Clinical Preceptor indicating the reason that the student was sent home from the clinical site.

Missed clinical time for ID/name badge and/or lead markers infractions must be made up at a time to be determined by the Clinical Preceptor and the student, before the start of the next semester.

Marker Specifications: markers may be either blue or red; they should not contain any type of appliqué on them.

R	L	
TS	TS	Student's 1st & last initial
S	S	denotes "student"

PERSONNEL RADIATION MONITORING POLICY

Reviewed: 09/21 Revised: 10/17

POLICY

All radiography students must wear a radiation monitor during their clinical internship rotations and while in the Radiography Lab. It is a legal requirement that all persons working in a radiation area wear personnel radiation monitors.

PROCEDURE

Dosimeters are assigned to students by MCPHS and used according to state and federal regulations.

Students receive instruction from the MCPHS radiation safety officer (RSO) or Program Clinical Coordinator/Director regarding the proper use and handling of a dosimeter.

Students are responsible for ensuring the proper use and handling of their dosimeter.

Students must wear their always MCPHS-issued DOSIMETER while at their clinical internship site, even if the site assigns an additional monitoring badge.

Students must wear their MCPHS-issued DOSIMETER during RAD 210 & 211 Procedures Laboratory as well as during the RAD 220 Exposure Laboratory.

Student DOSIMETER 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.

NRC: 10 CFR Part 20 – Standards for Protection Against Radiation, subpart C – Occupational Dose Limits, states, “20.1201 The licensee shall control the occupational dose to individual adults to the following dose limits: The total effective dose equivalent (per Year) being too equal to 5 rems (0.05 Svi, 5,000 mrem).” In addition to the annual limit as set by the NRC, the Radiography Program has established two investigation levels. Investigation Level 1 - 125 mrem per calendar qtr. and Investigation Level 2 - 375 mrem per calendar qtr. If any of these levels are met or exceeded by the student the radiation safety officer along with the Radiography Program Director, will formerly contact the student and investigate to determine cause. In addition to the investigation, the RSO & Program Director will take this time to review safe practice, proper DOSIMETER handling and storage.

In the event there are any concerns over the student's radiation, readings the radiation safety officer along with the Radiography Program Director will contact the student to discuss these issues or concerns and remove the student from clinical if deemed necessary.

Students are responsible for reviewing and initialing their DOSIMETER report on file at the MCPHS. This should be done at the same time the DOSIMETERS are replaced, during the odd numbered months: January, March, May, etc.

Students may request a copy of their radiation exposure record from MCPHS at any time. It is the responsibility of the students to change their DOSIMETER in the first week of each odd numbered month (i.e.: January, March, May etc.) to ensure accurate readings.

Students who report to their clinical internship site without their DOSIMETER will be asked by their Clinical Preceptor to leave their clinical site and return with their DOSIMETER.

Time missed from the clinical site, due to retrieval of a DOSIMETER, will be made up. Make- up time will be arranged between the Clinical Preceptor and the student radiographer; ensuring appropriate levels of supervision are available.

All students must submit Form C2 (Make-up time Form) to the Clinical Coordinator for final approval.

The Clinical Preceptor will complete a Student Conference Form (Form I) indicating the reason that the student was sent home from the clinical site. NOTE: Students who fail to wear their badges while attending clinical will receive clinical Demerits at the discretion of a Program Official.

If a DOSIMETER is lost or damaged, the MCPHS Clinical Coordinator and MCPHS Radiation Safety Officer must be notified immediately so that a replacement can be ordered.

Replacement DOSIMETERs can be ordered for overnight delivery to MCPHS to help ensure that the student does not miss any clinical internship time.

Until the lost/damaged DOSIMETER is replaced, a student will not be allowed to perform radiographic studies, in which the student would be subject to scattered radiation, i.e., fluoroscopic exams, portable radiographic procedures, operating room, and/or c-arm procedures, etc.

***Note in Response to high readings ***Form V will need to be filled out signed and students will be given info regarding Radiation Safety and Protection.

RADIATION PROTECTION/RADIATION SAFETY POLICY

Reviewed: 09/21 Revised: 09/21

The radiography student is required to minimize radiation dose to patients, self, and all health care personnel during all radiographic procedures.

PROCEDURE

The ALARA (As Low as Reasonably Achievable) principle must be utilized in all radiographic procedures. This requires proper use of shielding and collimation according to radiation protection regulations and recommendations. All female patients of childbearing age will be questioned regarding possible pregnancy. If the patient indicates there is a possibility of pregnancy, the student should follow the clinical internship site's established policies and procedures before beginning the procedure. Radiography Students are prohibited from holding patients during radiographic procedures.

Radiography Students are prohibited from taking an exposure when a technologist is holding the patient during radiographic procedures. Radiography students are required to wear radiation-monitoring devices while at their clinical internship site as outlined under Policy and Procedure, Personnel Radiation Monitoring. The student should refer to the Radiation Control/Radiation Safety Principles, Appendix B, for additional radiation protection guidance. Radiography students must, always, be under the supervision of a qualified Technologist/Radiographer, who is licensed by the Commonwealth of Massachusetts Radiation Control Program in radiography.

The qualified radiographer reviews the procedure in relation to the student's achievement.

The qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.

The qualified radiographer is present during the conduct of the procedure. The qualified radiographer reviews and approves the procedure.

Furthermore, if for any reason a student must repeat any radiographic exposure, a licensed Radiologic Technologist must directly supervise all activities associated with the repeat exposure. For the requirements of 105 CMR 125.013, 'directly supervise' means that the licensed Radiologic Technologist is present with the student, in the room, overseeing all activities associated with the repeat exposure."

Therefore, to maximize radiation protection, all unsatisfactory radiographs performed by a student radiographer must be repeated under the direct supervision of qualified radiographer (technologist) who is licensed by the Commonwealth of Massachusetts Radiation Control Program in Radiography, regardless of the student's level of competency.

STUDENT RADIATION PROTECTION

Whenever possible, students assisting in radiographic procedures must remain behind protective barriers. Students who may be exposed to scattered radiation during fluoroscopic studies will be provided with lead-impregnated protective apparel of not less than 0.25 mm Pb equivalence. In addition to a lead apron, a thyroid shield may also be provided (if available). During radiographic procedures, all students shall be positioned such that the primary beam will not strike any part of their body.

Whenever a patient or IR must be held in place during an exposure, mechanical devices must be employed. Student radiographers shall never hold patients or image receptors during exposures.

Portable radiographic equipment shall be provided with an exposure switch cable that will permit the student to make an exposure at a distance of at least 6 feet from the tube head and from the patient. Regardless of the distance from the tube and patient during portable examinations, a lead apron must be worn. No exceptions to this policy will be made. All student radiographers will be issued an MCPHS dosimeter. Refer to policy number 6 for additional information.

OTHER HOSPITAL STAFF

During portable examinations on patient floors, intensive care units and other areas of the hospital, the student radiographer must be aware of other hospital staff at all times. The student radiographer must announce that an x-ray exposure is about to be made in an effort to allow hospital staff and nurses an opportunity to increase their distance from the immediate area.

Those staff members not permitted to leave the immediate area (less than 6.5 feet from the patient being radiographed) must be provided protective apparel or a portable shield for protection during the exposure. Failure to comply with this policy will result in expulsion from the program for failure to exercise proper radiation safety practices. Students who do not adhere to this policy will result in automatic failure of the internship.

MRI Safety Policy Reviewed: 5-5-2022

All students must complete the MRI safety orientation and MRI screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the start of clinical experience. Students must notify the program in writing immediately should their status change.

