



**SANTA ROSA
JUNIOR COLLEGE**

Radiologic Technology Program

“Clinical Orientation for Students”

September 2, 2021

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...to "Everything Clinical 101"

Purpose of complete orientation:

- Go through **all** clinical processes:
 - Clinical Competency Handbook
 - Clinical policies
 - Forms
 - Resources...



As Resources for You...

- This PowerPoint is posted on the RT Program's Website at <https://radtech.santarosa.edu>
- REVIEW IT OFTEN!
- Put the "Clinical Experience Procedures" handout in the FRONT pocket of your clinical binder for reference.



Your Clinical Coordinators

Christine McLarty
Paul Olszewski
Bonnie Patterson
Joanne Robertson

We are always willing to help you!!



Clinical Coordinators: (SRJC Faculty)

- Christine McLarty



- Paul Olszewski



- Bonnie Patterson



- Joanne Robertson



When can I feel like a real “tech”??



No one will let me DO anything!!!



What are the steps in the student learning process before working more independently?

● Campus:

- Didactic instruction--lectures
- Pass the exams on lecture materials
- Lab demonstration and practice
- Lab skills evaluation (check-off)

● Clinical site:

- Clinical observation
- Performance of skill with **direct** supervision
- Competency evaluation
- Performance of skill with **indirect** supervision*
- **NOTE!** During the Coronavirus pandemic, students will be limited for specific clinical experiences and will not be involved in cases where the patient has a Covid-19 diagnosis or a suspected Covid-19 diagnosis.

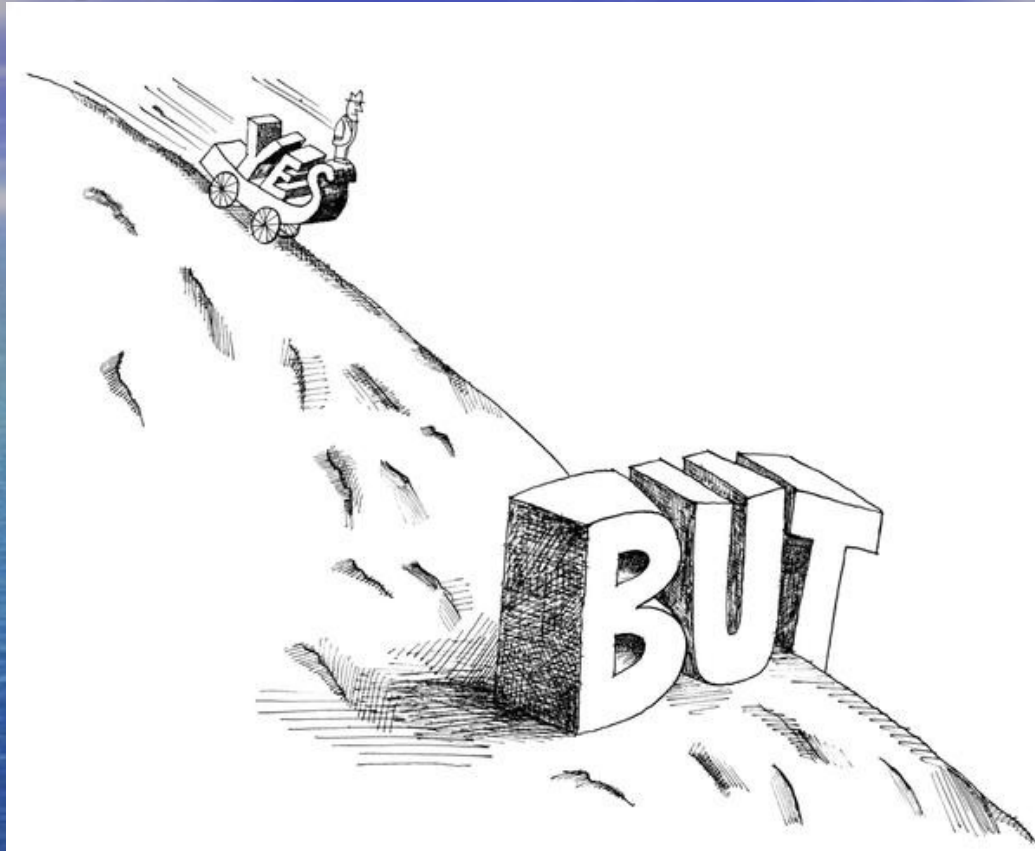


****ALL REPEATS ARE PERFORMED UNDER DIRECT SUPERVISION***

Can you do “hands-on” yet?...



Can you do “hands-on” yet?



**Direct supervision only
until further notice!.**

Remember!!

- You may not perform exams **with indirect supervision** in the clinical site until you have completed the instructional steps on campus!!
- AND until you have completed a successful competency check-off in the clinical site



What do you do when an RT asks you to do an exam,
when you haven't been through
all the appropriate steps???.

Personal Liability Discussion



Direct Supervision:

- The technologist is in the room with the student and is observing all activities
- When RT feels confident in your knowledge, then you can position with direct supervision.

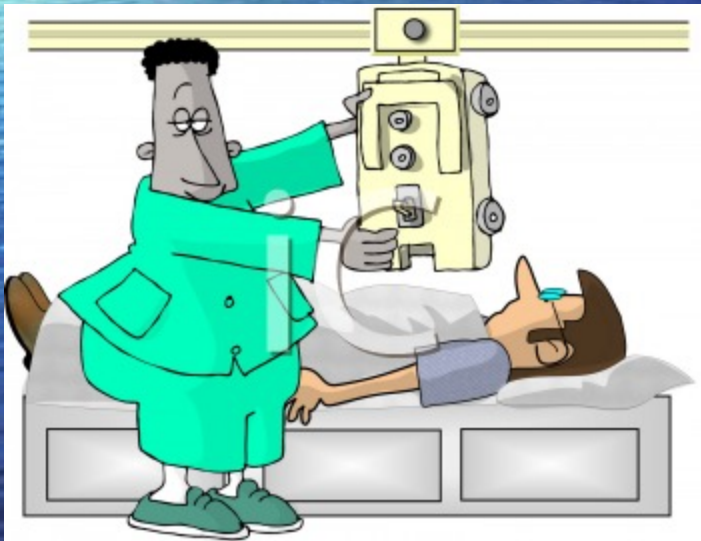
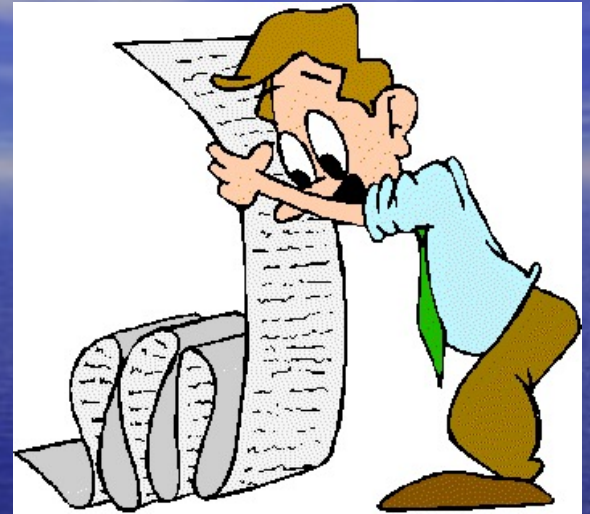


AFTER you achieve a Clinical Competency Check-Off...

