Program Director
Michael Farah M.S. Ed,
RT(R),(CT)
Michael.farah@mcphs.edu
617-735-1461

Clinical Coordinator
Ryan Puccini, BS, R.T. (R)
ryan.piccinin@mcphs.edu
(617) 274-3334

CLINICAL AFFILIATES
Clinical Instructors listed in bold will serve as the primary contact for students at this site.

<table>
<thead>
<tr>
<th>Clinical Affiliate</th>
<th>Location</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Israel Deaconess Medical Center</td>
<td>East and West Campus</td>
<td>Ana Cordero, Stacey McKinnon, Jeanne Eason, Lekisha Moran, Jessica Munro, Kevin Sands, John Schembri, Steve Warren, James Hamilton, Mart E. Morgan, Julie Nicholson</td>
</tr>
<tr>
<td></td>
<td>330 Brookline Avenue, SH-364</td>
<td>E-mail: <a href="mailto:acordero@bidmc.harvard.edu">acordero@bidmc.harvard.edu</a></td>
</tr>
<tr>
<td></td>
<td>Boston, MA 02115</td>
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<tr>
<td></td>
<td>(617) 667-3122</td>
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<tr>
<td>Caritas St Elizabeth’s Medical Center</td>
<td>736 Cambridge St.,</td>
<td>Okland Lopez</td>
</tr>
<tr>
<td></td>
<td>Boston, MA 02135</td>
<td>E-mail: Okland.Lopez @steward.org</td>
</tr>
<tr>
<td></td>
<td>(617) 789-3000</td>
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<tr>
<td>Brigham and Women’s Hospital</td>
<td>Francis Street</td>
<td>Victoria Glassman, Kim Vanoy, Lori Bersanian, Charles Boswell, Michael Delvecchio, Maria Lombardi, Nora Malone</td>
</tr>
<tr>
<td></td>
<td>75 East and West Campus</td>
<td>E-mail: <a href="mailto:Vglassman@MGHIHP.edu">Vglassman@MGHIHP.edu</a>, <a href="mailto:kvanyo@bwh.harvard.edu">kvanyo@bwh.harvard.edu</a></td>
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<tr>
<td></td>
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<tr>
<td>Cambridge Health Alliance</td>
<td>1493 Cambridge St.</td>
<td>Jessica Faherty, Brittany Welch</td>
</tr>
<tr>
<td></td>
<td>Cambridge, MA. 02139</td>
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<tr>
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MCPHS University
School of Medical Imaging and Therapeutics 179 Longwood Avenue
Boston, MA 02115-5896
RADIOGRAPHY PROGRAM
<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>Phone Number</th>
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<tr>
<td>Boston Children’s Hospital</td>
<td>300 Longwood Avenue, Boston, MA 02115</td>
<td>(617) 355-0541</td>
<td>Derek Carver, Allison Ames, Florita Castro, Brian Conrad, Colleen Frawley, Kara Hickey, Linda Poznauskis, Judith Santora, Michelle Sharry</td>
</tr>
<tr>
<td>Charlton Memorial Hospital</td>
<td>South Coast Hospitals 363 Highland Ave, Fall River, MA 02720</td>
<td>(508) 679-7265</td>
<td>Cheryl Economos, Andrea Chase</td>
</tr>
<tr>
<td>Clinical Instructor: Derek Carver</td>
<td>E-mail: <a href="mailto:Derek.Carver@childrens.harvard.edu">Derek.Carver@childrens.harvard.edu</a></td>
<td></td>
<td>E-mail: <a href="mailto:EconomosC@southcoast.org">EconomosC@southcoast.org</a>, <a href="mailto:ChaseA@southcoast.org">ChaseA@southcoast.org</a></td>
</tr>
</tbody>
</table>

| Falmouth Hospital                                 | 100 Ter Heun Drive, Falmouth, MA 02540        | (508) 548-5300                                    | Lynne Fillion                                                                      |
|                                                    | Clinical Instructor: Lynne Fillion E-mail:    |                                                  | lfillion@capecodhealth.org                                                        |

| Mount Auburn Hospital                             | 330 Mount Auburn Street, Cambridge, MA 02238 | (617) 499-5070                                    | Josephine Moschitto                                                                 |
| Clinical Instructor: Josephine Moschitto E-mail:  | jmoschit@mah.harvard.edu                     |                                                  | jmoschit@mah.harvard.edu                                                          |

| New England Baptist Hospital Radiology & Pain     | 125 Parker Hill Ave, Boston, MA 02120        | (508) 941-7150                                    | Kathy McMillan, Kati Karren, Kristin Nee                                           |
| Center Services                                   | Clinical Instructor: Kathy McMillan, Kati    |                                                  | E-mail: kmcmilla@nebh.org, kdegen@nebh.org, knee@nebh.org                          |
|                                                   | Karren, Kristin Nee                          |                                                  | E-mail: Epenney@signature-healthcare.org                                           |

| Signature Healthcare/Brockton Hospital            | 680 Centre Street, Brockton, MA 02302        | (508) 941-7150                                    | Ella Penney                                                                        |
| Clinical Instructor: Ella Penney                  | E-mail: epenney@signature-healthcare.org      |                                                  | E-mail: epenney@signature-healthcare.org                                           |

| Tufts New England Medical Center                  | 800 Washington St. P.O. Box 800, Boston, MA 02111 | (617) 636-7942                                  | Clarice Yee                                                                        |
| Clinical Instructor: Clarice Yee                  | E-mail: cyee@tuftsmedicalcenter.org           |                                                  | E-mail: cyee@tuftsmedicalcenter.org                                               |

<p>| Whidden Memorial Hospital                         | 103 Garland Street, Everett, MA 02149          | (617) 394-7864                                   | Jessica Faherty, Brittany Welch                                                   |
| Clinical Instructor: Jessica Faherty, Brittany    | E-mail: <a href="mailto:jfaherty@challiance.org">jfaherty@challiance.org</a>, <a href="mailto:bwelch@challiance.com">bwelch@challiance.com</a> |                                                  | Welch                                                                               |</p>
<table>
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<tr>
<th>Boston Medical Center</th>
<th>VA Boston Healthcare System</th>
</tr>
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<tbody>
<tr>
<td>1 Boston Medical Center Place Boston, MA 02118</td>
<td>1400 VFW Parkway Boston, MA 02115</td>
</tr>
<tr>
<td>(617) 638-8000</td>
<td>617-323-7700</td>
</tr>
<tr>
<td>Clinical Instructor : Arielle Watt, Malissa Danforth</td>
<td>Clinical Instructor(s): Amanda Cobb, Kristen Beverage</td>
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<tr>
<td>E-mail : <a href="mailto:Arielle.Watt@bmc.org">Arielle.Watt@bmc.org</a>, <a href="mailto:Malissa.Danforth@bmc.org">Malissa.Danforth@bmc.org</a></td>
<td>E-mail: <a href="mailto:Amanda.Cobb@va.gov">Amanda.Cobb@va.gov</a>, <a href="mailto:Kristen.Beverage@va.gov">Kristen.Beverage@va.gov</a></td>
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<th>Lahey Hospital &amp; Medical Center</th>
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</thead>
<tbody>
<tr>
<td>41 Mall Road Burlington, Ma 01805</td>
<td></td>
</tr>
<tr>
<td>781-744-5100</td>
<td></td>
</tr>
<tr>
<td>Clinical Instructor(s): Elaine McHugh</td>
<td></td>
</tr>
<tr>
<td>E-mail: <a href="mailto:elaine.m.mchugh@lahey.org">elaine.m.mchugh@lahey.org</a></td>
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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. All policies should be examined carefully by the students 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 (YOG 2020-2021)

## YEAR 1

### FALL

<table>
<thead>
<tr>
<th>Course Code</th>
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<tr>
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<tr>
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<tr>
<td>CHE 110/L</td>
<td>Basic Chemistry I</td>
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<tr>
<td>ITM 101</td>
<td>Intro to the Major</td>
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<tr>
<td>LIB 111</td>
<td>Expository Writing I</td>
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</tr>
<tr>
<td>MAT 141</td>
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Total Credits = 15

### SPRING

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<tr>
<td>CHE 210/L</td>
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<tr>
<td>LIB 112</td>
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<td>RAD 240</td>
<td>X-Ray Radiation Physics</td>
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<tr>
<td>RSC 250</td>
<td>Elements of Patient Care**</td>
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<td>RSC 110</td>
<td>Medical Terminology**</td>
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<tr>
<td>RSC 325</td>
<td>Clinical Pathophysiology</td>
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Total Credits = 12

**All Radiography students must fulfill the requirement for (RSC 110) Medical Terminology prior to Radiography Internship I (RAD 201C)**

## YEAR 2

### FALL

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<td>LIB 220</td>
<td>Interpersonal Comm.</td>
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<td>RAD 210</td>
<td>Radiographic Procedures I</td>
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<td>RAD 210L</td>
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<td>RAD 220/L</td>
<td>Radiographic Exposure Principles I</td>
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<td>MAT 261</td>
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Total Credits = 17

### SPRING

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

SUMMER
RAD 202C Radiography Internship II 5
RAD 250 Image Critique in Radiography 2
LIB 512O Healthcare Ethics 3
512 O LIB Distribution Elective(HUM/SSC) 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
RSC 320 CT & Cross-Sectional Imaging 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 and 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
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 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 Disability Support Services in the 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.

HONESTY

"Students are expected to abide by the College's Academic Honesty Policy as explained in the Student Handbook. Plagiarism is considered a violation of this policy. Plagiarism is defined as submitting another person's work as one's own without proper acknowledgement or using the words or ideas of others without crediting the source of those words or ideas. In order to deter plagiarism and ensure appropriate use of resources in student research and learning, the College subscribes to a plagiarism prevention service, www.turnitin.com. Faculty may request students to submit their written work electronically in order to verify that when ideas of others are used they are cited appropriately. The course syllabus identifies student work that must be submitted electronically for such review, and provides directions for doing so."
EMAIL POLICY
All MCPHS students are required to open, utilize, and maintain (i.e., keep storage within the maximum set by the Office of Information Services) an MCPHS e-mail account. Official college communications and notices are sent via MCPHS e-mail accounts. All students are responsible for regularly checking their MCPHS e-mail and for the information contained therein. ONLY MCPHS accounts will be used in all matters related to academics, student life, and college notifications. The college does not forward MCPHS e-mail to personal e-mail accounts.

STUDENT HEALTH / IMMUNIZATION REQUIREMENTS
The student should contact their health care provider for any medical problem or health questions. Students are not to request care for themselves or their families directly from interns, residents or any other physician at their clinical site. In accordance with state law and University policy, students must show proof of required immunizations. Non-compliance with University immunization requirements will result in administrative withdrawal from the University or might negatively impact progression in an academic program.

HOW AND WHEN TO REPORT YOUR IMMUNIZATIONS TO MCPHS:
Compliance with required immunizations must be documented and submitted prior to the first day of the first semester of admission to the University. MCPHS University works with external companies, Sentry and Castle Branch, 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 Sentry. All new students to MCPHS beginning with the 2013 summer semester should submit their immunization documentation to Castle Branch as instructed by the Admission Office.

THE FOLLOWING MCPHS STUDENTS MUST SHOW PROOF OF REQUIRED IMMUNIZATIONS:
All full-time students, including students attending MCPHS while on a visa; All part-time students, including students attending MCPHS while on a visa; All online students whose program involves an on-campus component; and All students attending or visiting MCPHS as part of a formal academic visitation or exchange program.

Inability to provide proof of immunization by the start of the first academic term of enrollment (and any subsequent terms) will result in a late fee charge. MCPHS works with Castle Branch is a confidential health information service provider. Castle Branch maintains and processes all student health records and monitors compliance with state law immunization requirements. Students may contact Castle Branch with questions about immunization records or requirements should be directed to Castle Branch at cpservicedesk@CastleBranch.com or by calling 888.666.7788 Medical information is released only upon a student’s written request, court subpoena, or as required by law. Each student is required to contact Castle Branch prior to each Radiography clinical internship rotation to obtain a copy of their immunization record to bring with them to their clinical site. Within 90 days of the first anticipated contact with patients, the student is required to be compliant with the following guidelines:
Annual Tuberculosis skin test. If results are positive, a clear chest x-ray (with laboratory report of physician verification of results) or a physician letter verifying the student is symptom free is required each year.

Hepatitis B immunization series (3 doses) followed by laboratory evidence of immunity: or laboratory evidence of immunity.

Annual Influenza Shot (must be obtained as soon as the vaccine for the annual flue Easonbecomes available each fall).

Measles vaccinations (2 immunizations at least 4 weeks apart; first dose must be received on or after a 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 a 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 a student’s 1st birthday) or laboratory evidence of immunity.

Varicella/Chickenpox: An antibody titer test is necessary for all to confirm immunity. If negative, two doses of live virus vaccine given four to eight weeks apart are recommended.

Tetanus Diphtheria Pertussis vaccinations 1 dose of Tdap and either a history of DTaP primary series or age appropriate catch-up vaccination. 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.