PROFESSIONAL BEHAVIOR/CONDUCT/CLINICAL SUSPENSION POLICY

Reviewed: 09/21 Revised: 09/21

POLICY

Radiography students are expected to conduct themselves in a professional manner throughout their clinical training. Students are expected to address patients and hospital personnel in a courteous, professional manner. Students are expected to project a caring and empathetic image to their patients and to take initiative in applying the new skills they are learning in their didactic courses while at their clinical sites. Students are expected to continue to apply and practice their radiography skills after successful completion of their competency evaluations, to become more proficient at the various radiographic procedures.

If any concerns should arise relating to the inappropriate conduct of a student, or in a situation where the student appears to be a danger to themselves, to other staff or to the patients (i.e.: student appears intoxicated or exhibits violent behavior) the Clinical Preceptor reserves the right to immediately dismiss a student from the clinical facility pending further investigation of the situation by the Clinical Coordinator and Program Director. The reason for the dismissal must be documented on the Clinical Suspension Documentation form (Form E). The Clinical Preceptor and Student should sign this form but lack of a signature by the student does not negate the implementation of the clinical dismissal. The Radiography Director, Clinical Coordinator and the Clinical Preceptor will review the situation, which resulted in the clinical dismissal, and a decision will be made regarding any future action that may be taken.

PROCEDURE

The student will refer to patients by their last name with the appropriate preface. Nicknames, or slang expressions such as “Sweetie”, “Honey”, etc., are totally inappropriate in the clinical setting, and first names are to be used only at the patient’s request. The student is expected to treat all patients with dignity and respect and to deliver care without prejudice to all patients, displaying an appropriate empathetic and caring image to their patients. The student will refer to physicians by the last name with the appropriate preface (i.e.: Dr.), unless directed to do otherwise by the physician.

The student must always use the appropriate preface/title. Students must work cooperatively with all clinical staff, presenting a courteous professional manner, and using appropriate titles. Students are expected to take initiative in applying the new skills they are learning in their didactic courses while at their clinical sites and to continue to apply those skills after successful completion of competency evaluations, to become more proficient at the various radiographic procedures. Any student not in compliance with the Professional Behavior/Conduct policy will receive clinical demerits in this category on their clinical internship grade form (form K) and will meet with their Clinical Preceptor and/or Clinical Coordinator to discuss the issues or concerns regarding their professional behavior/conduct and this meeting will be documented using the Student Conference Form (Form I). Students should be aware that all clinical documents are part of their school record and fall under the following statement taken from the Student Code of Conduct Violations: 4.04 “Altering, Transferring, forging, tampering with, disposing of or falsifying any college or affiliated clinical practice site record or document or knowingly submitting false information for incorporation in such records.”

In the event a student appears to be a danger to themselves, to other staff, or to the patients (i.e.: student appears intoxicated or exhibits violent behavior) or when a student is acting in an inappropriate manner, the Clinical Preceptor reserves the right to immediately suspend a student from the clinical facility, pending further investigation of the situation by the Program Director and Clinical Coordinator, in collaboration with the Clinical Preceptor and other pertinent clinical staff members.

The reason for the suspension must be documented on the Clinical Dismissal Documentation form (Form E). The Clinical Preceptor and Student should sign this form. Lack of a signature by the student does not negate the implementation of the clinical suspension.

The Radiography Director, Clinical Coordinator and the Clinical Preceptor will review the situation, which resulted in the clinical dismissal, and a decision will be made regarding any future action that may be taken.

Following the decision, the student has the right to due process under the program's "Grievance Policy". The student initiates this process, and all procedures must be followed as published.

CLINICAL INTERNSHIP SESSIONS CLINICAL HOURS/HOLIDAYS/SNOW DAYS POLICY

Reviewed: 09/21 Revised: 05/18

POLICY

Clinical internship hours will be 8 A.M. to 4:00 P.M. (Unless specified by the clinical site), with a thirty- minute lunch break. The combination of Clinical Internship hours and didactic course hours shall not exceed 40 hours per week. All students will follow the published MCPHS holiday and vacation schedule. In the case of severe weather, the clinical internship is a MCPHS course, and, as such, will follow the College's decision for school closing or delayed openings.

PROCEDURE

The Clinical Coordinator in accordance with the MCPHS clinical affiliation agreements assigns students to a clinical internship site each semester.

Students are expected to arrive at the clinical facility on time and sign-in via Trajecsys on or before the specified start time.

Students must sign-out before leaving the clinical site at the specified time. Student's class, vacation and holiday schedules follow the MCPHS schedule.

In the case of severe weather, the clinical internship is a MCPHS course, and will follow the College's decision for school closing or delayed openings.

The Clinical Coordinator will notify the clinical facility when MCPHS classes are cancelled due to snow or other emergencies, to establish student early release time or excused absences from the clinical site(s).

In the event the school is in session, and in the absence of the Clinical Coordinator, the Clinical Preceptors should use their own best judgment in releasing the students from their clinical sites during severe weather conditions, or during other emergencies.

In the event of MCPHS course, scheduling conflicts students may be granted early release time from clinical time to arrive at the MCPHS class on time.

Students should never ask to leave their clinical sites before their scheduled time except in the case of an emergency or a prior arranged time with the Clinical Coordinator/Clinical Preceptor. The school must be informed of any deviations in the students' scheduled clinical time.

CLINICAL ATTENDANCE POLICY
Reviewed: 09/21 Revised: 09/21

POLICY

Attendance at the clinical internship site is a requirement of the Radiography Program because of the time required to master the clinical performance of radiographic procedures and the number of clinical competency evaluations that are required for each clinical internship rotation. Recognizing that all individuals may become unexpectedly ill or encounter an unforeseen emergency. The procedures listed below outline the steps to be followed in the event of the student's absence from the clinical internship site due to illness or an emergency.

Student's clinical attendance grade is reflected in the clinical internship grade form K under section Professional Behavior. All absences should be made up; absences from the clinical internship that are not made up will affect the grade point total for attendance for that semester based on the following criteria:

Standard	Number of days absent in the semester	Total Points for Attendance reflected on Grade form K
Meets Standards	0 absences in a semester	3 points is the maximum number of points awarded on the grade form.
	1 day absent in a semester not made up	2 points
	2 days absent in a semester not made up	1 points
Below Standards	3 or more days absent in a semester not made up must be accompanied by a physician's note and conference with the Clinical Coordinator and Clinical Preceptor following the student return.	0 points (+ additional demerits if absences exceed 3)

PROCEDURE

In the case of illness/emergency, the student must call their clinical site at least 15 minutes before the start of their regularly scheduled clinical hours and speak with their Clinical Preceptor (CI), or designee, regarding their absence.

Failure to notify the CI or designee of an absence, or to notify the CI or designee of the absence in the appropriate time frame, will result in a 1 point per occurrence clinical demerit reflected on the Internship grade form K section (clinical demerits).

If the CI would prefer the student to notify them of their absence in a different manner, (i.e., e- mail or voice mail) they should instruct the student of the proper procedure to follow as part of the student's orientation to that clinical site.

Upon the student's return to their clinical site, following a sick/emergency day, the student must complete a Clinical Absence Form (Form C) and provide the CI with this form on their first day back to their internship site following their absence. The student should make every effort to make up the absence day to meet the clinical internship objectives for attendance.

The make-up time for absences will be performed at a time agreed upon by the student and the Clinical Preceptor before the start of the next semester. Students may not makeup time when the college is not in session (i.e.: Holidays, Weekends, Evenings, etc.) Student must complete Form C1 for any make up time.

Students who reach 3 sick/absence days during a semester will meet with their Clinical Preceptor and Clinical Coordinator to discuss their situation and a student Conference Form (Form I) will be completed documenting the meeting and the

expectations for the student's improvement in attendance.

