



# SRJC Clinical Instructor Training

## 2025-2026

PRESENTATION BY:

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# Outline:

- 1. Introduction to the team.
- 2. Defining the role of each team member.
- 3. Requirements to become a Clinical Instructor.
- 4. SRJC Policies and Procedures
- 5. Contact Information



## **Radiologic Technology Program**



# SRJC Faculty



Christine McLarty  
Program Director



Joanne Roberston  
Clinical Coordinator



Bonnie Patterson  
Clinical Coordinator



Keith Diehl  
Instructor/Clinical Coordinator



Janet McCann  
Instructor/Clinical Coordinator



Paul Olszewski  
Clinical Coordinator



Laura Horton  
Clinical Coordinator



## Our Purpose: To support you with training, materials and availability.

- You will be given access to this training presentation as well as in-person training as a new Clinical Instructor (CI).
- Our Student Handbook and Clinical Competency Handbook are available on our website and in *Trajecsys*.
- Our Clinical Coordinators will visit the students at your site four times per semester in the fall and spring, and two times in the summer semester.
- You will receive a newsletter two times per year.
- You will have an opportunity to collaborate with colleagues from all our clinical sites and earn CEUs once per year at our Clinical Instructor Seminar, held each Spring at SRJC.



# Your Purpose: To support students and collaborate with SRJC as our co-instructors.

- You have an opportunity to give back to your educational institution.
- You will help train students and shape them into true professionals that your facility will want to hire.
- You add a leadership role to your resume'.





# Lead Clinical Instructor:

1 or 2 Clinical Instructors chosen to have the main responsibility for students

- Final course grading
- Orientation of students
- Student counseling
- Remediation/probation w/ SRJC faculty
- And more (administrative, etc)



# Additional Clinical Instructor:

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



- Clinical competency check-offs
- 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.

# Do you have what it takes?

This is what students in our program have identified as qualities of a great clinical instructor:

- Empathy – they remember what it was like to be a student.
- Professionalism – they model the level of professionalism expected of the students including dress code, attendance, following protocols and ALARA.
- Patience – they allow students the time they need to complete exams while they are learning.
- Respectful – students have worked and studied hard. Their knowledge thus far should be acknowledged. They should never be subject to shaming or any form of verbal abuse.
- Positive and timely feedback – students want to know how they can improve and they are required to turn in their bi-weekly progress reports on time.



# Training Steps for Clinical Instructor:

1. View this presentation: 2024 Clinical Instructor Training Presentation
2. Review the current *Clinical Competency Handbook* – on website
3. Review the current *Student Handbook* – on website
4. Print these documents: *CI Training Verification* – on website
5. Complete the post-test and documents, have them signed by the Lead clinical Instructor at your site.
6. Email all documents **AND your resume** to: [cmclarty@santarosa.edu](mailto:cmclarty@santarosa.edu)
7. You will be contacted by a Clinical Coordinator and offered in-person training.

Your information will then be submitted to the JRCERT for approval. You may begin your duties as an "Additional Clinical Instructor" once you have been notified that the application is approved.

# Tasks for All Clinical Instructors:

1. Supervise students directly until competency has been achieved.
2. Evaluate students for competency by completing a Competency Evaluation.
3. Supervise students indirectly *after* competency is achieved, unless direct supervision is required for the circumstance.
4. Evaluate students by completing a Bi-Weekly Progress Report.
5. CT Techs may complete the CT Orientation Checklist.
6. OR Techs may complete the C-Arm Orientation Checklist.

**These forms are all found in *Trajecsys*. There is a separate training for this.**

# Tasks for only Lead Clinical Instructors:

1. Provide Orientation for new students and document completion in *Trajecs*ys.
2. Post Affiliated Clinical Site Approval ( sent out by SRJC in August) in department.
3. Keep student records in a locked and secure area.
4. Approve Time Sheets monthly in *Trajecs*ys.
5. Approve Log Sheets monthly in *Trajecs*ys.
6. Complete Mid-term and Final Clinical Evaluation Form in *Trajecs*ys.
7. Post a schedule of rotations for students (OR / Fluoro / CT / Angio / ER)

**These forms are all found in *Trajecs*ys. There is a separate training for this.**



# Student Clinical Assignments:

- Clinical assignments are distributed by email about 4 weeks prior to the start of the semester. (We are not allowed to post online).
- The email goes to each student, their Lead CI, and their Clinical Coordinator.
  - Clinical hours and days of the week.
  - Dates of attendance (Start and end dates).
  - Class days and hours
  - Due dates for evaluations, attendance records, etc.
- This general information will be posted in *Trajecs*ys as well.



