Radiography Program
Student Handbook
(SMIT) School of Medical Imaging and Therapeutics

2011-2012
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<td>Appendix C</td>
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<tr>
<td>Appendix D</td>
<td>127</td>
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</table>
RADIOGRAPHY PROGRAM

RADIOGRAPHY PROGRAM DIRECTOR  
Lisa Fanning, MEd, R.T.(R)(CT)  
lisa.fanning@mcphs.edu  
(617) 879-5033

CLINICAL COORDINATOR  
Mark Martone, BS, RT (R)  
E-mail :mark.martone@mcphs.edu  
(617) 732-2184

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>Clinical Instructors</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Israel Deaconess Medical Center- 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</td>
<td><a href="mailto:acordero@caregroup.harvard.edu">acordero@caregroup.harvard.edu</a></td>
</tr>
<tr>
<td>Brigham and Women's Hospital</td>
<td>Barry Hall, Lori Barsamian, Charles Boswell, Michael Delvecchio, Maria Lombardi, Nora Malone.</td>
<td><a href="mailto:cpatturelli@partners.org">cpatturelli@partners.org</a> <a href="mailto:bhall@partners.org">bhall@partners.org</a></td>
</tr>
<tr>
<td>Caritas St Elizabeth’s Medical Center</td>
<td>Jesica Olson, Ray Wilburn</td>
<td><a href="mailto:jesica.olson@caritaschristi.org">jesica.olson@caritaschristi.org</a> <a href="mailto:Ray.wilburn@caritaschristi.org">Ray.wilburn@caritaschristi.org</a></td>
</tr>
<tr>
<td>Cambridge Health Alliance</td>
<td>Kim Keohan, Marlene Hurley</td>
<td><a href="mailto:kkeohan@challiance.org">kkeohan@challiance.org</a></td>
</tr>
<tr>
<td>Children’s Hospital Medical Center</td>
<td>Derek Carver, Allison Ames, Florita Castro, Brian Conrad, Colleen Frawley, Kara Hickey, Linda Poznausks, Judith Santora, Michelle Sharry</td>
<td><a href="mailto:Derek.Carver@childrens.harvard.edu">Derek.Carver@childrens.harvard.edu</a></td>
</tr>
<tr>
<td>Charlton Memorial Hospital SouthCoast Hospitals</td>
<td>Elizabeth Daigle</td>
<td><a href="mailto:daiglee@southcoast.orgg">daiglee@southcoast.orgg</a></td>
</tr>
<tr>
<td>Institution</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>-------------------------------------</td>
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<td>----------------</td>
</tr>
<tr>
<td>Dana Farber Cancer Institute</td>
<td>44 Binney St. Boston, MA 02115</td>
<td>617-632-3215</td>
</tr>
<tr>
<td>Falmouth Hospital</td>
<td>100 Ter Heun Drive Falmouth, MA 02540</td>
<td>(508) 548-5300</td>
</tr>
<tr>
<td>Mount Auburn Hospital</td>
<td>330 Mount Auburn Street Cambridge, MA 02238</td>
<td>(617) 499-5070</td>
</tr>
<tr>
<td>Signature Healthcare/Brockton Hospital</td>
<td>680 Centre Street Brockton, MA 02302</td>
<td>(508) 941-7150</td>
</tr>
<tr>
<td>Tufts New England Medical Center</td>
<td>800 Washington St. P.O. Box 800 Boston, MA 02111</td>
<td>617-636-7942</td>
</tr>
<tr>
<td>Whidden Memorial Hospital</td>
<td>103 Garland Street Everett, MA 02149</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 procedures.
## Radiography Program
### Class of 2013
### Beginning Fall 2010

<table>
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<tr>
<th>YEAR 1-Fall</th>
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<tbody>
<tr>
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<td>Anatomy &amp; Physiology</td>
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| Curriculum Total     | 124 |
## Radiography Program
### Classes of 2012
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<tr>
<td>MAT 261</td>
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</table>

Curriculum Total: 124
MISSION STATEMENT
Massachusetts College of Pharmacy and Health Sciences (MCPHS) prepares students for successful careers in health care through excellence in teaching, scholarship, research, professional service and community engagement.

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

- Learner-centered teaching and student engagement that fosters intellectual vitality, critical thinking, and lifelong responsibility for learning and continuing professional development;
- Honesty, integrity, professionalism, and personal responsibility;
- Respecting diversity and appreciating cross-cultural perspectives;
- Adaptability and flexibility in response to the ever-changing external environment;
- Effectively and efficiently using of resources to maximize value to those we serve;
- Excellence and innovation in education, scholarship/research, and service, including outreach to the community;
- A productive, satisfying work and learning environment that is built upon cross-disciplinary and crosscampus 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.
BS in Radiologic Sciences (Radiography)

Mission Statement

The Radiography Program provides students with a high-quality, learner-centered environment. Students are supported by state-of-the-art academic and clinical experiences enabling them to become competent entry-level professionals in the medical imaging sciences.

Goals

- Program graduates will be competent entry level radiographers.
- Graduating students will possess the necessary skills to effectively communicate with patients and other professionals.
- The graduating student will possess problem-solving and critical thinking skills required of an entry-level radiographer.
- The graduating student will demonstrate professionalism that is congruent with the ARRT code of ethics.
- The program will successfully satisfy the employer and the graduate.

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 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 ionizing radiation.
• Possible exposure to film developing chemical solutions.

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 Massachusetts state law and in accordance with College policy, ALL students must show proof of the following immunizations: a booster dose of tetanus diphtheria within the past 10 years; two doses of measles vaccine (or MMR #1 and MMR #2) given at least one month apart at or after 12 months of age. or laboratory evidence of immunity; at least one dose of mumps and rubella vaccine(s) or laboratory evidence of immunity, and Hepatitis B vaccine series (three doses). Additional requirements for all MCPHS students include: Tuberculosis skin test (within the past year) or normal chest X-ray prior to admission (Note: An updated tuberculosis skin test is required annually after a student is enrolled).; and Varicella (chickenpox) positive titer result or vaccination(s) of varicella (one shot if thirteen years of age or younger and two shots if over thirteen years of age with a one month interval between vaccinations). Additional requirements for Dental Hygiene, Nursing, Physician Assistant, and Radiologic Sciences students are as follows: Hepatitis B positive titer and Rubella positive titer. All new entering MCPHS students must provide documentation of having received a meningococcal vaccine (within the last 5 years) unless they qualify for one of the exemptions allowed by the law.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs a waiver stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

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 College 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 this is not covered by their personal health insurance. Without clearance of all College and site immunization requirements, students may not be permitted to begin clinical or service-learning placements, and therefore, may be unable to meet program requirements.**

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 File MD, a confidential health information service. File MD maintains and processes all student health records and monitors compliance with state law immunization requirements. Students may contact FileMD/Americare Services, Inc., 2601 Network Blvd., Ste. 101, Frisco, TX 75034, or call 800.633.4345, or fax: 817.251.9593.
Medical information is released only upon a student’s written request, court subpoena, or as required by law. Each student is required to contact File MD 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:

1. A skin test for Tuberculosis. This must be repeated annually as long as patient contact continues. If this test is positive, a chest x-ray and appropriate medical follow-up by the student’s health care provider is necessary. Once a student has a documented positive TB test and a negative chest x-ray the student must provide an annual written documentation of Tuberculosis clearance from their healthcare provider.

2. A completed Hepatitis B series of vaccinations and documentation of a protective titer (Hepatitis B surface Antibody): two doses IM four weeks apart, third dose is given five months after the second; titer one to two months after the third dose. Some individuals require more than three doses for a protective titer. In the event a student is unable to receive the Hepatitis B vaccine, due to medical reasons, the student must sign the Declination Statement before entering a clinical education facility.

3. Influenza vaccine is recommended annually prior to the flu season.

4. Measles/Mumps/Rubella: The Commonwealth of Massachusetts requires that all full time undergraduate and graduate students, regardless of year of birth, as well as all part-time and full-time graduate and undergraduate students enrolled in health science programs have two doses of MMR vaccine.

5. 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.

6. Tetanus and Diphtheria (dT, toxoid): A booster should not be more than ten years old.

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.

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 (Do not turn CPR forms into FileMD.)

Students will not be allowed in the clinical setting without prior documentation of current CPR certification. It is the students’ responsibility to maintain certification and provide a copy of their CPR card to the Clinical Coordinator of the program. 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 may 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. (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](http://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.

**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 notify the Academic Resource Center (Boston), Associate Dean of Students—Worcester or Assistant Dean of Students—Manchester 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 professional Academic Resource Center staff (Boston) or by the Associate/Assistant Dean of Students (Worcester or Manchester). 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 10 Clinical Absence Days, and Policy 13 Unexcused Absence for the specific policy and procedure guidelines for clinical absences and unexcused absences.
PUNCTUALITY/TARDINESS

Refer to Policy 12, 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. 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 2010-2011 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 2010-2011 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 2010-2011 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. A number of the clinical observations/rotations may be scheduled at some distance from the campus.

Clinical observations are assigned to students to complete as a pre-clinical requirement. These observations gives 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 (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 (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 (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 08.

Legal Considerations

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

HIPPA: 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) medical privacy regulations. Annual updates will also be supplied. 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.

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.

**Right to Know Disclosure**

For individuals working in a Radiology department the following will apply:

- Possible exposure to ionizing radiation.
- Possible exposure to film developing 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 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.
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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
1. All policies and procedures of each Department of Radiology must be adhered to at all times.
2. Student technologists are forbidden from eating, drinking, smoking, reading newspapers or magazines and fraternizing in clinical areas designated to patient services.
3. 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.
4. Patient information is confidential and should not be discussed outside of the Radiology Department.
5. 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.
6. 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.
7. Except for Emergency calls, no personnel telephone calls will be permitted during clinical hours.
8. Students are provided with an assigned room rotation schedule. Any change must be approved by the Clinical Instructor and the department involved.
9. 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.
10. 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.
11. 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.
12. When reporting to a new clinical site, the student shall provide to the assigned clinical site, a written copy of their clinical competency master list and vaccination records from FileMd.

13. Students are required to keep patient logs and competency records for each rotation. These must be passed in to the clinical coordinator at the end of each semester. **NO LOGS, NO GRADE.**
POLICY
The Clinical Internship Grading policy which follows will apply to the following clinical internship courses: RAD201C, RAD202C, RAD303C, and RAD304C. Clinical grades will be given at the end of each semester and will be part of the student's 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 oral and 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
1. 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.

2. The Clinical Internship Grade is determined by the total number of points a student receives from the categories listed below:
   - Clinical Competency Evaluations Maximum (50 points)
   - Oral Competency Evaluation Maximum (3 points)
   - Laboratory Competency Evaluation Maximum (5 points)
   - Technologist/Student Performance Evaluations Maximum (10 points)
   - Clinical Performance Evaluation Maximum (15 points)
   - Professional Behavior (6 categories listed below) Maximum (17 points)
     1. Attendance Maximum-4 points
     2. Punctuality Maximum-3 points
     3. Student Documentation Maximum-3 points
     4. Dress Code/Conduct Maximum-2 points
     5. Continuing Education Credits Maximum-2 points
     6. Student Journal Maximum-3 points

   Total Point value = Maximum-100 points

3. Students may also receive merits/demerits in the professional behavior categories listed above.

4. 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.
5. The grading scale for the radiographic internship is as follows:

<table>
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<th>TOTAL POINTS</th>
<th>GRADE</th>
<th>QUALITY POINTS</th>
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<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>
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6. A grade below C/75 points is considered a **FAILING** grade for a clinical internship.

7. The Clinical Internship Grade Form, Form K is found in Appendix C.

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

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

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

11. **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 log books, 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 satisfactory.**
CLINICAL SIGN-IN/OUT

POLICY

Radiography students are required to sign-in before beginning their clinical internship each day and to sign out 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.

Students are responsible for documenting their late arrival by completing the appropriate MCPHS form (Form N: MCPHS Attendance Log Sheet or site specific electronic sign-in/out procedure).

PROCEDURE

1. 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.

2. 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 MCPHS Form N, Attendance Calendar in addition they may utilize an electronic sign-in/sign-out form by their designated clinical site.

3. 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.

4. 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.

5. 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 a 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.
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:

1. 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).
2. 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.
3. All clothing must be neat and clean.
4. Hair longer than shoulder length must be tied up/back for safety.
5. Jewelry and make-up must be kept to a minimum.
6. No long necklaces or large hoop/dangling earrings are allowed, as these can be a safety risk.
7. 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.
8. No gum chewing is allowed while working with patients in the clinical setting.
9. 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.
10. Sandals or opened toed shoes are not allowed, as these can be a safety risk.
11. White socks, or white or flesh colored nylons must be worn at all times.
12. 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 polices 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 MCPHS STUDENT

• For liability purposes, students must be clearly identified as such at all times.

13. Students must wear a dosimeter badge/radiation monitor (Thermoluminescent dosimeter-TLD), 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, in order to ensure accurate recording of the student’s radiation exposure.

14. 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.

15. 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.

16. 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.

17. Visible tattoos that are of an offensive subject matter must be covered while the student is at their clinical site.
PERSONAL 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 and last 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 particular radiographic procedure on a patient. Students must have their individualized Right & Left lead film markers with them while at their clinical internship sites.

PROCEDURE

1. 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 student as a MCPHS Intern/MCPHS Student.

2. When site-specific badges are not issued, the student must purchase a name badge that includes his/her first and last names in upper case blue or black letters printed on a white background.
   - The name badge must state under the student's name: MCPHS INTERN or MCPHS STUDENT.

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

4. 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.

5. 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 5 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.

6. Some clinical sites may elect to provide the student with lead markers that provide a specific indicator identifying that student.
   - In the event that 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). *

7. 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.

8. 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 5 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.

9. 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.

![Marker Diagram]

R
TS
S

L
TS
S

Student's 1st & last initial

denotes "student"
PERSONNEL RADIATION MONITORING

POLICY
All radiography students must wear a radiation monitor during their clinical internship rotation. It is a legal requirement that all persons working in a radiation area wear personnel radiation monitors.

