"The Clinical Grading Process from A to Z"

The Supervision and Evaluation of Students

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R.T. Faculty and Clinical Coordinator

Santa Rosa Junior College
Radiologic Technology Program

We are given opportunities for greatness when we pass our knowledge on to others…make it count.

Our Purpose...

SRJC wants to provide you with the tools and materials you
will need to train students!

- Student Handbook
- Clinical Competency Handbook
- Initial orientation for new CIs
- Regular CI meetings—updates
- Online access to this PPT to train your staff
- Online access to all RT Program materials.

We are a team!

Students

Clinical Instructors

Department Managers

RT Staff

SRJC Faculty Clinical Coordinators

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Instructions for Your Orientation Process:

1. View this PowerPoint presentation
2. Later, read the handout entitled "The Clinical Grading Process from A to Z" *
3. Read the *Student Handbook (see table of contents)*
4. Take the post-test. *

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Definitions: Levels of Clinical Instructors

- Two types of CIs in each clinical education center

  1. Lead Clinical Instructor
  2. Additional Clinical Instructor…

Lead Clinical Instructor

- 1 or 2 Clinical Instructors chosen to have the main responsibility for students
- They do*:
  - Final course grading
  - Orientation of students
  - Student counseling
  - Remediation/probation w/ SRJC faculty
  - And more (administrative, etc)

*See "CI Responsibilities" in
On-Demand Resources
for a full list of duties.

Lead Clinical Instructor Steps for Training & Approval by JRCERT:

1. Initial orientation by PPT (A to Z) presentation = 3 hours. Given by SRJC faculty member (Clinical Coordinator)

2. Refer to document entitled "Clinical Grading A to Z Handout" as a narrative to support the PPT contents

3. Lead CI applicant should also read *Student Handbook*, *Clinical Competency Handbook,* and review ALL links in "On-Demand Resources for CIs" on RT Program Webpage: https://radtech.santarosa.edu/demand-resources-clinical-instructor...

4. Important emergency procedures information is located there as well...

Lead Clinical Instructor Steps for Training & Approval by JRCERT (cont'd)...

5. A Post-Test is administered during orientation session and kept in RT Program files
6. Applicant submits a CV to RT Program Director
7. RT Program Director applies to JRCERT for approval of the RT as a Clinical Instructor
8. Applicant fills out Authorized Signature Form & submits to the RT Program Director...

Lead Clinical Instructor Steps for Training & Approval by JRCERT (cont'd)...

9. Annual re-certification occurs through taking & submitting another post-test, verifying answers, and re-reading specific areas of policies/procedures where there are incorrect answers given

10. Attend annual Clinical Instructors' Seminar:
   – Information given is important
   – Post-test given at this 4-hour event
   – CEUs are given for attendance.

ALL things for SRJC RT Program can be found here....

- Just search for radtech.santarosa.edu and this will come up!

    https://radtech.santarosa.edu/

- Or ask one of the Clinical Coordinators!!

Additional Clinical Instructor

- Additional Clinical Instructors are chosen to support the Lead CIs in a limited number of student activities

- They do*:
  - Clinical Competency Check-Offs
  - Sign the daily entries on student timesheets (monthly are still done by the Lead CIs)
  - Bi-Weekly Progress Reports (all RTs can do these)
  - Serve as the "go to" person for students' questions in the absence of Lead CI availability.

Steps for Training as an "Additional Clinical Instructor" Using Online Instruction

Note: *Achieving the title of "Additional Clinical Instructor" qualifies a supervising RT with a minimum of two years of experience to evaluate and sign off on the students' competency check-offs, as required by the ARRT. Additional Clinical Instructors will assist the Lead Clinical Instructors by evaluating students for competency. Other duties include completing Bi-Weekly Progress Reports and initialing the students time sheet data each day. The course final evaluation, remediation activities, and counseling of students remains the duty of the Lead Clinical Instructors only.*

1. Go to "On-Demand Resources for CIs" for the links referenced below: https://radtech.santarosa.edu/demand-resources-clinical-instructor.
2. Watch the PowerPoint presentation: "Clinical Grading Processes A to Z Presentation" and look at notes at bottom of each slide.
3. Read "Clinical Grading A to Z" document.
4. Take "Post-Test A to Z." It is an open-book test for you to learn from and the answers are on page 3.
5. Fill out, sign, and date Page 4 of the "Post-Test A to Z" document. This is the "Verification of Instruction on the Supervision and Evaluation of Students" form. Scan it and email it to Rich Lehrer, Program Director, at rlehrer@santarosa.edu and keep a copy for your own records.
6. Go to "On-Demand Resources for Students" for the links to access the "RT Student Handbook" and the "Clinical Competency Handbook." Review the Tables of Contents and familiarize yourself with any of the policies that are pertinent in performing competency check-offs. (We just want you to know where your reference materials are.) All forms, policies, and emergency procedures are posted as links in "On-Demand Resources for Clinical Instructors" and/or in "On-Demand Resources for Students" on the RT Webpages: https://radtech.santarosa.edu/
7. **Create a one-page Curriculum Vitae (professional resume). Include all of your professional experiences, titles (what credentials have you earned?), dates of employment, employer institution name and location, and mention any years of experience you have had in supervising and/or evaluating students. (Sample CV is found on Page 2 of this document.)**
8. Scan and submit your CV to Rich Lehrer by email: rlehrer@santarosa.edu. Rich will submit your information and credentials to the Joint Review Committee on Education (JRCERT) for approval of your status as a Clinical Instructor. Within approximately 4 weeks, Rich Lehrer will notify you when you have received approval and your name will show as a Clinical Instructor for SRJC on the JRCERT Website.
9. Complete the "Authorized Technologist & CI Signature Verification Form" and email it to rlehrer@santarosa.edu. Fill in the name of the clinical site and the date at the top. Then, print your name, and write your initials and signature on the appropriate line. Your Lead Clinical Instructor can sign and date at the bottom. You can download and print the form using the following link: https://radtech.santarosa.edu/sites/radtech.santarosa.edu/files/Authorized%20Signatures.pdf
10. You will need to take another "A to Z Post-Test" annually to remain in compliance. You will receive your first email reminder to do so at approximately 12 months after you have received your initial JRCERT approval. If you have answered any of the questions incorrectly, you should go back and review the appropriate information in the "On-Demand Resources for Clinical Instructors" or other links found on the RT Program's Website. All Clinical Coordinators are also able to answer your questions at any time.

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Lead Clinical Instructor Responsibility

It is important to remember that the grading process can have legal ramifications and is not to be taken lightly

A — B — C — D — F !!
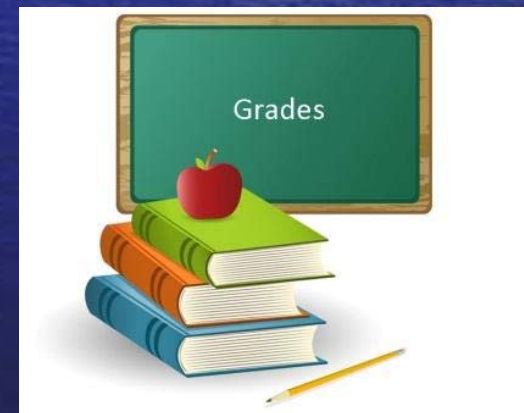
Where does the grade come from…?

Grading Consequences for Students

- Less than 75% in ANY area = remediation and/or probation

- Applies to didactic and clinical.

What are the Consequences of Leniency??

Can we afford to let them "slide through?"

