



**GANNON UNIVERSITY**  
Radiologic Sciences

Student Handbook  
Class of 2019-2021

***Do more than is expected and  
do it better than is required.***

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**Gannon University  
Radiologic Sciences Program  
Receipt of Student Handbook**

A Gannon University Radiologic Science student is expected to uphold a high standard of academic and nonacademic conduct. That standard is presented in this handbook and will be upheld by the Radiologic Science Program. Each student is responsible for maintaining his/her knowledge of the information contained in the Student Handbook. The information in this Handbook is current at the time it is printed. However, policies and guidelines are subject to change and will be communicated in as timely a manner as possible.

I acknowledge that I have received the Radiologic Sciences Program Student Handbook and it was reviewed with me by program faculty. I understand that if I have any question concerning material in this handbook I may contact Suzanne Sturdivant, M.Ed., RT(R)(M)(CT), Program Director or Ronald G. Cuzzola, MS, RT(R), Clinical Coordinator, for further clarification. I also understand that I am responsible for all the information contained in this handbook and I will be expected to conform to all procedures herein, during my clinical education. I also acknowledge that I have read the statement regarding Ethics and Conviction of a Crime and Standards for Drug Screening and Background Checks and verify that by my signature I understand the ramifications of this policy in my eligibility of obtaining certification and/or employment.

The Radiologic Science Program reserves the right to make policy and procedure changes at any time. Such changes will be distributed for insertion into the appropriate section of the Handbook. All students enrolled in any courses sponsored by the Program must comply with such changes at the time specified by the Department.

\_\_\_\_\_

date

\_\_\_\_\_

student signature

## **Radiologic Science Program Mission, Goals and Student Learning Outcomes**

**Mission Statement:** The Gannon University Radiologic Sciences Program offers a value-centered liberal studies and professional education in order to prepare students as competent entry-level imaging professionals who are committed to quality patient care and professional growth. The faculty is committed to excellence and continuous improvement in teaching and learning.

### **Goal 1: Students will graduate with entry-level competencies.**

Student Learning Outcomes:

1. Students will apply positioning skills to achieve diagnostic images.
2. Students will apply exposure factors to obtain diagnostic images.
3. Students will provide quality patient care.

### **Goal 2: Students will develop critical thinking skills.**

Student Learning Outcomes:

1. Students will evaluate images for diagnostic quality.
2. Students will modify positions to meet the patient's needs.
3. Students will successfully complete multi-case competencies.

### **Goal 3: Students will demonstrate professional behaviors as part of a healthcare team.**

Student Learning Outcomes:

1. Students will demonstrate behaviors that promote teamwork.
2. Students will demonstrate professional ethics.

### **Goal 4: Students will develop effective communication skills.**

Student Learning Outcomes:

1. Students will demonstrate effective oral communication skills with patients.
2. Students will demonstrate effective oral communication with staff and other students.
3. Students will demonstrate effective written communication.

### **Program Effectiveness Goals:**

1. Students will complete the program within 150% of stated program length (3 years).
2. Graduates will pass the ARRT examination on the first attempt within 6 months of graduation.
3. Graduates seeking employment in the field will obtain employment within 12 months of graduation.
4. Graduates will indicate overall satisfaction with the program.
5. Employers will indicate overall satisfaction with entry-level graduate performance.

## **RIGHTS AND RESPONSIBILITIES OF THE STUDENT**

1. The student has the responsibility to make decisions that will help her/him achieve her/his goal.
2. The student has a right to have all rules and regulations explained to her/him, including periodic up-dates of any changes.
3. The student has the right to inspect all records kept related to him/her, as dictated by the Federal Family Education Rights and Privacy Act of 1974.
4. The student has the responsibility to submit a detailed health physical form that is provided by the University. Students must provide documentation of required titers, immunizations, background screening and a preclinical urine drug screen prior to clinical assignment. Additional immunizations may be necessary when required by clinical affiliates.
5. The student has the responsibility to provide documentation of current health insurance coverage. Coverage must be maintained throughout the program. Any changes in coverage must be reported immediately to the program director.
6. The student has the responsibility to maintain high standards of health practice, since they have direct patient care contact.
7. The student has the responsibility to abide by all rules and regulations of the University and Clinical Affiliate(s).
8. The student has the responsibility to inform Program Faculty of any condition which may require special accommodations to fulfill student responsibilities. If this information is not disclosed, Gannon University will not be responsible for the lack of provision of special accommodations.
9. The student has a right to file a grievance if he/she believes there is any concern or situation in any aspect of the program that is inaccurate, misleading, or violates the privacy and rights of the students. The Due Process Policy is explained in the Radiologic Sciences Program Student Handbook. Complaints or grievances connected to assigned grades represent a special case to the grievance process and are handled according to Gannon University Student Academic Grievance Policy.
10. The student has the responsibility to meet professional, ethical and moral standards and should understand that Gannon University or any of its clinical education centers has the right to remove any student immediately for any violation of ethical, moral or professional behaviors. The student should understand that this type of misconduct could result in separation from the program.
11. The student has a right to inspect his/her radiation record, and to be informed about the reporting system in such a way that he/she understands the terms and abbreviations used in the report.

## **Joint Review Committee on Education in Radiologic Technology Non-compliance Procedure**

The Joint Review Committee on Education in Radiologic Technology (JRCERT) accredits the Gannon University Radiologic Science Program. The JRCERT has adopted the Standards for an Accredited Educational Program in Radiologic Sciences (STANDARDS) that are directed at the assessment of the program and student learning outcomes. A copy of the JRCERT STANDARDS is available in the office of the program director or on the JRCERT website – [www.jrcert.org](http://www.jrcert.org). Students are encouraged to read the Standards as a means of understanding the responsibility the program assumes as a provider of education in radiologic technology.

The student has the right to assume that the program operates in compliance with these STANDARDS. If the student feels that the program is not in compliance, they should first seek to resolve the concern by speaking to the program director. If the student is unable to resolve the concern, a written statement outlining the concerns should be presented to the Program Director. The Program Director will respond to the student within five (5) working days. If the student feels that a resolution has not been accomplished, the matter will be turned over to the Dean. The formal procedure for filing a concern will be followed as described in the Student Grievance Policy. If the student still does not feel the matter has been resolved, they have the right to contact the JRCERT. A good faith effort by all parties should be made in an attempt to solve any concerns prior to the JRCERT being contacted. This is simply good policy and the JRCERT will expect that the above procedures have been exhausted before getting involved. In the event the program has allegations of non-compliance with the JRCERT STANDARDS, the Program Director will maintain records of such concerns and their resolutions.

Joint Review Committee on Education in Radiologic Technology  
20 N. Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
312-704-5300 Fax: 312-704-5304

### **ARRT Certification Requirements**

Upon completion of all program requirements, graduates are eligible to sit for the certification examination in radiography administered by the American Registry of Radiologic Technologists (ARRT). Candidates for ARRT certification must meet basic education, ethics and examination requirements to become eligible. Upon completion of program requirements, students receive an Associate Degree of Science, which meets the education requirements of the ARRT. The ARRT requires every candidate for certification to be of good moral character and candidates must agree to comply with the ARRT Rules and Regulations and Standards of Ethics.

“ARRT investigates all potential violations in order to determine eligibility. Issues addressed include convictions, criminal procedures or Military Court Martials as described below:

- Felony
- Misdemeanor
- Criminal procedures resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion.

Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol do not need to be reported. Candidates are required to disclose whether they have ever had any license, registration, or certification subjected to discipline by a regulatory authority or certification board (other than ARRT) and must indicate any honor code violations that may have occurred while they attended school.

Candidates may complete a pre-application to determine their ethics eligibility prior to enrolling in or during their educational program.

For complete information, refer to the ARRT website: – <https://www.arrt.org/Certification>

## **Requirements for Clinical Placement**

In order to be assigned to clinical sites, the student must meet the following:

1. Be a matriculated student in the Radiologic Science program.
2. Complete all prerequisite courses with a minimum grade of C.
3. Be certified in CPR prior to the first day of Summer 1 clinical rotation.
4. Completed Health Physical and Technical Standards Form on file with clinical coordinator.
5. Clearances completed and on file - criminal background check, fingerprinting, child abuse clearance, drug screen.
6. Satisfactory completion of Clinical Passport Modules as well as all compliance modules of the clinical affiliates.
7. Proof of health insurance

### **Drug Screening and Background Checks Requirement**

10 panel drug screens, criminal background checks, FBI fingerprinting and child abuse clearance are required by the program and may have to be completed multiple times. For the purpose of proper reporting, drug screens should be performed by a qualified drug screen facility and not the student's family physician. Any costs associated with these requirements are the responsibility of the student. Failure to comply with these requirements during the required timeframe will prevent the student's participation in clinical education and may result in delay of completion of the program.

Clinical sites have the right to deny placement at their facilities if they determine that the student's background check, clearances or drug screen is unacceptable. As participation in clinical rotations is a required part of the curriculum and a requirement for graduation, denial of participation by a clinical site may result in delay of program completion or the inability to graduate from the program.

### **DRUG SCREEN POLICY**

Gannon University, as a result of its commitment to provide for the holistic development of students in the Judeo-Christian tradition, has an obligation to eliminate illegal drug use from its campus. Gannon University recognizes that health science and nursing students may be subjected to drug screening prior to the start or during a clinical or fieldwork experience, as required by the clinical sites to maintain a safe and healthy workplace. The University recognizes that there may be an occasional "positive" test result. For this reason, the following policy has been put into effect in order to provide the student with the most appropriate care and to provide the clinical sites with safe, healthy students, unimpaired by drugs.

#### **POLICY**

The student who is required to submit a drug screen prior to or during a clinical experience will be notified by the academic department program sending that student to the experience. Students will be responsible for all costs incurred relating to obtaining the drug screen.

The student will be required to have the testing completed at a licensed clinical laboratory specifically approved to offer drug testing. This testing must be completed in the timeframe requested by the assigned clinical site.

Failure to comply with the drug testing during the required timeframe will prevent the student's participation in the designated clinical site and may result in delay of completion of the program of study.

The result of the drug testing will be sent to the Chairperson/Program Director or program designee. Results will be kept in a confidential locked file of the program.

If the result of the drug screen is negative, the student is cleared for the clinical experience and a copy of the results will be kept in a confidential locked file of the program.

If the result of the drug screen is positive, the Chair/Director of the program will be notified. A positive drug test will result in the postponement of the clinical education. University disciplinary sanctions may be determined appropriate as per University Regulations.

The student may be subjected to random, periodic drug screening (at the student's expense) as a requirement for continuing in the program of study and/or by clinical sites.

Failure to comply with the policy and/or evidence of continued drug use will result in an automatic dismissal from the academic program of study.

The student may request a retest (at the student's expense) in the case that the student believes the test is falsely positive. Due to time constraints the clinical rotation may be delayed while waiting for the results of the retest. The program reserves the right to mandate a more sensitive/specific method of testing i.e. hair sample.

A copy of this written policy shall be made available to any and all students required to have pre-clinical drug screening prior to their clinical experience.



**Gannon University  
Radiologic Sciences**

**TECHNICAL STANDARDS**

In Accordance with Section 504 of the 1973 Vocational Rehabilitation Act and the Americans with Disabilities Act (PL-101-336), the Radiologic Sciences Program of Gannon University has established a set of program technical standards relative to its education curriculum. While technical standards are not admission criteria, they are standards which are necessary for successful completion of the clinical portion of the program and the practice of the profession. The Radiologic Science program is committed to providing reasonable accommodations to students with an identifiable disability as defined by the Americans with Disability Act. In doing so, however, the program must maintain the integrity of its curriculum and preserve those elements deemed essential to educating candidates to become effective radiographers. The program reserves the right to reassess the student's ability to meet the technical standards at any time during the program and to act accordingly.

| Technical Standards   | Meet the standard 100% | Unable to fully meet the standard |
|---|------------------------|-----------------------------------|
| 1. Lift, assist and maneuver patients in wheelchairs, on carts and imaging tables. (See minimum physical requirements).   |                        |                                   |
| 2. Manipulate, lift, move and push heavy equipment. Must be able to extend arms overhead and forward. (See minimum physical requirements).  |                        |                                   |
| 3. To insure patient safety, hear faint sounds from a distance of 15 feet, as control panels & exposure switches are located in rooms or paneled areas separate from the xray table on which patients are placed. (See minimum physical requirements)               |                        |                                   |
| 4. Hear verbal directions/requests from physicians, patients, etc; faint audible signals such as low sounding buzzers and bells to determine and recognize malfunctioning equipment. (See minimum physical requirements.)   |                        |                                   |
| 5. See requisitions/computer screens for medical information pertaining to radiographic exams, proper equipment manipulation, proper positioning and image evaluation of exams.   |                        |                                   |
| 6. Determine differences in gradual changes in blacks, grays and whites for purposes of judging images for technical quality.   |                        |                                   |
| 6. Communicate orally and in writing sufficiently to respond promptly in communications with patients, staff and physicians. Obtain health history & other pertinent data from patients.  |                        |                                   |
| 7. Manual dexterity, good motor skills, eye-hand coordination skills & sensory function to perform skills such as filling a syringe, putting on sterile gloves, assisting with sterile procedures, manipulating equipment, etc. (See minimum physical requirements) |                        |                                   |
| 8. Cognitive ability to perceive and deal appropriately with environment threats and stress and continue to function safely and effectively during periods of high stress.  |                        |                                   |
| 9. Exhibit social skills necessary to interact effectively with patients, families, supervisors, co-workers and physicians of the same or different cultures.   |                        |                                   |
| 10. Intellectual and emotional skills to exercise discretion in handling confidential medical information.  |                        |                                   |
| 11. Ability to protect self and others from hazards in the healthcare environment such as infectious disease, contaminated equipment, sharps instruments and radiation.   |                        |                                   |
| 12. Prioritize multiple tasks.  |                        |                                   |
| 13. Maintain personal hygiene.  |                        |                                   |
| 14. Must be of sufficient health to meet the criteria of clinical affiliates.   |                        |                                   |