PROCEDURE
1. Thermoluminescent Dosimeters (TLDs) are assigned to students by MCPHS and used according to state and federal regulations.
2. Students receive instruction from the MCPHS radiation safety officer (RSO) regarding the proper use and handling of a TLD and students are responsible for ensuring the proper use and handling of their TLD.
3. Students must wear their MCPHS-issued TLD at all times while at their clinical internship site, even if the site assigns an additional monitoring badge.
4. Student TLD readings are reviewed by the MCPHS radiation safety officer as they are issued (every other month) and become part of the school's permanent radiation safety records.
5. In the event there are concerns over the student's radiation readings the radiation safety officer will contact the student to discuss these issues or concerns.
6. Students are responsible for reviewing and initialing their TLD report on file at the MCPHS. This should be done at the same time the TLDs are replaced, during the odd numbered months: January, March, May, etc.
7. Students may request a copy of their radiation exposure record from MCPHS at any time.
8. It is the responsibility of the students to change their TLD in the first week of each odd numbered month (i.e.: January, March, May etc.) to ensure accurate readings.
9. Students who report to their clinical internship site without their TLD will be asked by their Clinical Instructor to leave their clinical site and return with their TLD.
10. Time missed from the clinical site, due to retrieval of a TLD, 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.

11. If a TLD is lost or damaged the MCPHS Clinical Placement Coordinator and MCPHS Radiation Safety Officer must be notified immediately so that a replacement can be ordered.
   • Replacement TLDs 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 TLD 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.
POLICY

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

PROCEDURE

1. 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.

2. 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.

3. Radiography Students are prohibited from holding patients during radiographic procedures.

4. 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.

5. The student should refer to the Radiation Control/Radiation Safety Principles, Appendix B, for additional radiation protection guidance.

6. Radiography students must, at all times, be under the supervision of a qualified Technologist/Radiographer, who is licensed by the Commonwealth of Massachusetts Radiation Control Program in radiography.

7. A student must have Direct Supervision while observing, practicing, or performing an exam in which he/she has not yet attained competency.

8. Direct Supervision is defined as a qualified Radiographer/Technologist in the room overseeing all activities associated with that radiographic procedure including:
   a. The qualified radiographer reviews the procedure in relation to the student's achievement.
   b. The qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
   c. The qualified radiographer is present during the conduct of the procedure.
   d. The qualified radiographer reviews and approves the procedure.

9. After a student has attained competency in a particular exam then he/she may perform that exam with Indirect Supervision.

10. 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 is being performed.

11. 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, 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 (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**

1. 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 that 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.

2. 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.

3. 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.

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

**Other Hospital Staff**

1. 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.

2. 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.**

3. Students who do not adhere to this policy will result in automatic failure of the internship.
PROFESSIONAL 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, in order 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
1. 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.
2. 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.
3. 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.
4. Students must work cooperatively with all clinical staff, presenting a courteous professional manner, and using appropriate titles.
5. 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, in order to become more proficient at the various radiographic procedures.
6. 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).
7. 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.
8. 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 5 weeks/2 hrs wk for a total of 10 hours. This is done at their perspective affiliate site. The observations are to be completed in the Summer-Fall Semester of their second year.

PURPOSE

Observations allow the student a final look into the field of Radiography. Students gain an 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 affiliates’ schedule will coordinate times with the Clinical Instructor. This is to be completed in the Summer-Fall Semester; preferably 3 weeks in the summer and 2 weeks in the fall. 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 affiliate can opt to use a modest amount of time to learn to process paperwork, computer training or other administrative duties.

Most of the time should be allotted for observation of diagnostic studies. i.e. Fluoroscopy studies or areas of both high and low volume diagnostic exams.
MCPHS RADIOGRAPHY PROGRAM

POLICY NUMBER: 10
Reviewed: 8/98, 5/99, 10/99, 4/00, 5/02, 8/03, 5/04, 6/05, 5/07, 7/08, 6/09, 7/10, 5/11
Revised: 8/98, 10/99, 5/02, 8/03, 5/04, 7/06, 5/11

CLINICAL INTERNSHIP SESSIONS
CLINICAL HOURS/HOLIDAYS/SNOW DAYS

POLICY
Clinical internship hours will be 8 A.M. to 4:00 P.M., 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

1. Each semester students are assigned to a clinical internship site by the Clinical Coordinator in accordance with the MCPHS clinical affiliation agreements.
2. Students are expected to arrive at the clinical facility on time and sign-in with the Clinical Instructor/or designee on or before 8 A.M.
3. Students must sign-out before leaving the clinical site at 4:00 P.M.
4. Student's class, vacation and holiday schedules follow the MCPHS schedule.
5. 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.
6. 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).
7. In the event the school is in session, or in the absence of the Clinical Coordinator, the Clinical Instructors should use their own best judgment in releasing the students from their clinical sites during severe weather conditions, or during other emergency situations.
8. In the event of MCPHS course scheduling conflicts students may be granted early release time from clinical time in order to arrive at the MCPHS class on time.
CLINICAL ABSENCE DAYS

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, 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 are reminded that their attendance is reflected in the clinical internship grade. 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Standards</td>
<td>0 absence in a semester</td>
<td>3 points</td>
</tr>
<tr>
<td></td>
<td>1 day <em>(excused)</em> absence in a semester</td>
<td>2 points</td>
</tr>
<tr>
<td></td>
<td>2 or more days <em>(excused)</em> absent in the semester</td>
<td>1 points</td>
</tr>
<tr>
<td>Below Standards</td>
<td>unexcused absent in a semester</td>
<td>0 points</td>
</tr>
</tbody>
</table>

PROCEDURE
1. 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, may result in an unexcused absence at the discretion of the CI and Program Clinical Coordinator (see Policy 13 Unexcused Absence).
   - At the discretion of the Clinical Instructor and Clinical Coordinator an unexcused absence will result in a four-point deduction for attendance for that semester, thus 0 points would be granted for attendance.

2. 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.

3. 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.
4. The student should make every effort to make up the absence day in order to meet the clinical internship objectives for attendance.

5. 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 make up time when the college is not in session (i.e.: Holidays, Weekends, Evenings, etc.) Student must complete Form C2 for any make up time.

6. 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.

7. 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.

8. If a student fails to sign the Clinical Absence Form (Form C) upon his/her first day returning to the clinical site following his/her absence, the absence may result in the documentation of an unexcused absence (See Policy Number 13, Unexcused Absence) at the discretion of the Clinical instructor and Clinical Coordinator.

9. 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 absence will not be considered an unexcused absence.
   • In the event of severe illness/accident a student must, upon returning to the clinical site, provide a physician/health care provider note indicating the reason for the absence.

10. A student who accumulates more than three absences in one semester will receive a grade of incomplete for that internship rotation, unless a sufficient number of these absences are made up before the end of the semester.
    • A sufficient number is defined such that the number of absences may not exceed three for that semester.
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 the documentation of an unexcused absence.

PROCEDURE
1. In the event of an absence, due to illness or unforeseen emergency, a student is expected to personally notify the Clinical Instructor 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.

2. If a student fails to notify the Clinical Instructor or designee, of his/her absence as outlined in Policy and Procedure 10, Clinical Absence Days, and as outlined in the orientation to the clinical site, the absence will be considered an unexcused absence.

3. Unexcused 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 unexcused absence before the end of the semester, in which that unexcused absence occurs, will receive a grade of zero (0) for attendance for that internship rotation and a grade of incomplete for that internship rotation until that unexcused absence is made-up.

4. Students must make up the unexcused absence before the start of the next semester.

5. 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 absence will not be considered an unexcused absence. In the event of severe illness/accident a student must, upon returning to the clinical site, bring a physicians note indicating the reason for the absence and make up missed clinical time as outlined in Policy 10, Clinical Absence Days.

6. 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 mean an (F) failure or an (I) incomplete for the course.

7. **Excused Absence** – a student can request a day or series of day’s absences from a clinical site for one of the following reasons, any days greater than 2 days will result in a discussion of the student’s prospects for successful completion of the rotation and the advisability of a Leave of Absence. Illness – everyday colds and hangovers etc are not legitimate excuses for illness
   a) Social event – marriage or family members graduation 1 to 2 days
   b) Attendance at a conference prearranged with the Clinical Coordinator
   c) Jury Duty, as required
   d) Conference, as required

8. In order for an excused absence to be recognized the student will need to call in to the clinical supervisor and clinical coordinator before the start of the work day or as early as practical. The exchange should be in person, messages to secretaries will be unacceptable.
9. **Unexcused absence** – an absence where a student
   a) fails to call in to inform the clinical supervisor and clinical coordinator of their need to be excused from the clinic and simply fails to show up
   b) does not meet the above criteria
   c) is expecting to be out for a legitimate reason but fails to gain prior permission

10. **Sick Call or Unexpected Absence Procedure:**
    1. Call the clinical coordinator’s office to talk to them directly or leave a voice mail message. No later than 7:45am.
    2. Call or page the clinical supervisor at the site.
    3. It is very important that you make both calls. One call is to clinical supervisor and the second to the clinical coordinator.
    4. If there is a basis for an excused absence, the student must also follow College policy for documentation. (See p. 13 of this Manual for the procedure.)

11. **More than 1 absence needs to made-up.** The make-up process needs to be worked out with the clinical supervisor and the details, when finalized, given to the clinical coordinator (Form C2). For any absence you will need to submit a written explanation and form to the clinical instructor and clinical coordinator before returning to the clinical site.

    If explained absences go beyond 2 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

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 through the use of the clinical site’s electronic sign-in procedures. Students also must be on-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 tardiness will reflect in the student’s Radiographic Internship grade as outlined in the procedures below and may result in additional points lost in the category of professional behavior/conduct. If a student receives a grade below a “C” for their internship rotation they will be required to repeat that rotation.

PROCEDURE

1. 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 or punctuality in the semester</th>
<th>Total Points Earned for Punctuality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>0 days tardy/punctual in a semester</td>
<td>2 points</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>1 days tardy/punctual in a semester</td>
<td>1 point</td>
</tr>
<tr>
<td>Below Standards</td>
<td>2 or more days tardy/punctual in a semester</td>
<td>0 points</td>
</tr>
</tbody>
</table>

2. 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 may be waived at the discretion of the Clinical Instructor and the Clinical Coordinator.

3. Ongoing problems with student tardiness will be documented through the use of the Student Conference Form (Form I).
   - 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.

4. Continued issues with tardiness will not be tolerated.
   - When a student exceeds the 3 days of tardiness for a semester the student will continue to lose points in the category of professional behavior/conduct.
   - 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 excused 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

1. 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.

2. 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.

3. 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 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 situation students 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

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

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

3. 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 situation with the Clinical Instructor, or designee, before making an emergency phone call.

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

5. 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. A majority of clinical affiliates are accessible by public transportation.

PROCEDURE

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

2. 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.

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

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

2. 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.

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

4. 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.

5. 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

1. 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.

2. 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.
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

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

2. 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.

3. 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.

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

5. The student and the Clinical Instructor, or supervisor, must also complete the MCPHS Clinical Incident Documentation Form, Form B.
   - The original form is forwarded to the Radiography Program Director at MCPHS.
   - A copy of this form is kept on file at the clinical internship site for the duration of semester(s) that the student is scheduled at that internship site.
   - The MCPHS Clinical Incident Documentation Form becomes part of the student's clinical record.

6. 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 may be 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 commendations in regards to a student's performance at their Clinical Internship Site.

PROCEDURE

1. 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 (Form H).
2. 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.
3. The original MCPHS Conference Form will be filed in the student's file at MCPHS.
4. 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.
5. Upon completion of a student's clinical rotation the student's MCPHS Clinical Performance Review Form (Form H) and any MCPHS Conference Forms (Form I) will be forwarded to MCPHS.
   - These forms 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 per established College policies.
6. 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. 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.
MCPHS RADIOGRAPHY PROGRAM  
POLICY NUMBER: 21
Reviewed: 8/98, 5/99, 4/00, 5/01, 5/02, 8/03, 5/04, 6/05, 5/07, 7/08, 6/09, 6/10, 5/11
Revised: 8/98, 5/99, 5/01, 9/02, 8/03, 7/06

CLINICAL INTERNSHIP GRIEVANCE PROCESS

POLICY

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

PROCEDURE

1. The student should first make every effort to resolve the problem/situation through open communication with the Clinical Instructor.

2. 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.

3. 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.

4. 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.

5. 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 Radiologic Sciences within five days.

6. The Dean, SRS 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.

7. The decision of the Dean, School of Radiologic Sciences is final.

8. 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

9. 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

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 also 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 "undeclare" (withdraw) her pregnancy at any time (Form D2). A written notification must be presented to the program director.

PROCEDURE

- Once the students declares herself to be pregnant the Radiation Safety Officer will issue to the student:
  1. 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).
  2. A copy of the applicable state regulations (105CMR 120.203, 105CMR120.218, 105CMR120.267) which deal with exposure to the embryo/fetus.
  3. 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:
  1. The student may continue in the Radiography Program as long as 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:
     a. 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.
     b. 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.
     c. 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.
     d. The student technologist is expected to utilize her knowledge of radiation control principles (see Appendix B), at ALL times to further minimize her exposure, and thus the fetal/embryo exposure to radiation.
e. 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.

2. 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.

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

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

4. Other student schedules will neither be modified to accommodate a declared pregnant student nor to fill any voids in the assignment schedule.
STUDENT DOCUMENTATION

POLICY

On a daily basis, students are responsible for entering the procedures they observe, perform, assist a technologist with, or obtain a competency evaluation for, on their Clinical Log Book. The purpose of a daily log book is to document that the student is performing an adequate number and variety of exams in order to establish and maintain competency.

Students are expected to complete all other required documentation as outlined in the Clinical Internship Policies and Procedures, i.e., Clinical Absence Form, Clinical Incident Documentation Form, Clinical Instructor Evaluation Form, etc.

PROCEDURE

1. The student's log book are kept on file at the student's clinical site until the completion of that clinical internship rotation(s), and then these log sheets are kept on file at MCPHS until the student completes the Radiography Program.