A Practical Problem…

- Because RTs hate to be the "bad guys"…
- They often give high scores on Bi-Weekly Progress Reports

- Later, a student problem is reported by the RTs to the CI
- Then, CI reports problem to the Clinical Coordinator
- CC looks at Progress Reports…all glowing reports…

NOW WHAT?? How can we prevent this?.

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Grading Do's...

- Create an <u>objective</u> evaluation of the student's performance
  - ❖ NO guesswork or subjective opinions!
  - ❖ Use the data from all of the Progress Reports matched against the criteria list on the Clinical Evaluation Form (aka: the course objectives)
  - ❖ Should reflect Progress Reports from more than one R.T.
  - ❖ <u>Must include at least 2</u> Progress Reports completed by the Clinical Instructor.

Grading Don't's…

AVOID THIS !!!

"I think that student is a "B" student."

This is a subjective opinion—not based on substantive data (Progress Reports AND course objectives).
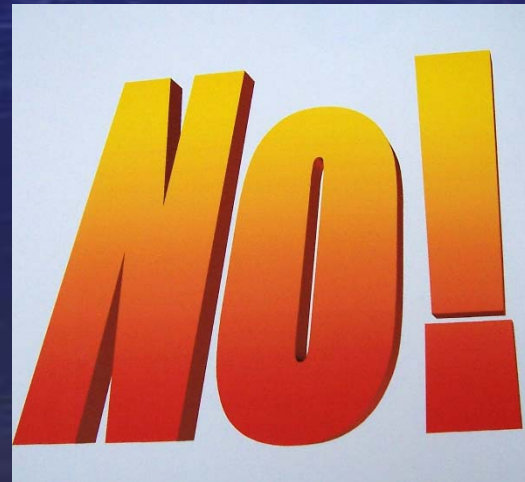
Student Orientation

An important "first step"...

- Familiarize the student with the policies and procedures of the clinical education center

- Include AIDET and HIPAA

- Use "Student Orientation to the Clinical Facilities" guidelines (See *Clinical Competency Handbook for list...*)

Student Orientation:

Orientation will, at least, include the following, as applicable:

1. **Parking Regulations:** location, permits, day/evening
2. **Break/Lunch Procedures:** time and duration of meal and breaks and provisions for students bringing lunch
3. **Restroom Facilities:** locations
4. **Personal Storage Areas:** locker facilities and/or proper location for books, coats, bags, dosimeters, and valuables
5. **Safety Procedures:** site's radiation protection plan, fire regulations, codes, security, disaster plan, infection control guidelines, and standard precautions
6. **Notification Procedure:** in case of absence or tardiness, reporting incidents.
7. **Mobile Units:** C-arm and portable machines
8. **Ancillary Equipment and Supplies:** location of grids, contrast media, immobilization devices, protective aprons/devices, lead markers, emergency cart, and linens
9. **Accessory Items:** needles, syringes, tourniquets, I.V. tubing, emesis basins, bandaging material, gloves, etc…
10. **Special Equipment:** operation of monitors, oxygen, I.V.s, etc.
11. **Introduction to Key Personnel:** radiologist(s), administrative personnel, staff technologists, and ancillary staff
12. **Conference Facilities:** location for rooms, regulations, staff meetings
13. **Student Assignments and Information:** postings, posted student schedule, reject images for analysis, weekend /evening policy, assignments and expectations
14. **Resource Materials:** radiographic positioning texts, teaching library
15. **Orientation to Department:** routines, patient transportation, procedure manual, equipment operation, exam requisitions
16. **Radiographic and Digital Imaging Equipment:** all rooms, phototiming devices, and technique charts.
17. **Department Radiation Protection Plan:** reports, violation, reporting hierarchy.
18. **Communications During Clinical Assignment:** emergency contact, outside phone calls, use of cell phone, visiting patients, contacting other students
19. **Hospital Information:** history, bed capacity, HIPAA program
20. **Hospital Tour:** OR, ICU, CCU, orthopedic clinic, women's center, and other ancillary departments, etc…
21. **Image Archiving System/RIS:** student access code and privileges
22. **Non-Routine Positions:** shoulders, knees, spine, etc.

Submit the signed original to college officials

Santa Rosa Junior College
Radiologic Technology Program

Student Orientation to Clinical Facilities

All students **must** be oriented to the clinical education center where clinical experience is provided and to specialized areas such as Surgery, Emergency Care, Intensive Care, Coronary Care, and Pediatrics. It is the responsibility of the clinical instructor to provide this orientation either personally or by arrangement. Students **must** call to schedule an orientation session **prior** to beginning a new clinical assignment. Please see the reverse side for orientation requirements.

Clinical Instructor: At completion of this orientation, please sign this form and keep a copy for your records.

Student: Keep a copy of this form and submit a copy to your clinical coordinator (college official).

_____

Clinical Instructor Signature   Date

_____

Student Signature   Date

Submit the signed original to college officials

Pre-Rotation Form

Santa Rosa Junior College
Radiologic Technology Program

PRE-ROTATION FORM

Fill out this form and submit to your new clinical instructor before your orientation session.

Student's Name:_____

1.	How long have you been in the Radiology program?

2.	Where were your previous rotations and how long at each place?

3.	Which positioning skills have you had up to this point?

4.	Which positioning skills will you have had by the end of this rotation?

5.	Which procedures do you feel comfortable performing?

6.	What competencies do you need to be checked off during this rotation?

Staff Orientation!!

Huh?

- The Lead Clinical Instructor holds the responsibility to educate and guide the staff who will monitor and evaluate students...

HOW??...

Staff Orientation
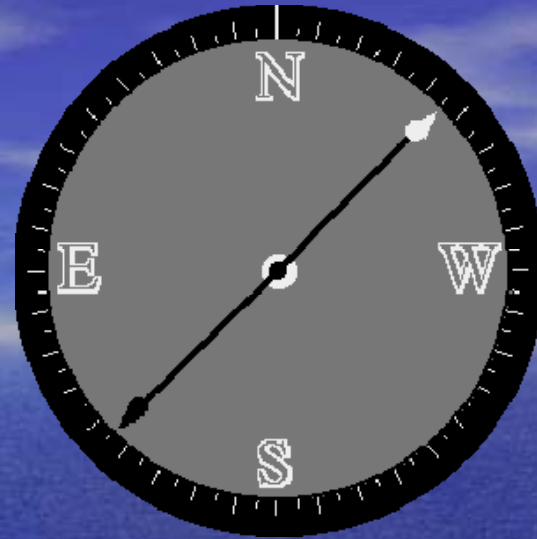
- Encourage the staff to read the *Student Handbook* and the *Clinical Competency Handbook*
- And to view this "A to Z" PowerPoint online (handout with it for narrative describing procedures)
- They can take the Post-Test

   All information is on the SRJC Webpage under "On Demand Resources" links: https://radtech.santarosa.edu/

Staff Orientation

- Post the Clinical Evaluation Forms, WITH clinical objectives, Progress Reports, due dates, students' FIRST names, photos (?), etc.
- Read student's Pre-Rotation Form to see what their LEVEL of knowledge is
- The manager sets the standard— "It's part of your job to train students"...contractually.

Other Resources to Train the RTs

SRJC Faculty

Clinical Coordinators

We are always willing to help you!!

SRJC Clinical Coordinators

- Tammy Alander

- Janet McCann

- Bonnie Patterson

- Joanne Robertson

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Annual Training for CIs

- Mandated by the JRCERT
- Responsibility of each Lead CI & Additional CI to:
    1) Go over the A to Z principles from handout, AND/OR review this PPT
    2) Review *Student Handbook* & *Clinical Competency Handbook from "On Demand Resources for Students"* link
    3) Take A to Z post-test & submit to RT Program Director
    4) Sign Authorized Signature Form & submit to Program Director

    Note: All of this is done at annual CI Seminar.