**PHYSICAL REQUIREMENTS FOR CLINICAL EDUCATION**

|                          | Occasionally<br>1-3 Hrs. | Often<br>3-6 Hrs. | Frequent<br>Over 6 Hrs. | Constant |
|--------------------------|--------------------------|-------------------|-------------------------|----------|
| Lifting:                 |                          |                   |                         |          |
| 0-20 lbs.                |                          | X                 |                         |          |
| 20-25 lbs.               | X                        |                   |                         |          |
| 25-50 lbs.               | X                        |                   |                         |          |
| 50-100 lbs.              | X                        |                   |                         |          |
| > 100 lbs.               | X                        |                   |                         |          |
| Moving/Pushing/Pulling:  |                          |                   |                         |          |
| 0-20 lbs.                |                          | X                 |                         |          |
| 20-25 lbs.               |                          | X                 |                         |          |
| 25-50 lbs.               |                          | X                 |                         |          |
| 50-100 lbs.              |                          | X                 |                         |          |
| >100 lbs.                |                          | X                 |                         |          |
| Reaching – Arms Extended |                          |                   | X                       |          |
| Reaching – Arms Overhead |                          |                   | X                       |          |
| Standing                 |                          |                   |                         | X        |
| Walking                  |                          |                   | X                       |          |
| Sitting                  | X                        |                   |                         |          |
| Climbing                 | X                        |                   |                         |          |
| Bending/Stooping         | X                        |                   |                         |          |
| Grasping/Holding w/hands |                          |                   | X                       |          |
| Fine Motor Coordination  |                          |                   |                         | X        |
| Near Vision              |                          |                   | X                       |          |
| Far Vision               |                          |                   | X                       |          |
| Ordinary Sounds          |                          |                   |                         | X        |
| Medical Equipment Sounds |                          |                   | X                       |          |

I have read and understand these Technical Standards and have indicated the extent to which I can meet the standards indicated as well as identified any required accommodations.

---

Print Student Name Signature Date

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Print Physician Name Signature Date

## Academic Standards

### Academic Standards:

1. Students must maintain a minimum cumulative GPA of 2.5.
2. Students must maintain a minimum semester GPA of 2.5
3. Students must complete all Radiologic Science and Biology courses with a C or better (C- is not acceptable).

### I. Progression

Students must complete all anatomy and physiology (Biology 108,109 or 115,116 and 110,111 or 117,118) and all radiologic science courses (RADS) with a C or better (C- is not acceptable) to progress within the program.

### II. Probation and Dismissal

1. Students who have a cumulative or semester GPA of less than 2.5 at the end of any semester are placed on academic probation for one semester only. If the minimum cumulative or semester GPA is not achieved at the end of the following semester, the student will be dismissed from the program.
2. Students who receive a grade of below C (C- is not acceptable) in any of the anatomy and physiology lecture or Laboratory courses or any of the radiologic sciences courses will be placed on academic probation and decelerated for 1 year. Student must successfully repeat the course with a grade of C or better within the probationary period or will be dismissed from the program.
3. In the interest of high quality patient care, it is necessary to require strict ethical and moral standards of all Healthcare personnel. Students must abide by these same rules of conduct when they enter healthcare facilities for clinical education. Failure to abide by these rules may endanger the safety and welfare of the patient, and therefore will be cause for dismissal. A student who is dismissed from the program for clinical misconduct is not eligible for readmission.
4. Students dismissed from the program may request a formal appeal hearing with the Radiologic Science Student Conduct Committee (Program Director, Clinical Coordinator and Advisor): request must be in writing and received by the program director within five working days of formal notification of dismissal. Due process procedure of the university will be followed for all academic actions.

### III. Deceleration/ Leave of Absence

1. Deceleration is a reduction of progression in the Radiologic Sciences program. This deceleration may affect academic courses, clinical courses, or both. While on the deceleration plan, students may opt to take a leave of absence from the University or continue via the options listed below. **Students may only decelerate once.**
  - a. Continue in all academic courses only; no clinical courses for 1 semester only. Graduation will be delayed until all clinical courses are complete.
  - b. Continue in non-RADS courses (ex: liberal studies or electives). Must matriculate back into RADS courses within 1 year or all prior RADS courses must be retaken.

### IV. Readmission Requirements and Procedures

Students who wish to apply for readmission must do so in writing to the Program Director. This request for readmission must address the reason for withdrawal and if applicable, what the student has done or plans to do that will ensure success in the program if readmitted. The program director, in consultation with program faculty will consider the request. If it is determined that the request warrants consideration, the student will meet with the program director and appropriate faculty members to determine the terms of re-entry. These terms will be documented as a learning contract to be signed by both the student and the program director.

Criteria considered for readmission to the program include:

1. The student's standing in both academic and clinical courses prior to withdraw and/or leave of absence.
2. The student's grade point average in relation to program requirements.
3. Availability of clinical space without exceeding JRCERT deemed capacity.

4. Only one readmission to the program is permitted.

Due to the rapid change of technology within the field of Radiology, students who wish to return to the program after a leave of absence must adhere to the following guidelines:

1. If the leave of absence is 1 year or longer, the student must repeat all RADS courses.
2. If the leave is within 1 semester to 1 year, the student will then be evaluated for clinical competency. A clinical assessment will be administered to evaluate the retention of appropriate clinical knowledge and skills prior to readmission. Clinical assessments will be completed in the program's energized laboratory. A clinical assessment may reveal it necessary for the student to complete and pass a clinical independent study course to qualify for readmission. Clinical independent study courses are sequenced for the semester preceding readmission and are administered under the supervision of the Clinical Coordinator. Requirements specific to each clinical independent study course are described in course syllabi. Failure to successfully complete a clinical independent study course will disqualify student readmission.

## STUDENT PREGNANCY POLICY

A declared pregnant woman is defined in 10 CRF 20.1003 as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception. A student is not required to inform the program director of pregnancy. However, a student should understand that it is important to protect the unborn fetus from unnecessary exposure to radiation. Declaration of pregnancy must be done in writing (see "Declaration of Pregnancy" form). Once the student declares pregnancy, it is required that the student submit documentation by her physician that it is safe for her to carry out her educational responsibilities while pregnant or clarify any restrictions required. The physician should also state the estimated due date. The Radiation Protection Policy for Pregnancy will be reviewed.

Plans of action which are available to the student are as follows:

- 1) Continue the educational program without modification or interruption.
- 2) Continue the educational program with modification in clinical education assignment.
- 3) Leave of absence from clinical education assignments.

The student may or may not graduate at scheduled date. This will be determined on an individual basis depending on the student's capacity to complete program requirements. A plan of action for accomplishing program requirements will be discussed and agreed upon (by signature) by the student and program director and clinical instructor.

Although it is both procedure and practice of this program to offer the utmost in radiation protection to all students, the Gannon University Radiologic Sciences Program or any of its clinical affiliates will not be responsible for injury to either the mother or child during pregnancy.

A student may withdraw a declaration of pregnancy, in writing to the Program Director, at any time.

\_\_\_\_\_  
Student

\_\_\_\_\_  
date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
date

## DECLARED PREGNANCY STATEMENT

I wish to inform the Program Director of my pregnancy.

Name \_\_\_\_\_

Documentation from physician regarding student's ability to carry out educational responsibilities related to clinical education is required, including any specific restrictions, estimated date of conception and estimated delivery date.

---

Student Signature

Date

---

Program Director Signature

Date

## Retraction of Pregnancy

To: \_\_\_\_\_

In a previous document dated \_\_\_\_\_ I made of declaration of my pregnancy. I now request on this day \_\_\_\_\_ to retract my declaration of pregnancy. I understand that I forfeit the opportunity to continue using a fetal monitor. I understand that all didactic and clinical education requirements will be then be in effect.

---

Student Signature

Date

---

Program Director Signature

Date

## RADIATION PROTECTION POLICY FOR PREGNANCY

Upon notification of declared pregnancy, the following actions will occur:

1. Careful evaluation of the environment to determine whether there are any risks of radiation exposure that could exceed the limit of exposure to the fetus.
2. A fetal monitoring dosimeter will be issued. This dosimeter is to be worn AT THE WAIST AND UNDER THE APRON.
3. The program director and the declared pregnant worker will review the Program's Radiation Protection Practice Guidelines and the potential risks involving ionizing radiation to the developing embryo/fetus.
4. The program director and the declared pregnant worker will review the fetal dosimeter readings.

In the event a reading occurs which exceeds the monthly recommendation of 0.5 mSv (50 mrem) in any month, or 5 millisieverts (mSv) (500 millirem (mrem)) for the entire pregnancy, the following points will be reviewed:

1. An explanation for the higher reading, i.e.:
  - a. Dosimeter worn improperly.
  - b. Dosimeter placed in an area that will affect its accuracy.
  - c. Care of patient after a therapeutic dose of radioactivity was given.
  - d. Dosimeter lost.
2. Review the NRC Regulatory Guide titled "Instruction Concerning Prenatal Radiation Exposure".
3. Investigate ways to reduce radiation exposure.
  - a. Reduce participation in exams involving fluoroscopy and portable x-ray.
  - b. Increase distance from radiation sources.
  - c. Decrease time spent with patients who have received therapeutic radioactivity.
  - d. Notify the radiographer you are pregnant before an exposure.

## RADIATION PROTECTION PRACTICE GUIDELINES

All students are monitored with a radiation dosimeter. All students are provided with introductory instruction in radiation protection, prior to assignment to clinical sites. Students are required to exercise sound radiation protection practices at all times. To provide maximum protection against hazard when using ionizing radiation the following procedures will be adhered to:

1. Each student is responsible for wearing a dosimeter and for exchanging her/his dosimeter in a timely manner at the specified interval. Students are responsible for replacement fees and late fees.
2. Students shall read the dosimeter report and initial it. The report is on file in the office of the Program Director.
3. Dosimeters shall be worn in all radiation areas, including when on campus in lab. The badge shall be worn at the collar, outside the lead apron. Dosimeters are to be removed if undergoing diagnostic procedures as a patient.
4. In accordance with ALARA I, 125 mrem/quarter of deep, whole body radiation has been set as the limit at which students will be counseled. Students shall not exceed state and federal guidelines for radiation exposure. In the event a reading occurs which exceed the recommended limit, the following points will be reviewed:
  1. An explanation for the higher reading (dosimeter worn improperly, placed in an area that that will affect its accuracy, lost, etc.)
  2. Investigate ways to reduce radiation exposure (Time, Distance, Shielding, etc.).
  3. Monitor student for reduction in next dosimeter reading.
  4. Students who exceed the ALARA I limit (125 mrem/quarter) will receive a verbal notification which will be documented.
  5. Students who exceed the ALARA II limit (375 mrem/quarter) will receive written notification which will be documented.
5. Dosimeters must not be interfered with. Taking exposures intentionally or unintentionally on another student or intentionally exposing a dosimeter to radiation are unsafe radiation practices and shall be grounds for disciplinary suspension
6. Any loss of dosimeters or misuse of a dosimeter must be reported to the Clinical Coordinator.
7. The student shall stand behind the control panel protective barrier when making an exposure in a diagnostic examination room. When making an exposure with a mobile x-ray unit, the student shall maintain a 6 foot minimum distance from the patient and wear a lead protective apron.
8. Students shall not hold the image receptor during any radiographic procedure.
9. Students shall not hold patients during any radiographic procedures. If a patient requires assistance to maintain a position for a procedure, immobilization devices should be employed.
10. Lead aprons shall be worn when performing all fluoroscopic and mobile procedures. Lead-lined gloves shall be worn as required. When not assisting or participating in the exam, the student shall stand in the control booth area.
11. Students shall make use of collimators on x-ray equipment. The collimator shall at minimum be closed to the dimensions as required by the part being examined. If the collimator is not functioning, report it at once to the appropriate supervisor.
12. Suspected equipment malfunctions must be brought to the attention of a supervisor immediately.
13. At no time may a student participate in a procedure using unsafe radiation protection practices. Unsafe radiation protection practices are grounds for disciplinary action



## RADIATION PROTECTION GUIDELINES ACKNOWLEDGEMENT

I acknowledge that I have reviewed and understand the Radiation Practice Guidelines. I understand that if I have any questions concerning this document I may contact Suzanne Sturdivant, M.Ed.,RT(R)(CT)(M), Program Director; or Ronald G. Cuzzola, MS, RT(R), Clinical Coordinator, for further clarification. I also understand that I am responsible to adhere to all radiation practice procedures. I acknowledge and verify that by my signature below.