# FERPA

## Family Educational Rights & Privacy Act

- Student information must be kept in a secured area.
- Student identification may not be shared (student ID, SSN).
- Student contact information may not be shared.
- Student grades and progress may not be shared.
- **Please do not post pictures, evaluations, grades, contact information inside or outside the x-ray department.**

# The Road to Competency:

**ARRT:** “Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education.”

1. Observe several times at the Clinical Site.
2. Practice "hands-on" under **Direct Supervision** at the Clinical Site.
3. Students may not make an exposure until they have been taught the exam and passed the competency at school.



# The Road to Competency:

4. Practice many times on patients and classmates.
5. Students request that a Clinical Instructor watch them do the exam from start to finish.
6. The Clinical Instructor must approve (check-off) the student's Clinical Competency on that exam and document it in *Trajecsys*.



# Direct Supervision

Student supervision by a *qualified radiographer* who:

- reviews the procedure in relation to the student's achievement
- evaluates the condition of the patient in relation to the student's knowledge
- is physically present during the conduct of the procedure
- reviews and approves the procedure and/or image.

# Direct Supervision

Students must be directly supervised until competency is achieved. (Checkoff at clinical site.)

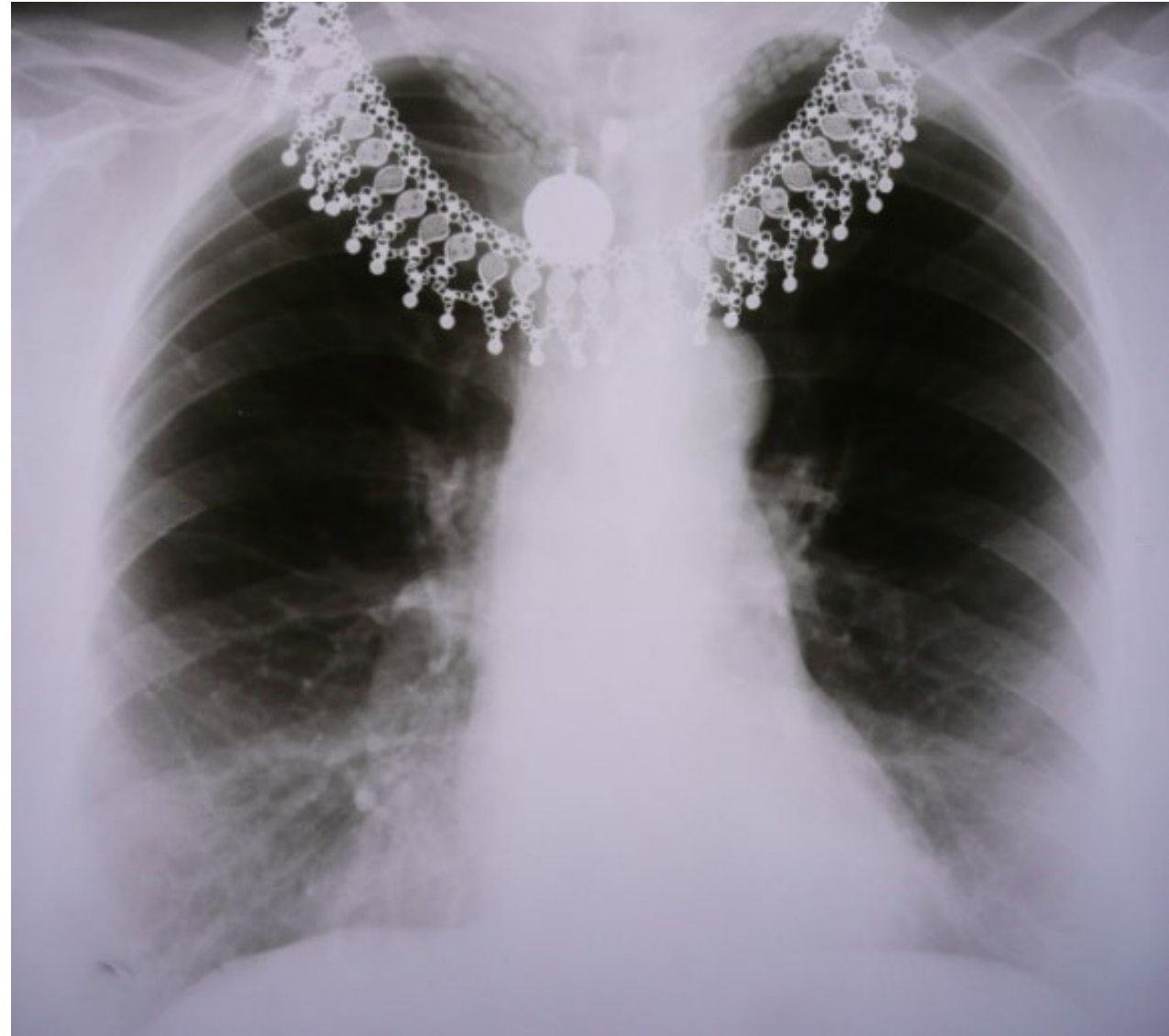




# REPEATS

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

**It is the law!**



# More on Competencies

- Complete list is defined by the ARRT
- Minimum number is required for ARRT eligibility
- Complete by end training
  - Mandatory: ALL 36 exams needed
  - Electives: Need 15 of 34 exams listed
    - ❖ 1 from head section
    - ❖ 2 from fluoroscopic studies
- Other: 10 patient-care activities completed in campus labs.

# More on Competencies

- Students must request a Competency Evaluation.
- Only Lead CI or Additional CI can complete a Comp Eval.
- Students will be evaluated from start to finish on these items:

<b>Patient identity verification</b>	<b>Technique Selection</b>
<b>Examination order verification</b>	<b>Patient positioning</b>
<b>Patient assessment, history, education and care.</b>	<b>Radiation Safety – principles, shielding, markers, protecting personnel &amp; others</b>
<b>Room Preparation</b>	<b>Image processing and evaluation</b>
<b>Equipment Operation</b>	



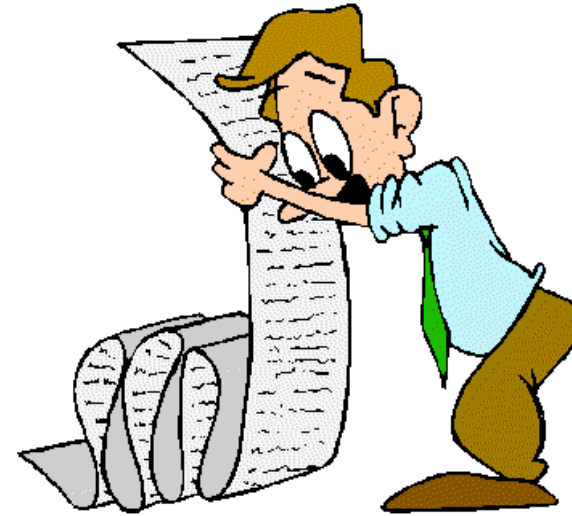
# More on Competencies

- Students must pass with 2 or fewer minor modifications.
- CI must document in *Trajecsys*.
