



RADIOLOGY PROGRAM CLINICAL HANDBOOK

2026 - 2027

1525 W. California Street, Gainesville, TX 76240

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CLINICAL FORMS:

Available on Radiology Canvas Shell

ARRT Code of Ethics
ARRT Comp Summary
Clinical Absence Form
Clinical Competency Evaluation Form
Clinical Exam Repeat Log Sheet
Clinical Hour Breakdown
Clinical Repeat Analysis Form
Clinical Site Orientation Form
Competency Exam List
Department Familiarization Checklist

FORMS DUE TODAY:

Acknowledgment of Handbook
Clinical Practicum Acceptance Form
Clinical Supervision of Student Policy

PROFESSIONAL BEHAVIOR POLICY

As a representative of NCTC, the radiological program, the assigned clinical institution, and the entire profession of the radiologic sciences, it is paramount that the student maintains the highest standards of professionalism.

The students are expected to conduct themselves on a professional level. Professional conduct is reflected in the attitude and in communication with physicians, supervisors, co-workers, and patients.

Professional conduct includes, but is not limited to:

Commitment to Excellence

- refrains from performing any professional service that requires competence that one does not possess or that is prohibited by law unless the situation morally dictates otherwise
- strives to exceed expectations at all times
- commits to life-long learning by taking responsibility for one's own learning and accurately reflecting on the adequacy of one's knowledge, skill development, and personal barriers to accomplishing learning and growth
- takes responsibility for learning in group settings by being present, prepared, and engaged
- strives for mastery learning appropriate for one's level of training
- reflects with colleagues on the success of group work

Honesty and Integrity

- identifies truthfully and accurately one's credentials and professional status
- communicates appropriately in an honest and timely manner
- accurately represents actions and events
- avoids cheating, plagiarism, and misrepresentation of the truth
- reflects on one's personal reaction to encounters with others and accepts responsibility for personal actions
- recognizes, appropriately discloses, and manages conflicts of interest
- is forthcoming with information
- does not withhold and/or use the information for power
- admits mistakes

Compassion

- recognizes and responds to the fears, suffering, and hopes of patients and their families
- assists colleagues in dealing with the challenges of professional work

Respect for Others

- respects the confidentiality of patients
- recognizes and respects personal and sexual boundaries

- avoids bias (e.g., gender, race, age, sexual orientation) in interactions with others
- articulates and embraces the many positive aspects of differences among people and demonstrates awareness of how such differences affect personal interactions
- demonstrates a commitment to resolving conflicts in a collegial manner
- shows sensitivity and respect for the needs, feelings, ideas, and wishes of others in clinical and educational settings
- demonstrates humility in interactions with others
- recognizes that appropriate dress and appearance demonstrate respect for others and for the profession

Professional Responsibility

- is present and punctual for scheduled activities
- takes responsibility for notifying others of unavoidable absences or tardiness
- copes with the challenges, conflicts, and ambiguities inherent in professional work
- identifies and appropriately deals with problematic behaviors of oneself and colleagues;
- being cognizant of and adhering to the chain of command
- appropriately displaces clinical responsibilities when personal needs demand it
- adheres to established professional codes of conduct
- practices according to accepted standards of care
- identifies ethical issues in professional situations and acts in an ethical manner
- regards as strictly confidential all information concerning each patient and refrains from discussing this information with any unauthorized individual, including the patient

Social Responsibility

- understands and actively addresses the multiple social factors that threaten the health of patients
- actively works for appropriate social change to improve the health of populations
- models' healthy behaviors

Altruism

- places the interests of others above self-interest
- is able to give up some personal needs to meet the needs of patients

Examples of unprofessional behaviors include, but are not limited to:

- Gossip
- Disclosure of medical information to patients or relatives
- Discussions pertaining to clinical in public areas (e.g., elevators, cafeterias)
- Discussions of inappropriate subject matter within the hearing of patients, visitors, etc.
- Consumption of food in patient areas (including gum)
- Excessive noise
- Inappropriate jokes
- Loitering

In addition, the student will adhere to the following policies while at the clinical facility:

1. Smoking, smokeless tobacco, eating, drinking, or chewing gum is permitted only in designated areas.
2. Students will not leave their assigned area at any time without permission.
3. Students will not remain in the radiology department after clinical hours except when on duty.
4. When not actively engaged in diagnostic imaging work or other duties, students will remain in their rooms and not congregate in offices, halls, or other rooms.
5. Personal telephone calls are not encouraged. No one will be called from the working area except in an emergency.
6. Patients will not be left unattended.
7. Electronic devices, such as pagers and cellular phones, are not permitted in patient care areas.
8. Students will wear uniforms only during assigned clinical hours.

APPEARANCE:

- Lab coat/jacket is optional.
- Patches must be worn on the left sleeve 3 inches below the seam.
- Hair must be pulled up if the hair is past shoulder length and be of a color that would occur naturally.
- Tattoos and hickies that are visible must be covered.
- Jewelry - minimal - 1 pair of stud earrings per clinical site preference, watch, and wedding ring.
- Nails - short and manicured - No polish/ fake nails.
- Good hygiene is a must.
- School-assigned Film badges and identification badges should be worn at all times.
- Personal cell phones are not permitted in the patient care areas.
- Studying is secondary to clinical experience.
- Right and Left lead markers are required. These should include the student's 3 initials. 2 sets are needed.