---

date

---

student signature

## Energized Radiographic Lab Policy

The radiographic equipment in the energized labs (M022 and M023) is fully functional and meets all state and federal regulations. The purpose of the equipment is to coordinate actual practice with didactic content. Students are required to exercise sound radiation protection practices at all times and to use the equipment in a safe and appropriate manner. Under no circumstances shall students make an exposure without the supervision of the faculty. Move equipment as instructed, if it is resistant to movement, do not force it. In the event of an unusual incident involve the equipment, turn it off if possible. If there is serious injury or fire, call Campus Police and Safety (871-7690 from a cell phone) to request paramedics or the fire department. Campus Safety will call the program director; however, feel free to call the program director or any of the program faculty if program director does not answer. These directions are posted on the doors of each energized room for your reference.

### Standard Precautions for Healthcare Workers

1. Specimens, including blood, blood products and body fluids, obtained from all patients should be considered hazardous and potentially infected with transmissible agents.
2. Hand hygiene should be performed before and after patient contact. Hand washing is required immediately if hands are grossly contaminated with blood or other bodily fluids.
3. Gloves should be worn when hands are likely to come in contact with blood or body fluids.
4. Gowns, protective eyewear, and masks should be worn when splashing, splattering, or aerosolization of blood or body fluids is likely to occur.
5. Sharp objects ("sharps") should be handled with great care and disposed of in impervious receptacles.
6. Needles should never be manipulated, bent, broken, or recapped.
7. Blood spills should be handled via initial absorption with disposable towels, cleaning area with soap and water, followed by disinfecting area with 1:10 solution of household bleach.
8. Contaminated reusable equipment should be decontaminated by using heat sterilization, or when heat is impractical, using a mycobactericidal cleanser.
9. Pocket masks or mechanical ventilation devices should be available in areas where cardiopulmonary resuscitation procedures are likely.
10. Health care workers with open lesions or weeping dermatitis should avoid direct patient contact and should not handle equipment.
11. New CDC guidelines help solve the dilemma of how to treat a healthcare worker exposed to hepatitis or HIV from needle sticks, etc. For complete information go to [www.cdc.gov](http://www.cdc.gov)

### Caring for Family Member or Patient with Communicable Disease

When caring for patients with communicable diseases (hepatitis B, acquired immune deficiency syndrome, tuberculosis, meningitis, MRSA, VRE, MDRO, CRE etc.), students must **be directly supervised by a qualified radiographer, and will follow the exact procedures established by the clinical education center. Students shall not complete any examination on any patient with a positive PPD or whooping cough.**

Any student who suspects exposure to or who has been exposed to any communicable disease must notify the clinical instructor and the clinical coordinator immediately. Appropriate safety and health measures will then be taken for all persons involved. In the event the student is exposed to any communicable disease, the protocol of the affiliate institution will be adopted and explained to the student. A record of this consultation will be kept in the student's file. Neither the college nor the clinical affiliates assume responsibility for the cost of any testing procedures. Students are expected to contact their personal physician. If a student subsequently contracts a communicable disease, the student must be cleared with documentation from his/her physician in order to resume clinical education.

## Student Illness and Clinical Attendance

Students shall monitor their health and should not engage in patient care activities when they might have an active or potentially contagious illness. The student will assume the responsibility of disclosure of infectious diseases to minimize the risk of contagion to patients, personnel, and others. Confidentiality will be preserved within the required investigative, treatment, and notification limits of the disease process. Students should not attend clinical if they have acquired a communicable or infectious disease without consulting the clinical coordinator and clinical instructor. Clinical faculty reserve the right to send a student home if they feel the student may be contagious or unable to continue the clinical assignment. Appropriate medical release may be required to ensure return to a normal schedule.

### Major Illness or Accident Policy

Should a student become ill for a prolonged time or suffer an accident which limits participation in clinical experience and/or classes, the program director should be informed as soon as possible. **A prolonged time would generally be any incident which restricts the student's participation for longer than three (3) consecutive days.** Some illnesses or accidents might prevent the student from participation for longer periods of time. These situations will be assessed on an individual basis to determine what would best assist the student in completing the requirements of the program. **Prolonged absence from clinical experience due to illness or accident (defined as 25% or more of clinical assignment) may require a medical leave of absence or extended clinical education prior to graduation.** This policy is based on the rationale that continuity of learning is seriously compromised when more than 25% of an assignment is missed. Students may not attend clinical when lifting or other physical restrictions are imposed by injury or temporary disability (cast, sling, crutches or any other apparatus) or restriction from a physician that may interfere with the student's ability to perform procedures or puts a patient at risk. Students will be required to provide documentation from a physician or other primary health provider that they are able to meet all clinical objectives without restriction.

### Need for Health Care at Clinical Education Centers

If a student becomes ill or is injured while at a clinical education setting the student should:

1. Report to the Clinical Instructor or supervisors or go immediately to the Emergency Department if necessary. The student or the student's insurance company will be billed for any medical treatment received at the clinical education setting as a result of illness or injury.
2. Report to the Clinical Instructor concerning the outcome of the Emergency Department visit.
3. Complete a Gannon University health incident report and a clinical site incident report if necessary.
4. Notify Gannon University program officials as soon as possible.
5. Present any required documentation of student's ability to resume clinical activities.

## Clinical Attendance Policy

Students may have a total of 16 hours per semester for personal time (PTO). Any absence beyond these 16 hours will be reflected in the student's final clinical grade for that semester. For every successive absence after the 16 PTO hours, there will be a deduction of .1 from the final grade. Two absences beyond the 16 PTO hours will result in the activation of the **Corrective Disciplinary Procedure for Attendance** as described in the student handbook (p. 44). **Absences must be reported to the Clinical Instructor and the Clinical Coordinator a minimum of 30 minutes before the clinical assignment is scheduled to begin.** Absences of three or more consecutive days for any reason of illness may require a physician's statement regarding student capability to resume clinical assignments. Students who are considered deficient in any assignment, as determined by the clinical instructor or clinical coordinator, must repeat the assignment before the next clinical course. Deficiencies of assignments due to absence are rescheduled by the Clinical Instructor and Clinical Coordinator. Available time is limited to semester breaks and final exam week, and must be completed before the start of the next semester or students will receive a failing grade.

### Corrective Disciplinary Procedure for Attendance

Level One: The first step in corrective discipline is a first level warning. Reasons for all absences and/or tardiness will be reviewed by the program director, clinical coordinator and the student. An attendance contract will be written based on the findings for the absences and/ or tardiness. The goal of the contract is to establish communication and direction, options, or consequences if this behavior continues. Any additional absences and/or tardiness will result in a level two warning.

Level Two: A second level warning is the next step in the corrective disciplinary procedure for attendance. The goals that were set in the attendance contract have not been met. The student has had additional absences and/or tardiness. The student will meet with the program director and clinical coordinator to discuss. A level two warning may lead to an addendum to the original contract, deceleration, leave of absence, or dismissal from the program.

**Note:** The levels for the Corrective Disciplinary Procedures for Attendance are cumulative from one clinical radiography course to another.

## HIPAA

The main objective of HIPAA is to protect the privacy of patient information. All hospital and patient records are confidential in nature. Students may have access to medical information regarding the patient's clinical history in order to effectively evaluate patients in their care and ensure that proper radiographic examinations have been ordered. According to HIPAA guidelines students are limited to information only necessary for the performance of their direct duties. Students are expected to maintain the confidentiality of patients at all times. Students may not access patient information or examinations unless the information is needed for patient care or educational purposes. **Any student found in violation of HIPAA or found misusing protected health information will be subject to possible disciplinary action and/or dismissal from the program. The student may be liable for civil or criminal proceedings.**

## Incident Reporting

An occurrence is a variance in events not consistent with desired operation or care of a patient. All occurrences that take place while on clinical assignment that result in patient, hospital personnel, or personal injury and/or damage to equipment must be reported immediately to the clinical instructor and the clinical coordinator or program director. In addition, proper documentation to describe the incident must be completed. Students are responsible for complying with all safety procedure. Incidents will be reviewed and appropriate action, if necessary, will be determined by program faculty.

## Repeat Policy

Once a student has successfully completed a clinical competency or sign-off, she/he may perform the exam with indirect supervision. Due to many influencing factors, repeating images has the potential to compromise the welfare of the patient, healthcare facility or student. Additionally, the JRCERT Standards for an Accredited Educational Program in Radiography state, "a qualified radiographer is present during student performance of a repeat of any unsatisfactory radiograph." In accordance with this standard, **unsatisfactory radiographs must be repeated with a qualified radiographer in the radiographic room.** In addition, the technologist must verify her/his presence by signing the daily log sheet. Disregard for this policy will be reflected in the student's professional development evaluation which will affect the final grade. A pattern of noncompliance toward this policy will be subject to disciplinary action.

## Acceptance of Images

Students will not assume the responsibility for final acceptance of images. This is the responsibility of the facility employees and radiographer supervising the student. All images taken by a student must be approved by a radiographer prior to acceptance. Disregard for this policy will be reflected in the student's professional development evaluation which will affect the final grade. A pattern of noncompliance toward this policy will be subject to disciplinary action.

## Injection of Iodinated Contrast Media

Students may not administer medications, including iodinated contrast media. All medications and iodinated contrast media will be administered only by a Registered Nurse or an appropriately identified Radiologic Technologist.

## Markers

Students will use their own right and left markers to properly identify every image they perform. The program will provide the first set of markers. All subsequent sets of markers will be paid for by the student.

## Jury Duty

Being selected for jury duty is a civic responsibility in which the Department encourages students to participate. Verification of jury duty attendance must be submitted. Please be advised that the School cannot intervene on the student's behalf should a student be summoned for jury duty.

## Funeral Leave

A student may be granted 2 – 3 funeral days for the death of a parent, sibling, spouse, partner, child, grandparent or equivalent in law. A student may be granted 1 funeral day for the death of an aunt, uncle, and other relative or equivalent in law or close friend. These absences are not counted as personal days. Request for additional time off can be made based on extenuating circumstances. This additional time off will require the student to use his/her personal days. The student must call the clinical coordinator or program director to request the funeral leave. Documentation of attendance may be required.

## Use of Technology

Using hospital computers for personal reasons such as completing assignments, checking email, playing games or surfing the Internet is not permitted during clinical time. **Cell phones are prohibited during clinical education.**

## Lunches

A ½ hour Lunch break will be assigned by the clinical educator or their designee. Students are expected to return to their assigned area immediately after the lunch period is over. Lunch periods may not be delayed in an effort to leave the clinical site early.

## Related Work Policy

It is not uncommon for students of the Radiologic Sciences program to be gainfully employed at health care facilities while still enrolled as a student at Gannon University. This employment usually occurs as the student is fulfilling requirements for competency and graduation and can be in any capacity. Some employment opportunities include but are not limited to: file clerk, receptionist, transporter, technologist assistant. Students should understand that any employment offered them by any medical facility affiliated with Gannon University Radiologic Sciences Program is strictly voluntary on their part and is not demanded them by the medical facility. Students who accept employment situations at clinical sites while enrolled in the program may do so during hours in which the student is not engaged in assigned educational activities. Students working in an affiliated clinical education site may not supervise other students. A student who is working as an employee is NOT eligible for competency evaluations or signoffs. In the event that this occurs, the student may be immediately dismissed from the program.

**Gannon University is not responsible for any malpractice liability covering any action relating to the student's responsibilities as an employee of the medical facility.**

## Dress Code Policy

Students are required to present a professional appearance at all times. It is the patient's right to be treated with dignity and care by clean individuals. It is, therefore, required that each student practice good personal hygiene. Any students reporting to the clinical assignment in violation of the dress code policy will be sent home by the clinical instructor. The student will be considered absent for these hours.

### **The following items must be worn or carried at all times while in the clinical affiliate:**

1. Official identification badges shall be worn on the uniform such that the student's identity is readily visible.
2. Radiation monitoring dosimeter to be worn at the collar, uncovered by lead shields
3. Clinical Notebook
4. Pen with blue or black ink
5. Watch with second hand

### **Students are required to practice good personal hygiene and present a professional appearance at all times.**

1. Hair must be clean and worn away from the face so that it will not come in contact with the patient when leaning forward. Unless hair is short enough to remain close to the head and off the collar, it must be pulled away from the face and secured in such a manner that no strands fall downward onto the shoulders or into the face. Hair will be secured with plain black, brown, tan, beige or white clasps or elastic bands. **Bows or ribbons are not acceptable.**
2. Hairstyles are to be conservative and well kept. Hair color must also be conservative. No unconventional hair colors will be allowed (purple, green, red, pink; etc.)
3. Wear makeup conservatively.
4. Strong odors are not tolerated well by sick people. **No scented perfumes, colognes, lotions or powders can be worn.**
5. PER CDC guidelines regarding infection control: Fingernail polish is not to be worn. Fingernails should not extend more than 1/4" beyond the fingertips. No sculptured nails are allowed.
6. Chewing gum and eating detract from a professional image and are not acceptable while in the view of patients.
7. Modest jewelry: 2 rings, 1 chain, wrist watches, and plain post earrings (limit 3 pair earrings per ear). Ear bar piercings and facial piercings are not permitted.
8. Visible tattoos must be covered by the uniform or flesh colored bandages, if required by the clinical site.
9. Beards and mustaches must be clean, neatly trimmed and in compliance with the clinical site policy.