- Now students may perform this procedure with Indirect Supervision.
- IMPORTANT! – Students must be directly supervised in all of the following situations, regardless of their level of training.

All repeat images.  
All exams on pediatric pts. (under 18).  
All portable exams.  
All fluoroscopy exams.  
All surgical exams.

# 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)...

# Supervision during patient transport:

- Students may only transport patients to and from the Emergency Room when a Radiologic Technologist or other qualified hospital employee is present.
- First-year students may not transport patients from the waiting room who need the assistance of a wheelchair without direct supervision of a Radiologic Technologist or other qualified hospital employee.



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# Competency Re-checks

**In order to meet the minimum # of Mandatory and Elective Competencies, a student may re-check on a competency already completed:**

- 1<sup>st</sup> semester - 3 Mandatory competencies are required.
- 2<sup>nd</sup> semester – 7 Mandatory and 3 Electives are required.
- If a student gets to the end of the second semester and only has 6 new Mandatory competencies done – they can re-check on one they did last semester to meet the minimum.
- Students may re-check a competency up to 4 times.

# Simulated Competencies

## ARRT definition:

- Completion of all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient, without activating the x-ray beam.
- Must be performed under the direct observation of the Program Director or designee (ACI or LCI).
- 10 simulated check-offs are allowed.





# Evaluations

## **Bi-Weekly Progress Reports:**

- Student requests for one to be completed every 2 weeks.
- They will request them verbally and by email and give you the due date.
- Students may request one from *any* qualified radiographer.
- In Fall and Spring, 1 Bi-weekly must be completed by LCIs, in addition to the Mid-term Progress Report and Final Evaluation.
- Bi-Weekly Progress Reports are completed in *Trajecsys*.

# Evaluations

## Bi-Weekly Progress Reports:

- Bi-Weekly Progress Reports can be viewed by students, by the tech who wrote it, the LCIs, and faculty.
- Students are evaluated on the following categories:

<b>Patient Care</b>	<b>Critical Thinking and Adaptability</b>
<b>Communication Skills</b>	<b>Accountability</b>
<b>Professionalism and Ethics</b>	<b>Radiation Protection</b>
<b>Equipment Handling</b>	<b>Organization</b>
<b>Positioning Skills</b>	<b>Sensitivity and Understanding</b>

# Assessing Radiation Protection

## **Bi-Weekly Progress Reports:**

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.