CLINICAL COMPETENCY REQUIREMENTS & THE RADIOLOGIC PROCEDURES:

1. The Radiologic Procedures Chart lists the minimum core clinical competencies necessary to establish eligibility for participation in the ARRT Radiography Registry Examination. It has also been expanded by Program Officials to incorporate radiological procedures that were felt to be necessary for entry-level positions in this region.
2. Students must demonstrate competency in **all 36 of the "mandatory"** radiologic procedures. Students must also demonstrate competency in **at least 15 of the 34 "elective"** radiologic procedures. The **15**

“elective” procedures chosen by each student **must include 1 from the Head category & 2 from the Fluoroscopy category.**

3. Students may simulate **up to a total of 10 eligible** competencies from the mandatory and elective procedures list to fulfill their program requirements.
4. In addition to the Radiologic Procedure competencies, the ten (10) General Patient Care competencies are “mandatory.” These competencies may be simulated. If any of the patient care competencies are performed in the clinical setting, a competency form must be filled out.
5. The checklist should be used to record the completion of competencies. It will be maintained by the student. The Clinical Coordinator may also keep a checklist for each student.
6. A student must meet certain requirements before he/she can request to perform a competency evaluation. Students must be checked off in the laboratory setting before they can begin performing clinical competencies. After performing these in the lab, the student should then perform these examinations with the assistance of a technologist in the clinical setting. Under ideal circumstances, the student should complete a minimum of two (2) assisted examinations before he/she attempts a competency evaluation. A student may not comp until the site orientation form and equipment checklist form are completed.

CLINICAL COMPETENCY EVALUATION:

1. Competency Evaluations will be conducted by the Program Director, Clinical Coordinator, Clinical Preceptor, or other staff Registered Radiologic Technologist.
2. The student will notify the clinical preceptor or staff technologist when ready to perform a competency. The evaluator will monitor the examination procedure.
3. All skills must be passed to complete a competency successfully. (See attached clinical competency evaluation form.)
4. All exams that are simulated will be graded as though they were actual patient examinations.
5. It will be the evaluator’s responsibility to conduct the evaluation in such a manner and to control the scenario to make it as realistic as possible.

SCORING OF POINTS:

Actual points are not awarded for Competency Evaluations. All Competency Evaluations are “Competent” or “Incompetent” evaluations. A student is either competent or incompetent; there is no in-between. The “Competent” or “Incompetent” is awarded based on the total category scores for each projection.

CLINICAL COMPETENCY GRADING:

Spring I: A minimum of 4 comps must be met to progress to the next clinical semester. Less than the minimum will result in dismissal from the program.

Summer: A minimum of 13 comps must be approved to progress to the next clinical semester. Less than the minimum will result in dismissal from the program

Fall: A minimum of 30 comps must be met to progress to the next clinical semester. Less than the minimum will result in dismissal from the program.

Spring 2: A minimum of 60 mandatory competencies must be met. All ARRT-required competencies must be completed.

Any student who does not fulfill the requirements and objectives for each Clinical Education course will be given a grade accordingly to the given semester. A student can, however, **carry over** competencies obtained that exceed the minimum number required from the previous semester. A student can only carry over the “extra” competencies from one semester. Details are listed in the syllabus for each practicum. Failure (final grade below 75%) of any Clinical Education course will call for dismissal from the Radiologic Technology Program. If it is determined that failure to fulfill requirements was beyond the student’s control, the Clinical Coordinator may elect to give the student an “I” for incomplete. Terms for course completion will be discussed and agreed upon by the Clinical Coordinator and the student prior to the semester’s end. The terms for course completion must be met consistent with the incomplete grade contract, or an “F” will be given for the course.

GUIDELINES FOR GRADING COMPETENCY EVALUATIONS

1. The student should set up the room in advance if possible and should be confident enough in performing the exam to complete the exam in a reasonable length of time (up to five minutes longer than it might take an experienced technologist).
 - can manipulate tube/bucky adequately
 - can set up a fluoroscopy system
 - can appropriately adjust the control console
 - obtains supplies
2. The student should introduce him/herself to the patient and give a brief explanation of the procedure to be performed. The patient should be assisted on and off the table and must be kept covered at all times.
 - correctly identify patient – two patient identifiers
 - introduce themselves to the patient
 - assist the patient as needed
 - explained the complete procedure and gave instructions
 - if applicable, confirmed patient was not pregnant
 - dresses patient appropriately
 - Treats patient in a respectful manner
 - Uses universal precautions
 - Use PPE when necessary
 - Performs proper body mechanics
3. The student should know the correct centering points and positioning for the exam, as well as the correct IR/tube alignment.
 - positioned to part correctly
 - performed correct views