Progress Reports *
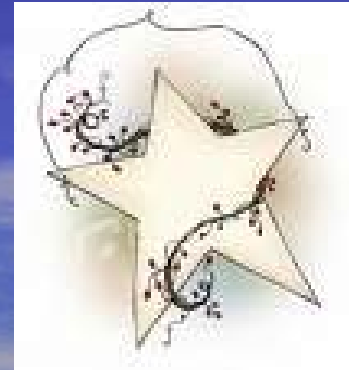
- Student must submit a <u>minimum</u> of one Bi-Weekly Progress Report every two weeks
- May be filled out by any of the supervising RTs, but also <u>must</u> be filled out by the Lead CI at regular intervals (minimum of 2 from Lead CI)
- Encourage the staff to write comments in the space provided—this is the feedback to the students...

Progress Reports (cont'd)

- Discuss each Progress Report with the student **_SIGNATURES!!!_**

- Allow student to make written comments on the form

- Give the student a COPY of each Progress Report

- File the ORIGINAL in a secured (locked!) location in the student's file

- For how long?...

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Bi-Weekly Progess Reports...

- Keep Progress Reports in student's file in the clinical education center until the student graduates

- Program records are kept for at least 5 years after the student graduates

  This is a State law.

Progress Report correlates with:

- **Course objectives**
- **Clinical Evaluation Form**

10 Categories

Bi-Weekly Progress report for:		Clinical Site:	
Date:		*Please rate student based on level of training.*	
E = EXCELLENT	**ME = MEETS EXPECTATIONS**	**NI = NEEDS IMPROVEMENT**	**F = FAILING**
PATIENT CARE - Correctly identifies patient modesty, confidentiality. Safely transfers patients, properly handles patient devices.			
COMMUNICATION: Practices proper "hand-off" procedures, understanding of instruction, direction, requisitions, and all interactions essential to clinical performance. Consistently utilizes AIDET practices with patients and their families			
PROFESSIONALISM AND ETHICS: Upholds the ARRT Code of Ethics, shows professionalism under stress environment, cooperates with technologists and demonstrates a team approach, takes initiative and demonstrates judicious use of post-processing tools.			
EQUIPMENT HANDLING - Practice safe and respectful manipulation of all equipment, accurate use of digital equipment, consistently aligns XRAY tube and IR.			
POSITIONING SKILLS - Identifies anatomy, marks images correctly according to department standards, produces images of consistent high quality, and shows competency and proficiency with positioning at appropriate level of training.			
CRITICAL THINKING AND ADAPTABILITY - Identifies /corrects positioning and technique errors at appropriate level of training. Recognizes causes of artifacts, adapts to new and changing situations or patient needs. Adapts and improvises to non-routine situations: ER, OR, Trauma.			
ACCOUNTABILITY - Adheres to the college and department dress code, consistent compliance to punctuality and attendance. Compliance to programs and departments policies; to instructors' suggestions or recommendations. Remains alert and interested in the procedures – asks pertinent questions.			
RADIATION PROTECTION – Collimates to area of interest and in accordance with department protocols, uses shielding when possible; and selects technical factors according to ALARA. Maintains compliance of department protocol with women of childbearing age. Monitors exposure index (EI) on the initial image to insure appropriate radiation delivery to the patient. Alters technical factors on subsequent images as necessary to minimize radiation exposure whenever possible.			
ORGANIZATION - Plans, anticipates needs, room and equipment readiness. Demonstrates an organized and efficient work pattern during exams. Work at a pace appropriate for level of training. Demonstrates increase confidence and independence in executing tasks.			
STUDENT CHALLENGE – Student seeks input for this goal.			
Technologist Comments:			
Technologist Signature:		Technologist Print Name:	
Student Comments:			
Student Signature:		Date:	

Students: Keep a copy for your records. The original is kept by your clinical instructor until you graduate. REV 9/13/2017

Objectives for...Progress Reports and Final Evaluation Form

They are the same as the course objectives

Bi-Weekly Progress Report for:_____ Clinical Site:_____
Submitted by:_____ Please rate student performance based on their level of training.

EXCELLENT – MEETS EXPECTATIONS – NEEDS IMPROVEMENT - FAILING

A) PATIENT CARE
- Maintains patient modesty, comfort, confidentiality.
- Behaves in a nonjudgmental, mature and compassionate manner to patients and their families.
- Properly handles patients and patient devices.
- Correctly identifies patient per department protocol.
- Uses a safe approach in transferring patients (must be fully supervised during first semester of training).

B) COMMUNICATION SKILLS
- Practices proper "hand-off" procedures.
- Shows understanding of instruction and direction.
- Reads and understands requisitions.
- Demonstrates clear and complete understanding of all interactions essential to clinical performance.
- Consistently utilizes AIDET practices when communicating with patients, their families, and caregivers.

C) PROFESSIONALISM & ETHICS:
- Upholds the principles of the ARRT Code of Ethics.
- Projects professionalism under stress environment.
- Cooperates with technologists and demonstrates a team approach.
- Takes initiative and interest in their clinical education.
- Demonstrates judicious use of post-processing tools.

D) EQUIPMENT HANDLING:
- Practice safe and respectful manipulation of all equipment.
- Demonstrates accurate use of digital equipment.
- Consistently aligns the X-ray tube and the IR.

E) POSITIONING SKILLS
- Identifies anatomy seen on the images at appropriate level of training.
- Marks images correctly according to department standards.
- Produces images of consistent high quality.
- Shows competency and proficiency with positioning at appropriate level of training.

F) CRITICAL THINKING & ADAPTABILITY:
- Identifies and corrects positioning & technique errors at appropriate level of training.
- Recognizes causes of artifacts and their prevention at appropriate level of training.
- Adapts to new and changing situations or patient needs and makes reasonable decisions.
- Adapts and improvises to non-routine situations; ER, OR, Trauma.

G) ACCOUNTABILITY
- Adheres to the college and the department dress code.
- Demonstrates consistent reliability and punctuality with attendance.
- Shows consistent compliance to program's and the department's policies.
- Shows consistent compliance to the instructors' suggestions or recommendations.
- Remains alert and interested in the procedures - asks pertinent questions.

H) RADIATION PROTECTION
- Collimates to the area of interest, and in accordance with the department protocols.
- Uses shielding on patients when possible.
- Selects technical factors according to ALARA.
- Maintains compliance of department protocol with women of childbearing age.
- Strives to keep repeated images to a minimum.
- Monitors exposure index (EI) on the initial image to insure appropriate radiation delivery to the patient, and alters technical factors on subsequent images as necessary to minimize radiation exposure whenever possible.

I) ORGANIZATION:
- Plans and organizes work efficiently – anticipation of needs, room and equipment readiness.
- Demonstrates an organized and efficient work pattern during exams.
- Work at a pace appropriate for level of training.
- Demonstrates increased confidence and independence in executing tasks.

J) STUDENT CHALLENGE
- The student seeks input for this goal.

Students: Keep a copy for your records. The original is kept by your clinical instructor until you graduate.
Revised April 2017

Students have been known to discard an unfavorable Progress Report!!

- "The dog ate it"!!

- What are the consequences?.

Establish a "Paper Trail"

- Written documentation is critical!!