## **Competency Evaluation:**

RADIATION SAFETY – principles, shielding, marker placement, protecting personnel and others.

**When assessing students on radiation protection – do NOT mark the student down for shielding, even if your site does not shield.**

IF IT'S NOT  
DOCUMENTED  
IT DIDN'T  
*Happen*

# Due Process

**Evaluations are the *first step* in documenting due process!**

- We work as a team to help students improve and correct problems.
- EVERYONE is responsible for documentation.
- The Bi-Weekly Progress Report is your tool to notify the LCI and faculty that the student needs our help.



# Due Process

## Evaluations are the *first step* in documenting due process!

- When you notice an area in which a student needs to improve, please bring it to their/our attention *immediately*.
- Do not wait until the student asks for a Bi-Weekly Progress Report. You can fill one out any time.
- Talk to the student, listen to the student. There may be something you can do to help.
- When you notice improvement, please complete another Bi-Weekly Progress Report so that the LCI is aware that the student has made the correction.

# Attendance Policy

## **Clinical Calendar posted on *Trajecs*ys.**

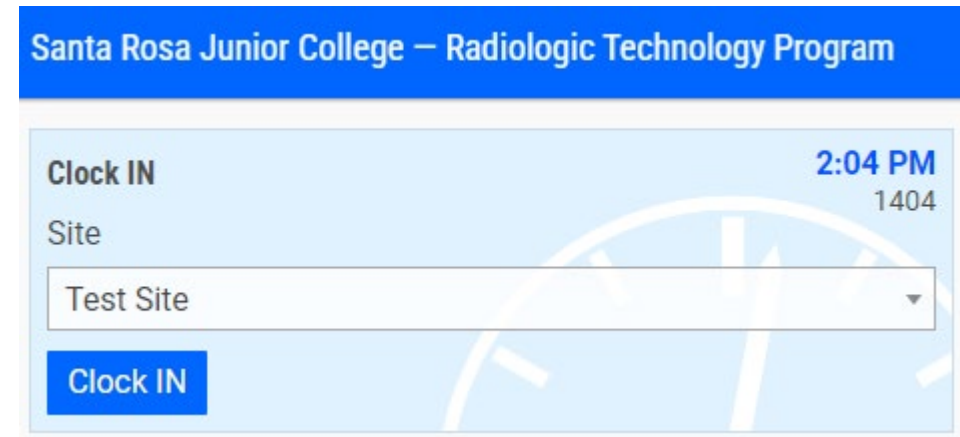
- Start and end dates and holidays.
- Tuesday and Thursday – first-year
- Monday, Wednesday, Friday – second-year
- 9 hours each day
- Does not include a mandatory ½ hour lunch
- Does include a 10 minute break in am and pm

# Attendance Policy

**Students must clock in and clock out on *Trajecsys*.**

Use department computer

- Upon arrival
- Leaving for lunch
- Returning from lunch
- Leaving for the day



The screenshot shows the Trajecsys web interface. At the top is a blue header with the text "Santa Rosa Junior College – Radiologic Technology Program". Below this is a light blue box containing the "Clock IN" section. In the top right corner of this box, the time "2:04 PM" and the number "1404" are displayed. Below the time, the word "Site" is followed by a dropdown menu currently showing "Test Site". At the bottom left of the box is a blue button labeled "Clock IN".

# Attendance Policy

## **Banked hours:**

- Earn up to 1 banked hour per shift – max 10 hour shift
- Must be used for illness or other approved emergency
- If students don't have hours banked, they will have to make up missed hours on Saturdays.
- Extras (up to 50) may be used in final summer semester to study for ARRT exam.

# Attendance Policy

## When students are absent:

- They must call: X-ray department.
- They also must email:
  - Lead CI
  - Clinical Coordinator
  - Professor McLarty





# Dress Code

## Defined in the Student Handbook:

- UNIFORMS Class of 2027: Uniforms will be purchased at a local uniform shop and be embroidered with the SRJC logo.
- WARM-UP JACKET: If student is wearing hospital OR scrubs outside of the OR they must wear their SRJC warm-up jacket with embroidered logo.
- NAILS: Based on CDC and WHO guidelines, no acrylic, gel or artificial nails allowed.
- EYELASHES: To ensure effective infection control and patient safety, false eyelashes or similar products may not be worn in skills labs or clinical agencies.
- TATOOS: If visible, tattoos should be covered while in class or lab. Students will follow clinical facility policy regarding tattoos.
- SHOES, SOCKS, UNDERSHIRTS: Grey, black, white.
- No sweatshirts or sweaters.

