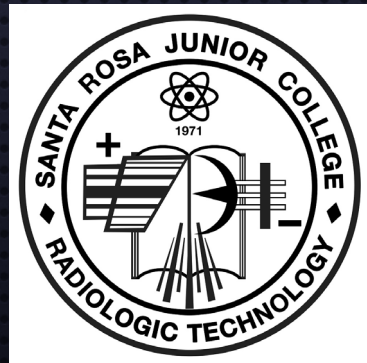# SRJC Clinical Instructor Training

The Supervision and Evaluation of Students

Christine McLarty BA, RT, (R), (CT)

Faculty and Lead Clinical Coordinator

IMPORTANT UPDATES – FOR CLASS OF <u>2024</u>

- New ARRT Competency Requirements
    - 36 (was 37) Mandatory
    - 15 Electives from a list of 34
    - One elective from Head section.
    - Two electives from Fluoro section.
    - 10 simulations allowed (was 8) – only specific exams may be simulated.
- New Dress Code
- New *Clinical Competency Handbook*
- New *Student Handbook*

ARRT COMPETENCY REQUIREMENTS STARTING CLASS OF 2024

SRJC Radiologic Technology Clinical Competency Documentation
Imaging Procedures ~ 36 Mandatory & 15 Elective Required /10 Simulations Allowed
(> = Eligible for Simulation)
(* = Trauma requires modifications in positioning due to injury with monitoring of the patient's condition.)

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 stretcher)	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
Sternoclavicular (SC) Joints	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
Clavicle	M>				1	2
Scapula	E>				1	2
A-C joints	E>				1	2
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	M				1	2
Trauma Upper Extremity.(Non -Shoulder)*	M				1	2
Lower Extremity						
Toes	E>				1	2
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
Trauma: Lower Extremity*	M				1	2
Head – Must select at least one least one elective procedure from this section.						
Skull	E>				1	2
Facial Bones	E>				1	2
Mandible	E>				1	2
Temporomandibular Joints (TMJ's)	E>				1	2
Nasal Bones	E>				1	2
Orbits	E>				1	2
Paranasal Sinuses	E>				1	2
Spine and Pelvis						
Cervical Spine	M				1	2
Thoracic Spine	M>				1	2
Lumbosacral Spine	M				1	2
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	M>				1	2

SRJC Radiologic Technology Clinical Competency Documentation
Imaging Procedures ~ 36 Mandatory & 15 Elective Required /10 Simulations Allowed
(> = Eligible for Simulation)
(* = Trauma requires modifications in positioning due to injury with monitoring of the patient's condition.)

Student Name: _____

Spine and Pelvis		1. Date completed	2. Date re-check	Pt. or Simulate	Competency Verified by:	
Pelvis	M				1	2
Hip	M				1	2
Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	M>				1	2
Sacrum and/or Coccyx	E>				1	2
Scoliosis Series	E>				1	2
Sacroiliac Joints	E>				1	2
Abdomen						
Abdomen Supine	M				1	2
Abdomen Upright	E>				1	2
Abdomen Decubitus	E>				1	2
Intravenous Urography	E				1	2
Fluoroscopy Studies – Must select two procedures from this section and perform per site protocol.						
UGI Series, Single or Double Contrast	E				1	2
Contrast Enema, Single or Double Contrast	E				1	2
Small Bowel Series	E				1	2
Esophagus(NOT Swallowing Dysfunction Study)	E				1	2
Cystography / Cystourethrography	E				1	2
ERCP	E				1	2
Myelography	E				1	2
Arthrography	E				1	2
Hysterosalpingography	E				1	2
Mobile C-Arm Studies						
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	M>				1	2
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	M>				1	2
Mobile Radiographic Studies						
Chest	M>				1	2
Abdomen	M				1	2
Upper or Lower Extremity	M				1	2
Pediatrics (Age 6 or Younger)						
Chest Routine	M>				1	2
Upper or Lower Extremity	E>				1	2
Abdomen	E>				1	2
Mobile Study	E>				1	2
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)						
Chest Routine	M					
Upper or Lower Extremity	M					
Hip or Spine	E					

IMPORTANT UPDATES – FOR CLASS OF <u>2024</u>

- Class of 2023 and Class of 2024 will have slightly different Handbooks and forms to complete.