- performed the correct number of views
 - correct body angle for position
 - gives proper breathing instruction
4. The student should know how to manipulate the equipment for the exam being performed.
 - Was the CR centered on the IR?
 - Was the correct tube angle utilized?
 - Was the proper SID used?
 - Was the CR centered to the patient?
 5. The student should practice proper collimation and shielding at all times. Students will be graded on this and should be shown where to obtain lead shielding.
 - coned or collimated down to part size
 - shielded patient when appropriate
 - shielded self when appropriate
 - assured the safety of others
 6. All images should have the proper identification; this includes the student's R and L markers as well as proper patient identification demonstrated on each image.
 7. The student must be able to identify the anatomy listed in the anatomy section of the exam being performed.
 8. The student should be able to discuss proper centering for the exam being performed, as well as various landmarks used in centering for the exam. All of this information is available from either Merrill's Atlas or on the positioning sheets the student is given for the positioning lab.
 - Can the student identify landmarks
 - verbally describe centering points
 - critiques images proficiently for the designated semester
 9. The student's ability to set a proper technique will increase along with the length of time spent in the program.
 - Is contrast acceptable for the exam
 - Is density acceptable for the exam
 - Was the correct focal spot size used
 - Was the technique chart used appropriately?
 - Uses AEC properly

Practicum I students must know how to set the AEC or set a manual technique from a technique chart.

Practicum II and III students should demonstrate an increased understanding of technique and be able to adjust the AEC or manual technique for various patients. The student should develop a better understanding of desirable image density and be able to compensate for most mistakes.

Practicum IV students should be able to set techniques and compensate for some pathology and for most varying body habitus. The student should be able to correct most mistakes, distinguish between long and short-scale contrasts, and discuss focal spot sizes and other exposure principles.

10. Clinical Competency form (physical copy) **and** in Trajecsys **must** be completely filled out before submitting to the clinical coordinator.

- Discharges patient and gives appropriate aftercare
- Cleans the room
- Completes paperwork

Students are required to keep a record of techniques used at each clinical site to help them gain a better understanding of the technique and to aid in familiarizing themselves more quickly if they are sent to a clinical site more than once.

Students must follow all other rules and guidelines as stated in the program handbook

COMPETENCY PROGRESSION EVALUATION PLAN:

The purpose of this competency evaluation plan is to demonstrate a progression in the student's knowledge of positioning skills, patient care, radiation protection, exposure factors, image evaluation, equipment manipulation, and work efficiency.

The student will progress through the following four stages of knowledge:

1. Classroom & Laboratory Simulations
2. Clinical participation
3. Clinical competency evaluation exams
4. Final category competency evaluation exams

Stage 1 of progression occurs when the student takes classroom knowledge and applies it to laboratory simulations. The student will be required to simulate examinations taught in class. The student will be graded as if he/she were performing the exam on an actual patient. Exposures will be taken only if a phantom is being used. The student will not be allowed to perform examinations on patients until they have completed this stage.

Stage 2 requires the student to apply lab and classroom knowledge by assisting and observing the technologist during actual patient examinations. In this stage, the student should continue to simulate exams, as clinical time allows, on other students or technologists. The student will begin to position patients with **DIRECT SUPERVISION** from a technologist. The student's goal is to work toward an assistance-free examination.

Stage 3 requires permission from the clinical preceptor or the clinical coordinator to perform a clinical competency evaluation. Each applicable procedure should be performed **WITHOUT** assistance but **WITH DIRECT SUPERVISION** (physical presence) of a registered technologist, a clinical preceptor, or the clinical coordinator.

It is the student's responsibility to request competency evaluations in the clinical education setting BEFORE BEGINNING THE EXAM.

Stage 4, the final competency evaluation, is to prove mastery or competent level of performance by the student in each mandatory category of each procedure.

All repeat images must be done under the direct supervision of a registered technologist. Even after the student has proven competency on any exam, they must have direct supervision for all repeat images. **All repeat images must be documented in Trajecsyst & on your Repeat Log & initialed by the supervising technologist.**

If a student demonstrates a level of mastery or competency, they will have completed the evaluation process for that procedure. If the student performs at an insufficient level, he/she will be required to perform another Final Competency Evaluation after any assigned remediation or additional work has been accomplished, or the student could be required to return to stage one. Remediation with the clinical coordinator and/or instructor will be mandatory after the 3rd failed competency attempt.

These categories coincide with the five semesters in which the program is divided. Failure to progress from category to category in the normal semester increments may result in the failure of the applicable clinical education course.

****After necessary remediation and re-evaluation by program faculty, any student who fails to adequately advance through the stages of progression within the appropriate semester increments as described above (through demonstration of proper clinical skills in the simulation lab and/ or the clinical setting) will be dismissed from the program. This includes any action committed by a student which is deemed by program faculty to be harmful and/or potentially harmful to a patient****

REPEATING RADIOGRAPHS:

In the event a repeat of unsatisfactory image(s) of an examination being performed by a student is required, the non-diagnostic image must be critiqued by a qualified radiologic technologist, and direct assistance by a qualified radiologic technologist must be given to the student while repeating any image(s). The qualified radiologic technologist must sign his or her initials in the student's clinical repeat log, documenting that the technologist was present for repeat imaging.

When a student must repeat a radiograph taken of a patient, the student must have a registered technologist in radiography [R.T. (R)] in the room with him or her, no matter the level of competence. At all times, it is imperative to minimize any unnecessary exposure to the patients.