This dress code applies to on-campus classes/labs and clinical sites. It will be enforced by your Lead Clinical Instructors. If students do not comply it should be noted on their Bi-weekly Progress Reports and Final Clinical Evaluation.



**Note: Long hair  
must be worn  
up at the  
clinical site  
and in lab.**

# Injuries



## If students are injured at the clinical site:

- They must report it to the supervisor or LCI immediately.
- Supervisor or LCI will guide students through the **site** reporting policy.
- Student and LCI must **call the Program Director** immediately.
- Student must meet with the Program Director within 24 hours to complete an incident report form.
- Students are covered by SRJC Worker's Comp which requires notification within 24 hours of the occurrence.

# 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.).



Notify SRJC FACULTY right away! Please call the Program Director and leave a message if no answer.



# Clinical Coordinator Visits

## What are the purposes of a clinical visit?

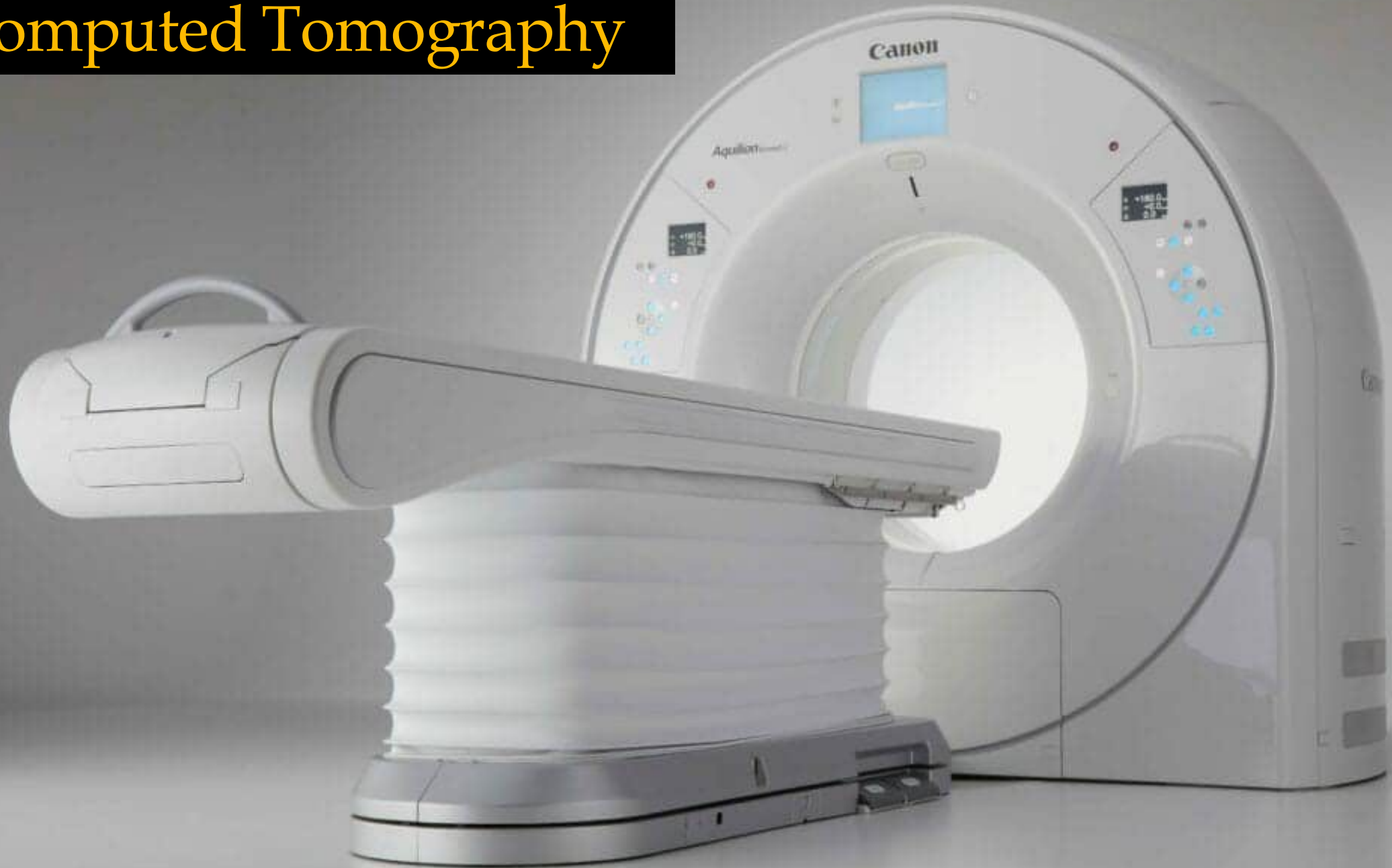
Clinical Coordinator will email student and LCI with the appointment time and date. **Students must confirm this appointment.**

Students should remind the LCI about the appointment and arrange for a meeting spot. They will need access to a department computer for Image Analysis. Students may also be asked to have their laptop for access to *Trajecs*ys.