- Please check the handbooks and forms carefully before you sign!

- New Dress Code applies to both classes, except that Class of 2023 is not required to purchase new uniforms.

- If you have questions, please ask your Clinical Coordinator for clarification.

IMPORTANT UPDATES – FOR CLASS OF <u>2024</u>

Full Dress Code can be found on SRJC Rad Tech website.

- UNIFORMS Class of 2024: Uniforms will be purchased at a local uniform shop and be embroidered with the SRJC logo.

- LAB COAT: If student is wearing hospital OR scrubs outside of the OR they must wear their SRJC Lab coat 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.

PLEASE ENFORCE THIS DRESSCODE AT YOUR CLINICAL SITE! IF THEY DO NOT COMPLY IT SHOULD BE NOTED ON BI-WEEKLY REPORTS AND FINAL GRADE!

We are a team!

Clinical Instructors

Students

Department Managers

SRJC Faculty

Clinical Coordinators

Rad Tech Staff

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 staff and renew training
- Online access to all RT program materials
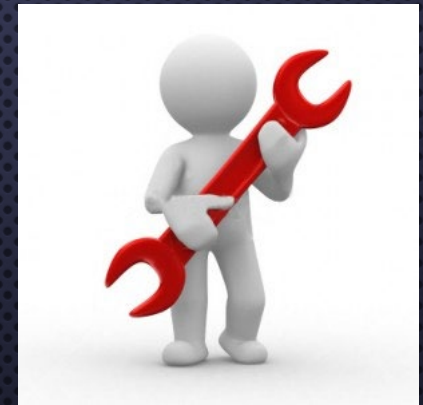
DEFINITIONS:

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.

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.

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

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 THE ADDITIONAL CLINICAL INSTRUCTOR:
Steps to Train Additional Clinical Instructors
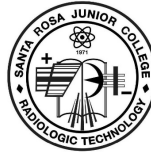
Steps for Training as an "Additional Clinical Instructor" Using Online Instruction

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.

We now have a course for new Clinical Instructors in a free version of CANVAS, an online education platform that is also used by the SRJC. You must e-mail the SRJC Lead Clinical Coordinator at cmclarty@santarosa.edu for a link and a JOIN CODE for the free Canvas course. You will need to create a new account in CANVAS. Complete all the modules (Re-certification and New Clinical Instructor) and let the Lead Clinical Coordinator know when you are finished.

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.

Remember that all your resources, forms and contact information are available at the following link. https://radtech.santarosa.edu/demand-resources-clinical-instructor

This process will be repeated annually for re-certification.

THANK YOU for partnering with SRJC to educate Radiologic Technologists for our community!

SRJC/Clinical/Clinical Instructor/CI Orientation/"Steps to Train Additional CIs": Updated 3/29/22.

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 <u>and documented</u> 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 <u>on that patient</u>

2. RT remains "immediately available" in case student needs assistance ("Calling distance" means in next room!)

3. RT reviews images before patient is released

4. RT decides if a repeat is warranted and then DIRECTLY supervises the repeat

5. Direct supervision prevails any time patient or personnel safety is in question.
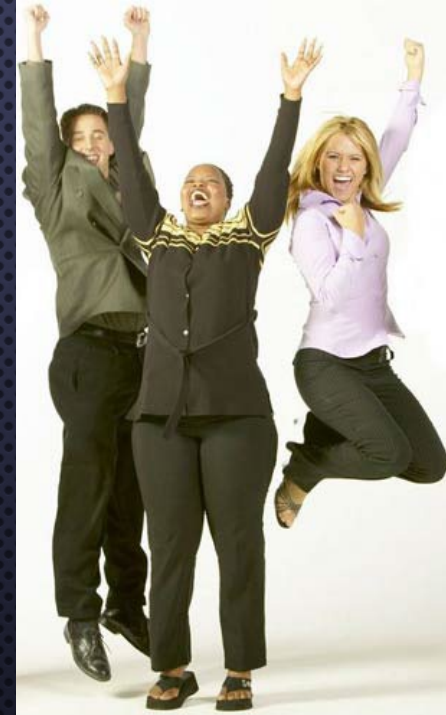
EXCEPTIONS TO INDIRECT SUPERVISION

- 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: _____

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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. *(May stay long enough to complete the exam they are working on.)*

- 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!