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 Vaccine does not meet this requirement.

*If a student has a medical reason why he/she cannot receive a specific immunization, such immunization may be waived if the student submits a letter (on official letterhead with a signature) from the student’s health care provider explaining the reason/s the student is unable to receive the required vaccination/s.

Immunizations may be waived for religious reasons if a student submits a statement in writing that such immunization is against a sincere religious belief.

**ATTENDANCE**

Requirements regarding attendance for all didactic courses are at the discretion of the instructor for that course. In the case of illness or prolonged absence, it is the student’s responsibility to obtain a documented absence from the Dean of Students Office Boston and his/her course faculty within five days from the first date of absence.

Exceptions to the five-day notification period are rare and can only be approved by Dean of Students Office Boston. With acceptable documentation from a student, an official memorandum will be issued notifying faculty of an excused absence. In the case of a legitimate excused absence, course instructors will make all reasonable attempts to assist the student to satisfy requirements of the course.

NOTE: Students are expected to abide by instructions in each course syllabus regarding responsibilities related to class absences. Students who fail to do so may be ineligible to receive an excused absence, regardless of the reason for the absence. With respect to completion of work missed, if an acceptable agreement between the student and the professor(s) cannot be reached, the school dean will serve as arbitrator.

Attendance at the clinical internship site is a requirement of the Radiography Program. Refer to Policy 11 Clinical Attendance and Policy 12 Documented Absence for the specific policy and procedure guidelines for clinical absences.
PUNCTUALITY/TARDINESS
Refer to Policy 13, Punctuality, for the specific policy and procedure guidelines for punctuality in the clinical setting.

STUDENTS RIGHTS AND RESPONSIBILITIES
Please refer to the MCPHS Student Handbook and Course Catalog for information regarding academic and disciplinary policies and procedures.

ACADEMIC REQUIREMENTS
The academic policies for the Bachelor of Science in Radiologic Sciences with a major in Radiography are those found in the Academic Policies and Procedures section of the College Catalog as outlined below:

To be in good standing, students in the Bachelor of Radiologic Science Program must have a minimum Professional Grade Point Average of 2.5 and earn a minimum grade of C in all professional courses and the following pre-professional courses: BIO 110 and 210, CHE 110 and 210, MAT 141, and PHY 181. Professional courses are listed in bold type in the curriculum outline. This requirement includes the grades for all clinical internship rotations. Any student who fails a professional course twice will be dismissed from the program.

Grade Appeal procedures are found in the college catalogue under grading policies Academic Policies and Procedures.

TRANSFER STUDENTS
Transfer students may apply for admission to the Radiography Program according to the procedures outlined in the MCPHS current course catalog.

INTERNAL TRANSFER STUDENTS
Students wishing to transfer into the Radiography Program may apply to the program according to the procedures outlined in the MCPHS current course catalog. Space availability is based upon the clinical affiliate slots awarded to the college.

LEAVE OF ABSENCE
The College recognizes that there may be situations when a student requires a leave of absence. Policies and procedures regarding a leave of absence (LOA) are addressed in the MCPHS current Course Catalog.

PRE-CLINICAL OBSERVATIONS AND CLINICAL INTERNSHIP ROTATIONS
Student’s pre-clinical observations/clinical internship assignments will be determined by the Radiography Clinical Coordinator. Several the clinical observations/rotations may be scheduled at some distance from the campus. Please refer to the Clinical Placement Policy 37.

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.
Room rotation/assignment schedules for a clinical internship will be given to each student at the beginning of each semester by their clinical instructor. 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 Instructor 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 feels 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 Instructor, 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 policy and procedure #26, Failed Clinical Competency Evaluation, for specific criteria relating to failed competency evaluations.

**PROFESSIONAL RELATIONSHIPS**
It is essential that students behave professionally when in the clinical setting. Equally important is the maintenance of professional relationships with patients, physicians, co-workers and other medical staff. Refer to Policy 8 Professional Behavior/Conduct/Clinical Suspension.

**LEGAL CONSIDERATIONS**
Information obtained in the clinical affiliation is to be kept confidential. Confidentiality must be maintained at all times!

HIPAA: Health Insurance Portability and Accountability Act: Became law on August 21, 1996. Standards for the privacy of individually identifiable health information also known as protected health information (PHI). These standards are collectively referred to as the "Privacy Rule." These rules establish limits on how health care providers may use and disclose individually identifiable health information or PHI as well as steps that must be taken to protect the information. The student is responsible for obtaining HIPPA training through the HIPPA Officer at MCPHS. All students will be required to review and sign a confidentiality agreement before entering a clinical setting.

Prior to any clinical rotations all students must be trained in the Health Insurance Portability Accountability Act (HIPAA). [http://www.hhs.gov/ocr/hipaa/privacy.html](http://www.hhs.gov/ocr/hipaa/privacy.html) medical privacy regulations. Annual updates will also be supplied during clinical orientation and again in RAD 303C. The students will also be asked to sign a confidentiality agreement and a notice saying they received the training and fully understand its implications in the course of their clinical education. Violation of HIPAA confidentiality may result in program suspension. Cases of violation are reported to the Dean of Students.
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 clerkships. 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 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.

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.

OUTSIDE EMPLOYMENT
This is not to affect attendance or achievement of educational objectives. Students who are employed in a radiology department that is affiliated with the college may be excluded from that site as a clinical rotation at the discretion of the Clinical Coordinator & the Program Director.

MISCELLANEOUS
Students should refrain from chewing gum or eating, unless they are in the lounge or cafeteria areas. Eating or drinking in the clinical area is not permitted. If a student is found eating or drinking in an inappropriate area the student will receive a demerit that will affect their grade.

Newspapers, magazines, non-textbooks and smart phones are not to be taken in to the clinical area. Students are expected to utilize any "down-time" by reviewing patient records, reviewing films, or assisting other technologists. Clinical Instructors reserve the right to reassign a student to another area in the event of "down-time" in order to maximize the student's clinical
experiences.

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 Instructor. The school must be informed of any deviations in the students’ scheduled clinical time.

INCIDENT REPORTS
In the event of an incident at a clinical education facility that involves a student, a formal incident report must be filed at the appropriate clinical education facility, according to the policies and procedures of that facility.

The Clinical Instructor, Clinical Coordinator and/or Radiography Program Director must also be informed of the incident in writing, utilizing the MCPHS Incident Documentation Form B.

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 Instructor 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.

RIGHT TO KNOW DISCLOSURE
For individuals working in a Radiology department the following will apply: Possible exposure to ionizing radiation.
Possible exposure to chemical solutions (where applicable) Possible exposure to blood borne or air borne pathogens.
For other chemicals etc. to which you may be exposed, please refer to the MSDS sheets and safety manual maintained by individual departments.

WHO IS IN CHARGE IN THE CLINICAL SETTING?
Students of MCPHS are guests of our clinical affiliates and are required and expected to follow all the rules and procedures of the institution they are assigned. The Clinical Instructor at each hospital affiliate coordinates all activities in the clinic setting.
Assignment to rooms and the performance of tasks is at the discretion of the clinical instructor and designated staff at the clinical site. An initial consultation with the clinical instructor and a student is required to determine the best schedule for the student to obtain their required competencies and objectives for a particular rotation. They will inform you of the health and safety guidelines for the particular site and their expectations of you as a student, hours, dress, attendance at meetings etc.

The clinical instructor or a designee will be the person in charge of your final evaluation, not the final grade. When you work with a designee of the clinical supervisor during your clinical rotation, you are expected to follow their guidance. If you receive conflicting instructions from any technologists, seek the counsel of the clinical supervisor or clinical coordinator to assist you in developing strategies to overcome the conflict. Please remember to inform the Program Clinical Coordinator of the incident(s).
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.

DISTRIBUTION
Radiographic Clinical Internship Policies and Procedures will be distributed to all radiography students and clinical instructors, as part of the Student Handbook prior to the start of the first radiographic internship rotation.

REVIEW OF POLICIES AND PROCEDURES
The Program Director and the Clinical Coordinator review Policies and Procedures on a yearly basis. The policies and procedures identified in this handbook may be amended upon written notification of such changes to students and faculty. It is the responsibility of the Program Director and Clinical Coordinator to inform all students and faculty of changes in these policies and procedures in writing before the implementation date.

GENERAL RULES: SUMMARY
All policies and procedures of each Department of Radiology must be adhered to at all times. Student technologists are forbidden from eating, drinking, smoking, reading newspapers or magazines and fraternizing in clinical areas designated to patient services. Habits of lounging are to be discouraged and free time should be used constructively. Clinical Instructors reserve the right to reassign students in order to maximize their clinical experiences. Patient information is confidential and should not be discussed outside of the Radiology Department. Students will present a professional appearance at all clinical affiliate sites. Uniforms must be neat and clean and in good condition. No perfume should be worn and offensive tattoos should be covered. Radiation monitors in the form of body badges are to be worn at all times in the clinical setting and changed the first week of every other month. They are available through the Clinical Placement Coordinator. A signature is required by the student to receive a new badge. Each student should review their radiation badge reading at this time.

Except for Emergency calls, no personal telephone calls will be permitted during clinical hours. Students are provided with an assigned room rotation schedule. Any change must be approved by the Clinical Instructor and the department involved. Students are required to be in the clinical site for the entire time they are scheduled to be there (8am-4pm). Only the clinical instructor or his/her designate are authorized to allow the student to leave early. Any changes in designated hours of clinical instruction must be pre-approved by the Clinical Coordinator/Clinical Instructor. Lateness will not be tolerated. Students will inform their clinical supervisor and Clinical Coordinator if they will be late. This time must be made up. The student will call his/her clinical supervisor and clinical coordinator by 7:45 AM in the event of illness. Failure to call will result in an unexcused absence (see the program Attendance Policy for more details). All sick time or absences for any reason must be made up. When reporting to a new clinical site, the students shall provide to the assigned clinical site, a written copy their clinical competency master list and vaccination records from or Castle Branch. Students are required to maintain clinical records for each rotation. These must be completed in Projects at the end of each semester.
CLINICAL INTERNSHIP GRADING

POLICY
The Clinical Internship Grading policy which follows will apply to the following clinical internship courses: RAD201C, RAD202C, RAD303C, and RAD304C. Clinical grades will begin 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:

<table>
<thead>
<tr>
<th>Category</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Competency &amp; Re-Competency Evaluations</td>
<td>(45 points)</td>
</tr>
<tr>
<td>Laboratory Competency Evaluation</td>
<td>(5 points)</td>
</tr>
<tr>
<td>Technologist Evaluation of Students Progress</td>
<td>(15 points)</td>
</tr>
<tr>
<td>Clinical Instructor Evaluation of Students Progress</td>
<td>(20 points)</td>
</tr>
</tbody>
</table>

Professional Behavior (5 categories listed below)

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)

Maximum (15 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 Instructor and/or Program Director, and will be documented using the Student Conference Form (Form I, Appendix C). See Policy Number 23, Clinical Merits and Policy Number 24, Clinical Demerits for further information. The grading scale for the radiographic internship is as follows:

<table>
<thead>
<tr>
<th>TOTAL POINTS</th>
<th>GRADE</th>
<th>QUALITY POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-95 points</td>
<td>A</td>
<td>4.0</td>
</tr>
<tr>
<td>94-90 points</td>
<td>A-</td>
<td>3.7</td>
</tr>
<tr>
<td>89-88 points</td>
<td>B+</td>
<td>3.3</td>
</tr>
<tr>
<td>87-85 points</td>
<td>B</td>
<td>3.0</td>
</tr>
<tr>
<td>84-80 points</td>
<td>B-</td>
<td>2.7</td>
</tr>
<tr>
<td>79-78 points</td>
<td>C+</td>
<td>2.3</td>
</tr>
<tr>
<td>77-75 points</td>
<td>C</td>
<td>2.0</td>
</tr>
</tbody>
</table>

A grade below C/75 points is considered a FAILING grade for a clinical internship. The Clinical Internship Grade Form, Form K is found in Appendix C.

Grading of each clinical rotation will be performed by the clinical coordinator in consultation with the clinical instructor.

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 logbooks, 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 instructor have the right to challenge a previous competency if they feel the student is not performing that exam satisfactorily.
CLINICAL SIGN-IN/OUT

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 the purpose of 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 papernsign- 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 policy and procedure # 10, 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 STAFF SUPERVISION (DIRECT/INDIRECT)

POLICY
Radiography students will have the supervision of a qualified staff technologist (radiographer) at all times, through direct or indirect supervision as outlined in the procedures below. A qualified technologist (radiographer) is defined as a technologist (radiographer) 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 will be assigned to work under the direct or indirect supervision of a qualified staff technologist (radiographer).

CLINICAL STAFF 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 technologist (radiographer) 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.

In order to maximize radiation protection, all unsatisfactory radiographs must be repeated under the direct supervision of a qualified radiographer who is licensed in radiography by the Commonwealth of Massachusetts Radiation Control Program and certified by the ARRT in radiography. For additional information refer to Policy #27, Repeating of Unsatisfactory Radiographs.