2. The student's log books are reviewed periodically by the Clinical Instructor and the Radiography Clinical Coordinator to ensure that students are performing an adequate number and types of procedures.

3. If a log book is not completed or is missing for a clinical day a point deduction/demerit will reflect in the clinical grade for the section marked Student Documentation.

4. The Log book should be properly completed by the student including, but not limited to the following:
   - The student should list the type of procedure and exam with the appropriate patient identifier, i.e. outpatient, ambulatory patient, stretcher patient, etc.
   - The student should fill in the supervising technologist's initials in the columns labeled “O” for Observed, “A” Assisted, and “DS” for Direct Supervision.
   - After a student has successfully completed their competency evaluation for a particular procedure they may check the “P” Performed column as they continue to perform those procedures with indirect supervision.
   - In the event a student must repeat a radiographic image the technologist supervising the repeat should initial the “R” Repeat column.

5. Students are expected to complete all other appropriate documentation forms as outlined in the various clinical internship policies and procedures. Failure to do so may result in point deductions/demerits.

6. Failure to submit a completed log book at the end of each semester will result in a score of zero on the student clinical internship grade form (Form K) under “documentation”. This will adversely affect the final clinical course grade.

7. Due to HIPPA regulations, no patient health information should be included on the clinical log book.
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

1. 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.
2. One Clinical Merit point will be awarded for the following situations:
   a. 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.
   b. Written thank you notes or written commendations from patients, staff, supervisors, or physicians.
   c. Verbal commendations from staff, supervisors, physicians, or patients, made to the Clinical Instructor about a specific student.
   d. Additional merits may be given as may be appropriate.
3. All merits must be documented on a Form I and forwarded in a timely manner to the Clinical Coordinator in order 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

1. 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) can not be deducted from a student’s internship grade if a Student Conference Form (Form I) has not been completed

2. 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:
   a. 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
   b. Leaving the clinic without permission from the Clinical Instructor or other appropriate supervisory personnel before the completion of the clinical day.
   c. Failure to adhere to established radiation safety/radiation control principles.
   d. Failure to follow policies and procedures of clinical internship site.

3. 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 CLINICAL INTERNSHIP OBJECTIVES

POLICY

Students must complete the clinical internship objectives for each radiographic internship rotation. In the event that a student’s radiographic internship performance is unsatisfactory the Clinical Instructor and the Clinical Coordinator will meet with the student, within the first five to seven weeks (mid-semester) of the internship rotation, to discuss the areas of concern. This meeting will be documented using the Student Conference Form (Form I).

Each Radiographic Internship rotation requires that students successfully complete specific clinical competency evaluations, which are outlined in the clinical objectives for that internship. Failure to complete these evaluations means the student has failed to meet the clinical internship objectives.

Students who fail to complete internship objectives will receive a grade of incomplete for that radiographic internship, be placed on clinical probation and must successfully complete the missing internship objectives within the first two weeks of the next radiographic internship rotation. In the event that the previously missing clinical internship objectives are not met in the first two weeks of the next rotation, the Clinical Instructor and Clinical Coordinator will discuss the option of an extension for the student. Ultimately, failure to complete the clinical objectives will result in a failing grade for that internship rotation.

Those students who fail an internship rotation will be placed on clinical probation and must repeat and successfully pass that radiographic internship rotation. Students who fail two radiographic internship rotations will be dismissed from the program.

PROCEDURE

1. At the start of each radiographic internship rotation, the Clinical Instructor will review the clinical internship objectives, for that rotation, with the students.

2. Each internship rotation contains specific competency evaluations that the student must complete. These evaluations fall into mandatory or elective categories. The required competencies for each clinical internship rotation are outlined in the clinical internship objectives which follow.

3. Mandatory clinical competency evaluations are to be performed on actual patients, when ever possible. The American Registry of Radiologic Technologists mandates a minimum of 28 of the 36 mandatory evaluations must be performed on actual patients (not phantoms or simulated).

   • Elective competency evaluations may be performed on patients, phantoms or as simulations.
   • The ARRT requires students to complete a minimum of 15 elective competency evaluations.

4. Simulated evaluations are performed using a technologist, another student, who has already successfully completed that competency evaluation, or other staff members as volunteers to act the role of the patient.

5. Simulated evaluations require a student to perform the entire radiographic procedure/exam short of taking the actual radiographic exposure.

   • Students perform film critique and anatomy review on teaching file films.

6. If a student performs an initial simulated evaluation for a mandatory competency evaluation he/she must be re-evaluated for that simulated competency on an actual patient, sometime during their program of study.
7. Re-evaluations following a simulated competency must be completed before the end of a student’s last clinical internship rotation.
   - In the event that it is impossible to perform a re-evaluation on an actual patient, due to issues of low patient volumes for a particular procedure, the student must be re-evaluated on the procedure utilizing a simulated setting again.
   - The ARRT requires that students must complete a minimum of 28 mandatory competency evaluations on actual patients.

8. Once competency and proficiency for a procedure are determined, the Clinical Instructor signs the Student’s Master Clinical Experience Record, (Form L) indicating the date the student mastered the exam/procedure. The original student’s Master Clinical Experience Record must go with the student to each of their assigned clinical sites.
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:

1. 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.

2. Describe the flow of patients through the radiology department.

3. Properly change patients for various procedures performed in the radiology department.

4. Transport patients to and from various hospital floors/units.

5. Discuss the radiology film filing system (if utilized) and be able to accurately locate or re-file a patient's radiology film folder (where applicable).

6. Identify the various types and sizes of cassettes used in the radiology department.

7. Properly use the film identification machines (where applicable) and 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).

8. Develop films using an automatic film processor and/or daylight film processing system (where applicable).

9. 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.

10. 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.

11. Accurately use the departmental radiographic technique charts 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.

12. Perform the following routine projections/positions and pass the clinical competency evaluations for the following exams using a Film/Screen System and/or Digital Radiography (DR) Systems and/or Computed Radiography (CR) system:
   - **Routine Chest/Mandatory:** PA + Lateral
   - **Supine KUB/Mandatory**
• **Thumb/Mandatory:** AP/PA, Oblique and Lateral OR **Finger/Mandatory:** PA, Oblique and Lateral
• **Hand/Mandatory:** PA, Oblique and Lateral
• **Wrist/Mandatory:** PA, Oblique and Lateral
• **Forearm/Mandatory:** AP, Lateral
• **Elbow/Mandatory:** AP, Lateral, Medial and/or Lateral Oblique/s (per departmental routine)

13. For the exams listed above, 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.

14. Position patients for the following exams, with direct supervision:

• **Toes:** AP, Oblique and Lateral
• **Foot:** AP, Oblique and Lateral (AP and Lateral may be weight bearing and/or non-weight bearing)
• **Heel/Os Calcis:** Axial Projection, Lateral
• **Ankle:** AP, Oblique, and Lateral
• **Lower Leg:** AP and Lateral
• **Knee:** AP, Lateral (AP and lateral may be weight bearing or non-weight bearing), Intercondylar Fossa Projections
• **Patella:** (Tangential Projection: Sunrise)

15. The student must complete a minimum of 7 competencies during the 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).
- Properly draw up a syringe of iodinated contrast, for an IVP study, using aseptic technique.
- 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.
- Begin to accurately position a patient for an IVP study, with direct supervision of a qualified Radiographer, including, but not limited to the following films: Oblique films of abdomen, kidneys and/or bladder, coned films of kidneys and/or bladder, prone films of abdomen, post void films, both coned to bladder and full KUB.
- 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 routine projections and pass the competency evaluations for the following exams not already completed from RAD 201 Clinical Internship I using Film/Screen Systems and/or Digital Radiography (DR) Systems and/or Computed Radiography (CR) systems:
  - Toes/Elective: AP, Oblique and Lateral
  - Foot/Mandatory: AP, Oblique and Lateral (AP and Lateral may be weight bearing +/- or non-weight bearing)
  - Heel: Os Calcis/Elective: Axial Projection, Lateral
  - Ankle/Mandatory: AP, Oblique, and Lateral
  - Lower Leg: Tibia & Fibula/Mandatory: AP and Lateral
  - Knee/Mandatory: AP, Lateral (weight bearing or non-weight bearing), Intercondylar Fossa Projections
  - Patella/Elective: Tangential Views (Sunrise Projection)
• **Femur**: AP and Lateral
• **Hip**: AP, Frog lateral and Shoot through lateral
• **Pelvis**: AP
• **Humerus/Mandatory**: AP and Lateral
• **Shoulder/Mandatory**: Internal, External
• **Trauma Shoulder/Mandatory**: Scapular Y View, Transthoracic or Axillary
• **Clavicle/Elective**: AP + AP angle or PA + PA angle (per established departmental routine)
• **Upright or Decubitus Abdomen**

11. Accurately identify the anatomy on the radiographic images for the exams listed above, be able to determine if the quality of the radiographic images shown are acceptable or not, and explain why.

11. 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.
   a. **Portable chests**
   b. **Retrograde Cystograms/Pyelograms**
   c. **Operative Cholangiograms**
   d. **Mobile Fluoroscopic Unit (C-Arm)**: Including, but not limited to, hip pinning, hip replacements, pacing wire placement, etc.
   e. **Other**: Spine, Pelvis, KUB, Hip, Upper and Lower Extremities, etc.

13. Begin performing the following fluoroscopic procedures, with direct supervision, based on departmental protocols: **Double Contrast Barium Enema/Air Contrast Enema, Barium Enema, Upper Gastrointestinal Series, and Small Bowel Series.**

14. For the fluoroscopic procedures listed above 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.

15. Perform with direct supervision the following exams:
   • **Portable Chest**
   • **Esophagus**: per departmental routine
   • **UGI**: per departmental routine
   • **Small Bowel Series (SBS)**: per departmental routine
   • **BE or Double Contrast Barium Enema/Air Contrast Enema (ACE)**: per departmental routine

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

17. **The student must complete a minimum of 14 competencies during the internship (competencies may consist of 1st time and re-evaluation competencies to total 14)**
Radiographic Internship III, RAD 303C

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:

1. 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.
   a. Portable chests
   b. Retrograde Cystograms/Pyelograms
   c. Operative cholangiograms
   d. Mobile Fluoroscopic Unit (C-Arm): Including, but not limited to, hip pinning, hip replacements, pacing wire placement
   e. Other: Spine, Pelvis, KUB, Hip, Upper and Lower Extremities

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

3. Perform and pass the clinical competency evaluations for the following fluoroscopic exams:
   - **Esophagus/Elective**: Per departmental routine.
   - **Upper Gastrointestinal Series (UGI)/Mandatory**: Per departmental routine.
   - **Barium Enema (BE) or Double Contrast Barium Enema/Air Contrast Enema (ACE)/Mandatory**: Per departmental routine.
   - **Small Bowel Series (SBS)/Elective**: Per departmental routine.

4. For the fluoroscopic procedures listed above:
   a. Describe the patient preparation.
   b. 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.
   c. 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.
   d. Properly assist the radiologist/radiology resident during the procedure, providing appropriate patient care and comfort.
   e. Accurately set the proper radiographic techniques for the fluoroscopic procedure.
   f. Accurately position the patient and equipment for any follow-up radiographic images required per the established departmental fluoroscopic routine.

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

6. Perform and pass the clinical competency evaluations for the following exams if not already passed in Clinical Internship II:
   - **Femur/Mandatory**: AP and Lateral
   - **Hip/Mandatory**: AP, Frog Lateral
• **Trauma Hip/Mandatory**: (Cross-Table Lateral)
• **Pelvis/Mandatory**: AP
• **Upright Abdomen/Mandatory OR Decubitus Abdomen/Mandatory** *(May be completed as part of Double Contrast Barium Enema/Air Contrast Enema exam)*

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

8. Perform the routine projections/positions for the following exams, with **direct supervision**:
   a. Cervical spine: AP, Obliques, Lateral, Odontoid and Swimmers View
   b. Trauma Cervical Spine: Cross-table lateral
   c. Thoracic Spine: AP and Lateral
   d. Lumbar Spine: AP, Lateral, Obliques and Lumbosacral(L5-S1) junction
   e. Sacrum/Coccyx: AP Axial and Lateral
   f. Myelography: Per departmental routine
   g. Ribs: (Upper and/or Lower) AP/PA and Obliques per established departmental routine.
   h. Wheelchair/Stretcher Chests
   i. Intravenous Urography (IVU)/Intravenous Pyelogram (IVP)
   j. Tomography: May be performed in conjunction with an IVP study

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

10. The student must complete a minimum of 12 competencies or more during the internship. In the event a student needs less than 14 competencies to fulfill the ARRT competency requirements, the student will need to recomp exams bringing their total of recomps and original comps to 12.
Radiographic Internship IV, RAD 304C

It is anticipated the objectives contained in the courses, Cross-Sectional Anatomy, 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:

1. Begin to position for the following routine headwork, with direct supervision:
   a. Skull: Towne, Caldwell, PA/AP, Base Views
   b. Paranasal Sinuses: Waters, Caldwell, Lateral
   c. Facial Bones: Waters or Reverse Waters, Lateral
   d. Nasal Bones: Waters and Lateral
   e. Orbits: Orbitoparietal or Parieto-orbital Oblique/Rhese Method
   f. Mandible: PA, Axiolateral Obliques

2. Perform the following procedures under the direct supervision of a qualified radiographer:
   a. Portable Abdomen
   b. Portable Orthopedic Procedures: May be performed in the surgical suite.
   c. Chest: Age 6 or Under
   d. Trauma extremity

3. 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.