JRCERT
Excellence in Education

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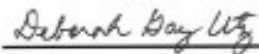
Presents this

Certificate of Recognition

To:
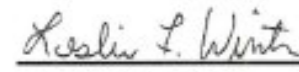
U.C. Davis Health System

A recognized clinical education setting for the radiography program sponsored by

EXAMPLE

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

RECOGNIZED

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

STUDENT CLINICAL ASSIGNMENTS

- Clinical Assignments 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.

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.

BI-WEEKLY PROGRESS REPORTS

- Student must submit a <u>minimum</u> of one Bi-Weekly Progress Report every two weeks

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

Technologist Comments:

Technologist Signature: Technologist Print Name:

Student Comments:

Student Signature: Date:

Students: Keep a copy for your records. The original is kept by your clinical instructor until you graduate. REV 4/4/2019

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.

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 Requirements 2022

- 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

- Ten mandatory general patient care procedures;

- 36 mandatory imaging procedures;

- 15 elective imaging procedures selected from a list of 34 procedures;

- One of the 15 elective imaging procedures must be selected from the head section; and

- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.

ARRT COMPETENCY REQUIREMENTS

Page 33

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Student Name: _____

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Sternum	E>				1	2
Upper Airway (Soft Tissue Neck)	E>				1	2
Sternoclavicular (SC) Joints	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
Clavicle	M>				1	2
Scapula	E>				1	2
A-C joints	E>				1	2
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	M				1	2
Trauma Upper Extremity, (Non-Shoulder)*	M				1	2
Lower Extremity						
Toes	E>				1	2
Foot	M				1	2
Ankle	M				1	2
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Head – Must select at least one least one elective procedure from this section.						
Skull	E>				1	2
Facial Bones	E>				1	2
Mandible	E>				1	2
Temporomandibular Joints (TMJ's)	E>				1	2
Nasal Bones	E>				1	2
Orbits	E>				1	2
Paranasal Sinuses	E>				1	2
Spine and Pelvis						
Cervical Spine	M				1	2
Thoracic Spine	M>				1	2
Lumbosacral Spine	M				1	2
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	M>				1	2

Page 34

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Hip	M				1	2
Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	M>				1	2
Sacrum and/or Coccyx	E>				1	2
Scoliosis Series	E>				1	2
Sacroiliac Joints	E>				1	2
Abdomen						
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UGI Series, Single or Double Contrast	E				1	2
Contrast Enema, Single or Double Contrast	E				1	2
Small Bowel Series	E				1	2
Esophagus(NOT Swallowing Dysfunction Study)	E				1	2
Cystography / Cystourethrography	E				1	2
ERCP	E				1	2
Myelography	E				1	2
Arthrography	E				1	2
Hysterosalpingography	E				1	2
Mobile C-Arm Studies						
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	M>				1	2
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	M>				1	2
Mobile Radiographic Studies						
Chest	M>				1	2
Abdomen	M				1	2
Upper or Lower Extremity	M				1	2
Pediatrics (Age 6 or Younger)						
Chest Routine	M>				1	2
Upper or Lower Extremity	E>				1	2
Abdomen	E>				1	2
Mobile Study	E>				1	2
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)						
Chest Routine	M					
Upper or Lower Extremity	M					
Hip or Spine	E					

MANDATORY COMPETENCY EVALUATIONS

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

AREA OF EVALUATION:	CHEST ROUTINE	CHEST AP – W/C or STRETCHER	*RIBS*	*THUMB OR FINGER*	HAND	WRIST	FOREARM
Simulation or Patient ID #:							
DATE:							
Evaluation of Requisition							
Room Preparation							
Patient Care							
Use of equipment							
Positioning Skills							
Radiation Protection							
Exposure Index within limits							
IMAGES SHOW CORRECT: Anatomical Parts							
Anatomical Alignment							
EI and Technique							
Image Identification							
Collimation to area of interest							
EXAMINATION PASSED: (Evaluator's Signature)							

*Eligible for Simulation

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

WHAT IS A SIMULATED EXAM?

