Santa Rosa Junior College

RADIOLOGIC TECHNOLOGY PROGRAM

"The Clinical Grading Process from A to Z"

Guidelines for Clinical Instructors and Staff in the Supervision and Evaluation of Students

Lead Clinical Instructor Responsibility

It is critical to remember that the determination of a student's grade is an official process and one with legal ramifications. Although the Radiologic Technology Program's Clinical Coordinator is ultimately responsible for grading the students, it is done with complete reliance on the judgment of the Lead Clinical Instructor, the direct supervisor during the student's clinical experience. The Lead Clinical Instructor must give careful consideration before circling a number on the "Clinical Evaluation Form." The number circled must be supportable with written documentation of the student's performance (Bi-Weekly Progress Reports, 3-way conference forms, signed records from remediation/counseling sessions, etc.), and with correlation to grading criteria based on the clinical objectives of the course. **(That is to say: This is an objective grading process as opposed to one that is subjective.)**

Student Orientation

Students must be made aware of what is expected when entering each new clinical education center. The Lead Clinical Instructor must explain the requirements and policies that are specific to the clinical facility. The student is to contact the Lead Clinical Instructor to arrange for an orientation to occur prior to the start date of each clinical rotation. (Use the section in the *Clinical Competency Handbook* entitled "Student Orientation to Clinical Facilities" for guidelines of what to cover during orientation and for instructions on the documentation of the event.)

Staff Orientation

Misunderstandings can be avoided through the use of effective communication with the technologists and support staff in the clinical education centers prior to when students begin the

clinical experience. The Lead Clinical Instructor is advised to hold an orientation to educate and guide the staff members who will be working with students in regard to the technologists' role in the process of teaching and evaluating students. These technologists will be filling out the "Bi-Weekly Progress Reports" and need to know the clinical objectives and criteria used for grading. (Or, your SRJC Clinical Coordinator can alternatively provide this function for you by holding a session during a regularly-scheduled staff meeting, for example.)

One mechanism for training the supervising technologists is to use this document in conjunction with the accompanying PowerPoint presentation entitled "The Clinical Grading Process from A to Z." It is also advised that the supervising technologists read the *Clinical Competency Handbook* and *Student Handbook* for a better understanding of the Radiologic Technology Program's clinical objectives and procedures. (These, along with all handbooks, policies and forms, are found online on the RT Program's Webpage in the link for "On Demand Resources for CIs.")

The supervising technologists need to understand that the "Bi-Weekly Progress Reports" should be filled out thoroughly (with comments, date, their signature, a PRINTED name **and** the signature of the student) within the prescribed period of time. A student's grade will be lessened if s/he does not have the prescribed number of forms in by the deadline, and at the correct intervals—at least one every two weeks. It is also important to note that once the Bi-Weekly Progress Report is completed, the supervising RT should briefly discuss any points for needed improvement and have the student sign the form, showing that the contents of the evaluation were discussed before it goes into the student's file.

Post the lists of clinical objectives and grading criteria in a prominent place in the department, so that the technologists and the students can refer to them. It is also advisable to post the definitions of direct and indirect supervision so that all departments can remain in compliance with both the JRCERT accrediting regulations and also those laws of the CDPH-RHB.

It is important for the Lead Clinical Instructor to remind the staff as to their professional responsibilities in areas of honoring student confidentiality. Equally important is the Lead Clinical Instructor's role as a liaison between students and staff. ***The Lead Clinical Instructor is the student's advocate, mentor, evaluator, and trainer.***

To ensure adequate student supervision, it is beneficial to designate a back-up Lead Clinical Instructor for those times when the primary Lead Clinical Instructor is away or occupied and cannot be directly available to students. Students will then know whom they are to go to in the absence of the Clinical Instructor.