4. Perform the routine projections/positions and pass the clinical competency evaluations for the following exams:
   a. Portable Chest/Mandatory
   b. Chest: Wheelchair/Stretcher/Mandatory
   c. Cervical spine/Mandatory: AP, Obliques, Lateral, Odontoid and Swimmers View
   d. Trauma Cervical Spine (Cross table lateral)/Mandatory
   e. Thoracic Spine/Mandatory: AP and Lateral
   f. Lumbar Spine/Mandatory: AP, Lateral, Obliques and Lumbosacral (L5-S1) junction
   g. Sacrum/Coccyx/Elective: AP Axial and Lateral
   h. Ribs/Mandatory: (Upper and/or Lower) AP/PA and Obliques: based on established departmental routine.
   i. Myelography/Elective: If performed, based on established departmental routine.
   j. Intravenous Urogram (IVU)/Elective: Departmental routine-including but not limited to:
      1. Describe the patient preparation.
2. Properly prepare the radiographic room while providing for patient comfort and safety.
3. Provide an accurate and clear explanation of the procedure to the patient.
4. Describe both major and minor contrast reactions and the correct departmental protocols to follow in the event of a contrast reaction.
5. Utilize proper aseptic technique to draw-up contrast material for the exam.
6. Efficiently assist the person who is performing venipuncture and administering the contrast media.
7. Accurately perform all required films/radiographic images for the study based on departmental protocols.
8. Accurately complete all required paperwork for the study.

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

6. Continue to perform the exams the student was evaluated on during Radiographic Internships I, II, III, with more proficiency.

7. 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)
   - Bone Densitometry (Optional Observation)
     - (If bone densitometry is available at clinical site)

8. 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).

9. Perform and pass a clinical competency evaluation for the following Operating Room/Surgical Procedures (Using Form R: Operating Suite Competency Evaluation Form and/or Form S: C-arm Clinical Competency Evaluation Form)
   a. One Operating Room Procedure utilizing the portable fluoroscopic equipment (C-arm)/Mandatory.
      - C-arm Procedure to be determined by the Clinical Instructor.
   b. One additional Operating Room Procedure/Mandatory or Elective. Procedure to be determined by the Clinical Instructor. See examples below:
      - Portable Orthopedic Procedure/Mandatory
        - This competency may also be performed as a portable/mobile procedure elsewhere in facility
10. Continue to perform the exams the student was evaluated on during Radiographic Internships I, II, & III with more proficiency.

11. At the end of this clinical rotation the student should complete all competencies that are required to be registry eligible which include: 30 mandatory exams and 15 electives.

12. All simulated exams that have not been recocomp on must be completed during this clinical internship.

13. Students must complete all remaining competencies and any other recocomps to total 12 competencies/recocomps for the semester requirements.
FAILED CLINICAL COMPETENCY EVALUATION

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 less than an 85% accuracy rate the student is required to follow the system of failure as outlined below.

PROCEDURE

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

2. 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 of his/her readiness.

3. The student performs mandatory competency evaluations on actual patients, whenever possible.
   - The American Registry of Radiologic Technologists (ARRT) requires that students demonstrate 28 of the 36 mandatory radiological procedures on patients (not phantoms or simulated).
   - Elective competencies may be performed on patients, phantoms or as simulations.

4. 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

1. Clinical Instructor and the student review the failed competency evaluation and discuss the reason(s) for failure.

2. The student will review the text and other material (radiographs, handouts, video tapes, etc.) pertinent to that failed competency.

3. The student will be re-assigned to the particular area in the radiology department where that exam/procedure is performed in order to practice and gain additional experience pertinent to the competency.

4. 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

1. The Radiography Program Director and Clinical Coordinator shall be advised of the situation.

2. The Program Director, the Clinical Coordinator, Clinical Instructor and the Dean for the School of Health Sciences 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.
MCPHS RADIOGRAPHY PROGRAM

REPEATING OF UNSATISFACTORY RADIOGRAPHS

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

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

2. 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 in order 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.

3. The student implements the needed corrections, under the direct supervision of a qualified radiographer, and makes the exposure with the approval of the qualified radiographer.

4. The supervising radiographer initials are recorded in the Repeat Column of the Student's Daily Clinical Log Book (Form F)

5. Due to patient safety issues, no deviation from this policy is to be allowed.
TECHNOLOGIST/STUDENT PERFORMANCE EVALUATION

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

1. Five Technologist/Student Performance Evaluation forms should be completed each semester.
   - One evaluation form should be completed approximately every three 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
CONTINUING EDUCATION REQUIREMENTS FOR RADIOGRAPHY STUDENTS

POLICY

In order to promote life-long learning, and to encourage Radiography students to actively pursue knowledge that will enhance their abilities, improve their skills and help them adapt to a work environment that inherently involves a rapidly changing technology, students are required to earn continuing education (CE) credits during their internship rotation. The CE credit requirement will be incorporated into the student's clinical internship grade in the category of professional behavior. The specific requirements for CE credits are outlined in the procedure below.

PROCEDURE

1. A minimum of three CE credits must be earned for each of the first two Radiographic Internship rotations, RAD 201C, and RAD 202C, for a total of six CE credits.

2. For the last two Radiographic Internship rotations, RAD 303C and RAD 304C, the student must earn a minimum of four CE credits, for a total of eight.

3. The total number of credits earned for the 4 internship rotations will be 14 CE credits.

4. CE credit criteria are based on the criteria outlined in the annual Report to Registered Technologists by the American Society of Radiologic Technologists (ASRT) and the State of Massachusetts Radiation Control Program.

   - One CE credit is equal to 50 minutes of lecture time.
   - Lectures of 30-49 minutes are equal to one-half of one CE credit.
   - Lectures less than 30 minutes do not receive any credit
   - CE credits must be pre-approved by a Recognized Continuing Education Evaluation Mechanism (RCEEM), such as the ASRT, ACR, AHRA, SDMS, SNMTS, SVT, and CAMRT or by an organization recognized by the State such as the MSRT, AMA, ANA.

5. Students may earn these CE credits by attending conferences, seminars, and/or in-services provided by their clinical internship site and/or by completing the directed reading articles and successfully passing the accompanying post test for the professional journals of the Radiologic Science professions, such as Radiologic Technology published by the American Society of Radiologic Technologists (ASRT).

6. Students must submit a copy of the appropriate documentation to the Clinical Coordinator, (i.e. certificate of attendance, certificate of completion), that indicates they have successfully completed the CE credit requirements for that internship rotation in order to receive credit.
7. In the event a student does not complete the required number of CE credits for their internship rotation points will be deducted for each missing credit in the Professional Behavior Section of their Clinical Internship Grade Form (Form K), under the Continuing Education Credits section based on the following criteria:
   - 1 point for each missing CE credits in Internships I & II
   - 1 point for each missing CE credit in Internships III & IV
8. Students will need to make up missing CE credits from the previous internship rotation during their next internship rotation, in addition to earning the required CE credits for that subsequent internship rotation.
Student Injury & Exposure during Clinical Rotation

Procedures in the Event of Injury
Departmental policies are to be followed at all times in the clinical sites. These policies are written to protect the safety of patients and employees. In the event a student is injured while in a clinical setting, the student should observe the following procedures:

1. 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.

2. Complete a departmental incident report form for the clinical site in which you are assigned, give a copy of the report to the Clinical Coordinator & the Program Director, and keep a copy for your records. PLEASE NOTE: There are separate Incident Report Forms that will need to be completed for both MCPHS and the clinical sites.

3. 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.)

4. "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."

5. 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 in patient 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 immunodeficient states, and that hand washing is the single most important action for preventing disease transmission!

- **Standard Precaution must be practiced at ALL times.**

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 (this is not limited to but includes any situation that is deemed harmful to a patient including, Radiation protection(ALARA Principle)
- 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 Radiologic Sciences. If the appeal to the dean is unsuccessful, the student may appeal to the Provost or Provost's designee. The decision of the Provost or designee is final.

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

**Incomplete Grades**

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

In order 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:

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

b. They have received laboratory instruction and have had an opportunity to practice the procedure in their lab session with the instructor.

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

d. 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 a sufficient number of times, at the discretion of the clinical staff technologist and designated clinical instructor.

Students are required to maintain a record of the competencies completed at all times.

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.

The final competency score will be converted into a % score for the purpose of calculating clinical course grades.
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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 Director Signature:

____________________________________________________________________________________

Date:  _________________

Program Clinical Coordinator Signature:

____________________________________________________________________________________

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 original is 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 Clinical Instructor: __________________________ 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 make up 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: ___________________________________________ Date ____________

Clinical Rotation: (Circle one): RAD201C  RAD202C  RAD303C  RAD304C

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   8AM to 4AM

______________________________________________________

______________________________________________________

______________________________________________________

Signature of Clinical Instructor: _______________________________ Date ____________

Signature of Clinical Coordinator: _______________________________ Date ____________
### I. 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.

| Signature of Individual |  |
| Date Signed |  |

### II. DESCRIPTION OF CURRENT WORK WITH IONIZING RADIATION

Source of Ionizing Radiation (equipment):

Isotope:

### III. RECEIPT OF DECLARATION OF PREGNANCY

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

StudentSignature: ________________________________ Date: ________

Acknowledgement of Receipt of Declaration:

ProgramDirectorSignature: ____________________________ 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 Director: _________________________________ Date: __________

Signature of Clinical Coordinator: ______________________________ Date: __________
TECHNOLOGIST EVALUATION OF STUDENTS CLINICAL SKILLS

Comprehensive Program Evaluation Protocol

Class of 2010, Class of 2011

Course: Rad 201C, RAD 202C, RAD 303C, RAD 304C

**Please circle Internship**

<table>
<thead>
<tr>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>(Please circle Internship)</th>
</tr>
</thead>
</table>

**Student Name:**

**Internship Site:**

**Technologist Signature:**

**Date:**

Technologist Instructions: Please read the narratives associated with each letter grade. The technologist completing this form should circle the appropriate rank on the scale that best describes the student’s level of clinical experience. Please provide an accurate evaluation of the student’s performance. *****PLEASE NOTE THAT A STUDENT DOES NOT HAVE TO MEET ALL DESCRIPTORS PROVIDED FOR A PARTICULAR GRADE TO BE CHOSEN BUT SHOULD MEET THE MAJORITY OF THE CATEGORY

**SECTION 1: Professional Conduct**

1) **Personal Attitudes:** Attitude towards Learning (Self-motivated)/ Personal Judgment

<table>
<thead>
<tr>
<th>A-</th>
<th>B+</th>
<th>B-</th>
<th>C+</th>
<th>C</th>
<th>D</th>
<th>F</th>
</tr>
</thead>
</table>

**Please circle one**

- If student isn’t busy they **always** will take initiative to practice positioning or refer to educational aides. i.e. Merrill’s or phantom, etc...
- The student always asks for feedback on their performance and responds positively to criticism, recognizes his or her own limitations; ask for help when needed.
- **Always** demonstrates good judgment. **Always** goes “above and beyond”

**Please circle one**

- If student isn’t busy they will frequently take the initiative to practice their positioning or refer to educational aides. i.e. Merrill’s or phantom, etc...
- Student **frequently** responds positively to criticism; checks routinely before proceeding with exams; seeks assistance when approaching limits of ability.
- **Frequently** demonstrates appropriate judgment.
- **Frequently** goes above and beyond

**Please circle one**

- If student isn’t busy they will occasionally take the initiative to practice their positioning or refer to educational aides. i.e. Merrill’s or phantom, etc...
- Student is **not consistently** responsive to criticism; occasionally fails to check with authority before proceeding;
- **Does not always** demonstrate good judgment.
- **Only on occasion** goes above and beyond

**Please circle one**

- If student isn’t busy they will never take the initiative to practice their positioning or refer to educational aides. i.e. Merrill’s or phantom, etc...
- Student **does not respond well** to criticism, usually fails to check with authority before proceeding;
- **Lacks** good judgment.
- **Seldom** goes above and beyond.

**Please circle one**

- If student isn’t busy they will never take the initiative to practice their positioning or refer to educational aides. i.e. Merrill’s or phantom, etc...
- Becomes defensive about criticism, usually fails to check with authority before proceeding with exams;
- **Lacks** good judgment.
- Makes no extra effort to excel on their own.

2) **Patient Care and Patient Rapport:** This category deals with how students identify, and communicate with their patients.

<table>
<thead>
<tr>
<th>A-</th>
<th>B+</th>
<th>B-</th>
<th>C+</th>
<th>C</th>
<th>D</th>
<th>F</th>
</tr>
</thead>
</table>

**Please circle one**

- The student **always** identifies and addresses the patient in accordance to facility policy.
- The student **always** interacts well with patients in a courteous manner. Instills confidence, effectively communicates with clear and precise instructions, and complies with HIPAA regulations.

**Please circle one**

- The student frequently identifies and addresses patients in accordance to facility policy.
- The student frequently interacts well with patients in a courteous manner. Tries to instill confidence, attempts to effectively communicate with clear and precise instructions, and complies with HIPAA regulations.

**Please circle one**

- The student is **not consistent** in addressing patients or identifying them appropriately.
- The student **does not always** interact well with patients in a courteous manner or try to instill confidence. Attempts to effectively communicate with clear and precise instructions, and complies with HIPAA regulations.

**Please circle one**

- The student **seldom** addresses patients or identifying them appropriately.
- The student **does not always** interact well with patients in a courteous manner and does not instill confidence in the patient. Seldom attempts to effectively communicate with clear and precise instructions, and does not always comply with HIPAA regulations.

**Please circle one**

- The student **does not properly** address patients or identify them appropriately.
- The student **does not interact** well with patients. They are not courteous, or instill confidence. The student **does not comply with all levels of HIPAA regulations**.
3) **Team Skills and Work Ethics** – Team skills are the interpersonal interactions with Health Professionals. Work Ethic is defined as: a student that works hard, performs to the best of their abilities, engages themselves in the learning process and is diligent in their work. The student realizes the value of their work and its ability to enhance their character.

<table>
<thead>
<tr>
<th>Student always maintains and demonstrates an impeccable work ethic.</th>
<th>Student frequently maintains and demonstrates an impeccable work ethic.</th>
<th>Student does not always maintain and demonstrate an impeccable work ethic.</th>
<th>Student seldom maintains and demonstrates an impeccable work ethic.</th>
<th>Student never maintains and demonstrates team skills and/or work ethic.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is a team player and always cooperates with staff and hospital personnel.</td>
<td>Is a team player and frequently cooperates with staff and hospital personnel.</td>
<td>Is not always a team player and does not always cooperate with staff and hospital personnel.</td>
<td>Is not a team player and never cooperates with staff and hospital personnel.</td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE CIRCLE ONE**

| A | A- | B+ | B | B- | C+ | C | C- | D | F |

4) **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 told to do so.