Students who experience health problems that may result in extended time off from their clinical internship rotation must contact the MCPHS Dean of Students and may wish to consider a leave of absence.

In the event of a severe illness/accident in which the student was physically unable to notify the Clinical Preceptor, or designee, of the absence, the student must, upon returning to the clinical site, provide a physician/health care provider note indicating the reason for the absence.

A student who accumulates more than three absences in one semester will receive a grade of incomplete for that internship rotation, unless enough of these absences are made up before the end of the semester.

Enough is defined, as the number of absences may not exceed three for that semester.

In the event a student exceeds more than 3 absences for a clinical semester, the student will receive a 1-point demerit for each absence that exceeds 3.

ABSENCE POLICY
Reviewed: 09/21 Revised: 09/21

If a student fails to notify the Program and Clinical Preceptor of his/her absence, due to illness or unforeseen emergency as outlined below, or fails to complete the Clinical Absence Form (Form C) upon his/her return following an absence, this will result in a 1- point deduction under student documentation found in the Clinical grade form K under professional conduct.

PROCEDURE

In the event of an absence, due to illness or unforeseen emergency, a student is expected to personally notify the Program and the Clinical Preceptor of his or her absence, by calling into their clinical site and the program at least 15 minutes before the start of the regularly scheduled clinical hours.

If a student fails to notify the Program and the Clinical Preceptor of his/her absence, Clinical Attendance Days, and as outlined in the orientation to the clinical site. The student will receive a clinical demerit on grade form K.

Absences must be made up at a time agreed upon by the student and the Clinical Preceptor. A student who does not make up an absence before the end of the semester, in which that absence occurs, will receive a grade in accordance with attendance policy.

Students must make up absences before the start of the next semester.

If absences go beyond 3 consecutive clinical days or add up to a total of more than 3 non-sequential clinical days the Clinical Preceptor, clinical coordinator, student's advisor and academic support services will be asked to weigh in on whether the student should be advised to withdraw or be given an incomplete grade. If an incomplete is given then the clinical coordinator and the student's advisor will set a time, for the time to be made up and the final grade to be submitted.

PUNCTUALITY (Tardiness) POLICY
Reviewed: 09/21 Revised: 09/21

Students are expected to arrive at their clinical site on time.

PROCEDURE

Ongoing problems with tardiness will affect the grade point total for punctuality on the student's Clinical Internship Grade Form (Form K) for that semester based on the following standards.

Standard	Number of days tardy in the semester	Total Points for Punctuality reflected on
Meets Standards	Student arrives on time and is always punctual at the clinical site.	2 points is the maximum number of points awarded on the Clinical
Below Standards	Each day tardy in a semester	1 point deduction per tardy

The Clinical Preceptor will document ongoing problems with student tardiness using the Student Conference Form.

The Clinical Preceptor (CI) will advise the student as to the reason for the conference and the expectations of how the issues regarding tardiness will be addressed and resolved.

Continued issues with tardiness will not be tolerated.

In the event a student exceeds more than 2 days of tardiness for a clinical semester they will continue receiving a 1-point demerit for each additional occurrence.

PERSONAL COMMUNICATION DEVICES POLICY

Reviewed: 09/21 Revised: 09/21

The use of beepers, cellular and data smart phones, and smart watches is prohibited in all clinical internship facilities as this technology could potentially interfere with the operation of medical equipment and is deemed unprofessional. Students may not make or receive personal phone calls or text messaging while at their clinical internship site. In an emergency student will be permitted to utilize the phones at their clinical internship site after receiving permission from the Clinical Preceptor or other appropriate supervisory personnel.

PROCEDURE

Students are to use the phones and computers at the clinical internship site only for clinical business.

Students are not to use the phones at their clinical site to text message or make and receive personal phone calls.

In the event of an emergency, the student may use the clinical site phones, with the permission of the Clinical Preceptor or designee.

The student should discuss the emergency with the Clinical Preceptor, or designee, before making an emergency phone call.

Inappropriate use of the clinical site phones and computers will result in point deductions/demerits for professional behavior/conduct.

PERSONAL TRANSPORTATION POLICY

Reviewed: 09/21 Revised: 06/09

Students in the radiography program must provide their own transportation to and from their assigned clinical internship sites. Most clinical affiliates are accessible by public transportation.

PROCEDURE

Students are responsible for arranging and paying for their transportation to their clinical internship sites.

Students in need of a parking space at their clinical internship site will receive information on parking during their orientation to their clinical site if the clinical site has parking spaces available for students.

Students who park at clinical facilities will be responsible for any fees they may incur.

CLINICAL INTERNSHIP ORIENTATION POLICY

Reviewed: 09/21 Revised: 07/05

The radiography student will receive an orientation to their assigned clinical internship site/s. The Clinical Preceptor or their designee or other appropriate clinical supervisory personnel may provide this orientation.

PROCEDURE

Their Clinical Preceptor schedules students for orientation to their clinical internship facility/department.

Orientation to the student's clinical internship site will include, but is not limited to, a review of policies and procedures specific to that facility/department relating to Infection Control, Reporting Health and Communicable Disease, Fire/Safety, Emergency/Code Situations, Incident Reports, Positioning Protocols, Lunch/Break Schedules, Departmental Phone Numbers for Call-in for Sick/Emergency Days, Identification Badges, Parking Restriction/Requirements, Health Insurance Portability and Accountability Act (HIPAA), etc.

Students must complete the orientation requirements of their clinical internship site. Some sites may require students to complete a full hospital orientation.

The Clinical Preceptor will ensure that the student documents on their Radiography Orientation/Educational Log Sheet that the orientation for the facility/department is completed, and the date of completion.

The Clinical Preceptor is responsible for completing a Radiography Orientation/Education Log Sheet indicating that the orientation for the facility/department is completed, and the date of completion. The policy and information covered in the student's orientation should be noted and both the Clinical Preceptor and student sign the form.

REPORTING HEALTH AND COMMUNICABLE DISEASE POLICY

Reviewed: 09/21 Revised: 05/16

The radiography student will follow the policies and procedures of the clinical internship site regarding issues related to infection control and reporting health and communicable disease.

PROCEDURE

Students are expected to read, be familiar with, and follow, the policies and procedures of their clinical site/s relating to infection control and reporting health and communicable disease.

Orientation to their clinical internship site provides students with a review of policies and procedures specific to that facility/department relating to infection control issues and reporting health and communicable disease.

In the presence of a possible infection control issue and/or health and communicable disease, it is the student's responsibility to notify/report to the Clinical Preceptor and Clinical Coordinator or Program Director.

STUDENT INJURY & EXPOSURE DURING CLINICAL ROTATION POLICY

Reviewed: 09/21 Revised: 09/21

PROCEDURES IN THE EVENT OF INJURY

Departmental policies are to be always followed 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 technologist of the injury, and of the circumstances under which the injury occurred. Also, report the injury to the Clinical Coordinator & the Program Director verbally as soon as possible, and in written form utilizing the MCPHS Clinical Incident Report Form.

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 & 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. (It may be helpful to take a copy of your insurance information with you to the ER.) "NEEDLE STICKS ARE NEVER MINOR. These must be brought to the attention of your supervising technologist immediately, and an emergency room visit must be made within 24 hours of the injury. Do NOT dismiss a needle stick as unimportant; prompt action should be taken."

INCIDENT REPORT POLICY
Reviewed: 09/21 Revised: 09/21

In the event of an incident, at a clinical education facility, which concerns a student and/or student and patient, a formal incident report must be completed and filed at the clinical internship facility, according to the policies and procedures of that facility.

The Radiography Program Director and Clinical Coordinator must also be informed of the incident in writing utilizing the MCPHS Clinical Incident Documentation form.