If a student technologist repeats a film without a qualified technologist present the clinical instructor 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.

CLINICAL STAFF 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 radiographer 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 radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation is in use.
MCPHS RADIOGRAPHY PROGRAM

POLICY NUMBER: 04
Reviewed: 5/18 Revised: 6/09 PROFESSIONAL

APPEARANCE/DRESS CODE POLICY

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 Instructor 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 wear a dosimeter badge/radiation monitor issued by MCPHS, during their clinical internship rotations, even if some sites elect to assign an additional monitor to the student. Students must wear their radiation badge(s)/monitor(s) in the appropriate place on their person during their clinical internship rotations. Students should not interchange MCPHS dosimeter badges with site-specific dosimeter badges, to ensure accurate recording of the student’s radiation exposure. Operating room scrubs, that are the property of a clinical affiliate, are to be
worn during an Operating Room/Suite clinical rotation only and may not be removed from the clinical site.
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. Students are not permitted to have facial piercing jewelry in place during their clinical internship rotation, including, but not limited to jewelry for piercings of the nose, eyebrow, tongue, lip, chin, or cheek, since the appearance of these types of facial piercings may be upsetting to patients. Visible tattoos that are of an offensive subject matter must be covered while the student is at their clinical site.
IDENTIFICATION & LEAD MARKERS

POLICY
Massachusetts State law requires individuals in health care to wear identification badges that indicate their name and their credentials. In addition, State law protects the rights of the patients by stating patients may refuse to be treated by individuals in training without hindering their access to health care. Therefore, radiography students must wear a name/identification badge, while at their clinical internship site, indicating their first name and identifying them as an individual in a MCPHS training program.

Students may be issued lead markers by their clinical internship sites. If they do not, lead markers must be purchased by the student. Lead markers contain specific identifiers (e.g., the individual’s initials, or a number assigned to that individual) in order to identify the person who is performing that radiographic procedure on a patient. Students must have their individualized Right & Left lead film markers with them while at their clinical internship sites.

PROCEDURE
When a clinical site issues students a site-specific identification (ID) badge this badge must be worn according to that facilities policies. This identification badge must clearly identify the individual as a student.

When site-specific badges are not issued, the student must purchase a name badge that includes his/her first in upper case blue or black letters printed on a white or gold background.

Students are required to wear their identification/name badge and/or a site-specific identification badge, always during their clinical rotations.

Students attending a clinical internship rotation without their ID/name badge may be given a demerit for each occurrence of this dress code infraction, at the discretion of their Clinical Instructor, for not meeting dress code/conduct standards. A Student Conference Form (Form I) will be completed by the Clinical Instructor/Clinical Coordinator indicating the reason for the point reduction/demerit.

Students who continue to arrive at their clinical internship site without their ID/name badge may be sent home, at the discretion of their Clinical Instructor/Clinical Coordinator, and an unscheduled absence will be documented, resulting in a 4-point reduction/demerit for attendance for that internship rotation, as well as the demerits for failure to follow dress code policy. A Student Conference Form (Form I) will be completed by the Clinical Instructor/Clinical Coordinator indicating the reason that the student was sent home from the clinical site.

Some clinical sites may elect to provide the student with lead markers that provide a specific indicator identifying that student.
If a lead marker is lost the student should notify the Clinical Instructor 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 Instructor.

A Student Conference Form (Form I) will be completed by the Clinical Instructor 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 Instructor, 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 Instructor 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 Instructor 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.
PERSONNEL RADIATION MONITORING

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 does 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 Instructor 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 Instructor 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 Instructor 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

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 6, 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. 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 Radiographer/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. Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure being performed. The Commonwealth of Massachusetts’ regulations governing the licensing of Radiologic Technologists (105 CMR 125.013, Student Clinical Education, www.mass.gov/dph/rcp/radia.htm ) states that:
“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 be used for the purpose of holding patients or films 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.
BEHAVIOR/CONDUCT/CLINICAL SUSPENSION

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 Instructor reserves the right to immediately suspend a student from the clinical facility pending further investigation of the situation by the Clinical Coordinator and Program Director. The reason for the suspension must be documented on the Clinical Suspension Documentation form (Form E). This form should be signed by the Clinical Instructor and Student but lack of a signature by the student does not negate the implementation of the clinical suspension. The Radiography Director, Clinical Coordinator and the Clinical Instructor will review the situation, which resulted in the clinical suspension, 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.

When introducing a physician to a patient 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 instructor 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.” All violations will be referred to the Office of the Dean of Students for review through the disciplinary system.

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 Instructor 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 Instructor and other pertinent clinical staff members.

The reason for the suspension must be documented on the Clinical Suspension Documentation form (Form E).

This form should be signed by the Clinical Instructor and Student.

Lack of a signature by the student does not negate the implementation of the clinical suspension.

The Radiography Director, Clinical Coordinator and the Clinical Instructor will review the situation, which resulted in the clinical suspension, 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 policy number 20 "Clinical Internship Grievance Process". This process is initiated by the student and all procedures must be followed as published.
PRE-CLINICAL OBSERVATIONS POLICY

STUDENTS- are required to complete Pre-Clinical observation for a total of 8 hours, which times can be determined by student and CI. This is done at their perspective affiliate site. The observations are to be completed in the Fall Semester of their second year.

PURPOSE
Observations allow the student a final look into the field of Radiography. Students gaining understanding of the role of the radiographer and the daily workings of a Diagnostic Radiology Department.

PROCEDURE
The student in accordance with their schedule and the affiliate’s schedule will coordinate times with the Clinical Instructor. This is to be completed in the Fall Semester; preferably over a period of 2-3 weeks in that semester. This is subject to the availability of the affiliate to accommodate the student’s schedule. This is subject to change if deemed necessary by the affiliate.

OBSERVATIONS
During Clinical observation students are only allowed to observe and have no physical contact with patients. The Clinical Instructors can opt to use a modest amount of the observation time to learn to process paperwork, computer training or other administrative duties. Most of the time should be allotted for observation of diagnostic studies, e.g., fluoroscopy studies or areas of both high and low volume diagnostic exams.

***Note-Students will be held accountable for documentation needed prior to the start of clinical. It is during observations that students should find out what documentation is needed prior to their start date at clinical. Documentation can be defined as pre-clinical paperwork or immunization records or anything else they might need by the affiliate prior to their official start at Clinical. This will give the student plenty of time to get health records and other pertinent materials so that they will be cleared in time to start. Not completing these tasks could result in a delay in attending clinical. Any time loss at Clinical will need to be made up by the student. If the affiliate’s does not allow make up time, then the student will incur further demerits in accordance with policy #11 (Clinical Absence days).
CLINICAL INTERNSHIP SESSIONS CLINICAL HOURS/HOLIDAYS/SNOW DAYS

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
Each semester students are assigned to a clinical internship site by the Clinical Coordinator in accordance with the MCPHS clinical affiliation agreements.

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 ClinicalInstructors should use their own best judgment in releasing the students from their clinical sites during severe weather conditions, or during other emergency situations.

In the event of MCPHS course scheduling conflicts students may be granted early releasetime 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 Instructor. The school must be informed of any deviations in the students’ scheduled clinical time.
MCPHS RADIOGRAPHY PROGRAM POLICY NUMBER: 11
Reviewed: 5/18 Revised: 7/15

CLINICAL ATTENDANCE

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 situation or in the case of bereavement (Policy #14) 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 situation.

Students 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:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Number of days absent in the semester</th>
<th>Total Points for Attendance reflected on Grade form K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Standards</td>
<td>0 absences in a semester</td>
<td>3 points is the maximum number of points awarded on the grade form.</td>
</tr>
<tr>
<td></td>
<td>1 day absent in a semester not made up</td>
<td>2 points</td>
</tr>
<tr>
<td></td>
<td>2 days absent in a semester not made up</td>
<td>1 points</td>
</tr>
<tr>
<td>Below Standards</td>
<td>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 Instructor following the student return.</td>
<td>0 points</td>
</tr>
</tbody>
</table>

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 Instructor (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 Instructor 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 Instructor 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 Instructor, 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 such that the number of absences may not exceed three for that semester.
ABSENCE

POLICY
If a student fails to notify the Clinical Instructor, or designee, 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 Clinical Instructor and Clinical Coordinator or designee of his or her absence, by calling into their clinical site at least 15 minutes before the start of the regularly scheduled clinical hours.

If a student fails to notify the Clinical Instructor, Clinical Coordinator, or designee, of his/her absence as outlined in Policy # 11, 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 Instructor.
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 Policy # 11 criteria.

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

In the event of a severe illness/accident in which the student was physically unable to notify the Clinical Instructor, or designee, of his/her absence, the student must, upon returning to the clinical site, bring a physician’s note indicating the reason for the absence and make up missed clinical time as outlined in Policy 11, Clinical Attendance.

The student is required to keep a daily log, noting their expected days at the site and any absences, in full view at the clinical site for the duration of the rotation. The log should be available when asked for by the Clinical Coordinator; failure to do so could result in a 1-point demerit for not providing proper documentation.

Sick Call or Unexpected Absence Procedure:
Call the clinical coordinator’s office to talk to them directly or leave a voice mail message. No later than 7:45am.
Call or page the clinical supervisor at the site.
It is very important that you make both calls. One call is to clinical supervisor and the second to the clinical coordinator.

If absences go beyond 3 consecutive clinical days or add up to a total of more than 3 non-sequential clinical days the clinical instructor, 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 a time will be set by the clinical coordinator and the student’s advisor, for the time to be made up and the final grade to be submitted.
PUNCTUALITY (Tardiness) POLICY

Students are expected to arrive at their clinical site on time. If a student arrives at the clinical internship site after the scheduled start time of 8:00 A.M the student must document their late arrival on the MCPHS student clinical attendance record sheet or using the clinical site’s electronic sign-in procedures. Students also must been-time when returning from breaks of lunches.

Student must make up lost time due to tardiness, at a time to be arranged with the Clinical Instructor. Continued issues with punctuality will reflect in the student’s Radiographic Internship grade as outlined in the criteria below.

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.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Number of days tardy in the semester</th>
<th>Total Points for Punctuality reflected on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Standards</td>
<td>Student arrives on time and is always punctual at the clinical site.</td>
<td>2 points is the maximum number of points awarded on the Clinical</td>
</tr>
<tr>
<td>Below Standards</td>
<td>day tardy in a semester days or more tardy in a semester</td>
<td>1 points</td>
</tr>
</tbody>
</table>

In the event of extreme weather conditions, or unusual situations, which may result in a student’s late arrival to the clinical internship site, the point deduction for tardiness maybe waived at the discretion of the Clinical Instructor and the Clinical Coordinator.

Ongoing problems with student tardiness will be documented using the Student Conference Form (Form I) by the Clinical Instructor. The Clinical Instructor (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 3 days of tardiness for a clinical semester they will begin receiving a 1-point demerit for each additional occurrence on Grade Form K (Clinical Demerits).

If a student receives a grade below a “C” for their internship rotation they will be required to repeat that rotation.
DEATH IN FAMILY / BEREAVEMENT LEAVE POLICY

In the event of a death in the immediate family of an enrolled MCPHS student, the Dean of Students may grant the student an absence for up to three consecutive business days for bereavement, or longer, at the dean’s discretion. The immediate family is defined as the student’s spouse/partner, parent/guardian, child, sibling, or with the approval from the Dean of Students, another member of the student’s extended family.

PROCEDURE

Student’s must notify the Dean of Students immediately in the event of a death and must fill out a written form with the Office of the Dean of Students within a week of the official notification.

The Dean of Student’s will notify the Radiography Program Director of a student’s absence due to bereavement and the Radiography Program Director will notify the Clinical Coordinator if the days off involve a student’s Radiographic Internship rotation. The Clinical Coordinator will then notify the appropriate clinical facility.

The time off for bereavement from the Radiographic Internship rotation will be documented in the student’s clinical record, but no penalty or make-up time will result.
PERSONAL COMMUNICATION DEVICES POLICY

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 Instructor 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 situation the student may use the clinical site phones, with the permission of the Clinical Instructor or designee.

The student should discuss the emergency with the Clinical Instructor, 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.

Continued inappropriate use of the clinical site phones and computers may result in referral to the Dean of Student’s Office for disciplinary action.
PERSONAL TRANSPORTATION POLICY
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 occur.
CLINICAL INTERNSHIP ORIENTATION POLICY
The radiography student will receive an orientation to their assigned clinical internship site/s. This orientation may be provided by the Clinical Instructor or their designee or other appropriate clinical supervisory personnel.

PROCEDURE
Students are scheduled for orientation to their clinical internship facility/department by their Clinical Instructor.

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 Instructor will ensure that the student documents on their Radiography Orientation/Educational Log Sheet (Form O) that the orientation for the facility/department is completed, and the date of completion.