Students are required to document all repeats. The student should log each repeat, both in Trajecsyst & on the Clinical Repeat Exam Log. The supervising technologist who observed the student performing the repeat, and may have assisted, **MUST** initial Repeat Exam Log. Students who fail to record their repeats will be penalized and required to attend a conference, as this is a program requirement. See attached clinical exam repeat log sheet.

CLINICAL SUPERVISION OF STUDENT POLICY

The activities of a student must be monitored by a qualified radiologic technologist. Until a student demonstrates competence in a given diagnostic procedure, all of the student's clinical assignments must be directly supervised. The following definitions will be utilized in the supervision policy.

DIRECT SUPERVISION POLICY* All clinical assignments must be carried out under the direct supervision of a qualified radiologic technologist until the student demonstrates competence in a given procedure. The following are the parameters of direct supervision by a qualified radiologic technologist:

- Reviews the request for examination in relation to the student's achievements.
- Evaluates the condition of the patient in relation to the student's achievements.
- Physically present in the room during the performance of the examination.
- Reviews and approves the images taken.

Students must be directly supervised during all surgical and mobile procedures, including mobile fluoroscopy procedures, regardless of the level of competency.

INDIRECT SUPERVISION POLICY* Indirect supervision is permitted only after the student has proven competency on an exam. Indirect supervision means that a technologist is immediately available to assist the student whenever needed. This means that a technologist must be present in close proximity when students take all exams for which they have already demonstrated competency. Close proximity is interpreted as the presence of a qualified radiologic technologist being one wall away from the diagnostic procedure. A qualified technologist must accompany the student to the specific area for indirect supervision.

"IMMEDIATELY AVAILABLE" is interpreted as the presence of a qualified radiologic technologist adjacent to the room or location where a diagnostic imaging procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use, including bedside and surgical procedures.

* These supervisions and repeated unsatisfactory image policies are also enforced and monitored through periodic clinical site visits by the Clinical Coordinator. While the clinical sites are provided with a copy of this handbook, personal visits completed by the Clinical Coordinator ensure standardization. In addition, Clinical Preceptors monitor each student's clinical exam record or repeat log weekly.

CLINICAL SITE ASSIGNMENT POLICY:

Considerations for clinical site placement include student residence, simulation lab performance, RADR course grades, employment with current clinical sites, site availability, clinical environment (outpatient, hospital, long-term, and acute care), and resources available, such as mobile, C-arms, fluoroscopy, etc. Students will not have a choice of their sites; they will be assigned by the Program Director and Clinical Coordinator. All students will have access to a site with an Operating Room, providing them with a C-arm. Students assigned to lower-volume hospitals or imaging centers will rotate to additional clinical sites to experience higher acuity patients and imaging procedures.

CLINICAL SITE ORIENTATION POLICY

Students will complete shadow shifts, required HR orientation (as applicable), department familiarization form, site orientation form, and quizzes reviewing HIPAA, PPE, MRI safety, and OSHA requirements prior to the start of clinical rotations.

CLINICAL SITES & SCHEDULES:

Schedules are to be made by the Clinical Preceptor at your assigned site. Schedules are at the sole discretion of the assigned clinical site. It is the student's responsibility to contact the assigned site and obtain a current schedule. Schedules must be emailed to the Clinical Coordinator by the deadline assigned in Canvas. If changes occur, an email must be sent to the Clinical Coordinator prior to the time, including time off for holidays. Per the clinical preceptor and program faculty, the student may rotate sites in the fall and spring semesters.

CLINICAL ATTENDANCE:

JRCERT policies limit clinical assignments for students to no more than **10 hours per day** and total didactic and clinical involvement to no more than **40 hours per week**. If you miss a day of clinicals, you **MUST** let your clinical preceptor and clinical coordinator know at least **1 hour prior** to your shift. Report time to clinical is 10 minutes prior to start time. Hours & Schedules are subject to change. (See attached clinical hour breakdown)

1. Spring: 16 hours per week (8 weeks)
 2. Summer: 30 hours per week (10 weeks)
 3. Fall: 30 hours per week (16 weeks)
 4. Spring: 30 hours per week up until spring break. (8 weeks)
- Clinicals are a critical part of becoming a radiologic technologist, so attendance is important. A student may only miss 2 8-hour days of clinical in practicum I.
 - A student may only miss 2 10-hour days in practicum II, III, and IV.
 - Once the student has missed a third day, the highest grade for the class will be 89 (B). Once a student has missed a fourth day, the highest grade for the class will be 79. Once the student has missed a fifth day (32+), it is grounds for dismissal from the program.
 - If a student misses 4-5 hours or less in clinical, it will be counted as a half day.
 - A doctor's appointment or any other reason is still counted as a clinical absence.
 - It will be determined on a student-by-student basis if a catastrophic event happens and a student misses more than 4 days of clinical.
 - Clinical hours must take priority.
 - All absences are to be documented in Trajecsyst, and an Absence form is to be submitted to the clinical coordinator no later than 7 days after the occurrence.