PROCEDURE

Students are expected to read, be familiar with, and follow, the policies and procedures for their clinical internship site/s, relating to incident reports.

An incident is defined as those occurrences or situations that are not within normal standards of operation. An incident may involve patients, staff, visitors, or students.

In the case of an incident involving a student, the Program and the Clinical Preceptor of the internship site should be notified. In the absence of the Clinical Preceptor, the appropriate departmental supervisory personnel should be notified.

The Clinical Preceptor or supervisor will assist the student in completing the required incident report documentation for that facility.

The student and the Clinical Preceptor, or supervisor, must also complete the MCPHS Clinical Incident Documentation Form B located in the Trajecsys electronic reporting system.

The original form is forwarded to the Radiography Program Director at MCPHS.

The MCPHS Clinical Incident Documentation Form becomes part of the student's clinical record.

At the time of the incident, the MCPHS Clinical Incident Documentation Form will be forwarded to the Radiography Program Director at MCPHS and will remain on file at MCPHS per established College policies.

STUDENT CONFERENCES POLICY

Reviewed: 09/21 Revised: 09/21

Student conferences will take place on a regular and as needed basis. Conferences may be requested by the Clinical Preceptor, the Program Director, the Clinical Coordinator, the student, or other program personnel. Student conferences will be documented using the MCPHS Student Conference Form. Student conferences may be used to address issues/concerns or recommendations in regard to a student's performance at their Clinical Internship Site

PROCEDURE

Student conferences will be scheduled with the student, and the Clinical Preceptor, and or Clinical Coordinator or Program Director at mid-semester, and at the end of the semester as a part of their clinical performance review. Additional student conferences may be requested and scheduled throughout the semester on an as needed basis.

The MCPHS Student Conference Form (will be used to document student conferences, separate from the student clinical performance review.

The original MCPHS Conference Form will be filed in the student's file at MCPHS. Students will be asked to sign the MCPHS Student Conference Form indicating that they have read and understood the material presented on the form.

The student's signature does not necessarily mean that they agree or disagree with the information presented on this form, only that they have read and reviewed the information presented on the form.

GRIEVANCE PROCESS POLICY

Reviewed: 09/21 Revised: 10/21

The Radiography 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 RAD 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 preceptor in the case of a clinical related concern or with the program faculty in the case of a program related concern.

If the student is not satisfied with the resolution of the situation, the student should present the problem in writing to the Radiography Clinical Coordinator at MCPHS University within three days.

If the student is not satisfied with the resolution of the situation, the student should present the problem in writing to the Radiography Program Director at MCPHS University within three days.

After investigating the situation, the Radiography Program Director will respond to the student in writing, within seven days of receiving the student's original letter.

If the student is not satisfied with the Radiography Program Director's response, then the student should present the problem, in writing to the Dean of the School of Medical Imaging and Therapeutics.

The Dean of the School of Medical Imaging and Therapeutics, in consultation with the provosts office and other offices, when necessary, 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.

If the student is not satisfied with the Dean of the School of Medical Imaging and Therapeutics' resolution then the student should present the problem, in writing within three days to the Provosts Office, (the Associate Provost for Student Achievement and Success or designee) using the email: provostsoffice@mcpchs.edu

The provosts Office, (the Associate Provost for Student Achievement and Success or designee), has three days to respond. The decision of the Associate Provost for Student Achievement and Success or Designee is final.

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 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 the student wishes to cancel the grievance process.

PREGNANCY POLICY
Reviewed: 09/21 Revised: 06/06

In the event a female radiography student becomes pregnant, she may choose to declare her pregnancy, since there is a potential risk to the developing fetus from radiation exposure. In the event a radiography student chooses to declare her pregnancy, the student will notify the Radiography Program Director in writing that she is pregnant and state the estimated date of conception. A copy of this declaration will be forwarded to the Radiation Safety Officer.

Choosing not to declare a pregnancy will result in exemption from the specific state radiation protection regulations limiting the exposure to the embryo/fetus. Students entering the Radiography program complete the Pregnancy Policy Form, indicating they have been informed of the pregnancy policy and procedure as outlined below. After voluntarily disclosing pregnancy, the student may “undeclared” (withdraw) her pregnancy at any time. A written notification must be presented to the program director.

PROCEDURE

Once the student declares herself pregnant, the Radiation Safety Officer will issue to the student:

A second badge to be worn during the gestation period at waist level to serve as a measure of embryo/fetus exposure. The radiation exposure criterion for this student will be to limit exposures to this waist level badge to less than 50mrem/month (0.5 millisieverts/month).

A copy of the applicable state regulations (105CMR 120.203, 105CMR120.218, 105CMR120.267) which deal with exposure to the embryo/fetus.

A copy of the U.S. Regulatory Guide 8.13 Instruction Concerning Prenatal Radiation Exposure and Guide 8.29 Instructions Concerning Risks from Radiation Exposure. The student will be given an opportunity to discuss this material with the Radiation Safety Officer or his/her representative.

In order to adhere to the Commonwealth of Massachusetts Regulation 105CMR120.218, which requires that “the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 500 mrem (5 millisievert)”, the declared pregnant student is offered the following options:

The student may continue in the Radiography Program if her embryo/fetal exposures are in conformance with the requirements of 105CMR120.218. If the student chooses this option, the following procedure must be followed:

All efforts must be made by the student to ensure that the exposure total to the waist badge does not exceed 500 mrem (5 millisieverts) for the entire gestation period.

The student and the Radiography Program Director are to be notified in writing by the Radiation Safety Officer if over 80% of this dose (400 mrem) is received.

The student and the Radiography Program Director are to be informed in writing, by the Radiation Safety Officer if the monthly recommendation of 50 mrem is reached or exceeded.

The student technologist is expected to utilize her knowledge of radiation control principles (see Appendix B), always to further minimize her exposure, and thus the fetal/embryo exposure to radiation

If the maximum exposure total for the gestation period is reached, the student, Radiation Safety Officer, and the Radiography Program Director must agree on an alternate option.

The student may request a leave of absence (LOA) from the career component of the Radiography Program. The student may continue with general education courses without modification or interruption. All clinical internship coursework and rotations must be completed within the following academic year.

The student may withdraw from the Radiography Program by submitting a letter to the Radiography Program Director and to the Director of Academic Support Services. If readmission is desired, the students must reapply to the program.

NOTE: Experience shows that the radiation workers in this program generally receive to the whole body well below 500mrem per year, 50 mrem per month, and it is most unlikely that there will be any problems adhering to the fetal exposure limits.

Other student schedules will neither be modified to accommodate a declared pregnant.

CLINICAL MERITS POLICY
Reviewed: 09/21 Revised: 09/21

Students may be awarded clinical merits when they exceed the expectations of clinical performance, but clinical merits may not be used to increase the grade of a clinical competency evaluation. Clinical merits will be added to the total point value for the Clinical Internship grade. Clinical merits will be awarded at the discretion of the Clinical Preceptor, Clinical Coordinator and/or Program Director.

PROCEDURE

One Clinical Merit point will be awarded for the following situations:

Case studies presented by a student at the clinical site or MCPHS for the benefit of the students/staff. The Clinical Coordinator and/or Clinical Preceptor will approve the format for case study presentations.

Written thank you notes or written commendations from patients, staff, supervisors, or physicians.

Verbal commendations from staff, supervisors, physicians, or patients, made to the Clinical Preceptor about a specific student.

Additional merits may be given as may be appropriate.

All merits must be documented and forwarded in a timely manner to the Clinical Coordinator for credit to be awarded.