- ARRT defines simulation of a clinical procedure routinely performed on a patient as the candidate completing *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.

- ARRT requires that competencies performed as a simulation must meet the same criteria as competencies demonstrated on patients. For example, the competency must be performed under the direct observation of the program director or program director's designee and be performed independently, consistently, and effectively.

- 10 simulated check-offs are allowed.

WHAT IS A SIMULATED EXAM?

Simulated performance must meet the following criteria:

- Simulation of imaging procedures requires the use of proper radiographic equipment without activating the x-ray beam.

- A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted within the chart.

- If applicable, the candidate must evaluate related images.

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 EXAM LOGSHEET

- To document each student's clinical experiences

- Can be found on Rad Tech website to reprint more copies.

- 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 EXAM LOGSHEETS

- Repeats (and reasons) to be logged

- California Radiologic Health Branch requires 40 hours of documented clinical experience in fluoroscopy

Student Name _Super Student_   **Clinical Education Center** _Taco Bellvue Hospital_

Semester (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	2681014	2V CXR	3		I	∅	Andy Doodle	Andy Doodle
9/18	3974226	Port. CXR	Port.		D	∅	Jeffry Ontrack	Jeff Ontrack
9/18	8009151	2V Abd	3		D	1 Position	Jeffry Ontrack	
9/18	2587763	Elbow	3		D	∅	Jeffry Ontrack	
9/18	7148602	Hand	3		D	∅	Jeffry Ontrack	↓
9/18	5986643	Barium Swallow	2	20min	D	∅	Amy Jordan	RHF0036159 Amy Jordan
9/20	2467810	Port. CXR	Port		D	∅	Andy Doodle	Andy Doodle
9/20	3314802	Port. CXR	Port		D	1 Artifact	Andy Doodle	
9/20	9421605	Port. CXR	Port		D	∅	Andy Doodle	↓
9/20	7707553	2VCXR	3		I	∅	Sherry Mantor	Sherry Mantor
9/20	1000621	Wrist	3		D	∅	Sherry Mantor	
9/20	8587763	Shoulder	3		D	∅	Sherry Mantor	
9/20	6640002	Shoulder	3		D	∅	Sherry Mantor	↓
9/20	0133805	Upper GI	2	35min	D	∅	Amy Jordan	RHF0036159 Amy Jordan