- THEN...you can go to indirect supervision (there are some exceptions that we will discuss...)

Indirect Supervision

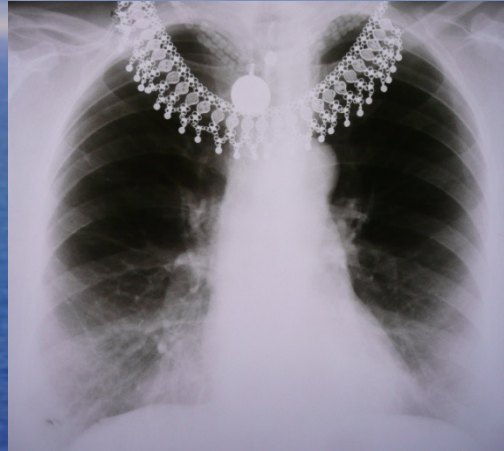
- R.T. evaluates requisition to see if patient and exam are appropriate for the student



- Student performs exam within “calling distance” of an R.T. (means in adjacent room)...

Indirect Supervision (cont' d)

- R.T. evaluates images and decides outcome



- All repeats are ALWAYS done under direct supervision!!!.



REPEATS

All repeat exposures **MUST** be done with direct supervision regardless of student's level of training!!!.



It is the law!

Other 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 (anyone under the age of 18).

The ARRT (See ARRT.org)

- **HOMEWORK:** Go to the Website and become familiar with all areas.
- ARRT will give your “Registry Exam” for certification at the end of your two years.



The ARRT (See ARRT.org)

- No, really...go to the Website and become familiar NOW!
- STUDENT is responsible to make sure that all eligibility requirements are completed!



The ARRT



- American Registry of Radiologic Technologists (National agency for RTs)
 - Radiographer certification exam can be in July 2023 for you!!!
- Once you pass "The Registry," then apply for State of CA certification
- **YOU MUST HAVE STATE CERTIFICATION TO WORK AS A RADIOGRAPHER IN CA!!.**

ARRT Eligibility





The American Registry of
Radiologic Technologists®

- Educational
- Moral/Ethical/Legal (pre-approval process)
- Competency requirements...


"Terminal Competencies"

- Complete list is defined by the ARRT
- Minimum number is required for ARRT eligibility
- Complete by end training
 - Mandatory: **ALL 37 exams needed**
 - Electives: **Need 15 of 34 exams listed**
 - Other: **10 patient-care activities completed in campus labs.**





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

"Terminal Competencies" (cont'd)

- More about 15 electives:

- 1 from head section
- 2 from fluoroscopic studies (1 of those is UGI or contrast enema)

- See patient care competencies on form. ➡



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 2 or more manipulations	M				1	2
C-arm manipulation around a sterile field	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					

<u>General Patient Care</u>	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		

Please be careful...

- A minimum number of competencies and hours are required for course completion EACH grading period
- Default grade is “F” if minimum competencies and/or minimum number of clinical hours are not completed and submitted by the written due date
- Failure to complete required hours and/or competencies = failed course, and not able to continue in the program.

Process for Competency Evaluations (at the clinical site)



(AKA Competency Check-offs)

- Student initiates
- *C.I. observes exam
- C.I. either passes the student or not, based on specific criteria written on the form (Form on next slide...)
- C.I. SIGNATURE in the *Clinical Competency Handbook* in the appropriate area
- C.I. to also PRINT name legibly below...

****Check-offs can ONLY be done
by Lead CIs or Additional CIs.***

Competency Check-Off Form**

MANDATORY COMPETENCY EVALUATIONS

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

AREA OF EVALUATION:	CHEST ROUTINE	CHEST w/c or gurney	RIBS	Mobile CHEST	CHEST ≤ 6 years	Geriatric Chest Routine
Patient ID #:						
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)						

0 = Unacceptable

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.

Each Semester Has Specific Competencies too...

Schedule of Competency Evaluations

Positioning Courses	Semester	Assigned Competencies
RADT 61A Chest, abdomen, upper & lower extremities, hips & pelvis	1 st Fall	- 3 Mandatory Competencies: 2v Chest and Abdomen
RADT 61B Spine, ribs, UGI, BE, GU, contrast exams	1 st Spring	- 5 Mandatory Competencies* Spine & any other 4 exams - 3 Elective Competencies: UGI or BE (required elective)
RADT 61C Skull, facial bones, mandible, sinuses	1 st Summer	- 8 Mandatory Competencies - 3 Elective Competencies: 1 skull from 61C counts as elective
Clinical Course	2 nd Fall	- 11 Mandatory Competencies - 3 Elective Competencies
Clinical Course	2 nd Spring	- 11 Mandatory Competencies - 3 Elective Competencies myelogram, arthrogram or HSG
Clinical Course	2 nd Summer	- 7 Mandatory Competencies - 3 Elective Competencies

* The spine assignment can include sacrum and coccyx.

At end of grading period, we record your totals here...



Mandatory & Elective Competency Evaluation Verification

<u>Student's Name:</u> <hr/>	<u>Patients</u> Number Completed		<u>Simulated</u> Number Completed		Date	Clinical Coordinator's Comments and initials
	Mandatory	Elective	Mandatory	Elective		
Fall M3 <i>Chest/Abdomen</i>						
Spring M5/E3 <i>UGI/BE/Spine</i>						
Summer M8/E3 <i>Upper/Lower Extremities X-tables Skull & FB</i>						
Fall M11/E3 <i>C-arm GI or BE</i>						
Spring M11/E3 <i>Myelogram, HSG or Arthrogram</i>						
Summer M7/E3						

Definitions:

- **Lead Clinical Instructor (LCI):**
 - Your supervisor(s) at the clinical site
 - Special training in supervision and evaluation of students
 - Approved by the JRCERT
 - Can evaluate you for competency check-offs
 - Provide guidance and remediation
 - Does the clinical grading at end of semester
 - Signs off on your attendance record each month
 - Is the main point of contact at your clinical site
 - Is your main advocate & teacher.

Definitions:

- **Additional Clinical Instructor (ACI):**
 - RTs who support your LCI when LCI is not available
 - Has special training to assist the Lead CIs
 - Also approved by the JRCERT
 - Are also able to “sign off” on your mandatory/elective competency check-off exams
 - They do not do your grading.

Definitions:

- Clinical Coordinator (CC):
 - CC is a *visiting* college faculty at your clinical site*
 - CC is your main contact person for the college
 - CC is your advocate
 - CC is your teacher
 - CC is the “instructor of record” for clinical courses.

The Roles of the Lead Clinical Instructor

- Compensation for overseeing students?

NONE!

- Their roles:

Mentor/Teacher

Evaluators

Supervisors

Liaison between students and staff

- Why are they not always available?
- This is why there are “Additional CIs.”

Communicate with the Lead CI!