CLINICAL DEMERITS POLICY

Reviewed: 09/21 Revised: 07/10

CLINICAL DEMERITS POLICY

Students may be assigned clinical demerits when they fail to meet the expectations of the clinical internship performance or fail to follow the policies and procedures of the Radiography Program or the policies and procedures of the clinical site. Clinical demerits may not be used to decrease the grade of a clinical competency evaluation, as those evaluations have an established grading scale. Clinical demerits will be deducted from the applicable section of the Clinical Internship grade or the final internship grade, as is applicable.

PROCEDURE

When a clinical demerit is to be assigned by the Clinical Preceptor/Program Director, the Student Conference Form is completed indicating the reason for the demerit.

Demerit point(s) cannot be deducted from a student's internship grade if a Student Conference Form has not been completed.

One or more clinical demerit point(s) will be deducted from a student's grade for the internship rotation for the following types of situations:

Failure to follow MCPHS Radiography Program Policies and Procedures such as Failure to wear a dosimeter badge while at the clinical internship site. Failure to wear an identification/name badge while at the clinical site. Failure to have a technologist present when repeating an unacceptable radiograph. Failure to use assigned lead markers while at the clinical internship site. Failure to obtain the required number of continuing education credits for a semester/internship rotation. Failure to follow procedure when calling in an absence, (this may result in a 4-point grade reduction for an unexcused absence). Failure to complete Student Logbook or other required student documentation as outlined in the policies and procedures.

Dress code violations Chewing gum at the clinical site leaving the clinic without permission from the Clinical Preceptor or other appropriate supervisory personnel before the completion of the clinical day. Failure to adhere to established radiation safety/radiation control principles. Failure to follow policies and procedures of clinical internship site.

The above list is a partial list of demerits. Other demerits may be assigned at the discretion of the Clinical Preceptor(s) Clinical Coordinator and/or Program Director.

MCPHS RADIOGRAPHY PROGRAM CLINICAL SEQUENCE POLICY

Reviewed: 09/21 Revised: 09/21

RADIOGRAPHIC INTERNSHIP I, RAD201C

It is anticipated the objectives contained in the courses: Orientation to the Radiologic Sciences, Radiography Foundations, Radiographic Exposure Principles I, Radiographic Procedures I, and Radiation Physics will be practiced and applied during the student's Radiographic Internship I rotation.

CLINICAL INTERNSHIP OBJECTIVES FOR RAD201C

Upon completion of Radiographic Internship, I the Student Radiographer will be able to: Discuss the materials presented during the orientation to the clinical site including, but not limited to: Infection Control, Reporting Health and Communicable Disease, Fire/Safety, Emergency/Code Situations, Incident Reports, Identification/Name Badges, Lunch/Break Schedules, Departmental Protocols and Phone Numbers for Call-In for Sick/Emergency Days, Parking Restrictions/Requirements, Health Insurance Portability and Accountability Act (HIPAA), etc.

Describe the flow of patients through the radiology department. Properly change patients for various procedures performed in the radiology department. Transport patients to and from various hospital floors/units.

Identify the various types and sizes of CR and/or DR cassettes used in the radiology department (if applicable). Properly use the hospital/radiology computer systems including Hospital Information Systems, (HIS), Radiography Information Systems (RIS), (Computed Radiography (CR) or Direct Digital Radiography (DDR/DR) and Picture Archiving and Communication Systems (PACS). Describe and operate the standard control panels and X-ray tube controls at a level that is appropriate for their clinical experience, i.e., students are reminded by technologist to check their selections for mAs, kVp, Focal Spot, Source to Image Receptor Distance (SID), etc. Accurately read an X-ray requisition at a level that is appropriate for the student's clinical experience, i.e., student may have questions for the technologist and may be unsure of some of the medical abbreviations or acronyms used on the requisition.

Accurately use the departmental radiographic technique charts (where applicable) at a level that is appropriate for the student's clinical experience, i.e., student may need help in determining exact technique to use based on the size and age of a patient or the pathology/ disease process involved. Perform the suggested routine projections/positions and pass the clinical competency evaluations suggested in the course syllabus as well as name and locate the anatomy on the radiographic images, be able to determine if the quality of the images are acceptable or not and explain why. Once the student passes a didactic procedures test, they become eligible to perform a competency on that procedure after the exam has been observed and practiced with a qualifying technologist.

INTERNSHIP COMPETENCIES REQUIREMENTS

In this internship, the student is required to complete a minimum of 7 competencies for those that qualify in accordance with your training and the ARRT Master Clinical Guidelines for Competencies (for reference see this document located on pages 107-112). IN ADDITION to the above ARRT requirements, the program also requires that students perform 3 Re-competencies (Re- comps). They should include 1 upper extremity, 1 lower extremity, and 1 Thorax or Abdomen, procedure previously comped on. This will bring the final total to 10 competencies completed by the end of this Internship.

RADIOGRAPHIC INTERNSHIP II, RAD202C

It is anticipated the objectives contained in the courses, Radiographic Exposure Principles II, Clinical Pathophysiology and Radiographic Procedures II will be practiced and applied during the student's Radiographic Internship II rotation, as well as the didactic and internship objectives from the previous semester.

CLINICAL INTERNSHIP OBJECTIVES FOR RAD202C

Upon completion of Radiographic Internship II, the Student Radiographer will be able to List or describe the patient preparations for the following exams: Intravenous Urography/Pyelogram (IVP), Barium Enema (BE), Air Contrast Enema (ACE), and Upper Gastrointestinal Series (UGI).

List and identify the various types of contrast agents used for the following exams: Intravenous Pyelogram (IVP), Barium Enema (BE), Air Contrast Enema (ACE), Upper Gastrointestinal Series (UGI), Small Bowel Series (SBS), etc.

List and describe the major and minor reactions to iodinated contrast agents. Describe the departmental emergency procedures to follow in the event of a patient's allergic reaction to iodinated contrast material.

Describe/list the questions that a patient should be asked prior to the start of an IVP, including but not limited to: Previous contrast reactions, other allergies, reason for procedures, patient's weight, etc. as described in RAD 211 Radiographic Procedures II.

Begin to accurately position a patient for GI fluoroscopic studies with direct supervision of a qualified Radiographer.

Explain what grid cut-off is and how it appears on radiographic images.

Understand the factors that influence contrast and density and be able to describe how these factors affect image quality.

Perform the suggested routine projections specified in the RAD 202C course syllabus and pass the competency evaluations for these procedures.

Accurately identify the anatomy on the radiographic images for the exams listed in the RAD 202C syllabus, be able to determine if the quality of the radiographic images shown are acceptable or not and explain why.

Begin to assist the technologist assigned to the operating room, with the following exams and procedures, while following the principles of aseptic and sterile technique and the infection control policies and procedures specific to their clinical internship site. Portable chests Retrograde Cystograms (if applicable)

Mobile Fluoroscopic Unit (C-Arm): Including, but not limited to, hip pinning, hip replacements, pacing wire placement, etc.

Other: Spine, Pelvis, KUB, Hip, Upper and Lower Extremities, etc.

For all fluoroscopic procedures begin to properly set up the fluoroscopic procedure room, explain the procedure to the patient, assist the radiologist/radiology resident during the procedure, position the patient for appropriate radiographic images and set the required radiographic techniques.

Continue to perform the exams the student was previously evaluated on, during Radiographic Internship I with more proficiency.

INTERNSHIP COMPETENCIES REQUIREMENTS

In this internship, the student is required to complete a minimum of 15 competencies for those that qualify in accordance with your training and the ARRT Master Clinical Guidelines for Competencies (for reference see this document located on pages 107-112). IN ADDITION to the above ARRT requirements, the program also requires that students perform 3 Re-competencies (Re- comps). They should include 1 upper extremity, 1 lower extremity, and 1 Thorax, Abdomen, or Pelvic procedure. This will bring the final total to 18 competencies completed by the end of this Internship.