CLINICAL SHIFTS:

Clinical shifts may vary at the discretion of the clinical preceptor between the hours of 5:00 a.m. to 7:00 p.m. Monday – Friday. However, during an internship shift, a student must attend the clinic site for no less than eight hours, excluding lunch. Evening and weekend shift assignments may NOT exceed 25% of the total clinical clock hours. You must clock in and out AT THE CLINICAL SITE. Clinical clock hours can NOT be accumulated during simulation only (Campus Lab). Students will NOT be permitted to attend clinical on voluntary time (ex: holidays, winter break, weekends, spring break, etc.). Lunch Breaks: Students will be given a 30-minute lunch break during the internship. Lunch schedules will be determined by the clinical preceptor or department supervisor on a daily basis. Performing exams, patient care, stocking, etc., should take priority during clinical shifts. Studying is permitted during clinical hours if time permits, but is always secondary.

BANKING TIME:

Banking Time is NOT allowed and is defined as follows: When a student chooses to do internship time in advance of an anticipated occurrence.

EARLY DISMISSAL FROM CLINICAL:

Student must stay at the clinical site for the full assigned shift. There will be no leaving early. If a student leaves the clinic early for any reason, the Clinical Coordinator MUST be contacted as stated under “Clinical Attendance.” Clinical schedules will not be adjusted to accommodate outside employment or commute time.

PROFESSIONAL DEVELOPMENT EVALUATION:

This evaluation is to be filled out at the end of each semester by the Clinical Preceptor in Trajecsyst and reviewed by the student.

REPEAT LOGS, REPEAT ANALYSIS & TIME CLOCK:

Grades will be determined by initials for all repeats, signatures on all documentation and time punches in Trajecsyst. Points will be deducted for large numbers on repeat analysis, miscalculations on analysis, or excessive time exceptions. Repeat exam logs must include the following: Exam, Date, Accession# & Total # of images taken. See the clinical exam repeat log form and the repeat analysis form. Forgery or falsifying records will NOT be tolerated and will be grounds for program dismissal. Every exam your marker is on MUST be documented in your Trajecsyst exam log. You must clock in and out AT THE CLINICAL SITE. This is GPS-tracked; points will be deducted for missing GPS information on time punches. Time and exam logs in Trajecsyst will be checked every Tuesday. (See the syllabus and Canvas for deductions)

ONSITE COMPETENCY EVALUATION:

The clinical coordinator will visit the clinical sites at least once during Practicum I and twice during Practicum II, III, and IV. At the time of the visit, the coordinator will review the student's competencies and assess their ability to critique their images. Be prepared to present your exams, which include anatomy, image critique, patient history, and technical factors.

CLINICAL SITE & PRECEPTOR EVALUATIONS:

This is to be filled out at the end of the program and will be used to assess your Clinical Preceptor and your Clinical site. The evaluation forms can be found on Canvas. These do not need to be signed by your Preceptor and are to be returned to your Clinical Coordinator. They are used for the evaluation of the site and preceptor.

CT / SPECIAL IMAGING AREAS EXPERIENCE:

During the second year, students will be scheduled for modality rotations to enrich the total internship experience. Special imaging area experiences apply only to the fall and spring semesters of the second year.

The following guidelines will apply to this experience:

1. The experience shall be limited to one student per imaging area.
2. The student shall be assigned to a special imaging area only when a qualified technologist is on duty and in attendance for direct supervision of that particular imaging modality.
3. All students shall have equal opportunity for special imaging experiences.
4. Two eight (8) hour rotations per student will be scheduled in each of the following imaging modalities: Magnetic Resonance Imaging (MRI), Ultrasound (US), Computed Tomography (CT), and Other (this can include Nuclear Medicine (NM), Mammography (M), Vascular Intervention (CI or VI) or Radiation Therapy (T). Students will rotate through a minimum of 4 areas in their final spring semester, RADR2333).
5. Special imaging area experiences will be observation only.
6. Computed Tomography experiences will be at the discretion of the Clinical Preceptor. All students may complete 2 CT exams and are allowed to perform non-contrast CT under the direct supervision of a qualified technologist.

*Note: Students are required to complete an MR safety training and complete a screening form prior to attending clinical internship. See attached.

MAMMOGRAPHY:

Standard Four - Objective 4.4 of the JRCERT Standards requires a program to document that it "provides equitable learning opportunities for all students." The JRCERT notes that equitable means dealing fairly with all concerned; it does not necessarily mean equal. With regard to mammography, the program will make every effort to place a male student in a mammography examination of a male patient; however, the program

is not expected to attempt to override clinical site policies that restrict mammography rotations to female students.

FRATERNIZATION:

Fraternization between students and hospital employees/doctors is strongly discouraged. If a personal relationship between a student and another party working at the hospital develops and results in the unequal treatment of students (real or perceived), the offending student will be removed from the clinical site and reassigned to another site, providing space is available. Unequal treatment may include, but is not limited to: favor shown to one student over another, discrimination towards other students, and unequal access to radiographic procedures. Formation of "clicks" between students that result in exclusionary, hostile, or otherwise unprofessional behaviors will be dealt with similarly.

CONFIDENTIAL INFORMATION:

All clinical affiliate patient records are confidential in nature. Requests for information concerning a patient should be referred to the clinical preceptor or designee. The students are expected to maintain absolute confidentiality of all data involving the patient and the practicum affiliate. Use of confidential information for personal (student) gain or defamation (patient) purposes will result in clinical failure. Breach of patient confidentiality may (and probably will) result in clinical failure. All students will receive HIPAA information prior to starting clinical rotations. Students may have to complete formal HIPAA training at an assigned clinical facility in addition to the training we give students on campus.