<table>
<thead>
<tr>
<th>Student is always on time and always remains in his/her rotation, unless needed elsewhere when he/she has downtime.</th>
<th>Student is frequently on time and has been late no more than (1 time), unless needed elsewhere when he/she has downtime.</th>
<th>Student has been late (2 times) but for the most part remains in his/her rotation, unless needed elsewhere when he/she has downtime.</th>
<th>Student has been late at least (3 times) and wonders off from their assignment. If student isn't busy they will rarely take the initiative to stock their room.</th>
<th>Student has been late more than (3+ times) and does not remain in his/her rotation. Student will not offer their help in other areas when rotation is slow. Student does not stock their room.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If student isn’t busy they will take initiative to stock their room.</td>
<td>If student isn’t busy they will take initiative to stock their room.</td>
<td>If student isn’t busy they will occasionally take initiative to stock their room.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE CIRCLE ONE**

| A | A- | B+ | B | B- | C+ | C | C- | D | F |

5) **Department Protocols** - This category is concerned with the student’s ability to follow exam protocols and adhere to Direct/Indirect Supervision Policy.

<table>
<thead>
<tr>
<th>Student always aware and follows departmental protocols. Student also understands and adheres to Direct/Indirect Supervision policy when performing procedures.</th>
<th>Student frequently is aware and follows departmental protocols. Needs some assistance with protocols. Student also understands and adheres to Direct/Indirect Supervision policy when performing procedures.</th>
<th>Student demonstrates and inconsistency concerning knowledge of department protocol. Student often needs help understanding protocols. Student also understands and adheres to Direct/Indirect Supervision policy when performing procedures.</th>
<th>Student seldom exhibits a comprehensive knowledge of department protocols and usually needs to be reminded of them. Student also needs to be reminded of Direct/Indirect Supervision Policy.</th>
<th>Student fails to demonstrate a comprehensive knowledge of departmental protocols. They also fail to adhere to the Direct/Indirect supervision policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>They also fail to adhere to the Direct/Indirect supervision policy.</td>
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</tr>
</tbody>
</table>

**PLEASE CIRCLE ONE**

| A | A- | B+ | B | B- | C+ | C | C- | D | F |

**SECTION 2: OVERALL KNOWLEDGE OF RADIOGRAPHIC PRINCIPLES**

6) **Equipment knowledge and functionality** - Equipment includes: Manipulation of Tube, Proper Angulations, and Proper use of CR, Collimation, Lock Releases and Detents, Proper SID, and use of all other button functionality.

<table>
<thead>
<tr>
<th>Student always maintains proper handling to ensure integrity of X-ray equipment. Superior knowledge of functionality of all aspects of equipment.</th>
<th>Student frequently maintains proper handling to ensure integrity of X-ray equipment. Has basic knowledge of functionality of equipment but still has room to grow.</th>
<th>Student occasionally maintains proper handling to ensure integrity of X-ray equipment. Has basic knowledge of functionality of equipment but still needs guidance.</th>
<th>Student rarely demonstrates proper use and handling of X-ray equipment. Student does not demonstrate basic knowledge of functionality of equipment use. Often requires assistance.</th>
<th>Student fails to demonstrate proper use and handling of X-ray equipment. Student does not demonstrate knowledge of functionality of equipment. Almost always requires assistance.</th>
</tr>
</thead>
</table>

**PLEASE CIRCLE ONE**

| A | A- | B+ | B | B- | C+ | C | C- | D | F |
7) Radiographic Factors that Control Contrast and Density- Such as kVp, mAs, + or – Density Controls, CR “S” Numbers and DR Principles.

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<td>C+</td>
<td>C -</td>
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</tbody>
</table>

8) High Stress Studies or High Volumes- High volume cases where one must use speed, accuracy, team work, critical thinking skills in order to obtain positive outcomes. These studies can include: Trauma, OR, ER, Clinics, busy rooms or just extremely busy days.

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</thead>
<tbody>
<tr>
<td>A -</td>
<td>B+</td>
<td>B -</td>
<td>C+</td>
<td>C -</td>
</tr>
</tbody>
</table>

9) General Knowledge of Anatomy-Student is able to identify and visualize, Bony Anatomy at various positions, Pathology, Bowel, Gas Patterns, Organs and Vasculature.

<table>
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<tr>
<td>A -</td>
<td>B+</td>
<td>B -</td>
<td>C+</td>
<td>C -</td>
</tr>
</tbody>
</table>

10) Radiation Safety and Patient Care –A.L.A.R.A. Principles (Time, Distance and Shielding). It also includes all any aspect of Patient Care.

<table>
<thead>
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<th><em>PLEASE CIRCLE ONE</em></th>
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<tr>
<td>A -</td>
<td>B+</td>
<td>B -</td>
<td>C+</td>
<td>C -</td>
</tr>
</tbody>
</table>
Section-3 Critical Thinking Skills

11) Problem Solving & Critical Thinking - This category involves a student’s ability to adapt or “think out of the box” whenever necessary.

<table>
<thead>
<tr>
<th>Student is always able to solve technical, equipment, positioning and situational problems. Usually achieves positive outcomes encompassing all aspects of diagnostic imaging.</th>
<th>Student frequently solves technical, equipment, positioning and situational problems. Frequently achieves positive outcomes encompassing all aspects of diagnostic imaging.</th>
<th>Student attempts to solve technical, equipment, positioning and situational problems with some assistance. Mostly achieves positive outcomes encompassing all aspects of diagnostic imaging.</th>
<th>Student seldom possess ability for solving technical, equipment, positioning and situational problems in order to achieve positive outcomes encompassing all aspects of diagnostic imaging.</th>
<th>Student does not possess any ability for solving technical, equipment, positioning and situational problems in order to achieve positive outcomes encompassing all aspects of diagnostic imaging.</th>
</tr>
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<tbody>
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<td>A</td>
<td>A-</td>
<td>B+</td>
<td>B</td>
<td>B-</td>
</tr>
<tr>
<td>C+</td>
<td>C</td>
<td>C-</td>
<td>D</td>
<td>F</td>
</tr>
</tbody>
</table>

12) Image Critique Proficiency - This includes identification of the following: Motion, artifact, positioning errors, technique errors, anatomical structures and how they should appear, critical thinking skills in order to make adjustments.

<table>
<thead>
<tr>
<th>Student always possesses the ability to Critique images in order to achieve maximum quality radiographs. They frequently can accurately diagnosis and implement changes to achieve the desired effect.</th>
<th>Student frequently possesses the ability to Critique images in order to achieve maximum quality radiographs. They usually can accurately diagnosis and implement changes to achieve the desired effect with little assistance.</th>
<th>Student is not consistent with the ability to Critique images in order to achieve maximum quality radiographs. They have difficulty diagnosing and implementing changes to achieve a quality radiograph.</th>
<th>Student requires assistance critiquing images. They have difficulty diagnosing and implementing changes to achieve the desired effect.</th>
<th>Student does not demonstrate ability to Critique images in order to achieve quality radiographs. They cannot accurately diagnosis or implement changes to achieve the desired effect.</th>
</tr>
</thead>
<tbody>
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<tr>
<td>C+</td>
<td>C</td>
<td>C-</td>
<td>D</td>
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</tbody>
</table>

*Please take a minute to add comments*. Your feedback to this Student is not only crucial but it is valuable to ensure a STUDENT’S success in becoming a highly qualified Radiographer.

Evaluator’s Comments:
The Program Director and the Clinical Coordinator reserves the right to review and change content of this form only in the case of major disagreement between MCPHS Program Officials and the Clinical Instructors/Staff Technologist.
**Clinical Instructors:** Please read the narratives associated with each letter grade. After reading the narrative and taking into consideration this student’s performance compared to others at the same stage of training, circle a rank on the scale that best describes the student’s level of performance. There are 3 sections to this evaluation please begin.

****PLEASE NOTE THAT A STUDENT DOES NOT HAVE TO MEET ALL DESCRIPTORS PROVIDED FOR A PARTICULAR GRADE TO BE CHOSEN BUT SHOULD MEET THE MAJORITY OF THE CATEGORY

**SECTION 1: Professional Conduct (Accountability)**

<table>
<thead>
<tr>
<th>If student isn't busy they will always take initiative to practice positioning or refer to educational aides.</th>
<th>If student isn't busy they will frequently take the initiative to practice their positioning or refer to educational aides.</th>
<th>If student isn't busy they will occasionally take the initiative to practice their positioning or refer to educational aides.</th>
<th>If student isn't busy they will never take the initiative to practice their positioning or refer to educational aides.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student always asks for feedback when approaching limits of ability.</td>
<td>The student frequently demonstrates appropriate judgment.</td>
<td>The student never takes the initiative to practice positioning or refer to educational aides.</td>
<td>The student frequently demonstrates good judgment.</td>
</tr>
<tr>
<td>Always</td>
<td>Frequently</td>
<td>Sometimes</td>
<td>Never</td>
</tr>
</tbody>
</table>

*PLEASE CIRCLE ONE*  
A  A-  B+  B  B-  C+  C  C-  D  F

---

2) **Patient Interaction and Patient Rapport** - This category deals with how students identify, and communicate with their patients.

<table>
<thead>
<tr>
<th>The student always identifies and addresses the patient in accordance to facility policy.</th>
<th>The student frequently identifies and addresses patients in accordance to facility policy.</th>
<th>The student is not consistent in addressing patients or identifying them appropriately.</th>
<th>The student seldom addresses patients or identify them appropriately.</th>
<th>The student does not properly address patient or identify them appropriately.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student always interacts well with patients in a courteous manner.</td>
<td>The student frequently interacts well with patients in a courteous manner or try to instill confidence.</td>
<td>The student does not always interact well with patients in a courteous manner and does not instill confidence in the patient.</td>
<td>The student seldom attempts to effectively communicate with clear and precise instructions, and does not always comply with HIPAA regulations.</td>
<td>The student does not interact well with patients. They are not courteous, or instill confidence.</td>
</tr>
<tr>
<td>Always</td>
<td>Frequently</td>
<td>Seldom</td>
<td>Seldom</td>
<td>Never</td>
</tr>
</tbody>
</table>

*PLEASE CIRCLE ONE*  
A  A-  B+  B  B-  C+  C  C-  D  F
3) **Team Skills and Work Ethics** – Team skills are the Interpersonal Interactions with Health Professionals. Work Ethic is defined as: a student that works hard, performs to the best of their abilities, engages themselves in the learning process and is diligent in their work. The student realizes the value of their work and its ability to enhance their character.

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4) **Clinical Attendance and Punctuality**

**Please Note:** Students are allowed one excused absence without affecting their grade. 

*Attendance record and Program Attendance Policy must be consulted before completing this portion!

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5) **Radiography Program and Affiliate Policies and Protocols**

This category deals with the students ability to respect and maintain their affiliates policies and regulations as well as follow the program policies.

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6) **CODE of ETHICS**

This category deals with a student’s Professional Conduct.

<table>
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</table>
7) Student’s competence- This category deals with a student’s ability to complete their competency objective by semesters end and in a timely fashion. *PLEASE CIRCLE ONE

<table>
<thead>
<tr>
<th>Student always completes their required competencies in a timely order. Student always takes initiative to seek out exams that they feel they are competent to be tested.</th>
<th>Student frequently completes their required competencies in a timely order. Student frequently takes initiative to seek out exams that they feel they are competent to be tested.</th>
<th>Student occasionally completes their required competencies in a timely order. Student occasionally takes initiative to seek out exams that they feel they are competent to be tested.</th>
<th>Student struggled to complete their required competencies in a timely order. Student seldom took initiative to seek out exams that they feel they are competent to be tested.</th>
<th>Student failed to complete their required competencies in a timely order. Student never takes initiative to seek out exams that they feel they are competent to be tested.</th>
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<td>A</td>
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</table>

8) Equipment knowledge and functionality- Equip. includes: Manipulation of Tube, Proper Angulations, DR/CR principles, Collimation, Lock Releases and Detents, Proper SID, and use of all other button functionality.

<table>
<thead>
<tr>
<th>Student always maintains proper handling to ensure integrity of X-ray equipment. Has basic knowledge of functionality of all aspects of equipment.</th>
<th>Student frequently maintains proper handling to ensure integrity of X-ray equipment. Has basic knowledge of functionality of equipment but still needs some assistance.</th>
<th>Student tries to maintain proper handling to ensure integrity of X-ray equipment. Has basic knowledge of functionality of equipment but still needs guidance through the process.</th>
<th>Student rarely demonstrates proper use and handling of X-ray equipment. Student does not demonstrate basic knowledge of functionality of equipment use. Often requires assistance.</th>
<th>Student fails to demonstrate proper use and handling of X-ray equipment. Student does not demonstrate knowledge of functionality of equipment. Almost always requires assistance.</th>
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9) Radiographic Factors that Control Contrast and Density- Such as kVp, mAs, + or – Density Controls, CR “S” Numbers and DR Principles.

<table>
<thead>
<tr>
<th>Student is able to adjust technical factors that control contrast and density. They are always able to determine the proper “S” number on a radiograph and can determine what factors to select when a repeat radiograph is necessary.</th>
<th>Student is sometimes able to adjust technical factors that control contrast and density. They are frequently able to determine the proper “S” number on a radiograph and can determine what factors to select when a repeat radiograph is necessary.</th>
<th>The student needs assistance adjusting technical factors that control contrast and density. They are sometimes able to determine the proper “S” number on a radiograph and need assistance determining what factors to select when a repeat radiograph is necessary.</th>
<th>Student is often not able to properly adjust technical factors that control contrast and density. They have trouble determining the proper “S” number on a radiograph and need assistance determining what factors to select when a repeat radiograph is necessary. They usually require assistance.</th>
<th>Student is not able to adjust technical factors that control contrast and density. They cannot determine the proper “S” number on a radiograph or what factors to select when a repeat radiograph is necessary.</th>
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10) High Stress Studies or High Volumes - High volume cases where one must use speed, accuracy, team work, critical thinking skills in order to obtain positive outcomes. These studies can include: Trauma, OR, ER, Clinics, or rooms with high volume.