- Check on conditions at the clinical site
- Check on student progress at the clinical site
- Check on student's overall progress in the program
- Check on student's physical and mental well-being
- Provide advisement/counseling
- Provide additional/remedial education



# Computed Tomography

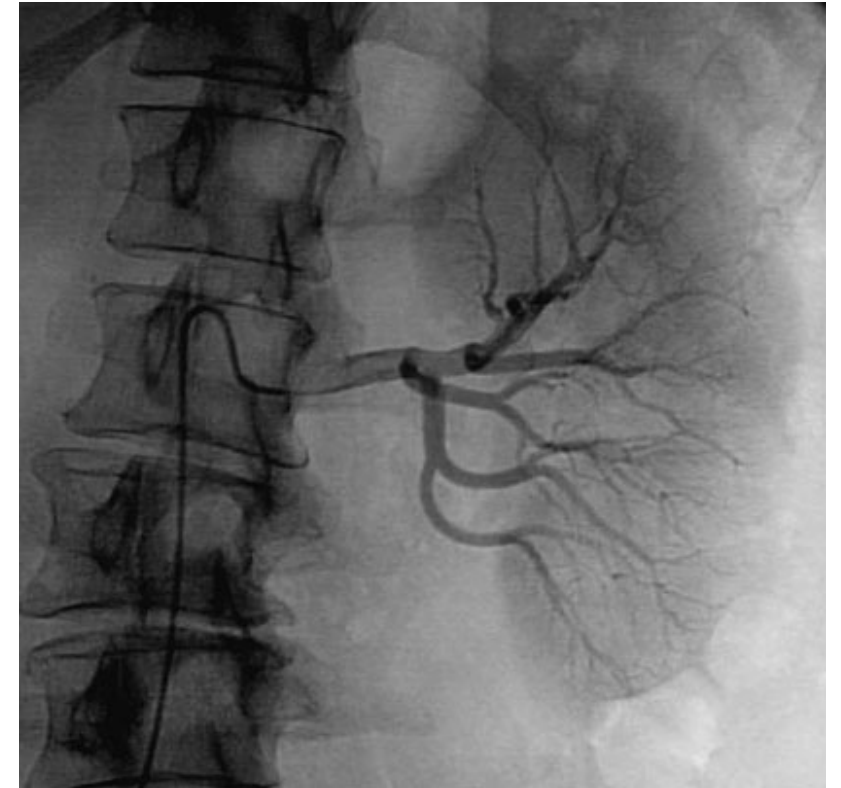


# CT Rotations

- Students will have a 2 week rotation in CT during the first semester of their second year.
- Rotation may take place at their assigned clinical site or elsewhere if CT is not available at their site.
- Also, during that semester students will be provided with CT learning modules to supplement the rotation.
- Upon completion – students will have the CT Orientation Checklist completed by a CI in *Trajecs*ys. Page #18 in the CCH.

# Angiography / Cath Lab Rotations

- Part of student training at available sites.
- Any time after the first semester.
- One to three days.
- Observation only.



# Surgery / Operating Room

- Any technologist may complete the C-Arm Orientation checklist in *Trajecsys*.
- This should be done at every new clinical site before the students goes into the OR.