USE OF PROTECTED HEALTH INFORMATION (PHI) IN EDUCATION:

- Clinical education and training activities of North Central Texas College (NCTC) students are fundamental to the NCTC mission. However, it is important that we use and disclose protected health information (PHI) for these activities in a HIPAA-compliant manner.
- The HIPAA Privacy Rule allows faculty and staff to use and disclose PHI without a patient's written authorization for purposes related to treatment, payment, and healthcare operations. It further defines "health care operations" to include "to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."
- As such, NCTC faculty and staff can use PHI, without a patient's written authorization, to teach medical residents, medical students, nursing students, and other clinical students or trainees, subject to the following guidelines:
- The Use and Disclosure Must Be Internal: The PHI must stay within NCTC and associated facilities. It cannot be shared outside NCTC (including with students, faculty, and staff of non-HSC parts of North Central Texas College), at professional meetings, conferences, and lectures, and for non-NCTC courses, etc.
- Minimal Information: The amount of PHI used must be the minimum amount necessary to conduct the training.

Example #1:

In an on-campus lecture showing a radiologic image of a knife wound or foreign object, remove the patient's name, medical record number, dates, and any other information that could lead to the identification of the patient that is not necessary to the training. Only show the foreign object and the relevant anatomy.

Example #2:

In an NCTC presentation/discussion about a patient's tumor, only include information relevant to the case. In other words, it only includes race, age, other medical conditions, prior medical conditions, and other background information, only if necessary, to accomplish the medical training. Do not include the patient's name and medical record number. In addition, do not discuss other identifying characteristics, such as the patient's job, job title, workplace, residence, or community activities.

- NCTC faculty and staff may not use PHI in any research, case studies, articles, industry conferences/lectures, posters, flyers, or any other material or media unless:
- The faculty seeks the patient's permission, and the patient signs a HIPAA-compliant written authorization - Education Authorization Form (the signed authorization form should be maintained in the patient's medical record); or the PHI is de-identified according to Administrative Policy 05-22, or the PHI is aggregated with a sufficient number of other data such that the PHI could not be linked to a particular patient.
- NCTC faculty and staff may not search NCTC databases or applications to data mine for interesting trends or patient cases to use for educational/training activities. A "trusted requestor form" must first be signed and submitted to the HIPAA Program Office for approval. Upon approval, the appropriate data administrator will provide the minimum amount of information necessary to satisfy the request.
- In circumstances where a patient is to be photographed or videotaped for training purposes, the faculty or student will seek the patient's permission. Then the patient will complete the HIPAA Education Authorization Form. Only the minimum amount of PHI should be disclosed.
- Reference: Department of Health and Human Services Office for Civil Rights (OCR)
- Website - HIPAA Privacy Questions and Answers <http://www.hhs.gov/hipaafaq/limited/209.html>

STUDENT TRANSPORTATION OF PATIENTS POLICY:

Transporting patients is an important task expected of all allied health professionals, including radiographers. It requires acquired knowledge and skills. As such, it is a task in which students can and should participate. Students may be expected to transport patients by various means, such as wheelchairs and stretchers. However, patient transportation should not dominate students' daily clinical activities. Students are expected to employ proper body mechanics and standard precautions. Students must be familiar with the emergency procedures and phone numbers of the facility in the event an emergency arises during transport.

Until a student demonstrates the proper techniques and skills required to safely transport patients by the various modes of transportation (wheelchair, stretcher, etc.) and general knowledge of the facility, all patient transportation shall be carried out under the direct supervision of a qualified registered radiographer [R.T. (R), ARRT], registered nurse (RN), or other qualified healthcare professionals. In addition, students MUST be directly supervised and assisted in transporting all ICU patients and patients on a respirator.

Once a student has demonstrated the necessary skills and knowledge, they may transport patients without direct supervision, provided a technologist, nurse, or other qualified healthcare professional has reviewed the patient's status and mode of transportation with the student and determined such transport is within the student's abilities. Under no circumstances is a student to transport an ICU patient or an intubated patient without supervision and assistance. Students may transport patients who are on oxygen and have infusion pumps. However, should an infusion pump alarm during transport, the student should be able to contact a nurse or other responsible individual for immediate assistance.

STUDENTS HOLDING PATIENTS' POLICY:

To ensure the Health and Safety of the student and to demonstrate compliance with JRCERT Standard Five Objective 5.3, ensure that students employ proper radiation safety practices. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. If a mechanical patient immobilizer is impossible, a non-pregnant parent, friend, or relative accompanying the patient should be requested to hold the patient. If such a person is not available, a nurse or non-radiology staff member may be asked to help. Those persons assisting in holding the patient shall be provided with protective aprons and be positioned so that they are not in the path of the primary beam.

INJURIES /ACCIDENTS IN LABS OR CLINICAL SITES:

If a student is involved in an activity that results in or has the potential to cause an injury, including but not limited to needle sticks, the student is responsible for notifying their preceptor and the clinical coordinator, whether in the classroom, lab, or clinical affiliate, within 24 hours. The preceptor will advise the student on the appropriate procedures and direct them to complete the necessary paperwork and incident reports.

