

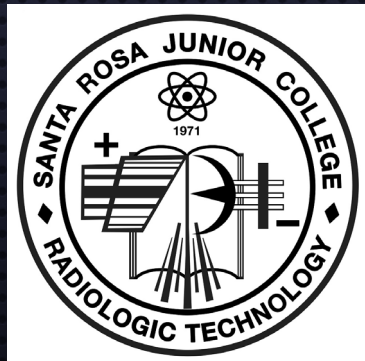
“The Clinical Grading Process from A to Z”


The Supervision and Evaluation of Students

JOANNE ROBERTSON, BS, RT(R)(M), ARRT, CRT

CHRISTINE McLARTY, BA, RT(R)(CT), ARRT, CRT

RAD TECH FACULTY AND LEAD CLINICAL COORDINATORS



A dramatic landscape photograph featuring a sunset or sunrise. The sky is filled with large, textured clouds that are illuminated from below by the sun, creating a warm glow of orange and yellow. The sun itself is partially visible on the right side of the frame, casting a bright light. In the background, a range of mountains is visible, with some peaks partially obscured by low-hanging clouds. The foreground is dominated by the dark, silhouetted shapes of trees and foliage, which are mostly in shadow, contrasting with the bright sky.

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



We are a team!

Students

Clinical Instructors

Department Managers

Rad Tech Staff

**Santa Rosa Junior
College Faculty**

Clinical Coordinators

SRJC CLINICAL COORDINATORS

Christine McLarty



Paul Olszewski



Bonnie Patterson



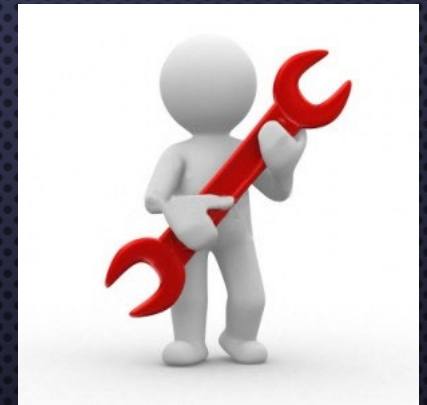
Joanne Robertson



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 Clinical Instructors (CIs)
- Regular CI meetings—updates
- Online access to this presentation to train your staff
- Online access to all RT program materials



DEFINITIONS:

Levels of Clinical Instructors

- Two types of Clinical Instructors at each clinical site

Lead Clinical Instructor

Additional Clinical Instructor

LEAD CLINICAL INSTRUCTOR

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

Some of the things 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 Joint Review Committee on Education in Radiologic Technology (JRCERT):

1. Initial orientation (A to Z) presentation = 3 hours.
Given by SRJC faculty member in person - for new Lead CIs only.
2. For annual re-certification, presentation can be viewed online. CEUs may be available.
3. Refer to document entitled "Clinical Grading A to Z Handout" as a narrative to support the presentation

LEAD CLINICAL INSTRUCTOR STEPS FOR TRAINING & APPROVAL BY JRCERT (Continued)

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 procedure information is located there as well...

LEAD CLINICAL INSTRUCTOR STEPS FOR TRAINING & APPROVAL BY JRCERT (CONTINUED)...

5. A Post-Test is administered during this training
6. Applicant submits a Curriculum Vitae 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 (CONTINUED)...

9. Annual re-certification occurs
 - Take & submit another post-test
 - Verify answers
 - Re-read 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 event
 - CEUs are given for attendance

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

ALL THINGS FOR SRJC RT PROGRAM CAN
BE FOUND HERE....

ADDITIONAL CLINICAL INSTRUCTOR

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

TRAINING STEPS FOR THE ADDITIONAL CLINICAL INSTRUCTOR:

Steps to Train Additional Clinical Instructors



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. It is estimated that the below activities will take approximately 3 to 4 hours to complete, including the creation and submission of documentation for JRCERT approval as a Clinical Instructor.