### **Uniform** – Uniforms will be neat, pressed and clean at all times and in the designated color.

1. Uniform pants should be worn high enough on the hips so that under garments or bare skin are not visible when the student reaches or bends over, and so that excessive fabric does not fall below the heel of the shoes. Scrub pants **should not drag on the floor.**
2. Polo shirts are acceptable but must be tucked in. A clean **tan, brown, black or white** T-shirt (no decals) of appropriate sleeve length may be worn under the scrub top. Uniform tops should fall 3-4 inches below the waist. Avoid plunging necklines.
3. White, brown or black clinic shoes or tennis shoes. No "croc" style shoes allowed. Regardless of style, footwear must be kept clean and in good repair. **Socks must cover ankles. No show socks are not permitted.**
4. Uniforms will remain in good repair. Rips, tears or holes are unacceptable. Uniforms must not be binding or constricting, but allow for ease of movement while bending or reaching. Uniforms must be properly buttoned/zipped to insure a neat, modest appearance. Skin should not show from under uniform shirts or tops, especially when reaching above the head.

## MASTER PLAN OF CLINICAL EDUCATION

Clinical education is much different than the traditional classroom instruction to which the student has become accustomed. It takes place in various health care settings, and involves the radiography of real patients. Compared to the learning activities conducted in the didactic courses, the learning activities in the clinical setting are frequently much less structured. You must take a more active and responsible role for integrating the academic preparation you had with the individual examinations you are observing or performing. Generally, in the classroom setting you work independently as you pursue your academic goals. Teamwork and cooperation among the students is not a necessity in achieving academic goals. In the clinical setting, you must pursue your educational goals within the overall goals of the department to deliver quality patient services efficiently and effectively. Rather than function independently, you become part of a health care delivery team and must function cooperatively to achieve educational and departmental goals. The point is that you will make a transition that will require some reorientation and adaptation on your part. You are not the only one, however, involved in this process. This is a time of transition also for the students in the class ahead of you who are assuming a new role and responsibilities as senior students. The clinical staff is also involved in reorientation and adaptation. At the point when you enter the hospital, they have been working with students who in the most part require minimal supervision. The staff must cycle back and assume a direct supervisory role all over again.

Clinical education consists of observation, assisting and then independent performance of radiographic examinations. Upon demonstration of proficiency the student may perform the exam with indirect supervision. Throughout the two years, students become competent in more complicated procedures. During the final summer the student will perform two terminal performance assessments.

Students are to participate in planned learning activities as assigned by the program faculty. Within each clinical education setting specific rotations will be arranged through the designated clinical supervisor with oversight by the Clinical Coordinator. These assignments provide students with a variety of clinical experiences to meet the educational outcomes of the program. The clinical education experience is meant to provide the student with opportunities to perform all aspects of routine radiography. Students are not encouraged to attempt exams alone with which they are not familiar. Students are under the supervision of the Clinical Instructor for all educational functions within the clinical affiliate. Students will also receive instruction and directions from the registered radiographer to whom they are assigned. In turn the radiographer gives input to the clinical instructor regarding the student's progress. **Students are not to perform procedures on patients without proper instruction and supervision as described by the Joint Review Committee Essentials and Guidelines of an Accredited Program in Radiography.** Students are to participate in a team effort with staff to perform department activities as needed; such as maintaining department cleanliness, replenishing supplies, and transporting patients as appropriate.

Students are required to keep a record of the types and numbers of examinations they perform during all clinical radiography courses. The student will observe, assist, and perform radiographic examination under supervision appropriate for their competency level. It is vital that students have a broad and varied clinical experience. By keeping a day-to-day record of clinical experiences, the student will be able to readily identify any voids in their clinical experience. **The LOG OF EXAMINATION SHEET is to be turned in on a weekly basis to the appropriate faculty member according to the course syllabus.** Although the clinical liaison/instructor and clinical education site attempt to provide you with learning experiences that are compatible with the objectives for each clinical course, your personal record-keeping will reveal whether you are participating in a well-rounded education. Each student must assess their own progress, identify voids, and assert herself/himself to correct identified voids.

As the clinical affiliates are independent agencies concerned primarily with patient care they have the right to deny access to any student who they deem unfit to represent them to the public. This may be due to the students' actions, skills or attitude and can occur at any time during a clinical assignment. In the event a student is denied clinical placement a review will occur to determine if the student should be placed at another clinical site. If this cannot occur a failing grade will be given and the student will not be able to continue in the program.



## Clinical Performance Assessment System

As required by the ARRT, the program utilizes a performance assessment based method of clinical education that incorporates not only performance of radiographic procedures but also the application of theory and knowledge to clinical actions. The basis of the clinical grade is the achievement of minimum objectives needed to develop proficiency.

The student begins her/his clinical participation by first observing the performance of radiographic exams by a practicing radiographer. The participation moves from observation to a more active mode of assisting with radiographic exams. The rate of student progress is dependent upon the ability of the student to integrate the cognitive (classroom), psychomotor (clinical) and affective (values) aspects of the curriculum simultaneously.

In accordance with the JRCERT, the **policy for supervision** follows and should be implemented without exception:

1. **Direct supervision** is required prior to proving proficiency
  - a. A qualified radiographer reviews the request for examination in relation to the student's achievement.
  - b. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
  - c. A qualified radiographer is present during the conduct of the examination.
  - d. A qualified radiographer reviews and approves the images.

**Direct supervision is required without exception under the following circumstances:**

- Until the student has demonstrated successful proficiency
  - Whenever the student is repeating a radiographic image
  - During all mobile and surgical radiography
2. **Indirect supervision** – after demonstrating proficiency students may perform procedures with indirect supervision unless the clinical site indicates otherwise. Indirect supervision is defined as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed (within calling distance from the room in which the exam is being performed). This applies to all areas where ionizing radiation equipment is in use.

Assessment of exams generally occurs during scheduled weeks. However, the clinical educator will direct students in timely completion of assessments. The clinical educator will verify that any prerequisites have been met. The evaluator will complete the performance assessment form based on the student's performance of the exam. The grade is calculated and discussed with the student after the exam. **(See Clinical Performance Assessment Form). Performance Assessments cannot be taken until the procedure has been covered in the classroom.** Students must receive a minimum grade of C (88%) to pass the competency. A student who receives less than a C will have an opportunity to repeat the performance assessment **ONCE** for a grade. The score on the repeat exam will be averaged in with all other performance assessments when calculation of the grade occurs. If the grade on the repeat exam is not a C (88%), the student must complete the procedure to demonstrate proficiency though it will not be used when the grade is calculated.

In addition, the ARRT has established minimum core clinical performance assessments necessary for eligibility for the ARRT Radiography Examination (**see ARRT Clinical Performance Assessments Requirements document and record of ARRT proficiency requirements**). Demonstration of proficiency must be done without assistance and include all required behaviors of a clinical performance assessment examination (**see Performance Assessment Form**). All performance assessments must be documented on the ARRT checklist as the student completes them. A staff technologist can verify on the checklist that the student completed the examination unassisted and the image(s) was/were reviewed with the student for acceptable diagnostic quality. The clinical instructor, clinical instructor assistant or any of the Gannon faculty can review these images at any time as a quality control mechanism. If this evaluator determines that the resulting images were not acceptable, the student will have to repeat the examination. A minimum number of specific performance assessments shall be completed each semester (see Requirements by Semester) to be calculated into the student's final semester grade. Students are

responsible for current documentation regarding ARRT performance assessments. NOTE: if all required performance assessments are not completed, the Program Director cannot sign the student's application for ARRT examination. This may require the student's clinical education be extended past the anticipated date of completion of the program.

### **Rescinding an Assessment**

Students will be held accountable for being able to perform an exam for which that student has successfully completed an assessment. The clinical instructor or any of the Gannon faculty may test the student for cause or at random. The exam must be performed independently in a reasonably accurate manner or the previous assessment may be rescinded from the ARRT competency checkoff. The student will then repeat the assessment as required.

### **Professional Development**

Clinical education comprises more than performing skills. Clinical education also entails developing acceptable work habits and appropriate interpersonal relationships as members of a professional healthcare team. The student's goal is to develop professionally and demonstrate observable characteristics defined as professional (see Professional Development Objectives). Professional development forms are completed by the Clinical Faculty and summarize the progress of the student in the attainment of these goals (**see Professional Development Evaluation Forms**).

Each specific performance assessment percentage, which has been assigned for that semester, will be converted to a quality point scale and averaged together for a composite Clinical Performance Assessment quality point average (GPA). Each Professional Development score is converted to the same quality point scale and averaged together for a composite Professional Development quality point average (GPA). The two composite GPA's are then averaged together for a final GPA and converted to the final letter grade for the course.

The scale for conversion of **Performance Assessments and Professional Development Evaluations are found on the forms**. The scale for conversion of final quality point averages to the final letter grade is as follows:

|             |      |
|-------------|------|
| 4.0         | = A+ |
| 3.80 – 3.90 | = A  |
| 3.75 - 3.79 | = A- |
| 3.5 - 3.74  | = B+ |
| 3.0 – 3.49  | = B  |
| 2.8 – 2.9   | = B- |
| 2.5 - 2.79  | = C+ |
| 2.0 - 2.49  | = C  |
| 1.8 – 1.99  | = C- |
| 1.0 - 1.79  | = D  |
| 0.0 - .99   | = F  |

**The final grade for RADS 206, 216 and 226 is calculated according to the following weighted scale:**

- 10% Three assigned performance assessments
- 30% Clinical Instructor's Midsemester Professional Development grade
- 60% Clinical Instructor's Final Professional Development grade

The Terminal Performance Assessments are required during Summer II. Its intent is to evaluate the student's ability to integrate all previously learned knowledge and clinical skills during a multiple study exam. Students must receive a C or better to pass the Terminal Performance Assessment. A student who receives a D or an F may repeat the terminal performance assessment only once. The repeat grade will be used as the final Terminal Performance Assessment grade. Failure to complete the Terminal Performance Assessments with a C or better may prevent the student from graduating.

**The final grade for RADS 286 is calculated according to the following weighted scale:**

30% Two assigned Terminal Performance Assessments

70% Clinical Instructor's Final Professional Development grade

### **Attendance and Vacation Policies**

The daily times of attendance will vary somewhat depending upon the clinical assignment. Students will be assigned classroom, laboratory and clinical activities not to exceed forty (40) hours per week. Student's vacations will follow the academic calendar of the University. In addition, all students will have one week off after the Spring 1 semester and two weeks off after Summer 1. Students should plan any necessary time off according to this schedule.

Clinical attendance is required. Absences from clinical education are absences from required participation in radiologic procedures. The student performs these as part of an educational process in which he or she personally applies knowledge gained in the classroom. Those procedures that are missed cannot be duplicated. Students should understand that, therefore, absence and/or tardiness will have a detrimental effect on attainment of clinical and professional goals and will reflect in the student's performance.

Students may have a total of **16 hours personal time (PTO) per period** (Summer 1, Fall 2, Spring 2, and Summer 2). Any absence beyond these 16 hours will be reflected in the student's final clinical grade for that semester. For every successive absence after the 16 PTO hours, there will be a deduction of .1 from the final grade. **Two absences beyond the 16 PTO hours will result in disciplinary action as described in the Student Handbook.** Absences must be reported to the Clinical Instructor and Clinical Coordinator a minimum of 30 minutes before the clinical assignment is scheduled to begin. Absences of three (3) or more consecutive days for reasons of illness may require a physician's statement regarding student capability to resume clinical assignments. No partial days of absence are permitted without prior approval by the clinical instructor. **A student deficient in any assignment, as determined by the Clinical Instructor and Clinical Coordinator, must repeat the assignment.** Available time is limited to semester breaks and final exam week, and must be completed before the start of the next semester or the student will receive a failing grade.