SAFE CLINICAL PRACTICE/PATIENT SAFETY POLICY:

The physical and emotional welfare of patients and their families is our highest priority. Students are expected to maintain the patient's physical, psychological, and emotional safety at all times. Students are expected to demonstrate growth in clinical practice through the application of knowledge and skills from the beginning to the end of each concurrent course.

Unsafe clinical practice is an occurrence or pattern of behavior involving unacceptable risk. This behavior places the patient, staff, clinical preceptor, fellow students, or other bystanders in either physical or emotional jeopardy. Evidence of unsafe clinical practice will result in coaching, counseling, remediation or immediate failure of the clinical course. **Faculty reserve the right to remove students from the course, and possibly the program, if they are made aware of or personally observe unsafe clinical practice.**

Physical Jeopardy is identified as the student putting others at risk by:

**This includes but is not restricted to the list below*

- Actually, causing harm
- Not properly identifying patient

- Poor or inconsistent patient care and imaging skills
- Radiographing the wrong patient or wrong body part
- Unsafe ambulation/interaction with a patient
- Not practicing effective OSHA standards
- Not practicing effective Standard Precautions
- Not practicing effective Radiation Safety

Emotional jeopardy is identified as the student creating an environment that is unsafe due to:

**This includes but is not restricted to the list below:*

- Insubordination, lack of respect through verbal or non-verbal communication
- Practices that evoke anxiety, distress, or some type of threat
- Non-compliance with HIPAA and patient confidentiality

The medical facility has the right to ask a student to leave the department permanently if the medical facility feels the student is compromising patient safety or presents otherwise disruptive and/or unsafe behavior. If a student is asked to leave their assigned clinical facility, the student **WILL NOT** be placed at another facility to complete the semester/session and **WILL NOT** be able to complete the course satisfactorily. Upon evaluation and consultation with the program director, the student may be readmitted to the program the following year. The student would be required to remediate clinically. (See Readmission/re-enrollment.)

RADIATION SAFETY PRACTICES:

- Students will be provided with a radiation safety practices handout, which can also be accessed from the Radiologic Technology Webpage. The handout is also found outside of the energized lab in HSC 2427-D.
- Students will follow the ALARA (as low as reasonably achievable) and the cardinal rules of radiation safety as discussed in their RADR courses beginning in the first semester and within the first lab in RADR 1411. Radiation safety practice objectives are reinforced throughout the program in each RADR class, both clinical and didactic, with advanced radiobiology concepts and regulations addressed in classes as noted in the syllabi.
- All students are expected to follow radiation safety practices in the lab, as well as at the clinical sites. Students are to wear their radiation dosimeters for all labs and must always wear them at the clinical site. Failure to do so will result in a grade reduction, and continued non-compliance may result in the unsuccessful completion of the clinical course.
- Students must always wear lead aprons and thyroid shields while assisting in fluoroscopic and OR procedures.

EXPOSURE MONITORING (DOSIMETERS) AND IDENTIFICATION:

North Central Texas College provides dosimetry badges (Optically Stimulated Luminescent Dosimeters or OSL Luxel+) for Radiologic Technology students.

- The students will always wear the OSL while working with any form of ionizing radiation. It is to be worn around the upper chest area (on the collar) at all times.
- When wearing protective lead apparel, the dosimeter is to be worn outside this apparel.

- No student will be allowed to work in the clinical areas or classroom, energized laboratory area without this OSL badge.
- Appropriate protective wear will be used according to the procedure protocol.
- **Under no circumstances is a student to hold a patient or image receptor for an exposure.**
- Goal: It is the goal of this program to keep radiation exposure to students as low as reasonably achievable. NCRP Report # 102 will be used to establish maximum dose values.
- Dosimeters will be obtained for each starting class in sufficient time for them to be available the first-time students use the energized laboratory.
- Students will wear the dosimeters at the collar level in front, outside of the protective apron. Also, the dosimeters will be worn during each laboratory session utilizing the energized laboratory, regardless of whether or not exposures are being made.
- Quarterly dosimeter reports will be reviewed by the NCTC Radiation Safety Officer, and students are to initial the report indicating knowledge of exposure. The reports will be kept on file by the NCTC Radiation Safety Officer and will be available for students' inspection at any time. The Clinical Coordinator will provide a quarterly printout from the vendor that supplies the OSLs, allowing each student to identify their radiation exposure reading in the College classroom.
- The NCTC Clinical Coordinator will investigate if a student's exposure for a quarterly period is over 100 millirems. The results of the investigation will be documented and given to the program's director.
- Students will wear their dosimeters according to the section above and will follow the storage policy and other related policies of the clinical affiliate.
- If a student performs radiographic procedures when not engaged in clinical education activities, the personnel monitor that is used for clinical education will not be used.