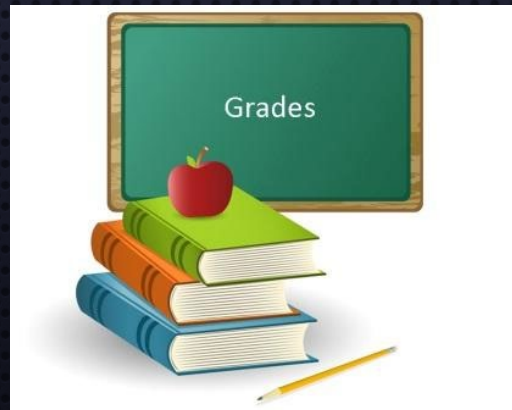
1. Go to "On-Demand Resources for CIs" for the links referenced below: <https://radtech.santarosa.edu/demand-resources-clinical-instructor>
2. Watch the PowerPoint presentation: "Clinical Grading Processes A to Z Presentation" and look at notes at bottom of each slide. (Use the link found on the "On-Demand Resources for Clinical Instructor" page as in #1 above.)
3. Read "Clinical Grading A to Z" document.
https://radtech.santarosa.edu/sites/radtech.santarosa.edu/files/documents/Clinical%20Grading%20A%20to%20Z%20Handout_SRJC_6-3-18_0.pdf
4. Take "Post-Test A to Z" by filling in Pages 1 and 2 and circle the answer that you feel is the most appropriate. It is an open-book test for you to learn from and the answers are on page 3.
5. Scan Pages 1 and 2 of "Post-Test A to Z" (first making sure that your name, date, and your place of employment is written in at the top of Page 1). If you can, convert the document to a PDF. Email Pages 1 and 2 as a PDF to the Lead Clinical Coordinator at cmclarty@santarosa.edu and keep a copy for your own records.
6. 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 Christine McLarty, Lead Clinical Coordinator, cmclarty@santarosa.edu and keep a copy for your own records.
7. 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/>
8. 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.)**
9. Scan and submit your CV to Christine McLarty, cmclarty@santarosa.edu. Christine 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, Christine will notify you when you have received approval and your name will show as a Clinical Instructor for SRJC on the JRCERT Website. You can then add this title to your resume.
10. Complete the "Authorized Technologist & CI Signature Verification Form" and email it to Christine at cmclarty@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/documents/Authorized%20Signatures.pdf>
11. 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

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...?



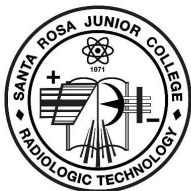
STUDENT ORIENTATION

An important “first step”...



- Familiarize the student with the policies and procedures of the clinical education center.
- Use “Student Orientation to the Clinical Facilities” guidelines (See *Clinical Competency Handbook for list...*)

STUDENT ORIENTATION



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 Department, Intensive Care and Pediatrics. It is the responsibility of the clinical instructor to provide this orientation either personally or by arrangement. In addition to orientation to the department policies and procedures, orientation will include fundamental operating instructions of the x-ray rooms, fluoroscopy rooms, C-arms and mobile equipment commonly used by students.

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 & keep a copy for your records.

Student: Keep a copy of this form and submit a copy to the program director.

Clinical Site

Clinical Instructor Signature

Date

Student Signature

Date

Room or equipment number	Orientation complete	Comments

Submit the signed original to college officials

Orientation will 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. Typical operation of department R&F rooms, mobile units & C-arms Documented on front page. Common names for rooms OK i.e. Room 1, Portable 3.
8. Ancillary Equipment and Supplies: location of grids, contrast media, immobilization devices, protective aprons/devices, emergency cart, linens.
9. Accessory Items: needles, syringes, tourniquets, I.V. tubing, emesis basins, bandaging material, gloves, oxygen and suction accessories.
10. Introduction to Key Personnel: radiologist(s), administrative personnel, staff technologists, and ancillary staff.
11. Student Assignments and Information: postings, posted student schedule, reject images for analysis, weekend /evening policy, assignments and expectations.
12. Orientation to Department: routines, patient transportation, procedure manual, equipment operation, exam requisitions.
13. Department Radiation Protection Plan: reports, violation, reporting hierarchy.
14. Communications During Clinical Assignment: emergency contact, outside phone calls, use of cell phone, visiting patients, contacting other students.
15. Hospital Information: history, bed capacity, HIPAA program.
16. Hospital Tour: OR, ICU, CCU, orthopedic clinic, women's center, and other ancillary departments, etc...
17. PACS / RIS: student access code and privileges.
18. Positioning protocol book or resource: All body parts and fluoroscopy exams.