(55min 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…
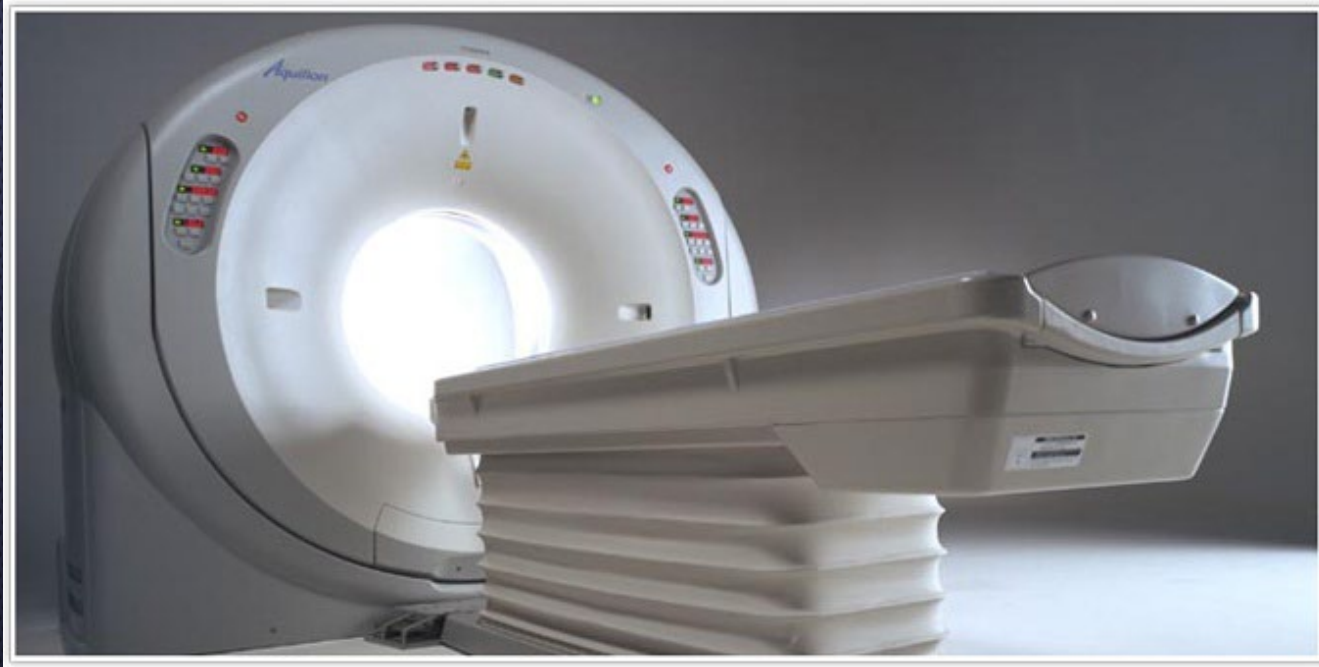
CT and x-sectional anatomy in RADT 66

Two weeks of clinical experience in Fall or Spring of second year.

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

Santa Rosa Junior College
Radiologic Technology Program

C-Arm Orientation Checklist

Student Name: Semester:

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

Evaluating R.T. _____ Date:

WEEKLY IMAGE ANALYSIS

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

- This is to insure that the student is progressing appropriately

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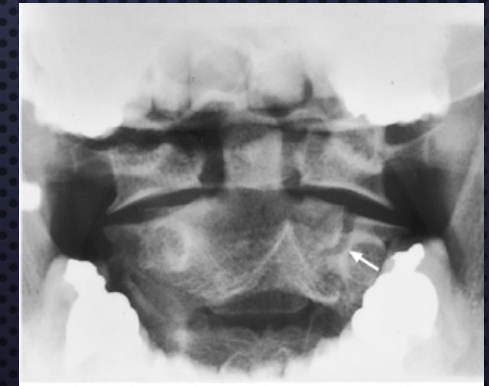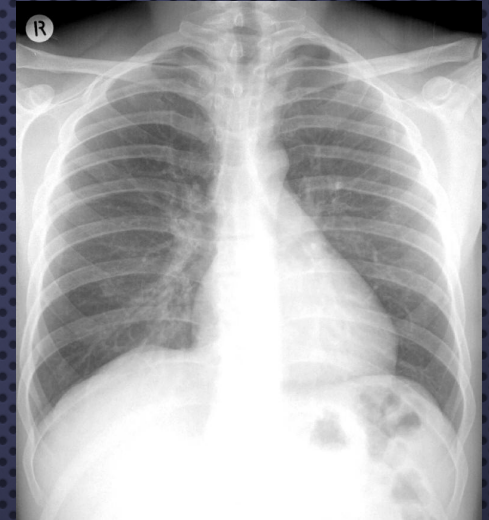
Note: ALL RTs should review ALL images with the student before EACH exam is completed.

SPECIFIC DUTIES OF THE LEAD CLINICAL INSTRUCTOR

LEAD CLINICAL INSTRUCTOR STEPS FOR TRAINING & APPROVAL BY Joint Review Committee on Education in Radiologic Technology (JRCERT):

1. Initial orientation 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.

3. Refer to document entitled "*Clinical Instructor Training 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

https://radtech.santarosa.edu/

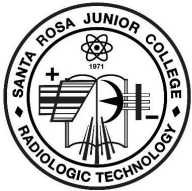ALL THINGS FOR SRJC RT PROGRAM CAN BE FOUND HERE....