The Clinical Instructor is responsible for completing a Radiography Orientation/Education Log Sheet (Form O) 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 instructor and student sign the form.
REPORTING HEALTH AND COMMUNICABLE DISEASE POLICY
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 Instructor and Clinical Coordinator or Program Director.
INCIDENT REPORT POLICY
In the event of an incident, at a clinical education facility, that 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 (Form B).

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 Clinical Instructor of the internship site should be notified. In the absence of the Clinical Instructor, the appropriate departmental supervisory personnel should be notified.

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

The student and the Clinical Instructor, 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**

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

**PROCEDURE**

Student conferences will be scheduled with the student, and the Clinical Instructor, 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, using the MCPHS Clinical Performance Review form H. Additional student conferences may be requested and scheduled throughout the semester on an as needed basis.

The MCPHS Student Conference Form (Form I) 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.

Upon completion of a student’s clinical rotation the student’s MCPHS Clinical Performance Review Form H will be inputted into the Trajecsys reporting system and the MCPHS Conference Forms (Form I) will be forwarded to MCPHS.

This form will remain on file at the College until such time that the student completes, withdraws from, fails, or is dismissed from the program.

Student records will remain on file for a two-year period.

At the completion of each 3-week period of clinical rotation, a Form G (Technologist / Student Evaluation Form) is to be completed by a registered technologist who has worked with the individual student (summer rotations every 2 weeks). This evaluation will be included as part of the Student Conference. A total of 5 completed forms will be due at the end of the semester.
GRIEVANCE PROCESS POLICY
The Grievance policy enables students to work with program faculty to resolve problems that may arise in the program in a fair and unbiased manner. If a student has a grievance regarding decisions made during the 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/situation through open communication with the Involved person.

If the student is not satisfied the situation has been resolved, he/she should present the problem in writing to the Radiography Clinical Coordinator at MCPHS within three days.

If the student is not satisfied the situation has been resolved, he/she should present the problem in writing to the Radiography Program Director at MCPHS within three days.

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

If the student is not satisfied with the Radiography Program Director’s resolution/response then he/she should present the problem, in writing to the Dean, School of Medical Imaging and Therapeutics within five days.

The Dean, SMIT then has ten days to request additional information and must respond to the student’s grievance within 20 days of receiving the student’s original letter.

The decision of the Dean, School of Medical Imaging and Therapeutics is final.

If the complaining party has exhausted all College channels for resolution of a program-related problem that represents non-compliance with Accreditation Standards, the student should contact the JRCERT at:

Joint Review Committee on Education in Radiologic Technology 20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
E-mail: mail@jrcert.org

The student may choose to cancel the grievance procedure at any point in the process by notifying the appropriate person, i.e. the Radiography Program Director or Dean for the School of Health Sciences in writing that he/she wishes to cancel the grievance process.
PREGNANCY POLICY
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, (Form D) 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 (Form D2). A written notification must be presented to the program director.

PROCEDURE
Once the student declares herself to be 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 500 mrem 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 student nor to fill any voids in the assignment schedule.
CLINICAL MERITS POLICY
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 Instructor, Clinical Coordinator and/or Program Director.

PROCEDURE
When a clinical merit is to be awarded the Clinical Instructor/Clinical Coordinator or Program Director should complete the Student Conference Form (Form I) indicating the reason for the merit.

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 format for case study presentations will be approved by the Clinical Coordinator and/or Clinical Instructor.

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 Instructor about a specific student.

Additional merits may be given as may be appropriate.

All merits must be documented on a Form I and forwarded in a timely manner to the Clinical Coordinator for credit to be awarded.
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 Instructor/Program Director the Student Conference Form (Form I) 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 (Form I) 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 film 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 Log Book 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 Instructor 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 Instructor(s) Clinical Coordinator and/or Program Director.
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/Pyelograms (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/Pyelograms (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 film, 100mm film 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 I & 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 (Form P). 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-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.
POLICY
During each radiographic internship rotation, the student must demonstrate his or her competency for specific radiographic procedures with a pass rate of 85% or higher. When a student fails to perform a competency evaluation with at least an 85% accuracy rate the student is required to follow the steps outlined below.

PROCEDURE
At the start of each radiographic internship rotation the Clinical Instructor reviews with the students the objectives for that internship rotation, including the suggested competency evaluations that must be successfully passed for that internship.

The student must first observe the procedure, and then must perform the procedure under direct supervision with the supervising technologist. When the student feels that he or she is ready to complete the competency evaluation for a specific exam he/she notifies the Clinical Instructor or Supervising Technologist of his/her readiness.

In the case of exams that are rarely performed, the student must show proficiency before attempting a competency by accurately explaining in detail the procedure. Once the technologist is satisfied with the explanation then and only then can the student perform the competency.

The student performs mandatory competency evaluations on actual patients, whenever possible. The American Registry of Radiologic Technologists (ARRT) requires that students demonstrate competency in 40 Mandatory radiological procedures on patients (not phantoms or simulated). If a student fails to perform a competency evaluation with at least an 85% accuracy rate he/she is required to follow the system of failure outlined below:

First or Second Competency Failure
Clinical Instructor and the student review the failed competency evaluation and discuss the reason(s) for failure. The student will review the text and other material (radiographs, handouts, video tapes, etc.) pertinent to that failed competency and, at the discretion of the Clinical Instructor, put in writing a summary of steps for completing the procedure. The student will be re-assigned to the area in the radiology department where that exam/procedure is performed to practice and gain additional experience pertinent to the competency. The student will then be re-evaluated by the Clinical Instructor and this re-evaluation must be performed with a 90% accuracy rate for the student to be deemed competent.

Third Failure
The Radiography Program Director and Clinical Coordinator shall be advised of the situation. The Program Director, the Clinical Coordinator, Clinical Instructor, and the Dean forth School of Medical Imaging and Therapeutics shall assess the overall academic and clinical status of the student and a decision shall be made as to the advisability of the student continuing with the program.
POLICY
In the event a radiographic image produced by a student 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 student implements the needed corrections, under the direct supervision of qualified radiographer, and makes the exposure with the approval of the qualified radiographer.

The student must fill out a Form X (Weekly Repeat Radiography Sign off Form) whenever there is a repeat radiograph performed for that specified week. Form X is submitted to the Clinical Coordinator on a weekly basis. Form X must be completely filled in and include the initials of the Staff Radiographer with whom the repeat was performed with.

Due to patient safety issues, no deviation from this policy is to be allowed.
POLICY
The student will be evaluated in each clinical rotation by the supervising technologist using Form G. The supervising technologist is the technologist who is assigned to work with the student in lieu of, or in the absence of, the Clinical Instructor. These evaluations are performed as outlined in the procedure below:

PROCEDURE

Five Technologist/Student Performance Evaluation forms should be completed each semester.

One evaluation form should be completed approximately every two-three weeks for the RAD 201C, 303C & 304C internship semesters.

During RAD 202C summer semester the evaluation form should be completed every two weeks.

The clinical Instructor or acting supervisor will designate the appropriate technologists (those that have been working with the student) to perform the evaluation.

Evaluations submitted each semester should be submitted by five different technologists with the exception of departments containing less than 5 registered technologists.

An average of the Technologist/Student Performance Evaluations will be part of the Clinical Internship Grade.
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, givea 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."

In the event a student must leave the clinical site to see a physician for health reasons and plans on returning to the clinical site the same day, they must return accompanied by a physician’s note.

INFECTION CONTROL POLICIES
Students with an infectious illness must notify the Clinical Coordinator, the Program Director, and the assigned clinical instructor at their clinical site that they will be absent.

Students are reminded of the compromised status of their patients’ health and immune systems, and should not impose a health hazard on others.

Varicella (Chicken Pox): Prior to entering the clinic, students will inform the Program Director of their history regarding the varicella infection. Those who have not had this infection, or are uncertain about their history, must have a titer drawn to verify immune status. Immune suppressed patients are extremely susceptible to this infection; to
protect them, any individual without documented immunity MUST NOT participate inpatient care following a personal exposure. If you are not immune and have been exposed, notify the Program Director immediately.

Hepatitis B: Information regarding Hepatitis B and the Hepatitis B vaccine was provided to all students prior to enrollment. Vaccination is necessary before admittance to the first clinical rotation! Documentation of status regarding vaccination is required.

**STANDARD PRECAUTIONS**

Definition: The method of infection control whereby ANY human blood or body fluid is treated/handled as if it were known to be infectious.

Caregivers must keep in mind that undiagnosed infections may be present; thus, care should be taken to avoid contact with any blood or body fluids.

Caregivers are reminded that oncology patients are generally in immune-deficient states, and that hand washing is the single most important action for preventing disease transmission! Standard Precaution must be always practiced.

The following are basic guidelines for infection control:

Always wash hands before and after patient contact, even when gloves are used.

Gloves are to be used for procedures potentially involving contact with blood or body fluids, including tattooing.

Dispose of sharps in puncture proof containers. NEVER recap needles!

Soiled linens, etc., should be bagged immediately (not placed on floor, etc.).

In the event of exposure, notify the Clinical Supervisor, Clinical Coordinator, and Program Director immediately.
Retention and Dismissal Policy for Internships POLICY

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
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 proceedin 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
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 instructor.

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.
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.

The student must score 90% or better and the Comp form-J is to be utilized for grading purposes.

In the event the student fails a Re-Comp, the student and clinical instructor should discuss the reasons for the failure and determine the necessary steps the student will need to become proficient.
Failed Lab Competency/Simulations POLICY

Laboratory competencies/simulations are an integral part in evaluating a student’s performance and progress at the end of each semester. The program officials reserve the right to challenge any clinical competency obtained in the clinical site at the end of each semester. This will be accomplished via a lab competency/simulation and verbal competency exam were the student is asked to simulate the exam in the school’s x-ray laboratory. These competencies/simulations are part of the final clinical grading process. Students are required to pass Lab Competencies with a grade of 85% or better. In the event a student fails a competency with an 85% or less the following procedure will prevail as outlined below.

PROCEDURE

The following procedure will be implemented but not limited to in a case where a student receives less than 85% on Lab Competency.

The students will receive a zero-point score on the clinical grade form K in the section marked labor verbal comp.
The clinical competency will be removed from the master clinical list.

The clinical instructor will be informed of the removal of the clinical competency from the masterclinical list.

Students will then need to follow the procedures of Policy #27, which refers to failed competencies.
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 Assignments POLICY
Student Clinical Site Placement

PROCEDURE

The following are the rules for placement of students at the clinical sites:

Students will be placed at clinical sites based on the following criteria or any combination thereof:

- Evaluation of performance during RAD 210 Procedures I laboratory skills. Judgment of the Clinical Coordinator or Program Director.

All students during their clinical training must attend at least one clinical site for two semesters:

- Each student will be assigned a clinical site for two semesters with the exception of Boston Children's Hospital, New England Baptist Hospital and Angell Memorial Hospital (specialty hospitals).

- Students are not allowed more than one full semester at specialty hospitals and not more than 1 day at Angell Memorial Hospital.

- Students who choose to attend Angel Memorial as an observation site may do so for a one-day rotation. Those attending are there to observe how animals are radiographed and are not allowed to radiograph animals.
Observational Rotations POLICY

Students observational rotations; Mandatory & Elective

PROCEDURE
The following are the rules for placement of students at the clinical sites

Students will be placed at clinical sites based on the following criteria or any combination thereof:

Evaluation of performance during RAD 210 Procedures I laboratory skills.
All students during their clinical training must attend at least one clinical site for two semesters:

Each student will be assigned a clinical site for two semesters with the exception of Boston Children's
Hospital, New England Baptist Hospital and Angell Memorial Hospital (specialty hospitals).

Students are not allowed more than one full semester at specialty hospitals and not more than 1
day at Angell Memorial Hospital.

Students who choose to attend Angel Memorial as an observation site may do so for a one-day
rotation. Those attending are there to observe how animals are radiographed and are not
allowed to radiograph animals.
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 (Form P). 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 Instructor.

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 notable 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.
FORM A
Radiography Program Signature Page

I,
Print Name of Student

have received, reviewed, and fully understand the contents of the MCPHS Radiography Program
Student Handbook and Policies and Procedures. I understand that my signature does not signify
that I agree or disagree with the policies and procedures within this handbook.

Student Signature:
Date:

Program Official:
Date:
FORM B

Radiography Program
Clinical Incidence Documentation Form

This form serves to document an incident involving a radiography student while in the clinical education setting. An incident is defined as those occurrences or situations that are not within normal standards of operation. Upon completion of this form the originalism sent to the Radiography Program Director at MCPHS, a copy is then placed in the student’s file and kept at the clinical site. Students must follow the specific policies and procedures of the clinical site regarding incident reports as well.

Name of Student:

Date and Time of Incident:

Clinical Site:

Clinical Instructor:

Brief Description of Incident:

Action Taken (If Any):

Signature of Student:
Date:

Signature of Clinical Instructor:
Date:

Signature of Program Director:
Date:
FORM C

Radiography Program CLINICAL ABSENCE FORM

This form is to be completed and signed by the student and the Clinical Instructor upon a student’s return following an absence from the clinical site due to an illness or emergency. The original should be kept on file at the clinical site until the end of the semester at which time this form is forwarded to the Radiography Clinical Coordinator at the college. If there is a question of your ability to return to normal clinical activities, this must be documented through the excused absence procedure.