Submit the signed original to college officials

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Review your organization's policies with
students!

As part of the student orientation process.

REINFORCING AIDET WITH STUDENTS:

A	Acknowledge	<i>Increase safety</i>
I	Introduce	<i>Increase trust</i>
D	Duration	<i>Decrease anxiety</i>
E	Explanation	<i>Increase compliance</i>
T	Thank you	<i>Increase loyalty</i>

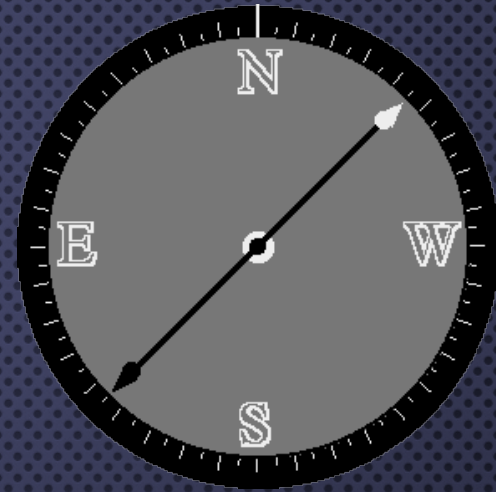
STAFF ORIENTATION

- 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” presentation 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/](https://radtech.santarosa.edu/)

STAFF ORIENTATION

- Post the Clinical Evaluation Forms, WITH clinical objectives, Progress Reports, due dates, students' FIRST names, 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!!

BI-WEEKLY PROGRESS REPORTS

- Student must submit a minimum of one Bi-Weekly Progress Report every two weeks
- May be filled out by any of the supervising RTs, but also must be filled out by the Lead CI at least 2 times
- Encourage the staff to write comments in the space provided—this is the feedback to the students...

BI-WEEKLY PROGRESS REPORTS

- Discuss each Bi-weekly Progress Report with the student
- Allow student to make written comments on the form
- Give the student a COPY of each Bi-weekly Progress Report
- File the ORIGINAL in a secured (locked!) location in the student's file
- For how long?... Until the student graduates!

BI-WEEKLY PROGRESS REPORT CORRELATES WITH

- Course objectives
- Final Clinical Evaluation Form which determines grades

10 Categories

Bi-Weekly Progress report for:		Clinical Site:	
Date:		<i>Please rate student based on level of training.</i>	
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

NEED HELP WRITING COMMENTS?

- The back side of the Bi-weekly Progress Report details the 10 categories. Tie your comments to one of these statements.
- This creates an objective comment that helps the Lead CI with grading.

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.

GRADING CONSEQUENCES FOR STUDENTS

- Less than 75% in ANY area = remediation and/or probation, or potentially dismissal
- 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?.

GRADING DO'S...

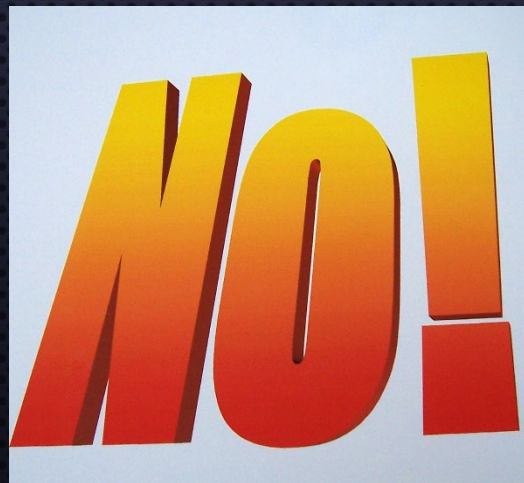


- Create an objective evaluation of the student's performance
 - NO guesswork or subjective opinions!
 - Use the data from all of the Progress Reports matched against the criteria list on the Clinical Evaluation Form (aka: the course objectives)
 - Should reflect Progress Reports from more than one R.T.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

GRADING DON'TS...