Arriving at the clinical site later than the scheduled time is considered tardiness and should be phoned in to the **Clinical Instructor and Clinical Coordinator**. Any time a student arrives late, he or she should inform the clinical instructor of arrival. Additionally, while students are permitted 1 tardy without penalty per semester, each successive tardy will result in the deduction of .08 from the final grade. **Excessive tardiness may result in disciplinary action as described in the Student Handbook.**

**Failure to report absence or tardiness will result in deduction of .1 from the final grade for each occurrence.**

**GANNON UNIVERSITY  
RADIOLOGIC SCIENCES PROGRAM**

**Requirements by Semester**

| FIRST SUMMER<br>RADS 206  | SECOND FALL<br>RADS 216*   | SECOND SPRING<br>RADS 226*   | SECOND SUMMER<br>RADS 286  |
|---|--|--|--|
| <b>Routine Chest</b><br><ul style="list-style-type: none"> <li>• pediatric</li> <li>• WC/cart</li> <li>• Geriatric</li> </ul><br><b>Hand</b><br><br><b>Wrist</b><br><br><b>Foot</b><br><br><b>Ankle</b><br><br><b>Forearm</b><br><br><b>Elbow</b> | <b>Knee (float)</b><br><br><b>Abdomen (float)</b><br><ul style="list-style-type: none"> <li>• To include erect or decub</li> </ul><br><b>Hip (routine) (float)</b><br><ul style="list-style-type: none"> <li>• AP/frog lateral</li> </ul><br><b>Lumbar Spine (float)</b> | <b>Cervical Spine (float)</b><br><br><b>Thoracic Spine (float)</b><br><br><b>Ribs (float)</b><br><br><b>Shoulder (float)</b> | <b>Terminal Performance Assessment 1</b><br><br><b>Terminal Performance Assessment 2</b> |
| 4 performance assessments<br>chest and any 3 extremities<br>2 PD  | 3 performance assessments<br>2 PD  | 3 performance assessments<br>2 PD  | 2 Performance Assessments<br>1 PD  |
| 10 ARRT req.<br>6 progress sheets<br>(3 by midsummer)   | Minimum 14 ARRT req.<br>6 progress sheets<br>(3 by midsemester)  | Minimum 14 ARRT req.<br>6 progress sheets<br>(3 by midsemester)  | Minimum 14 ARRT req.<br>6 progress sheets<br>(3 by midsummer)                            |

**Surgery Checklist, Sterile Tray Checklist to be completed per clinical site.**

Students **must complete the minimum requirements to advance to the next semester. 26 must be completed by the end of Fall 2.** All didactic and clinical performance assessment requirements must be completed prior to the Program Director's signature for the application for the national credentialing examination.

**\* Must perform two spine assessments for RADS 216 and/or 226.**

**ARRT Clinical Competency Requirements**

| <i>CHEST AND THORAX</i>   | <i>Mandatory</i> | <i>Elective</i> | <i>Date Completed</i> | <i>Patient or Simulated</i> | <i>Verified By</i> |
|---|------------------|-----------------|-----------------------|-----------------------------|--------------------|
| Chest Routine   | X                |                 |                       |                             |                    |
| Chest AP (Wheelchair or Stretcher)  | X                |                 |                       |                             |                    |
| Ribs  | X                |                 |                       |                             |                    |
| Chest Lateral decubitus   |                  | X               |                       |                             |                    |
| Sternum   |                  | X               |                       |                             |                    |
| Upper Airway (Soft-tissue Neck)   |                  | X               |                       |                             |                    |
| <i>UPPER EXTREMITY</i>  |                  |                 |                       |                             |                    |
| Thumb or Finger   | X                |                 |                       |                             |                    |
| Hand  | X                |                 |                       |                             |                    |
| Wrist   | X                |                 |                       |                             |                    |
| Forearm   | X                |                 |                       |                             |                    |
| Elbow   | X                |                 |                       |                             |                    |
| Humerus   | X                |                 |                       |                             |                    |
| Shoulder - internal or external rotation                                    | X                |                 |                       |                             |                    |
| Trauma: Shoulder or Humerus<br>(Scapular Y, Transthoracic or<br>Axillary)   | X                |                 |                       |                             |                    |
| Clavicle  | X                |                 |                       |                             |                    |
| Scapula   |                  | X               |                       |                             |                    |
| Acromioclavicular Joints  |                  | X               |                       |                             |                    |
| Trauma: Upper Extremity<br>(NonShoulder)                                    | X                |                 |                       |                             |                    |
| <i>LOWER EXTREMITY</i>  |                  |                 |                       |                             |                    |
| Foot  | X                |                 |                       |                             |                    |
| Ankle   | X                |                 |                       |                             |                    |
| Knee  | X                |                 |                       |                             |                    |
| Tibia - Fibula  | X                |                 |                       |                             |                    |
| Femur   | X                |                 |                       |                             |                    |
| Trauma: Lower Extremity   | X                |                 |                       |                             |                    |
| Patella   |                  | X               |                       |                             |                    |
| Toes  |                  | X               |                       |                             |                    |
| Calcaneus   |                  | X               |                       |                             |                    |
| <i>Head - must select at least one elective procedure from this section</i> |                  |                 |                       |                             |                    |
| Skull   |                  | X               |                       |                             |                    |
| Paranasal Sinuses   |                  | X               |                       |                             |                    |
| Facial Bones  |                  | X               |                       |                             |                    |
| Orbits  |                  | X               |                       |                             |                    |
| Zygomatic Arches  |                  | X               |                       |                             |                    |
| Nasal Bones   |                  | X               |                       |                             |                    |
| Mandible  |                  | X               |                       |                             |                    |
| Temporomandibular Joints  |                  | X               |                       |                             |                    |
| <i>SPINE AND PELVIS</i>   |                  |                 |                       |                             |                    |
| Cervical Spine  | X                |                 |                       |                             |                    |
| Thoracic Spine  | X                |                 |                       |                             |                    |
| Lumbar Spine  | X                |                 |                       |                             |                    |
| Pelvis  | X                |                 |                       |                             |                    |
| Hip   | X                |                 |                       |                             |                    |
| Cross-table Lateral Hip   | X                |                 |                       |                             |                    |
| Cross-table Lateral Spine   | X                |                 |                       |                             |                    |
| Sacrum and/or Coccyx  |                  | X               |                       |                             |                    |
| Sacroiliac Joints   |                  | X               |                       |                             |                    |
| Scoliosis Series  |                  | X               |                       |                             |                    |

| <b>ABDOMEN</b>   | <b>Mandatory</b> | <b>Elective</b> | <b>Date Completed</b> | <b>Patient or Simulated</b> | <b>Verified By</b> |
|--|------------------|-----------------|-----------------------|-----------------------------|--------------------|
| Abdomen Supine (KUB)   | X                |                 |                       |                             |                    |
| Abdomen Upright  | X                |                 |                       |                             |                    |
| Abdomen Decubitus  |                  | X               |                       |                             |                    |
| Intravenous Urography  |                  | X               |                       |                             |                    |
| <b>Fluoroscopy Studies - Must select either UGI or Contrast Enema + one other procedure</b>                                    |                  |                 |                       |                             |                    |
| UGI (Single or Double Contrast)  |                  | X               |                       |                             |                    |
| Contrast Enema (Single or Double Contrast)   |                  | X               |                       |                             |                    |
| Small Bowel Series   |                  | X               |                       |                             |                    |
| Esophagus  |                  | X               |                       |                             |                    |
| Cystography/Cystourethrography   |                  | X               |                       |                             |                    |
| ERCP   |                  | X               |                       |                             |                    |
| Myelogram  |                  | X               |                       |                             |                    |
| Arthrography   |                  | X               |                       |                             |                    |
| Hysterosalpingography  |                  | X               |                       |                             |                    |
| <b>MOBILE Radiographic Studies</b>   |                  |                 |                       |                             |                    |
| Chest  | X                |                 |                       |                             |                    |
| Abdomen  | X                |                 |                       |                             |                    |
| Orthopedics  | X                |                 |                       |                             |                    |
| <b>Mobile C-Arm Studies</b>  |                  |                 |                       |                             |                    |
| Manipulation to Obtain > 1 projection  | X                |                 |                       |                             |                    |
| Manipulation Around a Sterile Field  | X                |                 |                       |                             |                    |
| <b>PEDIATRIC PATIENT (AGE 6 or Younger)</b>  |                  |                 |                       |                             |                    |
| Chest Routine  | X                |                 |                       |                             |                    |
| Upper Extremity  |                  | X               |                       |                             |                    |
| Lower Extremity  |                  | X               |                       |                             |                    |
| Abdomen  |                  | X               |                       |                             |                    |
| Mobile Study   |                  | X               |                       |                             |                    |
| <b>GERIATRIC (Age 65 or older, physically or cognitively impaired due to age)</b>  |                  |                 |                       |                             |                    |
| Chest Routine  | X                |                 |                       |                             |                    |
| Upper Extremity  | X                |                 |                       |                             |                    |
| Lower Extremity  | X                |                 |                       |                             |                    |
| <b>GENERAL PATIENT CARE</b>  |                  |                 |                       |                             |                    |
|  | <b>Mandatory</b> |                 | <b>Date Completed</b> | <b>Patient or Simulated</b> |                    |
| CPR Certified  | X                |                 |                       |                             |                    |
| Vital Signs - Blood Pressure   | X                |                 |                       |                             |                    |
| Vital Signs - Temperature  | X                |                 |                       |                             |                    |
| Vital Signs - Pulse  | X                |                 |                       |                             |                    |
| Vital Signs - Respiration  | X                |                 |                       |                             |                    |
| Vital Signs - Pulse Oximetry   | X                |                 |                       |                             |                    |
| Sterile & Medical Aseptic Technique  | X                |                 |                       |                             |                    |
| Venipuncture   | X                |                 |                       |                             |                    |
| Transfer of Patient  | X                |                 |                       |                             |                    |
| Care of Medical Equipment  | X                |                 |                       |                             |                    |
| <b>TOTALS</b>  |                  |                 |                       |                             |                    |
| Trauma - serious injury or shock to the body & requires modifications in positioning & monitoring of patient's condition.      |                  |                 |                       |                             |                    |
| Must complete 37 mandatory procedures, 8 may be simulated  |                  |                 |                       |                             |                    |
| Must complete 15 of 34 elective procedures   |                  |                 |                       |                             |                    |
| One of the 15 elective procedures must be selected from the head section.  |                  |                 |                       |                             |                    |
| 2 of the 15 elective procedures must be selected from the fluoroscopy section, 1 of which must be either UGI or contrast enema |                  |                 |                       |                             |                    |

## CLINICAL EVALUATION OUTCOMES

\* Failure to demonstrate starred items results in a score of zero.

### Patient Care and Communication

1. Prepare room and obtain necessary equipment - exhibit the tube, table, and image receptor in general position, set control panel, provide clean and orderly area, select and prepare contrast media, as required
2. Interpret the requisition to include: Identify the procedure, patient's name and date of birth, verify physician orders with requisition, determine the projections required as well as any necessary precautions.
- \*3. **Correctly identify patient – repeat full name and date of birth.**
- \*4. **Record LMP and/or check for possible pregnancy according to affiliate's pregnancy policy.**
5. Obtain and document appropriate clinical history.
6. Explain exam to patient in age appropriate language.
7. Verify patient preparation, when appropriate.
8. Check for and remove undiagnostic material from area of interest.
9. Follow standard precautions.
10. Utilize proper shielding for all persons involved.
11. Ensure patient safety and privacy during exam.
12. Demonstrate consideration for patient comfort.
13. Complete exam in an efficient and timely manner.

### Technical Requirements & Positioning

1. Select appropriate IR for each projection or set appropriate collimated field for DR.
2. Utilize proper SID
3. Position patient/part correctly
4. Direct central ray accurately
5. Align CR, part and image receptor.
- \*6. **Place correct left or right marker on image receptor.**
7. Properly collimate.
8. Provide proper instructions
9. Select & adjust exposure factors as needed prior to positioning of patient

### Image Evaluation

1. Correctly identify projection
2. Correctly evaluate positioning criteria
3. Correctly identify anatomy.
4. Accurate discussion of index of exposure or deviation index
5. Lead marker visible and correctly placed within collimated borders

**Gannon University Radiologic Science Program  
Assessment for General Radiographic Exams  
GANNON/ARRT ARRT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Final Grade: \_\_\_\_\_

Procedure/Exam \_\_\_\_\_ MRN # \_\_\_\_\_

**Automatic Failure: The evaluation should be discontinued if any of the following occur:**

|                                      |   |                                    |                                 |
|--------------------------------------|---|------------------------------------|---------------------------------|
| Incorrect identification of patient  | Incorrect verification of physician order                           | Failure to check for pregnancy     | Failure to mark image correctly |
| Failure to document clinical history | Attempted incorrect exam, incorrect body part, incorrect projection | Incorrect patient or procedure tag |                                 |