- Use anecdotal notes to
  - record behavior and/or performance problems
  - date and put in the student's file…or…

"Paper Trail" (cont'd)

- Keep record of all student discussions
- Document it:
  - Progress Report
  - Record of Student Conference Form

❖ Obtain student's signature
❖ Sign it as the originator
❖ Give the student a COPY
❖ Keep the ORIGINAL in the student's secured file.

- **Record of Student Conference Form**

SANTA ROSA JUNIOR COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM
RECORD OF STUDENT CONFERENCE

Date:
Student:

REASON FOR MEETING:

TERMS OF REMEDIATION:

PLAN FOR REMEDIATION:

STUDENT COMMENTS: (Use other side of form if more space needed.)

Signed: (Student*) _____Date: _____

Signed: (Course Instructor) _____ Date: _____

Signed: (Program Director)___ _____Date: _____

(*Student signature indicates that a meeting has taken place and acknowledgment of the content of this document.)

Due Process

If there is no DOCUMENTED counseling, evaluation or warning, we can be challenged for not providing "due process..."

Are you familiar with this...?

"If it's not written down, then it didn't happen!"

Components of Due Process

- Inform student of problem
- Listen, listen, listen to student
- Written description to include:
  - Exact complaints and issues
  - Outline of goals & expectations
  - List of resources available to student
  - Consequences of failure to meet objectives
  - A timeline for completion…

Components of Due Process (cont'd)

- Obtain signatures
- Distribute written documentation to student and appropriate parties
- Schedule follow-up meetings to evaluate progress
- Resolution/delivery of consequences
- Define appeals process; includes "external" review committee.

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The Clinical * Evaluation Form

Correlates with:

- Course objectives
- Progress Reports

10 Categories

A) PATIENT CARE - Correctly identifies patient. Maintains patient modesty, confidentiality. Safely transfers patients, properly handles patient devices.						**Clinical Instructor Comments:**
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

A) PATIENT CARE - Correctly identifies patient. Maintains patient modesty, confidentiality. Safely transfers patients, properly handles patient devices.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

B) COMMUNICATION - Practices proper "hand-off" procedures, understanding of CI instruction, direction, requisitions, & all interactions essential to clinical performance. Consistently utilizes AIDET practices with patients & their families.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

C) PROFESSIONALISM & ETHICS- Upholds the ARRT Code of Ethics, shows professionalism under stress environment, cooperates with technologists, demonstrates a team approach, takes initiative & interest in clinical education, & demonstrates judicious use of post-processing tools.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

D) EQUIPMENT HANDLING - Practice safe and respectful manipulation of all equipment, accurate use of digital equipment, consistently aligns the X-ray tube & IR.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

E) POSITIONING SKILLS - Identifies anatomy, marks images correctly according to department standards, produces images of consistent high quality, and shows competency and proficiency with positioning at appropriate level of training.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

F) CRITICAL THINKING & ADAPTABILITY- Identifies/corrects positioning, technique errors at appropriate level of training. Recognizes causes of artifacts, adapts to new and changing situations or patient needs, adapts and improvises to non-routine situations; ER, OR, trauma.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

G) ACCOUNTABILITY - Adheres to the college & dept. dress code, consistent compliance to punctuality, attendance, compliance to program & department's policies, & to instructors' suggestions or recommendations. Remains alert & interested in the procedures - asks pertinent questions.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

H) RADIATION PROTECTION - Collimates to area of interest & in accordance with department protocols, uses shielding when possible, & selects technical factors according to ALARA. Maintains compliance of department protocol with women of childbearing age. Monitors exposure index (EI) on the initial image to insure appropriate radiation delivery, alters technical factors on subsequent images as necessary.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

I) ORGANIZATION – Plans, anticipates needs, room and equipment readiness. Demonstrates an organized and efficient work pattern during exams. Work at a pace appropriate for level of training. Demonstrates increased confidence and independence in executing tasks.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

J) STUDENT CHALLENGE – The student accomplished their semester goals.
10   9.5   9.0   8.5   8.0   7.5   <7.5=FAIL

TOTAL POINTS _____ ÷ 10 = _____

Clinical Instructor Comments:

_____   _____
Clinical Instructor Name & Signature   Date

Student Comments:

_____   _____
Student Signature   Date

Clinical Coordinator Comments:

_____   _____
Clinical Coordinator Signature   Date

Program Director Comments:

_____   _____
Program Director Signature   Date

How to Complete the Clinical Evaluation Form...

- Place all Progress Reports in chronological order

- Circle the number on each of the Clinical Evaluation Form areas labeled "(A)" through "(J)" which correlates to the student's performance <u>as described in the Progress Reports</u>...

(Continue on next slide...)

A) PATIENT CARE - Correctly identifies patient. Maintains patient modesty, confidentiality. Safely transfers patients, properly handles patient devices.						**Clinical Instructor Comments:**
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL
B) COMMUNICATION - Practices proper "hand-off" procedures, understanding of CI instruction, direction, requisitions, & all interactions essential to clinical performance. Consistently utilizes AIDET practices with patients & their families.						
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL
C) PROFESSIONALISM & ETHICS- Upholds the ARRT Code of Ethics, shows professionalism under stress environment, cooperates with technologists, demonstrates a team approach, takes initiative & interest in clinical education, & demonstrates judicious use of post-processing tools.						
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL
D) EQUIPMENT HANDLING - Practice safe and respectful manipulation of all equipment, accurate use of digital equipment, consistently aligns the X-ray tube & IR.						Clinical Instructor Name & Signature Date
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL
E) POSITIONING SKILLS - Identifies anatomy, marks images correctly according to department standards, produces images of consistent high quality, and shows competency and proficiency with positioning at appropriate level of training.						**Student Comments:**
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL
F) CRITICAL THINKING & ADAPTABILITY-Identifies/corrects positioning, technique errors at appropriate level of training. Recognizes causes of artifacts, adapts to new and changing situations or patient needs, adapts and improvises to non-routine situations; ER, OR, trauma.						
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL
G) ACCOUNTABILITY - Adheres to the college & dept. dress code, consistent compliance to punctuality, attendance, compliance to program & department's policies, & to instructors' suggestions or recommendations. Remains alert & interested in the procedures - asks pertinent questions.						
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL	Student Signature Date
H) RADIATION PROTECTION - Collimates to area of interest & in accordance with department protocols, uses shielding when possible, & selects technical factors according to ALARA. Maintains compliance of department protocol with women of childbearing age. Monitors exposure index (EI) on the initial image to insure appropriate radiation delivery, alters technical factors on subsequent images as necessary.						**Clinical Coordinator Comments:**
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL
I) ORGANIZATION – Plans, anticipates needs, room and equipment readiness. Demonstrates an organized and efficient work pattern during exams. Work at a pace appropriate for level of training. Demonstrates increased confidence and independence in executing tasks.						
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL	Clinical Coordinator Signature Date
J) STUDENT CHALLENGE – The student accomplished their semester goals.						**Program Director Comments:**
10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL
TOTAL POINTS _____ ÷ 10 = _____						Program Director Signature Date

How to Complete the Clinical Evaluation Form...