“I think that student is a “B” student.”

This is a subjective opinion—not based on substantive data from Progress Reports AND course objectives.



Keep a copy or tell Lead CI about your comments

STUDENTS HAVE BEEN KNOWN TO DISCARD AN UNFAVORABLE PROGRESS REPORT!!

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



DOCUMENTATION

“If it wasn’t documented, it didn’t happen.”

- Use anecdotal notes to record behavior and/or performance problems.
- Date and put in the student’s file...or...
- Complete a Bi-weekly Progress Report (Can be done as frequently as necessary)



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.)

Complete a
**RECORD OF
STUDENT
CONFERENCE
FORM**

DUE PROCESS



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

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



- 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.

THE CLINICAL EVALUATION FORM

Completed by Lead
CI at end of
semester

Correlates with:

- Course Objectives
- Progress Reports

10 Categories

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

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
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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. 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 _____

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

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 as described in the Progress Reports...

(Continued on next slide...)

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

<p>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</p>	<p>Clinical Instructor Comments:</p> <p>Clinical Instructor Name & 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. 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. 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. 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. 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. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	<p>Student Comments:</p> <p>Student 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. 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>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</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. 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. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL</p>	<p>Program Director Comments:</p> <p>Program Director Signature _____ Date _____</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**

HOW TO COMPLETE THE CLINICAL EVALUATION FORM...

- Please write comments!
 - Total up the points and write on line provided
 - Add your signature and date.
- (Continued on next slide...)*

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

<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>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>Student Comments:</p> <p>_____ Student Signature Date</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>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>Clinical Coordinator Comments:</p> <p>_____ Clinical Coordinator Signature Date</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>Program Director Comments:</p> <p>_____ Program Director Signature Date</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**

HOW TO COMPLETE THE CLINICAL EVALUATION FORM

- 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 student.

CLINICAL COURSE GRADE

Clinical Evaluation Form percentage determines grade,
BUT

Student only receives a passing grade IF:

- (1) minimum hours are done
- (2) specified competencies are done

***Course grade is computed
on campus.***



COMPETENCY CHECK-OFFS



- American Registry of Radiologic Technologists (ARRT) requires minimum # and type
- Forms are in Appendix of *Clinical Competency Handbook* and on ARRT Website:
 - [ARRT Competency requirement 2017](#)
- ONLY the Lead CIs or Additional CIs may sign off
 - They have had instruction in evaluating students
 - They are approved and on record with the JRCERT
 - Signatures on record with Program Director (Authorized Signature Form).

ARRT ELIGIBILITY REQUIREMENTS

- Mandatory (37 minimum)
- Elective (15 minimum of 34 choices)
 - 1 from head section
 - 2 from fluoro studies with either UGI or BE
- Eight may be simulated
- Patient Care (10 minimum)

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			1	2
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



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
ERC/P	E			1	2
Myelography	E			1	2
Arthrography	E			1	2
Hysterosalpingogram	E			1	2
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		

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 required for course completion, and who is using exams on which the student has previously completed a check-off.

DAILY PROCEDURE LOGS

- To document each student's clinical experiences
- Student is to keep these accurate hourly!
- RT to sign in right column, but can “arrow down” if there are a number of supervised exams in a row...
- The RT should sign full name and print it every couple of pages for verification by JRCERT.