Name of Student:

Date of Absence:

Clinical Rotation (Circle one): RAD201C RAD202C RAD303C RAD304C

Clinical Site:

Clinical Instructor:

Reason for Absence:

Other Information:

Signature of Student:
Date:

Signature of Program Official:
Date:
FORM C-1
Radiography Program MAKE-UP TIME FORM

This form is to be used when the student misses more than one day of clinical and needs to makeup missed clinical time. Missed clinical time may only be made up during regular college business hours, which excludes weekends, holidays, evenings, and night shifts. All make-up time must be approved by the Clinical Instructor and Clinical Coordinator.

Student Name:   
Clinical Rotation: (Circle one): RAD202C RAD303C RAD304C RAD201C
Clinical Site:

I will be making up __ hours of clinical time on the following days: Please provide the month, day and year and the hours,

For example:
March 25th, 2008 AM to 4AM

Signature of Clinical Instructor:

Date:

Signature of Program Official:

Date:
# VOLUNTARY DECLARATION OF PREGNANCY FOR RADIATION WORKERS

## DECLARATION OF PREGNANCY

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Date of Conception (Mo/Yr)</td>
<td></td>
</tr>
</tbody>
</table>

By providing this information to my immediate supervisor/Instructor, in writing, I am declaring myself to be pregnant as of the approximate date shown above.

Under the provisions of 10 CFR Part 20.1208 I understand that my exposure will not be allowed to exceed 5 mSv (500 mRem) during my pregnancy, from occupational exposure to radiation. I understand that this limit includes exposure I have already received. If my estimated exposure since the above approximate date of conception has already exceeded 5 mSv (500 mRem), I understand that I will be limited to no more than 0.5 mSv (50 mRem) for the remainder of my pregnancy. If I should find out that I am not pregnant, or if my pregnancy ends, I will inform my supervisor as soon as practical.

<table>
<thead>
<tr>
<th>Signature of Individual</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Signed</td>
<td></td>
</tr>
</tbody>
</table>

## DESCRIPTION OF CURRENT WORK WITH IONIZING RADIATION

### RECEIPT OF DECLARATION OF PREGNANCY

<table>
<thead>
<tr>
<th>Name of Supervisor/Instructor</th>
<th></th>
</tr>
</thead>
</table>

I have received notification from the above named woman that she is pregnant. I have explained to her the potential risks from exposure to radiation as provided in Regulatory Guide 8.13, Revision 3. I have evaluated her prior exposure and established appropriate limits to control the dose to the developing embryo/fetus in accordance with limits in 10 CFR part 20.1208. I have explained to her options for reducing her exposure to as low as reasonably achievable (ALARA).

<table>
<thead>
<tr>
<th>Signature of Supervisor/Instructor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Signed</td>
<td></td>
</tr>
</tbody>
</table>
FORM D-2

Radiography Program
PREGNANCY DECLARATION WITHDRAWAL FORM

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

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

Student Signature:
Date:

Acknowledgement of Receipt of Declaration:

Program Director Signature:
Date:

Clinical Coordinator Signature:
Date:

Note: the student will receive a copy of this declaration once all signatures are obtained. The original will be maintained in the student's clinical file.
FORM E
Radiography Program
CLINICAL SUSPENSION DOCUMENTATION FORM

This form serves as documentation of a clinical suspension of a radiography student due to inappropriate conduct. Upon completion of this form the original is placed in student’s file at the college and a copy is sent to the clinical site. The Clinical Instructor must contact the Radiography Clinical Coordinator and the Program Director to discuss the situation, which resulted in the clinical suspension, and a decision will be made regarding any future action that may be taken.

Name of Student:
Date of the Suspension:
Clinical Site:
Clinical Instructor:
Reason for Suspension:

Action Taken (If Any):

Student Comments:
Signature of Student:
Date:
Signature of Clinical Instructor:
Date:
Signature of Program Official:
Date:
FORM G
Tech Evaluation of Students Progress

Students Name: 
Affiliate: 
Internship#  I  II  III  IV

Professional Attributes: Displays a positive attitude towards learning while 
exercising professional judgement. Takes initiative to practice with equipment, 
practice procedures with other students, Stocks and cleans rooms, observes, and 
assists with exams, ask for feedback on their performance, responds positively to 
criticism, and understands their limitations and learns from them. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Interpersonal Interactions with Health Professionals-. Student demonstrates enthusiasm 
and works in a cooperative manner. Interacts with all staff and health professionals with 
apositive demeanor. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Interpersonal Interactions with Patients -Students address patient in a professional 
manner. Obtains patient history relating to the radiographic exam in a private area. 
Communicates with clear concise instructions in a positive and understanding manner 
(100Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Punctuality/Rotation Assignments -This category is a specific area that is concerned with a 
student’s obligation to be punctual when they arrive and return from breaks. Also consider 
that students have an obligation to their assigned rotation and should not leave unless 
toldto do so. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Work Ethic - A student that works hard, performs to the best of their abilities, and is diligent in their work. The student realizes the value of their work and its ability to enhance their character. Works in a cooperative manner. (100 Points)

Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Departmental Exam Protocols- This category is concerned with the student’s ability to follow department exam procedures. Student refers to protocol procedure books rather than relying heavily on staff technologists for routine procedures. Student should know all hanging protocols in PACS. The student adheres to the direct/indirect supervision policy. (100 Points)

Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Equipment knowledge and functionality- Equipment includes: Manipulation of Tube, Proper Angulations, and Proper use of digital equipment, Lock Releases and Detents, Proper SID, and use of all other button functionality on the x-ray machine. Students know when to use a grid, cassette holders, and maintain integrity of equipment. Students select the proper APR region and body part. (100 Points)

Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Technical Factors – Student can select proper AEC chambers, + or – DensityControls based on patient habitus/pathology, kVp, mAs, understand digital “E.I.” Numbers and Principles. (100 Points)

Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Radiographic Positioning- Correct patient positioning, proper use of Central Ray,
patient obliquity, knowledge of anatomical landmarks, proper placement of lead, proper use of Collimation; uses positioning aids when necessary. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Proficiency of Exams-Student demonstrates the ability to duplicate a quality exam on procedures that have successfully been comped on. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Workflow-High volume cases where one must use speed and accuracy to achieve positive outcomes. Student can handle high levels of stress and volume while displaying professionalism. Student is always helpful and productive. These studies may include: Trauma, OR, ER, Clinics, busy rooms or just busy days. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Radiation Safety & Protection- This category focuses on the student’s ability to demonstrate their knowledge of practicing Radiation Safety Measures while maintaining the principles of ALARA. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Patient Safety- Student can evaluate the patient’s condition to determine if they are able to stand for studies, move over onto the x-ray table without assistance and without incidence. Puts locks on stretchers, wheelchairs, leaves rails up on stretchers when patient is unattended. Student changes gloves after each patient, washes hands after taking off gloves, and uses standard precautions. (100 Points) Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:
General Knowledge of Anatomy- Student can identify and visualize, Bony Anatomy at various positions, Pathology, Bowel, Gas Patterns, Organs and Vasculature. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Image Critique- Student can evaluate the radiograph for motion, artifacts, and positioning errors, technical errors, identify all anatomical structures needed on the image, contrast, and density concerns, and use of critical thinking skills to make adjustments. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:
REQUIRED: Please Identify 3 strengths and 3 areas for improvement

(Staff) Evaluator:
Date:
Student:
Date:
Clinical Instructor:
Date:
Program Official:
Date:

Grading Scale= Maximum 15 Points Total

<table>
<thead>
<tr>
<th>100% = 15 Points</th>
<th>76-79% = 9 Points</th>
<th>67% = 3 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>96-99% = 14 Points</td>
<td>72-75% = 8 Points</td>
<td>66% = 2 Points</td>
</tr>
<tr>
<td>92-95% = 13 Points</td>
<td>71% = 7 Points</td>
<td>65% = 1 Point</td>
</tr>
<tr>
<td>88-91% = 12 Points</td>
<td>70% = 6 Points</td>
<td>&lt;65 = 0 Points</td>
</tr>
<tr>
<td>84-87% = 11 Points</td>
<td>69% = 5 Points</td>
<td></td>
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<tr>
<td>80-83% = 10 Points</td>
<td>68% = 4 Points</td>
<td></td>
</tr>
</tbody>
</table>
FORM H

(C.I.) Clinical Instructor Evaluation of Student Progress

The C.I. will check off a box that corresponds to the students’ progression at their current level of training. Please provide constructive feedback in the comments section located at the end of each question.

Professional Attributes, displays a positive attitude towards learning while exercising professional judgment. Takes initiative to practice with equipment, practice procedures with other students, Stocks and cleans rooms, observes, and assists with exams, ask for feedback on their performance, responds positively to criticism, and understands their limitations and learns from them. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Interpersonal Interactions with Health Professionals-. Student demonstrates enthusiasm and works in a cooperative manner. Interacts with all staff and health professionals with a positive demeanor. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Interpersonal Interactions with Patients -Students address patient in a professional manner. Obtains patient history relating to the radiographic exam in a private area. Communicates with clear concise instructions in a positive and understanding manner (100 Points)
Always Exhibits
 Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Work Ethic - Punctuality/Rotation Assignments- Work Ethic is defined as: This category is a specific area that is concerned with a student’s obligation to be punctual when they arrive and return from breaks. Also consider that students have an obligation to their assigned rotation and should not leave unless told to do so. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:
Radiation Safety and Protection - A.L.A.R.A. Principles (Time, Distance and Shielding) - This category focuses on the student’s ability to demonstrate their knowledge of practicing Radiation Safety Measures while maintaining the principles of ALARA. (100 Points)

- Always Exhibits
- Almost Always Exhibits
- Often Exhibits
- Occasionally Exhibits
- Almost Never Exhibits

Comments:

Department Protocols - This category is concerned with the student’s ability to follow department hospital policies as well as the departmental procedural protocols. The student adheres to the direct/indirect supervision policy. (100 Points)

- Always Exhibits
- Almost Always Exhibits
- Often Exhibits
- Occasionally Exhibits
- Almost Never Exhibits

Comments:

Equipment Knowledge and Functionality - Equipment includes: Manipulation of Tube, Proper Angulations, and Proper use of CR, Lock Releases and Detents, Proper SID, and use of all other button functionality. (100 Points)

- Always Exhibits
- Almost Always Exhibits
- Often Exhibits
- Occasionally Exhibits
- Almost Never Exhibits

Comments:

Knowledge of Radiographic Procedures - Correct patient positioning, proper use of CR patient obliquity, knowledge or anatomical landmarks, proper placement of lead FOV proper use of Collimation. (100 Points)

- Always Exhibits
- Almost Always Exhibits
- Often Exhibits
- Occasionally Exhibits
- Almost Never Exhibits

Comments:

Student Competence - This category deals with a student’s ability to complete their competency objective by semesters end and in a timely fashion. (100 Points) Always Exhibits

- Almost Always Exhibits
- Often Exhibits
- Occasionally Exhibits
Almost Never Exhibits
Comments:

Technical Factors - Student is able to select proper AEC chambers, + or – Density Controls based on patient habitus/pathology, kVp, mAs, understand digital “E.I.”Numbers and Principles (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Workflow - High volume cases where one must use speed and accuracy to achieve positive outcomes. Student can handle high levels of stress and volume while displaying professionalism. Student is always helpful and productive. These studies may include: Trauma, OR, ER, Clinics, busy rooms or just busy days.
(100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

General Knowledge of Anatomy - Student can identify and visualize, Bony Anatomy at various positions, Pathology, Bowel, Gas Patterns, Organs and Vasculature. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Image Critique Proficiency - This includes identification of the following: Motion, artifacts, positioning errors, technique errors, identifies anatomical structures, contrast, and density. Student demonstrates the good critical thinking skills to adjust. (100 Points)
Always Exhibits
Almost Always Exhibits
Often Exhibits
Occasionally Exhibits
Almost Never Exhibits
Comments:

Student’s Overall Performance and Progression Since the Beginning of Internship Semester – Taking into consideration all the aforementioned qualities and skill; evaluate the student’s overall performance/progression to date. Note take into consideration the level of training and experience that the student is currently at. (100 Points)
The scale will be based on 1 through 10.
REQUIRED: Please Identify 3 strengths and 3 areas for improvement

Grading Scale = Maximum 20 Points Total

<table>
<thead>
<tr>
<th>% Range</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>100%</td>
<td>20</td>
</tr>
<tr>
<td>98-99%</td>
<td>19</td>
</tr>
<tr>
<td>96-97%</td>
<td>18</td>
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<td>94-95%</td>
<td>17</td>
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<td>92-93%</td>
<td>16</td>
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<td>90-91%</td>
<td>15</td>
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<td>88-89%</td>
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<td>86-87%</td>
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<td>84-85%</td>
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<td>82-83%</td>
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<td>80-81%</td>
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<td>76-77%</td>
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<td>74-75%</td>
<td>7</td>
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<tr>
<td>71-72%</td>
<td>6</td>
</tr>
<tr>
<td>69-70%</td>
<td>5</td>
</tr>
<tr>
<td>67-68%</td>
<td>4</td>
</tr>
</tbody>
</table>

(Example) 1 = poor performance 5 = meets standards 10 = operates above average
FORM I
Radiography Program STUDENT CONFERENCE FORM

This form serves to document a student conference. Upon completion of this form the original is placed in student’s file at the clinical site and a copy is sent to the Clinical Coordinator at MCPHS. This form is kept on file at MCPHS until the student completes or leaves the program.