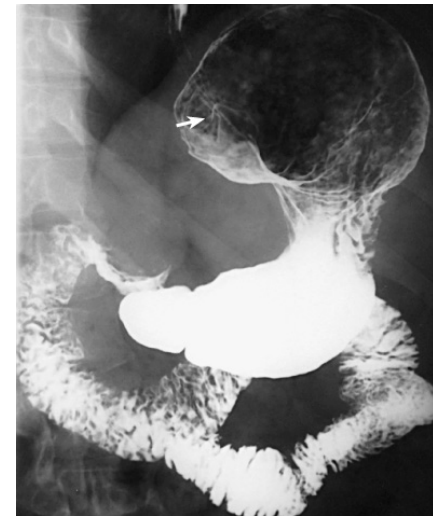
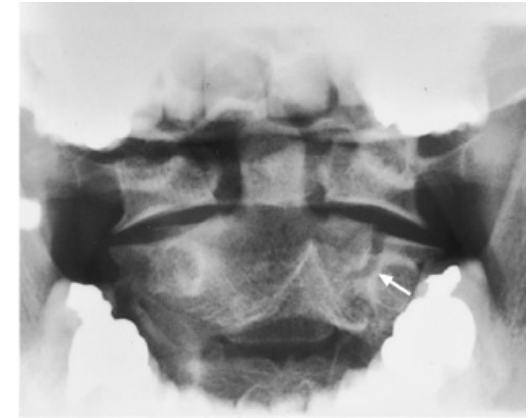
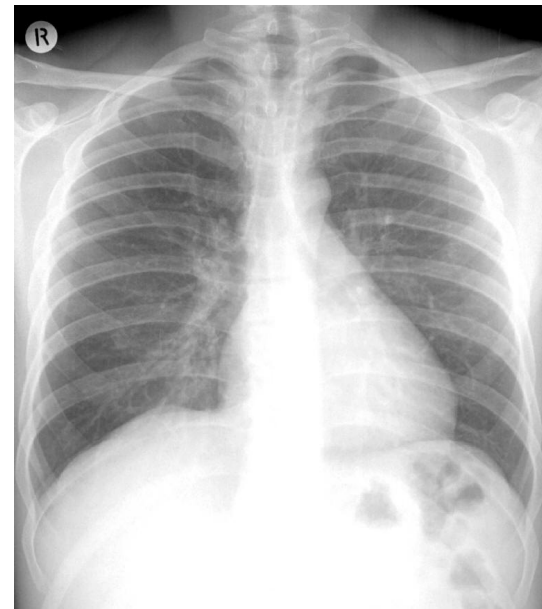
# Use of portables and fluoroscopy-

- Part of student training at available sites.
- State of California requires 40 hours of fluoroscopy experience.
- All portables and fluoroscopy exams are under **direct supervision** regardless of the student's level of training.



# Image Analysis

- All techs provide per exam
- LCI provides weekly
- 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!!!

All repeats must be directly supervised – meaning a technologist is in the room.



# Saving requisitions...

- those exams of which students are proud!
- or those for which students have questions!
- all competencies.
- all repeats.



Please provide a space in the department for each student to keep a file with requisitions they want to share with their CC at their next meeting.

# Mid-Term Clinical Evaluations

## Completed in *Trajecsys* by the Lead Clinical Instructor Only:

- Is exactly the same as the Bi-Weekly Progress Report.
- This form must be completed in the 8<sup>th</sup> – 9<sup>th</sup> week of the student's clinical experience. You will receive an email reminder when it is due.
- Add comments in each of the objective areas.
- Evaluate the student based on your interactions, *and* evaluations from others who have interacted with this student so far in the semester. This evaluation will help faculty and the student know the specific areas where they are meeting or exceeding expectations as well as areas in which they need to improve before the end of the semester.
- Add general comments at the bottom.
- Tell the student you have completed the form and discuss your comments with them.
- If you are interrupted while completing this form, check the - Check to complete later, then click "Submit" - box on the bottom left of the form.
- The Mid-Term Clinical Evaluation can be viewed by the student, LCIs and SRJC Faculty.

# Grading Policy

**The following grading scale applies to all clinical experience courses.**

95 - 100% = A

85 - 94% = B

75 - 84% = C

70 - 74% = D

Below 70% = F

**Students must maintain a "C" or higher grade in each radiologic technology course at end of semester in order to continue in the program.**

# Grading Policy

**Students need to achieve **ALL** of the following to pass the course:**

1. At minimum score of 75% as a total grade on the Final Clinical Evaluation Form
2. No less than 7.5 points in each of the categories on the Final Clinical Evaluation Form
3. Complete at least the minimum number of specified Mandatory and Elective Competency semester check-offs. Complete at least the minimum number of required clinical hours during each semester.

# Final Clinical Evaluations

## Completed in *Trajecs* by the Lead Clinical Instructor Only:

- Is exactly the same as the Bi-Weekly Progress Reports except that each category gets a score of 7.5 – 10.0.
- Add comments in each area.
- LCIs should discuss this Evaluation with the Student in person.
- Students who receive an overall final grade that is lower than 75% on the final clinical evaluation form, or a failure in **any one or more of the 10 areas** on the Final Clinical Evaluation will fail the course and subsequently be dropped from the program.