STUDENT ORIENTATION

An important "first step"…

- Familiarize the student with the policies and procedures <u>of the clinical education center.</u>

- 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

PRE-ROTATION FORM

Student gives this to the Lead CI at their Orientation to the clinical site.

Santa Rosa Junior College
Radiologic Technology Program

PRE-ROTATION FORM

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

Student's Name: _____

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

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

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

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

5. Which procedures do you feel comfortable performing?

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

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:

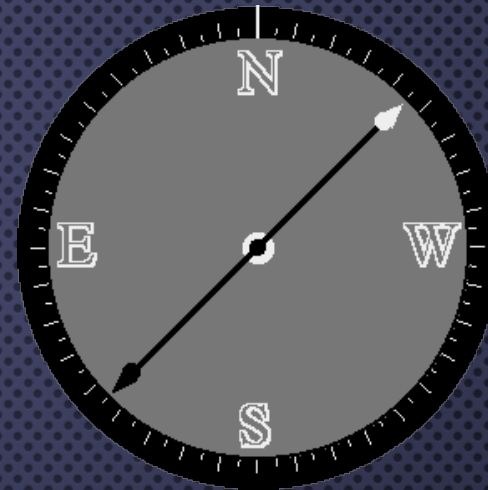| A	Acknowledge	Increase safety
I	Introduce	Increase trust
D	Duration	Decrease anxiety
E	Explanation	Increase compliance
T	Thank you	Increase loyalty

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/

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
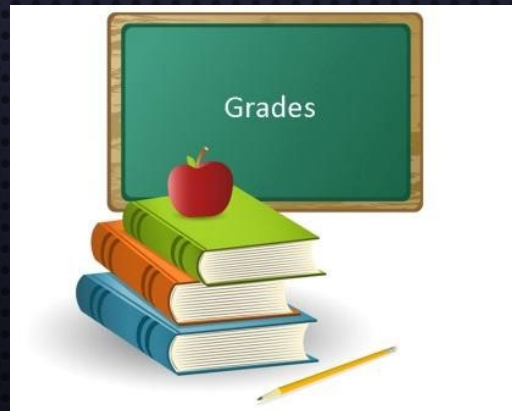
Service
with a
SMILE

We are always willing to help you!!

LEAD CLINICAL INSTRUCTOR RESPONSIBILITY

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

A — B — C — D — F !!

Where does the grade come from…?

GRADING CONSEQUENCES FOR STUDENTS

- Less than 75% in ANY area = remediation and/or probation, 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 <u>objective</u> evaluation of the student's performance

  - NO guesswork or subjective opinions!

  - Use the data from all of the Progress Reports matched against the criteria list on the Clinical Evaluation Form (aka: the course objectives)

  - Should reflect Progress Reports from more than one R.T.

  - <u>Must include at least 2</u> Progress Reports completed by the 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.
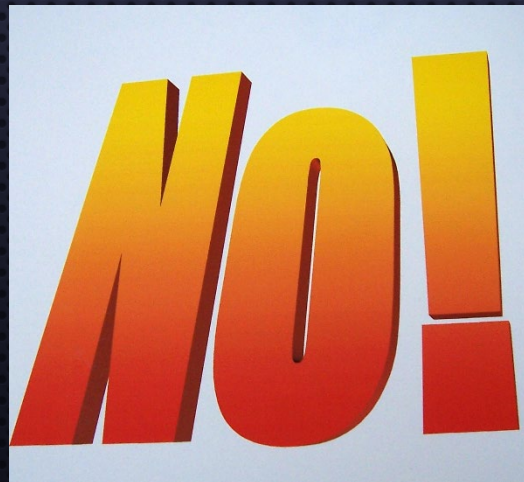
Keep a copy or tell Lead CI about your comments