Name of Student:

Date and Time of Conference:

Clinical Site:

Clinical Instructor:

Circumstances surrounding this conference:

Discovery:

Outcomes:
Expectations:

Action Items:

Statement of Student:

Signature of the student does not indicate agreement or disagreement with material presented in this form, only that the student has read this form.

Signature of Student:
Date:
Signature of C.I. and/ or C.C.:
Date:
FORM J
Radiography Program
Clinical Competency Evaluation Form

Student Name: 
Exam: 
Clinical Site: 
Date: 
Level: (Circle one) 1. Ambulatory, Cooperative Adult
Wheelchair, Alert, Stretcher, patient or child over 5 years
Trauma, Unconscious or Immobile patient
Pediatric under 6 years
Portable Check one:
Simulation Initial Re-COMP Repeat Comp (if student failed initial comp)

<table>
<thead>
<tr>
<th>PART A: Deduct 20 points for each “NO” answer in this section, which will result in a failed exam since total will be below 85%.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient’s identification is checked and properly verified in a courteous manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Appropriate clinical information/history is obtained and recorded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Appropriate exam/procedure protocol is performed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Pregnancy status is checked for women in their childbearing years in a manner protecting the privacy of the patient as per established by the clinical policy/protocols.</td>
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<tr>
<td>5. Lead shield properly placed</td>
<td></td>
<td></td>
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<tr>
<td>6. Technologist did not assist in performing exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Competency was completed without any repeats</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART B: Deduct 2 points for each “NO” in this section Total for Section B=20Points</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. X-ray room is properly set up and supplied prior to the start of the exam.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Patient is properly gowned and prepared for the exam. (All obscuring objects from the patient is removed prior to exam).</td>
<td></td>
<td></td>
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<tr>
<td>3. Universal/standard precautions are maintained.</td>
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<tr>
<td>4. Respect's the patients modesty and provides ample comfort for the patient.</td>
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</tr>
<tr>
<td>5. Ensured patient’s physical safety.</td>
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<tr>
<td>6. Explains the examination in terms the patient fully understands.</td>
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</tr>
</tbody>
</table>
7. Instills confidence in the patient by exhibiting self-confidence throughout the examination.

8. Performance pace of exam was satisfactory based on the level of the student’s competency.

9. Post exam follow-up procedures were completed per established departmental protocols.

10. Room was properly cleaned and supplied upon completion of exam.

<table>
<thead>
<tr>
<th>POSITIONS/PROJECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART C: Deduct 4 points for each “NO” checked in this section.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RADIATION PROTECTION/SAFETY</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appropriate collimation utilization</td>
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<tr>
<td>2. Accessory devices properly placed (lead strips, cones, etc.)</td>
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<td></td>
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<tr>
<td>3. ALARA principles utilized</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUIPMENT SKILLS</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Appropriate size &amp; type of imaging device was selected.</td>
<td></td>
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<tr>
<td>5. Handling of x-ray and accessory equipment was appropriate.</td>
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<tr>
<td>6. Tube/Part/Image receptor was all properly aligned.</td>
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<table>
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<tr>
<th>POSITIONING SKILLS</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
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<th>Y</th>
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</thead>
<tbody>
<tr>
<td>7. Patient was placed in the correct body position for exam. (prone, supine, oblique, standing, sitting, etc.)</td>
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<td>8. Part being examined was placed in the appropriate position. (Degree of obliquity, etc.)</td>
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<tr>
<td>9. Correct CR entry/exit point was utilized</td>
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<td>10. Appropriate breathing instructions given to the patient prior to</td>
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<tr>
<th>TECHNICAL FACTORS</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
<th>Y</th>
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<tbody>
<tr>
<td>11. Factors controlling contrast + density were selected appropriately.</td>
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<td>12. Correct SID/and Focal Spot utilized.</td>
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<tr>
<td>13. Exposure indicator number is within the acceptable Exposure Index range.</td>
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</table>
**IMAGE ASSESSMENT & Critique:** Student was able to:

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<tr>
<th></th>
<th>Y</th>
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<th>Y</th>
<th>N</th>
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<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>14. Display radiograph correctly for viewing in either a PACS system or view box.</td>
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<td>15. Correct use of lead markers.</td>
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<td>16. Proper positioning (all anatomy included, evidence of proper centering/alignment, collimation)</td>
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<th>Y</th>
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</thead>
<tbody>
<tr>
<td>17. Accurately assess radiographic contrast, density and resolution.</td>
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<td>18. Correctly identify anatomic structures for each projection.</td>
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<td>19. Identify specific criteria for an acceptable radiograph and offer suggestions for improvement of image. No artifacts on radiograph.</td>
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<tr>
<td>Critical Thinking</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>20. Student is able to adapt exam to meet patient's needs</td>
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</table>

**TOTAL for each projection in part C**

<table>
<thead>
<tr>
<th></th>
<th>kV</th>
<th>mAs</th>
<th>kV</th>
<th>mAs</th>
<th>kV</th>
<th>mAs</th>
<th>kV</th>
<th>mAs</th>
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</thead>
<tbody>
<tr>
<td>PART D: Deduct 2 points for each missing technique in this section</td>
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</table>

Fill in the kV & mAs for each projection

---

**Final Grade Total must be 85% or higher for successful completion of a competency evaluation.**

**Total of Part B** + **Average score from Part C - Part A & Part D deductions (If applicable) = Final Grade**

**Comments/Notes:**

Signature of Student:
Date:

Signature of Evaluator:
Date:
FORM K
Radiography Program
CLINICAL INTERNSHIP GRADE FORM

This form serves as a documentation of a student’s grade for their clinical internship at the completion of each semester. This form is completed by the Clinical Instructor and the original is sent to the Radiography Clinical Coordinator at MCPHS to calculate the final grade.

Name of Student:

Clinical Site:

Internship Rotation: Internship I, Internship II, Internship III, Internship IV Clinical Competency & Re-Competency Evaluation Scores

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Score</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>23</td>
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<td>24</td>
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</tbody>
</table>

Total Points =

\[
\text{Total Points} \div \text{Number of competencies performed} = \text{Average Score}
\]
(Total Points Calculate) Average score X .45 = Clinical Competency evaluation points

<table>
<thead>
<tr>
<th>Categories</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>Clinical Competency Total Evaluation Points (Carried over fromPage-1) will= Maximum 45 Pts</td>
<td></td>
</tr>
<tr>
<td>Laboratory Evaluation Points (to be completed at MCPHS Maximum 5 points) 97%-100% = 5 points, 94% - 96.9% = 4 points, 90% - 93.9% = 3 points 87% - 89.9% = 2 points, 85% - 86.9% = 1 point *Below 85% is a failure receiving 0 points</td>
<td></td>
</tr>
<tr>
<td>Technologist/Student Performance Evaluations Points Maximum 15 points  *See grading criteria (Form G)</td>
<td></td>
</tr>
<tr>
<td>Clinical Performance Evaluation Points Maximum 20 points  *See grading criteria (Form H)</td>
<td></td>
</tr>
<tr>
<td>Professional Behavior : Maximum Total 15 points from categories listed below</td>
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</tr>
<tr>
<td>Attendance Points - Maximum 3 points (Form N, Form C)</td>
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<tr>
<td>Punctuality Points – Maximum 2 points (Form N)</td>
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<tr>
<td>Student Documentation - Maximum 3 points (Form I)</td>
<td></td>
</tr>
<tr>
<td>Dress Code/Conduct – Maximum 2 points (Form I)</td>
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</tr>
<tr>
<td>Continuing Education Credits- Maximum 2 points (Certificates of Attendance)</td>
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<tr>
<td>Student Journal- Maximum 3 points submitted to Clinical Coordinator</td>
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<tr>
<td>Additional Clinical Demerits</td>
<td>-</td>
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<tr>
<td>Additional Clinical Merits</td>
<td>+</td>
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<tr>
<td>Total Points</td>
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</tbody>
</table>

A grade below 85% is considered a failing grade for a competency

A grade below C/75 points is considered a FAILING grade for a clinical internship.

Signature of Student:

Date:

Signature of Clinical Instructor:

Date:
Signature of Program Official:

Date:
FORM L
Radiography Program
MASTER CLINICAL EXPERIENCE RECORD

Requirement: Candidates must demonstrate competence in all 40 Radiographic Procedures plus 3 Observational Specialty Rotations identified as mandatory (M). Candidates must demonstrate competence in 15 of the 35 elective (E) procedures. Candidates must select one elective procedure from the head section. Elective procedures should be performed on patients; however, 2 electives may be simulated if demonstration on patients is not feasible. (See table below for further clarification)

<table>
<thead>
<tr>
<th>Mandatory Competencies (M)</th>
<th>Elective Competencies (E)</th>
<th>Specialty Rotations</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 (M) Note-3 Additional Mandatories are identified by an * next to them. This is a MCPHS Program Requirements.</td>
<td>15 (E)</td>
<td>3 (M)</td>
</tr>
</tbody>
</table>

Institutional protocol will determine the positions or projections used for each procedure. Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation.

Imaging Procedure Mandatory or Elective

Objectives for demonstrating proficiency include the student’s ability to:

- Accurately evaluate the requisition in relation to the patient’s abilities.
- Ensure proper set-up of the radiographic procedure room.
- Accurately provide for the patient’s care and safety throughout the procedure. Accurately operate the medical imaging equipment and accessory devices.
- Accurately perform the required positions/projections for each exam as established by the clinical internship site’s departmental routines.
- Correctly use technical factors to produce acceptable quality radiographic images. State or list required patient preparations for the exam.
Practice acceptable methods of radiation protection for patient, self, and others.

Critique the radiographic images after completing the procedure. Student must be able to:

Determine that the images are properly labeled per acceptable legal standards. Accurately identify the anatomic structures demonstrated on the film.
Determine proper alignment of the part being imaged.
Determine that the radiographic techniques employed were appropriate.
Determine that proper radiographic protection methods were employed

Exercise independent judgment and discretion in the technical performance of radiographic procedures.

Radiography
Clinical Competency Requirements

The clinical competency requirements include the six general patient care activities listed below and a subset of the 66 imaging procedures identified on subsequent pages. Demonstration of competence should include variations in patient characteristics (e.g., age, gender, medical condition).

1. General Patient Care
Requirement: Candidates must demonstrate competence in all six patient care activities listed below. The activities should be performed on patients; however, simulation is acceptable (see footnote) if state or institutional regulations prohibit candidates from performing the procedures on patients.