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<td>C+</td>
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<td>A-</td>
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11) Knowledge of Anatomy and Physiology - Student is able to identify and visualize, Bony Anatomy at various positions, Pathology, Bowel, Gas Patterns, Organs and Vasculature.

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12) Radiation Safety and Protection and Patient Care - ALARA Principles (Time, Distance and Shielding).

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Section 3 Critical Thinking Skills

13) Problem Solving - This category involves a student’s ability to adapt or “think out of the box” whenever necessary.

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<td>A</td>
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</table>
14) **Image Critique Proficiency** - This includes identification of the following: Motion, artifacts, positioning errors, technique errors, identifies anatomical structures, contrast, density and uses critical thinking skills to make adjustments.

<table>
<thead>
<tr>
<th>Student always possesses the ability to Critique images in order to achieve maximum quality radiographs.</th>
<th>Student frequently possesses the ability to Critique images in order to achieve maximum quality radiographs. They usually can accurately diagnosis and implement changes to achieve the desired effect.</th>
<th>Student is not consistent with the ability to Critique images in order to achieve maximum quality radiographs. With guidance they can diagnosis and implement changes to achieve the desired effect.</th>
<th>Student requires assistance critiquing images. They have difficulty diagnosing and implementing changes to achieve a quality radiograph.</th>
<th>Student does not demonstrate ability to Critique images in order to achieve quality radiographs. They cannot accurately diagnosis or implement changes to achieve the desired effect.</th>
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*PLEASE CIRCLE ONE* *PLEASE CIRCLE ONE* *PLEASE CIRCLE ONE* *PLEASE CIRCLE ONE* *PLEASE CIRCLE ONE*

Please take a minute to add comments. Your feedback to this Student is not only crucial but it is valuable and key component to ensure a STUDENT'S success in becoming a highly qualified Radiographer.

<table>
<thead>
<tr>
<th>Clinical Instructors Comments:</th>
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</table>

Student’s Comments:

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>DATE:</th>
</tr>
</thead>
</table>

Clinical Instructors Signature:

| DATE: |

Clinical Coordinator’s Signature

| DATE: |

For MCPHS Use Only:

| Final Grade |

The Program Director and the Clinical Coordinator reserves the right to review and change content of this form only in the case of major disagreement between MCPHS Program Officials and the Clinical Instructors/Staff Technologist.
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.L. 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
  2. Wheelchair, Alert, Stretcher, patient or child over 5 years
  3. Trauma, Unconscious or Immobile patient
  4. Pediatric under 6 years
  5. Portable

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

<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>
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<tr>
<td>3. Appropriate exam/procedure protocol.</td>
<td></td>
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<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>
<td></td>
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<tr>
<td>5. Lead shield properly placed</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PART B: Deduct 2 points for each “NO” in this section</th>
<th>Total for Section B=20 Points</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>
<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>
<td></td>
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<tr>
<td>4. Respect’s the patients modesty and provides ample comfort for the patient.</td>
<td></td>
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<tr>
<td>5. Ensured patient’s physical safety.</td>
<td></td>
<td></td>
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<tr>
<td>6. Explains the examination in terms the patient fully understands.</td>
<td></td>
<td></td>
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<tr>
<td>7. Instills confidence in the patient by exhibiting self confidence throughout the examination.</td>
<td></td>
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</tbody>
</table>
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.

### Positions/Projections

<table>
<thead>
<tr>
<th>PART C: Deduct 4 points for each &quot;NO&quot; checked in this section.</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Total for C Section = 80 points</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>RADIATION PROTECTION/SAFETY</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>1. Appropriate collimation utilization</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Accessory devices properly placed (lead strips, cones, etc.)</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3. ALARA principles utilized</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EQUIPMENT SKILLS</strong></th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>4. Appropriate size &amp; type of imaging device was selected.</td>
<td></td>
<td></td>
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<tr>
<td>5. Handling of x-ray and accessory equipment was appropriate.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6. Tube/Part/Image receptor was all properly aligned.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
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<table>
<thead>
<tr>
<th><strong>POSITIONING SKILLS</strong></th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Patient was placed in the correct body position for exam. (prone, supine, oblique, standing, sitting, etc.)</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8. Part being examined was placed in the appropriate position. (Degree of obliquity, etc.)</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>9. Correct CR entry/exit point was utilized</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>10. Appropriate breathing instructions given to the patient prior to taking the radiograph.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TECHNICAL FACTORS</strong></th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Factors controlling contrast + density were selected appropriately.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>12. Correct SID/and Focal Spot utilized.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>13. Chose appropriate CR &amp; DR ranges for diagnostic images</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
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<thead>
<tr>
<th><strong>IMAGE ASSESSMENT &amp; Critique: Student was able to:</strong></th>
<th>Y</th>
<th>N</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Display radiograph correctly for viewing in either a PACS system or view box.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>15. Assess visibility of patient ID and correct use of lead markers.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>16. Proper positioning (all anatomy included, evidence of proper centering/alignment, collimation)</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>17. Accurately assess radiographic contrast, density and resolution.</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
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<tr>
<td>18. Correctly identify anatomic structures for each projection.</td>
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<tr>
<td>19. Identify specific criteria for an acceptable radiograph and offer suggestions for improvement of image. No artifacts on radiograph.</td>
<td></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>
<td>Y</td>
<td>N</td>
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<tr>
<td><strong>Critical Thinking</strong></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>
<td>Y</td>
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<td>20. Student is able to adapt exam to meet patient's needs</td>
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**Deduct 10 points for each repeat**

**TOTAL for each projection in part C**

**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 deductions (If applicable) _____ = Final Grade ____**

**Comments/Notes:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Student: ___________________________ Date: __________

Signature of Evaluator: ___________________________ Date: __________
Radiographic Internship I  RAD 201C  Projections/Positions and Anatomy to be evaluated
By the end of the semester the student should complete minimum of 7 competencies.

Chest (Routine): Mandatory
  Positions: PA + Lateral
  Anatomy: Apices, Costophrenic Angles, Trachea, Clavicle, Diaphragm, Heart

Supine KUB: Mandatory
  Position: Supine
  Anatomy: Iliac Crest, Pubic Bone or Pubic Symphysis, Psoas Muscle, Kidney

The student should choose 5 out of the 9 to complete by the end of the semester

Thumb: Mandatory
  Positions: PA/AP, Oblique, + Lateral
  Anatomy: Trapezium/Greater Multangular, Metacarpophalangeal Joint, Distal Phalanx, Proximal Phalanx, + Interphalangeal joint

Fingers: Mandatory
  Positions: PA, Oblique, and Lateral
  Anatomy: Metacarpals, Distal, Middle, + Proximal Phalanges, Distal IP Joint, Proximal IP Joint, Metacarpophalangeal joint

Hand: Mandatory
  Positions: PA, Oblique, + Lateral
  Anatomy: Metacarpals, Distal, Middle, + Proximal Phalanges, Metacarpophalangeal joint, Carpal Bones, and Carpometacarpal joint

Wrist: Mandatory
  Positions: PA, Oblique, + Lateral
  Anatomy: Scaphoid/Navicular, Lunate, Triquetrum, Pisiform, Trapezium, Trapezoid, Capitate, + Hamate

Forearm: Mandatory
  Positions: AP, Lateral
  Anatomy: Radius, Ulna, Ulnar Styloid Process, Radial Styloid Process, Radial Tuberosity, Radial Head, Ulnar Head

Elbow: Mandatory
  Positions: AP, Lateral, Medial +/or Lateral obliques
  Anatomy: Olecranon Process, Coronoid Process, Radial Head, Trochlear (Semi-Lunar) Notch, Capitulum, and Olecranon and Coracoid Fossa

Toes: Elective
  Positions: AP, Oblique, + Lateral
  Anatomy: Distal, Middle and Proximal Phalanx, Metatarsals, Distal + Proximal Interphalangeal Joint, Metatarsophalangeal Joint,
Foot: Mandatory  
**Positions:** AP, Oblique, Lateral (AP + Lat., Weight bearing +/- or non weight bearing)  

**Anatomy:** Distal, Middle and Proximal Phalanx, Metatarsals, Distal + Proximal Interphalangeal Joint, Metatarsophalangeal joint, Calcaneus, Cuboid, Navicular, talus, Medial, Intermediate + Lateral Cuneiform

Ankle: Mandatory  
**Positions:** AP, Oblique, and Lateral  

**Anatomy:** Talus, Medial and Lateral Malleolus, Calcaneus, Tibiotalar Joint, Navicular, Tibia, + Fibula

Heel/Os Calcis: Elective  
**Positions:** Axial Projection (PlantoDorsal or Dorsoplantar), Lateral  
**Anatomy:** Tibiotalar Joint, Talus, Navicular, Calcaneous (Os Calcis), Subtalar Joint, Tuberosity

Lower Leg/Tibia & Fibula: Mandatory  
**Positions:** AP, Lateral  

**Anatomy:** Tibia, Fibula, Head of the fibula, Knee joint, Intercondylar Eminence, Tibial Tuberosity + Apex of Fibula

Knee/Patella: Mandatory/Elective  
**Positions:** AP, Lateral, (Weight bearing +/- or non Weight bearing) Intercondylar Fossa Views, Tangential Views of Patella  

**Anatomy:** Patella Base and Apex, Medial + Lateral Tibial Plateau, Medial and Lateral Condyle and Epicondyle of Femur, Intercondylar Fossa, Intercondylar eminence
Radiographic Internship II          RAD 202C          Projections/Positions and Anatomy to be evaluated

By the end of this clinical rotation the student should complete a minimum of 15 competencies. Competencies not completed in internship 1 should be completed before beginning the following:

**Humerus: Mandatory**  
**Positions:** AP, Lateral

**Anatomy:** Humeral Head, Surgical Neck, Greater Tubercle (Tuberosity), Olecranon Process, Capitulum

**Shoulder:** Internal/External: Mandatory  
**Positions:** Internal, External

**Anatomy:** Greater and Lesser Tubercle (Tuberosity), Coracoid Process, Acromion, Glenoid Fossa, Clavicle, Acromioclavicular Joint

**Trauma Shoulder:** Scapular Y View, Transthoracic or Axillary: Mandatory  
**Positions:** Scapular Y View or Transthoracic

**Anatomy:** Greater and Lesser Tubercle (Tuberosity), Coracoid Process, Acromion, Glenoid Fossa, Clavicle, Acromioclavicular Joint

**Clavicle:** Elective  
**Positions:** AP+AP Angle or PA+PA angle  
**Anatomy:** Shaft/Body, Sternal Extremity, and Acromial Extremity

**Femur:** Mandatory  
**Positions:** AP, Lateral  
**Anatomy:** Greater and Lesser Trochanters, Medial + Lateral Epicondyles, Femoral Head, Femoral Neck, + Acetabulum

**Hip & Trauma Hip:** Mandatory  
**Positions:** AP, Frog Lateral and **Trauma Hip (Cross Table lateral)**

**Anatomy:** Femoral Head, Femoral neck, acetabulum, greater and lesser trochanters

**Pelvis:** Mandatory  
**Positions:** AP  

**Anatomy:** Ilium, Ishium, Pubis bone, Sacroiliac Joints, Sacrum, Obturator Foramen

**Upright Abdomen:** Mandatory  
**Positions:** AP upright  

**Anatomy:** Right and Left Diaphragm, Lumbar vertebrae, Iliac Crests
Radiographic Internship III    RAD 303C    Projections/Positions and Anatomy to be evaluated

By the end of this clinical rotation the student should complete a minimum of 14 competencies. Competencies not completed in internship II should be completed before beginning the following:

**Decubitus Abdomen**: Mandatory, (May be completed as part of double contrast enema)
- **Positions**: Left Decubitus
- **Anatomy**: Right and Left Diaphragm, Lumbar vertebrae, Iliac Crests

**Esophagus**: Elective
- **Positions**: As per departmental routine
- **Anatomy**: Cardiac Antrum, Fundus of Stomach, Esophagus, and Thoracic Spine

**UGI**: Mandatory
- **Positions**: As per departmental routine
- **Anatomy**: Greater and Lesser Curvature, Pyloric Canal, Fundus, Duodenal Bulb

**Small Bowel Series (SBS)**: Elective
- **Positions**: As per departmental routine
- **Anatomy**: Name the 3 sections of the small intestine: Duodenum, Jejunum, Ileum

**Barium Enema (BE) or Double Contrast BE/Air Contrast Enema (ACE)**: Mandatory
- **Positions**: Per departmental routine
- **Anatomy**: Cecum, Ascending, Transverse, Descending and Sigmoid Colon, Right Colic/ hepatic flexure, Left Colic/Splenic Flexure, Rectum

**Portable Chest**: Mandatory
- **Positions**: AP upright or supine
- **Anatomy**: Right and Left Diaphragm, Trachea, Apices, and Costophrenic Angles

**Chest: Wheelchair/Stretcher**: Mandatory
- **Positions**: AP upright or supine
- **Anatomy**: Right and Left Diaphragm, Trachea, Apices, and Costophrenic Angles

**Portable Abdomen**: Mandatory
- **Positions**: AP Supine
- **Anatomy**: Iliac Crest, Pubic Bone or Pubic Symphysis, Psoas Muscle, Kidney

**Portable Orthopedic Procedure**: Mandatory (May be performed in the Surgical Suite)
- **Positions**: Dependent on Procedure being performed
- **Anatomy**: Refer to Previous listed anatomy for Extremities, Pelvis or Spine Evaluations

**Chest: Age 6 or Under**: Mandatory
- **Positions**: AP upright or supine
- **Anatomy**: Right and Left Diaphragm, Trachea, Apices, and Costophrenic Angles

**Trauma Extremity: Upper and Lower**: Mandatory
- **Positions**: AP & Lateral, or as ordered
- **Anatomy**: As previously listed for extremity being performed
By the end of this clinical rotation the student should complete all remaining competencies which include 15 elective procedures and 36 mandatory.