A) **PATIENT CARE** - Correctly identifies patient. Maintains patient modesty, confidentiality. Safely transfers patients, properly handles patient devices.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

B) **COMMUNICATION** - Practices proper "hand-off" procedures, understanding of CI instruction, direction, requisitions, & all interactions essential to clinical performance. Consistently utilizes AIDET practices with patients & their families.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

C) **PROFESSIONALISM & ETHICS**- Upholds the ARRT Code of Ethics, shows professionalism under stress environment, cooperates with technologists, demonstrates a team approach, takes initiative & interest in clinical education, & demonstrates judicious use of post-processing tools.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

D) **EQUIPMENT HANDLING** - Practice safe and respectful manipulation of all equipment, accurate use of digital equipment, consistently aligns the X-ray tube & IR.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

E) **POSITIONING SKILLS** - Identifies anatomy, marks images correctly according to department standards, produces images of consistent high quality, and shows competency and proficiency with positioning at appropriate level of training.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

F) **CRITICAL THINKING & ADAPTABILITY**- Identifies/corrects positioning, technique errors at appropriate level of training. Recognizes causes of artifacts, adapts to new and changing situations or patient needs, adapts and improvises to non-routine situations; ER, OR, trauma.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

G) **ACCOUNTABILITY** - Adheres to the college & dept. dress code, consistent compliance to punctuality, attendance, compliance to program & department's policies, & to instructors' suggestions or recommendations. Remains alert & interested in the procedures - asks pertinent questions.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

H) **RADIATION PROTECTION** - Collimates to area of interest & in accordance with department protocols, uses shielding when possible, & selects technical factors according to ALARA. Maintains compliance of department protocol with women of childbearing age. Monitors exposure index (EI) on the initial image to insure appropriate radiation delivery, alters technical factors on subsequent images as necessary.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

I) **ORGANIZATION** – Plans, anticipates needs, room and equipment readiness. Demonstrates an organized and efficient work pattern during exams. Work at a pace appropriate for level of training. Demonstrates increased confidence and independence in executing tasks.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

J) **STUDENT CHALLENGE** – The student accomplished their semester goals.

10	9.5	9.0	8.5	8.0	7.5	<7.5=FAIL

TOTAL POINTS _____ ÷ 10 = _____

Clinical Instructor Comments:

_____ _____
Clinical Instructor Name & Signature   Date

Student Comments:

_____ _____
Student Signature   Date

Clinical Coordinator Comments:

_____ _____
Clinical Coordinator Signature   Date

Program Director Comments:

_____ _____
Program Director Signature   Date

- <u>Please</u> write comments!
- Total up the points and write on line provided
- Add your signature and date.
  (Continue on next slide...)

Completing the Clinical Evaluation Form (cont'd)

- **Discuss** the Clinical Evaluation Form with the student
- Student should be allowed to write comments
- Obtain student's signature
- Give student the ORIGINAL and keep a COPY for the student's file at your clinical site
- Student to submit the ORIGINAL to the Program Director or designee for the program's records
- Program Director signs form and distributes signed copies to CI and to student.

Clinical Course Grade:

Clinical Evaluation Form percentage
determines grade, BUT
Student only receives a passing grade IF:
(1) minimum hours are done
(2) competencies are done

*Course grade is
computed on campus.*

Competency Check-Offs

- A.R.R.T. requires minimum # and type
- Forms are in Appendix of *Clinical Competency Handbook*
- And on ARRT Website: https://www.arrt.org/docs/default-source/discipline-documents/radiography/rad-competency-requirements.pdf?sfvrsn=20
- ONLY the Lead CIs or Additional CIs may sign off
  - *Means they have had instruction in evaluating students
  - And they are approved and on record with the JRCERT
  - *Signatures on record with P.D. (Authorized Signature Form).

A.R.R.T. Eligibility Requirements

- Mandatory (37 minimum)
- Elective (15 minimum of 35 choices)
  - 1 from head section
  - 2 from fluoro studies w/ <u>either</u> UGI or BE
- Patient Care (10 minimum)

These are the newest (2018) ARRT requirements…

ARRT Competency Requirements

SRJC Radiologic Technology Clinical Competency Documentation
Imaging Procedures ~ 37 Mandatory / 15 Elective

Student Name: _____

Chest and Thorax			1. Date completed	2. Date re-check	Pt. or Simulate	Competency Verified by:	
Chest Routine	M					1	2
Chest AP (w/c or gurney)	M					1	2
Ribs	M					1	2
Chest Lateral Decubitus		E				1	2
Sternum		E				1	2
Upper Airway (Soft Tissue Neck)		E				1	2
Upper Extremity							
Thumb or Finger	M					1	2
Hand	M					1	2
Wrist	M					1	2
Forearm	M					1	2
Elbow	M					1	2
Humerus	M					1	2
Shoulder	M					1	2
Trauma Shoulder (Scapular Y, Transthoracic or Axillary)*	M					1	2
Trauma Upper Extremity, Non shoulder*	M					1	2
Clavicle	M					1	2
Scapula		E				1	2
A-C joints		E				1	2
Lower Extremity							
Foot	M					1	2
Ankle	M					1	2
Knee	M					1	2
Tibia-Fibula	M					1	2
Femur	M					1	2
Trauma: Lower Extremity*	M					1	2
Patella		E				1	2
Calcaneus (Os Calcis)		E				1	2
Toes		E				1	2
Head – Must complete one elective							
Skull		E				1	2
Paranasal Sinuses		E				1	2
Facial Bones		E				1	2
Orbits		E				1	2
Zygomatic Arches		E				1	2
Nasal Bones		E				1	2
Mandible		E				1	2
TMJ's		E					
Spine and Pelvis							
Cervical Spine	M					1	2
Thoracic Spine	M					1	2
Lumbosacral Spine	M					1	2
Pelvis	M					1	2
Hip	M					1	2
Cross Table Lateral Hip	M					1	2
Spine (x- table lateral)	M					1	2
Sacrum and/or Coccyx		E				1	2
Sacroiliac Joints		E				1	2
Scoliosis Series		E				1	2

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SRJC Radiologic Technology Clinical Competency Documentation
Imaging Procedures ~ 37 Mandatory / 15 Elective

Student Name: _____

Abdomen			1. Date completed	2. Date re-check	Pt. or Simulate	Competency Verified by:	
Supine KUB	M					1	2
Abdomen Upright	M					1	2
Abdomen Decubitus		E				1	2
Intravenous Urography		E				1	2
Fluoroscopy ~ UGI or BE + one other							
UGI single or double contrast		E				1	2
Contrast Enema single or double contrast		E				1	2
Small Bowel Series		E				1	2
Esophagus		E				1	2
Cystography / Cystourethrography		E				1	2
ERCP		E				1	2
Myelography		E				1	2
Arthrography		E				1	2
Hysterosalpingogram		E					
Surgical Studies							
C-arm procedure with manipulation	M					1	2
C-arm procedure Surgical	M					1	2
Mobile Studies							
PCXR	M					1	2
Abdomen	M					1	2
Orthopedic	M					1	2
Pediatrics age 6 or younger							
Chest Routine	M					1	2
Upper Extremity		E				1	2
Lower Extremity		E				1	2
Abdomen		E				1	2
Mobile Study		E				1	2
Geriatric Patient cognitively impaired							
Chest Routine	M						
Upper Extremity	M						
Lower Extremity	M						

General Patient Care	Date	Competence Verified by
CPR certified		
Vital Signs - Blood Pressure		
Vital Signs - Temperature		
Vital Signs - Pulse		
Vital Signs - Respiration		
Vital Signs – Pulse Oximetry		
Sterile and Aseptic Technique		
Transfer of Patients		
Care of medical; equipment (e.g., oxygen tank, IV tubing)		
Venipuncture		

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MANDATORY COMPETENCY EVALUATIONS

Instructions: The evaluator will mark each area according to the following scale: 3 = Acceptable

1 = Requires minor improvement

AREA OF EVALUATION:	FINGER	HAND	WRIST	FOREARM	ELBOW	HUMERUS	SHOULDER
DATE:							
Evaluation of Requisition							
Room Preparation							
Patient Care							
Use of equipment							
Positioning Skills							
Radiation Protection							
Exposure Index within limits							
IMAGES SHOW CORRECT: Anatomical Parts							
Anatomical Alignment							
EI and Technique							
Image Identification							
Collimation to area of interest							
EXAMINATION PASSED (Evaluator's Signature)							

More than two 1's constitutes a failed check-off.   A zero constitutes a failed check-off.
No image acquisition is performed without the direct supervision of a registered technologist.