- Did you set up your clinical orientation appointment?
- Complete & submit Pre-Rotation form
- Complete/sign Orientation Verification form
- If you are going to be late
- Or absent
- The Lead CI is your mentor & advocate
- AND YOUR EVALUATOR!.





- Grade will be adversely affected if student does not follow school policies
- “Accountability” section on the final Clinical Evaluation Form.

Student Role in Educating the “Trainers”

- How can you help the staff members to recognize your level of training?
- How can you communicate which exams you need to complete?
- How can you get the staff to accurately fill out Bi-Weekly Progress Reports?.

Becoming a Part of the Team



- How can you demonstrate your interest?
- Your enthusiasm?
- What are ways in which you could demonstrate that you don't care?

Take initiative!

Don't hang out in the background!

This is your....

Employment interview for your future job!

Make your BEST impression every day!!

Student Orientation...an important "first step..."



- Make sure you get one at the clinical site!
- THEIR policy and procedure manuals
- HIPAA policies (patient confidentiality)
- Have the LCI sign the verification form (It's online: "Resources for Students" links)...

Link reads: Orientation Verification



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

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

ALARA

- What does this mean?
- Some examples:
 - Proper collimation
 - Use of gonadal and other shields
 - Proper use of grids
 - Phase of respiration
 - Technical factors
 - CHECKING EXPOSURE INDICES...

Classroom Practices vs. Clinical Practices



- What do you do when there is a discrepancy between what you are taught and what you will see “in the field”?
- Are **YOU** a professional?.

Clinical Coordinator Visits



- What is a Clinical Coordinator?
- Who are the CC' s?
- What are the purposes of a clinical visit?
- What happens during a clinical visit?
- ***THIS IS A CLASS...BE ON TIME.***

Procedures Around Establishing Appointment Times

CC will contact you to set up your Zoom meeting or on-site visit

- Use of email to communicate
 - Check emails daily!!!!!!!
- Email or call the CC ahead of time if you can't make it on the scheduled day!

NOTE: YOU WILL *NOT* GET A REMINDER OF THE APPOINTMENT DAY/TIME!

Injuries*

- Incident Reports
- Workers' Compensation coverage
- Procedures

***Must be reported to campus Health Services and H.R. within 24 hours to be a covered claim!!!**

<https://radtech.santarosa.edu>

Reporting Inappropriate Behavior

- Sexual misconduct
- Mishandling of patients (radiation, physical treatment, ethical issues, breach of medical or surgical asepsis standards)
- Equipment hazards
- Bullying
- Suspicion of abuse of a patient (child abuse, elder abuse, etc.).

Forms! (Yuck!)

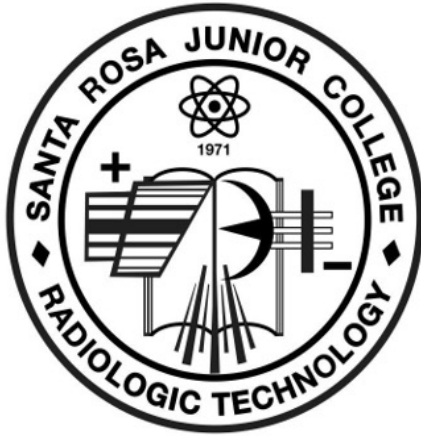


Where do you find them online?

<http://radtech.santarosa.edu/>

Check online to see what resources are there. Go to Radiologic Technology Program Webpage.

HOMEWORK:



Radiologic Technology

**Clinical
Competency
Handbook**

Class of 2022

READ the Clinical Competency Handbook AND all forms in this presentation.

<https://radtech.santarosa.edu>

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IMPORTANT!

- Keep your Clinical Competency Handbooks IN THE ORDER IN WHICH YOU PRINTED THEM OUT
- Do not rearrange the pages
- Submit them at the end of the grading period
- Your CCs use them to enter data into program records and then return them to you
- See document emailed to you in August: "2021_Clinical Experience Procedures."

Competency Check-Offs



- A.R.R.T. requires minimum # and type

**AS MINIMUM ELIGIBILITY
REQUIREMENTS TO TAKE THE EXAM!**

www.arrt.org

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	1	2
Chest AP (w/c or gurney)	M			1	1	2
Ribs	M			1	1	2
Chest Lateral Decubitus	E			1	1	2
Sternum	E			1	1	2
Upper Airway (Soft Tissue Neck)	E			1	1	2
Upper Extremity						
Thumb or Finger	M			1	1	2
Hand	M			1	1	2
Wrist	M			1	1	2
Forearm	M			1	1	2
Elbow	M			1	1	2
Humerus	M			1	1	2
Shoulder	M			1	1	2
Trauma Shoulder (Scapular Y, Trausthoracic or Axillary)*	M			1	1	2
Trauma Upper Extremity, Non shoulder*	M			1	1	2
Clavicle	M			1	1	2
Scapula	E			1	1	2
A-C joints	E			1	1	2
Lower Extremity						
Foot	M			1	1	2
Ankle	M			1	1	2
Knee	M			1	1	2
Tibia-Fibula	M			1	1	2
Femur	M			1	1	2
Trauma: Lower Extremity*	M			1	1	2
Patella	E			1	1	2
Calcaneus (Os Calcis)	E			1	1	2
Toes	E			1	1	2
Head - Must complete one elective						
Skull	E			1	1	2
Paranasal Sinuses	E			1	1	2
Facial Bones	E			1	1	2
Orbits	E			1	1	2
Zygomatic Arches	E			1	1	2
Nasal Bones	E			1	1	2
Mandible	E			1	1	2
TMJ's	E			1	1	2
Spine and Pelvis						
Cervical Spine	M			1	1	2
Thoracic Spine	M			1	1	2
Lumbosacral Spine	M			1	1	2
Pelvis	M			1	1	2
Hip	M			1	1	2
Cross Table Lateral Hip	M			1	1	2
Spine (x-table lateral)	M			1	1	2
Sacrum and/or Coccyx	E			1	1	2
Sacroiliac Joints	E			1	1	2
Scoliosis Series	E			1	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	1	2
Abdomen Upright	M			1	1	2
Abdomen Decubitus	E			1	1	2
Intravenous Urography	E			1	1	2
Fluoroscopy - UGI or BE + one other						
UGI single or double contrast	E			1	1	2
Contrast Enema single or double contrast	E			1	1	2
Small Bowel Series	E			1	1	2
Esophagus	E			1	1	2
Cystography / Cystourethrography	E			1	1	2
ERCP	E			1	1	2
Myelography	E			1	1	2
Arthrography	E			1	1	2
Hysterosalpingogram	E			1	1	2
Surgical Studies						
C-arm procedure with manipulation	M			1	1	2
C-arm procedure Surgical	M			1	1	2
Mobile Studies						
PCXR	M			1	1	2
Abdomen	M			1	1	2
Orthopedic	M			1	1	2
Pediatrics age 6 or younger						
Chest Routine	M			1	1	2
Upper Extremity	E			1	1	2
Lower Extremity	E			1	1	2
Abdomen	E			1	1	2
Mobile Study	E			1	1	2
Geriatric Patient cognitively impaired						
Chest Routine	M			1	1	2
Upper Extremity	M			1	1	2
Lower Extremity	M			1	1	2

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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Competency Check-Offs



- Forms are in *Clinical Competency Handbook...*
- ONLY a CI (Lead or Add'l) may sign off
 - *Means they have had instruction in evaluating students
 - *Signatures on record with Program Director...