Additional rules to be followed concerning dosimeter use are:

1. Dosimeters should not be allowed to get wet.
2. Dosimeters should not be left in cars.

Badge inserts are changed quarterly, and it is the responsibility of each individual student to see that the badge insert is changed before the end of that month. **If a student fails to turn in their badge before the deadline, points will be deducted from their final grade in the clinical course and an additional fee will be charged.** Failure to adhere to this policy may result in an inaccurate radiation exposure reading since the rest of the badges will be mailed to the dosimetry service with the North Central Texas College Radiological Technology Program "control" badge. However, students should wear their badge even if it is past the expiration date until a new badge is obtained.

MAGNETIC RESONANCE IMAGING (MRI) SCREENING FORM

Every August, students will be required to complete an MRI screening form, and during clinical orientation, safety training will be completed. Both of these items are reviewed by the Clinical Coordinator, Clinical Preceptor, and MRI supervisor. If a student is contraindicated to perform a rotation in the MRI area, the Clinical Coordinator will adjust the student's clinical requirements to ensure the student's safety.

WORKPLACE SAFETY:

Students must complete HIPAA, PPE, and OSHA modules & quizzes found in Practicum I on Canvas during the first week of clinical.

PREGNANCY POLICY:

Should any student suspect pregnancy, they are recommended to disclose it to the program director voluntarily. This must be in writing and indicate the expected date of delivery. In the absence of this information, a student cannot be considered pregnant.

For additional information, please see the program handbook.

CONFIDENTIALITY STATEMENT:

Any information gained by the radiologic technologist/student at any time concerning a client/patient is confidential. Unless the radiologic technologist/student is authorized by the client or ordered by the court to disclose this information, the radiologic technologist/student has a clear moral obligation to keep the information confidential.

The radiologic technologist/student may use the knowledge to improve the quality of care for the client but may never share information about the client with anyone not involved with the client's care.

Even when sharing information with caregivers, the radiologic technologist/student must be extremely cautious. Healthcare professionals and students alike should take care to note their surroundings before discussing pertinent client care information; for example, client information should not be discussed in the cafeteria where those not involved with the client's care can overhear. Again, students should be very aware of confidentiality and be extremely careful with whom and where they discuss their assignments.

Additionally, confidentiality is to be maintained in all program situations, including classroom discussions, student/instructor conferences, grades, and disciplinary actions.

INCLEMENT WEATHER:

If classes are dismissed on the NCTC Gainesville campus due to bad weather, clinical will also be dismissed.

Lion Alerts are used to communicate weather information. Make sure you sign up to receive these.

If classes are not dismissed on the NCTC Gainesville campus, and driving conditions in the clinical areas are hazardous due to weather, the clinical preceptor and the student will make the decision about safe driving conditions. If the surrounding area schools are closed due to weather, clinicals will also be dismissed. The student must contact their Preceptor and the Clinical Coordinator in that situation.

COMMUNICABLE DISEASE POLICY

Working in a hospital setting is generally the ideal training needed in Radiology, but there are certain risks involving different diseases (such as communicable diseases). If a student is involved with a patient who has a communicable disease and becomes contagious, they are allotted time to recover from the disease without jeopardizing their standing in the Radiologic Technology Program at NCTC. It is the student's responsibility to inform the Clinical Coordinator and/or Program Director immediately if he/she acquires a communicable disease. This early disclosure will ensure that proper treatment of the situation can occur.

STANDARD PRECAUTIONS: Since persons infected with AIDS, HBV, or other diseases may have no symptoms, you must treat all patients as potential reservoirs of infection. The Centers for Disease Control (CDC) is now recommending a system of infection control called Standard Precautions. This system is designed to reduce the risk of transmission of unrecognized sources of blood-borne and other pathogens in healthcare institutions regardless of the diagnosis or presumed infection status. Standard Precautions apply to:

- 1) blood
- 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood
- 3) non-intact skin
- 4) mucous membranes

Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. These precautions shall be followed by all Radiologic Technology students without exception. If the clinical site you are assigned has more stringent regulations, you will be expected to follow them.

CELL PHONE POLICY

Students will not be permitted to use personal cell phones in patient care areas; this includes but is not limited to examination rooms, changing areas, restrooms, and radiologists' reading rooms. Cell phones may be kept on the student's person during clinical hours, but should be silenced with noises (vibrations) and camera flashes turned off.

BEREAVEMENT POLICY

A student may be excused for one clinical "work week" due to the death of a member of the student's immediate family. For purposes of bereavement leave, "immediate family" shall be defined as mother, father, sister, brother, husband, wife, child, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, grandmother, grandfather, son-in-law, daughter-in-law, stepmother, stepfather, niece, nephew, aunt, or uncle.

North Central Texas College

Radiological Technology

Clinical Forms:

Acknowledgment of Handbook – **DUE TODAY**

ARRT Code of Ethics – **On Canvas**

ARRT Comp Summary

Clinical Absence From – **On Canvas**

Clinical Competency Evaluation Form – **On Canvas**

Clinical Exam Repeat Log Sheet – **Maintain daily. Repeats initialed by Technologist. Due every Monday**

Clinical Hour Breakdown

Clinical Practicum Acceptance Form – **DUE TODAY**

Clinical Repeat Analysis Form – **Due Week of Finals.**

Clinical Site Orientation Form – **Due end of the 1st clinical week**

Competency Exam List

Department Familiarization Checklist – **Due end of the 1st clinical week**

Professional Development Form – **On Trajecsyst**