What is a simulated exam?

- 8 simulated check-offs are allowed.

Competency Rechecks....

WHAT???

Wasn't once enough?...

Competency Re-Checks

- Used when student needs to improve skills on something already checked-off
  - Lead CI identifies during image analysis (or Additional CI can "flag" this with the Lead CI)
  - Student is given specific number of weeks to remediate (go back to direct supervision!!)
  - Student performs "re-check"
- OR, used for a student who needs to obtain the minimum # of check-offs before end of semester.

Procedure Log

Student Name					Clinical Education Center		

Semester (check one): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Date	Pt. ID #	Name of Exam/Procedure	Rm. or equip number	Direct or Indirect Supervision	# of Repeats	Reason for repeats	Supervising RT (Name & CRT/permit #)

Exam Logsheet 2017. Supersedes all previous.

- To document each student's clinical experiences
- Student is to keep these accurate hourly!
- Repeats (and reasons) to be logged
- CRT to sign in right column, but can "arrow down" if there are a number of supervised exams in a row…

New PROPOSED Fluoro Requirements from the RHB:

- There are potential regulatory changes that will eliminate the need for a separate fluoro examination for those graduates who pass the ARRT exam
- New RTs will still have to apply to RHB for fluoro permit
- AND, the RHB will require 40 hours of documented clinical experience in fluoroscopy
- Utilize the procedure logs for this purpose...

Example: Procedure Log at TACO BELLEVUE HOSPITAL

Student Name: *Super Student*   Clinical Education Center: *Taco Bellevue Hospital*

Semester (check one): 1. ✓ 2. ____ 3. ____ 4. ____ 5. ____ 6. ____

LENGTH OF FLUORO EXAM ↓

CRT # ↓

Date	Pt. ID #	Name of Exam/Procedure	Direct or Indirect Supervision	# of Repeats	Reason for repeats	Supervising RT (Name & CRT/permit #)
5/26/15	2681014	Lt. hand	D	0		Susan B. Anthony
	78654321	Rt. knee	I	0		
	79102238	Port. CXR	D	0		
	64321608	RoRt CXR	D	0		
	9287654	Post. CXR	D	1	Pt. moved.	
	88886010	UGI	D	0		John Doe #00000
	9123468	L. Spine	D	0		
	88776655	CXR	I	0		
	10145154	Rt. ribs	D	1	Collimation issue.	
	0849168	T. Spine	D	0		
	0622498	Shoulder Arthrogram	D	0		John Doe #00000
	11791422	(R) finger	I	0		
	8610244	Rt. knee	I	0		
5/27/15	08021914	(R) Clavicle	D	0		John Doe
	19210222	Lt. Shoulder	I	0		
	05161954	(R) hand	I	0		
	08195329	(R) foot	D	0		
	0930122	T. Spine	D	0		

0.75 HR.

1.1 HR.

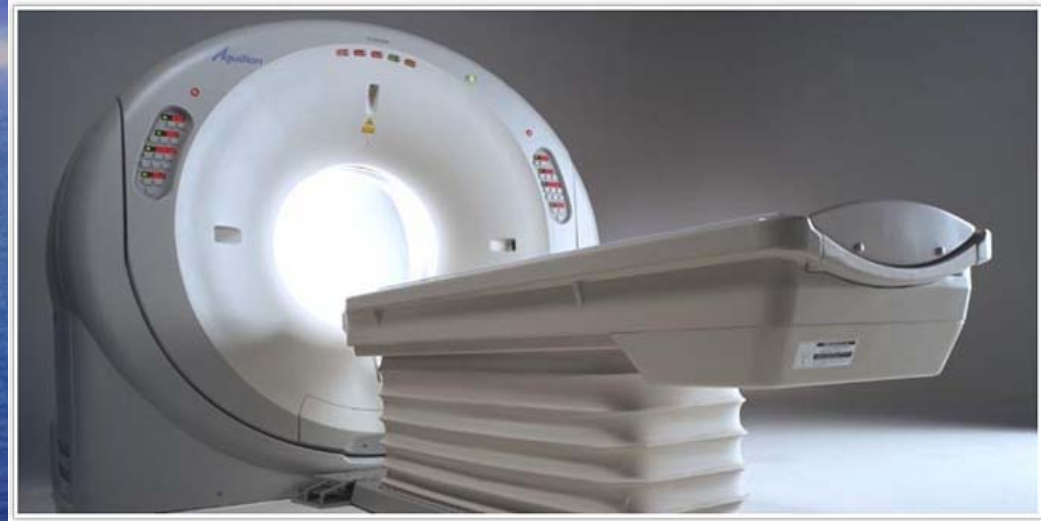* DO!! All fluoro exams must have CRTs' NUMBER (FROM RHB) and # of hours or minutes.

Exam Logsheet 2015. Supersedes all previous.

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Special Rotation Evaluations

- Students should have rotations in specialized areas
- Customized evaluations are used for:
  - ❖C.T. rotation
  - ❖O.R. & C-arm use

C.T. Rotation...

❖ *C.T. and x-sectional anatomy in RADT 66*

❖ *Two weeks of clinical experience*

❖ *Use "C.T. Orientation Documentation" form.*

C.T. Orientation Documentation

SRJC RADIOLOGIC TECHNOLOGY PROGRAM
CT Orientation Documentation

Student Name: _____ Date: _____

Clinical Education Center: _____

YES	NO	
		1. Student shows appropriate skills & care in transporting patients, attending to patients' needs, handling IV's & catheters.
		2. Cooperates well with staff and projects professionalism at all times.
		3. Applies didactic knowledge and critical thinking in performance.
		4. Demonstrates enthusiasm and interest in learning.
		5. Is punctual reporting to this assignment in the morning and after break.
		6. Reports to assignment in proper uniform including ID badge and dosimeter.

	Completed	N/A
1. **Student has basic knowledge of common examinations:**		
A. **Head/Face** - Brain, IAC, Facial bones, Orbits, Sinuses, COW.		
B. **Spine (Cervical)** -. Carotid angio, cervical trauma.		
C. **Chest** – Heart, Aorta, Mediastinum, Lungs, Hi-Res chest.		
D. **Abdomen/Pelvis** - Liver & spleen, pancreas, retroperitoneal, renal, adrenals, general survey for mass or abscess, bladder.		
E. **Spine (T&L)** - Spinal stenosis, spinal trauma reconstructions.		
F. **Special Studies** - Post myelogram, biopsy, 3D reconstruction, MIPS, Orthopedic and spinal image guided surgery workup, cardiac scoring.		

	Completed	N/A
2. Examination preparation, patient care, and vital signs.		
3. Use of contrast agents (contraindications and adverse reactions).		
4. I.V. and power injector before and during scans.		
5. Basic knowledge of the scanner, accessory equipment & software		
6. Knowledge of image processing and archiving.		
7. Imaging protocols and image management.		
8. Knowledge and observance of radiation safety protocols.		

Supervising RT Signature and Comments:

Surgery and Portable Rotation

C-Arm Orientation Checklist is used

A new form is under development and will incorporate more on honoring the sterile field, etc. Input is appreciated!