MANDATORY COMPETENCY EVALUATIONS

Instructions: The evaluator will mark each area according to the following scale: 3 = Acceptable
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	FINGER	HAND	WRIST	FOREARM	ELBOW	HUMERUS
Patient ID #:						
DATE:						
Evaluation of Requisition						
Room Preparation						
Patient Care						
Use of equipment						
Positioning Skills						
Radiation Protection						
Image Processing						
IMAGES SHOW CORRECT:						
Anatomical Parts						
Image Density & Contrast						
Anatomical Alignment						
Image Identification						
Radiation Protection						
EXAMINATION PASSED (Evaluator's Signature)						

**Pt's ID# is
important to
include**

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
Patient ID #:							
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

- Can be used to fulfill the minimum number of competencies for course requirements each semester
- You can do a mandatory or an elective more than once throughout the program....there is not a limit.

Competency Re-Checks

- These pages can also be used when students need to improve skills on something already checked-off...
- CI identifies during image analysis
- Student is given specific number of weeks to remediate (go back to direct supervision!!)
- Student passes the “re-check” & is back to indirect supervision.

Competency Re-Check Form

RECHECK COMPETENCY EVALUATIONS

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

3 = Acceptable 1 = Requires minor improvement 0 = Unacceptable

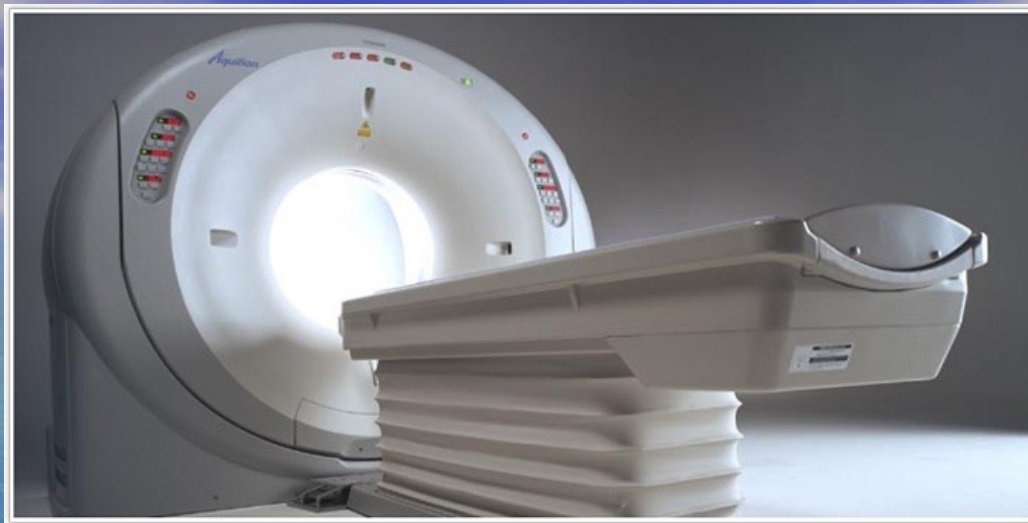
AREA OF EVALUATION:						
Patient ID #:						
DATE:						
Evaluation of Requisition						
Room Preparation						
Patient Care						
Use of equipment						
Positioning Skills						
Radiation Protection						
Exposure Index within limits						
IMAGES SHOW CORRECT:						
Anatomical Parts						
Anatomical Alignment						
El 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.

Special Rotation Evaluations

- Students will have some rotations in specialized areas
- Customized evaluations are used for:
 - ❖ C.T. rotation
 - ❖ C-arm (portable fluoroscopy)

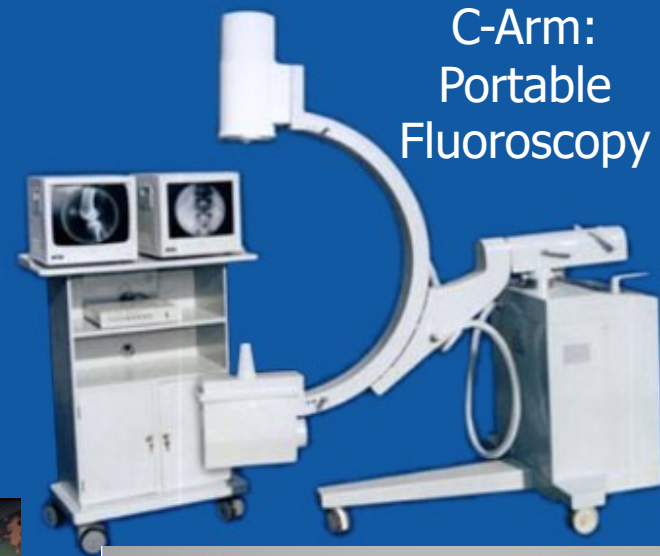
C.T. Rotation



- ❖ *Must 1st see modules in C.T.*
- ❖ *2 weeks of clinical experience*
 - ❖ *CI will arrange*
- ❖ *Use C.T. competency evaluation.*

Surgery and Portable Rotation

***C-Arm Competency
Evaluation is used***



More Forms...

- Bi-Weekly Progress Report
 - What is the purpose?
 - Who can fill them out?
 - ANY OF THE RTs THAT YOU WORK WITH
 - How often must I have one filled out?
 - Can I be selective about which ones I submit to the CI?
 - WHERE are they kept?...



**"Bi-Weekly" Indicates
Every Two Weeks**

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 = EXCEEDS EXPECTATION	ME = MEETS EXPECTATION	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.			
SENSITIVITY/UNDERSTANDING – Shows empathy, tolerance and adaptation to the needs of patients and their families, and to co-workers and fellow students. Values differences. Is considerate and respectful.			
STUDENT CHALLENGE – (Student or technologist to define the 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 4/4/2019

Objectives for...Progress Reports AND Final Clinical Evaluation Form (CEF)

They are the same as the course objectives

A) PATIENT CARE

- Maintains patient modesty, comfort & confidentiality.
- Behaves in a nonjudgmental, mature and compassionate manner to patients & 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 & 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 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) SENSITIVITY/UNDERSTANDING:

- Shows empathy, tolerance and adaptation to the needs of patients, their families, their coworkers and to fellow students.
- Values differences.
- Is considerate and respectful.

Signatures!!!

- Yours, and...
- The Evaluator's
- KEEP A **COPY!!!!**

A black and white image of a handwritten signature in cursive script. The signature reads "John Hancock" and is written with a large, stylized capital 'J' and a large capital 'H' in the middle. The signature is written on a white rectangular background.

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

- “The dog ate it”!!
- What are the consequences?.



Frequency of Progress Reports?

- AT LEAST 1 every 2 weeks!!
- At proper intervals.