When clinical competency is achieved by the student in a specific exam, the evaluator's signature and the date of completion are to be documented on the pages provided in the individual student's *Clinical Competency Handbook* by an Additional Clinical Instructor. This is a CRT who has become authorized to check off students only after the Clinical Instructor has trained him/her using the "The Clinical Grading Process from A to Z" PowerPoint, handout, and post-test in conjunction with a review of the *Student Handbook* and *Clinical Competency*

Handbook. In addition, these evaluating technologists must have their signatures on file with the R.T. Program Director using the "Authorized Technologist & CI Signature Verification" form, and be approved by the JRCERT as a Clinical Instructor.

Bi-Weekly Progress Reports

Regular evaluations ("Student Bi-weekly Progress Report") may be filled out by any of the radiologic technologists most familiar with the student's performance during any particular week. Students are required to submit a **minimum** of one evaluation every two weeks during the grading period. However, students are encouraged to submit one per week, or even one per day. It is advantageous for the student to receive as much feedback as possible to allow for positive reinforcement and/or remediation.

IT IS IMPORTANT FOR THE EVALUATOR TO WRITE COMMENTS in the area provided on the form. A rating of "Needs Improvement" or "Failing" is not helpful unless it is specific. It is also a motivational tool for the student to see positive written comments.

The "Bi-Weekly Progress Report," a tool for documentation and grading, is used in private conferences between the Lead Clinical Instructor and the student. It is the Lead Clinical Instructor's opportunity to help reinforce areas of successful performance and to outline areas of weaknesses for the student. In addition, it is important that the student be given <u>specific</u> suggestions for achieving improvement in those areas cited as deficient.

The student should be allowed an opportunity to write his or her comments on the "Bi-Weekly Progress Report." It is very important to get the correct date and the signatures of the student and the technologist who filled out the form. The student is then given a copy for his or her own record-keeping and the Lead Clinical Instructor keeps the ORIGINAL in a secured and confidential student file until the student has completed the program. Once the student has completed the program, the originals are to be discarded in a manner that is consistent with the handling of confidential documents.

These "Bi-Weekly Progress Reports" are kept on file in the clinical education center's medical imaging department, and are not sent to campus. These records hold the objective data, which will help the Lead Clinical Instructor determine a fair number of points for each area on the "Clinical Evaluation Form" at the end of each grading period.

If the student has a pattern of repeating the same error(s) and does not correct the problem after it has been discussed with the student, the SRJC Clinical Coordinator should be notified of the problem. The Lead Clinical Instructor may want to ask for a three-way conference at this point so that the student, Lead Clinical Instructor, and the Clinical Coordinator can discuss the problem and discuss a plan of action for remediation. There is also the potential for probation if the student does not remediate readily. All conversations should be documented and the "Record of Student Conference" form can be used for this purpose. The SRJC Clinical Coordinator will write the documentation of the three-way conference and/or probation terms.

Additional Documentation

It is beneficial to have a "paper trail" in other formats in addition to the "Bi-Weekly Progress Reports." If there are events which occur to a student that are noteworthy (positive or negative), then an "anecdotal note" in the student's file may be helpful to the Lead Clinical Instructor later in assessing the student's performance accurately. This would be a good way to document an "unofficial" conversation held with a student when a problem behavior or performance is first identified. It is important for the Lead Clinical Instructor to sign and date the annotation. This method might also apply in a case where a supervising RT (or Additional Clinical Instructor) comes to the Lead Clinical Instructor with a problem or concern about a student, but which does not yet warrant having a conversation with that student.

If the student does not respond to the initial unofficial warning, then a more official meeting will need to take place between the student and the Lead Clinical Instructor. For use in this event, the Lead Clinical Instructor should employ the "Record of Student Conference" form, which can be accessed using the SRJC RT Program's "On Demand Resources for CIs" link on the RT Program's Webpage. Or a template can be sent from the SRJC Clinical Coordinator electronically to record the events during the ensuing counseling session. As with any formal counseling session, the documentation must be signed by the Lead Clinical Instructor and the student, and each person receives a copy, while the original goes to the RT Program Director with the knowledge of the Clinical Coordinator.