Ribs: Mandatory

**Positions:** AP/PA Upper or Lower Ribs, AP/PA Oblique Ribs, (Upper or Lower)
**Anatomy:** Intercostal Space, Costovertebral Articulation, Shaft, and vertebral body

Cervical Spine: Mandatory

**Positions:** AP Axial, Odontoid, Lateral, Swimmers View, and Obliques
**Anatomy:** Odontoid Process (Dens), Vertebral Body, Spinous Process, Transverse Process, Zygapophyseal Joints, Superior and Inferior Articulating Facets, Pedicle, Intervertebral Foramina, and Vertebra Prominens (C-7)

Trauma Cervical Spine: Mandatory

**Positions:** Cross table lateral
**Anatomy:** Odontoid Process (Dens), Vertebral Body, Spinous Process, Zygapophyseal Joints, Superior and Inferior Articulating Facets, and Vertebra Prominens (C-7)

Thoracic Spine: Mandatory

**Positions:** AP, and Lateral
**Anatomy:** Vertebral Body, Lamina, Spinous Process, Transverse Process, Pedicle, Intervertebral Foramina, and Intervertebral Disk Space

Lumbar Spine: Mandatory

**Positions:** AP, Lateral, and L5-S1 Lumbosacral Junction, and Obliques
**Anatomy:** Vertebral Body, Lamina, Spinous Process, Transverse Process, Zygapophyseal Joints, Superior and Inferior Articulating Facets, Pedicle, and Intervertebral Foramina

Sacrum/Coccyx: Elective

**Positions:** AP Axial, and Lateral
**Anatomy:** Sacral Promentory, Sacral Foramina, L-5, and Coccyx

Myelography: Elective (If performed in dept.)

**Positions:** As per departmental routine.
**Anatomy:** Nerve Roots, Vertebral Body, Spinous Process, + Intervertebral disk space

Intravenous Urogram/Pyelogram (IVU/IVP): Electives (if performed in the dept)

**Positions:** Per departmental routine
**Anatomy:** Major and Minor Calyces, Renal Pelvis, Ureter, Bladder

Skull: Mandatory

**Positions:** Towne, Caldwell, Lateral, PA/AP and Base
**Anatomy:** Occipital Bone, Foramen Magnum, Lambdoidal Suture, Frontal Bone, Temporal Bone, Parietal Bone, Petrous Ridge, Sella Turcica, Anterior and Posterior Clinoid Processes, and Mastoid Air Cells

Paranasal Sinuses: Mandatory

**Positions:** Waters, Caldwell, and Lateral
**Anatomy:** Maxillary Sinuses, Frontal Sinuses, Sphenoidal Sinus, Ethmoidal Air Cells, Sella Turcica and Petrous Ridge

Facial Bones: Elective
Positions: Waters or Reverse Waters, and Lateral
Anatomy: Orbit, Zygomatic Arch, Petrous Ridge, Mandibular angle, Mandibular Rami, and Maxillary and Frontal Sinuses

Nasal Bones: Elective
Positions: Waters, and Lateral
Anatomy: Nasal Bones, Anterior Nasal Spine of the Maxilla, and Nasofrontal suture

Mandible: Elective
Positions: PA, Axiolateral Obliques
Anatomy: Mandibular Condyle, Mandibular Angle, Mandibular Rami, Coronoid Process, Symphysis

Orbits: Elective
Positions: Orbitoparital Oblique/Rhese Method
Anatomy: Optic Canal, Superior Orbital Margin, Lateral Orbital Margin

Operating Room Procedures: Mandatory + Elective
- One OR procedure using portable fluoroscopic equipment (C-arm): Mandatory
- One OR Procedure to be determined by Clinical Instructor: Mandatory/Elective
Examples:
  - Surgical Cholangiogram: Elective
  - Retrograde Pyelography: Elective
  - Portable Orthopedic Procedure: Mandatory (This competency may be performed as a portable procedure elsewhere in facility)

Anatomy: Based on procedure performed, see previously listed anatomy for part being examined.

Observational rotations through the following specialty areas*: Mandatory or Optional
Observation may include 1 or 2 hours in each modality
A. Computed Tomography (CT) (Mandatory)
B. Cardiovascular Interventional Technology (Mandatory) (This rotation may also include time in a Cardiac Catheterization Lab)
C. Magnetic Resonance Imaging (MRI) (Mandatory)
D. (Optional) Nuclear Medicine, Ultrasound or Bone Densitometry

Upon completion of observational rotations through each specialty area the student will be able to describe/identify routine procedures performed in that specialty area, and be able to identify basic anatomy demonstrated on images specific to those specialty areas as outlined in the Observational Rotation-Student Evaluation Form (Form P).

If, after completing the scheduled observational rotations through the specific modalities listed above, a student has a particular interest in an area and wishes to return to that area, they may do so by making a request, in writing, to their Clinical Instructor. The Clinical Instructor will discuss the request with the Clinical Coordinator. The Clinical Coordinator and Clinical Instructor will determine the appropriateness of the student returning to that area, based on the student’s clinical performance, and will determine the length of time that the student will be re-assigned to that specialty area.
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 Evaluation Scores

<table>
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<tr>
<th>Procedure</th>
<th>Score</th>
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Total Points =

Average Score = Total Score ÷ Number of competencies performed ÷ 2
<table>
<thead>
<tr>
<th>Categories</th>
<th>Score</th>
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<tbody>
<tr>
<td>Clinical Competency Evaluation Points</td>
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<tr>
<td>50% of average score for competency evaluations</td>
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<tr>
<td>Laboratory Evaluation/Oral Competency Points</td>
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<td>(to be completed at MCPHS 5 points)</td>
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<td>Technologist/Student Performance Evaluations Points</td>
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<td>Maximum 15 points (Form G)</td>
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<td>Clinical Performance Evaluation Points</td>
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<td>Maximum 15 points (Form H)</td>
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<td>Professional Behavior: Maximum Total 15 points from</td>
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<td>categories listed below</td>
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<td>Attendance Points - Maximum 3 points (Form N, Form</td>
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<td>Punctuality Points - Maximum 2 points (Form N)</td>
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<td>Student Documentation - Maximum 3 points</td>
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<td>Dress Code/Conduct - Maximum 2 points</td>
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<td>Continuing Education Credits- Maximum 2 points</td>
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<td>(Certificates of Attendance)</td>
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<td>Student Journal- Maximum 3 points submitted to</td>
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<tr>
<td>Clinical Coordinator</td>
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<td>Additional Clinical Demerits</td>
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<td>Additional Clinical Merits</td>
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<td>Total Points</td>
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</table>

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 Director: ________________________________ Date __________
Radiography Program

MASTER CLINICAL EXPERIENCE RECORD

Requirement: Candidates must demonstrate competence in all 31 procedures identified as mandatory (M). Procedures should be performed on patients; however, up to eight mandatory procedures may be simulated (see previous page) if demonstration on patients is not feasible. Candidates must demonstrate competence in 15 of the 35 elective (E) procedures. Candidates must select one elective procedure from the head section. Candidates must select Upper GI or Barium Enema plus one other elective from the fluoroscopy section. Elective procedures should be performed on patients; however, electives may be simulated (see previous page) if demonstration on patients is not feasible.

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:

1. Accurately evaluate the requisition in relation to the patient’s abilities.
2. Ensure proper set-up of the radiographic procedure room.
3. Accurately provide for the patient’s care and safety throughout the procedure.
4. Accurately operate the medical imaging equipment and accessory devices.
5. Accurately perform the required positions/projections for each exam as established by the clinical internship site’s departmental routines.
6. Correctly use technical factors to produce acceptable quality radiographic images.
7. State or list required patient preparations for the exam.
8. Practice acceptable methods of radiation protection for patient, self and others.
9. Critique the radiographic images after completing the procedure. Student must be able to:
   a. Determine that the images are properly labeled per acceptable legal standards.
   b. Accurately identify the anatomic structures demonstrated on the film.
   c. Determine proper alignment of the part being imaged.
   d. Determine that the radiographic techniques employed were appropriate.
   e. Determine that proper radiographic protection methods were employed
10. 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.

<table>
<thead>
<tr>
<th>General Patient Care</th>
<th>Date Completed</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CPR</td>
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<tr>
<td>2. Vital signs (blood pressure, pulse, respiration)</td>
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<tr>
<td>3. Sterile and aseptic technique</td>
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<td>4. Venipuncture</td>
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<td>5. Transfer of patient</td>
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<tr>
<td>6. Care of patient medical equipment (e.g., oxygen tank,</td>
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<tr>
<td>IV tubing)</td>
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</table>

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>Mandatory Or Elective</th>
<th>Patient or Simulated P/S</th>
<th>Mastered</th>
<th>Grade</th>
<th>Clinical Instructor’s Signature</th>
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<tbody>
<tr>
<td>CHEST and THORAX</td>
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<td>Chest (Routine)</td>
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<td>Ribs</td>
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<td>Trauma: Lower Extremity</td>
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<td>Foot (Weight Bearing or Non-Weight Bearing)</td>
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<td>Ankle</td>
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<td>Lower Leg (Tibia/Fibula)</td>
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<td><strong>SPINE and PELVIS</strong></td>
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<td>Hip</td>
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<td>Trauma Hip (Cross-table lateral)</td>
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<td><strong>Head – Candidates must select at least one elective procedure from this section.</strong></td>
<td></td>
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</tr>
<tr>
<td>Facial Bones</td>
<td>E</td>
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</tbody>
</table>

Candidates must select at least one elective procedure from this section.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Type</th>
<th>Patient or Simulate P/S</th>
<th>Date Mastered</th>
<th>Grade</th>
<th>Clinical Instructor’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranasal Sinuses</td>
<td>E</td>
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<tr>
<td>Nasal Bones</td>
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<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>
<td></td>
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<tr>
<td><strong>Fluoroscopy Studies</strong></td>
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<tr>
<td>– Candidates must select either</td>
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<tr>
<td>Upper GI or Barium Enema plus</td>
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<tr>
<td>one other elective procedure from this</td>
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<tr>
<td>section.</td>
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<tr>
<td>Esophagus</td>
<td>E</td>
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<tr>
<td>Upper Gastrointestinal Series (UGI)</td>
<td>E</td>
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<tr>
<td>Single or Double contrast</td>
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<tr>
<td>Small Bowel Series (SBS)</td>
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<td>Barium Enema (BE)</td>
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<td>Single or Double contrast</td>
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<tr>
<td>Arthrography</td>
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<tr>
<td>Cystography/Cystourethrography</td>
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<td>Myelography</td>
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<td><strong>PORTABLE AND SURGICAL PROCEDURES</strong></td>
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<td>Portable Chest</td>
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<tr>
<td>Portable Abdomen</td>
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<tr>
<td>Portable Orthopedics</td>
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<tr>
<td>Surgical C-arm Procedure (Orthopedics)</td>
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<tr>
<td>Surgical C-arm Procedure (Non-Orthopedics)</td>
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<td>Pediatrics (age 6 or younger)</td>
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<td>Chest Routine</td>
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<td>Upper Extremity</td>
<td>E</td>
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<td>Lower Extremity</td>
<td>E</td>
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<td></td>
<td></td>
<td>Date of Rotation</td>
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<td>Clinical Instructor’s Signature</td>
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<tr>
<td><strong>Abdomen</strong></td>
<td>E</td>
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<tr>
<td><strong>Mobile Study</strong></td>
<td>E</td>
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<tr>
<td><strong>OBSERVATIONAL ROTATIONS:</strong></td>
<td>Mandatory</td>
<td>Date of Rotation</td>
<td>Grade</td>
<td>Clinical Instructor’s Signature</td>
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<tr>
<td>Cardio-Vascular Interventional Technology (CVIT)</td>
<td>M</td>
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<tr>
<td>Computed Tomography (CT)</td>
<td>M</td>
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<tr>
<td>Magnetic Resonance Imaging (MRI)</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>
<td>E</td>
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<tr>
<td><strong>Other:</strong></td>
<td></td>
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</tbody>
</table>

Reviewed: 7/10
Revised: 5/05, 7/08, 5/09, 5/11
**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 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 Instructor's Skills: The Clinical Instructor is able to:</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professionalism</td>
<td></td>
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<tr>
<td>Demonstrate both professional appearance and conduct, in interactions with other health care professionals and patients.</td>
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<tr>
<td>2. Patient Care</td>
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<tr>
<td>Communicate effectively with patients while projecting a caring and empathetic image.</td>
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<tr>
<td>3. Positioning Skills/Technique Selection</td>
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<tr>
<td>Is able to demonstrate patient positioning and technique selection that is suitable for student comprehension.</td>
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<tr>
<td>4. Quality Control</td>
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<tr>
<td>Assess radiographic images; explain to the student reasons for repeating radiographs and how to correct for errors.</td>
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<tr>
<td>5. Radiation Protection/Radiation Safety</td>
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<tr>
<td>Follows departmental policies regarding radiation protection for self, fellow staff members, and patients.</td>
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<tr>
<td>6. Teaching ability</td>
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<tr>
<td>Demonstrate and explains procedures in a clear and accurate manner.</td>
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<tr>
<td>7. Assesses Student Needs</td>
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<tr>
<td>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</td>
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<tr>
<td>Provide the student radiographer with constructive criticism and feedback on their performance in a positive manner and inform the student of strength/weaknesses during rotation.</td>
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<tr>
<td>9. Teamwork</td>
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<tr>
<td>Promote and support effective teamwork among students and peers.</td>
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<tr>
<td>10. Overall Performance of Clinical Instructor</td>
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<tr>
<td>Total Points for each column</td>
<td></td>
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</tr>
</tbody>
</table>
**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
- H- Holiday
- D- Death in Family
- A- Student absent, did not call in following established MCPHS Policies and Procedures
- M- 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: ____________
FORM O
Radiography Program
RADIOGRAPHY EDUCATIONAL/ORIENTATION ACTIVITY LOG SHEET