- **Failure to do so:**
- **Reflected in “Accountability” portion of Clinical Evaluation Form**

Clinical Evaluation Form correlates with:

- **Course objectives**
- **Progress Reports**

10 Categories

Student: Please give comments, sign and submit the signed original form to the college faculty. **REVISED 4/4/19**

**A minimum score
of 7.5 points in
EVERY area is
needed in order to
pass the course.**

New Clinical Evaluation Form for: _____
Clinical Site: _____ **Date:** _____ **Clinical Course RADT 71** _____

Student: Please give comments, sign and submit the signed original form to the college faculty. **REVISED 4/4/19**

Procedures: Clinical Evaluation Form

- The Clinical Instructor fills out this form near end of grading period
- **Student** to provide form **at least 10 working days** in advance of due date
- Where do you find the form?
- Due dates are on rotation list...

New Clinical Evaluation Form for: _____
Clinical Site: _____ Date: _____ Clinical Course RADT 71 _____

<p>A) PATIENT CARE - Correctly identifies patient. Maintains patient modesty, confidentiality. Safely transfers patients, properly handles patient devices.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	<p>Clinical Instructor Comments:</p> <p>Clinical Instructor Name & Signature _____ Date _____</p> <p>Student Comments:</p> <p>Student Signature _____ Date _____</p>
<p>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.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	
<p>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.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	
<p>D) EQUIPMENT HANDLING - Practice safe and respectful manipulation of all equipment, accurate use of digital equipment, consistently aligns the X-ray tube & IR.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	
<p>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.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	
<p>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.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	<p>Clinical Coordinator Comments:</p> <p>Clinical Coordinator Signature _____ Date _____</p> <p>Program Director Comments:</p> <p>Program Director Signature _____ Date _____</p>
<p>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.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	
<p>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.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	
<p>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.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	
<p>J) SENSITIVITY/UNDERSTANDING - Shows empathy, tolerance and adaptation to the needs of patients and their families, and to co-workers and fellow students. Values differences. Is considerate and respectful.</p> <p>10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	
<p>TOTAL POINTS _____ ÷ 10 = _____</p>	

Student: Please give comments, sign and submit the signed original form to the college faculty. **REVISED 4/4/19**

The Clinical Roster

1st YEAR CLINICAL ROSTER – Fall 2021

Clinical Coordinators: Christine McLarty cmclarty@santarosa.edu & Paul Olszewski polszewski@santarosa.edu & Bonnie Patterson bpatterson@santarosa.edu & Joanne Robertson jrobertson@santarosa.edu

ROTATION #1 RADT 71 A

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: 4th Tuesday to the 17th Thursday: 9/7/20 – 12/9/20

WEEKLY CLINICAL: Tuesday and Thursday only - 18 hrs. per week for 14 weeks.

Required semester total: 235 for 71A. Students are **encouraged to complete additional hours** throughout the semester and during finals week in order to achieve the hours total needed by the end of training.

CLASS SCHEDULE: Fall 2021 Tuesday and Thursday only 7:30 a.m. – 5:00 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 6 Bi-weekly Progress Reports must be completed: By Week 17 – 12/10/20
- Final Clinical Evaluation, Time Sheets, Procedure Logs, & Competency Handbook due on campus.
 - 71A: 12/10/20 before 1200 noon

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
Name:

AHC	AHH	AHS	AHU	HDH	KS	MG	MH	MHOP	NC	PV	QV	SL	SPMF	SSRR	SV
						•									
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CLINICAL COORDINATOR
ASSIGNMENTS:

Christine McLarty
SSRRH, PV

Paul Olszewski
KSR, MG, MH, MHOP

Joanne Robertson
AHC, AHH, AHS, AHU,
HDH, NC, QV, SL, SV

Grading Consequences for Students

- Less than 75% in **ANY** area = course failure
- Applies to didactic and clinical
- We DO NOT encourage the phrase:

“C equals R.T.”

Minimum Score for Passing...

- ...throughout the RT curriculum. You will need a **minimum of 75%** (lowest C) to pass each course. If you do not pass a course, you cannot continue with the program.



Why is the minimum
“A” a 95%???

Minimum Requirements for Passing the CLINICAL Course...

- You will need to achieve **ALL** of the following to pass the course:
 1. At minimum score of 75% as a total grade on the Clinical Evaluation Form
 2. No less than 7.5 points in each of the categories on the Clinical Evaluation Form
 3. Complete at least the minimum number of specified Mandatory and Elective Competency course Check-offs
 4. Complete at least the minimum number of required clinical hours during each clinical course.

**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: _____

Attendance Record

And Still More Forms...

- Attendance Records

- **DAILY** ENTRIES (w/ RT initials)
- **MONTHLY** submission
- Who can sign them each day?
- Who can sign them each month?
- Do I need to keep a copy?
- What if it is not signed by the correct person?
- How will I know my cumulative hours?

It is important to put the total hours on the timesheet AND get the LEAD CI signature before you submit it!.



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: _____

Attendance Policy

- In the *Clinical Competency Handbook*
- Enforce those standards expected of an employee
 - Prompt after breaks
 - Reports to assigned room ON TIME
 - Calls in advance (TO LCI) when absent or late.



Do Attendance and/or Tardiness Affect My Grade?

Yes!

“Accountability”

Clinical Procedure Log—Extra Sheets

Use the “Exam Log” link in On-Demand Resources...copy pages from there.

Use of Procedure Logs...

- What are the purposes?
 - RHB requirement (CA regs)
 - Also useful for image analysis w/ Clinical Coordinator
 - Insures student is getting proper amount of experience
 - Documents fluoroscopy hours
- Must write down each procedure
- Keep in *Clinical Competency Handbook*.

[illegible]

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
↓

0.75 HR.

1.1 HR.

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	Port CXR	D	0		
	9287654	Port CXR	D	1	Pt. moved.	
	888860101	UGI	D	0		John Doe #000000
	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 #000000
	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		

*
CRT

↓

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

State (CDPH-RHB) Requirements:



- ACS posted (Affiliated Clinical Setting)
- State inspectors may drop in any time (unannounced)
 - View student's "Exam Logsheet"
 - Repeats, REASON, and RT signature required (on the log)
 - May want to see images!.

State (CDPH-RHB) Requirements:



- Program must keep records for 5 years after student graduates...State law
- We archive the scans of all your records
- Grade transcripts kept by SRJC indefinitely
- Radiation Monitoring records are kept
- **YOU MUST MAKE A COPY OF EVERYTHING PRIOR TO SUBMISSION OF RECORDS.**

YOUR Radiation Safety:

- Be sure to take your radiation monitoring records "with you" as you become employed as an RT after graduation
- Your radiation records are cumulative...keep a record of all of your exposures when you change places of employment.

Program Requirement:

- Student MUST complete all clinical course hours to be eligible for graduation
- Approximately 1785 hours total by end of training
(EXACT number given to you by the P.D.)
- Exact number varies due to semester holidays, but exact amount is posted in Clinical Competency Handbook upon entrance into the program
- And check the clinical roster with each new clinical course...EXACT required hours are there.

JRCERT Requirements Plus Labor Laws...

- Student must take a 30-minute lunch break if present more than 6 hours (Lunch break is NOT included in your recorded clinical hours.)
- Students should have two 10-minute breaks in a 9-hour day
- Student may not exceed 10 hours in one day
- Student may not exceed 40 hours per week (combined lecture, lab, & clinical).