DAILY PROCEDURE LOGS

- Repeats (and reasons) to be logged
- California Radiologic Health Branch requires 40 hours of documented clinical experience in fluoroscopy

Student Name Super StudentClinical Education Center Taco Bellvue HospitalSemester (check one): 1. ☒ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐

Date	Pt. ID	Name of Exam/Procedure	Rm. or equip #	Fluoro: Exam Time	D / I	# & reason for repeats	Supervising RT (PRINT PLEASE)	Signature of RT (CRT/permit # for fluoro)
9/18/21	2681014	Lt. Hand	Port.		D	⊖	Susan B. Anthony	S. Anthony
↓	78654321	Rt. Knee	2		D	⊖	Susan	↓
↓	2674399	CXR	1		D	⊖	Susan	↓
9/20/21	5248320	Barium Swallow	3	30min	D	⊖	Jeff Doe	Jeff Doe #86000159
	7943826	CXR	1		D	⊖	Jeff	↓
	8994011	Rt. Hip	2		D	Collimation 1	Jeff	↓
	2468024	Upper GI	3	20min	D	⊖	Jeff	Jeff Doe #86000159
9/23/21	6130592	CXR	Port		D	⊖	Sally Mae	S. Mae
	0395441	CXR	Port		D	⊖	Sally	↓
	0386299	CXR	Port		D	⊖	Sally	↓
	1277453	CXR	Port		D	⊖	Sally	↓
	395660	Lumbar Puncture	3	45min	D	⊖	Jeff Doe	Jeff Doe #86000159
10/5/21	2188952	Nasal bones	2		D	⊖	Susan	S. Mae
	7954913	Lt. Wrist	Port		D	⊖	Susan	↓
	216437	Lt. Finger	Port		D	⊖	Susan	↓
	561234	Lt. Elbow	Port		D	⊖	Susan	↓
10/7/21	3925440	CXR	1		D	⊖	Mark Cool	M. Cool