**Please use the following scale, place N/A where appropriate.**

**2 = Acceptable**

**1 = Requires Minor Improvement**

**0 = Unacceptable**

| Patient Care & Communication                                       | 0 | 1 | 2 | General comments/Reasons for repeats |
|--|---|---|---|--------------------------------------|
| Prepare physical facilities & obtain necessary equipment           |   |   |   |                                      |
| Interprets requisition/diagnosis accurately                        |   |   |   |                                      |
| Obtains & documents appropriate clinical history                   |   |   |   |                                      |
| Checks for possible pregnancy according to policy                  |   |   |   |                                      |
| Explains exam in appropriate language                              |   |   |   |                                      |
| Checks for & removes non-diagnostic material from area of interest |   |   |   |                                      |
| Follows appropriate standard precautions                           |   |   |   |                                      |
| Uses proper shielding for all persons                              |   |   |   |                                      |
| Ensures patient safety & privacy during exam                       |   |   |   |                                      |
| Demonstrates consideration for patient comfort                     |   |   |   |                                      |
| Completes exam in an efficient & timely manner                     |   |   |   |                                      |
| Correctly sets projection tag throughout exam                      |   |   |   |                                      |

| Exposure Factors | mAs | kVp | Exposure index | D.I. | Processing Error |
|------------------|-----|-----|----------------|------|------------------|
| Projection 1     |     |     |                |      |                  |
| Projection 2     |     |     |                |      |                  |
| Projection 3     |     |     |                |      |                  |
| Projection 4     |     |     |                |      |                  |
| Projection 5     |     |     |                |      |                  |
| Projection 6     |     |     |                |      |                  |
| Projection 7     |     |     |                |      |                  |



| Technical Requirements & Positioning   | Projection 1 |   |   | Projection 2 |   |   | Projection 3 |   |   | Projection 4 |   |   | Projection 5 |   |   | Projection 6 |   |   |
|--|--------------|---|---|--------------|---|---|--------------|---|---|--------------|---|---|--------------|---|---|--------------|---|---|
|  | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 |
| Selects appropriate IR/ detector with correct orientation if applicable        |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Uses proper/ acceptable SID  |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Positions patient/part correctly   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Direct central ray accurately  |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Aligns CR, part and IR   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Properly collimates  |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Provides proper instructions (breathing, etc.)                                 |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Selects and adjusts exposure factors as needed prior to positioning of patient |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |

| Image Evaluation   | Projection 1 |   |   | Projection 2 |   |   | Projection 3 |   |   | Projection 4 |   |   | Projection 5 |   |   | Projection 6 |   |   |
|--|--------------|---|---|--------------|---|---|--------------|---|---|--------------|---|---|--------------|---|---|--------------|---|---|
|  | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 |
| Correctly identifies projection                                    |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Correctly evaluates positioning criteria                           |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Correctly identifies anatomy                                       |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Accurate discussion of index of exposure                           |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Lead marker visible and correctly placed within collimated borders |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |

| Repeat Evaluation  | Projection 1 |    | Projection 2 |    | Projection 3 |    | Projection 4 |    | Projection 5 |    | Projection 6 |    |
|--|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|--------------|----|
|  | -1           | -2 | -1           | -2 | -1           | -2 | -1           | -2 | -1           | -2 | -1           | -2 |
| Selects appropriate IR/ detector with correct orientation if applicable        |              |    |              |    |              |    |              |    |              |    |              |    |
| Uses proper/ acceptable SID  |              |    |              |    |              |    |              |    |              |    |              |    |
| Positions patient/part correctly   |              |    |              |    |              |    |              |    |              |    |              |    |
| Direct central ray accurately  |              |    |              |    |              |    |              |    |              |    |              |    |
| Aligns CR, part and IR   |              |    |              |    |              |    |              |    |              |    |              |    |
| Properly collimates  |              |    |              |    |              |    |              |    |              |    |              |    |
| Provides proper instructions (breathing, etc.)                                 |              |    |              |    |              |    |              |    |              |    |              |    |
| Selects and adjusts exposure factors as needed prior to positioning of patient |              |    |              |    |              |    |              |    |              |    |              |    |

**Total # of Repeats** \_\_\_\_\_ + **Total Number of Deductions** \_\_\_\_\_ = **Total Points Deducted** \_\_\_\_\_

**Total Possible Points:**

- 1 projection = 50 points
- 2 projections = 76 points
- 3 projections = 102 points
- 4 projections = 128 points
- 5 projections = 154 points
- 6 projections = 180 points

**Conversion Scale:**

- 100% - 96% = A
- 95% - 92% = B
- 91% - 88% = C
- 87% - 84% = D
- 83% - 0 = F

**Evaluator:** \_\_\_\_\_ **Student:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Gannon University Radiologic Science Program  
Assessment for Contrast Exams**

**GANNON/ARRT**

**ARRT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Final Grade: \_\_\_\_\_

Procedure/Exam \_\_\_\_\_ MRN # \_\_\_\_\_

**Automatic Failure: The evaluation should be discontinued if any of the following occur:**

|                                      |   |   |                                    |
|--------------------------------------|---|---|------------------------------------|
| Incorrect identification of patient  | Incorrect verification of physician order                           | Failure to check for pregnancy          | Failure to mark image correctly    |
| Failure to document clinical history | Attempted incorrect exam, incorrect body part, incorrect projection | Screens for allergies To contrast media | Incorrect patient or procedure tag |

**Please use the following scale, place N/A where appropriate.**

**2= Acceptable**

**1 = Requires Minor Improvement**

**0 = Unacceptable**

| <b>Patient Care &amp; Communication</b>   | <b>0</b> | <b>1</b> | <b>2</b> |
|---|----------|----------|----------|
| Prepare physical facilities & obtain necessary equipment                        |          |          |          |
| Interprets requisition/diagnosis accurately                                     |          |          |          |
| Obtains & documents appropriate clinical history                                |          |          |          |
| Checks for possible pregnancy according to policy                               |          |          |          |
| Checks that patient followed prep accurately                                    |          |          |          |
| Explains exam in appropriate language   |          |          |          |
| Checks for & removes non-diagnostic material from area of interest              |          |          |          |
| Follows appropriate standard precautions  |          |          |          |
| Uses proper shielding for all persons   |          |          |          |
| Ensures patient safety & privacy during exam                                    |          |          |          |
| Demonstrates consideration for patient comfort                                  |          |          |          |
| Completes exam in an efficient & timely manner, includes discharge instructions |          |          |          |
| Correctly sets projection tag throughout exam                                   |          |          |          |

| <b>Exposure Factors</b> | <b>mAs</b> | <b>kVp</b> | <b>Exposure index</b> | <b>D.I.</b> | <b>Processing Error</b> |
|-------------------------|------------|------------|-----------------------|-------------|-------------------------|
| Projection 1            |            |            |                       |             |                         |
| Projection 2            |            |            |                       |             |                         |
| Projection 3            |            |            |                       |             |                         |
| Projection 4            |            |            |                       |             |                         |
| Projection 5            |            |            |                       |             |                         |
| Projection 6            |            |            |                       |             |                         |
| Projection 7            |            |            |                       |             |                         |

|  | Projection 1 |   |   | Projection 2 |   |   | Projection 3 |   |   | Projection 4 |   |   | Projection 5 |   |   | Projection 6 |   |   |
|--|--------------|---|---|--------------|---|---|--------------|---|---|--------------|---|---|--------------|---|---|--------------|---|---|
| <b>Technical Requirements &amp; Positioning</b>                                | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 | 0            | 1 | 2 |
| Selects appropriate IR/ detector with correct orientation if applicable        |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Uses proper/ acceptable SID  |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Positions patient/part correctly   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Direct central ray accurately  |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Aligns CR, part and IR   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Properly collimates  |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Provides proper instructions (breathing, etc.)                                 |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |
| Selects and adjusts exposure factors as needed prior to positioning of patient |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |              |   |   |

Projection 1    Projection 2    Projection 3    Projection 4    Projection 5    Projection 6

| <b>Image Evaluation</b>  | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Correctly identifies projection                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Correctly evaluates positioning criteria                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Correctly identifies anatomy                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Accurate discussion of index of exposure                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lead marker visible and correctly placed within collimated borders |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Projection 1    Projection 2    Projection 3    Projection 4    Projection 5    Projection 6

| <b>Repeat Evaluation</b>   | -1 | -2 | -1 | -2 | -1 | -2 | -1 | -2 | -1 | -2 | -1 | -2 |
|--|----|----|----|----|----|----|----|----|----|----|----|----|
| Selects appropriate IR/ detector with correct orientation if applicable        |    |    |    |    |    |    |    |    |    |    |    |    |
| Uses proper/ acceptable SID  |    |    |    |    |    |    |    |    |    |    |    |    |
| Positions patient/part correctly   |    |    |    |    |    |    |    |    |    |    |    |    |
| Direct central ray accurately  |    |    |    |    |    |    |    |    |    |    |    |    |
| Aligns CR, part and IR   |    |    |    |    |    |    |    |    |    |    |    |    |
| Properly collimates  |    |    |    |    |    |    |    |    |    |    |    |    |
| Provides proper instructions (breathing, etc.)                                 |    |    |    |    |    |    |    |    |    |    |    |    |
| Selects and adjusts exposure factors as needed prior to positioning of patient |    |    |    |    |    |    |    |    |    |    |    |    |

**Total # of Repeats** \_\_\_\_\_ + **Total Number of Deductions** \_\_\_\_\_ = **Total Points Deducted** \_\_\_\_\_

**Total Possible Points:**

- 1 projection = 50 points
- 2 projections = 76 points
- 3 projections = 102 points
- 4 projections = 128 points
- 5 projections = 154 points
- 6 projections = 180 points

**Conversion Scale:**

- 100% - 96% = A
- 95% - 92% = B
- 91% - 88% = C
- 87% - 84% = D
- 83% - 0 = F

**Reason for repeat image(s) and other comments:**

Evaluator: \_\_\_\_\_ Student: \_\_\_\_\_ Date \_\_\_\_\_

**Gannon University Radiologic Science Program  
UPPER GI PERFORMANCE ASSESSMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Final Grade: \_\_\_\_\_

Procedure/Exam \_\_\_\_\_ MRN # \_\_\_\_\_

**Automatic Failure: The evaluation should be discontinued if any of the following occur:**

|                                      |   |   |                                    |
|--------------------------------------|---|---|------------------------------------|
| Incorrect identification of patient  | Incorrect verification of physician order                           | Failure to check for pregnancy          | Failure to mark image correctly    |
| Failure to document clinical history | Attempted incorrect exam, incorrect body part, incorrect projection | Screens for allergies To contrast media | Incorrect patient or procedure tag |

Please use the following scale, place N/A where appropriate.

**2= Acceptable**

**1 = Requires Minor Improvement**

**0 = Unacceptable**

| <b>Patient Care &amp; Communication</b>   | <b>0</b> | <b>1</b> | <b>2</b> |
|---|----------|----------|----------|
| Prepare physical facilities & obtain necessary equipment                        |          |          |          |
| Interprets requisition/diagnosis accurately                                     |          |          |          |
| Obtains & documents appropriate clinical history                                |          |          |          |
| Checks for possible pregnancy according to policy                               |          |          |          |
| Checks that patient followed prep accurately                                    |          |          |          |
| Explains exam in appropriate language   |          |          |          |
| Checks for & removes non-diagnostic material from area of interest              |          |          |          |
| Follows appropriate standard precautions  |          |          |          |
| Uses proper shielding for all persons   |          |          |          |
| Ensures patient safety & privacy during exam                                    |          |          |          |
| Demonstrates consideration for patient comfort                                  |          |          |          |
| Completes exam in an efficient & timely manner, includes discharge instructions |          |          |          |
| Correctly sets projection tag throughout exam                                   |          |          |          |

| <b>Image Evaluation</b>  | <b>PA/AP</b> |          |          | <b>RAO</b> |          |          | <b>Lateral</b> |          |          |
|--|--------------|----------|----------|------------|----------|----------|----------------|----------|----------|
|  | <b>0</b>     | <b>1</b> | <b>2</b> | <b>0</b>   | <b>1</b> | <b>2</b> | <b>0</b>       | <b>1</b> | <b>2</b> |
| Correctly identifies projection                                    |              |          |          |            |          |          |                |          |          |
| Correctly evaluates positioning criteria                           |              |          |          |            |          |          |                |          |          |
| Correctly identifies anatomy                                       |              |          |          |            |          |          |                |          |          |
| Accurate discussion of index of exposure                           |              |          |          |            |          |          |                |          |          |
| Lead marker visible and correctly placed within collimated borders |              |          |          |            |          |          |                |          |          |

**Total Possible Points: 56 total points**

**Conversion Scale:**

100% - 96% = A

95% - 92% = B

91% - 88% = C

87% - 84% = D

83% - 0 = F

**Comments:**

Evaluator: \_\_\_\_\_ Student: \_\_\_\_\_ Date \_\_\_\_\_

**Gannon University Radiologic Sciences Program  
Terminal Competency**

Student \_\_\_\_\_

Date: \_\_\_\_\_

Examination: \_\_\_\_\_

Grade: \_\_\_\_\_

- \* Failure to demonstrate starred items results in score of zero.
- \* Failure to correctly mark image results in score of zero.

|   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Select appropriate IR & correctly prepares control panel             | _____      | _____     |
| 2. Evaluate the request for procedure & patient information             | _____      | _____     |
| 3. Verifies physician order with requisition                            | _____      | _____     |
| <b>*4. Verify correct identification of patient</b>                     | _____      | _____     |
| <b>*5. Checks for possible pregnancy in females according to policy</b> | _____      | _____     |
| <b>*6. Documents clinical history</b>                                   | _____      | _____     |
| 7. Checks for & removes any artifacts prior to exposure                 | _____      | _____     |
| 8. Communicates with patient in age appropriate language                | _____      | _____     |
| 9. Attends to needs of the patient, maintains modesty                   | _____      | _____     |
| <b>*10. Follows standard precautions</b>                                | _____      | _____     |
| 11. Uses proper radiation protection                                    | _____      | _____     |
| <b>*12. Incorrect patient or procedure tag</b>                          | _____      | _____     |

**POSITIONING & TECHNICAL SKILLS** – multiple procedures, minimum of 8 projections

3 points – correct positioning & angulation; correct alignment of part, IR & CR, appropriate collimation; accurate Exposure factors; appropriate adjustment of control panel; correct marker use and correctly placed, results in optimal image

2.5 points – all of above skills demonstrated except for 1, results in near optimal image

2 points – inaccurate positioning and/or angulation, misalignment of IR, part or CR that results in image not centered to IR, inaccurate collimation; minor error in control panel or exposure factors; correct marker used but not placed as to be visible on image, results in acceptable image