Oh, Surprise, More Forms...



Student Clinical Assignments

- Distributed by email...
- Sent out ~4 weeks prior to the beginning of a rotation...

- FOUR rotations within 2 years
- SIX clinical courses
- Also includes:
 - ❖ Clinical hours and days of week
 - ❖ Dates of attendance
 - ❖ Class days and hours
 - ❖ Due dates for evaluations, attendance
 - ❖ Last page(s) show instructions to students

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Read Instructions on Page 2!!

Clinical Site Legend

AHC: Adventist Health Clearlake
AHH: Adventist Health Howard Memorial
AHS: Adventist Health St. Helena
AHU: Adventist Health Ukiah

HDH: Healdsburg District Hospital
KS: Kaiser Permanente
MG: Marin General Hospital
MH & MHOP: SR Memorial & OP

NC: Novato Community
PV: Petaluma Valley Hospital
QV: Queen of the Valley
SL: Sutter Lakeside

SPMF: Sutter Pacific Medical Foundation
SSRR: Sutter Santa Rosa Regional Hospital
SV: Sonoma Valley Hospital

Instructions for Clinical Experience

1. Students must contact the Lead Clinical Instructor at least 2 weeks prior to the beginning of the clinical rotation to arrange for an orientation and to develop the student schedule for the semester. Students who arrive without first contacting their clinical instructor should be sent home.
2. A Pre-orientation form describing previous clinical experience must be filled out and given to the Lead Clinical Instructor on the first day of each clinical rotation for rotations 2, 3 & 4.
3. Students and Lead Clinical Instructors should cooperatively complete the student schedule at the beginning of the clinical rotation. A copy of the schedule is to be submitted to the Clinical Coordinator.
4. Students must record the time spent in clinical experience daily. Attendance sheets must be filled out in pen and should be verified and signed by the Lead Clinical Instructor when it is completed. Students may not count their lunch break as clinical hours. Students must obtain an initialed "signature" from the supervising RT EACH DAY on which clinical hours are recorded.
5. Students are responsible for presenting all scheduling forms, signed clinical evaluation forms and competencies for completion and campus official signatures by the deadlines. Lead Clinical Instructors are expected to respond promptly to student requests and maintain the schedule for student evaluations.
6. Mammo & MRI rotations of 40 hours are optional. Students planning to apply to take the State test for mammography are responsible for scheduling their own 40-hour Mammo rotation during their second year. Most of our clinical education centers have approved sites for hands-on experience in mammography. If interested, students should ask their Lead Clinical Instructor if mammography experience is offered. A Mammo or MRI rotation could be scheduled at a clinical site other than where students are assigned for the semester. These Mammo/MRI hours are optional and are not included in the training hour accounting.
7. All students are offered an observation in CT during their second year. These CT hours are included in the training hour accounting.
8. Bi-Weekly Progress Reports (BPR) should be turned in every other week. No more than 2 weeks should go by without a BPR. A minimum of 8 progress reports must be turned in during a full semester (4 in summer). No two reports may be turned in on the same

1st YEAR CLINICAL ROSTER – Fall 2021

Clinical Coordinators: Christine McLarty cmclarty@santarosa.edu & Paul Olszewski polszewski@santarosa.edu & Bonnie Patterson bpatterson@santarosa.edu & Joanne Robertson jrobertson@santarosa.edu

week. Students should ask at least 2 different technologists, in addition to the clinical instructor, to fill out their progress reports. Note that the minimum number is cited here (8 in fall and spring semesters and 4 in summer), but students are encouraged to get these reports filled out more often, to maximize feedback.

REMEMBER!

- Students are expected to contact the LEAD Clinical Instructor to set up an orientation
- As soon as you receive your rotation assignment.



Orientation Session Checklist



RADIOLOGIC TECHNOLOGY PROGRAM



Student Orientation to the Clinical Education Center

All students are expected to receive an orientation to each clinical education center in which the student will receive instruction as part of the clinical education course. The orientation is to include specialized areas such as surgery, emergency care, intensive care units, coronary care, and pediatrics. Students **must** call the Clinical Instructor to schedule an orientation session PRIOR to beginning a new clinical assignment.

It is recommended that students receive a similar orientation to that which is provided for employees of the institution. The orientation should also explain the organizational policies and procedures and include HIPAA guidelines. It is the responsibility of the Clinical Instructor to provide this orientation either personally or by arrangement. In addition, once the student has completed the orientation, documentation using the appropriate signature page will serve as the record of attendance and completion and must be retained with the student's other clinical records in the *Clinical Competency Book*. (Note: This documentation page can be located in the student's *Clinical Competency Book*.)

The clinical orientation will include the elements in the following list as they apply to the clinical site. Other information may be included where it is germane to the specific facility.

Parking Regulations: Location, permits, day/evening, safety measures.

Food Services: Time and duration of meal and breaks and provisions for students bringing lunch or dinner.

Restroom Facilities: Locations.

Personnel Storage Areas: Locker facilities and/or proper location for books, coats, bags and valuables.

Safety Procedures: Fire regulations, codes, security, reporting incidents, disaster plan, infection control guidelines, universal precautions, HIPAA guidelines.

Notification Procedures and Contact Information: In case of absence or tardiness. Contact person's phone numbers. (Provide email contact information for non-emergency communications.)

Mobile Units: C-arm and portable radiographic equipment.

Ancillary Equipment and Supplies: Location of imaging accessories (grids, sponges, etc.), contrast media, protective aprons/devices, lead markers, emergency cart, and linens, etc.

Accessory Items: Needles, syringes, tourniquets, I.V. tubing, emesis basins, bandaging material, etc.

Special Equipment: Operation of monitors, suction and infusion pumps, oxygen, I.V.s, etc.

Introduction to Key Personnel: Radiologist(s), supervising technologists, staff technologists, key administrative support and ancillary staff.

Conference Facilities: Location for rooms, regulations, staff meetings, if applicable.

Student Assignments and Information: Postings/notifications, posted student schedule, posted clinical objectives, process for archiving of student repeats, lunch/breaks, weekend /evening policy, where to leave and pick up evaluation forms, expectations, etc.

Resource Materials: Radiographic positioning texts, teaching library, procedure manual.

Orientation to Department: Routines, patient transportation, patient flow, protocols and procedure manual, equipment operation, patient requisitions, PACS system, etc.

Radiographic Equipment: All rooms, workstations, readers, PACS, AEC devices, technique charts, laser film printer, etc.

Darkroom, where applicable: Film, processing, and duplicator.

Communications during Clinical Hours: Emergency contacts, making outside phone calls, visiting patients, contacting other students, confidentiality of patient records.

Organizational Information: History of facility, bed capacity, administrative personnel, telephone protocols, calling a code, etc.

Facilities Tour: Medical office building, orthopedic clinic, women's center, E.R., I.C.U., O.R., Lab, and other ancillary departments.

File Room or PACS: Jackets, color codes, I.D. system, paperwork and procedures, computer and archiving systems, access codes.