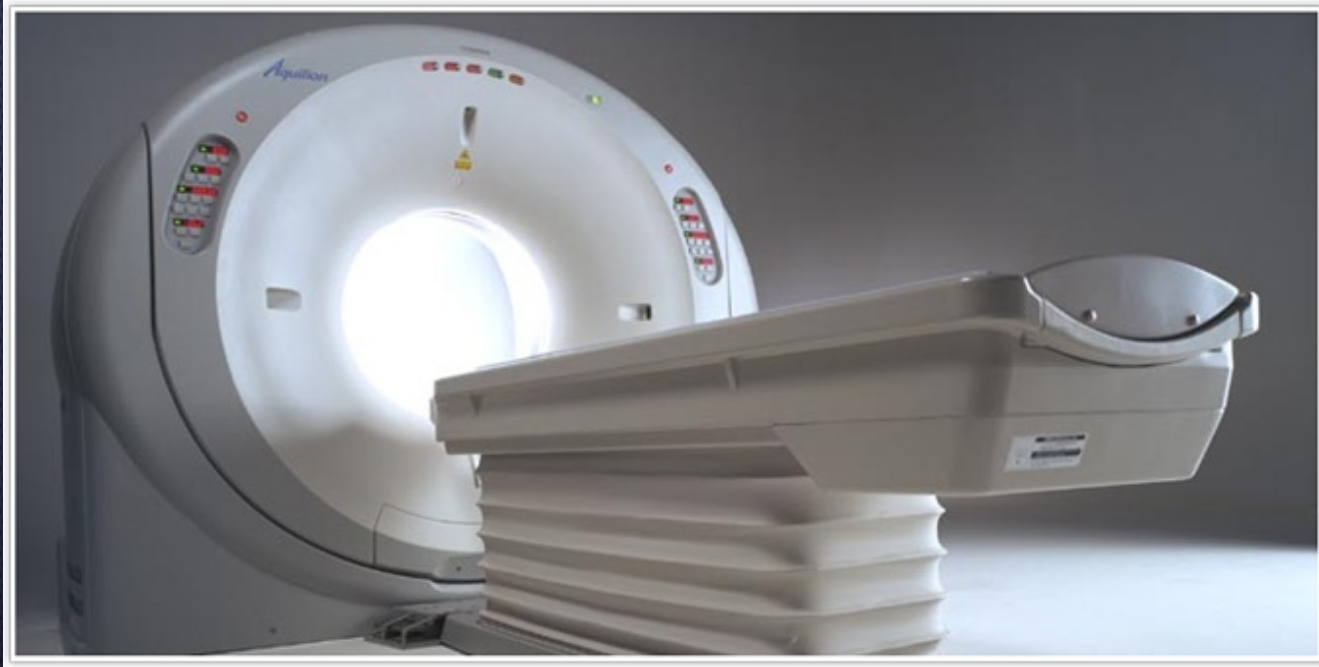
45min
Total

* Highlight all fluoro exams
 Include CRT permit #
 Include time (duration) of exam

SPECIAL ROTATION EVALUATIONS

- Students should have rotations in specialized areas
- Customized evaluations are used for:
 - Computed Tomography rotation
 - Operating Room & C-arm use

CT ROTATION...



CT and x-sectional anatomy in RADT 66

Two weeks of clinical experience

Use "CT Orientation Documentation" form.

CT 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.

1. Student has basic knowledge of common examinations:

	Completed	N/A
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 C-ARM ROTATION

**C-Arm Orientation
Checklist is used**



C-ARM ORIENTATION

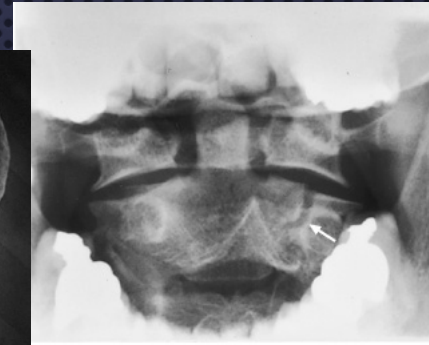
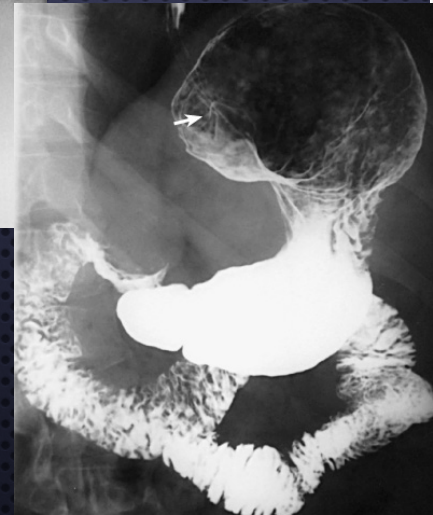
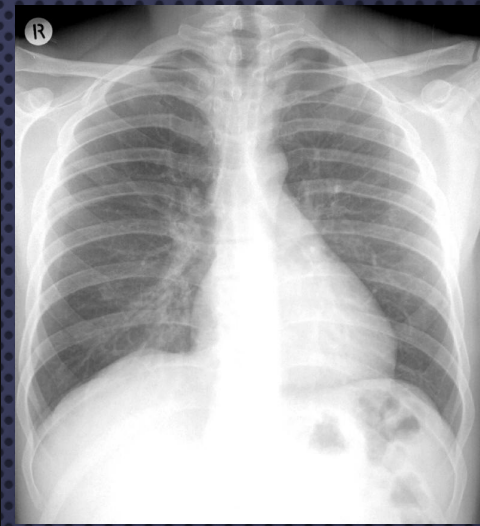
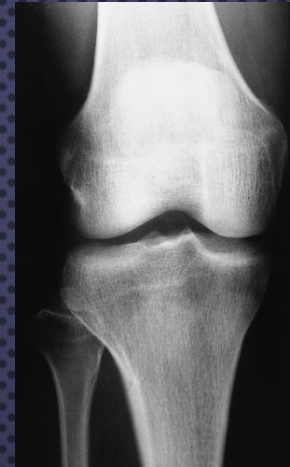
C-Arm Orientation Checklist

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**

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:

FIRST: ON CAMPUS!