RADIOGRAPHIC INTERNSHIP III, RAD303C

It is anticipated the objectives contained in the course, Image Critique in Radiography will be practiced and applied during the student's Radiographic Internship III rotation, as well as the didactic and internship objectives from the previous semesters.

CLINICAL INTERNSHIP OBJECTIVES FOR RAD 303C

Upon completion of Radiographic Internship III, the Student Radiographer will be able to:

Assist the technologist assigned to the operating room, with the following exams and procedures, while following the principles of aseptic and sterile technique and the infection control policies and procedures, specific to the clinical internship site.

Portable chests, Retrograde Cystograms (where applicable), Mobile Fluoroscopic Unit (C-Arm): Including, but not limited to, hip pinning, hip replacements, pacing wire placement.

Other: Spine, Pelvis, KUB, Hip, Upper and Lower Extremities

Perform routine portable examinations, under the direct supervision of a qualified radiographer, on various hospital units/floors.

Continue performing and passing the clinical competency evaluations for fluoroscopic exams dependent on the protocol of the affiliate.

For all fluoroscopic procedures:

Describe the patient preparation.

Describe and perform the correct preliminary/scout radiographic images, (those radiographic images that are taken prior to the start of the fluoroscopic procedure) per the established departmental routine.

Accurately set up the fluoroscopic room for the exam, including but not limited to the proper type and amount of contrast material, any required accessory equipment, the proper spot image and/or digital equipment set up.

Properly assist the radiologist/radiology resident during the procedure, providing appropriate patient care and comfort.

Accurately set the proper radiographic techniques for the fluoroscopic procedure.

Accurately position the patient and equipment for any follow-up radiographic images required per the established departmental fluoroscopic routine.

Accurately identify the anatomy on the radiographic images for the fluoroscopic exams and be able to determine if the quality of the radiographic images is acceptable or not and explain why.

Perform and pass the clinical competency evaluations for the suggested exams outlined in the RAD 303C syllabus.

Accurately identify the anatomy on the radiographic images and be able to determine if the quality of the radiographic image is acceptable or not and explain why.

Continue to perform the exams the student was previously evaluated on, during Radiographic Internships II, & II, with more proficiency.

INTERNSHIP COMPETENCIES REQUIREMENTS

In this internship the student is required to complete a minimum of 12 competencies for those that qualify in accordance with your training and the ARRT Master Clinical Guidelines for Competencies (for reference see this document located on pages 107- 112). IN ADDITION to the above ARRT requirements, the program also requires that students perform 3 Re-competencies (Re-comps). They should include 1 upper extremity, 1 lower extremity, and 1 Thorax, Abdomen, or Pelvic procedure. This will bring the final total to 15 competencies completed by the end of this Internship.

RADIOGRAPHIC INTERNSHIP IV, RAD304C

It is anticipated the objectives contained in the courses, Cross-Sectional Anatomy, CT Imaging, Radiation Protection & Biology will be practiced and applied during the student's Radiographic Internship IV rotation, as well as the didactic and internship objectives from the previous semesters.

CLINICAL INTERNSHIP OBJECTIVES FOR RAD 304C

Upon completion of Radiographic Internship IV, the Student Radiographer will be able to:

Perform and pass the clinical competency evaluations suggested in the RAD 304C course syllabus. Describe the factors that affect image quality and radiographic technique, including but not limited to: Density, Contrast, Detail, and Distortion and be able to apply that information to determine proper techniques for the various studies and procedures performed in the radiology department and for portable radiographic procedures.

Accurately identify the anatomy on the radiographic images for the clinical competency evaluation exams and be able to determine if the quality of the radiographic images are acceptable or not and explain why.

Continue to perform the exams the student was evaluated on during Radiographic Internships I, II, III, with more proficiency. Complete any competencies needed to complete the master clinical competency list in order to be eligible to take the ARRT registry exam. Describe/identify routine procedures performed in the following specialty areas, after completing an observational rotation through these areas as outlined below:

Computed Tomography (CT) (Mandatory Observation)

Cardiovascular Interventional Technology (CVIT) (Mandatory Observation) (This rotation may also include time in a cardiac catheterization lab.)

Magnetic Resonance Imaging (MRI) (Mandatory Observation) Nuclear Medicine (Optional Observation) Ultrasound (Optional Observation)

Mammography (Optional Observation)

Describe/identify basic anatomy demonstrated on routine procedures performed in the specialty areas listed above as outlined in the Observational Rotation-Student Evaluation Form. At the end of this clinical rotation, the student should complete all competencies that are required to be registry eligible which include: 40 mandatory exams and 15 electives and 3 Observational Mandatory Specialty Rotations as outlined in the ARRT Master Clinical Guidelines located on pages (102-107). All simulated exams, if any, that have not been re-comped on with a patient must be completed during this clinical internship.

INTERNSHIP COMPETENCIES REQUIREMENTS

In this internship, the student is required to complete a minimum of 12 competencies for those that qualify in accordance with your training and the ARRT Master Clinical Guidelines for Competencies (for reference see this document located on pages 102-107). In addition to the above ARRT requirements, the program also requires that students perform 3 Re-competencies (Re- comps). They should include 1 upper extremity, 1 lower extremity, and 1 Thorax, Abdomen, or Pelvic procedure. This will bring the final total to 15 competencies plus the 3 mandatory specialty observational rotations to be completed by the end of this clinical rotation. Failure to comply will result in an "I" incomplete until all requirements are met.

RETENTION & DISMISSAL POLICY FOR INTERNSHIPS POLICY

Reviewed: 09/21 Revised: 05/15

Students enrolled in a Radiography Internship rotation whose clinical performance is unsatisfactory will receive a warning by the middle of that rotation.

Clinical rotations may be failed due to, but not limited to:

Unsatisfactory evaluations from technologists, failure to submit required evaluations, failure to complete assigned competencies, exceeding allowable absences/punctuality, removal from a clinical assignment, changing clinical sites without prior permission from the Clinical Coordinator, failure to insure all aspects of patient safety, any situation that is deemed harmful to a patient or hospital personnel, not following radiation safety principles and any unethical behavior or misconduct Violation of HIPAA regulations.

PROCEDURE

Failure of one internship rotation will earn a grade of "Fail" for the clinical course in which the failure occurred. This failure constitutes clinical probation. Terms of that probation will be determined in consultation with the Program Director. Students failing two internship rotations will be recommended in writing to the Academic Standing Committee for dismissal from the program. This two-failure limit is in effect over the entire clinical education experience, failures are not deleted from the record of students who have stopped out of the professional curriculum.

Students not meeting clinical probation terms will be recommended for dismissal.

Students who have been dismissed from the program by the Academic Standing Committee because of unsatisfactory performance may appeal their case to the Dean of the School of Medical Imaging and Therapeutics. If the appeal to the dean is unsuccessful, the student may appeal to the Provost or Provost's designee. The decision of the provost or designee is final.

If a student is asked by the clinical affiliate, clinical coordinator, or program director to leave the clinical site for the remaining time of the semester or rotation for ANY reason, the student WILL receive a letter grade of an F for that rotation. The student will not be allowed to proceed in the program and will need to have a formal meeting with the program director and clinical coordinator to discuss options.

INCOMPLETE GRADES

If a student receives an incomplete (I) for the clinical internship for any reason, the student must make up the work, projects, or time within three weeks of the new semester following the academic term (including summer sessions) in which the incomplete grade was assigned. The full policy on incomplete grades is available from the University catalog.

CLINICAL COMPETENCY ELIGIBILITY CRITERIA POLICY

Reviewed: 09/21 Revised: 05/15

In accordance with the ARRT examination eligibility requirements, it is the policy of the radiography program that a student successfully complete all required competency evaluations before they are considered to have completed their program of study. The objective of this policy is to further assure that all activities assigned to students are educational and in accordance with radiation safety guidelines and in support of the program's mission and goals.