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: ____________
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, non-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, dynamap, 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 modality.
### Examples of Possible Procedures/Exams to be Observed during Modality Rotations

<table>
<thead>
<tr>
<th>Procedure/Exam</th>
<th>Anatomy Review: 4 Structures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CT</strong></td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td>Lateral Ventricles- (Anterior Horn and Occipital Horn), 3rd and 4th Ventricles</td>
</tr>
<tr>
<td>Chest</td>
<td>Aorta, Main Stem Bronchi, Right &amp; Left Ventricle/Atrium of Heart</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Liver, Spleen, Aorta, Kidneys, Vena Cava</td>
</tr>
<tr>
<td>Pelvis</td>
<td>Bladder, Rectum, Pubic Bone, Femoral Head, Sacrum, Ili</td>
</tr>
<tr>
<td><strong>CVIT</strong></td>
<td></td>
</tr>
<tr>
<td>Cerebral Angiogram</td>
<td>R/L Common Carotid Artery, Internal Carotid Artery</td>
</tr>
<tr>
<td>Abdominal Angiogram</td>
<td>Aorta, Renal Arteries, Celiac Axis, Hepatic Artery, Splenic Artery</td>
</tr>
<tr>
<td>Biopsy Procedure</td>
<td>Basic Anatomy of structure being biopsied.</td>
</tr>
<tr>
<td>Tube Placement</td>
<td>Biliary or Nephrostomy or Abscess-basic anatomy of structure</td>
</tr>
<tr>
<td>Venogram</td>
<td>Inferior Vena Cava, R+L renal veins, or anatomy specific to veins being studied</td>
</tr>
<tr>
<td>Angioplasty Procedure</td>
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</tr>
<tr>
<td><strong>MRI</strong></td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td>Lateral Ventricles- Anterior Horn and Occipital Horn</td>
</tr>
<tr>
<td>Spine</td>
<td>Vertebral Body, Pedicle, Spinous Process, Transverse Process, Vertebral Foramen</td>
</tr>
<tr>
<td>Knee</td>
<td>Anterior or Posterior Cruciate Ligament, Medial + Lateral Meniscus, Quadriceps Tendon, Patella Ligament</td>
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<tr>
<td>Shoulder</td>
<td>Glenoid Fossa, Acromion Process, Humeral Head, Deltoid Muscle, Clavicle</td>
</tr>
<tr>
<td>MRA</td>
<td>Common Carotid Artery, Internal or External Carotid Artery, Vertebral Artery</td>
</tr>
<tr>
<td><strong>Other</strong></td>
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</tbody>
</table>

**Check if student is able to identify structures**
<table>
<thead>
<tr>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td><strong>Nuclear Medicine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Scan</td>
<td>Spine, Skull, Shoulder, Bladder, anterior view, posterior view</td>
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</tr>
<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>
<tr>
<td>Renal Scan</td>
<td>Kidneys, Ureters, Bladder</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td><strong>Ultrasound</strong></td>
<td></td>
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<tr>
<td>Abdominal/ Pelvic</td>
<td>Liver, Kidney, Bladder, Uterus, Gallbladder</td>
<td></td>
</tr>
<tr>
<td>Gallbladder + Biliary System (may be part of abdominal scan)</td>
<td>GB</td>
<td></td>
</tr>
<tr>
<td>Kidneys (may be part of abdominal scan)</td>
<td>Kidney, Collecting System (if dilated)</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bone Densitometry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LS Spine</td>
<td>Transverse Process, Vertebral Body, Intervertebral Disc Space, L5, L1, T12</td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td>Greater Trochanter, Femoral Neck, Femoral Head, Acetabulum</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</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: __________________________

<table>
<thead>
<tr>
<th>Dates</th>
<th>Diagnostic</th>
<th>E.R.</th>
<th>Portable</th>
<th>O.R.</th>
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<th>Ortho</th>
<th>Advance Procedures</th>
<th>Other</th>
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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.
Student’s Name: ___________________________ Date: ________________

<table>
<thead>
<tr>
<th>Student is able to successfully complete the following:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Locate, read, and explain the daily surgical schedule.</td>
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<tr>
<td>2. Locate surgical clothing and dress appropriately for working in a sterile environment.</td>
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<tr>
<td>3. Prepare the x-ray equipment to be used by locating and activating the appropriate power source.</td>
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<tr>
<td>4. 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>
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<tr>
<td>5. Maneuver the x-ray equipment into proper position/alignment for the procedure.</td>
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<tr>
<td>6. Locate the appropriate cassettes/grids to be utilized for procedure.</td>
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<td>7. Position the cassette properly while maintaining a sterile field.</td>
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<td>8. Provide maximum radiation protection for surgical staff by supplying or knowing the location of lead aprons, gloves, etc.</td>
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<td>9. Set appropriate technical factors and notify surgical staff prior to taking an exposure.</td>
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<tr>
<td>10. Produce quality images and insure all appropriate patient identification and markers are clearly visible on radiograph.</td>
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</table>

Total (10 points for each section, possible total points 100)

Signature of Student: ___________________________ Date ________________

Signature of Clinical Instructor: ___________________________ Date ________________
C-arm Competency Evaluation Form

| Student's Name: ___________________________ | Date: ___________________________

Exam ___________________________ Hospital ___________________________

<table>
<thead>
<tr>
<th>Student is able to successfully complete the following:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Correctly connect all cables for C-arm equipment and follow the appropriate steps to activate the C-arm.</td>
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<tr>
<td>2. Manipulate all appropriate locks for procedure.</td>
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<tr>
<td>3. Demonstrate the ability to properly maneuver C-arm for procedure while maintaining a sterile field.</td>
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<td>4. Identify image intensifier and x-ray tube.</td>
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<td>5. Demonstrate the use of large and small field size and collimation controls.</td>
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<tr>
<td>6. Key in patient's name, medical record number, date, and name of procedure.</td>
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<td>7. Explain and demonstrate proper use of brightness and contrast adjustments.</td>
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<td>8. Demonstrate the ability to save, recall and print images when necessary.</td>
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<td>9. Use correct tube/part alignment for the procedure.</td>
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<tr>
<td>10. Demonstrate the correct sequence of steps to shut down the c-arm equipment and proper cleaning of C-arm.</td>
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Total (10 points for each section, possible total points 100)

Signature of Student: ___________________________ Date: ___________________________

Signature of Clinical Instructor: ___________________________ Date: ___________________________
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>
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<tbody>
<tr>
<td>Facilities. (parking, cafeteria, personal space, &amp; computer access were adequate)</td>
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<tr>
<td>Hospital policies and procedures were reviewed during student orientation</td>
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<tr>
<td>Students were shown emergency equipment use and storage</td>
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<tr>
<td>The clinical sites served as a positive learning environment</td>
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<tr>
<td>I was well received by the health professionals at the sites</td>
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<td>Site provided sufficient opportunity (i.e. patient load) to meet the requirements to fulfill competencies</td>
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<td>The equipment was well maintained and offered some modern conveniences (DR or CR units)</td>
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<td>Opportunities for interdisciplinary collaboration were available</td>
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<tr>
<td>The clinical instructor demonstrated professionalism and leadership</td>
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<tr>
<td>Patient care was delivered according to professional ethics and standards</td>
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<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>
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<td>Technologists were willing to teach and assist radiographic procedures with the students</td>
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<tr>
<td>Technologists demonstrate proper radiation protection/radiation safety procedures</td>
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</table>
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 in service classes)

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

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________

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

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Signature of Student_______________________________________ Date_________________

Reviewed by: _____________________________________________ Date_________________
Radiography Program
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
2. Wheelchair, Alert, Stretcher, patient or child over 5 years
3. Trauma, Unconscious or Immobile patient
4. Pediatric under 6 years

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

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

Massachusetts College of Pharmacy and Health Sciences
Radiography Program
Description of the Profession/Educational Outcomes

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

1. apply knowledge of anatomy, physiology, positioning, and radiographic technique to accurately demonstrate anatomical structures on a radiograph or other imaging modality;
2. determine and utilize radiographic techniques to achieve optimum image quality with minimal radiation exposure to the patient;
3. evaluate images for proper image quality, and accurate positioning;
4. apply the principles of radiation safety and protection for the patient, themselves and other healthcare professionals;
5. provide appropriate patient care when needed and recognize and respond appropriately to emergency situations in the healthcare setting;
6. 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;
7. exercises independent judgment and discretion while performing medical imaging procedures;
8. 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:

1. Apply knowledge of anatomy, physiology, positioning, and radiographic techniques to accurately demonstrate anatomical structures on a radiograph or image;
2. Determine and utilize radiographic techniques to achieve optimum image quality with minimal radiation exposure;
3. Evaluate images for quality and content;
4. Understand and utilize tube rating charts to ensure safe equipment operation;
5. Detect, document, and report equipment malfunctions to the appropriate individual;
6. Exercise independent judgment and discretion when performing medical imaging procedures;
7. Apply the principles of radiation protection for the patient, self, and others;
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.
In order 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:

1. Understand and apply the basic principles of radiation control: time, distance, and shielding.
2. Do not allow familiarity to result in false security. Just because you can't see or feel radiation doesn't mean it isn't there.
3. Never enter a room while an exposure is being made.
4. Never stand in the path of the primary beam.
5. To avoid any repeat exposures during radiographic procedures, make every effort to position a patient carefully, and select the proper exposure factors.
6. 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:
   
   7. The qualified radiographer reviews the procedure in relation to the student’s achievement.
   8. The qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
   9. The qualified radiographer is present during the conduct of the procedure.
   10. 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.

. 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.

11. Always wear appropriate lead shielding (aprons and gloves), during fluoroscopic and portable procedures.
13. 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.
14. 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.

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

16. 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**

1. 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 that 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.

2. 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.

3. 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.

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

**Other Hospital Staff**

1. 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.

2. 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.
Appendix C

Massachusetts College of Pharmacy and Health Sciences
Radiography Program
Eligibility for ARRT Certification

In accordance with ARRT’s “Equation for Excellence”, candidates for ARRT certification must meet basic requirements in the three components of the equation:

- Ethics
- Education
- Examination

Ethics
Every candidate for certification and every applicant for renewal of registration must, according to the governing documents, “be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics,” and they must “agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics.”

One issue addressed by the Rules of Ethics is the conviction of a crime, including a felony, a gross misdemeanor or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. “Conviction” as used in this provision includes:

- a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or deferred,
- a proceeding in which the sentence is suspended or stayed,
- a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest), or
- a proceeding resulting in a military court-martial.

Misdemeanor charges or convictions that occurred while a juvenile and that were processed through the juvenile court system are not required to be reported to the ARRT. Misdemeanor speeding convictions are not required to be reported unless they are related to alcohol or drug use. ARRT investigates all potential violations in order to determine eligibility.

Education
Eligibility for certification also specifies the satisfaction of educational preparation requirements.

For the primary categories eligibility requires the successful completion of the respective discipline’s formal educational program that is accredited by a mechanism acceptable to ARRT. Beginning January 1, 2002, candidates must also demonstrate competency in didactic coursework and an ARRT-specified list of clinical procedures.

For post-primary categories, candidates must hold registration in a supporting category and document ARRT-specified clinical experience. Further details may be found in the handbooks available for each of the post-primary certification disciplines.

Examination
Finally, eligibility requires candidates for certification, after having met all other qualifications, to pass an examination developed and administered by the ARRT. The exams assess the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required of staff technologists practicing within the respective disciplines.
Appendix D

Massachusetts College of Pharmacy and Health Sciences
Radiography Program
American Society of Radiologic Technologists
CODE OF ETHICS

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

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

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

3. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination regardless of sex, race, creed, religion or socioeconomic status.

4. 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.

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

6. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment management of the patient, and recognizes that the interpretation and diagnosis are outside the scope of practice of the profession.

7. 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.

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

9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in 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

1. 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
2. Keep a positive attitude, and speak up if there is a problem
3. It might seem overwhelming at first, but the more you try the more comfortable and competent you will become
4. 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
5. Clearly communicate your learning style with your supervisor in order to prevent yourself from becoming confused or overwhelmed.
6. Know the expectations of the clinical site and its staff.
7. Learn from your patients, they have much to teach you as well.
8. 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
9. Don't be a no it all, it is one sure way of blocking your teachers from showing you anything.
10. Be prepared to spend time on documentation needs and language.
11. Ask for feedback if you feel you need it.
12. 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.
13. 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.
14. Keep a variety of resources, including your textbooks handy for reference. Use libraries and reference materials available at the site.
15. Study constantly and know the theory on which the protocols are based.
16. Be over prepared-- read as much as possible on the studies and medical background and principles.
17. 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.
18. Your supervisor is there to help/teach, use him/her as a vital resource.
19. Remember that you also can learn from a less than optimal situation.
20. 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.
21. Touch base with your clinical supervisor regularly, daily if possible and never less than weekly.
22. You will not be the perfect Nuclear Medicine Technologist not now and not even when you have 10 years experience savor every experience and every scan you are fortunate to perform as a unique and essential learning experience.

---

23. Go in with an open mind, you may see some pretty strange things.
24. Whenever the opportunity presents itself work with other disciplines to gain their perspectives and further your own learning.
25. 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.
26. 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.
27. Be flexible and willing to respond to the needs of the department.
28. Communicate with those around you and involve yourself in the activities of the department.
29. Contact the clinical coordinator for ideas and encouragement if you feel off track or overwhelmed.
30. Always admit to what you don't know.
31. 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

1. 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.
2. 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
3. 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.
4. Don’t be afraid to help out - people expect it - the healthcare setting is based on teamwork
5. Don’t be afraid to speak up, always show enthusiasm and initiative no-one wants a wet blanket in their department
6. Don’t be afraid to try new things.
7. Don’t be afraid to ask questions

¹ Adapted from: Alzoni, D., Link, S., & Trone, J. submitted as part of the course requirement for OT 410: Administration, Management, & Supervision at Elizabethtown College, Elizabethtown, PA.