C-ARM

Santa Rosa Junior College
Radiologic Technology Program

C-Arm Orientation Checklist

Student Name: Semester:

Locate and/or operate	completed	N/A
- Brakes and steering mechanisms.		
- Connect C-Arm unit to monitors.		
- ON/OFF switch/button.		
- Exposure technique control buttons/knobs.		
- Low dose and boost control.		
- Contrast and brightness control on monitor.		
- Collimation control.		
- Image orientation control.		
- Fluoro timer reset.		
- Movement control levers/handles.		
- Image save/store buttons.		
- Exposure switches (hand, foot), controls.		
- Hard copy devices.		
- Data entry using keyboard.		
- Annotate data before and after procedure.		
- Storage location.		
- Send images to PACS		
Radiation Protection		
- Understands how surgical cases are ordered.		
- Only expose when ordered by the physician.		
- Make sure all personnel are wearing protective aprons.		
Advanced Procedures (if applicable)		
- Cine radiography		
- Road mapping		
- Image subtraction		
- Peak opacification		
- Storing of images and cine		

Comments:

Evaluating R.T. _____ Date:

Weekly Image Analysis

- Each week, the Lead CI or Additional CI is asked to conduct an image analysis with students

- This is to insure that the student is progressing appropriately

- CI may want to initiate the Competency Recheck where a problem has been identified.
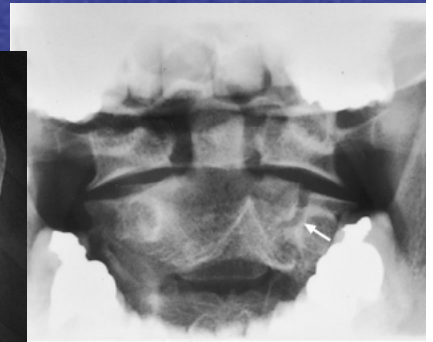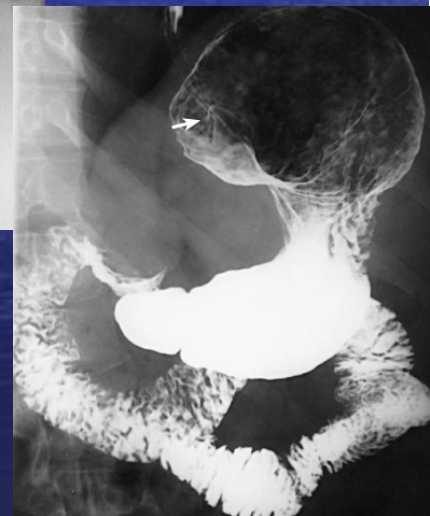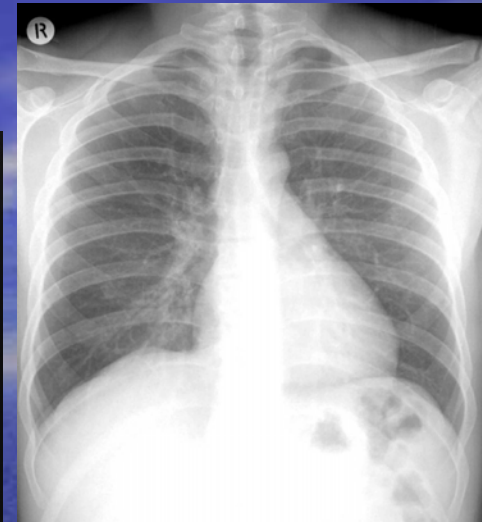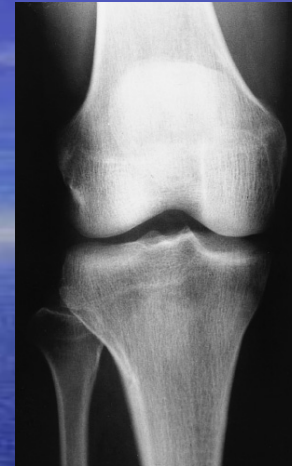
Note: ALL RTs should review ALL images with the student before EACH exam is completed.

Special Circumstances

- See the handout entitled "The Clinical Grading Process from A to Z" for detailed descriptions of the following special circumstances:
  - ➢ **Suspension**
  - ➢ **Three-Way Conference**
  - ➢ **Remediation Processes**
  - ➢ **Probation**
  - ➢ **Dismissal**

More on Special Circumstances:

Clinical Supervision Policy

- In the *Clinical Competency Handbook*
- 1:1 ratio student to radiographer
- Students are always to be under direct or indirect supervision, depending on level of competency and/or other parameters...
- There is a specific ORDER in which the students must master the knowledge, before they go to indirect supervision...

The steps in order:

- Information given in didactic setting
- Student successfully passes quizzes/tests
- Observation of skills demo in lab setting
- Practices skills on students in mock setting
- Achieves competency check-off in lab
- Observes RTs performing skills in clinical setting
- Student performs skill with direct supervision
- Student notifies Lead CI or Additional CI that s/he is ready for a competency evaluation on a patient
- Successful competency check-off results in student performing skill under indirect supervision (certain exceptions apply).

Direct Supervision

- Requires the RT to be in the room with the student and directly observing and assisting the student at every step of the exam

- Required until the student has proved competency in the specific exam and has documented that competency on the appropriate form. Student then proceeds to the level of indirect supervision.

Indirect Supervision

Occurs once the student has demonstrated and documented competency in a specific exam.

Indirect Supervision Process

- Procedure:

1. RT reviews procedure request and ascertains whether the student is capable of performing the exam independently <u>on that patient</u>
2. RT remains "immediately available" in case student needs assistance ("Calling distance" means in next room!)
3. RT reviews images before patient is released
4. RT decides if a repeat is warranted and then DIRECTLY supervises the repeat
5. Direct supervision prevails any time patient or personnel safety is in question.

Exceptions to Indirect Supervision

- *Direct supervision prevails:*

- If patient or personnel *safety* is in question
- During *ALL REPEATS*
- In all *remote locations*, such as in the O.R., C.T., E.D., angiographic facilities, portables, and fluoroscopy, to name a few
- *Pediatric* cases (under age of 18).

Attendance Policy

- In the *Student Handbook*
- Enforce those standards expected of an employee

  - Prompt after breaks
  - Reports to assigned room ON TIME
  - Calls <u>in advance</u> when absent or late.

Daily Attendance Records

- Lead CI and/or Add'l CI is to verify the *daily* entries
- Lead CI is the gatekeeper in verifying number of hours, by signing *each month*
- Student submits to PD at *end* of each month.

Santa Rosa Junior College
Radiologic Technology Program
Monthly Record of Clinical Hours

Student _____

Clinical Affiliate _____   Month of _____, 20_____

DATE	TIME IN	Initial	TIME OUT	Initial	TOTAL	DATE	TIME IN	Initial	TIME OUT	Initial	TOTAL
1						17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8						24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16						Total hours this month:					

Please sign in and out daily. Use decimal format, up to two significant figures for calculating hours; e.g. 8.0 hrs, 6.25 hours. Thirty-minute (.5 hrs.) lunch is required for students in clinical site 6.0 hours or more per day. This timesheet will be conscientiously updated daily and should be an accurate representation of the time you were at the clinical site. Signed timesheets for the previous month are due at the first class meeting beginning of the next month, and at the end of the semester.

Student Signature: _____

Clinical Instructor Signature: _____

Today's Date:_____

*The program requires a minimum number of clinical hours.