For students to satisfy all requirements for program completion, clinical competencies for all required procedures (see ARRT Checklist) must be demonstrated by performing procedures in the presence of a staff radiographer. A Clinical Competency Form must be completed at the time of the evaluation. Failure to do so will invalidate the results of the evaluation.

COMPETENCY ELIGIBILITY CRITERIA

Students will only request competency testing after they have satisfied the following criteria:

They have received didactic instruction for the procedure that they are requesting to be evaluated on in RAD 210, RAD 211 & RAD 212.

Passed the written examination on the procedure in RAD 210, RAD 211 & RAD 212. Students not receiving a passing score will be assigned a remedial activity by the course instructor.

They have had the opportunity to observe and progressively participate in performing the procedure during their clinical rotation in the assigned area. Competency testing can only be requested after the student has had an opportunity to perform the examination under the direct supervision of a staff radiographer enough times, at the discretion of the clinical staff technologist and designated Clinical Preceptor.

Students are required to maintain a record of the competencies always completed.

No student will perform a clinical examination on a patient under indirect supervision until such time that the above-mentioned criteria have been met and the student has successfully completed a clinical competency evaluation and the necessary documentation has been submitted to the clinical coordinator.

Clinical Performance Objectives and Competency Evaluation Criteria will serve as guidelines and checklists for Category Competency Evaluations.

CLINICAL RE-COMPETENCY (Re-Comps) POLICY

Reviewed: 09/21 Revised: 09/21 POLICY

Students will have to perform Re-Comps at various stages of the clinical internships. A Re- Comp can be defined as:

An evaluation tool, which monitors whether a student can reproduce diagnostic radiographic exams.

A Re-comp tests or evaluates the student's ability to retain information already tested.

Any competency completed within the clinical setting may be challenged through the means of a Re- comp, at which time students will be asked to perform the exam in question and graded.

All students are required to perform 3 Re-Comps during each clinical internship (1 chest, abdomen or pelvis, 1 lower extremity, 1 upper extremity).

If a student performs more than 3 Re-Comps during a semester only the first 3 Re- Comp grades will be included in the overall clinical internship grade form. Unless it is their final internship, and they need more Re-comps to meet the minimum comp requirement for the semester as laid out in that internship's syllabus.

PROCEDURE

A student maybe asked to perform a Re-Comp as indicated by the C.I and/or program officials.

In the event the student fails a Re-Comp, the student and Clinical Preceptor should discuss the reasons for the failure and determine the necessary steps the student will need to become proficient.

RADIATION SAFETY FOR THE RADIOLOGY LAB POLICY

Reviewed: 09/21 Revised: 05/15

Students are not allowed in the energized X-Ray Laboratory without an accompanying ARRT technologist present.

PROCEDURE

The following are the rules for usage of the radiology lab:

Students are not allowed in lab without an ARRT technologist

Exposures will only be made on the phantoms or other inanimate objects (i.e., Pixy doll). Violation of this rule will result in the following: suspension from the Radiography program and remanded to the Dean of Students in which the fate of the students continuing status will be decided upon a formal hearing of the because for possible program dismissal from the program.

All students must be inside the control area when exposures are taken. All students must wear dosimeters when attending lab.

All dosimeters are to be worn at collar level.

The general pregnancy policy as outlined in the current Radiography Student Handbook applies to the lab.

Open lab sessions:

Lab sessions allow students the time to practice radiographic procedures

Lab sessions will be scheduled during the week Monday through Friday for a designated time period throughout the semester at the instructor's discretion.

Students should make time to attend an open lab session, when possible, they are not mandatory.

Open lab sessions do not replace radiographic procedure or exposure principles scheduled labs.

CLINICAL ASSIGNMENT PLACEMENT POLICY

Reviewed: 09/21 Revised: 09/21

PROCEDURE

Students will be randomly assigned to clinical sites.

SPECIALTY OBSERVATIONAL ROTATIONS
Reviewed: 09/21 Revised: 09/21 POLICY

The Radiography student is required to perform a minimum of 3 specialty observational rotations in other radiologic science specialties/modalities during their clinical internship according to (Form L) Master Clinical Experience Record.

The following observations are Mandatory: MRI, CT, & Cardio-Vascular Interventional

The following observations are Optional: Nuclear Medicine, Ultrasound, Bone Densitometry, *Mammography, Angel Memorial Hospital, and other specialties.

Please note: Specialty observational rotations are at the discretion of the clinical setting's policies, and the Radiography program is not able to override clinical setting policies.

However, if a student is not allowed to observe a certain specialty/modality, the MCPHS Radiography Clinical Coordinator and/or Program Director will make every effort to place the student in a clinical setting that will allow the student to observe said specialty observation in question.

PROCEDURE

Upon completion of the mandatory or optional observation rotations, for the modalities listed above, the student will be able to describe/identify routine procedures performed for that modality.

Describe/identify basic anatomy demonstrated on routine procedures performed in the specialty areas listed above as outlined in the Observational Rotation-Student Evaluation Form. To document this knowledge the student must complete (Form P) Observational Rotation Student Evaluation Form and it must be signed by a Technologist.

Form P will be submitted to the Clinical Coordinator at the end of the semester in which the observation was performed, or the evaluation form (Form P) may be completed online via Trajecsys by the Technologist or Clinical Preceptor.

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

Appendix A MCPHS University Radiography Program Description of the Profession/Educational Outcomes

DESCRIPTION OF THE PROFESSION

Radiographers are skilled professionals qualified by education and clinical experience to perform imaging procedures and other accompanying responsibilities at the request of physicians. The radiographer is a member of the health care team who provides patients with health care services.

The radiographer can:

Apply knowledge of anatomy, physiology, positioning, and radiographic technique to accurately demonstrate anatomical structures on a radiograph or other imaging modality.

Determine and utilize radiographic techniques to achieve optimum image quality with minimal radiation exposure to the patient.

Evaluate images for proper image quality, and accurate positioning.

Apply the principles of radiation safety and protection for the patient, themselves and other healthcare professionals.

Provide appropriate patient care when needed, recognize, and respond appropriately to emergencies in the healthcare setting.

Accurately and appropriately, use the radiographic and accessory equipment, utilizing tube- rating charts to ensure safe operating conditions, while reporting and documenting equipment malfunctions to the appropriate individuals.

Exercises independent judgment and discretion while performing medical imaging procedures.

Provides education to the patient and the public related to radiographic procedures and radiation safety and protection.

Appendix B

MCPHS University Radiography Program

RADIATION CONTROL/RADIATION SAFETY PRINCIPLES

To protect themselves, their patients, and their fellow healthcare workers student radiographers must adhere to the following guidelines regarding basic radiation control/radiation safety principles, during their clinical internship:

Understand and apply the basic principles of radiation control: time, distance, and shielding.

Do not allow familiarity to result in false security. Just because you cannot see or feel radiation does not mean it is not there.

Never enter a room while an exposure is being made. Never stand in the path of the primary beam.

To avoid any repeat exposures during radiographic procedures, make every effort to position a patient carefully, and select the proper exposure factors

Radiography students must always be under the supervision of a Registered Radiographer, who is licensed by the Commonwealth of Massachusetts Radiation Control Program. A student must have Direct Supervision while observing, practicing, or performing an exam in which he/she has not yet attained competency. Direct Supervision is defined as a registered licensed technologist in the room overseeing all activities associated with that radiographic procedure including:

The qualified radiographer reviews the procedure in relation to the student's achievement. The qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.

The qualified radiographer is present during the conduct of the procedure. The qualified radiographer reviews and approves the procedure.