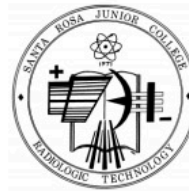
Unusual/Non-Routine Positions: Specific procedures done at the site that are not considered routine in the field.

Clinical Competency Books: List of radiographers who are authorized to sign them off. (Those signatures are to be on file with the Program Director using the "Signature Verification Form." The specific radiographers are to be trained in evaluation procedures by the Clinical Instructor.)

"Back-up" CI: Who is in charge when the official Clinical Instructor is absent.

HIPAA Training: Inservice covering the medical facility's policies in regard to HIPAA regulations.

AIDET Procedures: Information specific to facility in regard to patient communications.



**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

Submit this form....

**AFTER YOUR
ORIENTATION SESSION**

Form is found online
in "Resources for
Students" section of
RT Webpages.

Link is called
"Orientation
Verification Form."

2.HELPS TO ESTABLISH OBJECTIVES FOR THE SEMESTER

[illegible]

Testing Your Knowledge...

- Where do you find the due dates for all records at end of grading period????
- Where do you submit the Clinical Evaluation Form? Monthly attendance sheets? All student records (at end of grading period)?
- Must be submitted on time, or a grade of F is awarded.

Keep a copy of everything you submit!!.

Where do we retain the....

- Progress Reports?
- Clinical Evaluation Forms?
- Monthly Attendance Forms?
- *Clinical Handbooks* at end of semester?.

Incident Forms

- In case of injury to student, patient, or others
- MUST report to SRJC Human Resources immediately, so that student is covered by Worker's Compensation insurance
- OR Reporting of Student Radiation Safety Incident, etc.
- Go to Resources for Students links online....



Worker's Compensation & Forms Under "Resources for Students..."



RADIOLOGIC TECHNOLOGY

CAREER EDUCATION | AT SRJC

Custom Search



HEALTH SCIENCES HOME

RAD TECH HOME

PROGRAM REQUIREMENTS

FAQ

ON-DEMAND RESOURCES FOR CI'S

MAMMOGRAPHY

RAD TECH FACULTY

WELCOME TO RADIOLOGIC TECHNOLOGY

ARE YOU INTERESTED IN A CAREER AS A RADIOLOGIC TECHNOLOGIST?

Radiologic Technology is the health profession concerned with medical imaging for diagnosis and assessment of disease. Radiologic Technology is known by other names including x-ray technology, radiologic technology, radiography, and diagnostic imaging. The radiologic technologist provides a unique blend of direct patient contact with the study of human anatomy and rigorous medical technical expertise. Graduates with a degree in this field are referred to as registered radiologic technologists or radiographers. The career opportunities are numerous and diverse.

The radiologic technologist's main duty is to provide quality patient care and high quality medical images while applying knowledge of anatomy, physiology, positioning, radiographic technique, and precise scientific knowledge. Effective communication with patients, other health professionals, and the public is important. Additional duties may include management of images, evaluating radiologic and computer equipment, performing quality assurance procedures, and providing patient education relevant to specific imaging procedures.

RADIOLOGIC TECHNOLOGY AT SRJC

The Radiologic Technology Program at SRJC was established in 1971. Both a certificate and a major AS degree in Radiologic Technology is available. The program includes instruction in the operation of x-ray and digital imaging equipment, positioning for radiologic procedures, creating and processing images, patient care, radiologic physics, radiation protection and observational experience in other advanced imaging modalities.

The radiologic technology program at SRJC spans 23 consecutive months including 2 fall, 2 spring and 2 summer semesters. Students are required to commit themselves for full time participation for that entire duration. In addition to the didactic coursework, a minimum of 1785 clinical hours are required in hospitals and radiology departments affiliated with Santa Rosa Junior College. Elective clinical experience in Mammography and MRI is available. Fundamental knowledge of CT and cross sectional anatomy is included in our core curriculum.

ACCREDITATION: The SRJC Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Our program received the maximum 8-year accreditation award effective 2015.

20 North Wacker Dr. Suite 2850
Chicago, IL 60606-2901
(312) 704 5300

E-mail: mail@jrcert.org / Website: <http://www.jrcert.org/>

APPROVAL: The SRJC Radiologic Technology Program is approved by the California Department of Public Health Radiologic Health Branch as an educational program for radiologic technology.

MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414

PROGRAM MISSION

Based on the major missions of the college, the faculty of the Radiologic Technology Program at Santa Rosa Junior College is dedicated to facilitating the growth and development of enrolled students in becoming competent entry-level radiologic technologists to function within the healthcare community they serve.

PROGRAM OBJECTIVES

Program Objectives; The major goals of the Santa Rosa Junior College Radiologic Technology Program are to assist the enrolled students:

- in performing positioning skills with accuracy, utilizing skills in radiation protection, and demonstrating proper equipment handling.
- in utilizing critical thinking in recognizing image quality and adapting to non-routine patients and procedures.
- in demonstrating good communication in clinical environment, as well as demonstrating good oral and written communication.
- in demonstrating professionalism and understanding of ethical decision making.

PROGRAM STUDENT LEARNING OUTCOMES

Upon successful completion of the program, the student will be able to:

1. Deliver high quality patient care service in radiology;
2. Observe a high level of medical ethics;
3. Perform radiographic job duties with professionalism;
4. Use effective communication skills;
5. Use critical thinking skills to analyze and resolve imaging issues;
6. Demonstrate clinical competency of an entry-level technologist.

RESOURCES FOR STUDENTS

(if you need assistance accessing any of these documents, please contact sallen@santarosa.edu - we will get back to you as soon as we can)

CLASS HANDBOOKS:

[2021 Student Handbook](#)[2021 Clinical Competency Handbook](#)[2020 Student Handbook](#)[2020 Clinical Competency Handbook](#)

PROCEDURES:

[Clinical Experience](#)

FORMS AND RESOURCES:

[>> REQUEST FOR SPECIAL CLINICAL ASSIGNMENT <<](#)[Authorized Signatures](#)[Biweekly Progress Report](#)[Clinical Education Centers Fall 2018](#)[Clinical Schedule form](#)[Dosimeter Guidance](#)[Exam Logsheets](#)[Monthly Timesheet](#)[Orientation Verification](#)[Pre-Rotation Form](#)[Semester Final Clinical Evaluation Form](#)[3 way Conference form](#)[C-Arm checkoff sheet](#)[CT checkoff sheet](#)

WORKERS COMP DOCUMENTATION

[READ ME FIRST](#)[WC_Health_SFAC_Procedures](#)

File this in ALL cases of Workers Comp
[RT_Incident_report_form](#)