Attendance Record

Santa Rosa Junior College
Radiologic Technology Program
Monthly Record of Clinical Hours

Student _____

Clinical Affiliate _____ Month of _____, 20_____

DATE	TIME IN	Initial	TIME OUT	Initial	TOTAL	DATE	TIME IN	Initial	TIME OUT	Initial	TOTAL
1						17					
2						18					
3						19					
4						20					
5						21					
6						22					
7						23					
8						24					
9						25					
10						26					
11						27					
12						28					
13						29					
14						30					
15						31					
16						Total hours this month:					

Please sign in and out daily. Use decimal format, up to two significant figures for calculating hours; e.g. 8.0 hrs, 6.25 hours. Thirty-minute (.5 hrs.) lunch is required for students in clinical site 6.0 hours or more per day. This timesheet will be conscientiously updated daily and should be an accurate representation of the time you were at the clinical site. Signed timesheets for the previous month are due at the first class meeting beginning of the next month, and at the end of the semester.

Student Signature: _____

Clinical Instructor Signature: _____

Today's Date:_____

Protecting the Student:

- Student must take a 30-minute lunch break (if present over 6 hours)
- Students should have two 10-minute breaks in an 8-hour day
- Student may not exceed 10 hours in one day
- Student may not exceed 40 hours per week (combined lecture, lab, & clinical).

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State (CDPH-RHB) Requirements:

- ACS notice posted (Affiliated Clinical Setting)
- Site inspection at any time (unannounced)
- May ask to view students' "Clinical Experience Log"
- Repeats, REASON, and RT signature required (on the log)
- May want to see images!.

JRCERT
Excellence in Education

Joint Review Committee on Education in Radiologic Technology
The accrediting agency for programs in radiologic sciences

Presents this

Certificate of Recognition

To:

U.C. Davis Health System

A recognized clinical education setting for the radiography program sponsored by

EXAMPLE

Deborah Gay Utz, M.Ed., R.T.(R)
Chair

RECOGNIZED

Leslie F. Winter, M.S., R.T.(R)
Chief Executive Officer

Student Clinical Assignments

- Rosters are distributed by email (We are not allowed to post online)
- Also includes:
  - ❖ Clinical hours and days of week
  - ❖ Dates of attendance (start and end dates)
  - ❖ Class days and hours
  - ❖ Due dates for evaluations, attendance records, etc.
  - ❖ Back of sheet shows instructions to students.

Sample Student Rotation

1st-YEAR CLINICAL ROSTER - Spring 2014
Clinical Coordinators: Joanne Robertson: jrobertson@santarosa.edu   Rich Lehrer: rlehrer@santarosa.edu
Bonnie Patterson: bonnie.patterson@santarosa.edu

ROTATION #2 RADT61 BL

Students must arrange for an orientation with the Clinical Instructor before the 1st day of every new rotation. (Contact CI 2 weeks prior to start.)

ROTATION LENGTH: 1ST Tuesday to the 17th Thursday: 1/14/14- 5/16/14

WEEKLY CLINICAL: Tuesday and Thursday only - 18 hrs. per week for 17 weeks. Required semester total: 306 for 61 BL. Students are encouraged to complete additional hours throughout the semester and during finals week, spring break etc. in order to achieve the 1850 hours total needed by the end of training.

CLASS SCHEDULE: Spring 2014 Wednesday & Friday 7:30 a.m. - 4:30 p.m.

HOLIDAYS: Consult the college academic calendar.
No clinical experience authorized on college recognized holidays.

Documentation and Deadlines

- Progress Reports: At least 1 must be completed every 2 weeks.
- A minimum of 4 Bi-weekly Progress Reports must be completed by the end of :   Week 8 - 3/14   Week 16 - 5/9
- Final Clinical Evaluation, Time Sheets, Procedure Logs, & Competency Handbook due on campus.
  - 61 BL 5/16/14 before 5:00 pm

Students are responsible for submitting Final Clinical Evaluation form to Clinical Instructor 2 weeks prior to due date.
ANY LATE SUBMISSION WILL RESULT IN A REDUCTION TO A LOWER GRADE.

Student Names:

CLINICAL COORDINATOR ASSIGNMENTS

Joanne Robertson
KS, NC, PD, QV, SM, SV

Bonnie Patterson
MH, RRMG

Rich Lehrer
HG, PV, UM

HG: Healdsburg General Hospital
KS: Kaiser Permanente Medical Center, SR
HM: Howard Memorial
MC: Mendocino Coast District Hospital
MH: Santa Rosa Memorial Hospital
NC: Novato Community Hospital
PD: Palm Drive Hospital
PV: Petaluma Valley Hospital
QV: Queen Of The Valley
SC: St. Helena Clearlake
SH: St. Helena Hospital
SM: Sutter Medical of Santa Rosa
SL: Sutter Lakeside
RRMG: Redwood Regional Group
SV: Sonoma Valley Hospital
UM: Ukiah Medical Center

What is FERPA?

- http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Some Patient-Centered Considerations...

- HIPAA

- AIDET

Review your organization's HIPAA policies with students!

- As part of the student orientation process.

Reinforcing AIDET with Students:

Advantages of AIDET®:

Decrease anxiety with increased compliance.

Decreased Anxiety + Increased Compliance = Improved clinical outcomes and increased patient and physician satisfaction

- Acknowledge
- Introduce
- Duration
- Explanation
- Thank you

- See handout for this important information!

Your "Homework"...

1. Read the handout entitled "Clinical Grading A to Z."
2. Read the *Student Handbook & Clinical Competency Handbook.*
3. Become familiar with all policies and forms.
4. If you need clarification, consult with the Clinical Coordinator or the R.T. Program Director.
5. Take the post-test and submit it to the Program Director
6. Submit your signature to the PD, using the "Authorized Technologist and CI Signature Verification" form.
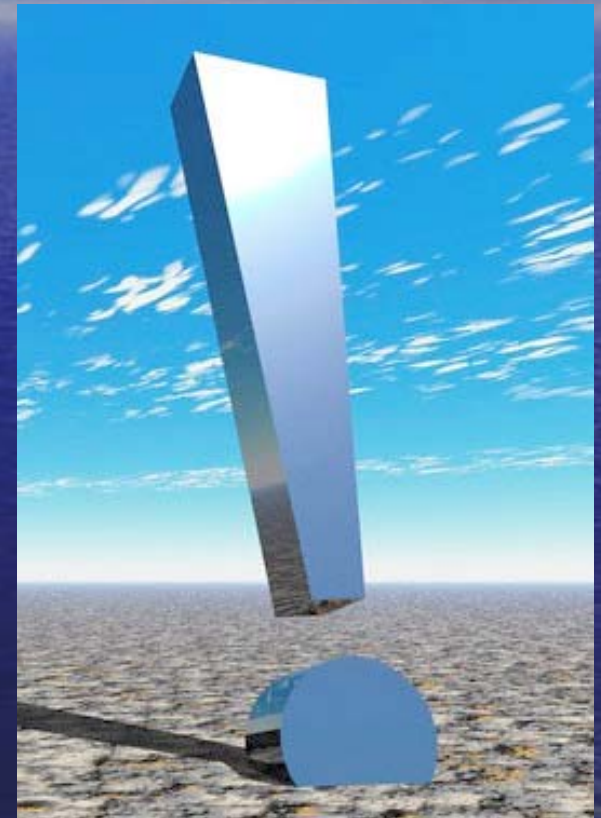
More "Homework"…

Make sure you have submitted the following to the R.T. Program Director:

1. Copy of current ARRT certificate
2. Copy of current CRT certificate
3. Curriculum Vitae (resumé template available upon request)
4. Your signature on the Authorized Signature Form.

The End!!