Note: The ARRT requirements specify that certain clinical procedures may be simulated. Simulations must meet the following criteria: (a) the student is required to competently demonstrate skills as similar as circumstances permit to the cognitive, psychomotor, and affective skills required in the clinical setting; (b) the program director is confident that the skills required to competently perform the simulated task will generalize or transfer to the clinical setting, and, if applicable, the student will evaluate related images. Examples of acceptable simulation include: demonstrating CPR on a mannequin, positioning a fellow student for a projection without actually activating the x-ray beam, and performing venipuncture by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or grapefruit.
# MASTER CLINICAL EXPERIENCE RECORD

Student:

<table>
<thead>
<tr>
<th>Radiographic Exam</th>
<th>Mandator y Or Elective</th>
<th>Patient or Simulated P/S</th>
<th>Date Mastered</th>
<th>Grade</th>
<th>Clinical Instructor’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEST &amp; THORAX</td>
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<tr>
<td>Chest (Routine)</td>
<td>M</td>
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<tr>
<td>Chest AP (Wheelchair/Stretcher)</td>
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<tr>
<td>Ribs</td>
<td>M</td>
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<tr>
<td>Chest (Lat. Decubitus)</td>
<td>E</td>
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<tr>
<td>Sternum</td>
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<tr>
<td>Supine Abdomen/KUB</td>
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<td>Abdomen Upright</td>
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<tr>
<td>Abdomen Decubitus</td>
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<td>Intravenous Urography</td>
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<td>LOWE R EXTREMITIES</td>
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<td>Toe/s</td>
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<td>Heel (Os Calcis)</td>
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<tr>
<td>Trauma: Lower Extremity</td>
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<tr>
<td>Foot (Weight Bearing or Non-Weight Bearing)</td>
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<td>Ankle</td>
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<tr>
<td>Radiographic Exam</td>
<td>Mandatory Or Elective</td>
<td>Patient or Simulate P/S</td>
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<td>Patella</td>
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<td>UPPER EXTREMITIES</td>
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<td>Trauma: Shoulder (Scapular Y, Transthoracic or Axillary)*</td>
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<td>AC Joints</td>
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<tr>
<td>Trauma: Upper Extremity</td>
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<tr>
<td>Hip</td>
<td>M</td>
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<tr>
<td>Cross-Table (Horizontal Beam)Lateral Hip</td>
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<tr>
<td>Pelvis</td>
<td>M</td>
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<td>Cervical Spine</td>
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<tr>
<td>Cross-Table (Horizontal Beam)Lateral Spine</td>
<td>M</td>
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<tr>
<td>Thoracic Spine</td>
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<tr>
<td>Lumbosacral Spine</td>
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<tr>
<td>Procedure</td>
<td>Mandatory or Elective</td>
<td>Patient or Simulate P/S</td>
<td>Date Mastered</td>
<td>Grade</td>
<td>Clinical Instructor’s Signature</td>
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<tr>
<td>Sacrum and/or coccyx</td>
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<tr>
<td>Scoliosis Series</td>
<td>E</td>
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<tr>
<td>Sacroiliac Joints</td>
<td>E</td>
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<tr>
<td><strong>HEAD – Candidates must select at least one elective procedure from this section.</strong></td>
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<tr>
<td>Facial Bones</td>
<td>E</td>
<td></td>
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<tr>
<td>Paranasal Sinuses</td>
<td>*M</td>
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<tr>
<td>Nasal Bones</td>
<td>E</td>
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<tr>
<td>Skull</td>
<td>E</td>
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<tr>
<td>Orbits (Rhese)</td>
<td>E</td>
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<tr>
<td>Zygomatic Arches</td>
<td>E</td>
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<tr>
<td>Mandible</td>
<td>E</td>
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<tr>
<td>Temporomandibular Joints</td>
<td>E</td>
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<tr>
<td><strong>FLUOROSCOPY STUDIES</strong></td>
<td></td>
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<tr>
<td>Esophagus</td>
<td>E</td>
<td></td>
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<tr>
<td>Upper Gastrointestinal Series (UGI) Single or Double</td>
<td>*M</td>
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<tr>
<td>Small Bowel Series</td>
<td>E</td>
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<tr>
<td>Barium Enema (BE) Single or Double</td>
<td>E</td>
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<tr>
<td>Arthrography</td>
<td>*M</td>
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<tr>
<td>Cystography/Cystourethrography</td>
<td>E</td>
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<tr>
<td>Myelography</td>
<td>E</td>
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<td>ERCP</td>
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<td>Hysterosalpingography</td>
<td>E</td>
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<td><strong>PORTABLE</strong></td>
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<tr>
<td>Portable Chest</td>
<td>M</td>
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<tr>
<td>Portable Abdomen</td>
<td>M</td>
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<td>Portable Orthopedics</td>
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<tr>
<td>C-ARM STUDIES</td>
<td></td>
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<tr>
<td>C-arm Procedure (Requiring manipulation to obtain more than one)</td>
<td>M</td>
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<tr>
<td>C-arm Procedure (Requiring manipulation around a sterile field)</td>
<td>M</td>
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</table>

<table>
<thead>
<tr>
<th>Pediatrics (age 6 or younger)</th>
<th>Mandatory Or Elective Patient or Simulator P/S</th>
<th>Date Mastered</th>
<th>Grade</th>
<th>Clinical Instructor’s Signature</th>
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</thead>
<tbody>
<tr>
<td>Chest Routine</td>
<td>M</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Upper Extremity</td>
<td>E</td>
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<tr>
<td>Lower Extremity</td>
<td>E</td>
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<tr>
<td>Abdomen</td>
<td>E</td>
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<tr>
<td>Mobile Study</td>
<td>E</td>
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<tr>
<td>Geriatric Patient (At least 65 Years Old and Physically or Cognitively Impaired as a Result of Age)</td>
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<tr>
<td>Chest Routine</td>
<td>M</td>
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<td></td>
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<tr>
<td>Upper Extremity</td>
<td>M</td>
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<tr>
<td>Lower Extremity</td>
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<td>OBSERVATIONAL ROTATIONS:</td>
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<tr>
<td>Cardio-Vascular Interventional Technology (CVIT)</td>
<td>M</td>
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<tr>
<td>Medical Imaging Modality</td>
<td>Code</td>
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<tr>
<td>Computed Tomography (CT)</td>
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<tr>
<td>Magnetic Resonance Imaging (MRI)</td>
<td>M</td>
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<tr>
<td>Nuclear Medicine</td>
<td>E</td>
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<tr>
<td>Ultrasound</td>
<td>E</td>
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<tr>
<td>Bone Densitometry</td>
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<tr>
<td>Mammography</td>
<td>E</td>
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<tr>
<td>Other:</td>
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STUDENT EVALUATION OF CLINICAL INSTRUCTOR FORM
This form is to be used by the student radiographer at semester’s end for each clinical internship rotation to provide the MCPHS Clinical Coordinator with feedback on the clinical instructor’s performance. This form is to be submitted to the Clinical Coordinator at the end of the semester. The coordinator will summarize the evaluations and provide feedback to the clinical instructors.

Student’s Name:
Clinical Instructor’s Name:
Date:
Clinical Site:

INSTRUCTIONS: The student should check the appropriate boxes based on the following scale:
4=Superior, Exceeds standards and expectations all the time.
3=Good, exceeds standards and expectations most of the time.
2=Average, Meets standards and expectations.
1=Needs improvement, often fails to meet standards and expectations.

<table>
<thead>
<tr>
<th>Clinical Instructor’s Skills: The Clinical Instructor can:</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professionalism Demonstrate both professional appearance and conduct, in interactions with other health care professionals and patients.</td>
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<td>2. Patient Care Communicate effectively with patients while projecting a caring and empathetic image.</td>
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<td>3. Positioning Skills/Technique Selection Can demonstrate patient positioning and technique selection that is suitable for student comprehension.</td>
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<td>4. Quality Control Assess radiographic images; explain to the student reasons for repeating radiographs and how to correct for errors.</td>
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<td>5. Radiation Protection/Radiation Safety Follows departmental policies regarding radiation protection for self, fellow staff members, and patients.</td>
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<td>6. Teaching ability Demonstrate and explains procedures in a clear and accurate manner.</td>
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<td>7. Assesses Student Needs Provides appropriate rotations and access to exams and procedures that enhance the learning experience.</td>
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<tr>
<td>8. Constructive Criticism/Feedback/Evaluator Provide the student radiographer with constructive criticism and feedback on their performance in a positive manner and inform the student of strength/weaknesses during</td>
<td></td>
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</tbody>
</table>
9. Teamwork
Promote and support effective teamwork among students and peers.

10. Overall Performance of Clinical Instructor
Total Points for each column

<table>
<thead>
<tr>
<th>Total Points /44</th>
</tr>
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<tbody>
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<td></td>
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</tbody>
</table>

Student’s Comments:

Signature of Student:
Date:

Signature of Program Official:
Date:
# FORM N

Clinical Attendance Sheet

Student’s Name:

Clinical Site:

Attendance Log/Yearly Calendar

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Jan.  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Feb.  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| March |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| April |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| May   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| June  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| July  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Aug   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Sept. |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Oct.  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Nov.  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Dec.  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

Key
X-Student Present
S-Student out sick/absent, called in following established MCPHS Policies and Procedures-
Holiday
D- Death in Family
A- Student absent, did not call in following established MCPHS Policies and Procedures-
Make up day for missed day
P- Personal day L-late

Students are to arrive and begin working at 8am and depart at 4pm. Please note any
deviations to the schedule on the lines below:

Clinical Instructor Signature:
Date:
The following is the documentation of scheduled classes, in-service programs, educational conferences provided at the clinical site by the Clinical Instructor, radiologist/physician, or other health care professional. The Clinical Instructor will complete the section of this form that describes the specific information for the educational activity including: the type of educational activity (i.e.: positioning class/lecture/in-service/radiographic image critique), the date of activity, a summary/description of educational activity, the class length and the instructor’s name. The student(s) will sign their name indicating that they have attended the educational activity.

Date of Class:

Name of Class:  (Orientation, Positioning Class, Film Critique/Review, In-service, etc.)

Summary/Description of Educational/Orientation Activity:

Length of Class (Hours/Min.):

Student signature

Date:

Clinical Instructor:

Date:
Form P Radiography Program  
Observational Rotation - Student Evaluation  
Form

Student Name:  
Date of Observation: 

Mandatory Rotations (Circle applicable modality): CT CVIT MRI  
Optional Rotations (Circle applicable modality): Nuclear Medicine, Ultrasound, Bone Densitometry  

Upon completion of the mandatory or optional rotations, for the modalities listed above, the student will be able to describe/identify routine procedures performed for that modality. They should be able to describe information as is applicable to each modality:

Patient care/education and technologist/patient interactions including, but not limited to, patient preparations, review of blood work, patient monitoring, technologist’s explanation of the procedure to the patient, patient consent, post-procedural instructions/care, etc.

Types or classification of procedure, i.e. interventional, non-interventional, vascular, on-vascular, diagnostic, therapeutic, etc.

Anatomy demonstrated, including scanning planes utilized, i.e. axial, coronal, sagittal, short or long axis, etc.

Equipment utilized for procedure: including but not limited to radiographic and ancillary equipment, i.e. catheters, guidewires, needles, transducer, coils, positioning aids, monitoring equipment: pulse oximeter, dynapam, EKG, etc.

Pharmacological agents utilized if any: i.e., contrast agents, medications, isotopes, etc.

Procedure Protocols: filming sequence, scanning protocols (i.e.: 4 or 5mm sections, T1,T2, spin echo, etc.)

The Clinical Instructor will evaluate the student’s knowledge of anatomy for each of the modality rotations. For each rotation students will need to identify 4 structures, based on the procedures they observed, (i.e. 4 structures for CT, 4 Structures for CVIT, etc.). The table below represents some of the possible procedures and basic anatomy that students may encounter for each observational rotation. This is not to be considered an inclusive list and the anatomy review will need to be tailored to the specific procedures that the student observes during their observational rotation. During this rotation, a journal assignment (one page in length double spaced) based on the exams you saw, patient interactions, IV set ups or anything else of interest relating to the mo
<table>
<thead>
<tr>
<th>Examples of Possible Procedures/Exams to be Observed during Modality Rotations</th>
<th>Anatomy Review: 4 Structures (The anatomy to be identified is dependent on the</th>
<th>Check if student can identify structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td></td>
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<tr>
<td>Brain</td>
<td>Lateral Ventricles- (Anterior Horn and Occipital Horn), 3rd and 4th</td>
<td></td>
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<tr>
<td>Chest</td>
<td>Aorta, Main Stem Bronchi, Right &amp; Left Ventricle/Atrium of</td>
<td></td>
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<tr>
<td>Abdomen</td>
<td>Liver, Spleen, Aorta, Kidneys, Vena Cava</td>
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<tr>
<td>Pelvis</td>
<td>Bladder, Rectum, Pubic Bone, Femoral Head, Sacrum, Ilia</td>
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<tr>
<td>Other</td>
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<td></td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>CVIT</td>
<td></td>
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<tr>
<td>Cerebral Angiogram</td>
<td>R/L Common Carotid Artery, Internal Carotid Artery</td>
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<tr>
<td>Abdominal Angiogram</td>
<td>Aorta, Renal Arteries, Celiac Axis, Hepatic Artery, Splenic</td>
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<tr>
<td>Biopsy Procedure</td>
<td>Basic Anatomy of structure being biopsied.</td>
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<tr>
<td>Tube Placement</td>
<td>Biliary or Nephrostomy or Abscess-basic anatomy of structure</td>
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<tr>
<td>Venogram</td>
<td>Inferior Vena Cava, R+L renal veins, or anatomy specific to veins</td>
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<tr>
<td>Angioplasty Procedure</td>
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<td>Other</td>
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<td>Other</td>
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<tr>
<td>MRI</td>
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<tr>
<td>Brain</td>
<td>Lateral Ventricles- Anterior Horn and Occipital Horn</td>
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<tr>
<td>Spine</td>
<td>Vertebral Body, Pedicle, Spinous Process, Transverse Process, Vertebral Foramen</td>
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<tr>
<td>Knee</td>
<td>Anterior or Posterior Cruciate Ligament, Medial + Lateral</td>
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<tr>
<td>Shoulder</td>
<td>Glenoid Fossa, Acromion Process, Humeral Head, Deltoid Muscle, Clavicle</td>
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<tr>
<td>MRA Head + Neck</td>
<td>Common Carotid Artery, Internal or External Carotid Artery, Vertebral Artery</td>
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<td>Other</td>
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<td>Other</td>
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<tr>
<td>Nuclear Medicine</td>
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<tr>
<td>Bone Scan</td>
<td>Spine, Skull, Shoulder, Bladder, anterior view, posterior view</td>
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<tr>
<td>Myocardial Perfusion Scan</td>
<td>Short Axis of Heart, Long Axis of Heart</td>
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<tr>
<td>Lung Scan</td>
<td>Perfusion scan (Shows blood flow), Ventilation scan (shows air flow)</td>
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<tr>
<td>Renal Scan</td>
<td>Kidneys, Ureters, Bladder</td>
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<td>Other</td>
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<tr>
<td>Ultrasound</td>
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<tr>
<td>Abdominal/ Pelvic</td>
<td>Liver, Kidney, Bladder, Uterus, Gallbladder</td>
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<tr>
<td>Gallbladder + Biliary System (may be part of abdominal scan)</td>
<td>GB</td>
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<tr>
<td>Kidneys (may be part of abdominal scan)</td>
<td>Kidney, Collecting System (if dilated)</td>
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<td>Other</td>
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<tr>
<td>Bone Densitometry</td>
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<tr>
<td>LS Spine</td>
<td>Transverse Process, Vertebral Body, Intervertebral Disc Space,</td>
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<tr>
<td>Hip</td>
<td>Greater Trochanter, Femoral Neck, Femoral Head,</td>
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<td>Other</td>
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</tbody>
</table>