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 a frequently as necessary)

- Complete a **RECORD OF STUDENT CONFERENCE FORM**

SANTA ROSA JUNIOR COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM
RECORD OF STUDENT CONFERENCE

Date:
Student:

REASON FOR MEETING:

TERMS OF REMEDIATION:

PLAN FOR REMEDIATION:

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

Signed: (Student*) _____ Date: _____

Signed: (Course Instructor) _____ Date: _____

Signed: (Program Director) _____ Date: _____

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

DUE PROCESS

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

COMPONENTS OF DUE PROCESS

- Inform student of problem

- Listen, listen, listen to student

- <u>Written</u> 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 <u>to student</u> 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 _____

	Clinical Instructor Comments:
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	_____ _____ Clinical Instructor Name & Signature Date
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	Student Comments:
F) CRITICAL THINKING & ADAPTABILITY- Identifies/corrects positioning, technique errors at appropriate level of training. Recognizes causes of artifacts, adapts to new and changing situations or patient needs, adapts and improvises to non-routine situations; ER, OR, trauma. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL	
G) ACCOUNTABILITY - Adheres to the college & dept. dress code, consistent compliance to punctuality, attendance, compliance to program & department's policies, & to instructors' suggestions or recommendations. Remains alert & interested in the procedures - asks pertinent questions. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL	_____ _____ Student Signature Date
H) RADIATION PROTECTION - Collimates to area of interest & in accordance with department protocols, uses shielding when possible, & selects technical factors according to ALARA. Maintains compliance of department protocol with women of childbearing age. Monitors exposure index (EI) on the initial image to insure appropriate radiation delivery, alters technical factors on subsequent images as necessary. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL	Clinical Coordinator Comments:
I) ORGANIZATION – Plans, anticipates needs, room and equipment readiness. Demonstrates an organized and efficient work pattern during exams. Work at a pace appropriate for level of training. Demonstrates increased confidence and independence in executing tasks. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL	_____ _____ Clinical Coordinator Signature Date
J) 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	Program Director Comments:
TOTAL POINTS _____ ÷ 10 = _____	_____ _____ 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 <u>as described in the Progress Reports</u>…

(Continued on next slide…)

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

	Clinical Instructor Comments:
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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	
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TOTAL POINTS _____ ÷ 10 = _____	_____ _____ 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…

- <u>Please</u> 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: _____
Clinical Site: _____ Date: _____ Clinical Course RADT 71 _____

	Clinical Instructor Comments:
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	_____ _____ Clinical Instructor Name & Signature Date
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	Student Comments:
F) CRITICAL THINKING & ADAPTABILITY- Identifies/corrects positioning, technique errors at appropriate level of training. Recognizes causes of artifacts, adapts to new and changing situations or patient needs, adapts and improvises to non-routine situations; ER, OR, trauma. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL	
G) ACCOUNTABILITY - Adheres to the college & dept. dress code, consistent compliance to punctuality, attendance, compliance to program & department's policies, & to instructors' suggestions or recommendations. Remains alert & interested in the procedures - asks pertinent questions. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL	_____ _____ Student Signature Date
H) RADIATION PROTECTION - Collimates to area of interest & in accordance with department protocols, uses shielding when possible, & selects technical factors according to ALARA. Maintains compliance of department protocol with women of childbearing age. Monitors exposure index (EI) on the initial image to insure appropriate radiation delivery, alters technical factors on subsequent images as necessary. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL	Clinical Coordinator Comments:
I) ORGANIZATION – Plans, anticipates needs, room and equipment readiness. Demonstrates an organized and efficient work pattern during exams. Work at a pace appropriate for level of training. Demonstrates increased confidence and independence in executing tasks. 10 9.5 9.0 8.5 8.0 7.5 <7.5=FAIL	_____ _____ Clinical Coordinator Signature Date
J) 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	Program Director Comments:
TOTAL POINTS _____ ÷ 10 = _____	_____ _____ 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

- <u>Discuss</u> 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.

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**

The End!!