1 point - major error in positioning and/or angulation, poor collimation; inaccurate exposure factors; poor use of control panel; correct marker used but not visible; results in marginally acceptable image

0 points – error that results in repeat image

Projections:

- |               |                |
|---------------|----------------|
| 1. _____ pts. | 2. _____ pts.  |
| 3. _____ pts. | 4. _____ pts.  |
| 5. _____ pts. | 6. _____ pts.  |
| 7. _____ pts. | 8. _____ pts.  |
| 9. _____ pts. | 10. _____ pts. |

Repeat images: (to document infractions)

- |               |               |
|---------------|---------------|
| 1. _____ pts. | 2. _____ pts. |
| 3. _____ pts. | 4. _____ pts. |

**IMAGE EVALUATION**

3 points - no errors, correct identification of projection, evaluation criteria & anatomy good understanding of brightness, contrast & exposure index, no prompts needed

2 points –minor errors in identification of projection, evaluation criteria or anatomy; minor misconceptions of brightness, contrast or exposure index, few prompts needed

1 point – major errors in identification of projection, evaluation criteria or anatomy, major misconception of brightness, contrast or exposure index, many prompts needed

0 points - no correct identification of evaluation criteria or anatomy per image, no understanding of brightness, contrast or exposure index

Projections:

- |          |            |           |            |
|----------|------------|-----------|------------|
| 1. _____ | _____ pts. | 2. _____  | _____ pts. |
| 3. _____ | _____ pts. | 4. _____  | _____ pts. |
| 5. _____ | _____ pts. | 6. _____  | _____ pts. |
| 7. _____ | _____ pts. | 8. _____  | _____ pts. |
| 9. _____ | _____ pts. | 10. _____ | _____ pts. |

Repeat images: (to document infractions)

- |          |            |          |            |
|----------|------------|----------|------------|
| 1. _____ | _____ pts. | 2. _____ | _____ pts. |
| 3. _____ | _____ pts. | 4. _____ | _____ pts. |

60 points (8 projections)

58 – 98%  
57 – 96%  
56 – 94%  
55 – 93%  
54 – 91%  
53 – 89%  
52 – 88%  
51 – 86%  
50 – 84%

66 points (9 projections)

64 – 98%  
63 – 96%  
62 – 95%  
61 – 93%  
60 – 92%  
59 – 90%  
58 – 89%  
57 – 87%  
56 – 86%  
55 – 84%

72 points (10 projections)

70 – 98%  
69 – 97%  
68 – 95%  
67 – 94%  
66 – 92%  
65 – 91%  
64 – 90%  
63 – 88%  
62 – 87%  
61 – 85%

**Conversion scale:**

96% - 100% - A  
88% - 95% - B  
75% - 87% - C  
70% - 74% - D

**Evaluator:** \_\_\_\_\_ **Student:** \_\_\_\_\_

## PROFESSIONAL DEVELOPMENT OUTCOMES

## **PATIENT CARE COMMUNICATION/ BASIC COMFORT**

1. Speak professionally in audible tone of voice, clearly and distinctly.
2. Maintain confidentiality of all information related to the patient.
3. Explain procedure & answers questions in age appropriate language
4. Deliver patient care & service unrestricted by concerns of personal attributes, or the nature of disease or illness & without discrimination on the basis of gender, race, creed, religion or socioeconomic status.

## **DIRECT PATIENT CARE**

1. Correctly verify patient (name, date of birth, pregnancy, physician order, RIS history relative to the exam) according to protocol
2. Obtain accurate & thorough clinical history
3. Use appropriate radiation protection
4. Assure preparation of patient for exam (change of clothes, artifacts, NPO, bowel prep, etc.)
5. Does not compromise patient due to incorrect standard precautions
6. Provide for patient comfort and safety
7. Appropriate patient discharge instructions
8. Proper patient transport/ transfer/ lifting techniques.

## **USE OF EQUIPMENT AND ROOM SET-UP**

1. Prepare a safe and clean radiographic room for examination.
2. Handle the radiographic equipment carefully.
3. Demonstrate mechanical knowledge when manipulating equipment (radiographic equipment, wheelchairs, stretchers, hospital beds, monitors, accessory equipment)

## **CONTROL PANEL SET-UP/ EXPOSURE FACTOR SKILLS**

1. Correct setting of control panel prior to positioning patient
2. Correct understanding of mA, mAs, kVp, focal spot selection for various parts and projections.
3. Review mAs readout with AEC and can incorporate the value in problem solving.

## **PATIENT POSITIONING/ MARKER PLACEMENT/ COLLIMATION**

1. Demonstrate ability to position routine exams as instructed, performs exams in an orderly way to increase patient comfort
2. Correct marker choice.
3. Correct placement of lead marker on IR to be visible on the image
4. Perform acceptable collimation (clinical site protocol)
5. Demonstrate ability to modify routine positions according to patient condition.
6. Position parts correctly and accurately

## **IMAGE EVALUATION**

1. Accurate identification of anatomy
2. Accurate evaluation of position of body part.
3. Accurate evaluation of collimation as seen on the image
4. Accurate evaluation of visualization and placement of marker
5. Accurate evaluation of relationship between body part, CR and IR
6. Evaluation of exposure index or deviation index, brightness and contrast.

## **LEVEL OF PROFICIENCY**

1. Work independently if instructed and given directions.
2. Organized and efficient.



3. Ability to anticipate the next step.
4. Independently performs procedures from beginning to end.
5. Demonstrate proficiency in exams that have already been evaluated.

### **PROFESSIONALISM AND INITIATIVE**

1. Display an attitude that promotes teamwork.
2. Accept and profits from suggestions and corrections.
3. Recognize supervisory role of technologist during assignment.
4. Use of time to enhance clinical skills.
5. Willingness to accept his/ her share of case load.
6. Respectful communication with staff and other students
7. Participate in procedures and positioning
8. Appropriate use of positioning notebook

- M** - The student does this **MOST OF THE TIME** (95% of the time)  
**S** – The student does this **SOME OF THE TIME** (75% of the time)  
**I** – The student does this **INFREQUENTLY** (40% - 50% of the time)  
**R** – The student does this **RARELY** (Less than <40% of the time)  
**N/A** – does not apply

**Communication and Interactions with Patient:**

- \_\_\_\_ Addresses patient professionally and converses with them throughout exam.  
\_\_\_\_ Speaks clearly and distinctly and can be heard by patient  
\_\_\_\_ Explains procedure in terms patient can understand  
\_\_\_\_ Gives accurate discharge instructions  
\_\_\_\_ Exhibits patience and empathy  
\_\_\_\_ Respects privacy and modesty

**Patient Care:**

- \_\_\_\_ Introduces self  
\_\_\_\_ Correctly identifies patient  
\_\_\_\_ Correctly verifies requisition with physician order and with patient  
\_\_\_\_ Obtains pertinent clinical history  
\_\_\_\_ Verifies pregnancy status when appropriate  
\_\_\_\_ Uses proper radiation protection  
\_\_\_\_ Performs procedure with minimum discomfort to the patient  
\_\_\_\_ Understands and uses appropriate infection control procedures

**Use of Equipment and Supplies**

- \_\_\_\_ Prepares safe and clean radiographic room  
\_\_\_\_ Properly manipulates equipment  
\_\_\_\_ Maintains room supplies as appropriate

**Exposure Factor Skills/Control Panel**

- \_\_\_\_ Adjusts control panel prior to positioning patient (sets correct procedure and projection tag)  
\_\_\_\_ Uses preprogrammed exposure factors  
\_\_\_\_ Adjusts exposure factors for body part size  
\_\_\_\_ Adjusts exposure factors if exposure index or S value indicates under or overexposure  
\_\_\_\_ Sets control panel accurately without use of preprogrammed technics

**Positioning Skills**

- \_\_\_\_ Performs correct procedure and correct projections  
\_\_\_\_ Performs routine exams following proper positioning criteria  
\_\_\_\_ Correctly marks all images, marker placed to be visible on image  
\_\_\_\_ Uses appropriate collimation  
\_\_\_\_ Accurately evaluates images  
\_\_\_\_ Organized and efficient method during exam  
\_\_\_\_ Modifies routine positions according to patient condition

**Professional Responsibilities and Attitude**

- \_\_\_\_ Punctual: arrives on time at beginning of shift and returns from lunch in timely manner  
\_\_\_\_ Displays interest and is attentive

- \_\_\_\_\_ Strives for improvement
- \_\_\_\_\_ Cooperative
- \_\_\_\_\_ Courteous, pleasant
- \_\_\_\_\_ Positive response to corrections and suggestions
- \_\_\_\_\_ Uses time effectively, doesn't waste time
- \_\_\_\_\_ Accurate follow through on assigned tasks
- \_\_\_\_\_ Appropriate use of positioning notebook

**Comments:**

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Technologist Signature Date

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Student Signature Date

**GANNON UNIVERSITY RADIOLOGIC SCIENCES  
SUMMER 1, FALL 2, SPRING 2, SUMMER 2  
CLINICAL 3,4,5,6**

**PROFESSIONAL DEVELOPMENT EVALUATION by Clinical Instructor**

**Please refer to the following when scoring each action:** Level of competency for performing the actual activity, Accuracy/ Demonstrated knowledge for theory/ principles of action, amount of direction needed to perform action (repeated direction), amount of errors in regard to action

Please rate each of the categories based on the following scale:

**4 – MUST DISPLAY ALL** - Excellent level of performance, complete understanding of action, needs no direction, no errors

**3** Good level of performance, general understanding of action, minimal repeated direction needed, minimal number of errors

**2** Satisfactory level of performance, basic understanding of action, occasional repeated direction needed, occasional number of errors

**1** Marginal level of performance, able to complete action with direction or assistance, or minimal or incorrect understanding of action, continuous direction needed, moderate number of errors **OR 1-2 major errors or 1 critical incident**

**0** Unable to perform action without direction or no understanding of action or unacceptable number of errors

**PATIENT CARE COMMUNICATION/ BASIC COMFORT 5% SCORE**

- |  |       |
|--|-------|
| 1. Speaks professionally in audible tone of voice, clearly and distinctly.   | _____ |
| 2. Maintains confidentiality of all information related to patient.  | _____ |
| 3. Explains procedure and answers questions in age appropriate language  | _____ |
| 4. Delivers patient care & service unrestricted by concerns of personal attributes, or the nature of disease or illness & w/out discrimination on the basis of gender, race, creed religion or socioeconomic status. | _____ |

**DIRECT PATIENT CARE 10%**

- |  |       |
|--|-------|
| 1. Correctly verifies patient information (name, date of birth, pregnancy, physician order, RIS history relative to exam) according to protocol. | _____ |
| 2. Obtains accurate & thorough clinical history  | _____ |
| 3. Uses appropriate radiation protection.  | _____ |
| 4. Assures preparation of patient for exam (change of clothes, artifacts, bowel prep, NPO, etc.) N/A when appropriate                            | _____ |
| 5. Does not compromise patient due to incorrect infection control procedures   | _____ |
| 6. Provides for patient comfort and safety   | _____ |
| 7. Appropriate patient discharge instructions (N/A when appropriate)   | _____ |
| 8. Proper patient transport/ transfer/ lifting techniques.   | _____ |

**USE OF EQUIPMENT AND ROOM SET-UP** 5%

- 1. Prepares a safe and clean radiographic room for examination \_\_\_\_\_
- 2. Handles the radiographic equipment carefully \_\_\_\_\_
- 3. Demonstrates mechanical knowledge when manipulating equipment  
(radiographic equipment, wheelchairs, stretchers, hospital beds, monitors, accessory  
equipment) \_\_\_\_\_

**CONTROL PANEL SET-UP/ EXPOSURE FACTOR SKILLS** 20%

- 1. Correct setting of control panel to include prior to positioning patient (**score no higher  
than 2 if student uses preprogrammed technic & cannot demonstrate skills of #2**) \_\_\_\_\_
- 2. Correct understanding of mA, mAs, kVp, focal spot selections for  
various parts and projections –**must document evidence for score of 3 or 4** \_\_\_\_\_
- 3. Reviews mAs readout with AEC & can incorporate the value in problem solving \_\_\_\_\_

**PATIENT POSITIONING/ MARKER PLACEMENT/ COLLIMATION** 25%

- 1. Demonstrate ability to position routine exams as instructed, performs exam in orderly way  
to increase patient comfort \_\_\_\_\_
- 2. Correct marker choice. \_\_\_\_\_
- 3. Correct placement of marker on IR to be visible on image \_\_\_\_\_
- 4. Performs acceptable collimation (clinical site protocol) \_\_\_\_\_
- 5. Demonstrates ability to modify routine positions according to patient condition \_\_\_\_\_
- 6. Positions parts correctly and accurately \_\_\_\_\_

**STUDENT EVALUATION OF IMAGE** 5%

- 1. Accurate identification of anatomy \_\_\_\_\_
- 2. Accurate evaluation of position of body part \_\_\_\_\_
- 3. Accurate evaluation of collimation as seen on the image \_\_\_\_\_
- 4. Accurate evaluation of visualization and placement of marker \_\_\_\_\_
- 5. Accurate evaluation of relationship between body part, CR & IR \_\_\_\_\_
- 6. Evaluation of exposure index, brightness, contrast, or N/A (**must  
document evidence that student understands theory for score of 3 or 4**) \_\_\_\_\_