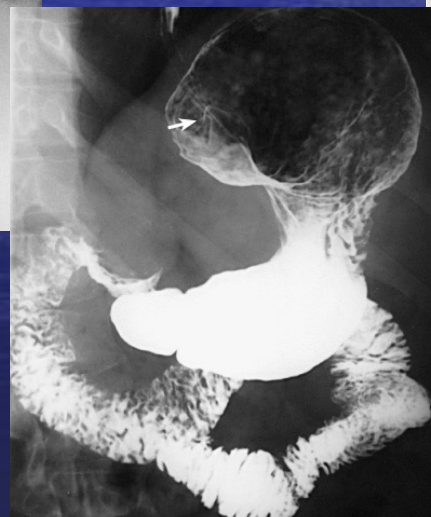
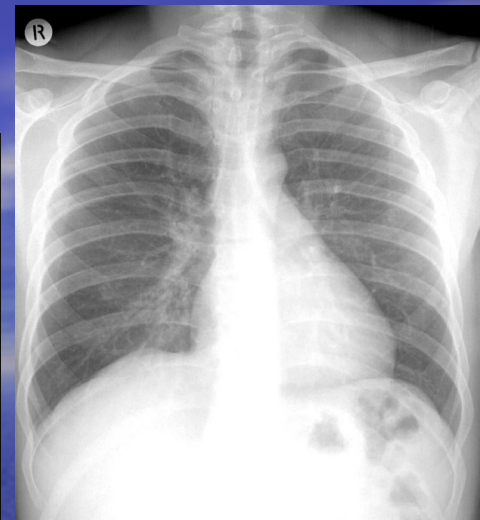
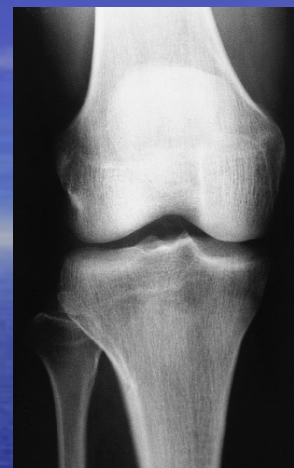
File this in ALL Cases of Workers Comp
[Train_Work_Exposure_Form](#)

File this in ALL cases of Workers Comp
[RT_Supervisors_Report_of_Injury](#)

If it applies,
[Sharps_Form](#)

Image Analysis

- RTs provide per exam
- LCI provides
- And CC provides during visits
- Assesses that the student is progressing appropriately
- CI may want to initiate the Competency Recheck where a problem has been identified.



Note: The RTs should review ALL images with the student before EACH exam is completed.

IMPORTANT!

- Regardless of level of training, **ALL** images must be reviewed by an RT before sending to PACS!!!
- If repeat, then what should occur?
- What if an RT is not right there?.

Mark Your Procedure Logs...

- ...for those exams of which you are proud!
- ...or those for which you have questions!
- ...and even your mistakes!.



Some Patient-Centered Considerations...



- HIPAA
- AIDET.

HIPAA

- Health Insurance Portability and Accountability Act
- Federal act
- 1996
- Relates to patient confidentiality rights.

TAKE NO PHOTOS!

AIDET, acronym for:

Advantages of AIDET®:

Decrease anxiety with increased compliance.



- Acknowledge
- Introduce
- Duration
- Explanation
- Thank you

- Will cover more of this important information in Patient Care!

***Be sure to re-read ALL information
in the Clinical Competency
Handbook!!***



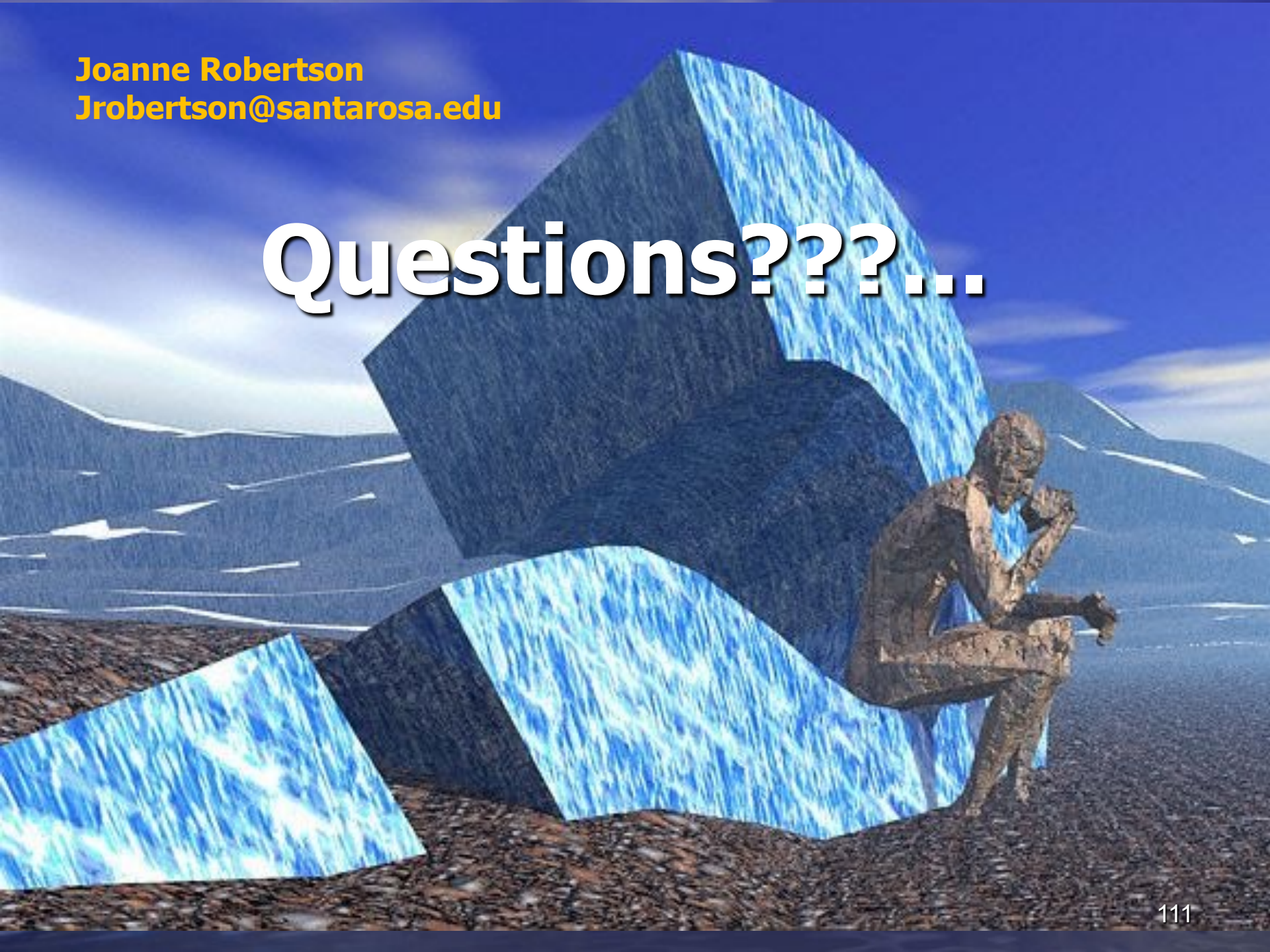


IMPORTANT DATES to calendar NOW:

- **9/7/21: First day of clinical experience (RADT71A)**
- **9/16/21: Bi-Weekly Progress Report (At end of 2nd week and every 2 weeks after that.)**

Joanne Robertson
Jrobertson@santarosa.edu

Questions???



Pep Talk...!!!

...and the end, or is it just the beginning?