Technologist Signature
Date:

Clinical Instructor’s Signature
Date:

Student’s Signature
Date:
Form Q  
Radiography Program  
STUDENT ROOM ROTATION SCHEDULE

Clinical Site:  
Clinical Rotation:  
Student’s Name:  

Student’s Room Assignments or Specialty Rotations

<table>
<thead>
<tr>
<th>Dates Week of:</th>
<th>Diagnostic</th>
<th>E.R.</th>
<th>Portable</th>
<th>O.R.</th>
<th>Flouro</th>
<th>Ortho</th>
<th>Advance Procedures</th>
<th>Other</th>
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<td></td>
</tr>
</tbody>
</table>

Note: The student’s room rotation schedule may be subject to change based on meeting the needs of the patients, the needs of the department, and fluctuations that occur in patient schedules.
**Form R**  
Radiography Program  
**C-ARM COMPETENCY EVALUATION FORM**

Student’s Name:  
Date:  

Please check one of the following:  
- C-Arm Procedure (requiring manipulation to obtain more than one projection)  
- Surgical C-Arm Procedure (requiring manipulation around a sterile field)  

<table>
<thead>
<tr>
<th>Student can successfully complete the following:</th>
<th>Yes (10 pts)</th>
<th>No (0 pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Locate, read, and explain the daily surgical schedule.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Locate surgical clothing and dress appropriately for working in a sterile environment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Prepare the x-ray equipment to be used by locating and connecting all cables for the C-Arm and following the appropriate steps to position and power on the C-Arm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ensure proper patient identity and laterality of procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Key in patient’s name, medical record number, date, and name of procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Provide maximum radiation protection for self by following ALARA principles, i.e. wearing of lead apron/ thyroid collar, keeping distance from patient during exposure, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Maneuver the x-ray equipment independently into proper position/alignment for the procedure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Provide maximum radiation protection for surgical staff by confirming all in room are wearing lead prior to taking an exposure as well as notifying staff when taking an exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Produce quality images and ensure all appropriate patient identification and markers are clearly visible on radiograph.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Demonstrate the ability to properly orient, save, recall, annotate and send images to PACS when necessary.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (10 points for each section, possible total 100 points)  
A score less than 85% is considered a failed competency attempt

Signature of Student:  
Date:  
Signature of Technologist:  
Date:
**Form T**

**CLINICAL AFFILIATE EVALUATION FORM**

This evaluation form must be turned in at the end of the semester in order to receive a final grade for clinical instruction.

**Clinical Affiliate Rotation:**
This evaluation provides the student the opportunity to voice his/her opinions and concerns, as well as thoughts about the clinical aspect of the Radiography Program internship as a whole (e.g., whether or not it was a good learning experience, evaluation of radiography technologists with whom the student worked, complaints or praise, the clinical supervisor was available to you, etc.)

Choose the number (1, 2, 3, and 4) that you feel is the most appropriate answer:

4 = Superior, Exceeds standards and expectations all of the time.
3 = Good, exceeds standards and expectations most of the time
2 = Average, Meets standards and expectations.
1 = Needs improvement, often fails to meet standards and expectations.

<table>
<thead>
<tr>
<th>Clinical Site Specific:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities (parking, cafeteria, personal space, &amp; computer access were adequate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital policies and procedures were reviewed during student orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students were shown emergency equipment use and storage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical sites served as a positive learning environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was well received by the health professionals the sites</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site provided sufficient opportunity (i.e. patient load) to meet the requirements to fulfill competencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The equipment was well maintained and offered some modern conveniences (DR or CR units)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for interdisciplinary collaboration were available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical instructor demonstrated professionalism and leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient care was delivered according to professional ethics and standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Control was utilized within the facility (supervisor or clinical instructor or staff technologist reviewed quality of images before being passed in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technologists were willing to teach and assist radiographic procedures with the students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technologists demonstrate proper radiation protection/radiation safety procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form T-1

CLINICAL INSTRUCTION EVALUATION FORM FOR GRADUATES
To be filled out in conjunction with Form T at the end of the last clinical rotation

During your clinical rotation which clinical affiliate provided you the most opportunity to refine your skills
(ex. technologists gave tips how to improve films, handle patients, provided more Inservice classes)

The professional lessons that I learned/practiced from my clinical experience that I will take with me as I become a registered technologist are:

Any comments or suggestions of ways to improve students’ clinical experience:

Signature of Student
Date:

Program Official:
Date:
CLINICAL COMPETENCY GASTROINTESTINAL EVALUATION FORM
This form may also be used for other fluoroscopy studies Student Name: Exam:
Clinical Site: Date:

Level: (Circle one) 1. Ambulatory, Cooperative Adult
Wheelchair, Alert, Stretcher, patient, or child over 5 years
Trauma, Unconscious or Immobile patient
Pediatric under 6 years

Check one: Simulation Initial Re-Evaluation Re-Evaluation after simulation

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patient’s identification is checked and properly verified.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Appropriate clinical information/history is obtained and recorded.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Pregnancy status is checked for women in their childbearing years as per established clinical policy/protocols.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Selects and prepares the contrast material without difficulty.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Prepares radiographic room for exam. (markers, tape, cassettes, compression paddle, shields, hemostats)</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Student thoroughly explains procedure to patient</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Relays patient history to radiologist</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Assists radiologist throughout the examination</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Monitors, communicates, and assists the patient throughout the examination</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Performs required overheads needed for exam</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Student needed to repeat overhead radiograph</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Utilizes the principles of ALARA during fluoro examination</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Utilize lead shields</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Proper positioning for Scout image</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Collimation on scout film</td>
<td></td>
</tr>
</tbody>
</table>

Grade Total

Student Signature
Date:

Technologist Signature
Date:
FORM V

RADIOLOGIC TECHNOLOGY PROGRAM RADIATION SAFETY REVIEW

[Name] has exceeded the maximum dose equivalent of .5 Sieverts or 50 Rems during the following quarter. The dosimeter report has been reviewed and signed by the student. He/she has been given a radiation safety review and can describe means in which to adhere to the concept of ALARA and understands the importance of practicing good radiation safety measures.

Student Signature:

Program Director’s Signature:
## FORM W
### RADIOLOGIC TECHNOLOGY PROGRAM
### Fluoroscopy Checklist

**MCPHS Fluoroscopy Checklist** - Mandatory completion of this form is required of MCPHS students prior to fluoro equipment use in the fluoroscopy suite.

| Student Name: ___________________ | Tech. Name: ___________________ |

**Radiation Safety Devices/ Miscellaneous**
- [ ] Table movement/ Functionality
- [ ] Positioning/ pt. comfort sponges
- [ ] Table foot stand secured
- [ ] Overhead tube park position

- [ ] Lead aprons/ location
- [ ] Patient shield
- [ ] Fluoro carriage lead barrier/ attached

**Button Knowledge on Fluoro Carriage:** Students must be able to demonstrate proper use of the following Buttons before they can be checked off and signed. If a button is unavailable mark with N/A.

- [ ] Location of Carriage/Tower locks (Students must demonstrate docking and undocking of I.I.)
- [ ] All Magnification Modes/ functionality
- [ ] Intermittent or Pulsed fluoroscopy buttons/ functionality
- [ ] Fluoro-Exposure Trigger/Functionality
- [ ] Fluoro Pedal/ Functionality
- [ ] Lead shutters functionality
- [ ] Fluoroscopy timer
- [ ] Grid Control on/off
- [ ] Bucky tray placement prior to Fluoro
- [ ] Table Tilt
- [ ] Last Image Hold

*Note: Please enter any additional buttons or items you might have covered in the empty spaces below.

| [ ] __________________________ |
| [ ] __________________________ |
| [ ] __________________________ |

- [ ] Remote Control/ functionality

**Additional Comments:**

- [ ] __________________________
- [ ] __________________________
- [ ] __________________________

**Student Signature:** __________________________

**Technologist Signature:** __________________________

**Date:** __________

# FORM X

**RADIOLOGIC TECHNOLOGY PROGRAM WEEKLY REPEAT RADIOGRAPH SIGN-OFF FORM**

<table>
<thead>
<tr>
<th>Student: _</th>
<th>Week of Repeat(s)</th>
<th>Clinical Site</th>
</tr>
</thead>
</table>

## REASON FOR REPEAT

<table>
<thead>
<tr>
<th>Image(s) Repeated</th>
<th>Artifact/Position-Ing</th>
<th>Overexposed</th>
<th>Misalignment of Tube or Image Plate</th>
<th>Other (please explain)</th>
<th>Technologist Initials (*Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Lateral Chest</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>RPP</td>
</tr>
</tbody>
</table>

Signature of Student:

Date:
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 and recognize and respond appropriately to emergency situations 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;

**RADIOGRAPHY EDUCATIONAL OUTCOMES**

Upon successful completion of the Radiography major the graduate will be able to:

Apply knowledge of anatomy, physiology, positioning, and radiographic techniques to accurately demonstrate anatomical structures on a radiograph or image;

Determine and utilize radiographic techniques to achieve optimum image quality with minimal radiation exposure;

Evaluate images for quality and content;

Understand and utilize tube rating charts to ensure safe equipment operation;

Detect, document, and report equipment malfunctions to the appropriate individual;

Exercise independent judgment and discretion when performing medical imaging procedures;

Apply the principles of radiation protection for the patient, self, and others;
**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 doesn’t mean it isn’t 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, at all times, 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:

1. 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.
2. The qualified radiographer is present during the conduct of the procedure.
   The qualified radiographer reviews and approves the procedure.
3. 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.
4. In order 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.
5. Always wear appropriate lead shielding (aprons and gloves), during fluoroscopic and portable procedures.
6. Always wear a personnel radiation monitoring device (film badge/DOSIMETER) in the clinical facility. The film badge/DOSIMETER provides a permanent record of your occupational radiation exposure.
7. 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.

8. Utilize appropriate patient care techniques in a professional practice setting.

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

10. Recognize and respond appropriately to emergency situations;

11. Display the attitudes, habits and values appropriate for health care professionals;

12. Perform imaging procedures in a professional manner:

13. 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 of your patients, all of the time, you won’t 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 films 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 the pregnant patient should be counseled either by her physician, a radiologist, a radiology physicist and/or a radiation safety officer.

**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 film must be held in place during an exposure, mechanical devices must be employed. Student radiographers shall never be used for the purpose of holding patients or films 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 practice.
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 mankind.

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

ROTATION SURVIVAL
TIPS FOR A SUCCESSFUL EXPERIENCE

Relax and always remain confident - no-one expects you to be perfect or a superstar but 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 in order 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’ll let you know if you need to improve. You are destined to make many mistake 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 isn’t as you expected, learn as much as you can - everything good or bad must come to an 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 won’t remember everything, that’s 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.

Touch base 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 pretty 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 have no intention of practicing 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 don’t know.

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

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 pretty 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 have no intention of practicing 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 don’t 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 POSITIVE ATTITUDE**

**REMEMBER: Your clinical rotation is a LONG interview. Everyone will talk about! Common Fears 2 Don’t be afraid to express your thoughts and ideas. Just don’t overdo it - no-one wants a student “know- it- all” and remember if you knew everything you wouldn’t be a student. Don’t be intimidated by senior members of the team or “grumpy” ones - everyone is there to help you learn and if not, you should feel confident that you do have a respected and established place in the department - just remember they too, at one time, were in your position Don’t be afraid to make mistakes, you will, just as long as you don’t go beyond your own comfort level of what you know, what you have been taught, what you have been instructed to do and what you can do. Don’t be afraid to help out - people expect it - the healthcare setting is based on teamwork Don’t be afraid to speak up, always show enthusiasm and initiative no-one wants a wet blanket in their department Don’t be afraid to try new things. Don’t be afraid to ask questions 1 Adapted from: Alone, D., Link, S., & Torne, J. submitted as part of the course requirement for OT 410: Administration, Management, & Supervision at Elizabethtown College, Elizabethtown, PA.