**LEVEL OF PROFICIENCY** 25%

- 1. Works independently if instructed and given directions. \_\_\_\_\_
- 2. Organized and efficient. \_\_\_\_\_
- 3. Ability to anticipate the next step \_\_\_\_\_
- 4. Independently performs procedures from beginning to end. \_\_\_\_\_
- 5. Demonstrates proficiency in exams that already been evaluated. \_\_\_\_\_

**PROFESSIONALISM AND INITIATIVE** 5%

- 1. Displays an attitude that promotes teamwork. \_\_\_\_\_
- 2. Accepts and profits from suggestions and corrections. \_\_\_\_\_
- 3. Recognizes supervisory role of technologist during assignment. \_\_\_\_\_
- 4. Use of time to enhance clinical skills. \_\_\_\_\_
- 5. Willingness to accept his/ her share of case load \_\_\_\_\_
- 6. Respectful communication with staff and other students \_\_\_\_\_
- 7. Participates in procedures and positioning \_\_\_\_\_
- 8. Appropriate use of positioning notebook \_\_\_\_\_

**GRADING FORMULA**

- 1. \_\_\_\_\_ X .05 = \_\_\_\_\_
- 2. \_\_\_\_\_ X .1 = \_\_\_\_\_
- 3. \_\_\_\_\_ X .05 = \_\_\_\_\_
- 4. \_\_\_\_\_ X .20 = \_\_\_\_\_
- 5. \_\_\_\_\_ X .25 = \_\_\_\_\_
- 6. \_\_\_\_\_ X .05 = \_\_\_\_\_
- 7. \_\_\_\_\_ X .25 = \_\_\_\_\_
- 8. \_\_\_\_\_ X .05 = \_\_\_\_\_

**Total** = \_\_\_\_\_

**GRADING SCALE**

- 3.75 - 4.00 = A
- 3.50 - 3.74 = B+
- 3.00 - 3.49 = B
- 2.50 - 2.99 = C+
- 2.00- 2.49 = C
- 1.00- 1.99 = D
- 0.00- 0.99 = F

**COMMENTS:**

Clinical Instructor \_\_\_\_\_

Date \_\_\_\_\_

Student \_\_\_\_\_

Date \_\_\_\_\_

# GANNON UNIVERSITY RADIOLOGIC SCIENCES

## CHECKLIST FOR SURGERY

Student \_\_\_\_\_ Week of \_\_\_\_\_

Clinical Site \_\_\_\_\_

| <b>GENERAL</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| Wear appropriate apparel (shoe cover, mask, scrubs, hair cover).                                    |            |           |            |
| Provide radiation protection apparel for all involved and practice radiation protection principles. |            |           |            |
| Locate sterile field in OR Suite and demonstrate application of proper sterile precautions.         |            |           |            |
| Complete request with appropriate information (fluoro time, films).                                 |            |           |            |
| Disinfect mobile unit regarding fluids post OR procedure.   |            |           |            |

| <b>Demonstrate operation of C-arm</b>             |  |  |  |
|---|--|--|--|
| Turn fluoro on/off.                               |  |  |  |
| Proper set-up of control panel for fluoro.        |  |  |  |
| Proper set-up of control panel for spot film.     |  |  |  |
| Correct connections of monitor and Mobile C-arm.  |  |  |  |
| Accurately load patient information into monitor. |  |  |  |
| Store and retrieve image from hardware drive.     |  |  |  |
| Burn a CD from stored images                      |  |  |  |
| Place C-arm tube in vertical position.            |  |  |  |
| Place C-arm in horizontal position.               |  |  |  |
| Operation of all locks.                           |  |  |  |
| Application of C-arm cover.                       |  |  |  |

| <b>Manipulation of C-arm during Procedure</b>                     | <b>Yes</b> | <b>No</b> | <b>Date</b> |
|---|------------|-----------|-------------|
| Successful manipulation of C-Arm to Obtain More Than 1 Projection |            |           |             |
| Successful manipulation of C-Arm Around a Sterile Field           |            |           |             |

\_\_\_\_\_ PASS \_\_\_\_\_ FAIL

\_\_\_\_\_ Evaluator's Signature

\_\_\_\_\_ Student Signature

**GANNON UNIVERSITY  
RADIOLOGIC SCIENCES**

**STERILE TRAY SETUP CHECKLIST**

\_\_\_\_\_ **EXAM**

Student \_\_\_\_\_

Clinical Site \_\_\_\_\_ Date \_\_\_\_\_

|  | YES | NO | N/A |
|--|-----|----|-----|
| Evaluation of request  |     |    |     |
| Set room up for fluoro   |     |    |     |
| Gather appropriate image receptors                               |     |    |     |
| Place/remove footboard/shoulder/brace as needed                  |     |    |     |
| Gather appropriate supplies as needed                            |     |    |     |
| Set up tray using sterile technique                              |     |    |     |
| Prepare contrast media for administration (name of contrast:     |     |    |     |
| Identify patient and place on table                              |     |    |     |
| Explain procedure  |     |    |     |
| Check chart for consent form                                     |     |    |     |
| Assist doctor with needle puncture maintaining sterile technique |     |    |     |
| Properly manipulates image intensifier                           |     |    |     |
| Assist patient with moving                                       |     |    |     |
| Inform patient of post-procedure instructions                    |     |    |     |
| Fill out necessary paperwork as per procedure                    |     |    |     |
| Follows standard precautions                                     |     |    |     |

\_\_\_\_\_ **PASS** \_\_\_\_\_ **FAIL** \_\_\_\_\_

FACULTY  
SIGNATURE

Comments:



## **Consequence for Non-compliance with Department Protocols Regarding Patient Care**

### **Critical Event:**

1. Wrong patient imaged
2. Wrong procedure or imaging exam performed on patient.
3. Invasive procedure performed on wrong anatomic part.
4. Knowingly not reporting a critical event.
5. Imaging a patient without a valid order.
6. Processing an image using the incorrect accession number.

### **Consequence for Critical Event Incident**

1. First event – counseling, reflection in Professional Development Evaluation
2. Second event – written warning, 2% drop in letter grade
3. Third event – written warning, drop in letter grade. May result in clinical probation or separation from the program pending review by Program Director and Clinical Coordinator.

### **Major Event:**

1. Not correctly identifying patient.
2. Performing exam under incorrect procedure tag when using an integrated radiography unit
3. Incorrect assessment or incorrect documentation of pregnancy status.
4. Accepting images without technologist approval or repeating images without direct supervision.
5. Injecting contrast media.
6. Wrong projection performed.

### **Consequence for Major Event Incident**

1. First event – counseling and warning
2. Second event – written warning with reflection in Professional Development Evaluation
3. Third event – written warning with 2% drop in grade.
4. Fourth event – written warning with additional 2% drop in grade. May result in clinical probation or separation from program pending review by Program Director and Clinical Coordinator.

### **Consequence for not marking or mismarking an image or not reporting:**

1. 1 -2 errors in a semester – reflected in Professional Development Evaluation
2. 3 – 4 errors in a semester – reflected in PD evaluation & 2% reduction in final grade
3. 5 – 6 errors in a semester – reflected in PD evaluation, 5% reduction in final grade, review by Clinical Coordinator

### **Reporting:**

- A. If you discover an error, report it as soon as possible to the clinical instructor or supervisor. **Self-reporting may affect the outcome of consequences.**
- B. The involved student must report incident to Clinical Coordinator on the same day of the incident by phone.
- C. After the reporting has been completed, a root cause analysis will be conducted to review the entire incident.

## Progressive Disciplinary Procedures

The following progressive guidelines are followed for corrective disciplinary procedures:

Level One: The first step in corrective discipline is a first level warning. The reason for the warning and the result if the behavior is repeated will be stated and documented.

Level Two: A second level warning is the next step in the corrective discipline. The reason for the warning and the result if the behavior is repeated will be stated and documented.

Level Three: A third level warning involving the same offense or a variety of offenses will be communicated and documented. The Program Director and/or Clinical Coordinator will be immediately notified of this event for evaluation and recommendation of further action. A Level Three warning may constitute grounds for disciplinary suspension from the clinical affiliate and/or dismissal from the program.

VERBAL AND WRITTEN WARNINGS ARE CUMULATIVE FROM ONE CLINICAL RADIOGRAPHY COURSE TO ANOTHER.

### Disciplinary Suspension

Some offenses are serious enough to be cause for immediately placing a student on suspension with possible subsequent dismissal from the program. Unprofessional, unethical or immoral conduct includes but is not limited to:

1. Breaching any HIPAA guidelines regarding confidentiality.
2. Performing a task which the student knows or has reason to know that he/she is not competent to perform unsupervised.
3. Reporting to the clinical site under the influence of drugs or alcohol or with the smell of alcohol or drugs or carrying out student responsibilities while the ability to perform is impaired by alcohol, drugs, or mental disability.
4. Impersonating another healthcare practitioner.
5. Independently delegating a task assigned to him/her by an instructor or supervisor to another individual.
6. Failure to fulfill responsibilities to an extent that might or does cause injury to a patient, visitor, employee or another student.
7. Willfully harassing, abusing, or intimidating another individual.
8. Refusal to follow instructions or to complete an assignment.
9. Dishonesty, including theft or falsification of records.
10. Carelessness in handling drugs or drug records.
11. Conduct endangering the welfare of patients, employees or visitors.
12. Possession of dangerous weapons on hospital premises.
13. Fighting, assault and battery.
14. Damage, abuse or destruction of hospital or agency property.
15. The use of profane, threatening or inappropriate language toward faculty, employees, patients or visitors or other students.
16. Unauthorized entry into or use of hospital or agency facilities.
17. Soliciting, posting or distributing articles/literature of any nature on hospital premises without approval.
18. Theft, removal or, unauthorized possession of, unauthorized use of property belonging to any other student, employee, visitor, patient or the clinical site. This include the intent to remove or the actual removal of property from the clinical site.
19. Performance of any radiographic procedure without a physician's order.

**Clinical Suspension:** A student who commits a major infraction of departmental policy and procedure of such magnitude that causes an immediate physical injury or results in placing another individual in immediate emotional jeopardy shall be immediately removed from all clinical assignments until such time as the incident can be reviewed by faculty and a decision of resolution can be made. A student placed on permanent Clinical Suspension will receive a written notice and will be administratively withdrawn from the program.

**Gannon University  
Radiologic Sciences Program**

**DUE PROCESS POLICY**

The following procedure shall be followed by the student if he/she believes there is any concern or situation in the didactic or clinical setting, or in the program that is inaccurate, misleading, or violates the privacy and rights of the student. This policy is intended to provide an avenue for the student to lodge a grievance or complaint and obtain resolve.

**Step I**

- A. If the concern involves a grade or content received in didactic class, the student should first talk with the Instructor who teaches that class to discuss areas in question.
- B. If the concern relates to a clinical grade or clinical situation the student should first discuss the matter with the Clinical Instructor supervising that area.
- C. If any other concern or situation occurs that results in questionable information as regarded by the student, the student should seek to discuss the information with the person who initially issued the information.

**Step II**

- A. If after discussing the concern with the above persons and the student still feels there is not adequate resolve; the student within five (5) working days should arrange a meeting to discuss the matter with the Program Director.
- B. After discussion with the Program Director, the Director will investigate the situation and arrive at a final decision within five (5) working days.
- C. If after hearing the Program Director's decision, the student still feels there is not adequate resolve, the student should arrange a meeting within five (5) working days to discuss the matter with the Dean of the Morosky College of Health Professions and Sciences. The Dean, after the discussion, will investigate the situation and arrive at a final decision within five (5) working days.
- D. If after hearing the Dean's decision, the student still feels there is not adequate resolve, the student should arrange a meeting within five (5) working days with the Provost and Vice President of Academic Affairs. The Provost will arrive at a final decision within ten (10) working days. The decision of the Provost remains binding.

## Patients' Bill of Rights

*We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual.*

*While you are a patient in the hospital, your rights include the following:*

- You have the right to considerate and respectful care.
- You have the right to be well informed about your illness, possible treatments, and likely outcome and to discuss this information with your doctor. You have the right to know the names and roles of people treating you.
- You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to your family, and your doctor.
- You have the right to privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.
- You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to review your medical records and to have the information explained except when restricted by law.
- You have the right to expect that the hospital will give you necessary health hospital services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.
- You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.
- You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods. You have the right to know about hospital resources, such as patient representatives or ethic committees that can help you resolve problems and questions about your hospital stay and care.
- You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.
- This hospital works to provide care efficiently and fairly to all patients and the community. You and your visitors are responsible for being considerate of the needs of other patients, staff, and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.
- Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.
- A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate doctors, health professionals, patients, and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity

## ASRT Code of Ethics

1. The radiologic technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination, on the basis of sex, race, creed, religion or socioeconomic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they have been designed, and employs procedures and techniques appropriately.
5. The radiologic technologist exercises care, discretion and judgment, assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient, and recognizes the interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing the radiation exposure to the patient, self and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects of professional practice.