After a student has attained competency in a particular exam then he/she may perform that exam with Indirect Supervision. Indirect Supervision is defined as a qualified radiographer immediately available to assist a student, regardless of the level of the student's achievement.

To maximize radiation protection, all unsatisfactory radiographs performed by a student radiographer must be repeated under the direct supervision of a qualified radiographer (radiologic technologist) who is licensed by the Commonwealth of Massachusetts Radiation Control Program.

Always wear appropriate lead shielding (aprons and gloves), during fluoroscopic and portable procedures.

Always wear a personnel radiation-monitoring device (DOSIMETER badge) in the clinical facility. The DOSIMETER badge provides a permanent record of your occupational radiation exposure.

Never hold a patient during a radiographic examination. Utilize the appropriate restraining devices when possible or obtain the assistance of a non-radiology personnel or a family member in holding the patient. Make sure the person who is holding the patient is properly shielded with a lead apron and when appropriate, lead gloves.

Utilize appropriate patient care techniques in a professional practice setting.

Communicate effectively and accurately using a variety of communication methods, including oral and written communication, with patients and their families, physicians and other personnel.

Recognize and respond appropriately to emergencies.

Display the attitudes, habits and values appropriate for health care professionals. Perform imaging procedures in a professional manner.

Provide the patient and the public with accurate and concise information related to radiographic procedures, appropriate

follow-up procedures, and radiation protection and safety

Use appropriate gonadal shielding on all patients in their childbearing years (males and females), especially when their gonads are in or near the useful x-ray beam, and when the use of such shielding will not interfere with the diagnostic value of the procedure.

You must follow the shielding policies and procedures of your clinical internship site, but if you develop the habit of shielding all your patients, all of the time, you will not forget to shield a patient who is in their childbearing years

Always collimate to the smallest field size possible for a procedure.

If a patient suspects she may be pregnant the policies and procedures of the clinical internship site, regarding pregnant women, should be followed BEFORE the radiographic procedure is performed. General guidelines dictate that, when possible, you should avoid taking abdominal x-ray images of expectant mothers during the first trimester of pregnancy, exams ideally should be postponed until the conclusion of the pregnancy or at least until its latter half, when possible. If the procedure is not elective, but emergent in nature, it may be necessary to continue with the procedure, but either her physician, a radiologist, a radiology physicist and/or a radiation safety officer should counsel the pregnant patient.

STUDENT RADIATION PROTECTION

Whenever possible, students assisting in radiographic procedures must remain behind protective barriers. Students who may be exposed to scattered radiation during fluoroscopic studies will be provided with lead- impregnated protective apparel of not less than 0.25 mm Pb equivalence. In addition to a lead apron, a thyroid shield may also be provided (if available). During radiographic procedures, all students shall be positioned such that the primary beam will not strike any part of their body.

Whenever a patient or image receptor must be held in place during an exposure, mechanical devices must be employed. S Portable radiographic equipment shall be provided with an exposure switch cable that will permit the student to make an exposure at a distance of at least 6 feet from the tube head and from the patient. Regardless of the distance from the tube and patient during portable examinations, a lead apron must be worn. No exceptions to this policy will be made.

All student radiographers will be issued an MCPHS dosimeter. Refer to policy number 6for additional information.

OTHER HOSPITAL STAFF

During portable examinations on patient floors, intensive care units and other areas of the hospital, the student radiographer must be aware of other hospital staff at all times. The student radiographer must announce that an x-ray exposure is about to be made in an effort to allow hospital staff and nurses an opportunity to increase their distance from the immediate area.

Those staff members not permitted to leave the immediate area (less than 6.5 feet from the patient being radiographed) must be provided protective apparel or a portable shield for protection during the exposure. Failure to comply with this policy will result in expulsion from the program for failure to exercise proper radiation safety practice student radiographers shall never be used for the purpose of holding patients or image receptors during exposures.

Appendix D

MCPHS University Radiography Program

AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS CODE OF ETHICS

This code shall serve as a guide by whom Radiologic Technologists may evaluate their professional conduct as it relates to patients, colleagues, other members of the medical care team, health care consumers and employers. The Code is intended to assist radiologic technologists in maintaining a high level of ethical conduct.

The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

The Radiologic Technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of humankind.

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 regardless of sex, race, creed, religion, or socioeconomic status.

The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purpose for which they have been designed, and employs procedures and techniques appropriately.

The Radiologic Technologist assesses situations, exercises care, discretion, and judgment, assumes responsibility for professional decisions and acts in the best interest of the patient.

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 management of the patient and recognizes that the interpretation and diagnosis are outside the scope of practice of the profession.

The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in limiting the radiation exposure to the patient, self, and other members of the health care team.

The Radiologic Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic care.

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.

The Radiologic Technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues, and investigating new and innovative aspects of professional practice. One means available to improve knowledge and skill is through professional continuing education.

Appendix E
MCPHS University Radiography Program

ROTATION SURVIVAL TIPS FOR A SUCCESSFUL EXPERIENCE

Relax and always remain confident - nobody expects you to be perfect or a superstar and no patient wants to see or be worked on by a nervous up-tight sweaty bungling technologist.

Keep a positive attitude and speak up if there is a problem.

It might seem overwhelming at first, but the more you try the more comfortable and competent you will become.

Ask questions and get to know your supervisor - try to establish a rapport with him/her if this proves difficult approach it as a learning experience.

Clearly communicate your learning style with your supervisor to prevent yourself from becoming confused or overwhelmed.

Know the expectations of the clinical site and its staff.

Learn from your patients, they have much to teach you as well.

Relax and observe other professionals, always be open to learning anything from how to deal with co-workers, physicians, patients, difficult or otherwise, and equipment Don't be a know it all, it is one sure way of blocking your teachers from showing you anything.

Be prepared to spend time on documentation needs and language. Ask for feedback if you feel you need it. Learn at your own pace, do not benchmark yourself against fellow classmates, every experience and everyone is different and unique - we will let you know if you need to improve.

You are destined to make many mistakes and sometimes feel like you have failed--it's okay, learn from it and give yourself a break.

Keep a variety of resources, including your textbooks handy for reference. Use libraries and reference materials available at the site.

Study constantly and know the theory on which the protocols are based.

Be over prepared-- read as much as possible on the studies and medical background and principles.

Clinical rotations can go by quickly - you should make the maximum effort every day and if it is not as you expected, learn as much as you can - everything good or bad must end.

Your supervisor is there to help/teach, use him/her as a vital resource. Remember that you also can learn from a less than optimal situation.

You will not remember everything, that is what books are for and that is why you write things down to refer to - Use the books and your notes you are not expected to remember everything.

Be in contact with your clinical supervisor regularly, daily if possible and never less than weekly.

You will not be the perfect Radiologic Technologist not now and not even when you have 10 years' experience.

Enjoy every patient experience and learn from them.

Go in with an open mind, you may see some strange things.

Whenever the opportunity presents itself work with other disciplines to gain their perspectives and further your own learning.

Always show appreciation and respect for the nursing and support staff, they are a great resource and have a vital role in the institution and department.

Do not tell your supervisor or the staff at the clinical site that you did not want to come to this site or that you do not intend to practice in their area of work.

Be flexible and willing to respond to the needs of the department. Communicate with those around you and involve yourself in the activities of the department.

Contact the clinical coordinator for ideas and encouragement if you feel off track or overwhelmed. Always admit to what you do not know.

Be an active learner. Ultimately, you, not your supervisor, are responsible for your clinical experience.

****If you forget everything -- try to take with you these 3 VERY IMPORTANT ITEMS: INITIATIVE, ASSERTIVENESS & A POSITIVE ATTITUDE**