# Special Circumstances

**You may encounter special circumstances or serious situations with your students. Please ensure the student's safety then consult with faculty:**

- Involvement of Human Resources
- Involvement of Police
- Sexual Harassment
- Bullying
- Substance use/abuse
- Injury
- Excessive exposure reporting (SRJC has a form)

# Special Circumstances

## What is the first step?

- Call the Program Director or Clinical Coordinator!
- Students can not be relied on to report serious situations.
- We want to represent our students in any of these situations and be well-informed.

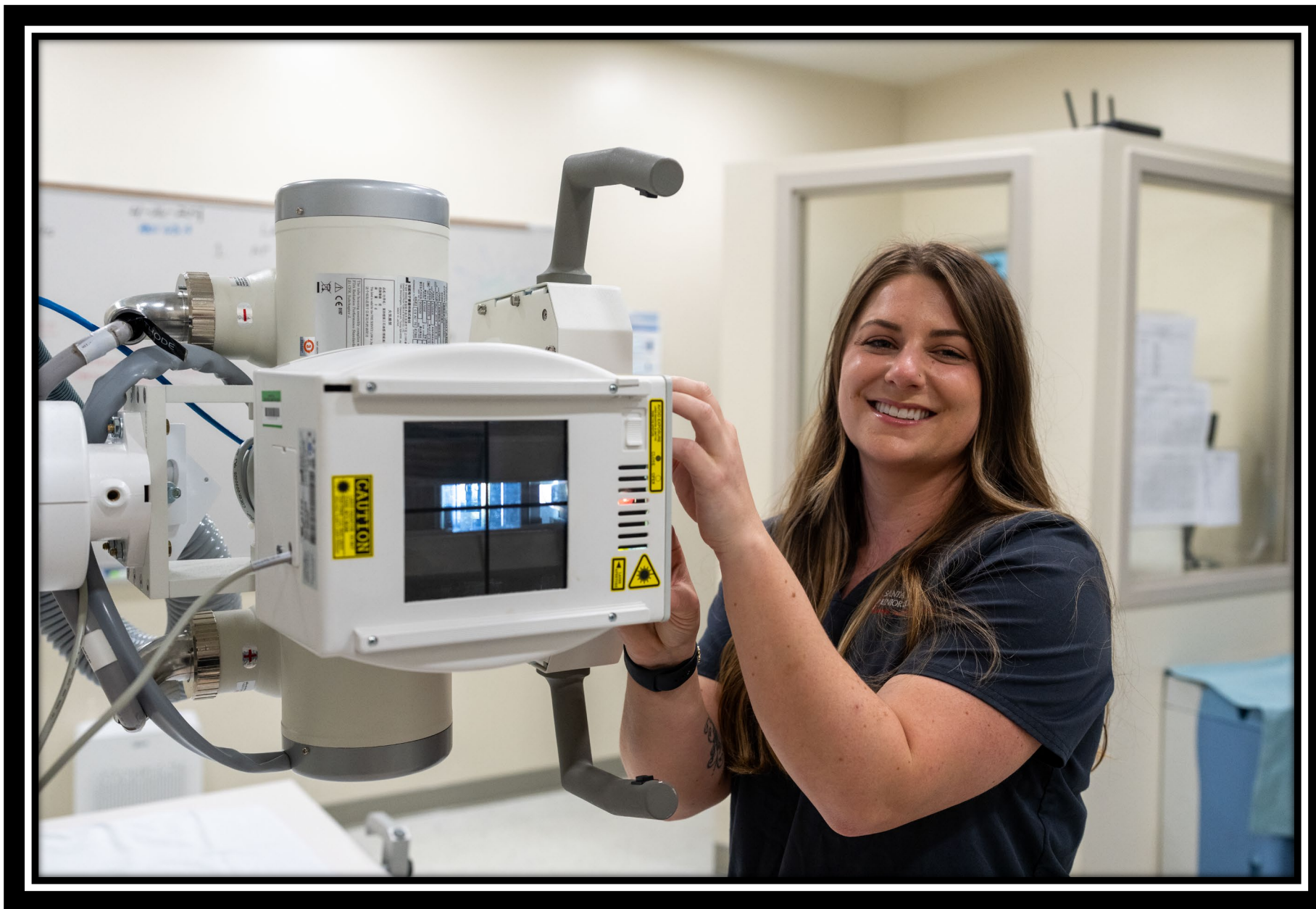
**We will all work together as a team to assist you and the students in these situations!**

# Contact Information



Christine McLarty, M.S. RIS, RT(R)(CT)  
Interim Program Director  
(707) 527-4920  
Email: [cmclarty@santarosa.edu](mailto:cmclarty@santarosa.edu)

All Faculty contact information can be found on  
our website at [radtech.santarosa.edu](http://radtech.santarosa.edu).



Thank  
you!