If the behavior is significant, and the student does not remediate readily after the events described above, then a three-way conference is recommended. During this conference, the student is asked to meet with the Lead Clinical Instructor **and** the Clinical Coordinator to discuss the problem, to establish objectives, timelines and consequences, and to provide the student with resources for remediation. Probation may result from a three-way conference, but the determination for this action is made by the RT Program Director in conjunction with the Clinical Coordinator's input.

Completing the "Clinical Evaluation Form"

To determine the student's grade on the "Clinical Evaluation Form," refer to the objectives found in the *Clinical Competency Handbook* to **measure the student against expected performance standards**. The Lead Clinical Instructor should place the objectives list in a prominent place to refer to while grading and before circling a number on the "Clinical Evaluation Form."

The "Bi-Weekly Progress Report" forms should be placed in front of the Clinical Instructor in chronological order. Using the "Bi-Weekly Progress Report" forms for input, compare the student's performance against the objective grading criteria.

Select a number on the "Clinical Evaluation Form" that correlates to the student's demonstrated level of performance.

Write comments to support your choice.

When each area is evaluated, total the points and record it on the "Clinical Evaluation Form" in the space provided. (The maximum number is 100 points.)

In a private conference, go over the results with the student. Explain the student's strong performance areas and those that need improvement. Give specific recommendations for improvement.

Allow the student to ask questions and to write comments on the form.

Make sure that the form is signed and dated by the student and the Lead Clinical Instructor.

The student is responsible to submit the form to campus where it will be signed by the Program Director and the Clinical Coordinator. The original is kept in the program's student files on campus.

Signed copies are distributed back to the Clinical Instructor and the student.

A copy is kept in the student's confidential and secured clinical education center file until the student graduates.

The original is kept on file in the student's records on campus for at least five years after graduation, in accordance with State law.

Special Circumstances

1. **Suspension:** Suspension is warranted if a student exhibits behavior in any of the following areas:

    - Under the influence of drugs or alcohol while on duty.
    - Physical abuse to a patient, visitor or other personnel.
    - Petty theft.
    - Sexual misconduct.
    - Intentional negligence towards patients.
    - Insubordination to faculty, Clinical Instructor, or other personnel.
    - Theft of drugs or drug paraphernalia from clinical site.
    - Possession of a lethal weapon.
    - Any other illegal activities as described by law.
    - Failure to comply with the policies, rules and regulations of the clinical education center.
    - Unprofessional conduct.
    - Intentional falsification of records.

In the event that one of the above conditions occurs, the Lead Clinical Instructor should contact the Clinical Coordinator and/or the RT Program Director to begin the proceedings of suspension. A situation could arise that may require immediate and effective discipline when an extremely serious infraction of the rules has occurred. If this situation develops, the student may be suspended from the clinical setting pending a full investigation of the situation.

Any documented violation of the rules that compromises the safety of patients or others will warrant an immediate suspension from both the didactic and clinical environments.

2. **Three-Way Conference:** A three-way conference is comprised of the student, the Lead Clinical Instructor, and the Clinical Coordinator. The meeting may be requested and initiated by any of those parties to resolve issues. Reasons for a three-way conference may include:
   - Failure to adhere to clinical education center and/or program policies.
   - Failure to follow generally accepted rules of personal cleanliness and dress code.
   - Failure to follow generally accepted rules of professional ethics and conduct.
   - Failure to demonstrate knowledge, skill, and judgment at the expected level.

   The Clinical Coordinator will serve as the facilitator for the three-way conference and be responsible for documentation, reporting to the Program Director, and for any follow-up meetings.

   The procedures for the three-way conference are as follows:
   - A meeting is requested by either the student, Lead Clinical Instructor or Clinical Coordinator.
   - The meeting is conducted in a private location.
   - The details and documentation of issues are reviewed by all parties.
   - The student is given an opportunity to ask questions, explain his or her position, and to provide supporting arguments.
   - The Clinical Coordinator facilitates the discussion and steps for remediation are outlined. ****Note: Probation may be appropriate, depending upon the nature of the student's infraction and/or level of competence compared to the level of training. The Program Director will be responsible to make this decision with the input from the Lead Clinical Instructor and the Clinical Coordinator.***

- Timelines are established for improvement and for a follow-up discussion.