- 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

THE STEPS IN ORDER:

SECOND: AT CLINICAL SITE!

- 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.

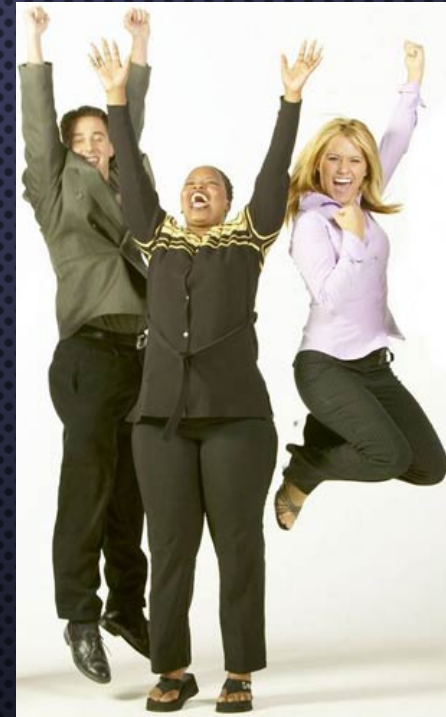
INDIRECT SUPERVISION



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

INDIRECT SUPERVISION PROCESS

1. RT reviews procedure request and ascertains whether the student is capable of performing the exam independently on that patient
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

- If patient or personnel **safety** is in question
- During **ALL REPEATS**
- In all **remote locations**, such as in the OR, CT, Emergency Department, angiographic facilities, portables, and fluoroscopy, to name a few
- **All 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 in advance when absent or late.

DAILY ATTENDANCE RECORDS

- Lead CI and/or Additional 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.

***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).

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!.

POST THE JRCERT NOTICE TOO!



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.

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.

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

Christine McLarty
SSRRH, PV

Paul Olszewski
KSR, MG, MH, MHOP

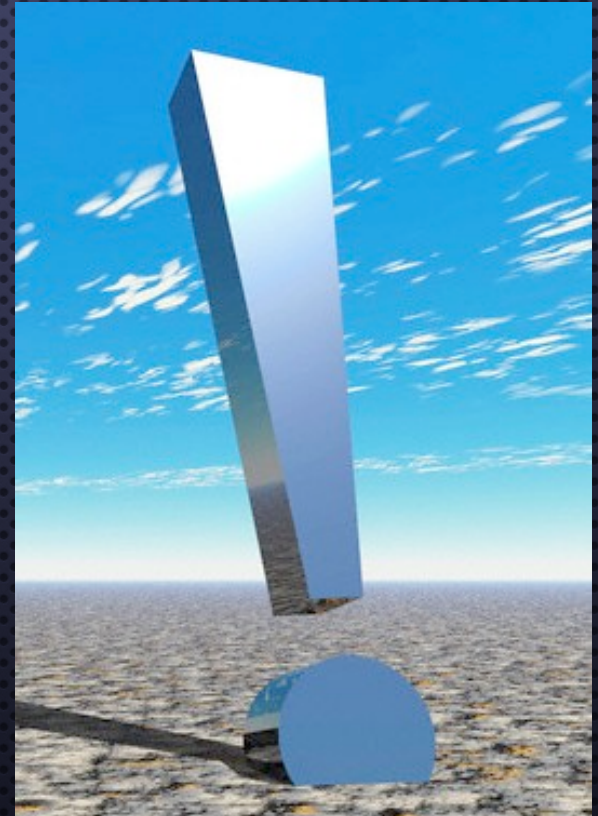
Joanne Robertson
AHC, AHH, AHS, AHU,
HDH, NC, QV, SL, SV

WHAT IS FERPA?

- [HTTP://WWW2.ED.GOV/POLICY/GEN/GUID/FPCO/
/FERPA/INDEX.HTML](http://www2.ed.gov/policy/gen/guid/fpcO/ferpa/index.html)
- THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) (20 U.S.C. § 1232G; 34 CFR PART 99) Is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of education.

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
RT Program Director:**

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

The End!!