- The Clinical Coordinator develops and distributes written documentation of the meeting, steps for remediation, and timelines. (Use template of the "Record of Student Conference" form as a guide of what to include.)

- Signatures of all three parties are collected. **Signatures and dates are imperative**.

- Signed copies are given to student, Lead Clinical Instructor, and Clinical Coordinator. The original is kept in the student's file on campus.

- Follow-up of meeting takes place to evaluate whether the student has met the terms of the agreement.

3. **Probation:** To be handled by the Clinical Coordinator and Program Director.

4. **Dismissal:** To be handled by the Program Director.

Student Progression from Campus to Clinical Site

Students go through the following processes before they are allowed to act independently (with indirect supervision) with patients. They must occur in this order:

- The student is given information in the didactic setting during classes on campus and demonstrates successful completion of all tests, quizzes and other instructional assignments and activities.

- The student observes demonstrations of skills in the on-campus lab setting.

- The student practices skills on fellow students in a mock setting on campus.

- The student demonstrates competency in the skill and is "checked off" in the on-campus lab.

- The student watches the skill performed by technologists in the clinical setting.

- When ready, the student performs the skill with direct supervision.

- When ready, the student notifies the Lead Clinical Instructor or Additional Clinical Instructor that s/he is ready to be evaluated.

- If student is successful, s/he is "checked off" using the appropriate competency evaluations page in the *Clinical Competency Handbook*.

- The student may then perform skills and procedures on patients, but always with indirect supervision. If the safety of patients or personnel is ever in question, the student will revert back to direct supervision during that event. If the student is required to make a repeat exposure, the student will always be under direct supervision during the repeat. If the student is performing an exam on a pediatric patient, it will be under direct supervision. If the student is functioning in a remote location (such as E.D., portables, O.R., C.T., angiography, and fluoroscopy, etc.), the student must have direct supervision.

Direct Versus Indirect Supervision

Direct Supervision:
A clinical education practice which requires that the supervising technologist be present in the room with the student and directly observes and works with the student. The technologist is in the same room with the student at all times and oversees the examination from beginning to the end.

The following conditions constitute **direct supervision**:

a. A registered radiologic technologist reviews the procedure request in relation to the student's knowledge and abilities and evaluates the condition of the patient in relation to the student's potential achievement.

b. A registered radiologic technologist is present during the performance of the procedure and oversees the student's actions during the exam.

c. A registered radiologic technologist reviews and approves the completed procedure and its images before their submission for interpretation.

d. A registered radiologic technologist is present during student performance of any repeat of an unsatisfactory radiograph.

Indirect Supervision:
A clinical education practice, which occurs once the student has demonstrated competency in a specific exam and has documented the achievement using the appropriate form. Once the student has been "checked off" in the *Clinical Competency Handbook,* **indirect supervision** requires that the technologist must do the following:

a. A registered radiologic technologist reviews the procedure request in relation to the student's knowledge and abilities and evaluates the condition of the patient in relation to the student's potential achievement. The technologist gives approval for the student to perform the procedure with indirect supervision.

b. The student performs the procedure with a registered radiologic technologist immediately available. **Immediately available** is interpreted as the presence of a registered radiologic technologist adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

c. A registered radiologic technologist reviews and approves the completed procedure and its images before their submission for interpretation.

d. A registered radiologic technologist is present during student performance of any repeat of an unsatisfactory radiograph. **Regardless of the student's status in training, ALL repeats must be performed under direct supervision.**

The student will be under direct supervision when working in surgery, angiographic facilities, CT, fluoroscopy, in the emergency room, on a pediatric exam, and/or in any other remote locations during 100 percent of their clinical training.

ALL REPEATS = DIRECT SUPERVISION 100% OF THE TIME